



Book Review

Chikitsa Shikshama Fadko

Author: Prof. Dr. Sitaram Adhikari

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Review by: **Prof. Dr. Hemang Dixit**

HoD Medical Education

Kathmandu Medical College, Kathmandu, Nepal

The book, the first of its kind is dedicated to all the medical graduates of Kathmandu University (KU). The introductory matter takes up 20 pages and the next 290 pages comprises the book. The introduction contains comments from the publisher, author, former VC Dr. Suresh Raj Sharma and Dr. Tirtha B Shrestha. It ends with a note of thanks from the author. The subject matter of the book is laid out into eight sections, of which some are further sub-divided.

Section 1. Starts with the pressures from the government for giving affiliation to new medical colleges. KU was hesitant in doing so as it wanted to focus its activities on Engineering, Applied Sciences and Management Studies. A proposal came too for starting a private dental college in Nepal but as the university had just been started, the authorities were not keen on this project. KU was however attracted to backing a cause of BS-MD and attraction of starting the American model of medical education in Nepal. Difficulties arose as both Nepal Medical Council (NMC) and (NMA) were in opposition to this. An attempt was made by the Ministry of Health (MoH) to solve the problem. Attitudes of the political parties viz. the Nepali Congress and the United Marxist Leninists were different.

Section 2. Deals with the prevailing health system and the development of health services and medical education in the country.

Section 3. Begins with the wave for starting of medical colleges in the country, right from 1992 when an agreement was signed. Enlarges upon the particular cases Manipal College of Medical Sciences (Pokhara), Universal College of Medical Sciences (Bharatpur), Nepalgunj Medical College, Kathmandu Medical College and Nepal Medical College.

Section 4. Deals with the efforts to maintain standards of medical education by the University. Goes on to give an account of post graduate education.

Section 5. Describes the starting of Dhulikhel Hospital, the production of middle level Human Resource for Health (HRH), establishment of the KU School of Medical Sciences, and management of the hospital.

Section 6. Gives an account of the role of the Higher Technical Education Evaluation & Monitoring Committee as the initial body concerned for starting a medical college in Nepal.

Section 7. Gives an account of the role played by the Nepal Medical Council

Section 8. This final section gives a summing up by the author. The conclusion is that during the last 15 years since the start of medical education by KU, there had been a lot of ups and downs to reach this point. These years however had not been fruitless. There has been a massive increase in the production of HRH and as a result of this there has been some improvement in the quality of the health services. Before 1990 there was just one medical college in the country – now there are 19. The reasons for this were:

- a. Permission to private parties to open medical colleges.
- b. Preference of students and their parents for medical education.
- c. Interest in foreigners to invest in Medical Education in Nepal.
- d. Interest of Nepali Medical personnel to be involved.
- e. Foreign students desiring to study medicine in Nepal.

Though the initial years were difficult, the end has been well worth it. This Section gives various tables showing developments and gross increases.

1. The capacity for admission in medical colleges went up from 40 in the pre-1990 years to over 1800 annually in 2011.
2. From 4 doctors per year with just 40 registered in the decade 1950-1959. The figure now is that 4695 were registered over a similar period of time giving an average of 522 doctors per year for the decade 2000-2009.

KU which had started with an initial output of 67 medical graduates in 2000 had in its first decade produced a total of 5272 doctors of which 3037 were Nepalese. A comparison is made of the number of medical graduates produced by the three medical universities of Nepal.

3. A calculation is made of the numbers of doctors per population in Nepal. That these figures are unlikely to be correct has been pointed out by the author. The numbers in the Register of NMC notes only those who have registered once. It has never been updated properly to take into account the ones who have been out of the country for years, emigrated, retired or have even died!
4. Hospital beds situation in the government and the private sector has been compared. This too must be looked at in the context of actual functional beds

and not just the fulfillment of numbers required. Many private or community hospitals slated to have been functioning, may not even have been built or may even have been closed down.

5. Number of foreign students have come to study in Nepal. They must be encouraged and special facilities given as encouragement.
6. We can have some satisfaction in our capability to produce HRH now.

DIFFICULTIES IDENTIFIED

- a. Haphazard growth. Medical colleges are in the major towns and not in areas where facilities do not exist. The Central region has the most medical colleges, then come the Western, Eastern and Mid-Western regions. There is none in Far Western region.
- b. The author comments regarding the very high cost of medical education and states that this is partly because private entrepreneurs have to use part of the money received as fees for developing infrastructures. Government medical colleges have had the infrastructure built for them.
- c. The author states that some social responsibility should be felt by the HRH produced within the country.
- d. Whilst some problems are listed, it is stressed that quality should not suffer.

CONCLUSION

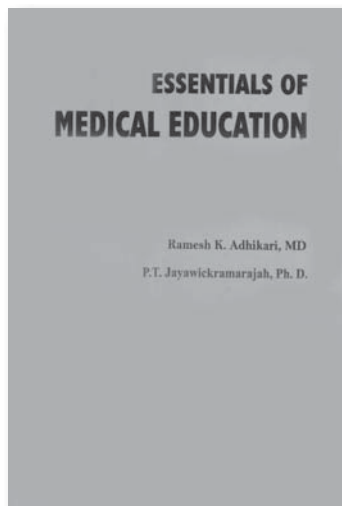
This book may be taken as an account of the leap forward of medical education in Nepal over the last two decades. There are some corrections to be made in future editions. Other points are:

1. This book is partly autobiographical for it takes into account only five out of the seven presently KU affiliated colleges that were functioning during the author's tenure as registrar. To be complete the existing other two plus new ones will have to be included. This book has to be expanded if it is to cover the development of medical education in Nepal.
2. Some corrections e.g. (i) Jagdamba 2 seats and Sur Shumsher one seat at medical colleges in Calcutta. (ii). Manipal's & DY Patil's application to Tribhuvan University (TU). Institute of Medicine (IoM) Faculty Board had made a decision to allow Manipal.
3. Skill laboratory and Ambulatory Teaching must be stressed on in Medical Education as directed by Nepal Medical Council.
4. The point that it is not necessary to have so many

beds as day care is in vogue must be stressed more.

5. Health Team Concepts as propounded at Alma Ata and Health for All 2000 are part of Primary Health Care and in the national health policy. These must be stressed in the medical education imparted by the colleges. This concept was in practise when IoM was started.
6. The un-reliability of statistics of both MoH and NMC regarding the personnel registered, in service etc. could have been highlighted more.

The last 100 pages comprises the Annexure. First is the agreement between Kathmandu University and the University of West Virginia in connection with setting up a BS-MD program in Nepal. This is followed by press comments about the capability or otherwise of KU to start medical colleges, warnings, names of the first batches of the different colleges. Then follows the MBBS curriculum for both the Basic Sciences and Clinical Sciences, list of MSc & MD / MS Post Graduates and DM / MCh specialists.



Book Review

Essentials of Medical Education

Editors: Prof. Dr. Ramesh K. Adhikari, MD

Prof. Dr. P.T. Jayawickramarajah, PhD

Publisher: National Centre for Health Professional Education (NCHPE),
Institute of Medicine (IoM).

Pages: 176

Price: Rs. 500/-

Review by: **Prof. Dr. Hemang Dixit**

HoD Medical Education

Kathmandu Medical College, Kathmandu, Nepal

That the first edition of this book was brought out as long ago as 1996 and that a second edition has now come out after seventeen years brings to one's mind many questions. After the first flush of enthusiasm for medical education, was there a lessening of interest? Were the concepts enunciated only applied in a limited fashion in the two governmental institutions producing human resource in health (HRH)? Was the book ahead of the times in Nepal where medical education was just being started? Was the book not advertised and disseminated as shown by the fact that there were no new editions or even reprints during these intervening years? The answer perhaps lies in the fact that from one medical college in the pre-1990 years, we have reached nineteen medical colleges so far in 2013 and there are some more on the way. The first edition of this book, in which a number of the present authors contributed, has perhaps become a little out-dated with the passage of time. The additional chapters on 'Learning Strategies and Approaches' plus the 'Teaching for Active Learning' are both 'student and teacher (facilitator) friendly' have perhaps been inserted to correct this short-coming. It is perhaps because of the vast number of students, their training, the methods to be employed and the assessments to be done that the necessity for a book of this sort has been re-felt and thus this edition. The

third topic of 'Ethics in Medical Education' is also very relevant for the ire of the 'patient party on the doctor' may be due to the superior airs and inappropriate behaviour towards the patient. Though articles on all above mentioned areas can be searched for and found on the Internet, the reality that all this has been handily put in this present format is something to be thankful for. One minor point for correction in this second edition still remains. The Network of Community Oriented Educational Institutions for Health Sciences established in 1979 has now become 'The Network: Towards Unity For Health' since almost a decade. The deadline of HFA 2000 is already past so commitments for membership of this group as stated on page 11 have to be reworded. In the 'Introduction' to Educational Methods there is a mix-up the concluding paragraph in the references to Chapters 8 and 9.

The book is divided into six parts of which the first deals with curricular strategies. It recalls the reorientation of medical education with stress on the community that has been in operation since the last quarter of the twentieth century. The innovative approach to medical education in the context of the Primary Health Care (PHC) approach to taking care of the public is discussed. The changes in the concepts of learning, attitude to

patients and the community approach is stressed on. The fact is that the Institute of Medicine's course was based on the innovative approach with some problem based learning (PBL) and that similar approach has been implemented by BP Koirala Institute of Health Sciences (BPKIHS), Kathmandu University (KU) and Patan Academy of Health Sciences (PAHS). After these many years of experience all over the world it is now apparent that what will be followed in Nepal is a hybrid system of problem based learning (PBL) though Kathmandu University wants a complete switch over to this form of teaching.

The other topics dealt with are:

- i. Educational Methods
- ii. Use of technology in medical education
- iii. Assessment of Student Achievement
- iv. Research
- v. Student Selection

In the epilogue Dr. Palitha Abeykoon, who spent many years in Nepal, has commented on the changes in medical education in the last forty years and has tried to be optimistic regarding the 'Health Security' and the 'Health Accountability' which are the service standards of the present. Medical schools / colleges which produce doctors have to come to terms with the demands of the

society in the future. Health has been defined as a basic right of the citizen and social equity is the catchword. The role of the private sector in financing some of the high cost of new technology is commented on as well as stress on medical ethics in our part of the world. He ends on the 'Social responsibility of medical schools to service, education and research sectors, all of which contribute to the building of a health care system that is cost-effective and equitable'.

Kathmandu Medical College (KMC) is in an ideal situation in that though the first two years are spent in Duwakot the last 3 and half years, including the internship is at Sinamangal. Like the students, the facilitators both basic and clinical have to be encouraged to impart clinical teaching not only about the disease process but about health promotion, prevention and rehabilitation. They too must be aware of the re-orientation of medical education and so this book will be useful to them. Students should be familiarized with the concept of the book and encouraged to go consult it as they are led by the teachers towards the achievement of their life's goal viz. to be a doctor. We Nepalis are credited to be good planners but short on implementation. If we can put into practice at KMC the essentials of what is advocated in the book, we will be going a long way towards being successful.