Janaki Medical College Journal of Medical Sciences (2015) Vol. 3 (1): 1-4

JMCJMS

Editorial

Here and there! : An experience

Shankar PR
Editor, JMCJMS

I was working as Professor of Pharmacology and Basic sciences co-coordinator in a medical school in Nepal. I have worked in two different medical schools in Nepal. I got good offer with authority from a medical school in Aruba. I moved. Here in this editorial I am sharing an experience here in Aruba and trying to compare it with there in Nepal.

No one knew where Aruba was located! In fact before I had received the job offer from an offshore Caribbean medical school even I was not sure where exactly Aruba was located. I was aware there were Dutch Caribbean islands which had a high standard of living and were regarded as developed countries. I gradually came to know about the interesting history of these islands. The islands of Aruba, Bonaire and Curacao (ABC islands), St Maarten, St. Eustatius and Saba were grouped together as the Netherlands Antilles. Later the Dutch Commonwealth consisting of the Netherlands, Aruba, Curacao and St. Maarten was formed and Saba, Bonaire and St Eustatius were declared special municipalities of the Netherlands.

The US and the British system of medical education:

Xavier University School of Medicine (XUSOM) was started in 2004 on the island of Bonaire and a year later shifted to Aruba. Like other offshore Caribbean medical schools students complete their basic science years of learning in Aruba and then do their clinical rotations in the United States (US). The US system predominantly depends on licensing exams to ensure the quality of health manpower. Medical students have to complete four licensing exams before they are declared fit for independent practice. Specialty boards conduct their own exams.

Despite not being ruled by the British, Nepal's medical education system shows a strong British influence. One reason could be that most Nepalese doctors and educators had graduated from South Asian countries which were former British colonies. Having worked in and examined both the US and the British systems I am now in a position to identify certain unique features of the two systems. The British system depends more on on-site inspection of institutions and external examiners during academic examinations to ensure quality. There is a greater use of real patients and cases in the British system. The US system depends more on licensing exams and standardized patients. Assessment is mainly through multiple choice questions (MCQs) using clinical scenarios. The British system has borrowed from the American and licensing exams and multiple choice questions (MCQs) are increasingly being used.

Integrated teaching-learning:

In Nepal faculty and students are familiar with the integrated system of teaching-learning. All medical schools follow the system along with early clinical exposure and community-based learning. Learning in the community occupies an important place in Nepal though different schools emphasize this to a different extent. At KIST Medical College students are excited about the community diagnosis posting and Patan Academy of Health Sciences (PAHS) send students to the community with only a toothbrush and few basic necessities. In the offshore Caribbean schools which prepare students for practice in the US and Canada the emphasis on community medicine is much less. Most schools follow a discipline based curriculum and XUSOM is one of the few schools in the region with an integrated curriculum. Due to lack of associated teaching hospitals, schools find it difficult to provide early clinical exposure to students. Certain schools have developed linkages with local health systems and general practitioners to provide clinical exposure. Schools organize health fairs to provide clinical exposure to their students and as a service to the community. Many schools are located on small islands with a population of a few thousand people making clinical exposure difficult. XUSOM is located on the relatively larger island of Aruba and students visit local general practitioners, a neurology clinic and the hospital for training.

MCQs and SAQs:

Integrating with the health system on the islands is difficult. We have initiated longitudinal follow up of families for our students but this has been only moderately successful. Many students and most schools regard preparing students for the United States Medical Licensing Exam (USMLE) step 1 as their primary objective. Step 1 primarily tests knowledge and its application using MCQs and so other aspects of the curriculum receive relatively less attention from both the students and schools. MCQs widely used in Caribbean schools are objective and impartial providing a quick assessment of student performance. In Nepal short answer questions (SAQs) are the major assessment method. At XUSOM I spend a greater proportion of time writing MCQs while the correction is often done automatically by the computer. In the US most exams are administered using computer software and results are often available by the end of the exam. The flip side is students from the US and Canada have difficulty in putting down their thoughts systematically on paper. In Nepal students are very good in writing answers but may have difficulty communicating in English while in the Caribbean the situation is often the opposite.

Medical humanities;

Like in Nepal I have been involved in facilitating a medical humanities module for students in Aruba. Students in Aruba do really well on the activities of interpretation of art, paintings and literature excerpts. However the richness and complexity of the role-plays are poorer compared to Nepal. At XUSOM a large proportion of the students are of South Asian or Middle Eastern origin who have been born and brought up in the US and Canada. I feel South Asians are more used to acting and showing emotions from an early age. South Asian movies show plenty of dialogs and emotion while western US movies are more action oriented. Recently we are getting students from Latin America which has strengthened the emotional content of the role-plays.

Lab exercises:

At XUSOM and other Caribbean schools the emphasis on lab work is much less compared to Nepal and schools often do not have wet lab facilities. Lab exercises are infrequent and most are conducted using computer software. In certain areas lack of practical exercises may be a handicap. At XUSOM anatomy dissections are regularly conducted and I have initiated sessions on personal drug selection and on understanding and responding to pharmaceutical promotion. Standardized patients (SPs) are widely used in the Caribbean like in the US and we expend a lot of time and effort on recruiting and training SPs. I am impressed by the willingness of patients in South Asia to be involved in educating medical students though in certain cases patients may have been forced into participating by their physician.

Student learning systems:

Most Caribbean schools have good student learning systems which can be accessed by the students either through the school server or through the internet. This provides them with a tremendous advantage in terms of access to learning materials. Lecture power points and handouts are deposited on the system and many schools also record faculty lectures and deposit them on the system. Many library resources are available through the internet. At XUSOM we deposit the calendar, syllabi and assessment schemes and rubrics on the system so that students are aware of the curriculum and how they will be assessed.

Interaction between schools:

In the Caribbean each medical school is its own university with the freedom to frame its curriculum and conduct teaching-learning activities. This provides a lot of freedom to faculty and tremendous opportunities for curriculum design, implementation and improvement. At the same time this may pose a challenge for junior faculty. In most Caribbean schools (except the really big ones) there are no formal departments and most subjects have only two or three faculty (subject experts). Hence each faculty member carries a tremendous responsibility in terms of designing the syllabus, the topics to be taught and framing the learning objectives. There is little interaction between faculties from different schools. Unlike in Nepal faculty do not visit other schools as external examiners. In many cases it is difficult to travel between the Caribbean islands. An interesting aspect which I realized only after coming to the Caribbean is the diversity between the islands. Each island is different. In South Asia we think that the 'West Indie's is a uniform set of sun kissed islands with laidback people who like alcohol, beach parties, cricket and loud music. Cricket is popular only on the islands once ruled by the British. Aruba for example is a colorful mosaic with a strong Latin American influence overlaid with Dutch, American and other Caribbean influences.

USMLE step 1:

Viva-voce is not widely used as a method of assessment though some faculties in Aruba do conduct a few 'oral' examinations. Teaching-learning and assessment are strongly influenced by the USMLE step1 examination. Most students concentrate on preparing for this exam during their course of study and the school wants their students to do well in the exam. A first time USMLE step 1 pass rate of 85% is an important accreditation criteria used by most agencies

while accrediting schools in the Caribbean. The USMLE is a well conducted and fair exam and hence student performance in this exam offers a good criterion to assess student performance and teaching-learning activities in schools. In the Caribbean with good internet connectivity a variety of online learning resources are available to students. Most schools subscribe to Kaplan and other USMLE preparation courses to prepare their students for step 1. Other online resources which I found useful were Khan Academy and the Coursera series. There are also many courses and videos on You Tube. The slow internet speed may be a problem in accessing these resources in Nepal.

Research:

In the Caribbean research has received less priority and many faculty members are not actively involved in research. It is possible that with the new standards being introduced by the regional accrediting authority, the Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP) the situation will improve. In Nepal there has an increase in research during the last fifteen years driven by a variety of factors. Most medical colleges have their own journal and publishing outlets for researchers are no longer a problem. Student research receives more importance in the Caribbean as students with research publications or projects are at an advantage during selection to residency (postgraduate) programs.

The Caribbean mainly influenced by the US medical education system and Nepal with a strong influence of the British system have their differences but they also have their similarities as the goal of medical schools all over the world is creating doctors to improve the health status of the population.

Dr P Ravi Shankar
Xavier University School of Medicine
#23, Santa Helenastraat, Oranjestad
Aruba, Kingdom of the Netherlands.
E-mail: ravi.dr.shankar@gmail.com