Chapter 3
Curriculum Development

ABSTRACT

The purpose of this chapter is to understand that any residency training program for medical professionals needs to take into account their role as both service providers as well as students. As service providers, particular attention must be paid towards their interaction with health consumers. The tenets of the doctor-patient relationship must be practiced all the time. Also, as they are students, the various modalities by which their learning could be enhanced must be implemented and monitored by the teaching and supervising faculty at each and every stage.

KEY POINTS

- the understand what is meant by a curriculum in professional medical education
- to study the nature of the undergraduate medical curriculum and its impact upon specialty residency training
- to look at the various modalities used in undergraduate and postgraduate medical education
- to understand the meaning of ‘the hidden curriculum’ and how it evolves in professional medical education
- to seek ways to optimize the curriculum and if possible reduce its duration

INTRODUCTION

Man is the highest in order in the animal kingdom, but when afflicted with disease, is more helpless than the lowest creature on this planet. So it is natural that when man evolved as a civilized human being, an entity known as doctor also came into genesis. The doctor or man of medicine became the custodian of health- and thereby also material wealth and civilizational progress- of mankind.

In every era of man’s evolution and civilization, there has existed a doctor, or healer. These were individuals who spent their life in devotional pursuit of the study of man’s health, by understanding first human anatomy or structure, then physiology or functioning, and then going on to the abnormal
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or disease state. These pioneer scientists and healers were believed to have magical powers, and one can imagine the awe in which they were held. That would account for similar reverence accorded to the doctor even in the modern era. Even in a fast-paced and consumerist society, the doctor remains a ‘god’ for many—such is the mystique of medicine.

Magic, mystery, medicine— it takes a lot to achieve mastery over these. Long and dedicated study of a range of subjects spanning science, art and commerce is involved in a career in medicine, for not only does the doctor have to heal, but also do it with flair and be able to make a living out of it!

The Making of a Doctor

The process of acquiring mastery is what constitutes the most essential and elemental aspect of being a doctor and that is, being competent enough to diagnose disease and undertake management of the same. So from a bachelor’s course in medicine— from learning the theoretical do’s and don’ts— to actually applying this knowledge—one progresses to become a master in healing—a doctor.

In practical terms, this means that the student of medicine, after spending the requisite numbers of years in the classroom studying books and listening to lectures, actually comes in contact with the subject of his or her arduous study—the patient. This pattern is similar to other areas of professional study, for example engineering, law and architecture, and to some extent the humanities. From being the pupil to being the professional, it is a transition fraught with anticipation as well as anxiety. If this process is turbulent, the doctor that emerges from medical school turns out to be either incompetent in performance or incapable of handling the emotional burden of being a healer.

In the three years of post graduation that is the norm in most countries, the first six months to a year can be a settling in period in which the new resident has to learn to cope with sudden and intense exposure to patients and the hospital, unearthly working hours and schedules, not to speak of the aloofness, or very often verbal mistreatment, from seniors. The protection and pampering of the undergraduate years are conspicuous by their absence as the new resident is welcomed into the big, bad real world. The junior doctor—the world over—faces fear, alienation and stress.

To make this transition seamless, the doctor in training must be exposed to the patient in graduated measures over a period of time, typically a few years. This process really starts in the undergraduate course and involves experiential learning through what is known as residency. Such a system is unique to the medical profession and continues for a considerable period of time, taking up a large amount of the golden years of one’s life—between the twenties and thirties. It thus comes with all the important issues that are common at this stage—personal health and happiness, professional development and excellence, the need and desire to support a family, and dealing with stress, depression and adverse events. A medical student or young trainee has barely any idea how bad it could get. Therefore, a sound preparation of mind prior to entering medical school, an optimum environment for education and training, and the resources and recourses at one’s disposal as one journeys through this profession—during training and even afterwards—are absolutely essential for the formation of a competent medical professional.

This chapter attempts an exploration of the life of a doctor in training, delving into the motives of choosing a very unique career, remarkable by virtue of being extremely complex yet holding a steely magnetism, attracting the best minds but unsparing in its demands, creating an interesting species called doctors—at most times glorified, sometimes lambasted and a few times not being taken seriously at all!

Nevertheless, at the time of writing this book there are about two hundred thousand students writing an entrance examination and trying to gain entry into the most prestigious medical school, namely
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