

SOUVENIR

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PROBLEM BASED LEARNING VIS-A-VIS PRESENT HOMOEOPATHIC CURRICULUM

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Acquiring knowledge is essential to strive in the present world. But how to achieve it for meaningful purpose is more important considering the objectivity of life and more specially the career. This is more important for a medical student. Because all branches of medical science are so vast, one cannot expertise in more than one discipline to be specialist in the concerned subject.

Besides acquiring knowledge, to make a successful career for earning his livelihood depends upon what he learns in his studentship. For this in conventional medicine there is super speciality in different aspects even if in one medical discipline to make them more skilled in a particular health problem of the one discipline.

Let me analyse how far B.H.M.S syllabus is problem based learning (PBL) to make them competent for their medical practice career. We will discuss under two headings.

- a) What is taught in B.H.M.S, are they problem based learning to solve the problems in their future ?
- b) Are the subjects given due weightage to answer the problems in their practice ?

Problem based learning & the present teachings

ABHMS curriculum is required to be oriented towards training students to undertake the responsibilities of a physician of first contact who is capable of looking after the preventive and curative aspects of medicine. He or she shall endeavour to give emphasis on fundamental aspects of the subjects essential to treat patients on homoeopathic principles.

While planning curriculum, the model curriculum of Conventional medicine is ideally structured to make it more practical & problem based learning. The curriculum aims at, after undergoing the course, the doctors must fulfil certain goal and achieve certain predefined skills.

National goal

- To achieve competence in practice of holistic medicine, encompassing primitive, preventive, curative, rehabilitative aspects of common diseases.

Institutional goal

All efforts must be made to equip the medical graduates to achieve the skills required to be a basic care taker of health of people.



The curriculum includes a comprehensive list of skills recommended as desirable for a M.B.B.S graduate with complete relevance to their curriculum.

The curriculum gives stress upon the skills to be achieved by M.B.B.S graduates which is based upon their theoretical standard of teaching. To quote a few of them:

Clinical skill

- To be able to properly use stethoscope, B.P. apparatus, auto scope, nasal speculum, etc.
- To be able to perform internal examination PR, PV etc.

Skill to carry out procedure

- To conduct CPR & first aid in newborn children & adults
- To pass a nasogastric tube and give a gastric lavage.
- To administer oxygen by mask/ catheter.
- To pass a urinary catheter.
- To relive cardiac tamponade.

Surgical procedure

- To carry on minor surgical procedures e.g. excision of smell cyst & nodules, circumcision, debridement of wounds etc.

Mechanical procedures

- To conduct normal delivery

Diagnostic Tests

- To do & interpret Hb, Total count, E.S.R., exam of stool, urine, gram stain etc.

ENT Procedures

- To be able to remove foreign bodies
- To perform nasal packing of epistaxis.

Dental Procedure

- To perform dental extraction

FMT

- To be able to identify important post mortem findings in common un-natural deaths.

Management of emergencies

Emergency management of bronchial asthma, hyperpyrexia, comatose patients, burn cases.

If it is analysed properly these above procedures can be easily accessible to BHMS students. If the curriculum of MBBS and BHMS will be compared in certain subjects. The total number of lecture hours, curriculum are more or less equal e.g.

Subject	M.B.B.S. curriculum- Total hours	B.H.M.S. curriculum- Total hours
Pathology	293	280
FMT	109	80 + 40 hrs. Practical
Surgery	303	180
Obs & Gynae	299	230

With more or less equal number of teaching hours their skills are pre-defined whereas as Homoeopathic graduate are devoid of certain essential procedures such as legal right to interpret post-mortem findings, to conduct pathological tests, to perform surgical procedures etc.

In the age of problem based learning the 120 hours for FMT, is complete unutilised in their career and though not fully, partially 230 hrs. for Obs & Gynae and 180 hrs. For surgery is also not properly utilised. Similarly in MSR it is mentioned that sonography units and well equipped clinical laboratory are to be available. But unfortunately though the Officers of CCH tried their best, these facilities is not allowed for BHMS students.

So now the question arises, does BHMS teaching is a problem based learning course?

What is taught in BHMS are they all useful in their practice?

Are the subjects given due weightage to answer the problems in their practice?

In the curriculum 475 hours allotted for anatomy and same hours for physiology and biochemistry. For material medica, and organon 610 hours given for each of the subject. 175 hours is given for repertory. , Materia medica , organon , repertory being vital subjects are required to be given more hours for teaching to make a BHMS graduate to learn their subjects properly.

So in the age of problem based learning the objective is what is taught in professional course is to be fully utilized in their professional career.

Keeping in view the above problems we have now two objectives.

The course duration cannot be reduced, for keeping it as par with other medical



courses. So either subject taught are to be taken care by the authorities, by dialogue with Govt. how to give scope to BHMS doctors to utilize them, like legal right to do post mortem exam, ultrasonography, minimum pathological tests etc., or to give importance and allot more teaching hours to homeopathic subjects to make the doctor to learn more details.

The other points to be kept in view for PBL can be considered here. Lectures alone are generally not adequate as a method of training and are poor means of transferring or acquiring information and even less effective at skill development and in generating the appropriate attitude.

While the curriculum objective often refers to areas of knowledge of science, they are best taught in a setting of clinical relevance with the guidance of expert clinicians and thus the knowledge they gained give them the best working skill.

The graduate homoeopathic education should be based primarily on out patient teaching.

Proper records of the work should be maintained which will form the basis of students for internal assessment and should be available to the inspectors at the time of inspection of the college by CCH.

Maximum efforts are to be encouraged for integrated teaching between allied subjects with a problem based learning approach and the resolution of the problem through homoeopathic outlook and knowledge.

Every attempt should be made to deemphasize compartmentalisation of disciplines so as to achieve both horizontal and vertical integration in different phases.

Adequate emphasis is to be placed on cultivating logical and scientific habits of thought, clarity of expressions, independence of judgement and ability to collect and analyze information and to correlate them. This syllabus should not be designed to teach a large number of disjointed facts without a proper perspective. It is high time to think by the authorities, CCH members, by authorities and management people related to homoeopathy, how to make the course more useful for homoeopathic graduates.

Ref.

1. Homoeopathy, (Degree course) regulation amended upto march 2016, CCH
2. Homoeopathy, Central Council, (Minimum Standards of requirement of Homoeopathic colleges and attached hospitals), regulation, 2013
3. MCI, rules and regulations
4. Approach to homoeopathic education and technology, Dr. Ramjee Singh, Dr.M.K.Sahani, edition 2014