
EDITORIAL

**Medical Education in Iraq
Building on the Past and Looking to the Future**

In Iraq, in 1959 there was only one medical college which was founded in 1927. Now there are 18 colleges many of which are recently established. The number of colleges in the Middle East has grown considerably from 18 colleges in 1950 to 250 of which more than 50 were private. This rapid unchecked proliferation in the number of new medical colleges in the past decades, many established on unacceptable grounds, some private for profit, some on political grounds and some meeting local pressure for ethnic or sectarian reasons have raised concern about the standard of their graduates that in 1970s a license examination was introduced in UK and US for overseas graduates and those who passed were allowed to practice in hospitals for postgraduate studies. This is because most medical colleges in UK and USA have changed their curricula and abandoned the traditional subject-based system still being used in almost all colleges in Middle East. Graduates from medical colleges in this region are facing difficulties in being recognized in other countries as UK and USA, so medical colleges in the Middle East will be left out unless they change their curricula so to meet the new trends in medical education. Therefore there is a need for major changes in the curriculum and teaching methods.

The most widespread method of medical education is the TRADITIONAL SUBJECT-BASED EDUCATION. This was introduced in Iraq when the medical college was founded in 1927 and practiced till now. This type of education composed of three premedical years teaching (premedical sciences and basic medical sciences) and three clinical years teaching (medical sciences and training clinical skill). In this type of education there is little contact between preclinical and clinical years and seems disjointed and taught separately by different departments without shared objectives. Most of the teaching is teacher-centred and didactic in nature. There is little emphasis on new teaching concepts, critical thinking, problem solving and life long learning. The assessment of students in this type of education done by an

examination that depend on passing recalling tests. In most countries especially in UK and USA medical educational curriculum have been continually exposed to changes. This is because medical knowledge increased, pattern of diseases differed, information technology developed, approach to health care system changed and attitudes of doctors, students and patients improved. So attempts to fuse didactic courses and clinical skill to brought them together into a more unified system was tried and thus the INTEGRATED MEDICAL EDUCATION was introduced and practiced. This mode of medical education is characterized by overcoming the problem of diagnosis presented in the form of separate subjects by organizing courses around major organ system. It also adapt the policy of first day-first clinic that every student should have early patient's contact to participate in patient's care. The different component of clinical skill training should be structured to the stage of study programme. This type of education encourages the application theory to practise by relating an understanding of basic medical sciences to the mastery of clinical skill thus emphasizing the relationship between "knowing" and "doing". The use of this type of education appears to have advantages on the traditional subject based education through training distinct scientific and clinical parts to make learning, more meaningful to students by eliminating areas of redundancy and strengthening the important.

In both the traditional subject-based educations and the integrated education the emphases is on the educational process in which collage teach and student learn. This is called the INPUT-BASED EDUCATION and in this type we have to accept whatever the type of the graduated doctor, while in OUTCOME-BASED EDUCATION the emphasis is on the product i.e. what sort of a doctor we are aiming to produce. The graduated doctor should be able to do the right thing and he should do the thing right and should be the right person doing it. Such criteria could be achieve by the COMPETENCY-BASED EDUCATION which is the latest among the approaches that have been developed and introduced in the last century, an important revolution in medical teaching. In this type learning by student and not teaching by teachers is targeted. And there is increasing

emphasis on student autonomy. This has moved the centre of gravity away from teacher and close to the student. It is now fashionable to talk about learning and learners rather than teaching and teachers i.e. the education changed from teacher-centered in subject-based education to student-centered in competency-based education. Therefore, in this type of education the purpose of teaching is to enhance learning.

Traditionally in subject-based education, students expect to be taught by a lecturer who is seen by his students as a knowledgeable expert who convey his knowledge to students by lectures, while in competency-based education there has been a tendency to decrease class time and increase in small group learning.

Traditionally in subject-based education the clinical teacher transmits information to the student relevant to practice of medicine in the hospital during ward round and helping them making clinical decisions, while in competency-based education the clinical teacher explains to the students the basic skill of history taking and physical examination on a patient in clinical practice based unit in hospital or on a simulator in clinical skill learning unit in classroom.

Traditionally in subject-based education, the students learn from their teacher saying, while in competency-based education students learn from what their teachers do in the class and in the hospital and students always learn better by a good model.

Traditionally in subject-based education the

lecturer role is to inform students so he is an information provider, while in competency-based education the lecturer role is to encourage and facilitate students to learn for themselves using the problem as a focus for learning so he is a facilitator.

Traditionally in subject-based education, The examination at the end of the course depends on passing recalling tests, while in competency-based education the teacher should know how to assess the students which include choice of questions, marking procedures, standard setting as an increase in OSCE , serving with the board of examinees facing the key decisions of who should pass and who fail the examination and taking adequate steps to ensure the assessment of students in valid, open, fair and in line with the course objectives.

The competency-based education have been subjected to frequent innovations under different titles e.g. problem-based, case-based, evidence based, system based, practice based etc.

In conclusion there is a need for major changes in the curriculum and teaching methods in Iraq, but before taking any steps in changing the curriculum, the existing curriculum need to be assessed first and a committee should be established to design a strategy after wide consultations with all those involved in medical education, mapping a new plan and the recommended changes may require new faculty staff, learning materials, new training hospitals and this is in turn can have implications for resources allocation which should be made available

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