

Title: Introduction of Integrated Learning Module for Undergraduate Medical Students

Author: Shobba Misra

What problem was addressed: Healthcare providers in India have limited competency in integrating skills from across the disciplines to provide holistic care for patients. This hampers them to assume their role as a health care provider. Enhanced competency in integrating knowledge and skills from across the disciplines to address patient cases, problems and issues with a holistic perspective is likely to improve quality of health care provided to patients. Though, Medical Council of India has recommended introducing horizontal and vertical integration, an integrated approach to teaching medical subjects has not yet become popular in Medical Colleges in India.

What was done: We described an Integrated Learning Program (ILP) that was introduced for the first time in 2016 for a batch of 181 third year professional students of a Medical School located in Western India. The topic chosen for the program (ILP) was Iron Deficiency Anemia because Anemia is a widespread (40%-60%) nutritional deficiency disease in India affecting all age groups. It was a vertical integration and participating departments were; Biochemistry, Physiology, Pathology, Community Medicine, Medicine, Surgery, Gynecology and Pediatrics. In order to enhance participation and empower faculties, a sensitization program was organized for students and faculties separately followed by a faculty development program. The program was implemented for two weeks during afternoons lasting for two hours per day. Teaching and learning took place through Interactive Lectures, Videos, Self-study, Clinical Visits and, Home Visits. Student assessment was formative using pre and post MCQ test and case presentation through checklists to assess clinical skills and home visit skills. Evaluation of the program was based on feedback from the students and faculty members and report prepared by the students.

What was learned: Out of 181 students in the batch, 136 actually took the ILP program. 99 (54.7%) of them took both the tests (pre and post). The mean score of students in the knowledge domain on the ILP conducted at the end was statistically significantly ($P < 0.05$). The feedback from faculty members and students was gratifying and positive, highlighting benefits of ILP as; integrated learning of the basic sciences, their application to clinical cases and active student learning. The faculty members felt that it created a common platform for them, enhanced coordination between different departments, and repetition of contents was prevented. The challenges included; higher input required from faculty members, finding weight age of this assessment in internal marks of university examination, finding more time for home visits and patient education, and enlisting better student participation throughout the program. Inclusion of qualitative feedback in form of Focus Group Discussion with a sample of faculty and student each would yield better insight into scaling of the program. Most of the faculty members and students recommended that the integrated program should be continued and extended to other parts of the curriculum. We believe that an integrated learning program is beneficial and is likely to improve quality of health care provided to the patients. It is feasible within a conventional medical curriculum of an Indian Medical College.

Reference:

Harden RM. The integration ladder: A tool for curriculum planning and evaluation. Med Edu 2000; 34:551-7.