Challenges and positive strengths of Alignment and Integration classes in MBBS: Students Feedback

Dr Zeba siddiqi, Dr Luxmi singh, Dr Ghazala Aafreen

Professor Department of Medicine, ELMC&H,Professor and Hod department of Ophthalmics ELMC&H,Assistant Professor Department of Biochemistry ELMC&H

INTRODUCTION

Integration is a core principle aimed at bridging the gap between theoretical knowledge and clinical practice.

Integration facilitates a holistic understanding of medical education by breaking down traditional silos between pre-clinical, para-clinical, and clinical subjects, thus promoting continuity in learning.

Horizontal integration refers to the combination of different disciplines at the same academic level, while vertical integration links basic sciences with clinical practice across different stages of education.

Integration enhances CBME by fostering deeper comprehension, critical thinking, and the ability to apply knowledge in real-world settings. Furthermore, integrated learning promotes interdisciplinary collaboration, preparing students for the complexity of healthcare systems.

To ensure successful integration in CBME, curriculum planning must be meticulous, with clear communication among departments to align their contributions to shared modules.

METHODOLOGY

Aim : To assess challenges and positive strengths of Alignment and Integration classes in MBBS first phase Students

Research Question :What are the challenges and positive strengths of Alignment and Integration classes in MBBS first phase Students as assessed by means of a pre validated feedback questionnaire?

Objectives of the study:

To obtain and analyze the challenges and positive strengths of Alignment and Integration classes in MBBS first phase Students by means of a pre validated feedback questionnaire.

Methodology:

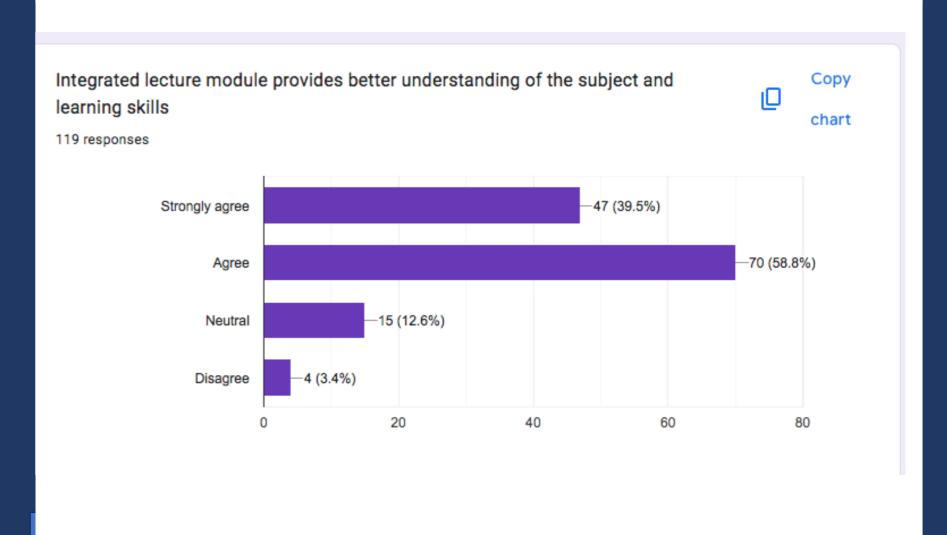
It was a Cross sectional study.

Study participants were First phase MBBS students.

After a session of integrated lecture involving 3 departments(biochemistry,pathology,medicine) taking 20 min didactic lecture each on a single topic ,the students were provided pre-validated questionnaire as google forms to assess their feedback about alignment and integration.

They were asked 15 questions and rate them on Likert scale. Their feedback was tabulated and analyzed.

Maximum positive responses were for for the question...



OBSERVATIONS

The responses from 136 MBBS students obtained via google forms are as follows:

- 70(58.8%) students agreed and 47(39.5%) agreed that Integrated lecture module provides better understanding of the subject and learning skills. It enhances student's intellectual curiosity, gives concept clarity, gives knowledge and skills that are helpful in clinical practice and helps in better retaining of the subject.
- 36% students felt strongly that Integrated teaching is better than traditional teaching and 43% strongly agreed that Integrated teaching can be regularly incorporated in the routine curriculum.
- Integrated teaching should include more workshops and laboratory and clinical exercises was strongly felt by more than 50% students.
- 63% agreed that Integrated teaching reduces the amount of time needed for study when compared to lectures.

CONCLUSION

According to the first phase mbbs students, Integrated lecture module provides better understanding of the subject and learning skills. Although majority of students preferred Interactive lectures and integration provided more clarity to the topic but 57% felt that Integration of topics related to same semester is preferable over integration of topics from 1st to final MBBS.

REFERENCES

- Frank, J. R., Snell, L., & Ten Cate, O. (2010). Competency-based medical education: theory to practice. Medical Teacher, 32(8), 638-645.
- Ten Cate, O., et al. (2018). Entrustment decision-making in competency-based medical education. Academic Medicine, 93(3), 363-368.