

Letter to the Editor

Future of anatomy teaching in new medical curriculum

Madam, Teaching of basic medical sciences generally and anatomy particularly has been diluted in the medical curricula globally during past 2-3 decades. This reduction in anatomy teaching has started showing the consequences in clinical practice, patient care, and medical education. The new, student centered teaching methodology, and the problem based learning (PBL) does have a positive outcome in understanding the clinical aspects of a disease. On the other hand the depth of basic medical sciences knowledge has been observed to be lacking among the students. It is still debatable, to what extent the basic medical sciences knowledge is needed for becoming a good doctor.

Nobody can deny the fact that, comprehensive knowledge of human anatomy is essential to understand the pathophysiology and comprehend obstetrics/gynaecology, orthopaedics, dentistry, and general surgery.¹ In order to answer the question as to how much detail of anatomy one needs to know, we can go through some literature, and also look upon certain prevailing conditions in the medical schools of our own country.

Trainers of surgery complain that students entering in surgery training are ill equipped with anatomical knowledge, than what is needed for this field.²

The reduction of anatomy in the medical curriculum has given grave consequences experienced in patient care, diagnosis and treatment.³ Sophisticated imaging techniques such as, NMR, MRI, CT scanning, ultrasonography and mammography are becoming essential to diagnose and treat the medical and surgical problems. To interpret the images, a detailed knowledge of relevant anatomy is essential.

In Pakistan, though, published literature is not available; however, teachers of anatomy and surgery openly discuss and criticize the poor knowledge of anatomy among the medical students. During examinations, gaps in the knowledge of anatomy have also been identified.

Though, spiral curriculum in PBL system, and vertical training of anatomy, claim continuous teaching of the subject throughout the undergraduate medical

curriculum, unfortunately, like UK⁴ this is also not true in our country. When students rotate in their clinicals, the clinicians expect a strong prior knowledge of basic medical sciences from them. Moreover, there had been some examples when students were sent back to basic sciences disciplines to re-strengthen their knowledge in these subjects. Many experts have shown their concerns that integrating basic sciences in the later curricular years seems a tougher task than expected.⁵ Educational jargons do extrapolate the superfluousness of basic sciences particularly anatomy in medical curriculum. But a medical educationist who later joined medical college as a student states "When I became a medical student myself then I realized how blind I had been to the realities of medical school through a student's eyes."⁶

In the above scenario, teaching of human anatomy as a discipline is facing its toughest time. New curricula are discouraging detailed teaching of anatomy and cadaver dissection is almost stopped. This is an alarming situation, and requires all medical professionals therefore, to ponder upon and come forward and comment on the anticipated positive and negative aspects of the future of anatomy teaching. Furthermore, there is a strong need in our country to conduct research studies for devising medical curriculum that should be rationally balanced with basic sciences and clinical knowledge.

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