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## Editorial

### **Integrated Teaching in Medical Education**

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Integration is a key importance for medical education, as the basic science learning is placed in the context of clinical and professional practice and makes students understanding more meaningful and relevant. Now, the interest in integrated studies or the integrated curriculum is increased at all levels of educational school. But, there are wide differences in interpretation of what integration actually means and how it can be accomplished within the educational institutional setting<sup>1</sup>. Generally integrated teaching is education which structured and cuts across subject matter lines to bring together various aspects of the curriculum into meaningful overall association to focus upon broad areas of educational study.<sup>1</sup>

The medical education curricula generally have been integrated horizontally with subjects of same phase and vertically with basic and clinical sciences subjects. Since Flexner's days, the curricula mandate students to learn first basic and biomedical sciences and then shift to clinical sciences. But, in this model, students may not see the relevance of basic and biomedical sciences applications to clinical practice, and it is most appropriate to encourage students to think as clinician from the first day of professional studies in medical institutions.<sup>2</sup>

Over a period of time, the meaning of the health-illnesses was changed from a biological to an anthropological approach defining it as a biological, psychological, socio-cultural process embedded and determined socio-culturally by groups of the human beings.<sup>3</sup> Medical education needs to encompass various teaching/ learning strategies to foster the development, understanding and integration of knowledge, skills and wisdom. Newer strategies such as student-centric learning, a systemic approach, problem-based learning, community-based education, elective programs, and integrated teaching.<sup>4</sup>

In vast medical curriculum, students are expected to learn many subjects in short period. The teachers are allotted many other administrative responsibilities besides teaching and also involved in other research related activities and continued education updating their knowledge.

With traditional teaching learning methods, didactic lectures and small group demonstrations are the most widely used teaching-learning methods. Furthermore, the classroom is getting larger due to increased number of students in a batch more than 200 at many reputed teaching institutions and the

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students' participation remains a great challenge to the faculty. With implementations of the new competency based curriculum, the primary mode of delivery has become more student-centric in approach delivering the core knowledge with better understanding of the subject.<sup>5</sup>

Self-directed learning may be student friendly, effective and useful process. Integration in education ensures the harmonious functioning of the educational processes with better coordination amongst all faculty of various speciality/ disciplines.<sup>6</sup> Teaching the students by correlating the various subjects with its practical relevance helps for better understanding and creates positive interest and facilitates active learning. It can be achieved by teaching the same topic in sequential manner from different faculty members of different departments at one time to avoid repetition of the same subject by different departments. Medical education all over the world recognizes that the integration in medical education is one of the major education reforms required.

The Medical Council of India also strongly recommended integration in undergraduate medical education with the new competency based medical education curriculum. It helps to increase the effectiveness of teaching-learning process and need of society. The integrated teaching is an organization of teaching matter to unify and inter-relate topic in subjects, frequently taught in separate academic courses or departments."<sup>7</sup> Various advantages of integrated teaching<sup>8</sup> over traditional lectures are good perception of the learning environment, reducing fragmentation of medical courses, preventing repetition and waste of time, facilitating application of the knowledge to clinical practice, promoting interdepartmental collaboration, a low attrition rate involves a substantial reduction in financial and emotional costs for our students, faculty, and society.

### Conclusion:

Curriculum reform implementation & integrated teaching in medical education is difficult and challenging. Considering and

understanding the need and advantages of the reform may help the academic community to succeed in the new curriculum implementation. The definition of health and illness is changed with changing medical curriculum.

The eighteenth century, definition of disease as an anatomical alteration of the organs with understanding of its multicausality with influences due lifestyles factors, social, political, and economical determinants. Now, in defining health disease biological, social, and cultural (historic) factors are given due consideration. Author recommends that there should be horizontal & vertical integration of basic and clinical sciences with socio-humanistic and population health sciences, making to a broader concept of ways to teach, learn and understand medicine.

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