

Editorial

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Curriculum Transformation for Healthcare Professionals- Imagining the Future

The advent of the unprecedented COVID 19 pandemic combined with the disruptive technologies brought by Industry 4.0 had undoubtedly accelerated change in the healthcare system. Health educators and professionals have long recognized the need to embrace new competencies in order to address today's health challenges but the expected change has been slow. To address the emerging competencies, we have to look at the trends in healthcare which includes transformation of health education using technology, changes in practice patterns, changes in the role of the doctor and the healthcare professionals, embracing science and technology in the healthcare system and preparing doctors and healthcare professionals to be future-ready and pandemic prepared. The healthcare professionals whom we teach today will become the professionals of tomorrow, carrying our values, skills and our hopes for the profession into the future. Therefore, what we teach the students today represents the future of healthcare system.

Among the expected impacts of disruptive change to the healthcare system include shifts to health as opposed to healthcare, moving to community as opposed to treatment in hospitals. The future is about prevention and ensuring the best value for society. In short, healthcare is moving towards sustainable health that is inclusive.

In the era of disruptive technologies, change is the new constant. We need to show an agile response by adapting the health and medical curriculum to current issues. COVID 19 had literally forced the world to turn to on-line learning overnight and the new norm brought with it the democratization of knowledge. Virtual webinars widen accessibility to knowledge not only for medicine but also about pandemic preparedness for the country. To reduce the digital divide with on line learning, there is a need to design and perform research on digital technologies or alternative technologies that will make learning materials and resources accessible to

all. Since clinical competencies cannot be addressed well by on-line learning, we need to institute procedures that allow accessibility of hospitals to at least the final year students during pandemics. It is imperative that the quality of health and medical education should always be maintained without compromising standards.

As we move to digital healthcare, precision medicine and the use of advanced technologies like Artificial intelligence and robots to support healthcare, studies have shown that technology and machines will never replace care and compassion provided by human touch. We need to reimagine and engineer medical education with emphasis on values rather than just medical knowledge. With the advent of new knowledge in medicine, it is better to train future doctors about life-long learning and sustainable health. Leadership training and working in a collaborative ecosystem with an underlying sense of responsibility towards patients and community must be emphasised to ensure continued trust and support from the community. Soft skills like bedside manner, how to communicate with patients and reassure them, how to answer their questions and the attitude shown towards them, must be intrinsic in the doctor or healthcare professions. The burden on learning and memorising should be reduced, since "just in case" knowledge can be 'googled' when needed. Lessons from COVID 19 include preparing future doctors and health professionals for pandemic preparedness and the importance of One-health.

Since change is inevitable future doctors will need a high degree of adaptability, flexibility and agile response to the complexity of the health care systems. The medical curriculum should address embracing change and preparedness for facing unknowns and the use of data analytics and technologies to improve health. Instead of treating the sick, tomorrow is about transforming the healthcare system by maintaining wellness. Hence the need to learn about delivering cost-effective healthcare, its finances and economics. End game is to have a

better population health; improved prevention; stronger community health services; and healthy ageing.

The question then is how to prepare for the future doctors/healthcare professionals with a heart infused with values, a head full of knowledge, a mind that aims for quality, hands with skills and competencies and behavior that shows compassion, care and empathy. These are intangibles that cannot be measured and it is high time that the students be taught and graded via experiential learning as well as classroom learning. This can be made possible when we recognize new forms of assessment such as reflections to be used as part of the evaluation system . Perhaps the time has come for us to develop outcome based medical curriculum that is balanced between knowledge and character. If a transformational change is difficult to achieve immediately, perhaps at the student selection stage, we should not only emphasise on examination results but rather place a higher weightage for medical intake based on communication skills, behaviour that shows empathy, compassion, independent thinking, a problem solver and a team player. To change or re-design the curriculum would require a joint collaborative effort between the health educators and the professional organizations, accrediting bodies, licensing boards, and government agencies. In short, Imagineering the future of health must begin with the first step.

CONCLUSION

The future is bright and exciting, but it will not be easy. The challenges facing our healthcare system are great, and the key to overcoming these challenges lies in the way we educate our next generation of healthcare professionals

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