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Editorial

MBBS in a multilingual world: An age-old concept with new beginning

Anu Sharma^{1,*}, Ajay Kumar¹, Achintya Tyagi², Arnav Mokta³

¹Dept. of Anatomy, Dayanand Medical College and Hospital, Ludhiana, Punjab, India

²Baba Sahib Ambedkar Medical College, New Delhi, India

³Dr. Y S Parmar Medical College, Nahan, Himachal Pradesh, India



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The educationists all around the world have felt the need for multilingual curricula in a diverse and multilingual society. It is much-needed in the field of medical education with an advent of globalization of medicine. The World Federation for medical education in Edinburgh declaration (1988) emphasized the need of survey for the role of different languages in medical schools.¹ Medical students coming from various cultural and language backgrounds generally face learning problems in this situation. A holistic effort is required to bring linguistic and cultural sensitivity in the medical education system. At the same time irrational approach is to be avoided. There is a need for inventing ways to deal with the cultural diversities and social background of learner and modifying the principles of a medical education system. These principles should address commitment to adopt various languages as a medium for education.

To overcome the problem of different languages medical colleges are adopting English as a medium for teaching. However, in many countries knowledge of native languages is also a part of curricula in medical education.²

There is a necessity for linguistic program development in medical field. Knowledge of new languages may help improving the social understanding of relevant ideas. Students working in a medical field will be encouraged to communicate and interact in native language. Medical

education must lead in breaking language barriers.³

Recently in India the Ministry of education with the help of National medical council offered a course in Hindi language. The reason behind the initiative is that majority of patients do not know how to speak and write English. A large section of the Indian students study in their mother tongue, and all of a sudden, when they start medical education in English medium they find it difficult to comprehend medical language. Students from rural areas who are unable to get medical education because of lack of knowledge of English will not lag behind and will be able to pursue the MBBS course in Hindi language with this kind of initiative. Indian state, Madhya Pradesh has announced to take an initiative for rolling out textbooks in Hindi for medical students. It is made clear by the education ministry that MBBS will soon be taught in the country in regional languages (Tamil, Telgu etc.). There is a plan for three basic 1st year MBBS subjects (anatomy, physiology, and biochemistry) to be taught in Hindi medium in all the government medical colleges of Madhya Pradesh. The classroom, students, and lecturers would remain the same, and only those students who face difficulty in understanding lectures and books in English would have the facility to understand the subject in their own language. Three books of main subjects in MBBS first year have been translated, by using the same terminology used in English language. It has been stated that Dr MGR Medical University's former vice

* Corresponding author.

E-mail address: anuashwani@gmail.com (A. Sharma).

chancellor has started preparing a glossary on medical terms in Tamil language. Other states of India will soon follow the suit.

Studies highlight that motivation plays a great role in performance of students in medical schools.⁴ Learners' cultural and linguistic association plays a definite part in motivation. On ignoring student's individual cultural habitus, the student may feel demotivated and lack in confidence.

The outcome of evaluation in medical schools emphasise on the requirement of achieving a right balance in the curriculum and assessments, especially where student's background and linguistic ability differ. Multidimensional methodology is required for meaningful evaluation.⁵

1. Challenges

Many people believe that MBBS course in Hindi and other regional languages in India is not a long-term solution to the nation's multilingual and multicultural environment. They expect doctors to be world leaders in scientific and medical discoveries. Hence, it is believed that English proficiency is essential.

Two most important requirements to implement multilingual approach in medicine are experienced teaching faculty and authentic books. We need experienced faculty to train young medical undergraduates. In this phase of implementation of multilingual curriculum, many questions arise such as; do we have teachers who can teach in Hindi or another local language? Will there be training for them in local language as well? Medicine as a subject cannot be learnt from a few local language books. There are unlimited number of books (mostly in English) on each topic of medicine, and probably we need them all. Providing 2-3 books in regional language of particular subject will restrict availability of resources to these students. Another big question looming in front of us is, whether the government will be able to set aside a chunk of GDP to create a separate translation department and an extra fund for implementation of this program.

There are number of questions and unsolved problems related not only to maintain quality of translated text books, but also regarding assessments. This multi language program is going to affects the future of so many bright, devout medical students in our nation. It involves preparing underprivileged section of the society to be in charge of maintaining country's health. The strategy to develop this program is significant and deserves special attention.

Let us hope that the usage of different languages remains limited to exchange of ideas and that the hierarchical classification of English, Hindi or other regional languages does not result in any form of prejudice.

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Author biography

Anu Sharma, Professor (Anatomy)

Editor-in-Chief: Indian Journal of Clinical Anatomy and Physiology

 <https://orcid.org/0000-0003-3052-4051>

Ajay Kumar, Professor

Achintya Tyagi, MBBS Final Year Student

Arnav Mokta, Intern

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