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SOME OBSERVATIONS ON MEDICAL EDUCATION IN THE SUDAN

by

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Medical Education in the Sudan started in February 1924 in the Kitchener School of Medicine, in Khartoum. The first batch of doctors graduated from this School in 1928 - 40 years ago. It was a small beginning but the foundation was firmly laid down. The number of students was small and the course extended over four years only. Gradually the number of students increased and the course was extended to six years. Whole-time professors and lecturers together with part-time lecturers were appointed to the various departments.

The objectives of the school were as follows:-

1. To build up a cadre of Sudanese doctors who would be in a particularly favourable position to combat the epidemic and endemic diseases that were wasting and debilitating the population of the country and preventing its natural increase.

2. To afford an opportunity to educated Sudanese to take part in the development of their country.

3. To provide postgraduate courses for doctors trained at the school and to provide opportunities for special study and research.

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Owing to the socio-economic progress in the country, many changes have to be made in the school to meet the new health challenges. The following points are of particular interest :

1) ANNUAL INTAKE

The annual intake at the present time is 65 students. Taking into consideration the needs of the country to medical service this is not likely to meet the requirements neither at the present nor in the future. The Republic of the Sudan has only about 500 qualified Medical men and women at present. Some of these doctors received their degrees from the former Kitchener School of Medicine, some from the Faculty of Medicine of the University of Khartoum and some from Medical Schools abroad. The physician population ratio in the centers where the doctors tend to concentrate is adequate, but in the country as a whole the ratio is about 1 to 35 000. Wilson and McDonald writing on medical education in the Middle East in 1961 stated that "the doctor deficit varies greatly from country to country and is especially marked in the Sudan and the Arabian Peninsula where the physician-population ratios are 1:38 000 and 1:30 000 respectively".

The current ratio is far from that prevailing in Europe or the United States (approximately 1 to 1 000). Clearly, the country cannot, at present, afford to employ the 11 600 expatriate doctors that would be needed to reach that ratio; and even to reach the modest ratio of 1 to ten thousands about 800 more doctors would be required. At the same time, the country cannot afford to limp along with its present medical manpower pool.

The student population of the Faculty of Medicine now numbers 300 and there are about 200 Sudanese students studying medicine in various medical school abroad. It is expected that from 1969 to 1971, 55 students will graduate each year. Thus, it is clear that at its present pace the Faculty of Medicine will not be able to satisfy the future requirements of the country.

The logical solution is to expand the medical school so that it can admit an adequate number of students. Before this step can be taken, however, a number of factors must be considered. First is the question of whether or not there will be enough students from the secondary schools who will be qualified to enter the medical school. In a recent unpublished report to the Council of the University of Khartoum about the future of higher education in the Sudan it is indicated that this would not be a problem. It is estimated that from 1969 to 1974 approximately 950 students will enroll in the University of Khartoum annually while the number of graduates from secondary schools who are eligible for a University education will rise from 1 713 in 1968 to 2 744 in 1974.

Another essential point to be considered is the number of the teaching staff available. It must be remembered that a key point in medical education is the relationship between students and teachers and that an effective interaction requires an adequate number of faculty. When the school started, the majority of the teaching staff were expatriates; but the University administration adopted a wise policy of training Sudanese for the teaching posts. At the present time 9 out of the 11 heads of departments are Sudanese, as are 50 of the 73 members of the academic staff. There are about 30 scholars and fellows studying for higher diplomas abroad. This is an important step forward not only because of its financial implications but because it is sometimes extremely difficult to recruit and maintain suitably qualified expatriate staff.

The third factor which has to be considered in planning a program expansion is the parallel expansion in housing, teaching facilities and equipment that will be required.

At the present time these factors are under very serious consideration by both the University authorities and the Ministry of Health. The intention is that the number of students admitted annually should be expanded so that the school will graduate about 120 doctors per year. It is hoped that this increase in the number of graduates will come nearer to meeting the requirements of the country.

2) STUDENTS AFFAIRS

Entrance to the Faculty of Medicine is by selection from among those who pass the preliminary year in the Faculty of Science, where they study Chemistry, Physics, Biology, Mathematics and English. Annually 65 students are selected from about 300 candidates. On the average the percentage of girls taken is about 7% of the total enrolment.

Students are subjected to a Medical examination on entry and a health card is allotted to each student.

All students live in hostels. There are two hostels allotted to boys and one hostel to girl students. The hostels for boys are within walking distance to the Faculty but for the girls transport is required. The students are provided with board and lodging in the hostels. Almost 90% of students get bursaries in the form of small amounts of money for pocket expenses.

The students have an association which performs many activities such as debates, dramatic acting, musical shows and in-door games as well as tennis, basket-ball, etc. The students hold an annual seminar to discuss a subject related to a health problem, an endemic disease or medical education in general. Such seminars proved to be extremely useful; contributions came mainly from the students and partly from the graduates and staff of the Faculty. The proceedings of the seminar are published in the Student Medical Journal "EL HAKEIM".

3) STAFF STUDENT RELATIONSHIP

It is suggested that good staff-student relationship goes a long way to help in medical education. Medical students should learn by being alert and capable of making their own observations, by discussions and arguments with their teachers and by the length of time during which they are exposed to the various subjects of their study; the latter depends to a great deal on the daily hours of contact between students and teachers whether in the class room, the laboratory, the ward, the common room or elsewhere.

For this reason a system of student-tutorship is devised in our Faculty to facilitate this contact and exchange of views. A group of six or seven students is attached to each one of academic staff to act as their tutor and adviser. They meet as often as possible and discuss all problems confronting the students, whether academic, social or otherwise.

Furthermore in the hostels there is a system of hostel wardens. These are academic staff whose duties, amongst other things, are to look after the welfare of students in the hostels. They work in close contact with students committees which are elected by the Students. They supervise such matters as food, furniture and recreation in the hostels.

Of other social activities the annual students' picnic is an important event. In this all the students of the Faculty and many of the staff and their families go out to a neighbouring suburb and spend the day out in a garden or a rest-house. The program of the picnic includes sports e.g. foot-ball, basket-ball, tug of war between students and staff, in-door games tribal songs, music, etc. It is usually a very happy day where the students and staff mix, exchange views and know each other far better than in the class room.

There are also curricular tours. These are usually made during the school vacations and are of academic nature. A group of students or a whole class, accompanied by some of the staff, visits the rural districts with the purpose of studying disease in its natural environment and obtaining an insight into the living conditions of the community. The tour may last from two to six weeks. Tutorials and seminars on various health problems are held.

THE CURRICULUM

There is no doubt that the objective of any medical school is to produce "good doctors". The definition of a good doctor varies in the minds of various people. But surely a good doctor should have, among other things, the following attributes:-

a) He should be familiar with all aspects, preventive and curative of the prevalent health problems of his country.

b) He should be competent to contribute affectively to their solution.

c) He should be so imbued with the principles of learning and skilled in its methods that he will be able to continue his further education in medicine for the whole of his professional life.

With this point of view in mind the curriculum of our Faculty is kept under constant revision and re-organization both in its content and in the number of hours of instruction. In fact we have no set and written curriculum. With us the curriculum is a dynamic phenomenon, which keeps perpetually changing and moving. On the whole it follows other medical schools curricula in consisting of one year pre-medical, two years pre-clinical, three years clinical and one year as pre-registration period.

There is great tendency to integrate the whole course and to consider it as an educational study on human biology.

The standing curriculum committee in our Faculty has held several meetings this year, with the view of radically revising and re-organizing the curriculum in the light of recent recommendations in other countries, e.g. the recommendations of the Third World Conference on Medical Education held in New Delhi in 1966, and the Lord Todd Report in the United Kingdom (1968). The curriculum must show awareness of the nature and variety of problems the doctor has to face, of the decision he has to make and of the setting in which he has to make them. The pursuit of excellence should be a common denominator of all curricula.