

Letter to the Editor

From Textbook to Critical Thinking: A First-Year MBBS Student at MIHS

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Dear Editor,

Over more than a decade of teaching in medical schools, I have had the privilege of teaching countless students in the classroom. Each student has been special in his or her own way. Yet, some students stand out through their abilities, qualities, dedication, and performance, leaving a long-lasting impression on their teachers. After joining Madhesh Institute of Health Sciences (MIHS) as the Head of the Department of Physiology, I had the opportunity to continue this journey of teaching and mentoring medical students at MIHS. Since its establishment, MIHS has become highly recognized for its innovative

approaches in medical and health sector to play a significant role in the advancement of health services in Madhesh Pradesh with skilled, passionate professionals, dedicated faculty, staff and scholarly students [1].

Over the years, I have observed that many students often learn best when they pause, reflect, and ask questions rather than simply memorize information from textbooks. However, I came to know about our first-year MBBS student's achievement through social media. This particularly surprised and impressed me with her ability to critically analyse information rather than simply accept it without questioning its validity. Recently, this was demonstrated by Priyamvada Jha, a first-year MBBS student at Madhesh Institute of Health Sciences (MIHS), Janakpurdham, Nepal.

While studying the pathology of rheumatoid arthritis in *"Robbins, Cotran and Kumar Pathologic Basis of Disease, South Asian Edition, 11th Edition, Volume II"*, she came across a passage describing the joint deformities associated with the disease. The issue appeared in the chapter *"Bones, Joints, and Soft Tissue Tumours"* under the heading *"Rheumatoid Arthritis: Clinical Features."* The text appeared to conflate two distinct clinical entities: ulnar deviation of the fingers and swan-neck deformity, presenting them in a manner that obscured the fact that these are separate abnormalities with different underlying mechanisms. She noticed a point that made her think more deeply.

The sentence in the book reads:

"Inflammation in tendons, ligaments and occasionally adjacent skeletal muscle frequently accompanies the arthritis and produces characteristic ulnar deviation of the

fingers (Swan neck deformity) and flexion-hyperextension of the fingers (Boutonniere deformity)."

As a first-year MBBS student, Jha wondered whether the association of ulnar deviation with swan-neck deformity in this sentence was intentional or whether the wording required further clarification. Based on her understanding, ulnar deviation is generally considered a distinct deformity. Swan-neck and Boutonnière deformities, on the other hand, refer to specific patterns involving the interphalangeal joints.

Rather than accepting the passage at face value, on 17 July 2026, she chose to write directly to the textbook's authors outlining the discrepancy she had noticed. She did not expect anyone to respond, but Dr. Jon C. Aster, MD, PhD, replied on 19 July 2026, making the exchange particularly meaningful. He confirmed that ulnar deviation and swan-neck deformity are indeed distinct abnormalities and informed her that the online text of the book was being revised to reflect this distinction more accurately.

The corrected passage now reads:

"Inflammation in tendons, ligaments, and occasionally adjacent skeletal muscle frequently accompanies the arthritis. This often produces ulnar deviation of the fingers as well as hyperextension or flexion of interphalangeal joints, which can lead to changes known as swan neck deformity and boutonniere deformity".

Dr. Aster's willingness to take a student's question seriously, review the concern, and make the necessary correction is an important lesson in itself. It shows that medical knowledge continues to develop through openness, discussion, and

collaboration. Scientific accuracy is not something passed down unchanged from experts to students. It is an ongoing process. This experience also reminds us that learning is not always a one-way process. Teachers guide students, but thoughtful questions from students can also encourage further review and improve understanding. Dr. Aster's response offers an important lesson for the faculty of MIHS and all academicians working here in Nepal and abroad too. Student's questions and reasoning should always be respected and taken seriously. Teachers must have a responsibility to listen to their students, encourage their curiosity, and guide them with patience and openness.

Drafting this editorial letter is not intended as a personal favour or merely to celebrate an individual achievement of Priyamvada Jha. This is not written as a special recognition to place her above her peers or fellow students. Rather, it is an opportunity to highlight the importance of critical thinking, curiosity, careful observation, and independent reasoning in medical education. The American Philosophical Association (APA) defined critical thinking as purposeful, self-regulatory judgment that uses cognitive tools such as interpretation, analysis, evaluation, inference, and explanation of the evidential, conceptual, methodological, criteriological, or contextual considerations on which judgment is based [2]. Nowadays, higher-order thinking has become one of the essential characteristics of future health care professionals and an essential attribute of medical professionalism [3]. The value of this experience lies in this process of reasoning and questioning, which is an important part of medical education and a quality that should be encouraged in every medical student.

The establishment of the Madhesh Institute of Health Sciences (MIHS) under the Gaurav Scheme marked an important step towards developing a centre of excellence in medical care for the people of Madhesh Province [4,5]. In this context, our student Jha's achievement is a moment of great pride for us and the entire MIHS. I am grateful to MIHS for fostering an environment that encourages higher-order thinking and to Dr. Aster for his prompt and thoughtful response. I would also encourage my fellow students, particularly those early in their medical education, to read critically rather than passively. Questioning a textbook is not a sign of disrespect towards its authors; it is an essential part of the scientific mindset that our profession demands.

Finally, I thank our student, Priyamvada Jha, for sharing this experience, providing the necessary information, and giving her consent for drafting this letter to the editor. I congratulate her on this remarkable accomplishment and hope she continues to nurture her critical-thinking abilities. Her ability to think beyond the textbook may enable her to make meaningful contributions to medical science in the years ahead. May this achievement mark the beginning of many more milestones in her academic and professional career.

ABOUT THE STUDENT: Priyamvada Jha is a first-year MBBS student of the 2082 batch at Madhesh Institute of Health Sciences (MIHS), Nepal, the second batch of medical students at the institution. She secured Rank 416 in the Medical Education Commission (MEC) entrance examination. Originally from Gaur-3, Rautahat, Nepal, she completed her schooling in Rautahat and Kathmandu before pursuing her +2 education at St. Xavier's College, Maitighar, Kathmandu. As an early-career

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medical student, her demonstrated engagement with critical thinking and scientific inquiry reflects the intellectual curiosity and questioning spirit that medical education seeks to cultivate.



Figure 1. Priyamvada Jha, first-year MBBS student, Madhesh Institute of Health Sciences (MIHS), Janakpur, Nepal

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