

Learning and teaching outside the medical colleges

Chetan B. Bhatt

Knowledge-gap

Science and medical technology have progressed tremendously whilst medical text books are not, really, keeping up with these advances. Medical students, thus, find it difficult to keep their knowledge updated. Under such circumstances, students look up to their teachers (honorary and full-time) in teaching institutes for filling this deficiency. It is difficult for these students to refer to journals because of their clinical postings in the ward and the fact that students are not encouraged to consult anything other than their texts.

The development of competence in young doctors to deal effectively with the health problems of individuals and the community at large is of the highest priority. The term competence refers to knowledge, skills and attitudes in action. The trainee must demonstrate these together with proficiency and accuracy. Deficiency in any of these qualities will hamper the effective functioning of the doctor.¹

Medical college teachers have no time for students

The present teaching staff in medical colleges consists of honorary doctors, full-time teachers and resident doctors. None of them have time for the undergraduate students. Honorary professors are very busy with their practices outside the teaching hospital. Students do not feature on their priority list. Full-time teachers are very busy in non-academic and administrative work. Students are overlooked by them. The lecturer in any unit is waiting to start his own practice or preparing for examinations that will help him emigrate and has little time for students. The resident doctors are busy with their ward work and their own post-graduate studies.

In the wards, students often waste their time waiting for professors to turn up for their teaching clinics. The teachers often fail to appear or get their juniors to conduct the clinic. Whilst they are at fault, teachers end up scolding students for their lack of sincerity in working in the wards.

In many private medical colleges there is no infrastructure for teaching. Students lack both teachers and patients.

As a result, students are diffident about appearing for examinations where they can be asked questions on practically any aspect of the medical sciences, including

recent advances.

Examiners can also ask a wide range of questions over the long and short cases and during the *viva voce*.

Unmet needs in medical colleges

The past two decades have witnessed several initiatives in medical education. The report of the Panel of General Professional Education of the Physicians in the U.S. (Muller, 1984) gave a major impetus to the training of doctors. The World Summit on Medical Education (1993) has made twenty-two recommendations of which the following is related to the development of skill and competence: 'Teaching and learning strategies and active student-centred methods of learning which are competency-based, must be promoted. Medical schools must focus on effective communication skills.'¹

Students forced to look elsewhere

Is it surprising, then, that students seek instruction elsewhere? As it is, coaching and private tuition are very common from the *kindergarten* to the twelfth standard examination in the present *milieu*. Most students entering medical college have had some form of coaching, at times paying sizeable sums for it. It is not difficult for them to justify coaching in medical subjects too, so as to better equip themselves with knowledge and to remain up to date with recent advances and techniques.

Teaching techniques used in private coaching

Ideally, theory and practice should be taught together in an integrated manner. This is not feasible because of organisational problems.

Teachers in private classes commonly follow three steps:

- 1) describe the skill, explain its significance and utility;
- 2) demonstrate the skill and provide the students examples of how the expert teacher uses the skill;
- 3) arrange practice sessions for the students!

They also use the 'seeing and doing' approach both to classroom and clinical training. Medical students are adult learners. The teacher concentrates on providing relevant, task-oriented, participatory (two-way), friendly (providing a positive feed-back), varied (demonstration, case studies, role-playing) instruction, building on past experiences.²

The private coaching classes utilise the services of the many dedicated and good teachers who are not attached to any medical college, of whose expertise the students would otherwise be deprived. Most of these teachers are specialists

Chetan B. Bhatt, Consultant Gastro-enterologist, 534 A (1), 2nd floor, Bombay Mutual Terrace, Sandhurst Bridge, Opera House, Mumbai 400007

in their subject and provide a detailed understanding of their field.

These teachers use the latest techniques in teaching - computers, video-cassettes, projectors. They also provide complete, computerised notes on the subject being taught. Learning is thus made interesting and enjoyable.

In order for these classes to be rewarding, they need to live up to the following criteria:

- 1) utilise experienced and dedicated teachers;
- 2) demonstrate medical ethics and honesty;
- 3) show a willingness to improve, update knowledge and provide the best from the latest information to the students.

Successful professional teachers rest their reputation on two

legs:

- 1) expertise in and mastery over what he teaches;
- 2) the use of appropriate education technology.

All efforts should be directed at encouraging and facilitating learning by students. 'The student must be helped to want to learn, to learn how to learn and to want to learn as long as life lasts. Few realise how difficult this task is. We have to remember that there is no one, best, method of learning or teaching.'²

References

1. Nayar U, Adkoli RV: Standardisation of techniques for imparting skills to doctors. *Souvenir* 20-21 May, 1997 New Delhi: Medical Council of India 1997
2. Rao A Krishna: Science and technology of medical education - transfer of knowledge and learning techniques. *Souvenir* 20-21 May, 1997 New Delhi: Medical Council of India. 1997

