

Private coaching classes: a need fulfilled... or created?

A provocative essay

The essay by Dr Bhatt¹ on the need for private coaching classes for medical students, published in the previous issue of this journal, was probably intended to provoke debate - or, simply, to provoke.

As a full-time teacher and one naturally grieved by the disposition of medical school teachers as portrayed in the essay, I cannot claim to be an unbiased observer. I am tempted to use this forum to present another point of view.

My first response to the essay was admittedly reflex. Can anything be permitted in the name of freedom of speech? Should, for instance, a journal on AIDS publish an essay in praise of free sex? On regaining composure, realisation dawned that the issue should not be prejudged. The points raised by Dr Bhatt had to be analysed with due deference.

Do teachers in medical colleges ignore teaching?

The essay justifies the existence of private coaching classes by stating that 'full-time teachers are very busy in non-academic and administrative work - students are overlooked by them.' It also castigates honorary professors, lecturers and resident doctors for uniformly 'ignoring students for other pursuits. I can speak for resident doctors and lecturers as well, because it is not long ago that I was in their shoes and still have several of them with me every day. There is no doubt that all of us have pursuits other than teaching, given the nature of our jobs as clinicians, teachers, research workers and administrators all rolled in one. But it never struck me that this was sinful or necessarily excluded teaching.

I must submit that administration (and 'non-academic' work - whatever that cryptic term means) can sometimes be overwhelming, but most of us have learnt to accommodate teaching as part of a busy schedule, with a rigid time-slot kept aside for it.

It needs stating here that private coaching classes for medical students are also currently run by medical practitioners busy with private clinics, who also set aside time for teaching, though obviously for a reward.

The problem therefore is not in the system (except that there is no separate monetary gratification for the medical school teacher who teaches) but in the person. There certainly are black sheep among these teachers, as in all fields - the incompetent, the disorganised, the insincere, the lazy. Dr Bhatt too lends credence to this argument when he claims

that the mess extends across systems (full-time and honorary) and across the hierarchy. The persons running private coaching classes today are also products of the same system (there were no coaching classes in their time), and were obviously exposed to some very good teachers. So what has changed recently?

Why have teaching shops flourished?

Let us trace the history of private coaching over the past few years. When we were students in the 1960s and '70s, private coaching or tuition catered to the intellectually challenged. An unstated stigma was attached to those who needed tutors. The more gifted students attended tutorials only prior to graduation examinations, more to build up confidence and hone knowledge than to actually acquire it. Coaching classes, therefore, fulfilled a need.

The seeds of corruption were first sown when, in an attempt to attract more students, coaching classes turned to dubious means. Insider information about question papers became a selling point. With the examination-oriented thrust of our education system being a constant affliction, examination-oriented coaching by any means soon became a coveted art. While regular schools prepared students for examinations and the life beyond, coaching classes took up examinations as their sole goal. It was only a matter of time before the balance shifted in their favour. Teachers joined these classes, equally attracted by the monetary gains that came with commercial success. The process was helped by the crass commercialisation of the 1980s when money became the sole measure of achievement.

The attractions of commercialisation did, of course, drain schools of teachers. The outside world was attractive, and money was easy to come by. The rot started in mainstream colleges (where, today, attendance by students is only to obtain an official entry card to the examinations) and spread to involve high schools. At last count, junior schools and even pre-primary schools were being eaten into by parallel coaching classes.

The surprise was that it took so long for the medical fraternity to get involved. But when it happened, it was quick. In just about a decade, being a medical school teacher became suspect - the mark of someone who would not shine in the world outside. Commercialisation had become an entity in its own right, and now justified its existence by blaming medical school teachers. Private coaching classes evolved from fulfilling a need to creating one - a success story that Dalal Street would do well to study.

Ward-less teaching

Having put history in perspective, let's take up a few more of the points raised in Dr Bhatt's essay. Dr Bhatt is correct when he states that many private medical colleges have no infrastructure for teaching. But, weren't these 'colleges' started during the same period as the coaching classes to latch on to the bandwagon of commercial gain? Aren't they, themselves, more 'coaching classes' than conventional medical schools and financially successful for the same reason?

Dr Bhatt may also be correct, to an extent, in stating that students in medical colleges find it difficult to refer to journals because of their ward postings.

I was brought up on the dictum that teaching at the bedside, in the ward, was the essence of clinical medicine - something that coaching classes do not offer in any case. Neither do they offer journals; they offer instead one or more teachers' interpretations of literature. It is ironic that students do not have time for journals but can spend late hours in coaching classes. At least medical colleges have libraries, though of course only for students who can organise their time.

Dr Bhatt is right when he states that 'coaching and private tuition are very common... in the present milieu' and that students 'at times (pay) sizable sums for it.' The lay press in the country has recently shown concern on this issue, and probably will awaken the authorities to corrective action.

Foul incentives

Under the title 'teaching techniques used in private coaching', Dr Bhatt lists ideal techniques mentioned in literature.^{2,3} Quoting the scriptures does not alter realities on the ground.

If everything was so picture-perfect; many coaching classes would not have to fall back on the old incentives (insider information on question papers), now upgraded to include guaranteed success, and distinctions in the subject of your choice. But that is another story.

Dr Bhatt lists computers, video cassettes, projectors (all of which are also now easily available in regular medical colleges) and computerised notes as techniques in coaching classes - prominently leaving out the bedside for the medical college. In coaching classes, medical teaching has come a long way from the time when it revolved around the patient.

Conclusion

Medical colleges and private coaching classes are not necessarily in a 'this-town-is-too-small-for-both-of-us' situation. It need not be one or the other. It is not necessary to have to condemn one to justify the existence of the other. Remember that the clientele of coaching classes today is restricted to undergraduate students. Postgraduate and postdoctoral students are still doing fine in these same medical colleges with the same teachers. (This is not an invitation to spread tentacles to them as well!). It is not so much teaching that is lacking in medical colleges as teaching for marks at examinations.

Mainline medical colleges have come to stay all over the world without the assistance of private coaching classes. It may be appropriate for coaching classes to return to their original role of helping those who are disadvantaged.

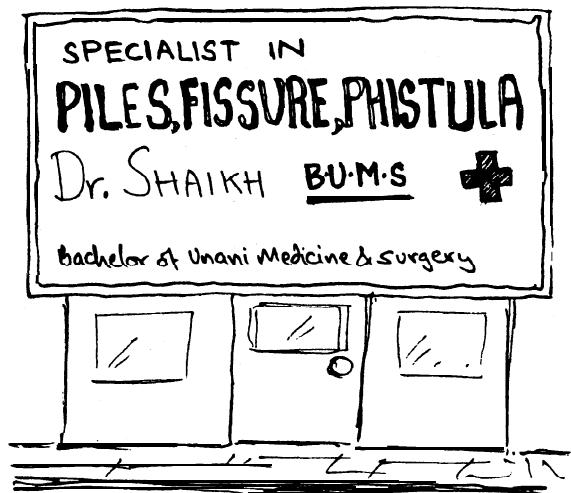
This is a call to arrest the bleed by putting heads together to identify and solve genuine problems. Problems undoubtedly exist in medical colleges, as Dr Bhatt amply stated. Irrespective of whether these are the origin or the consequence, there is no winner-take-all in this dispute.

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