



Some Aspects of Undergraduate

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When I discussed and explained about the clinical examination using methods such as Objectively Structured Clinical Examination (OSCE), many did not know about it, some said it would be difficult to conduct—but on the contrary with such a huge number of excellent available patients and specimen there should be no problem to organise and this method is thought to be particularly suitable to examine large number of students. But this method needs teachers time which our teachers hardly have.

Desire to change: Students-politics:

Undoubtedly the student tries to learn too much and we the teachers try to teach him too much—neither, perhaps, with great success." (Montreal Medical Journal, Nov. 1899 P. 823 in Cushing H. The life of Sir Williams Osler, 1925 Vol. 1, P. 503). Success or not to moral fabrics of

such desirable intention is breaking down in our medical schools. Most students are still extremely keen and majority teachers feels helpless.

However, some teachers who are serious enough to change are afraid to do so for the fear of students unrest.

This was obvious to me when I visited two campus. I saw more slogan on the walls related to political demand than students local problem (this has gone worse since the days we were student—I was told by the student union office orderly!) and it was clear to me that political parties have greater influence in the campus than the teachers.

A socialist university professor, a friend of mine, condoned the situation and asked what else these poor students could demand than to fight to change the society and system?

According to him, students and teachers are so economically hard hit that the protests become spontaneous. This intrigued me. I inquired about the socio-economic background of the leading student leaders of two leading medical colleges. I was surprised to find out that majority of them come from relatively solvent families. They hardly ever felt economic hardship and very romantic of their approach to politics. They are mostly sincere, bright,

conscious young students with little practical knowledge of real hardship. Majority of the students I was told, were afraid to displease the leaders and their musclemen. As a matter of fact, few students also talked about the so called "Silent Majority" who would rather lose a session than displease the political bosses. At least one bright student leader I met confessed that frequent demand and call to disrupt academic activities affected the performance seriously but he was convinced that for the greater interest of the country, this sacrifices should be made. When I pointed out to him the examples of the few developing countries where disruption of classes and clinical in medical schools are unusual despite

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political unrest and movements he was repeating the same political jargon we use to hear 20 years ago.

However, majority of the students I met in the classes are keen to learn. I can equate their keenness and reception capacity with those of any European standard. But these leading bright boys and girls fall victim to the system we have created.

Is there any immediate solution?

I discussed with teachers and students if there is any way out from this vicious cycle. I heard extremes of suggestions. Some referred to total ban on private practice by the clinical teachers, some wanted the clinical teachers practice full-time in the teaching hospitals. By this they will at least have the teacher near to them

during most of the time. I heard pessimists—shrug their shoulder and point to sky say "Que sera sera." "What ever will be, will be." However the more practical suggestions came from a group of teachers who felt that offering full autonomy to the medical college could improve the situation. According to them, the present system of employment of teacher serves only the purpose of bureaucratic health authority. They pointed that the existing system in our country is unique for the subcontinent to be seen no where in the world. If this system continues, according to these teachers, students will continue to suffer and we will produce more ill-trained doctors. So medical colleges should be given

budget to run their college and training. They should employ all their teachers who would abide by the regulations of a teaching institute. The Ministry of Health could get the services of these teachers in return of allowing their hospital to be used for teaching. This system is functioning in almost all developed countries and also in many developing countries who are advancing rapidly in medical education.

These proposed solution seems to be too easy for a massive problem but we have to start somewhere. I do not feel that I have addressed the problem in detail, but I believe that time has come to start discussing the matter urgently. Otherwise we will make our children a kind of doctors

by whom we would not like to be treated.

Beside administrative changes, there is pressing need for improvements in curriculum i.e. making them more problem-based, to encourage active learning, decreasing lectures and more reliance on tutorials and small group discussions to encourage thinking and development of logic in decision making process. This will foster an environment in which the student and his teacher can relate in a warm and friendly climate directly and openly, so that the student can develop personal communication skills (Harden RM, Genn JM, 1986. What is Education Here Really Like? Suggestion for Action Research Studies of Climate of Medical Education Environments. Medical Teachers 2: 111-124).

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