

Pedagogy in Undergraduate teaching programme – different spars

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Pedagogy means science of teaching. It tries to bring about the desirable change in behaviour of the students under supervision of the teachers. It has got teacher at one pole and student at the other with the system of flowing of knowledge and acceptance- keeping the scope of bilateral exchange which make the science viable and ever-changing with fresh inputs of thoughts.

Undergraduate medical courses are primarily taught in lecture format. Apart from this, seminars, symposium, panel discussion, group discussion, programmed learning, work shop, role playing, counselling, brain storming, practical, tutorial, demonstration, clinical simulation etc are used as method of teaching. Group involvement is ensured in epidemiological and family projects. Audio-visual aids like over head projector (OHP), power-point presentation, and video are effectively used in several teaching-learning methods. Student learning is evaluated with theory papers, items, objective structured clinical/ practical examinations (OSCE/OSPE), clinical and community level examinations.

Today, most of the medical teachers are practically trained in teaching in Medical Teachers' Training Course and they are competent. But to our surprise it is observed that in many situations the attendance of the students in classes is disappointing in different hours of routine in a day. Some work had been done in some subjects to find out the causes of this poor attendance. But that did not give a very good idea about the causes. On the contrary, their attendance in different classes run by extra – college institutions is reported to be very good. Possibly these courses are postgraduate entrance examination oriented and pupils feel like attending the classes from 1st year even, so that they can get chance in the PG courses (MD/MS) in the first attempt. MBBS degree is, probably, considered only a rung in the ladder towards PG degree.

We have been unable to follow strictly the 'percentage' rules stipulated by the University due to many reasons. Though that is a fearful approach to improve the attendance and ultimately it may fail as it is failing now. Many students still feel like attending many classes taken by teachers irrespective of their seniority and experience. Then what may be the factor/(s) operating behind?

Some teachers might have better communicating skill and good relationship with the students which help to motivate and generate love for a particular subject. On the other hand, some teachers are found to be much reluctant about teaching. There are some teachers who are over burdened by patient-load to find time to teach the students though many of them feel like teaching appropriately. Sometimes some senior students may influence the juniors to avoid certain classes or certain subjects. The boom of information currently available through internet may be the reason to make students repulsive to classes. Another possibility is there that parents of the students spent lot to get their wards qualified for a berth in this profession; so the students may feel like getting chance in MD/MS course in the first chance to earn fabulously at the earliest to replenish the money spent by their parents as well as to lead a rich life.

However, the teaching experience of us for last few decades reflects that if a topic is heard in class room from the teacher even of an ordinary nature can help students in solving many problems. Students are tender aged and require understanding about these things. Learning only is half way approach; only when it is translated into skill then students will be able to serve the ailments and make them saleable to the society.

Time has come to stocktaking the vital causes of the declining trends of teaching-learning process in Medical Colleges. The difficulty may lie with huge inescapable curriculum itself. 'Must learn', 'Useful to learn' and 'Nice to learn' areas of all the subjects require involvement of the experts of the particular subject throughout the country and standardisation. Though it is a Herculean job but that is a way to keep the medical education viable in the undergraduate level.

Investigations at different levels viz. teachers, students, channels of communication, teaching-learning environment etc. can give some insight in the subject.

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