Students’ Corner

Why are students keeping away from wards?

Much is being spoken about the undergraduate students and interns seemingly less enthusiastic about their ‘ward postings’. They seem to abstain from wards more often, seem more interested in reading books in the library or even while in the wards and seem less inclined to attend ‘ward rounds’. It is known that assessment scheme tends to drive student-learning [1] and the type of assessment can influence learning [2]. The assessment at graduation (MBBS) examination is done on the basis of theory and practical examination. The latter is still largely based on assessment of clinical skills. The scope of theory examinations is restricted to testing knowledge of a few important topics that are considered to be ‘the bare essentials and basics’ to be known by a medical graduate. Many new concepts in medicine have yet to find a place in the University syllabus. These make the MBBS exams quite predictable. In contrast, the postgraduate (PG) entrance examination is based on answering multiple-choice questions (MCQs). Most students today aspire to become specialists and hence, right from early days in the medical college, try to orient their studies to match the assessment pattern of PG entrance examinations.

The MCQ-based PG entrance exams have no fixed syllabus. Most of these examinations, unfortunately, test only theoretical knowledge (mainly factual information) and not the practical skills. In spite of several obvious drawbacks such as having a surface approach [3] and testing mainly memory [4] the MCQ system was preferred for the PG entrance exam as this system is inexpensive, easy to administer, reliable, objective, uniform, and reproducible and has ample scope to increase competition. These examinations include many topics, which are not covered well in the graduation exams such as genetics, inborn errors of metabolism, newer histological and cytochemical techniques, serological markers, newer monoclonal antibodies, transplantation medicine, immuno-suppressants, anaesthetic medications and techniques and oncology. For entrance exams to be cracked, students need to learn and remember finer details. The students apparently think that they can learn these by spending more time in the library rather than by seeing more patients in the wards! I can’t imagine an undergraduate (UG) student of the previous generation losing his/her PG seat due to not knowing what ‘Best’ Disease in Ophthalmology is! Gone are those days, when a student aspiring to specialize could study only that subject thoroughly to get the postgraduate seat. Students today, have to face entrance exams that include detailed MCQs drawn from 20 UG subjects. One may lose a PG seat if finer nuances are not read and understood before the exam! It is this format that is pulling students back from the wards to the library!

The students today are underestimating the importance of learning clinical skills. They should remember that it is these clinical skills that would help them throughout their professional career. The students should understand that both facets are important. The cases that one sees remain imprinted for a very long time. The details, of course, need a separate reading. This balancing act could be facilitated by broadening the scope of the UG syllabus. There is scope for improving the PG entrance exam model. As the outcome of MCQs depends on the type of MCQs framed, [5] the MCQs could be drafted to test practical knowledge and understanding [6] and the policymakers should consider including a step for testing clinical skills at these exams. The students’ interest in ward work would be rekindled if the situation is reverted from being ‘contradictory’ to being ‘complementary’ between the two important evaluation stages in a medical student’s life: (1) the graduation exam and (2) the PG entrance exam.

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References


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