## STUDENTS' VIEWS ON UNDERGRADUATE TRAINING IN OBSTETRICS & GYNAECOLOGY\*

by

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It is usually not appreciated that students are most vitally concerned with education. Any changes in education affect them most. Yet whenever any aspect of education like curriculum, teaching, examination, etc. is discussed, debated or planned, students' views and ideas are almost completely overlooked and ignored.

Our present system of medical education has many short-comings. This coupled with greater demands of rural population for practical medical care has brought to the fore a need for overhauling our undergraduate medical education. At this stage it is important to know what the students think of the present educational system and of some of the changes under consideration.

#### Material and Methods

A questionnaire was sent to students in different medical colleges of Bombay who have almost completed their medical training or have recently passed their qualifying examination and are doing

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their internship or house post. The questionnaire covered five aspects of medical education: (1) Criteria for admission, (2) curriculum, (3) Training in obstetrics and gynaecology, (4) examinations and (5) internship. Replies to this questionnaire received from 200 students are analysed and presented here.

#### Results

(1) Criteria for Admission to Medical College: In Bombay admission is based on marks obtained at Inter Science examination with added credits for good performance in first year science and SSC examinations, extracurricular activities, etc. Only 42 per cent thought that the criteria for admission were fair and only 32% thought them to be adequate. This was possibly a reflection of their lack of faith in the integrity of Inter Science examination. Fifty-seven per cent felt that admission should be based on a premedical test devised to judge the aptitude and ability of the students. About one-third of the seats are reserved for scheduled castes, scheduled tribes and backward class students. Although 54% of the students thought that the seats should be reserved for this category of students, 88% felt that the present quota of seats allotted to them (viz. 1/3) was too high. It must be mentioned that only 5% of the students partaking in this study belonged to scheduled castes, scheduled tribes, backward class, etc. This was so because the partaking students were admitted before the quota of reserved seats was raised to present high level. In Bombay less than 1% of the seats are reserved for nominees of donors to medical colleges and 87% of the students wanted these reserved seats to be abolished. This is evidently because of the commercialisation of these seats.

(2) Medical Curriculum: The present duration of training viz.  $4\frac{1}{2}$  years was considered ideal by 75%, too long by 23% and too short by 2%. A new curriculum of shortened duration meant for training doctors for general practice only—the present curriculum being retained for those aspiring for postgraduate studies was favoured by 58%.

(3) Training in Obstetrics and Gynaecology: The present duration of training in Obstetrics and Gynaecology viz. 24 weeks was considered ideal by 60%, too long by 24% and too short by 16%. The present curriculum in Obstetrics and Gynaecology was considered ideal by 75%, too detailed by 10% and inadequate by 15%. Eighty-three per cent thought that there is too much emphasis on theoretical training while 88% thought that too little emphasis is placed on practical training. Flaws in the training were attributed to student indifference by 29%, to teacher indifference by 72%, and to faulty system by 36%. Only 6% thought that there were no flaws. The number of students in a batch for clinical training varied from 11 to 36 in different colleges while almost all students considered 8 as an ideal number.

(4) Examinations: Ninety-two per cent stated that present system of examination harbours corruption and favouritism. Seventy per cent wanted the present system of examination to be replaced by a multiple choice question paper to be assessed by a computer. Only 33% favoured internal assessment by the teacher during training to be made a part of the final examination reflecting lack of faith in the integrity of internal assessment. Seventy-five per cent favoured the replacement of present system of examination by semester system.

(5) Internship: The present duration of internship viz. 1 year was considered ideal by 76%, too long by 20% and too short by 4%. The duration of internship training in Obstetrics and Gynaecology viz. 12 weeks was considered ideal by 56%, too long by 37% and too short by 7%. The flaws in the internship training in Obstetrics and Gynaecology were attributed to student indifference by 33%, teacher indifference by 31%, and faulty system by 55%. Only 6% saw no flaws in the training. Ninety-seven per cent wanted greater responsibility towards patient to be given to students during internship training.

### Conclusion

These by no means are claimed to be the universal opinions of the student community. But these certainly reflect the trend of thinking by the students. There appears a lack of faith in the adequacy and integrity of the examination system. Would a multiple choice question paper to be assessed by a computer be a solution? Semester system will certainly have a good acceptance. The quota of seats reserved for scheduled castes, scheduled tribes and backward classes is considered too high. A shortened medical curriculum meat for training for general practice may find favour. The emphasis during teaching in obstetrics and gynaecology should be shifted from theoretical considerations to practical training. All efforts must be made to bring down the number of students in a batch for clinical training to 8. Internship training should be made more mean-

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ingful by giving the interns greater responsibility towards patients.

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