

# COMPARISON OF VARIOUS METHODS OF POSTGRADUATE TRAINING IN OBSTETRICS & GYNAECOLOGY

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## Introduction

It has been felt for sometime that postgraduate medical education is not as satisfactory as it is purported to be. New methods are being evolved and different States are using different methods and standards for postgraduate training. At the B. J. Medical College, Poona, the Residency programme was introduced in January 1975, and it has run concurrently with previous programmes. It was considered necessary therefore to make a preliminary survey and compare the three methods of training currently practised.

## Material and Methods

Modern concepts in all educational fields advocate student participation in policy decisions and implementation of programme.

In this context 46 students who were undergoing postgraduate training for Diploma and/or M.D. were requested to fill in a questionnaire designed for this study.

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The observations made were analysed according to the three types of training programmes which are being implemented in the department of Obstetrics, Gynaecology and Family Welfare.

In the initial part of the study the students were required to scrutinise which of the programmes was theoretically fulfilling the necessary requirements for postgraduate training.

They were then required to critically evaluate the programme as was being implemented and to define deficiencies in different aspects of the programme.

Finally, suggestions regarding modifications in the programme were sought.

## Observations

Twenty-four students (Group I) were undergoing a 3 year Residency training programme which has been in existence at the B. J. Medical College as of 1975. This programme consists of training initially in the primary subject (Obstetrics and Gynaecology) for 12 months. The next 12 months are spent by the Resident in various disciplines including general medicine, general surgery, paediatrics, pathology, etc. The final 12 months are again spent in the primary department.

Ten students (Group II) were undergoing training for 3 years as per the traditional method of House job for 6 months

in the primary subject, then for 6 months in an allied subject and finally 24 months as a Registrar in the primary subject.

There were 12 students (Group III) who were doing purely postgraduate studentship for either 2 years for the diploma course or 3 years for the degree course.

Most of the students of all the three groups felt that the overall training, the student/teacher ratio and the student/teacher rapport was best available with the Residency system of training.

It was opined that clinical training, theoretical knowledge, training in research and training in continued self-education were best available with the Residency programme. However, the House-officers cum Registrars and postgraduate students did not think that Residency gave good training in Research and Self education. Similarly, some of them felt that adequate training was available in both types of training programmes.

Most students belonging to all three training programmes considered the programmes to be not examination oriented. 54.17% of Group I, 80% of Group II and 41.66% of Group III students found the system of training they were undergoing unsatisfactory.

The factors responsible for this unsatisfactory training were described to be as follows. 71.77% of all students found the didactic lectures unsatisfactory, the most common reason being irregularity of the teachers in delivering the lectures.

39.14% felt that seminars held were not satisfactory. They were either not well prepared or they were too lengthy.

Bedside clinics were considered unsatisfactory by almost 85% students. More than 50% students opined that they were far too few.

Dissatisfaction with journal clubs was expressed by 40% students, the commonest reason being unsatisfactory preparation.

About 36% students expressed dissatisfaction with Death Conferences. They felt that more time was spent on personal criticism than on academic discussion.

Clinical experience, specially surgical, was thought to be insufficient by all three groups of students. However, a large number of students refrained from opinion.

So far as opportunity for research and training in research are concerned a large majority felt that they had limited opportunity and guidance. However, trainees who were pure postgraduate students felt that they would not be able to either identify a problem or evolve a method for studying it.

Taking into account all these factors the students of all groups opined that the best programme for the future would be the Residency programme but with modifications. Not a single student considered pure postgraduate studentship a satisfactory method of training for the future on theoretical basis. In practise paradoxically, approximately 40% of students of each group has felt that studentship should be retained.

Majority of the students desired introduction of Guest and interdepartmental lectures as a modification in the teaching programme.

60% postgraduate students considered it necessary to have compulsory attendance. Group I and II students who are otherwise busy in the wards did not think it so. A majority of them did not think it necessary to hold lectures separately for different groups of students at different stages of training.

Although 75-95% wanted bedside clinics to be increased, they did not want more than 2 clinics per week.

Opinion was equally divided as to who should present journals at the club meetings. Approximately 40% wanted them to be examination oriented.

Seventy four per cent students considered Death Conferences of considerable value, but this was undermined by criticism directed at individuals. Constructive academic criticism was therefore called for.

Preparation of a dissertation for a degree in Obstetrics and Gynaecology is universally accepted in all Universities. Most students felt that this part of their training should continue. However, as many as 58.30% of Group I students felt that they should start working on the project as soon as they get registration for post-graduation. And although only 20% of Group II were of the same opinion, 70% of them felt that they should start 6 months after registration and not later. Less than 40% of group III students felt the need for starting so soon. This is probably because group III students have much more time than group I or II.

About 46% of Group I students felt that the topic of dissertation should be selected by the student under guidance of the teacher. Only 10% of group II students felt the same. In fact 60% of the latter opined that the subject should be selected by the student himself.

Assessment of the students at the end of training should be by an examination was the opinion of more than 80% of all students. More than 60% expressed a desire to have an internal assessment as well, and that it should be conducted by a group of teachers was expressed by 7.83% students.

At the time of examination, 80% felt that they should have the opportunity to defend their dissertation. 70% also felt that a different group of examiners should examine their dissertations.

Eighty per cent of group II students felt a need for a more exhaustive practical examination.

#### *Discussion*

Varied programmes for postgraduate training are implemented and are considered good programmes on theoretical basis. In practice, however they may not give good dividends.

In the U.S.A. the Residency programme is successful. Similarly, in the U.K. the traditional House-officership followed by Registrarship is successful. In our country, which has been under the influence of United Kingdom, the traditional method of training has not been as successful as one would have liked.

Whether a programme is satisfactory or not can be judged only by the performance of students. And until such time as better methods of assessment are available, performance at the University examination is the only criterion for basing any judgement.

From amongst the successful candidates at the Poona University examination for M.D. in Obstetrics and Gynaecology for the year 1973 to 1976, who took the examination for the first time the percentage of passing candidates is between 33.3 to 50.0%. During these years only 1 candidate from the group III was able to pass at first attempt. The remaining students belonged to group II. When students from group I started taking the examination viz. after 1976 the percentage of passing increased to 60-100%.

Thus it would appear that students trained under Residency programme per-

form better than students under the other programmes. However, the period of observation of this programme is too short to make any definite conclusions.

It is also felt that there is a need for running two parallel systems of training. Since most of the students doing post-graduation are eventually interested only in clinical practice and not in an academic career, it is felt that for these students a more clinically oriented programme needs to be evolved. For those interest-

ed in an academic career a different programme for 3 to 5 years could be introduced at the time the candidate is working as a junior member of the teaching staff.

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