

EXPERIENCE OF CONDUCTING COURSES IN CYTOLOGY FOR POST GRADUATE STUDENTS*

by

USHA SARAIYA,** M.D., D.G.O. F.I.A.C. F.I.C.S.

It has been said by many, that Post-graduate Medical Education in India is far from satisfactory. There seems to be something wrong with our methods of imparting knowledge, as neither students nor the teachers are happy with the current state of affairs.

Post-graduate Medical Education is always a challenge, but more so in the developing countries. It involves bringing specialised knowledge and recent advances in the field to the students in a concise, interesting and easily understandable form. What is more, the students have to be motivated to learn it and more than that develop the knowledge further. Instead of denigrating the state of education in our country, it is time we teachers asked ourselves what we have done to make our teaching programmes more attractive to the students. It is time to take positive steps to improve matters than to waste time dilating upon the existing inadequacies.

With this aim in mind and because of persistent requests from the student community to teach cytology, we devised a concise teaching programme in cytology to suit basically the post-graduate students and residents.

This communication reviews our ex-

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**Asst. Hon. Obstetrician and Gynaecologist and Hon. Cytologist, Cytology Clinic (AMWI), Cama and Alibless Hospital, Bombay 400 001.

perience of conducting these courses over the last 5 years. We have conducted 5 annual courses from 1974 to 1978 and trained 135 people. There were 77 doctors on the course and the rest were technicians working in cytology. Twenty-five were post-graduate students and residents in obstetrics and gynaecology mainly from our own Institutes. Thirteen Residents and PG Students from Pathology requested permission to join and we were happy to include them.

There were 20 Consultants who joined. When they applied, they were informed that the course was not meant for them. However, they explained that during their student days there were no facilities to learn cytology and that they find this new discipline useful in their practice today and sincerely wished for a basic grounding in the subject. Hence they were also taken on the course. This group includes 3 Professors and Heads of Departments in teaching hospitals in Bombay. There were 5 general practitioners who were keen to join and so were enrolled.

With the starting of new departments of cytology in Bombay there is a big demand for trained cyto-technicians. We have trained 58 so far. They had a B.Sc. in Microbiology and were keen on a career in cytology. The course is conducted on a part-time basis as most students requested it. We give a total of 25 hours of work to the doctors and an additional 7 hours to the technicians.

These are roughly split as shown.

(1) Ten basic lectures are spread out as a lecture a day and cover all the main subjects of obstetrics and gynaecology, cytology and one lecture is devoted to the scope of extragenital cytology.

(2) Five hours are spent in Kodachrome demonstrations. In the Kodachrome demonstration, students are shown slides and encouraged to comment on them and discuss the report amongst them. The Kodachrome demonstration on the particular subject follows the basic lecture on that subject. As you will see later, this was the most popular aspect of the course.

(3) Five hours of microscopy we admit are not enough but we are unable to offer more because of limited microscopes available. However, 5 hours is enough to make them recognise the basic cell types and the cellular changes. Here we give the slides with cells marked and diagnosis given to screen. Some who are competent are given unmarked slides to report on.

(4) Staining and mounting is split up into half hour sessions on 4 days. For doctors, it is enough and for technicians additional hours are devoted to it.

(5) Clinical examination and smear taking comes naturally to O. and G. Residents, but others need three to four sessions to pick it up.

At the conclusion, a multiple choice Quiz and a Kodachrome test was given to all. This was devised so as to cover all aspects of the subject. Their competence as assessed showed that 20% gained over 80% marks, majority got 60%, only 2% failed to achieve any degree of competence mainly because of poor attendance. Most students were keen to learn and enthusiastic about careers in cytology.

The students were also given a chance

to assess the teaching ability of the staff by giving grades A to D to each session. Lectures which received C or D grades were substantially reviewed and improved prior to next course. There is a paucity of good teachers in the field as it is a relatively new field and ancillary teaching aids have to be used liberally. Amongst the teaching aids available abroad are teaching machines with video tapes and taped lectures for self learning.

This year all the 135 students were sent a questionnaire to assess their reaction to the course. Out of these 55 students replied. On analysing the data we found most replies favourable although strict anonymity was assured and maintained.

Out of the 15 questions asked the following are the relevant ones.

The first two questions were "Did you enjoy the course?" and "Which part did you enjoy most?"

These two questions judge the reaction of the students. It was flattering to note that 98.5% students enjoyed the course. Out of the various sessions offered majority (43.6%) enjoyed the Kodachrome session most, whereas 20% liked the lectures—20% said they enjoyed all equally.

The next question relates to their background in cytology—"Had you done any practical work in cytology before?" Only 31% had done some practical work but most students had done very little. (nil 40%, marginal 29%).

How much of your training are you using now?

After the course two third said they were able to utilise their knowledge at least partly and 11% totally. However, a significant number, 22% said they were not using it at all. It would be worth-

while to find out the circumstances of these candidates.

The next two questions relate to their continuing interest in the subject. "Are you interested in more training?"

Ninety per cent said they would be interested in more training. This means we will have to organise some sort of advanced training or work shops on the subject. This year we were able to do that.

"How would you like to keep in touch?"

The next alternative is simply to keep in touch, a thought expressed by all students on leaving. 40% wanted a monthly bulletin, 23% wanted occasional lectures and only a small minority wanted a social function. As many as one third wanted all three, indicating a full participation. We can confidently state from this, that our course has created interest in the subject.

"Can you train a person now?"

The last question is a bit unfair for a group who have received at best a very basic short term training. All we wanted to know really is whether they can impart a bit of their knowledge to their colleagues. A cytotech can show another cytotech how to stain. A resident in O & G can show others how to take smears and how to select cases for referral. We were glad to note that one third felt capable of this but as expected majority declined such generous responsibility.

The half life of the medical knowledge is a mere 7 years as said by E. W. St.

Mary in 1973. That means once a student leaves the holy precincts of a medical college and goes out to practice, his knowledge will deteriorate fast unless he receives a continuous feed back from the college.

To avoid this, one must offer all the students who graduate, programmes for continuing education. These need not be burdensome, dull and dreary but instead must be made interesting concise and enjoyable with active students participation. Our medical teachers will also benefit from these by virtue of the feed back from the experience of the students in the field of practice. By combining continuing education with post-graduate education we can benefit from the experience of all, the teachers, the students and the practising physicians.

From our experience we feel short-term teaching courses on various aspects of obstetrics and gynaecology particularly devised with an integrated approach will go a long way in improving post-graduate medical education in our country.

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I sincerely thank all my colleagues who have participated in teaching and devoted several hours of their valuable time. I also wish to thank the Superintendent and the authorities of Cama and Alless Hospitals for allowing us to organise the course and granting all the facilities. My cytotechnicians have put in unstinted and devoted labour before and during the course and to them I owe the maximum gratitude.