

Changing role of Medical College Teachers

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Historically the major role of a teacher has been as 'the provider of information'. Till recently information was a scarce commodity, not easily available to everyone. Books were expensive and often voluminous. Teachers had better access to information and a teacher knew everything that was considered worth knowing. In turn he or she passed it on to the students.

For this role lectures were the most economical and easiest method of transfer of information. The students took down notes and these were sufficient for passing the examinations. The importance of notes became even greater when the particular teacher also happened to be an examiner.

This paradigm has now changed. Parallel developments in educational psychology, information technology and the rapidly expanding and changing information base of bio-medical sciences have altered the above paradigm.

The rapid increase of new information in the bio-medical field compounded by the fact that some new facts are replacing the old ones (the obsolescence factor) has reduced the 'shelf life' of textbooks and lecture notes. The 'best used before' date of textbooks and lecture notes is getting shorter and shorter. This is a reality we all have to face.

The pressure on the teachers of today is to keep up to date. This pressure is in some respect more than that on students who are learning the material for the first time. The teachers have to evaluate the new information and then fit it in with their previous acquisitions. This editing job is much more demanding than learning a new subject.

The next important factor resulting in the paradigm shift is the easy accessibility of information. The internet has made it possible for all students to have free access to a vast storehouse of information which was never available before. The situation has totally reversed to what was prevalent a decade back. The younger generation of students has greater expertise in the use of computers and internet and is far more comfortable with it than the teachers. Gone is the dependence of the students on the teacher as the major source of information. We the seniors are faced with a completely different scenario when students and I am told by my practising colleagues some patients confront us with the latest download on the subject.

Does that mean that we will not need teachers any more and that distance learning will take over? I think that the teachers still have a very vital role but we have to adjust ourselves to the changed realities and acquire new teaching skills. Harden and Crosby¹ have described the new roles of the teacher as Providing information, Role modelling, Mentoring and Facilitating, Assessing and Evaluating and Planning.

Teachers are still required as guides. Instead of didactic lectures, what the students need is guidance on how to make sense out of this outpouring of information which is now available on CDs and internet. The shift in instructional strategy is towards Problem Based Learning (PBL), small group discussions, assignments and other activities which will prepare the students to become life long self learners. Students need to learn the sources of information required to solve the problem at hand, how to access the available information, how to critically evaluate it and only then to use it for solving the problem.

Mere memorisation of facts from books and notes is not going to help graduates meet the challenge of fast expanding and changing world. Besides, there is no need any more to memorise formulas, normal values, differential diagnosis and other facts since the palmtops carried in your pocket can provide you this and much more. Here is the opportunity to utilise the capacity of our brain for analytical and other more productive activities.

The most important new role of a medical college teacher is that of a planner-writing objectives, preparing study guide books, and appropriate assessment tools. With students his role is that of a mentor, facilitator and guide. Communicating with the patient, history taking, physical examination, performing procedures etc. are skills of the profession. This is transfer of skills and professionalism, a vital role of the clinical teacher.

Clinical teachers have the added responsibility of being role models in dealing with patients. Communication skills and ethical issues can only be learnt by observing the teachers. No amount of lecturing can inculcate ethical practices. Students will learn what they actually see in practise.

What should the teachers of medical colleges (and others in higher education) do to face the changed paradigm? In my opinion all teachers must acquire some basic knowledge of educational methodology particularly

how adults learn. This can be done by an initial 3 days workshop on Educational Planning, followed by regular staff meetings where all curricular planning should be done. The process of working as a team and sharing knowledge and ideas is the best way of learning how adults learn.

Principles of adult learning include, that adults learn best when they know why they are being asked to learn a particular material and how will they utilise this learning to further their own goals.² Well defined programme and course objectives are an important step towards better learning. The teachers are now required to become educational planners.

This is something new for most of the teachers and we will have to learn how to write clear well defined objectives. Once the objectives are defined the instructional strategy and assessment become much more rational.

The next step is for the teachers to sit together and decide on the competencies (knowledge, skills and attitudes) that those graduating from that programme should have. The lack of such clearly defined objectives is surprising. Only a collective effort of all teachers can produce clear objectives of the programme. Educational theory rightly points out that unless you have clear cut objectives you cannot plan a strategy for achieving your goals. Furthermore as stated earlier adult learning emphasises the importance of having clearly written course objectives.

If the national need (as enunciated by the Pakistan

Medical and Dental Council) is that the fresh MBBS graduates should have the competencies to practice as a Family Physician, then this is what all the teachers should focus on. Up till now, we as specialists have concentrated on the MBBS curriculum only from the point of our own specialty. The new role of the teacher is to define the extent to which a Family Physician needs the competencies of each specialty. With the explosion of knowledge in each subject and emergence of new subjects it is just not possible to cover everything in five years or even fifty years. Hence, the need for all subject specialists to sit together and concentrate on what is essential for the stated goal of producing a Family Physician at the end of five year MBBS programme. If the MBBS graduate wishes to become a specialist then that requires additional years of training.

The time when only the heads of the departments decided what to teach, when to teach, how to teach and how to examine is gone. Medical Education now calls for a team work and we have to learn to work together and be accountable to other team members.

Another important role that our clinical teachers need to do is produce clinical guidelines for our common health problems. There is a need for locally produced guidelines keeping in view our resources and working conditions.

References

1. Harden RM, Crosby J. AMEE Guide No. 20: The good teacher is more than a lecturer - the twelve roles of a teacher. *Medical Teacher* 2000;22:334-47.
2. Jafarey NA. Andragogy; How adults learn. *J Pak Med Assoc* 2005;55:114-16.