

New Teaching Methodologies

Harkirat Kaur

The system of medical education is changing over the years. The article discusses and compares the traditional method of teaching and newer trends to produce better doctors.

The lectures delivered to medical students have usually been to large classes of students on certain rigid topics which have not seen much change over the years. This is very passive form of teaching where the content of lecture is dependent on the extent of knowledge of Lecturer.

The main stay of medical teaching has been the lectures. This is very passive form of teaching. Students are actively participating by series of tutorial discussions and problem solving sessions.

Comprehensive knowledge of physiology is essential for grasping the principles of pathology and pharmacology adequately to avoid incorrect and inadequate practice of teaching. Medical schools are starting to put small groups and help them solve real problems they will face in treating patients. Trend of problem based learning in medical schools will have ripple effects throughout education. Teachers must relinquish lecturers and they must be proficient in answering questions, and helping students frame good questions, formulate problems, and make effective decisions [Aspy et al 1993].

The essence of problem centered learning, Schmidt [1983] summarized PBL in terms of three essential principles:

1. Activation of prior learning via the problem.
2. Encoding specificity such that the resemblance of problem intended application domains facilitates.
3. Elaboration of knowledge via discussion and reflection to consolidate learning experience.

Problem based learning students seemed to have experienced a more flexible, meaningful and enjoyable education compared with their counterparts from the traditional program.

In this method, students would be divided into smaller groups and supervised by a tutor. Each group would be given a particular problem to solve, this would usually be in the form of a clinical problem, the form in which a patient would actually present to the clinician. The student would then be asked to study about problem and discuss among themselves. The role of the tutor would be that of a facilitator rather than imparting information.

More attention should be paid to comprehend the subject than on his capacity to remember factual details.

Case based learning is a brief self contained exercise that is designated to introduce medical students and faculty to one of the methods which promote active self directed learning of pre clinical medical disciplines (Schwartz et al 1987).

Incorporating small groups into lectures can therefore be beneficial for promoting the discussion of ideas and concepts for examining issues and presenting alternatives for encouraging the application of new concepts and for fostering problem solving and communication skills. Group discussion can also give the teacher an additional way of assessing student attitude and beliefs.

Questioning the audience is probably one of the most frequently used interactive techniques.

Questions can stimulate interest arouse attention serve as an ice breaker and provide valuable feed back to the student and teacher alike (Knox 1986).

Format of medical education has changed over the years, whereas every opportunity should be taken to

Author's Affiliations: Professor, Hod Physiology, Sri Guru Ram Das Institute of Medical Sciences & Research Mehta Road, Po Vallah, Amritsar - 143501. Punjab, India.

Corresponding Author: Harkirat Kaur, Professor, Hod Physiology, Sri Guru Ram Das Institute of Medical Sciences & Research Mehta Road, Po Vallah, Amritsar - 143501. Punjab, India.
E-mail: Kaur6767@Gmail.Com

teach the student. More attention should be paid to his comprehension of the subject than on his capacity to remember factual details. The teacher's job would rather be to guide students to look for their own answers and solutions.

The role of the medical teacher has changed enormously from an active one sage in centre stage to a fountain of knowledge to a facilitator a mentor and guide.

As per new paradigm medical students manage their own learning that continues as lifelong self education process.

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