Rethinking the Postgraduate Teaching Program and Examinations in Today’s India

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Abstract
Postgraduate medical education has undergone drastic changes in the developed and developing countries on par with advancements in technology.

The Indian examination system which we imbibed from the British requires a rethinking and restructuring to keep pace with the changing trends shown by the Federation of the Royal Colleges of UK. In this manuscript we look at the strengths and weaknesses of different examination systems. We suggest changes in the theory examination which should be objectively based rather than the outdated essay and short notes.

We discuss positive and proactive changes to reform our clinical examination system to enable a just and fair assessment of the candidate in a strictly time bound fashion.

The Current Scenario in India
India is a land of burgeoning numbers. We are a population bordering over 1.2 billion.¹ We have a GDP amounting to $1.87 trillion. The rural to urban ratio of our population is 69:31.² In today’s India health care needs are also rising. The doctor to patient ratio is 1:1800 in comparison to the national goal of 1:1000.²³ This is further skewed with the rural to urban distribution. Illness is the single most significant cause that pushes a family into poverty. There is so much that we as health professionals have to contribute towards this chaos of numbers and we need to concentrate on something fundamental about the health system - our education.

In order to face the complexities of presentations, illnesses and individual patients, we need to ensure that the doctor of today’s India undergoes the right training.

The MD Training Program

The postgraduate training system falls under two different bodies - The Medical Council of India and the National Board of Examinations. These bodies regulate the entry, monitor the training and finally certify the exit of postgraduate doctors. As we noted that the doctor patient ratio is low, over the last few years India has begun to increase the number of doctors being trained at the under and postgraduate level. There are many public and private institutions that are springing up. However this also means it is our responsibility to ensure the quality of doctors that pass through these portals.

As Physicians we know that competence in clinical expertise is a process that involves experience, the right attitude to learning, clinical reasoning, exposure to a diverse array of cases and building the fund of knowledge.⁴ Although universities and colleges have various departments and sub-specialties, it is vital that training doctors are adequately exposed to a variety of cases, instructed on the clinical approach, demonstrated critical thinking, guided through procedures and are assessed for their knowledge in these areas. The process of learning is a continuous one and hence so should be the process of assessment. We should also realize that there are other domains of the doctor’s personality that we should train - ethics, communication and empathizing with patients and their relatives. As teachers to doctors in training we should take on the responsibility of guiding our trainees, assessing their performance and motivating them to do better. One aspect to stress is the process of learning and thinking.

As a physician proceeds through his years of apprenticeship he aims to gradually improve his skills. The progression involves mastering history taking and physical examination, picking up

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the nuances of each patient’s illness and appreciating the detailed approach and challenges that is unique within each subspecialty. Then comes acquiring technical and procedural skill - some of which are diagnostic and also lifesaving. Later on one obtains the ability to come to the most likely diagnosis and a sensible list of probable differentials. One learns the management involving a cost-effective investigation plan, aware of the attributes of each test and the implication of the result. One should be able to explain the diagnosis to the patient and relatives in a lucid manner, give a realistic prognosis, possible complications and finally chalk out a follow up plan. These are essential skills that we as teachers must strive to impart.

Our roles also involve mentoring in locally relevant research. Are our students adept in asking the right clinical or basic science question? Can they structure a sound methodology to find that answer? Are they honest and sincere about seeking the truth? And can they critically analyze such information to seek the truth? And can they critically analyze such information in context to their individual patient. The skills involved in growing into a holistic physician are numerous and the task of guiding that process is even more arduous, yet gratifying. A journey towards professionalism and humanism.

### The Requirements for Assessment in the Exam - Introspecting the Current Scenario

So after this grueling period of registrarship the final exams are always a trying test. Any method of examination has its strengths and limitations. Most exams in our Indian context have open-ended long and short questions for the theory exam and system-specific long and short cases for the practical exams. The theory exam assesses the fund of knowledge that the student has acquired however since it is not approached in a context-specific manner such as a clinical scenario necessitating a diagnosis or treatment, one cannot assess how the student is able to apply this knowledge in a real world scenario. The practical exams usually have one long case and three short cases. The students ‘work them up’ in a stipulated time and then are cross-examined by the examiners. However there are many limitations in this system: Most of the time no one knows what is going on during this working up period. Very often the cases may be known to the candidates beforehand and this can bias his approach. Are we calibrating the cases appropriately prior to the exam and do we detect the signs expected of the candidate? Is the candidate’s technique accurate, smooth, meticulous and systematic? Does the candidate handle the patient appropriately? Does he pick up the expected findings and not create signs that are not present?

Also during the cross examination we find that although there are guidelines on different aspects of the case that are to be focused on many a times we note that examiners concentrate a prominent part to miniscule details in history and outdated clinical signs in percussion and auscultation which don’t always have a bearing on the diagnosis or management. As examiners we should try and be more clinically relevant in our expectation of the case and realize that a major part involves the clinical diagnosis and appropriate management plan that the candidate can outline. In the changing trend of healthcare, emphasis on the relevant investigations in a cost-efficient manner is paramount. Often we also find examiners among us who intimidate the candidate, expecting them to know forgotten named syndromes of yesteryears and throwing them off-guard by diverting and admonishing them.

There are also cases where the time limit is not adhered to. A thirty minute long case evaluation ends up going for hours by the end of which the candidate is again expected to move onto the next round of short case discussions. When we expect to certify professionals of tomorrow we should conduct ourselves professionally - being on time; being courteous, considerate, encouraging the candidate, and politely avoiding cell phones.

As examiners we need to be honest to our system and truly assess the candidate individually and independently. Basically what we need to look for is - has this candidate elicited the relevant history and findings, can he structure a good list of differentials and can he plan a management safely and effectively.

### What can we Learn from Exams in the Other Nations?

Analyzing the exams in other countries, the United Kingdom for example, The Membership of the Royal College of Physicians (MRCP) UK has a very compact and focused examination. The candidate is closely monitored for a smooth and effective technique and focused questions are asked to assess his understanding of the problem. The time allotted is fixed and the team moves onto the next station immediately. This exam also focused on an observed history taking and breaking bad news stations. The examiner can assess if the candidate is systematic, thorough and is ruling out problems one by one. The knowledge of clinical case, sensitiveness of the candidate and explanation to patients is also assessed. Here they determine importance of appropriate communication techniques with patients in difficult times and varying trying scenarios. Another interesting station is a brief clinical scenario, very similar to our everyday outpatient
system. Here the examiner creates almost a real world situation of a patient presenting with common everyday problems and observing the candidate in this station is very informative on how he has integrated all his skills in the brief period of time.

**How we as an Academic Community should Rise Up**

So we believe that it is our role as teachers of tomorrow’s physicians to structure a more robust post graduate education system - from start to finish, that we are made aware of our role in their mentoring, that we guide them in the different domains of competence, continually gauge, motivate improvement, that we finally assess with standards and that this cycle continues on and improves.

This is our individual contribution to the numbers of tomorrow.

We propose the following recommendations for restructuring the examination:

1. Objective type questions in theory examination relevant to Indian clinical medicine in a multiple choice format.
2. The prospective examiners for clinical examinations should be trained and accredited before they can be appointed for conducting the examinations.
3. All examiners should be briefed the day before the beginning of the examination of how the practical should be conducted.
4. The examiners should strictly follow the time schedule as advised by the university while examining the candidates. The role of the examiners should only be to assess the candidate and not intimidate them.
5. The sanctity of the clinical examination should be strictly adhered to.

**References**