

In Medical Education, Size does matter

Sheeba K Thomas

Associate Professor Department of Microbiology, Government Medical College, Konni, Kerala, India

Corresponding Author

Sheeba K Thomas

Associate Professor Department of
Microbiology, Government Medical
College, Konni, Kerala, India

Article Received:22-03-2025

Article Accepted:10-05-2025

©2025 Biomedical and
Biopharmaceutical Research. This is
an open access article under the
terms of the Creative Commons
Attribution 4.0 International License.

ABSTRACT

It is seen by and large that small group teaching has a much greater impact than dealing with larger groups but in a densely populated like India, the size of the group is a big challenge. Even though, a lot of changes have been brought forward in MBBS teaching through CBME, the number of seats is being increased simultaneously. Keeping this aside, if we look at other courses, we cannot miss the fact that when teaching small groups, it has several advantages than when dealing with a large group, this is with respect to courses such as BDS, BSC Nursing and DMLT, particularly in Kerala.

Keywords: CBME- Curriculum based medical education, MBBS- Bachelor in Medicine and Bachelor in Surgery, BDS- Bachelor in Dental Surgery, DMLT- Diploma in Medical Laboratory Technology

BACKGROUND

Kerala at the southern tip of the Indian peninsula boasts of an excellent health delivery system as is evident in the recent challenging times such as COVID and during the episodes of Nipah infection. There are broadly two arms- firstly, the Directorate of Medical Education which heads the various Govt as well as Private sector medical colleges. Then there is the Directorate of Health Services that heads the 14 District hospitals in Kerala under which there are Community health centres and primary health centres. Both these arms worked in unison to deal with the recent challenges in Kerala. The topic here is the professional students who study in medical colleges and then work in the centres of health service.

In most of the medical colleges, the number of students is a minimum of 100 to a maximum of 200-250. In BDS, the number ranges from 40 to 60 seats. In BSc Nursing, the seats are usually 60 to 100 and in case of DMLT which is under the DME, it is 15 seats. The general opinion is that the DMLT course, even though it is a Diploma course, the students receive training in medical college labs and therefore they are competent and do really well in life.

The MBBS Students

My experience is with 150-students batch. Even though it is not correct to make general statements, it is seen that after the pressures of X std, the XII std and the competitive medical entrance exam, once the students land in medical college campus, they maintain a backseat attitude as they will get out only 4-5 years. Before the advent of CBME, mostly didactic lectures were the norm, particularly to complete the huge syllabus portion and small group teaching was occurring only during the Practical hours and in the Wards- case study. After the introduction of CBME, small group teaching is given a lot of importance as it has the greatest impact on students.

However, with the number of seats being increased, the supposed-to-be 'small groups' also increase in size from 5 students to 15 students. The impact of teaching is lost a bit somewhere in between. Also, different faculties conduct the teaching hours and there is loss of continuity in terms of teacher-student interactions. It was quite a challenge to go after weak students and also students who did not attend regularly. Nevertheless, after almost 90 exams including theory, practical and Viva, at least 90% of the students are competent when they finally exit the campus.

The BDS Students

My experience is with 40-students batch and the results are really good. Usually, the classes are taken by one faculty over

a period of one year. During this period, the teacher can comfortably learn the aptitude and the attitude of each student and can deal with him or her accordingly. In certain cases, the weak students were asked to rewrite the semester exams and it was also possible to encourage them by asking them to submit assignments on important but small topics. In practical sessions, by virtue of their dentistry work, the lab skills and clinical skills of BDS students really needs to be lauded in comparison with other course in the same campus.

The BSc Nursing Students

My experience is with 100-students batch. It's a fact that all over the world, India contributes a large proportion of the nursing community with good repute and the state of Kerala is in the forefront here and this is indeed a matter of pride. Whether the students have aptitude or not, they definitely have a bright promising future in terms of migration to foreign countries and a higher standard of living.

From day one, they are taught on how to be dedicated to their profession. Therefore, majority of the students are really serious about their course and they plan their career well in advance. The course syllabus was relatively easier but presently, several topics in Hospital Infection control have been introduced. Since each and every student is well convinced of having a bright future, almost all do pretty well. It is possible to pick out and help the weak students and ensure that they reach the general standard without wasting much time.

The DMLT Students

The DMLT course is conducted by the DME with a batch of 15 students. Here, it would be fair to say that in most cases, it is possible to see a magical transformation in the life of these students. Most of them come from limited backgrounds but by the time they leave after 2 years of this course, they are budding technicians with a lot of potential. Since the duration of the course is comparatively small, they are more serious and being young, they pick up lab skills without any pressure or force. Most of them end up in Govt service while some go abroad.

The practical hours allotted to them are much more than the theory hours. They come to the Lab early on time and attend the reporting of cultures and the other procedures including venipuncture etc. Therefore, all the advantages of experiential learning such as reflection and application- are there for them. Unlike other courses, they settle early in life, they are able to take care of their Parents, carry out family obligations of all kinds, get married themselves earlier and generally, they are able to achieve what is missing in most of medical profession- that is- contentment, happiness, well-being and goodwill.

Size does matter

In medical teaching, some factors are very important such as daily attendance of students and the skills that they acquire during the course- be it lab skills or clinical skills. They should be able to comprehend what is being taught. If they are deficient in certain aspects, it should be duly pointed out to them by the faculty and how they can overcome it- time should be given to rectify and the method to do so.

For all these things, needless to say, the student should be able to concentrate and should be focused. Even though always those students with a higher IQ may do exceptionally well, this need not be the case usually. Many students accomplish the same or sometimes more, with hard work and perseverance. However, it maybe concluded that dealing with smaller groups definitely has greater advantage when it comes to the medical profession.

REFERENCES

1. National Medical Commission, Rules and Regulations 2023, Updates 2025; www.nmc.org.in.
2. Prospectus for Admission to Professional Degrees 2024; Commissioner for Entrance Examinations, Kerala; <http://cee.kerala.gov.in>.
3. NEET UG 2024 Information Brochure 2024; National Testing Agency, India.
4. Paramedical Courses by DME; <http://www.dme.kerala.gov.in>.