



### First MBBS: three decades ago

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Most medical schools I have worked in have adopted a system-based curriculum. Problem-based learning (PBL) is common, with students today learning mainly through clinical cases. The patient serves as a powerful motivation to learn the basic sciences; the student uses the basic sciences to better understand why and how the patient is impacted by the illness. During our days the preclinical sciences were mostly learned because they were in the curriculum and with the expectation that they would be useful during future clinical practice. While there was some emphasis on their clinical application these subjects were not learned in an integrated manner and were not directly linked to a patient problem. I was facilitating an online PBL session at my current institution and it prompted me to travel back in time on the wings of my imagination to my MBBS days three decades ago.

The afternoon was hot. The air was stuffy, and a strong smell of formalin was in the air. All ninety of us - newly joined undergraduate medical students - were wearing white coats and wilting in the heat. The remaining ten students were expected to join shortly. The gentlemen were in shirts and trousers and

shoes. The ladies were in sarees and open-toed sandals. Our introduction to the Anatomy dissection hall was ongoing. The hall was a high-roofed converted ward of the old TB sanatorium. Students in groups of ten were to dissect the body starting from the upper limb and going on to the lower limb, thorax, abdomen, perineum, and finally the face and brain.

The smell of formalin was overpowering and brought tears to the eyes. Most of us were sitting timidly on the stools surrounding the dissection table. The cadaver was still covered with a rubber sheet. A few brave souls were casting tentative glances at the cadaver, but we all looked worried. A demonstrator approached our table and pulled the sheet covering the cadaver halfway down. The cadaver's hands were clenched, and the skin was a dark bluish-black. One of my 'body mates' (students dissecting the same cadaver) fainted and was supported by her neighbours and led to a chair. Students were fainting around other bodies. I was also beginning to feel sick. The scene, the smell, and the heat were overpowering. Bile was rising to my throat. Even decades later, I still remember the details of those early days in medical school.

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My batchmates and I had joined the undergraduate medical course (MBBS) at the Government Medical College, Thrissur, Kerala, India. We underwent the traditional first year - eighteen months of the MBBS curriculum - where we learned the three preclinical subjects of anatomy, physiology, and biochemistry. We were offered zero clinical exposure during this time and our lives revolved around the lecture hall, dissection hall, histology lab, biochemistry lab, physiology lab, the library, hostel, and the Indian Coffee house (the college canteen). We had three hours of dissection five days a week and life was tough.

As a medical educator now, there are aspects of my preclinical experience that I like and others about which my perception is more negative. I liked the dedication of our teachers, and certain human physiology practical classes. Pricking one's own fingers to get a drop of blood was scary while other tasks like undressing in front of the mixed-gender student group for physical examination were uncomfortable. Both of these experiences could have been used to highlight how patients feel while investigations are being conducted on them, or when they are undressing for physical examinations in front of others, but unfortunately, this was not done.

Anatomy dominated the curriculum with over 60% of the time devoted to the subject. In the pre-internet area, we had no access to videos or animations and many things were left to our imagination. Understanding limb movements, body processes, and embryogenesis was challenging. Our dissection manual did not make our task any easier. We spent hours trying to decipher the cunningly constructed sentence structure and the convoluted descriptions. Animal experiments in Physiology involved sacrificing animals and made me deeply uneasy. We were taking lives just to experience and record things that were already proven. Computer-aided animal experiments, non-existent in my time, are a humane alternative. Biochemistry

experiments were colourful. We sometimes had to provide blood and urine samples for our experiments. All preclinical departments were housed in the converted wards of the TB sanatorium, and I often wondered about the stories the walls could have told us if they'd been able to speak.

We spent fruitful hours in the Indian Coffee House downing strong cups of coffee in chipped, porcelain cups and eating crisp cutlets and masala dosas stuffed with potatoes and beetroot. Things quietened down after our faculty and day scholars left by the college buses for their houses in the town at 4.45 pm. The college luckily had both outdoor and indoor playing facilities. I enjoyed playing a few rounds of basketball. The playing facilities were located close to the ladies' hostel attracting many non-athletes to the proceedings. There were a few traditional tea shops located around the campus which we often visited.

Of the negative things I remember, some were time-honoured traditions, the more dangerous one being ragging. This I believe may have been handed down by the British before they left India. Standing in the anatomical position in your birthday suit cannot be a pleasant experience. The British, I later came to know, had got rid of these traditions long ago.

Small group learning was notable in its absence. We learned different subjects and it was assumed that later we would integrate all these in our brains. Each subject addressed the curriculum in its own way and even temporal coordination (where each subject covers the same organ system) was absent. We were informed by our seniors that around one-third of the class would flunk in Anatomy. This duly happened.

Student feedback about teaching-learning and assessment was never obtained. Assessments were predominantly subjective and long-short essays were the dominant testing method. We did not know what was really expected from us during the

assessments resulting in a lot of stress. Our textbooks were from the West and spoke a type of English that was unfamiliar to us.

The college arts festival provided welcome relief from the heavy academic workload. Having subsequently attended festivals in different locations globally I am of the opinion the depth and breadth of talent on display have not been matched elsewhere. Traditional art forms, modern dramas, elocution, fine arts, creative writing, and many other art forms were represented. The festival provided us with rich opportunities for leadership, goal-directed activity, creativity, problem-solving, communication, and we developed a respect for diversity. Skills like negotiation, putting across one's point of view, compromise, and listening to others were also addressed. For most events, our faculty acted as our mentors and as judges. There was a connection between their creative talents and our own. I feel arts festivals are a powerful means of developing these important skills in future doctors. I

believe this can be supplemented by guided reflection led by faculty members and seniors. Eventually, the capacity for self-reflection may be developed. Many of these skills were not formally addressed in the curriculum. I learned these from participation in the arts festival, from my own interest in the creative arts, and through role-modelling by faculty.

All professions including medicine are undergoing rapid change. The COVID-19 pandemic has worked as a great disruptor. There have been several changes between the first MBBS of my days and that of today. As a member of the faculty, I see a very different first MBBS at my institution. The pandemic has hastened the pace of change. The biggest challenge for medical educators is how to equip students with the knowledge, skills, and attitude necessary for over five decades of medical practice. As teachers educating the next generation of doctors our task is, as the cricket commentators are fond of saying, "a heavy ask".