

**COMPETENCY LEVEL OF SKILLED TEACHING OF ANESTHESIA IN MBBS  
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**ABSTRACT**

**Introduction:** Anesthesiology is a unique specialty in medical practice. Anesthesiologists administer the most potent drugs and observe the results themselves. They have to monitor the patients' lives from second to second. So, this study was conducted to evaluate the in vogue teaching curriculum of anesthesiology during MBBS. **Material and methods:** A relevant and simple questionnaire was used. The feedback form collected from the non practicing and practicing doctors as well as interns and house staff. **Results:** Only 57.1% doctors remembered the teachings during MBBS while 42.95% not. **Discussion:** Although the specialty of anaesthesiology and critical care is not given its due credit at undergraduate medical level. Keeping in mind this feedback we received, it is probably for the better that now as per the new guidelines, undergraduate students are posted in the specialty of anaesthesiology and critical care for a longer period.

**KEYWORDS:** Anaesthesiology, curriculum, undergraduate**INTRODUCTION**

With the wide range of career opportunities available today, a medical graduate has a wide choice of career opportunities. Training though broad based and flexible should aim to provide an educational experience of the essentials required for health care in our country<sup>[1]</sup>. Anesthesiology is a unique specialty in medical practice. It would seem to have parallel aspects to any other specialty, but deeper inspection reveals that it has features which make it singular. Anesthesiologists administer the most potent drugs and observe the results themselves. They have to monitor the patients' lives from second to second. Every subtle or dramatic change in patients' parameters produces a series of algorithms in their minds. The physician-patients' interaction is never so close, nor so intense<sup>[2]</sup>. Organization of teaching of clinical subjects should be done concentrating on vertical integration, incorporating the teaching staff of preclinical and para clinical subjects also<sup>[1]</sup>. The caregiver should not only be qualified in a particular field of medicine, but also be proficient to undertake that procedure. Several studies have shown that the probability of successful outcome is directly linked to care provider's expertise, experience and proficiency<sup>[3]</sup>.

So, this study was conducted to evaluate the in vogue teaching curriculum of anesthesiology during MBBS teaching by designing a feedback assessment from already passed doctors of various specialization as well as non specialists.

**MATERIAL AND METHODS:**

This study was designed to judge the utility of Anesthesia teaching and learning procedure in day to day practice. A relevant and simple questionnaire was used. The feedback forms were collected from the non practicing and practicing doctors as well as interns and house staff (working in NBMC Medical College) was collected. All were allowed to put their unbiased and anonymous answers in this feedback questionnaire. The main focus was given on time, mode and adequacy of teaching of drugs used in anesthesia.

**RESULTS**

The analysis revealed that 62.5% doctors felt they learnt anesthesia during undergraduate training and 37.5% felt they learnt anesthesia only after passing MBBS. Only 57.1% doctors could recollect the teachings of MBBS while 42.95% could not. The 60.7% doctors were in favored of didactic lectures, 12.5% emphasized on practical teaching, but 26.8% were in favour of both (didactic lectures and practical teaching). In overall

according to 58.9% anesthesia curriculum in MBBS is adequate while 41.1% find it inadequate.

**Table 1: Profile of participants**

Qualification	Numbers	Percentage
MBBS	15	26.8
PG Trainee	22	39.3
Specialist	19	33.9

**Table 2 Duration of practice after passing MBBS**

Duration in years	Number	Percentage
≤ 5	29	51.8
6-10	10	17.9
11-20	10	17.9
≥ 20	07	12.5

**Table 3 Anesthesia teaching profile during MBBS curriculum**

Teaching issues		Number	Percentage
Time of teaching	Undergraduate	35	62.5
	After undergraduate	21	37.5
Mode of teaching	Lecture	34	60.7
	Practical	07	12.5
	Both	15	26.8
Requirement	Yes	47	83.9
	No	09	16.1
Recollection	Yes	32	57.1
	No	24	42.9
Adequacy of teaching	Adequate	33	58.9
	Not adequate	23	41.1

## DISCUSSION

Evaluation of the teaching curriculum by doctors appears extremely logical and is firmly recommended as a part of teaching learning process<sup>[1]</sup>. Attempts at such an evaluation have been made by a few authors<sup>2,3</sup> but search of literature did not reveal any such attempt in the subject of anaesthesiology and critical care. Evaluation of a curriculum may lead to much desired changes in the objectives, course contents or teaching methods<sup>[4]</sup>. Organization of teaching of clinical subjects should be done concentrating on vertical integration, incorporating the teaching staff of preclinical and paraclinical subjects also<sup>[1]</sup>. However the specialty of anaesthesiology and critical care is not given its due credit at undergraduate medical level<sup>[6]</sup>. Keeping in mind this feedback we received, it is probably for the better that now as per the new guidelines, undergraduate students are posted in the speciality of anaesthesiology and critical care for a longer period. They are allotted this time at three different levels-15 days each in anaesthesia and critical care during third year and then a repeat exposure of the same duration during final year MBBS. This gives us a better opportunity to be able to train them and continue our attempts at such evaluation of teaching curriculum<sup>[5]</sup>.

## REFERENCES

1. Srinivasa DK, Curriculum planning, In: Medical Education: Principles and Practice; Consulting editor: Srinivasa DK. 1995; 165-171.
2. Tayagi A, Ahuja S, Bhattacharya A, Undergraduate medical students assessment of teaching curriculum- A cross sectional study. Indian journal of Anaesthesiology. 2002; 46(3): 186-188.
3. Woloschuk W, Wright B, McLaughlin K. Debiasing the hidden curriculum: Academic equality among

medical specialties. Can Fam Physician 2011; 57: 26-30.

4. Alam MR, Islam MZ. Evaluation of teaching curriculum of anaesthesiology by the undergraduate medical students. Journal of Armed forces medical college Bangladesh, June 2011; 7(1).
5. Singh A, Kumar A K. Assessing Instructional Effectiveness. University News 1995; 18: 1-3.
6. Sood S. Defining the competency level of medical professionals. Healthcare Express. Dec, 2011.