

## TEACHING METHODOLOGY

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There has been a growing concern amongst the medical educators toward the vast body of knowledge, that has been developed during the last few decades, and, its relevance to Teaching of the health professions. Many educators have therefore been engaged in identifying the eventual responsibilities expected of the learner and devise a curriculum to stimulate the learning skills of students and avoid duplication. One technique that is being tried in some of the medical faculties in Korea, is the teaching through collaborative efforts—a multidisciplinary laboratory. The writer had an occasion to provide operational support in this type of teaching undertaken recently at the Chonnam national university college of medicine, Kwangju (Chollanam do). The procedure followed and the time allotment for the programme is given below.

### MULTI-DISCIPLINARY LABORATORY

Subject: PULMONARY TUBERCULOSIS

Date of presentation: Friday the 15th June 1973

Time: 15:30 to 17:50 hrs.

10 minutes intermission at 16:30 hrs.

Sat. 10:00 hrs.-12:30 hrs. with 10 min. intermission

Class: II year students

Subject: Pulmonary tuberculosis

Participants: Dean of the Faculty, WHO  
Public Health Administrator

Professors of 1) Internal Medicine

2) Community Medicine 3) Pharmacology

4) Pathology 5) Two senior students

6) One student from the class

1. On the morning of Friday one student of the class presented a summary of the signs and symptoms of pulmonary tuberculosis as he investigated from a patient in the ward (with assistance of a senior). This served as the initial point of discussion. 10 min.

2. Two senior students then described the anatomy of the lungs (in the living) and the physiology respectively. 20 min.

3. Professor of Microbiology presented the bacteriological aspects and mode of transmission. 10 min.

4. Professor of pathology described the pathology in tuberculosis showing specimen and slides. 15 min.

5. Professor of Internal Medicine:- Diagnostic procedures and drug treatment 25 min.  
(Intermission) 10 min.

6. Professor of pharmacology:- Pharmacological action of essential drugs 20 min.

7. Prevention and control:- Professor of social and preventive medicine 25 min.

Saturday the 16th June 1973 Time 10:00 hrs. to 12:30

1) Summary of presentation Prof. of Internal medicine 20 min.

2) Discussion 30 min.

3) Comments by public health administrator 10 min.

4) Intermission 10 min.

5) Discussion continued (faculty & students)  
-up to 12:30

## 8. Questions and discussion

During the following week a group of 4 students visited the house of the patient around whom the discussions were centred and collected the following information.

1) Type of housing, and the space available in terms, of the number of persons in the house by age and sex.

2) The position of the patient in the family—whether a bread earner or a dependant.

3) Contacts: Have the contacts been immunised and do they know anything about the disease. Any home visits by public health nurse from a health centre?

4) Economics: On the financial aspects of the family and the expenditure on treatment and how is it met? Any insurance participation?

5) Other information: What statistical information is available at the health centre on the incidence of TB in the community and what is being done about it toward (a) treatment of known cases (b) prevention (c) rehabilitation.

Where does the community obtain health care (treatment for minor ailments) from health centre or pharmacy usually?

The observations made by the group were presented to the class and discussed. This was followed by a presentation of WHO's role in tuberculosis control by the professor social and preventive medicine.

The technique used involves a combination methodology, the use of senior students in teaching, the use of audiovisual media as well a visit to the field. The field visit it intended to motivate the learner to link the patient, to the environment under which the patient lived and continues to live after his restoration to normal health, the socioeconomic considerations of the family as well as all other

factors of human relationship in the community.

An evaluation made subsequently demonstrated that the procedure illustrates the economy in time, and the areas where detailed information can be avoided. To the teachers it is a time saving device and to the learner, it avoids a vast body of knowledge which is not required by him in the discharge of his eventual responsibilities, providing at the same time a basic information which can be further elaborated by the learner himself when required. It also provides opportunities for the students to be exposed to bed-side teaching in the early period of the medical education, and the writer was able to know that the senior students felt very proud of teaching work, and to the juniors it was gratifying to examine a patient in the hospital to make their own observations.

The limitations of the method are, it is time consuming and requires good planning. Teachers who are accustomed to the traditional methods of lecturing find it hard to use the method and agree to limit their presentation within the allotted time.

In spite of the limitations of the methodology, collaborative teaching is one of the promising technique in future education of the health professions and appears promising in, not only relieving the burden of the students but also of the teaching load with an intelligent use of the students in teaching.

## Acknowledgement

The writer wishes to acknowledge with thanks the valuable assistance given to him by Dr. Young In Kim the Dean of the medical faculty and the staff of the college as well as the students who participated in the programme.