

Attendance in Medical College should NOT be mandatory

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I saw the link to a survey on the MEU-UCMS website and it got me thinking. The title was 'Should the MBBS course have a mandatory attendance policy?' I am thankful that somebody thought of asking this question; I have only one answer and that is "Attendance should not be mandatory."

Here are my reasons:

1) I have been in Texas for the last four and a half months doing my rotations. I reach at five in the morning and spend something like 14 -17 hours working. At the end of the day I still feel great and want to come here for the residency program. Why? Because I know that doing these electives will get me good evaluations that will get me into residency.

On the contrary, in India If I do my clinical posting/internship with great enthusiasm, I still have to crack a post-graduation entrance exam. Also, there is no difference between a guy who never comes to the posting and the guy who always comes on time, and works hard. In fact, the former is more likely to crack the PG entrance than the latter because he is using his clinical posting time to study rather than to acquire skills.

2) Secondly, over here in Texas, I am an active member of the team. I scrub into the surgery as second/first assistant (surgeries like gastrectomy, lap appendectomy, lap cholecystectomy, aortic aneurysm repair, and popliteal aneurysm repair). Every morning I present patients to my Attending during rounds. I take active part in their management.

Over in India during my surgical internship besides taking blood samples I did nothing. Even if I tried to learn something during my internship they always told me "Jab PG mein Surgery uthayega to sab seekh jayega " (When you get a surgical PG, you will get an opportunity to learn everything you need to know). In India I was never part of the team.

3. Initially when I came to Texas I had ample knowledge of differential diagnosis, best investigations, name of the operations etc which was more than any US medical student and I thought I would be asked stuff like that during rounds; however, the first question they asked me was "How will you titrate the amount of fluid to give to a patient with an abdominal aortic aneurysm repair on POD 0, POD 1, and POD2?

I was blank. Because in my alma mater in India they never thought that an Intern should know why we should titrate fluid. In any case, in India even if you know the answer to a practical question it is not going to make a difference in getting a PG seat.

Overall I think it is an issue with the medical system. Residents and faculty have a huge workload of patients, and students' primary goal is to get into post-graduation. Skill acquisition

takes a backseat in the race; attendance is made mandatory otherwise students would use the period of MBBS to prepare for PG entrances!

The medical education system in India attempts to improve knowledge, skills, and attitude; however, it *assesses* mainly knowledge. If the system were changed to assess skills in both the undergraduate years and for the post-graduate entrance exam, I am sure students would attend; they cannot hope to acquire skills from textbooks or from self-study. Acquiring both knowledge and skills would be helpful to me not only in getting a PG seat, but also in becoming a good clinician. *And* it would make mandatory attendance redundant!