Editorial

Dr. Jekyll and Mr. Hyde

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The Manipal College of Medical Sciences, Pokhara, Nepal admits students from Nepal, India, Sri Lanka and other countries to the undergraduate medical course. The majority of the teaching occurs through didactic lectures. The seven basic science subjects (anatomy, biochemistry, physiology, pathology, pharmacology, community medicine and microbiology) are taught in an integrated, organ-system based manner during the first four semesters.

The department of pharmacology concentrates on teaching students to use essential medicines rationally. The pharmacology practical are problem-based or problem-stimulated learning sessions. I also facilitate a medical humanities session for interested students and faculty members. The lectures are usually one way delivery of information. During the lectures I have to adopt a more authoritarian approach to teaching. The pharmacology practical and the medical humanities module are a different matter. I try to encourage ‘active’ learning by the students. It is my endeavor to facilitate the sessions rather than act as a source of information.

So there is a sterner and more authoritarian version of myself during the lectures and a more liberal and facilitatory version during the PBLs and the Humanities module. I occasionally find it difficult to effect this Jekyll and Hyde transformation

The college is affiliated to the Kathmandu University (KU) and each subject is assessed individually. The assessment mainly tests the students’ ability to recall factual information.

In pharmacology, I teach various topics to students using the medium of didactic lectures. The lectures are usually of one hour duration and the class size is around 75 students. The lectures serve to impart information to the students and to prepare them for the University examination.

I also conduct problem-stimulated learning sessions during the pharmacology practical. The sessions are of around two and half hours duration and the batch size are around 37 students. The students work in small groups of around 7 or 8 students each. The students work together to solve clinical problems, analyze drug advertisements or promotional material, and select personal drugs for common disease conditions. I also facilitate a medical humanities session for interested students and faculty members. Literature and art excerpts, case scenarios, role plays and debates are used to explore various aspects of the humanities.

I personally often feel a strong dichotomy between the methods of teaching and learning which I have to adopt for these sessions. The lectures are usually one way delivery of information though I attempt to interact with the students and stimulate their participation and thinking. However, the student size and the need to maintain discipline and ensure the smooth flow of information delivery ensure that students
have to mainly assume the role of passive listeners. Interactiveness and two way communication are not possible. During the lectures I have to adopt a more authoritarian approach to teaching.

The pharmacology practical and the medical humanities module are a different matter. I try to encourage ‘active’ learning by the students. It is my endeavor to facilitate the sessions rather than act as a source of information. Occasionally I have to step in to maintain discipline and keep the session and the group dynamics on track. The teaching approach adopted is facilitatory and student-centered.

So there is a stern and more authoritarian version of myself during the lectures and a more liberal and facilitatory version during the PBLs and the Humanities module. I occasionally find it difficult to effect this Jekyll and Hyde transformation. The students also sometimes struggle to adapt to these two different learning methodologies. But being younger and more adaptable I must confess they make a much better job of it than I do!