# Status of Outpatient Department based Teaching-learning in Undergraduate Medical Education of Bangladesh

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#### Abstract

Background: Disease burden of the society is reflected in Outpatient Departments (OPDs). The doctorpatient interaction mostly occurs in OPD and it offers many unique learning opportunities to the undergraduate medical students. Most of the knowledge, skill and attitude require for professional practice can be learnt in an OPD setting. Objectives: This study was driven to explore the current status of OPD based teaching-learning in undergraduate medical education of Bangladesh. Materials and Methods: This was a descriptive type of cross sectional study conducted in selected eight medial colleges of Bangladesh from January to December 2022. Total sample size was 430; out of which 207 were students, 205 were teachers and Key Informants were 18. The data were collected by two sets of pre-tested questionnaires, interview schedule and checklist. **Result**: out of 205 teachers 84(41%) were from govt. medical colleges and 121(59%) were from non-govt medical colleges and 125(61%) teachers had more than 10 year of teaching experience. Out of 207 students, 162 (78.3%) were female and 45(21.7%) were male. The study revealed 178(89%) of teachers and 183(88.4%) of students faced challenges during OPD class. Administrative problems were identified by 110(53.7%) teachers and 115(55.56%) students and rest of the participants stated academic problems. Special OPD setup was suggested by 156(76.1%) teachers and 189(91.3%) students. The study also revealed that 15(83.3%) key informants suggested in favour of reviewing undergraduate medical curriculum regarding similar class duration with in-patient department and OPD placement. Conclusion: The study concluded that undergraduate medical curriculum is to be reviewed with special emphasis on OPD based teaching-learning regarding duration, phases of placement and special OPD set up for maximum utilization of precious OPD time.

Key words: OPD based teaching-learning, medical students, teachers, Key Informants.

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### Introduction

The teaching-learning at OPD setting is an essential part of undergraduate medical education. Outpatient exposure can enhance students' application of theoretical knowledge to real life situation. Each and every hospital has to deal with a large number of patients at OPD. Usually, only few numbers of patients who reported to any OPD or Emergency need hospital admission and bulk of the rest gets management from different OPDs. Therefore, there is immense opportunity of teaching-learning in all types

of OPDs. The outpatient department (OPD) of a hospital provides diagnosis and care for patients that do not need to stay overnight<sup>1,2</sup>. OPD based teaching-learning is a means of direct interaction of students with varieties of patients. The doctor-patient encounter mostly occurs in OPD and it offers many unique learning opportunities to the undergraduate students. These include more complete observation of disease process; that includes natural and treated progression of diseases through continuity of care. OPD is an appropriate forum for teaching preventive

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medicine, medical interviewing, and psychosocial aspects of disease<sup>3</sup>.

Clinical exposure is an important part of undergraduate training. Hospital based educational system has covered a wide variety of learning opportunity like ward-based teaching (including bedside teaching), the learning of technical skills, academic work in a clinical context and use of outpatients (McLean 2015). Since inpatient cases are more likely to be critically ill or under subspecialty conditions, they are less representative of common case presentation in clinical practice. Again, there are a few number of patients in the indoor in relation to huge number of students placed in the ward. As a general rule, only the tip of the patient iceberg is admitted in the hospital and the main bulk of the patient remains as outpatient. The admitted patients are usually critically ill and not always allowed to be handled by students. Initially students are to be taught few special skills like, general examinations, history taking, doctor-patient communication, dealing with the staffs, communication with the attendants and adjustment with the overall patient related scenario. Patients come to different OPDs for different purpose, like for minor ailments, follow up of previous treatments, diagnosis of an undiagnosed disease, anti-natal checkup, health education and many other forms of counselling. Teaching and learning of clinical skills traditionally takes place in wards and different OPDs of hospitals. Increasing student's number and changes in health care delivery are making inpatient settings less ideal for teaching undergraduate students. As the focus of health care provision shifts towards ambulatory care, attention needs to be focused to develop opportunities for clinical teaching in this setting<sup>4</sup> (Dent JA, 2005).

## **Methods and Materials**

This study was a descriptive type of cross sectional study with both qualitative and quantitative approaches (mixed approach) and had been applied to collate data in 12 months' duration. This study had been conducted at eight (08) selected medical colleges of Bangladesh, which included four government and four non-government medical colleges located in and outside Dhaka city. Total sample size was 430; out of which 207 were students, 205 were teachers and 18 were Key Informants (KI). Key Informant Interview (KII) was conducted with 11 (61.1%) medical administrators, 7 (38.8%) senior professors and medical educationists. The data were collected by two sets of pretested questionnaires, interview schedule and checklist. Convenient sampling technique was adopted for sample collection.

### Results

Teachers of all categories and students of 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> phase were included in this study. Quantitative data were collected by using self-administered semi-structured questionnaires and qualitative data were collected by interview schedule and checklist.

Issues	Frequency	Percentage		
Designation				
Professor	33	16.1		
Associate Professor	65	31.7		
Asst. Professor	31	15.1		
Lecturer	76	37.1		
Total	205	100		
Discipline				

### Table No-1: Distribution of respondents as per designation and discipline (n=205)

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Medicine and allied	131	63.9
Surgery and allied	54	26.3
Gynae	20	9.8
Total	200	100

The table 1 shows that out of 205 respondents 33(16%) were Professors, Associate Professors were 65 (32.5%), Asst. Professors were 31 (15%) and Lecturers were 76 (36. 5%). This table also shows that 131 (63.9%)

teachers were from Medicine and allied subjects, 54 (26.3%) were from Surgery and allied subjects and 20 (9.8) % were from the department of Obstetrics and Gynecology.

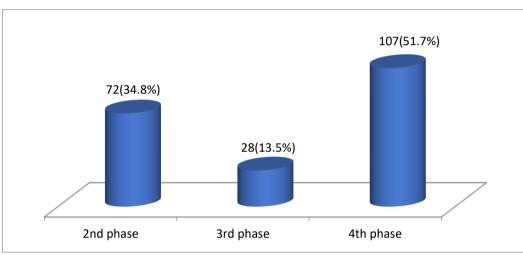


Figure-1: Distribution of respondents by phase of study (n=207)

The figure 1 shows that 72 (34.8%) students were from  $2^{nd}$  phase, 28 (13.5%) were from

 $3^{rd}$  phase and 107 (51.7%) were from  $4^{th}$  phase.

Table No-2: Distribution of respondents by their views as per specific problem identification
and suggestion to improve teaching learning in OPD (n=207)

Issues	Frequency	Percent
Problems identified		
Academic problem	92	44.44
Administrative problem	115	55.56
Total	207	100
Suggestion to overcome challenge	es	
Special OPD setup	189	91.3
Assign teacher at OPD	18	8.7
Total	207	100

The table shows that 115(55.56%) students identified administrative problems and rest

92(44.44%) identified academic problems. The table also shows that 189 (91.3%)

suggested in favor of special OPD setup and 18 (8.7%) suggested for assigned teacher.

The qualitative part of this study was conducted by KII from Key Informants (KI) and document review by the researcher. They gave their views regarding OPD based teaching-learning in MBBS curriculum, current practice of OPD based teachinglearning and also provided few suggestions about improvement of OPD based teachinglearning like, similar duration of placement of students at OPD and in-patient departments, special set up in OPD, motivated and trained assigned teachers and motivated staffs. The documents reviewed by the researcher included MBBS Curriculum 2012 and MBBS Curriculum 2021. The researcher found that students of 1<sup>st</sup> phase are excluded from OPD placement and only 13% of clinical placement is allocated for OPDs.

# Discussion

The primary focus of this study was to determine the present status of OPD based teaching-learning in medical colleges of Bangladesh. It included review of undergraduate medical curriculum to explore how much time is allocated for OPD based teaching-learning in the present and recent past curriculum<sup>4,5</sup> (MBBS Curriculum BM&DC, 2012 and MBBS Curriculum BM&DC, 2021). Other objectives were to find out views of teachers' and students about present practice of OPD based teachinglearning, to identify the challenges of OPD based teaching-learning and to find out the ways to overcome the challenges. There is a complex interplay between administrative and academic factors that contribute to the effectiveness of the outpatient setting as a learning environment<sup>6</sup>. The undergraduate medical curriculum of the year 2012 and 2021 was reviewed and found that the curriculum

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of 2021 allocated 134 weeks of clinical placement, out of which 124 weeks are in indoor and only 10 weeks are in OPD. A large number patients report to OPD regularly for different purpose like, treatment, management, investigation, follow up and also admission. This is also a place of interaction of different types of people like paramedics. doctors. nurses. patients, attendants, administrators and different other Therefore, OPD offers a huge staffs. opportunity for teaching and learning like communication skill in regard to doctorrelationship, behavioral patient skill. the adjustment with patient oriented environment, practicing general and systemic examinations, investigations and other diagnostic documents review. skills. administrative activities and leadership skill<sup>7,8</sup>. All kinds of professional skill can be learned and practiced in OPDs. Key Informants suggested for a similar duration of and placement for OPD inpatient departments. They also added a point regarding placement of first phase students to OPD as observer for better affiliation with clinical environment. OPD is also a place for prevention. learning disease health promotion, rehabilitation and treatment of simple ailments. So, all the aspects of preventive medicine can also be taught and practiced in this arena.

# Conclusion

Most of the respondents were in favour of curriculum review regarding similar duration of students' placement at OPD and in-patient departments, special OPD set up, motivated and trained assigned teachers and motivated staffs for better outcome of OPD based teaching-learning.

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