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Issue of poor student-faculty relationship in Indian medical education

Les mauvais rapports entre les étudiants et la faculté dans l'enseignement médical en Inde

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Medical education is a highly revered profession among all disciplines of science, yet it is afflicted by the mistreatment of those who participate in it. Unfortunately, this issue has been widely ignored, impacting the student-faculty relationship. One of the vital lifelines that any medical student has is their clinical mentors. They play a significant role in modeling both the personal and professional attitudes of the students. It is thus crucial for students and faculty to develop a nurturing relationship wherein both the players are comfortable.

This relationship is threatened by the exploitation faced by medical students, mainly at the hands of those at higher levels of hierarchy, i.e., medical faculty and residents.¹ Mistreatment is significantly correlated with depression among medical students, attrition, substance abuse, dropout, career change, and other vices.² Surprisingly, the mistreatment of medical students is a global phenomenon, with cases being reported both in the west and in eastern medical schools.³ In this opinion article we will primarily discuss the Indian medical education system as medical students in India.

Medical education starts as an undergraduate degree in South Asia, commonly abbreviated as MBBS. In South Asia, especially in India, education is imparted within the confines of a rigid disciplinarian hierarchical system. However, it is often noted that adults best learn through self-motivation as opposed to an imposed disciplinary

system making andragogy a strongly preferable methodology.⁴

Despite having the guidance of extremely talented practitioners, medical students, often face the burden of mental and physical hardships, including but not limited to corporal punishment and pimping. This is observed right from primary school to professional schools. We have noted instances of unprofessional conduct of senior academicians in higher education, both personally and in the media.⁵ In India, teachers are often regarded as 'Godly' figures due to the relative traditionalist mindset of Indian society. Consequently, the concerns of students about the unbecoming conduct of faculty are treated as a form of disrespect and indiscipline. Any inquisition that could stir contention is usually depreciated.

We opine that a healthy, respectful relationship will expedite their growth and motivate them to treat others with respect and dignity. Interestingly, this issue is largely underreported in the literature. The lack of studies regarding the mistreatment of medical students in India contributes to the already deplorable situation. It is thus, not well known whether all medical faculties mistreat students or whether this phenomenon is restricted to specific geo-socio-economic status.

Despite having noble intents, medical teachers sometimes flounder their bond with their students. Issues of lack of accountability, resistance to change, apathetic power

dynamics, and overbearing traditional concepts contribute to the popular yet harmful trend.

To combat India's nuisance of a poorly structured medical education system, we advocate for a code of conduct committee in every institute with elected students and faculty members in an equal distribution. This committee should formulate and enforce a written code of conduct and hold the violators accountable. Standardized inventories focusing on improving the student-teacher relationship shall be introduced as a tool of feedback to minimize unidirectional communication. One-on-one mentorships are a great way to enhance the student-faculty relationship. Informal interactions outside classrooms are a popular method among mentors of other disciplines, which can encourage meaningful dialogue. These could include cultural events, co-curricular/sports fests, student-faculty dinners, and social outings.

Another leg of the discrepancy in this dynamic is the society's normalization of patronization of students. University students, either at the undergraduate level (MBBS) or at the postgraduate level (residency), require education strategies designed for adults. Therefore, the practice of pedagogy is obsolete at the higher education level, and instead, andragogy needs to be normalized. One way to achieve this is to introduce mentorship and andragogy courses during training years for those seeking teaching roles in medical school. Moreover, workshops on communication and mentoring organized periodically would help the faculty understand their impact on students and keep them updated on the student-faculty dynamics.

Besides andragogy, the concept of reverse mentoring can also help in finding the fulcrum that will benefit the mentor-mentee dynamic and can change the foundational perspective of mentoring in India. This concept enforces

the reversal of the traditional roles of mentor and mentee, revoking the hierarchy. With expeditious developments in healthcare technologies, reverse mentoring is notably helpful given the generational gap between senior doctors and students.

In this opinion article, we have highlighted the issue of poor student-faculty relationships and have proposed a non-exhaustive list of probable solutions. We encourage a collective effort by all the stakeholders on an urgent basis to tackle this issue.

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