



Reflections on undergraduate teaching

To the Editor: In 'Reflections on undergraduate teaching' in the March 2019 edition of *SAMJ*,^[1] Dr Jenny Edge identifies absenteeism as a key problem in medical education. Indeed, she further attributes the cause to the prevalence of unrecognised and untreated mental illness among undergraduate students. As a newly qualified graduate, I believe that the specifics of the relationship between clinician and student may also be an important contributing factor.

Although there is no doubt that Dr Edge will not remember me or the specific lecture that she delivered in my fifth year at the University of Cape Town, I do remember her. And while she remains blameless as a guest delivering a single lecture, this does highlight an important point regarding the anonymity of the student in the teaching process. Rotating between departments in large numbers, which are growing annually, students are seldom named or recognised beyond their demands for teaching or capacity as amateur phlebotomists.

Of course, with the high volume of students and workload of the teaching clinician, this is often not possible. However, being acknowledged only by one's role as a student – and sometimes as an inconvenience – has a profound effect on the student's feeling of being welcome and valuable in the clinical space. Where one's absence would only be recognised as a missing signature, or simply one less body, it is easy to justify truancy. This is especially true when, as Dr Edge acknowledges, simple information is so easily accessible in the technological era, and the role of a clinician is less tangible: imparting the intimate knowledge of clinical skill to the next generation. In this era, some students are perfectly capable of passing examinations without using any structured university resources, and they believe that the guidance of formal teaching is not required to grasp the subject matter.^[2]

Of course, students are not blameless in absenteeism. Many do not see the value of their presence, or have limited confidence in the teacher, or have other things they would find more fulfilling or necessary to do in that time. In a cross-sectional review of South African tertiary students, Wadesango and Machingambi^[3] report that up to 35% of students work at least 20 additional hours per week to contribute to funding their education and residence. These factors require further investigation in the medical context.

Institutions, clinicians and students need to work together to tackle this problem by quantifying and addressing each contributing factor to the extent that it is relevant in context. However, a simple mutual solution that may address some of these factors is to personalise the relationship between student and teacher – that students will realise the cost of their absenteeism and the value of their presence.

During my training, I had both the privilege of being named and being anonymous in some measure. The times when I most enjoyed my experience, with all its challenges, and felt as though I was doing something worthwhile, was when I was the former.

Y M Nair

Medical intern, Prince Mshiyeni Memorial Hospital, Durban, South Africa
yashodhannair@gmail.com

1. Edge J. Reflections on undergraduate teaching. *S Afr Med J* 2019;109(3):136. <https://doi.org/10.7196/SAMJ.2019.v109i3.13865>
2. Desalegn AA, Berhan A, Berhan Y. Absenteeism among medical and health science undergraduate students at Hawassa University, Ethiopia. *BMC Med Educ* 2014;14(1):1-11. <https://doi.org/10.1186/1472-6920-14-81>
3. Wadesango N, Machingambi S. Causes and structural effects of student absenteeism: A case study of three South African universities. *J Soc Sci* 2011;26(2):89-97. <https://doi.org/10.1080/09718923.2011.11892885>

S Afr Med J 2019;109(11):819. <https://doi.org/10.7196/SAMJ.2019.v109i11.14358>