Thesis as a Part of MS/MD Training Programme—Where do We Stand?

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Post graduate education in Medicine in India was started in Calcutta and Madras in the later part of 19th century. In Madras before World War-I a degree was awarded entirely on the basis of thesis. Between the two World Wars post graduate degree was awarded on the basis of an examination alone. The present system of thesis along with an examination was started after the World War II (Sarat Chandra 1982, cited by Prakash 1986).

The basic difference between thesis and dissertation is more etymological being of Greek and Latin origin respectively. The 9th edition of Concise Oxford Dictionary defines thesis as "a proposition to be maintained or proved" and dissertation is defined as "a detailed discourse on a subject especially one submitted in partial fulfilment of the requirement of a degree or a diploma". In practice thesis comprises of a study planned and carried out by the candidate with the available literature on that subject. Dissertation comprises of study of less number of cases, not necessarily seen by the candidate, along with discussion. However, this appears to be a very thin line of demarcation.

AIMS OF THESIS

Training a young scientist in the following area :

- To plan out a scientific study
- To collect the clinical material/data
- To be able to search the literature comprehensively and familiarise himself with information sources
- To develop an ability to analyse the raw data and use of statistical knowledge for knowing

the significance of the study.

- To be able to write a scientific document in a proper format and
- To develop and promote inquisitiveness.

ADVANTAGE OF THESIS

- A good training ground for producing good teacher cum research worker.
- Some of the work done can be applied to solve some of the national health problems.
- Young and interested trainee scientist can be initiated into conducting important enquiries which can form basis of future useful work (Paintal 1988).

What is the reality?

'Human kind can not bear very much reality' —
T. S. Eliot

Eliot was right. If reality is very unpleasant we try to persuade and convince ourselves that it does not exist. But however abhorrent reality is we have to face it because there is always something we can do. The ultimate errors are self deception and despair. Thus the time is more than appropriate to get to the grass root reality, so that necessary modification can be made and corrective steps taken.

My experience as a postgraduate guide under Nagpur University and Post graduate examiner for various universities for more than 15 years has revealed numerous flaws in the thesis and most of them are common viz.

- Absence of protocol in most cases. Protocol is a very useful instrument for the candidate,

guide and the examiner.

- Lack of uniformity in the method of writing.
- Repetition in observation, discussion, summary and conclusion.
- Aims and objects and summary and conclusion are not based upon the work done and part of it is hypothetical and speculative.
- Photographs are not representative for the work done. It has been noted that the photographs not only are of poor quality but they also cheat (Prakash 1986), trying to show something which may not actually have been done.
- Bibliography does not follow any known methods. Abbreviations of the Journals are as per the whims and fancy of the candidate. Year, volume and page numbers are in a random fashion and differ from one reference to the other. Infact this part of the thesis appears to be the most neglected. During one of the examination examiners were so disgusted, a very rare situation indeed, that the candidate was asked to rewrite the bibliography, that too after the practical examination was over, and only then the thesis was signed.
- There are no guidelines, from the University/ College or they are not made available to the guide nor to the candidates. This results in writing of thesis as per the whims of the candidates. Thus there is no uniformity, even in the two thesis written in the same department or in the same College.
- Most of the Universities do not have guidelines for evaluation. Some of the Universities requires the report on a thesis in one or two wards only i.e. 'Accepted' or 'Not accepted'. No further comment is to be made.

On the whole there is lack of seriousness on the part of the guide as well as the candidate resulting in a poorly written thesis.

In a study on the quality, character and efficiency of scientific research in Universities it was

observed that malaise is deep rooted and unfair practices are common (Jayaraman 1990). In another study it was observed that 4000 odd thesis from Medical Colleges were not merely substandard but the majority of them were also the outcome of fraud and misconduct (Paintal 1990).

Observations from the survey

A survey on "Status of P.G. training programme in ENT-HNS in India and Recommendation to improve the same" was carried out in 1996-97.

This project was sponsored by Association of Otolaryngologists of India. A proforma was sent to 133 Medical Colleges but responses were received from 55 centres spread out over 17 states in the country. Summary of the response received on the aspect of thesis were as follows :

- Topic for the thesis is selected by combined effort of the candidate and guide in 89.1% centres and by guide alone in 10.9% centres.
- Topic of the thesis is assigned after one month of joining the residency programme in 10.9%, centres, after 3 months in 25.45%, after 6 months in 32.8%, after 8 months in 3.6%, after one year in 25.4% and after 2 years in 1.9% centres.
- Duration for which thesis work is carried out was 6 month in 3.6%, 1 year in 20.0%, 1.5 year in 14.5%, 2 years in 41.8% and 2.5 year in 20.1% centres.
- Candidates are given specific time for thesis work in 20.1 centres, no specific time is given 9.1% and 70.8% centres did not make any comments.
- Thesis has to be submitted 6 months prior to University Examination in 50.0% centres, 3 months prior to examination in 32.7%, 4 months prior to examination in 8.2% and 1 year prior to examination in 3.6% centres. This information was not given by 5.4% centres.
- A formal acceptance of thesis prior to appearing in examination is a pre-requisite in all the centres.

The above survey brought out following facts :

- 1) There is not uniformity in our country about the mode of selection of thesis, time interval between joining the P.G. course and allotment of the subject, duration for which thesis work is carried out and time interval between the submission of thesis and University examination.
- 2) Only 20% of the centres/department give specific time to the candidates for carrying out their thesis work.
- 3) There are 11.1% centres which do not have any ENT journal in their Colleges and 42.8% department have five or less than 5 ENT journals.

Reaction of the candidates

- Without exaggeration the general impression is that thesis is simply a passport for appearing in the examination.
- It is a cheap labour where the work is used by the faculty members for publication and at times without even a word of acknowledgement for the candidate concerned. Candidates, if fortunate, may find his name at the end.
- There is lack of infrastructure for carrying out the work.
- Lack of typing facilities particularly in small places when only one or two competent typist are available and number of candidates requiring to meet the dead line are 10-15. This creates lot of frustration among the students.
- Financial implication : A candidate has to spend nearly Rs.3500/- 4000/- for his thesis. This include only stationary, typing, photographs, graphs and binding etc.
- Candidates react by citing the examples of FRCS and MRCP which are the most sought after qualification but do not require writing of thesis. Then why in India?
- Lack of proper guidance, time from the guide, cooperation, and lack of approach to solve the problem and a very high expectation from the work. This puts lot of stress on the

candidate and frustration to the extent that it may lead to suicide as it appeared to have occurred recently in Mumbai by a Mch candidate (News paper report, Times of India, June, 1997).

Need for thesis work

The present state of affairs of thesis, particularly in Medical education, has led to a national debate and some of the academicians feel that thesis should be eliminated. However by and large people are in favour of continuation of thesis/dissertation though with modification.

Justification for continuing thesis

- Whatever work is being done in the medical sphere that will also not be done.
- There is not denying the fact that most of the publications in our country are a result of thesis work.
- A good training ground for producing good teacher cum-research worker.
- Some of the work done can also solve some of the national health problem.
- Young and interested trainee scientist can be initiated into conducting important enquiries which can form basis of future useful work (Paintal 1988).

How to solve 'catch - 22' situation

- Thesis committee at the University/College level to formulate the guidelines about the methodology to be followed. A copy of this must be given to the candidate at the time of registration.
- Conducting a small Workshop for the new entrants for postgraduation. This workshop should highlight the importance of the thesis in medical education, planning of a study, problems encountered in thesis work and solution there of proper method for photography and proper method of writing a thesis.
- There should be a strict time frame work of allocating the subject, submission of protocol, preparing the proforma, compiling of data and

writing of thesis. To make sure that this is being followed a record should be maintained by the candidate and duly signed by the guide during periodic thesis review.

- Ear marked time to be given to the candidate for doing his thesis work. Generally one afternoon every week will serve the purpose. This will be essential particularly in the clinical departments.
- Periodic and regular thesis review should be held as this will help in monitoring the work being carried out and help in solving the problem faced by the candidate and also modification and addition can be made in the study to make the work more useful.
- Selection of the topic should be relevant and infrastructure should be available for the type of work which is to be done.
- Good work should be valued. There should a mechanism for encouraging young scientist for good work (Paintal 1988). In this respect at MGIMS, in a small way, an award has been instituted for the best thesis of year. This is

named as 'Sushruta' award and is given under the aegis of Sevagram Academy of Medical Sciences.

We need men of creative talent who would establish tradition of medical research, who will establish school of thought. We need men who shall prepare the platform for final take off at an appropriate moment in the evolution of an idea. New discoveries are not made in an intellectual vacuum nor through the agencies of supernatural influences. They are made by minds which are prepared and sensitive. Any discovery may be a chance phenomenon but it only catches the imagination of a prepared mind (Mathur 1955). It is in this very context that the thesis/dissertation has to be continued as it will provide a training ground for the future research worker and will help in finding out the clue for the solution of at least some of the national health problems. It is necessary that medical research must be recognised as an important component for the country's progress.

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