

EDUCATIONAL ENVIRONMENT IN MEDICAL COLLEGES

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Medical schools are places where the next generation of physicians is nurtured to serve society. Medical educators should constantly be aware that what they do has an impact on the attitudes and performance of medical students. The perceptions of students about their educational environment have a substantial impact on their behaviour, academic activities, learning effectiveness, satisfaction, and psychological well-being. In a literature review from 1980 through 2001, Pascarella and Terenzini found that the perception of the quality of education is among the strongest predictors of student persistence and academic success¹. Teachers are the core members of academic environments. Teachers affect students' attitudes and performance through their personality, expectations, instructional style, communication skills, enthusiasm for subject matter, availability, instructive feedback, organizational skills, and degree of professionalism. Medical educators should constantly be aware that what they do has an impact on the attitudes and performance of medical students. Faculty behaviour toward students is essential because it affects not only student satisfaction but also persistence in majors, retention rates, academic success, psychological well-being, professional development, and postgraduate career choice decisions after graduation. Faculty behaviours related to student outcomes are organized under four headings: availability,

communication skills, instructional style and feedback²⁻³.

1. Availability – The extent to which faculty members are readily available to students has been shown to have a significant effect on student satisfaction, academic success, and professional development.
2. Communication skills – Effective communication is the foundation of good relationships between teachers and students. Teachers who engage in open discussion with their students help them feel more involved in the learning process, interact more frequently with them outside the classroom, provide more feedback about their performance, and provide constructive criticism.
3. Instructional style – Faculty members use a variety of techniques to deliver instruction or teach students how to learn. Lecturing is one example of an instructional approach that has been used by medical educators for decades. Other examples include problem-based learning (PBL), computer-assisted instruction (CAI), self-instructional modules (SIMs) and simulation. Effective involvement in the learning process leads to student satisfaction, success, and professional development.
4. Feedback – Feedback is a critical element in the process of teaching and learning because it provides information for students about how well they are coping with a course or an assignment. The feedback also enables them to know the areas where they need further help so that their academic performance can be improved.

The takeaway is that the teacher-student relationship is a two-way street. For students to get the most out of their

education, they need to be active participants in the learning process and engage with their teachers. Likewise, for teachers to help students reach their potential, they need to create an environment where both parties feel comfortable interacting and asking questions. We hope you will use these findings as a foundation for creating better relationships with your professors and classmates – after all, it's everyone's goal here at medical college to produce good doctors. How have you interacted with your teachers and classmates to improve your education?

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