

Educational Problems of Kermanshah Medical School: View Points of Students, Graduates and Faculty Members

Siabani S, MD¹, Moradi MR MD², Siabani H, MD¹, Amolaei K³, MSc Siabani SA⁴

¹General practitioner, Kermanshah university of medical sciences

² professor, kermanshah university of medical sciences

³Lecturer, kermanshah university of medical sciences

Medical student, Shahid Beheshty university of medical sciences

Abstract

Background and purpose: In recent years although the number of students registering for medicines has decreased in Kermanshah University of Medical sciences parallel to other universities of medical sciences the quality of educational services has not improved the informal reports suggests that the competency of medical graduates is not satisfactory. Since any intervention needs situation analysis this study was conducted to obtain viewpoints of three main groups of stockholders including faculty members, students and graduates on medical school problems and insufficiencies.

Methods: In this qualitative study faculty members of medical schools, medical graduates of 2005-6, and medical students of different phases participated. With participation of these subjects Focus Group Discussion (FGD) sessions were carried out. The goals of the projects were first explained for participants. In the end of each discussion session the discussions were carefully transcribed. The sessions continued till the sessions got saturated. The transcript of discussion was thoroughly reviewed by researchers and codified. The problems were classified in 7 areas of management, planning, education goals, evaluation, ethics, teaching, and students.

Results: The subjects believed that the most important problems in Kermanshah medical school include neglecting the student evaluation, no educational objectives or being inattentive to them, unwanted effects of pay for service plan, too much duties for interns (students), overload of medical duties and insufficiency in the number of faculty members, no rewarding system for teachers, inattention to needed outcomes, shortage of facilities for student in hospital and being negligent about mutual respect between students and teachers.

Conclusion: some of the problems such as the effects of pay for service plan and insufficiency in the number of faculty members have solutions stemming beyond the university at Ministry of Health level, however, most problems are local, therefore, if the directors pay more attention regarding planning, allocation and management, we can see quality improvement in medical education in Kermanshah medical school.

Key word: STAFF MEMBER, GRADUATEDS, UNDERGRADUATS, PROBLEMS, MEDICAL SCHOOL

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Corresponding author: Dr Sorya Siabani is a general physician and researcher in Kermanshah university of medical sciences

E-mail: soraiasiabani@yahoo.com – Tel: 98 831-8367332-4

Introduction

The graduates of medical schools should have skills to provide preventive, diagnostic, therapeutic services for a wide variety of physical and mental conditions (1). To reach these goals an effective educational system is required. Every system had elements, components, and processes. Education System also has many interrelated components. If any important is going to take place in education system a good understanding of different components is required for success (2). Graduates of educational system has been closely involved with most components and processes of education and has assessed their capabilities in real settings, so they are valuable information resources for reform and important of education system.

In other words an intelligent of a processes its output and used the result to improve the process (3). That's why many educational systems around the world used results of graduate evaluation for evaluating their programs and as a basis for educational intervention (4,5).

To achieve the education goals faculty members as the owners of the education process are critical. Informing the managerial system of faculties views and opinion and informing faculties of students' and graduates' views is critical for educational reform (3). In recent years although the number of students registering for medicines has decreased in Kermanshah University of Medical sciences parallel to other universities of medical sciences the quality of educational services has not improved the informal reports suggests that the competency of medical graduates is not satisfactory, particularly the physicians knowledge of local infectious diseases (6).

This study is an attempt to assess the view of faculties' students and newly graduates of Kermanshah medical school.

Methods

In this qualitative study faculty members of medical schools, medical graduated of 2005-6, and medical students of different phases participated. With participation of these subjects Focus Group Discussion (FGD) sessions were carried out.

The goals of the projects were first explained for participants. In the end of each discussion session the discussions were careful transcribed. The sessions continued till the sessions get saturated. The transcript of discussion was thoroughly reviewed by researchers.

The data were codified and the report was prepared based on 3 phases of basic science clinical science and clinical experience. The physiopathology phase was integrated with clinical science phase as they overlapped to significant extent. The statements were arranged based on the number of repetition and the emphasis made by the participants who suggested it. The problems were classified in 7 areas of management, planning, education goals, evaluation, ethics, teaching, and students.

Results

Four groups of medical students of different phases (24), 3 group of graduates (18) and 5 group of faculty members (36) were invited for FGD (total, 78). Students were selected through a goal oriented sampling. For selecting graduates, a convenient sampling procedure was used. The faculty members were selected simple random sampling.

Six faculty members and 4 graduates were absent is session. An individual interview was conducted with them. Overall 11 FGD session was held at first codification, 400 codes were extracted from interviews. At repeated revision the similar codes were put together and finally 208 statements remained.

The subjects' views were classified in 12 areas. The general educational problems of medical

school are neglect of outcomes important for GPS most frequent stated views are:

Most discussions provided in wards are specialty and subspecialty oriented. The basic sciences phase is separate from other phases.

Unfair treatment of some faculties are depressing
 - There is no supervision on educational activities
 - The students are not part of planning - The major rotations goals are not clear - Some faculties knowledge and references are out dated

Students expressed that they faced a large volume of basic science material with no clear application

Most frequent stated views are:

The basic science lessons are not delivered to their application - The practical lessons instructors interaction are not appropriate the exam atmosphere is very bad - The volume of basic science course is large - The teaching of some faculties is had sometimes devastating the officials of education administration is bad with us - The interpretation and application of tests are not clear for us - Too detailed facts are explained - The instructions is not based on comprehensive exam reference + the volume of text introduced as reference is beyond a semester study - They push us to go for transcripts of instructors' lecture - The students are not involved in educational planning

In clinical science and physiopathology phase main problems are unjust students assessment, subspecialty orientation of lessons and neglecting community common conditions.

The physiopathology block questions are not standard there is no clear criteria for clinical assessment and unjust grading is universal - Morning reports are disciplined but useless - The case discussion unorganized and subspecialty oriented, it's useless. The physiopathology phase is short with no standard text
 - The teachers teach based on their own interest not the students need - In coordination between clinical rotations and factual-based classes

In clinical experience phase main problems revealed are overload of interns tasks, no systematic

education, no criteria for assessment, students services like food distribution is not proper.

The graduates expressed the general problems of medical education as lack of training for required procedures and no education no tasks expected from a family physician.

They believed that in basic sciences phase there are plenty of faculty knowledge and general course without any tangible use in future practice. In physiopathology phase the main problems, the graduate believes is no systematic training on procedural skill such as Intubation, splinting or casting, Normal vaginal delivery.

The faculty expressed the general problems of medical school as pay for service plan, integration of clinical services with education and poor attention to evaluation

The most frequent problems as they expressed are:

Pressure by administration to pass all students – The shortage of clinical faculty supply, the service press the education – Low student motivation

They believed that in basic science phase the curriculum does not give them enough space to work with students, no effective reward system exist, teachers teach based on interest not plan.

They believed that student evaluation is the main problem of clinical science phase. They said that in clinical experience phase due attention is not paid to ambulatory setting education and in clinics student- clinical teacher relationship is not defined well. The subject viewpoints were further classified in seven factors of 1-no clear objective, 2- student assessments, 3- lack of attention to exit competences, 4- need for reform of curriculum, 5- change the educational management practices, 6-low involvement of students in planning and administration, 7- teacher-student interaction.

Discussion

Common issues identified as problem by students, graduates and faculties strengthen the validity of

identified problems based on triangulation. All three groups believe that there is lack of clear educational goals and objectives as is evident is by their statement “specialty orientation of discussion teaching based on his/her own interest” “similar text for different levels of student” “lack of attention to GP required competencies” neglecting ambulatory based education”. All these describe a need for developing sets of goals and objective explicitly. Sabouri et al revealed that 87 of clinical faculties acknowledged that current education is not based GPs need (7). Yazdanpanah et al showed that 90.9% of faculty members and 87.7 of students seek a change in out patient training and introduction of family physician course (8). Experts of medical education believed that the main problem of Iran medical education system is that the curriculum is compacted of content which is not essential for graduates while important materil required for a competentr graduates are missed such as, information technology physicians role as the leader of healthcare team applied ethics (9).

One important problem which was pointed out by all three groups is evaluation: “lack of clear criteria for assessment” “unfair grading by faculties” “pressure of administration to pass everyone”. This problem is a general problem in Iran medical education (10). A study by Shokouhi et al showed that evaluation practices are inappropriate (11). Adib et al pointed out the same conclusion (12). Comparing with faculties and students, graduates focused more on outcomes such as skills for outpatient management and procedural skills. It seems that their more tangible problems is lack of competency in these area but when asked about evaluation they confirmed the problems expressed by students and faculties. A study by Jain et al graduates had the same views (13).

Our other common problem was educational management which was more vigorously pointed out by faculties and students acknowledge this problem a third priority following problems of goals

and planning. The problems of educational management can be classified in three groups. First there are problems related to policies and regulation at national levels, such as pay for service payment plan or integration of education and clinical services. A study by Mohammadi et al showed that such problems were not limited to type 3 universities (14).

Second, there are problems that might be more pronounced in our university but the solutions should be devised at Ministry of Health level, Problems such as work over load of faculty member due to disproportionate member of faculties should be solved through regulation resources such as change in number of position in medical school organization chart, that should be approved at Ministry of Health.

Third are problems that once identified can be dealt with at local level. Of this problems are can point out to food services for interns which left them hungry in her/hes shifts.

One other major problem agreed upon by students and faculties was teaching practices. While today the student centers method of teaching are proved their superiority they are not used sufficiently. The reports in workshops of modern teaching methods. The faculties condemned the curriculum overload while students believed that this overload came from non-core content. They stated that “Most basic science teachers expect students to details as broadly as themselves. Students preferred basic science teachers who had a medical degree.

Finally the students-teachers and communication was another area that both students and teachers pointed out from their own viewpoints blaming the other side. Since the teachers interaction with student is an effective factor of education quality (15, 16) the educational system should find ways to help with this problems.

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