

ORIGINAL ARTICLE

CONTENT STANDARD AND PERFORMANCE STANDARD
IN MEDICAL EDUCATION

Zarmina Ihsan, Rukhshan Khurshid, Asima Malik

Department of Biochemistry, Fatima Jinnah Medical College, Lahore

Background: Increasing globalisation of medical sciences and worldwide migration of physicians call for urgent definition of a set of global standards and requirements to guide medical education curricula. Survey was aimed at defining 'global minimum essential requirements' for curricular comprising of sciences basic to medicine, clinical knowledge, skills, behaviour, and ethics of universal value. **Methods:** Study was based on a survey from students of Fatima Jinnah Medical College, Lahore. **Results:** Survey showed that 70% students were satisfied from the teacher and thought that with the help of teacher lectures they can easily understand the medical books as its matter is new for them. About 86% of student felt that the skill, knowledge, and attitude of teacher towards the students were satisfactory. Seventy-five percent students agreed with the motto 'think globally and act locally' and 60% students were satisfied that they can easily understand the test paper which was taken monthly but 40% student gave their view that quarterly tests are better than monthly. Seventy-three percent of students agreed that tutorial may help to understand the lectures. Overall 90% the student thought that there was a need to improve the quality of medical education with the addition of problem based learning. **Conclusion:** Present study indicates the competence of teachers on educational procedures and their ability to manage students. A feedback is recommended from a greater cross-section of the student community.

Keywords: Medical students, first professional, Content Standard and Performance Standard

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INTRODUCTION

Standard in medical education are set up by the consent of experts or decision of educational authority related to different aspects of medical education. The function of any standard is transfer of information from those who should have knowledge to those who can use that knowledge.¹

The content standards of medical education define or specify the essential requirements' that undergraduate medical curriculum should provide to equip physicians with the knowledge, skills, attitude and ethical values. These are necessary to start graduate medical education or specialty training in medicine or before assuming the responsibilities of clinical practice.² Assessment provides the information that how well all the expectation have been met. It also informs that how much graduates truly possess the necessary knowledge and skills to start work or study further.³

The goal of first-year curriculum is to shape the overall educational experience, while laying the foundation from which the rest of the medical school education emanates. The need for students to be exposed to the practice of medicine and start learning fundamental clinical skills from the beginning of their medical education is the basis for the Introduction to Clinical Medicine.⁴

Performance standard define the degrees of attainment of content standards and the level of competencies in compliance with the professional

requirements. Many educators negatively associate standard with standardised multiple choice test.⁵

Motto '*think globally and act locally*' indicates a growing awareness of the process of global standardisation of medical education. However, it is quite clear that no one in the academic world would accept any compulsory compliance with rigid rules. Hence there is fairly a general agreement that content and performance standards should be voluntary and not mandatory.⁶

Medical school of each country has to address its social needs. These may include quality of teaching, amount of material, academic progress, study habits, mastery of material, physical health, overall satisfaction with medical education, and overall satisfaction with other areas of their life. All these necessities of a medical college should be created by professional associations of teachers and scholars, free of political interference.^{7,8}

A survey was conducted by Department of Biochemistry of Fatima Jinnah Medical College, Lahore. It was aimed to understand the student's view/perspective of the adequacy of current contents and performance standard based on social and community needs.

METHODOLOGY

Two hundred and fifty student of MBBS Part-I and Part-II, from Fatima Jinnah Medical College, Lahore were included in the study after taking their consent. Period of study was Dec 2009-Jan 2010. A

questionnaire was answered by the students. Answers were presented in percentages.

RESULTS

Students' views/perspective of adequacy of content and performance standards is tabulated as Table-1. Survey showed that 70% students were satisfied from the teacher and thought that with the help of teachers' lectures they can easily understand the medical books. About 86% of student felt that the skill, knowledge, and attitude of teacher towards the students were

satisfactory. Seventy-five percent students agreed with the motto 'think globally and act locally' and 60% students were satisfied that they can easily understand the test paper which was taken monthly but 40% student gave their view that quarterly tests are better than monthly. Seventy-three percent of students agreed that tutorial may help to understand the lectures. Overall 90% the student thought that there was a need to improve the quality of medical education with the addition of problem based learning.

Table-1: Students' views/perspective of adequacy of content and performance standards

Parameters in questionnaire	Students who agreed (%)
Expectation of student from instructor to understands the medical books	70
Skill of your instructor	86
Knowledge of instructor	86
Attitude of instructor	70
Agree with the motto "think globally and act locally".	75
Satisfaction with your test papers	73
Test papers cover all the parts of lecture that you need to learn.	70
Preference of tests on monthly basis or on quarterly basis	60 (monthly test) 40 (quarterly test)
Tutorials help to understand the lecture and preparation for tests	73
Need to improve the quality of medical education	90
Basic sciences will be helpful in getting the clinical knowledge	89
Need of Problem Based Learning	90

DISCUSSION

With the growing globalization of medicine and the emerging concept of a 'global profession of medical teachers', the issue of the essential competences would help to indicate what teachers are supposed to teach, what students are expected to learn.⁹

Our survey indicates the competence of teaching staff of basic medical sciences. Although, the department is under staff according to international criteria and rules of Pakistan Medical and Dental Council, the students expressed their satisfaction with the faculty. This shows the competence of teacher on educational procedures and their ability to manage students coming from either the periphery of Lahore or remote areas of the country. Our study is supported by a study who reported that international standards focused on the structure and function of medical schools, including educational procedures, facilities, and number of staff available for instruction, and other resources necessary to provide educational experiences for students.¹⁰

Most of the students have considerable adjustment problems and also have a language barrier in understanding the subjects. The faculty not only acclimatizes the students with medical education but they also impart knowledge and skills to understand and correlate the basic with clinical aspects. A study also observed that there are barriers of language as well as a different educational environment to accepting the descriptive evaluations of competence based on short test and oral examination.^{11,12}

According to present questionnaire 'Our course leaders are truly dedicated to the students, ensuring that they gain important knowledge of the sciences that inform medical practice' it is reported that undergraduate medical education laid the foundation for future professional life. Undergraduate medical education is the first step and in many ways the most important part of the three-part medical education continuum.¹³

Present study observed that 80–90% of the students are not satisfied with medical education because feel a need of an addition of clinical correlation of problem based learning in their course. A study stated that contrary to the stated beliefs of some physician-educators that students' skills deteriorate during the course of training, their skills improved with additional training including clinical correlation.¹⁴

However an issue was raised by the student concerning the attitude of the teachers. They expect a more encouraging attitude and tolerant behaviour toward them from the faculty. It is proposed that students describe successful and unsuccessful experiences with teachers differently in brief and longitudinal relationships.¹⁵

The survey also indicates the importance of co-curricular activities as a regular part of student program. It indicates the awareness of the students for the need of 'Global standardisation'. According to a study extra-curricular practical activities may improve the performance and confidence of the students.¹⁶

CONCLUSION

Present study indicates the competence of teachers on educational procedures and their ability to manage students. A feedback is recommended from a greater cross-section of the student community.

LIMITATIONS OF THE STUDY

The survey represents only a small portion of the student body (especially 2nd year students).

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Address for Correspondence:

Dr. Rukhshan Khurshid, Department of Biochemistry, Fatima Jinnah Medical College, Lahore-54000, Pakistan.

Cell: +92-331-2215323

Email: rakhshan99@yahoo.com