

Original Article

OPINION OF FIRST YEAR MEDICAL STUDENTS ABOUT THEIR MORNING LECTURE PATTERN

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ABSTRACT

Introduction: With the advent of the new curriculum of medical students (CBME), the role of teachers has now changed from being mere teachers to being considered as facilitators. Teachers are thus required to assist the students in their study. Hence, the student's point of view of their education pattern has become all the more important. This study was conducted to know the thoughts of first-year medical students about their morning lectures of different subjects.

Materials and methods: Fifteen questions pertaining to morning teaching pattern of 1st year MBBS students were formed via Google Sheets. A response link was created and sent to medical students of three batches (1st, 2nd, and 3rd year), when the first year students had completed three months of their course.

Results: Approximately half of the students (51.5) favored morning lectures (8am-9am) and majority (76.8%) wanted the first lecture to be Anatomy. Half (50.7%) preferred PPT method while around 40% wanted it to be in chalk and board fashion. Most of the students (90%) wanted a mixed language pattern. More than half (56.6%) agreed for 45 minutes of each lecture duration. Most of the students (86.9%) wanted some gap between two consecutive lectures. Majority of the students (81.6%) did not think the backbenchers to be mischievous and 70% did not advocate for separate rows for girls and boys.

Conclusions: Students had a view that Anatomy should be taught as first lecture in the morning and pattern should be mixed with modern audio-visual technologies.

Keywords: Opinion, Medical students, Morning teaching, Lectures

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INTRODUCTION

As we know that a typical day of first year medical students (MBBS) starts with lectures. This may be one of the three subjects, viz. Anatomy, Physiology, Biochemistry, which are taught during the 1st year of the course. These lectures are usually followed by one of the laboratory schedules or another lecture in queue. Lunch break of one hour duration is usually scheduled after 4-5 hours of academic activities. Post lunch session comprises of dissection +/- demonstration classes. This routine of teaching has been followed by most of the medical institutes in our country since long.

Learning is a process with a developmental skill where we gain knowledge through studying theory or practical experience. This could be either self-driven or can be taught by someone else. Teaching and learning may not always work hand in hand. Learning can be acquired without teaching, while teaching may not necessary be a prerequisite for learning. This means that learners may not require teachers, but teachers need learners to justify their efforts [1].

Fundamental reforms in undergraduate medical education have been advocated for over a century. Undergraduate medical education needs improvements to keep up with the ongoing changes occurring in medical practice. The complexities of medical

care have greatly changed over the last century. But the methods of teaching medicine have changed only a little [2].

It has been felt that medical educationists currently encounter a great challenge in making students satisfied with regards to their curriculum and learning. Presently, there is a massive trend to reform medical curriculum from a teacher-centered learning to a student-centered learning [3]. A competency-based, dynamic, and learner-centric undergraduate curriculum has been introduced to train medical students in our country to create an Indian medical graduate [4].

First-year medical students have multiple options, so they prefer multiple learning styles [5,6]. Too much teaching, not enough learning: what is the solution? To achieve effective learning, it has been suggested that students must read, write and discuss about their problems. They should relate them to their experience and knowledge. They should apply the knowledge gained [6].

The final thought of present-day medical students at the end of the first year, i.e., their thoughts, judgments, stories, decisions, and ideals of medical education and practice, are strongly based on what they experience in the medical school and the learning environment they pass through. Knowing more about these may increase our understanding of the

mechanisms and formative power of the hidden curriculum. It may possibly help prevent depression and burnout in medical students. It may also contribute to the design of curricular and teaching improvements [7].

Wynter et al. explored the resources which were used by Australian medical students. In their sample they found that the majority of the students learnt a topic with textbooks and written notes along with the use of varieties of e-learning tools [8]. The primary aim of a classroom assessment is to observe and improve learning among students, rather than observe and improve teaching. This is true for both learners and teachers [9].

With a vast choice of teaching methodology present, it would definitely vary, not just with individual subjects, but within schools and individual teachers as well. In a medical school, the students have to understand the various subjects with a fast pace, and in a high stress environment. With this aim, the teachers are required to deliver substantial amount of knowledge in a comparatively limited period of time. This knowledge is a requirement for every student to memorize, and after analyzing, retain it; and apply in future when needed.

Keeping this aim in mind, every medical school undergoes a continuous upgradation through examination committees and

curriculum committees working effectively. All this has improved and evolved from a teacher-centered learning and subject-based teaching to an interactive, problem-based, student-centered learning [10]. This makes teaching and learning a continuously evolving process keeping pace with modern education tools [11].

It has been postulated that if teachers can understand the learning habits of their students and adapt accordingly, this will have a definite benefit for both. While students on the other hand, would identify their own individual style of learning and incorporate them, ensuring tremendous satisfaction and improvement [12,13].

Furthermore, for any school to deliver an improved quality of education, a lot more dedication is required by integrating the modern learning style in teaching and technology. The modern teaching tools should incorporate and follow technological advancements to achieve such high quality [14].

Kharb et al., 2013 concluded that a learning style refers to an individuals' preferential method of collecting, processing, interpreting, analyzing, and organizing the information [15]. To study students' learning behavior and the impact on the quality of learning, methodologies were tested since the

1960s. Initially, a qualitative interview-based study was conducted. This study reported that differences exist in ways that students acquire and conceptualize the gathered knowledge [16,17].

In order for a student to qualify for medical education, prerequisites are maintained in each country. This requires students to complete their higher education with a science background. This means medical students are adults and hence have already established their own learning habits. Therefore, it becomes essential for medical education facilitators to customize instructions in such a way that medical students pursue, appreciate and understand them [18,19].

To bring objectivity, educational scholars have developed a model termed VARK (V-visual, A-auditory, R-read/write and K-kinaesthetic) that compiles information based on sensory modalities used by learners for their best outcome. This model determines the modalities by which learners prefer to process information. Visual learners process information best if they can see it, auditory learners prefer to hear information, read-write learners prefer to see written words and kinaesthetic learners like to acquire information through experience and practice [20].

The objective of this study was to assess the medical students' thoughts about the morning

teaching pattern, when they come fresh to college in the morning. Their opinion matters when they know the contents of subjects and what they are required to know about the subject.

MATERIALS AND METHODS

Fifteen questions pertaining to morning teaching pattern were framed via Google Sheets. The questions were framed according to what we, as teachers, usually follow, considering it would benefit students. A response link was created and sent to 450 (150 each from 1st, 2nd and 3rd year) medical students. The first-year students had completed at least 3 months of classroom teaching.

The study was conducted as a cross sectional study, which was of a close ended multiple choice questionnaire type online survey in Department of Anatomy, Varun Arjun Medical College, Shahjahanpur, India. The participating students were given 15 days time to record their responses online.

450 (150 each from 1st, 2nd and 3rd year) MBBS students were provided the link to the questionnaire in a common WhatsApp group. A total of 360 students responded. Data obtained were collected and analyzed statistically using Statistical Package for the Social Sciences software and Microsoft Excel 2007.

RESULTS

Most (83.1%) students preferred to start their anatomy day with lectures followed by dissection and then osteology class. Only half (50.7%) preferred PPT method. For the question about timings and subject to start the lecture in morning, only 51.5% agreed it to be before 9am (between 8-9am). Some (12.1%) opted for later than 9am. Majority (76.8%) wanted the first lecture to be Anatomy followed by 14% who preferred Physiology while around 40% wanted it to be in chalk and board fashion. It is interesting that 7.5% wanted notes dictation.

It was interesting to note that 90% students wanted a mixed language pattern followed equally by either English or Hindi. Because the students belonged to Hindi speaking area, so Hindi was kept an option. Just more than half (54.4%) wanted the teacher to follow multiple books. Otherwise, 45.6% wanted to be single book to be the source of teaching.

There was no clear consensus about following of lectures. A total of 39.1% students wanted to take notes on notebook during lectures, while 24.1% preferred to make their own notes later on. It was interesting to see that 21.6% wanted to use Notepads or Tablets for taking notes and about 1/7th (13.2%) wanted to directly mark their books.

About 3/4th students (74.7%) agreed to have pre and post lecture assessment. However, 1/5th (25.3%) disagreed with the idea. Regarding duration of each lecture 56.6% agreed for 45 minutes while only 36.6% wanted it to be of 1 hour duration.

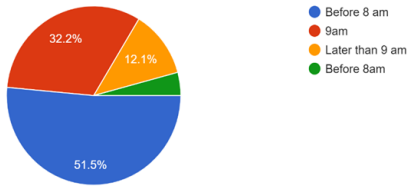
A total of (86.9%) wanted some gap between two consecutive lectures. Only 13.1% had no problem in two consecutive lectures. The interesting part was that almost half (51.6%) wanted attendance to be made compulsory and rest half (48.4%) did not want it. More than 2/3rd students (62.8%) had a view that it was beneficial to sit in the front row while 37.2% disagreed with the view. The most astonishing point of the survey was that almost 4/5th of students (81.6%) did not think the backbenchers to be mischievous.

In response the sitting arrangement questions almost 70% did not advocate for separate rows for girls and boys. They found it comfortable to sit together. About 54.4% opined that more than one teacher of different medical subjects but related topics should be present, to help them better understanding of that topic. Still 45.6% wanted only one teacher to be present.

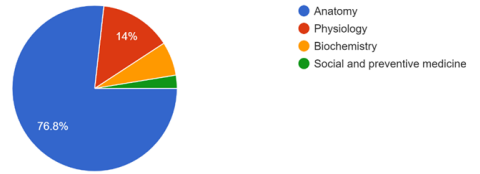
DISCUSSION

Our medical students are already tech-savvy when they enter the college. They use these devices mostly at night. A result of this is late

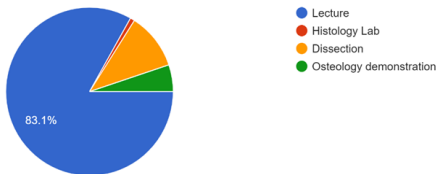
1- When should lecture start in the morning?
239 responses



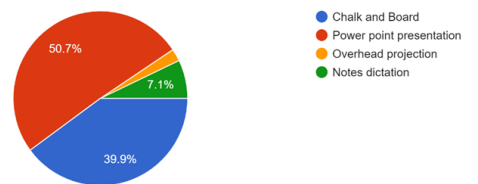
2- Which subject should have first lecture in morning?
349 responses



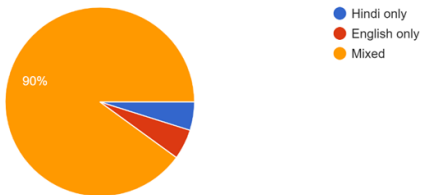
3- What should be the mode of anatomy teaching at the start of day?
350 responses



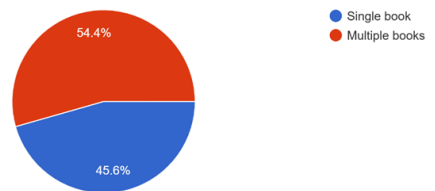
4- What should be the mode of lectures?
351 responses



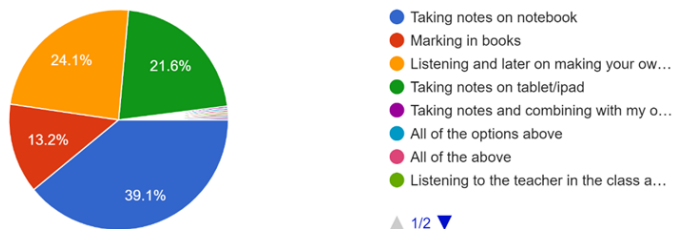
5- In which language anatomy lecture should be taught?
350 responses



6- Teacher should follow which books pattern?
351 responses

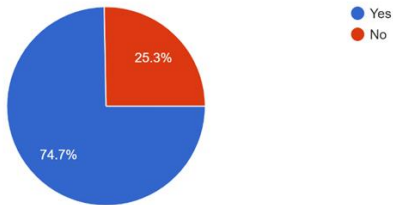


7- How do you like to follow lectures?
348 responses

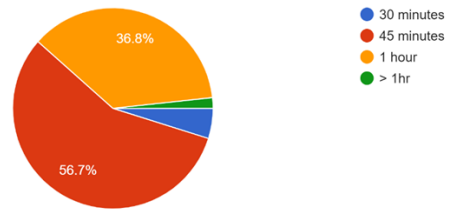


Morning Lecture Pattern of Medical Students

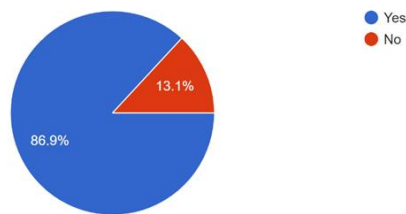
8- Should there be short Pre- and Post- lecture assessment?
340 responses



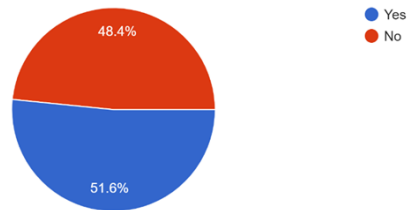
9- What should be the duration of lecture?
351 responses



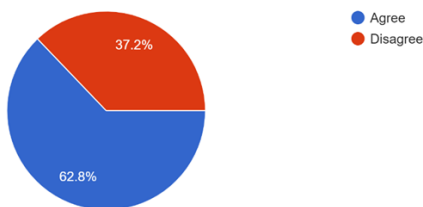
10- Should there be gap between two consecutive lectures?
351 responses



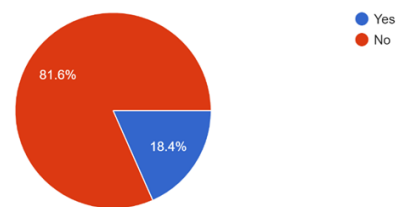
11- Should attendance be made mandatory for lectures?
345 responses



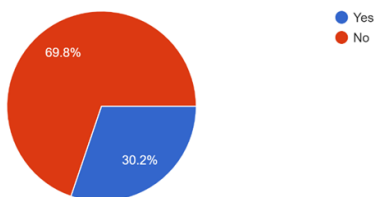
12- Do you agree that sitting in front row is beneficial?
347 responses



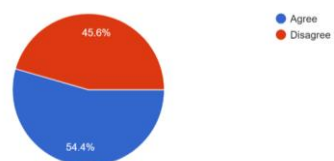
13- Do you think backbenchers are mischievous?
343 responses



14- Do you think boys and girls should sit in separate rows?
344 responses



15- Should different teachers be present for a single lecture to cover different headings(Clinical and non clinical)?
349 responses



morning risers becoming a trend. They often fail to attend morning theory classes, and many of them who attend classes do not pay sufficient attention. That is the probable reason of only 51% agreeing for the lecture between 8-9 am. They wanted to study Anatomy with a fresh mind in the morning and that too in the form of lecture. As they are fond of technology, thus half of them preferred power point presentation mode.

However, still 40% found it difficult to understand and opted for older method of teaching in the form of chalk and board. All of the students knew English and Hindi, but fluency in Hindi was the basis for their preference as mixed language of teaching mode. To gain more knowledge, multiple book consultation was the preference of the students. The traditional pattern of taking notes in lectures is vanishing and is being replaced by modern technology like tablets.

Duration of lectures should be reduced to 45 minutes and sometime must be given for pre-read, post-read sessions. This supports the study of Luzan et al [6], who advocated reading, writing and discussion for effective learning. To refresh the mind, there should be some gap between two consecutive lectures which was agreed to by almost 90% of the students. Contrary to old education system beliefs, only half of the students agreed to make attendance mandatory.

Although 2/3rd wanted to sit in front rows,

still 4/5th do not consider backbenchers to be mischievous. This is against the common belief of teachers, who usually think that students sitting at back do not study. Because they are students of modern era, so they do not support the idea that girls should sit in separate rows. They strongly support the idea of CBME that multiple teachers should be present to teach a single topic.

The competency-based medical education (CBME) curriculum has been designed to identify the desired outcomes; define the level of performance for each competency; and develop a framework for teaching and assessing competencies. CBME (Competency Based Medical Education) is student-centric and focuses on competencies as endpoints. The internal assessment (IA) is continuous evaluation of student's performance and is given greater emphasis.

CONCLUSION

The new curriculum of medical students (CBME) has changed the role of teachers. They are now considered as facilitators. They are required to assist the students in their study. So now onwards, student's point of view of their education pattern will bear a lot of importance. Keeping that in view, we conducted the present study, and came to conclusion that students want to use new technology for their study.

They want their study to be properly assessed

but are confused about following the lectures. This could be due to different study habits they have formed in their school days. The students are aware about the type and content of their lectures. Those who want to study, will do so, wherever they sit in class. Pattern of Pre-read and Post-read is beneficial to all.

Our study showed that students favored mixed pattern in three major domains; in teaching methods, i.e. both power point presentations and chalk & board, being taught in a mixed English and Hindi language and for boys and girls sitting together. Students prefer not only short duration of the classes but also prefer a gap between two consecutive lectures.

This study gave us an idea about students' perspective of morning teaching pattern which is being followed at our institute. Now this will certainly help teachers in preparing their strategy to help students. This will certainly result in more interest in studies from the students and a better understanding of their lectures. Better understanding will result in better doctors and human beings, which is the goal of our new CBME pattern.

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