On Students, Curricula, Lecturers and the Need to Comply with Good Teaching Practice Pathways

Copotoiu Sanda-Maria

Editor-in-chief

I position myself as a beneficiary and inevitable evaluator of the theoretical knowledge and practical skills' remains of the process of delivering physiology, among other sciences, to the medical students of our University. As an anesthetist, I rely on their previous training to begin with. Thus I am positioned as an inside evaluator, while the conclusion of Dr. Gliga's article published in this issue regards the outside evaluators, who allegedly would not possess the tools to accurately evaluate the students' skills in the cognitive domain [1]. Figure 1 depicts the results of an oral evaluation. Eight succeeding columns in a row are supposed to skyline the results of eight years of assessment of the knowledge and cognitive skills on the delivered physiology to the medical students. We see their marks, absences and failures. In a very busy graphic, the absents and underperforming students score the highest figures. Thus, from the very beginning, we feel that we face a challenge. Who is at fault for those quite disappointing results?! Is it the students not attending or not being admitted to the exams? The reasons of not being admitted to and further evaluated are not detailed and seem to be of no concern for this study on efficacy of teaching. Is it then, to start speculating on, the difficulty of the oral examination too much of a challenge? Can one suspect a rupture of communication and understanding between the players, be them students or teachers?! I have to rule out that the attending students would be to some extent, invalidated as to understand and further use and apply physiology. The results show that to the same teacher, there appears to be no statistical difference as to the performances of his/her student, no matter the season or the ethnicity. And this makes sense, since there is but one denominator. Even if not considering the lecturers or the language of the teaching, a common curriculum implies having the same aims and objectives, and according to the standards of delivering knowledge and skills, they should be identically defined, followed and outlined. How come then that answers to apparently elementary questions, such as the one of figure 3, are so divergent? If these are the students' answers at the beginning of the semester, at the end of a delivered topic, almost all of them should have been able to answer correctly. Or is it that the delivered notions are not followed or endorsed enough? I am also worried by the rhetoric of the phrase implying that it would probably be good to start with designing clear learning objectives and aims. It surely would, since the curriculum defines the expectations the lecturers are entitled to.

Oral examinations, so well characterized by the author of the article as "an uncontrollable set up" was uniformly abandoned in our university as of this year, in favor of the written one. Still, the practical skills are to be individually evaluated in a controlled medium: the simulation laboratory.

The conclusions of the article invalidate any opinion as to the performance of the medical students in physiology evaluated by their skills in the cognitive domain, be the opinion of an insider or of an outsider. Since the emotional interface student/examiner is wiped out by the written exams, this allows for a larger and deeper search for knowledge. So students, be prepared to pour-out and to impress whoever is supposed to be responsible for your performances. Accountability comes only with the medical practice, soon enough, and is targeted at you.

The article triggered a plethora of questions we are usually deaf to, for we rely on the persons above us to sort them out.

At the end of the day, one should remember that there are recommendations and pathways for a good delivery of knowledge and teaching, and that, physicians or not, we are confronted in the process of teaching and training with escalating issues, as the approach of the students changes with the progress of contemporary society.

We might just have to adapt our teaching to the learning environment [2].

References

1. Gliga M, Sabău M. Outside over Inside Analysis of Medical Students' Education Efficacy in Cognitive Domain over a given Physiology Curricula. Acta Medica Marisiensis. 2012;58(4):227-231.
2. Dunnington G. Adapting Teaching to the Learning Environment in Teaching and Learning in Medical and Surgical Education: Lessons learned for the 21st Century, Ed by Distlehorst Linda H, Dunnington GL, Folse JR, Published by Lawrence Erlbaum Associates, Mahwah, NJ, 2000: 69-85.

Correspondence to Sanda-Maria Copotoiu
Email: sanda_copotoiu@yahoo.com