

## Quality of Education in Medical Colleges of Sialkot District

NAMRA CHAUDHARY<sup>1</sup>, ANSAR LATIF<sup>2</sup>, IKHARA AIMEN<sup>3</sup>, AYESHA ZAHEER<sup>4</sup>, TAUQEER AHMAD<sup>5</sup>, ANILA ANSAR<sup>6</sup>

<sup>1,3</sup>HO Surgery, Khawaja Muhammad Safdar Medical College, Sialkot.

<sup>2</sup>Associate Professor, Head of Surgery Department, Khawaja Safdar Medical College, Sialkot.

<sup>4</sup>Assistant Professor of Physiology, Khawaja Muhammad Safdar Medical College, Sialkot.

<sup>5</sup>Assistant Professor of Medicine, Khawaja Muhammad Safdar Medical College, Sialkot.

<sup>6</sup>Associate Professor of Gynaecology, Khawaja Muhammad Safdar Medical College, Sialkot.

Correspondence to Dr Ansar Latif, Email : ansarlatif2013@gmail.com. Cell.: +923217103994,

### ABSTRACT

**Aim:** To assess the strong and weak points leading to quality of education in public and private sector medical colleges of Sialkot district.

**Study design:** questionnaire based study.

**Place and duration of study:** Department of Surgery and Department of Medical Education, Govt. Khawaja Muhammad Safdar Medical College, Sialkot, from January 2018 to July 2018.

**Methods:** Closed ended structured questionnaire were distributed to students of all academic years of MBBS degree course in three medical colleges. Similarly interviews and questionnaire based views were sought from senior as well as junior doctors working on teaching appointments of public and private sector medical colleges of district Sialkot of Pakistan. Two categories Group I Students opinion and Group II- Teachers opinion were made and results compiled. The questionnaire was to be filled completely and a time of 6 months was given to answer all questions.

**Results:** Total number of students participated in study are 923 in which students of public sector medical college are 450 and students of private medical and dental college are 473 . Total number of teachers participated in research are 106 including 49 teachers from preclinical subjects and 57 from clinical subjects. 1200 questionnaires are distributed in medical colleges in Sialkot from which 1029 questionnaires are returned, 203 are incomplete while 826 questionnaires are complete.

**Conclusion:** Though the quality of medical education is on decline in general; there are multifactorial reasons for this deterioration both from students as well as teachers' side. The ultimate opinion is the quality of education in professional colleges is solely dependant on the will, efforts and capabilities of the students.

**Key words:** Medical students , teachers, quality

---

### INTRODUCTION

The government of Pakistan is trying to improve quality of education in medical colleges day by day. There is marked increase in number of public and private medical colleges in Pakistan<sup>1</sup>.

Teachers in government colleges are less paid and more trained while in private colleges some are highly paid ; some are less paid and some are less trained , some are highly qualified. Lectures are delivered on multimedia; some professors have their own way to deliver a lecture as using a board and marker. It varies in both govt and private medical college .<sup>2</sup>

Labortaries can be highly equipped or less equipped, instruments, microscopes, specimens, chemicals etc affect the quality of education. Less equipment will lead to less practice and low level of knowledge gain .private colleges have less facilities. Same as with cadavers in dissection halls, lecture hall facilities as chair or benches, sound system ,multimedia system etc are less in private medical colleges . Overcrowded halls and congested environment is negative factor of private medical colleges. Some public medical colleges are also has shortage of these facilities<sup>3,4</sup>.

Technology is essential for the teaching methodology and delivering of lacture on multimedia, which is much better in private colleges. Public medical colleges are funded by government so low quality and cheap

multimedias are used. When lecture is not delivered in a manner which students like; the attendance of student become less. Short attendance of students also show least intrested students who have only aim to pass the exam with passing marks<sup>5,6</sup>.

Regularity of teachers is essential for the better quality of education. Lactures schedule is followed in a best institution. Syllabus coverage is planned in private medical colleges according to length of course and duration of study. Revision classes are conducted in morning or evening. Which improve the quality of study. Practical sessions are conducted by juniors who have not much experience to guide or practice the practical. Less experienced has less knowledge so students remains unsatisfied and they find a reason to bunk the practical sessions? Teachers lack the teaching skills, not attending the seminars or workshops which enhance the qualities of a teacher. Teachers are incooperative with students and cannot pay attention to all students. They did not give appropriate time to all students for their queries and questions. Students cannot clear their concepts due to lack of interest of teachers<sup>7,8,9</sup>.

The main factor behind the poor quality of education is the selection of profession againts their wills , to fullfill the dreams of their parents or grand parents . Due to Lack of interest students only prepare themselves to pass the exam on passing marks 60% ,not taking intrest in clinical methods, to reach a daignosis and to treat the patient .

Received on 27-06-2018

Approved on 01-11-2019

Some students after completing the MBBS join bussiness or any other profession .<sup>10</sup>

### SUBJECTS AND METHODS

Closed ended structured questionnaire were distributed to students of all academic years of MBBS degree course in three medical colleges. Similarly interviews and questionnaire based views were sought from senior as well as junior doctors working on teaching appointments of public and private sector medical colleges of district Sialkot of Pakistan. Two categories Group I Students opinion and Group II- Teachers opinion were made and results compiled. The questionnaire was to be filled completely and a time of 6 months was given to answer all questions. The collected questionnaires were studied and any queries and ambiguities were made clear by talking to the doctors in person or on telephone. Those who incompletely filled the questionnaires were excluded from the study. Data was entered and analysis done by SPSS v 22.

### RESULTS

Total number of students participated in study are 923 in which students of public sector medical college are 450 and students of private medical and dental college are 473 . Total number of teachers participated in research are 106 including 49 teachers from preclinical subjects and 57 from clinical subjects. 1200 questionnaires are distributed in medical colleges in Sialkot from which 1029 questionnaires are returned, 203 are incomplete while 826 questionnaires are complete. Almost 300 interviews and calls were made. The findings of questionnaires which are divided in two groups. Group 1 includes student’s opinion while group 2 includes teacher’s opinion. findings of factors expressed as negative are as follow; The percentage of low merit students is % in group 1 and % in group 2 . Teachers- less trained is% in group 1 and % in group 2. % laboratories were having less equipment according to group 1 & according to group 2. Dissection Halls with less cadavers were % by group 1 and % in group 2.

Table I: Study to summarize

Total Students in study	923
Public sector medical students	450
Private sector medical students	473
Total medical teachers	106
Faculty from Pre clinical subjects	49
Faculty from clinical subjects	57
Questionnaires distributed	1200
No of Questionnaires Returned	1029
No of Incomplete Questionnaires	203
No of Complete Questionnaires	826
No of Interviews/calls Done	300

Study Hall- overcrowded is % in group 1 and % in group 2 Environment- congested is% in group 1 and % in group 2. Problems with the technology used is % in group 1 and % in group 2 . Attendance of the students is% in group 1 and % in group 2. Regularity of teachers is% in group 1 and % in group 2. Syllabus coverage is% in group 1 and % in group 2. Problems with the practical sessions- junior teachers is % in group 1 and % in group 2. Lack of teaching skills is % in group 1 and % in group 2.

Inappropriate attention/time to all students is % in group 1 and % in group 2 . Selection of profession not by own is % in group 1 and % in group 2. General variables in the study are depicted in Table I.

Table II: Feedbacks expressed in terms of percentages (n=1029)

Factors expressed as Negative	Students opinion 923(100%)	Teachers opinion 106 (100%)
Students – low merit	223 (24%)	35(33%)
Teachers- less trained	306(33%)	20(18%)
Laboratories- less equipment	700 (75%)	62(58%)
Dissection Halls- less cadavers	687(74%)	56(52%)
Study Hall- overcrowded	545(59%)	15 (14%)
Environment- congested	425 (46%)	44 (41%)
Problems with the technology used	800(86%)	76 (71%)
Attendance of the students	911(98%)	106 (100%)
Regularity of teachers	876(94%)	90 (84%)
Syllabus coverage	400(43%)	81 (76%)
Problems with the practical sessions- junior teachers	750(81%)	56 (52%)
Lack of teaching skills	553(60%)	43 (40%)
Inappropriate attention/time to all students	767(83%)	20 (18)
Selection of profession not by own will	500(54%)	49 (46)

Table III: Final remarks of the groups

	Group-1	Group-2
Doctors getting government jobs	230 (51%)	134 (28%)
Doctors getting private jobs	367 (81%)	450 (95%)
Doctors qualifying postgraduation entry examination in 1 <sup>st</sup> year after housejob	300 (66%)	215 (45%)
Doctors getting jobs/postgraduation overseas	109 (24%)	219 (46%)
Doctors self employed	400 (88%)	269 (56%)
Waiting for the jobs	245 (54%)	300 (63%)
Changed profession	20 (4%)	92 (19%)

### DISCUSSION

Our study showed that percentage of Doctors getting government jobs was 51% in group 1 & 28% in group 2, while it was 42% in the study by Lawley et al<sup>11</sup>.

We reported that the doctors getting private jobs were 81% in group 1 & 95% in group 2, while this value was 87% in the report given by O Neil et al<sup>12</sup>.

Doctors qualifying postgraduation entry exam in 1<sup>st</sup> year after house job were 66% in group 1 & 45% in group 2, while they were 50% according to Farida et al<sup>13</sup>.

24% doctors in group 1 & 46% doctors in group 2 got jobs/postgraduation overseas, while this percentage was 37% in the data given by Costa et al<sup>14</sup>.

We had the self employment figure of 88% in group 1 & 56% in group 2, while it was 70% in the research done by Dhaliwal et al<sup>15</sup>.

About 54% doctors in group 1 & 63% doctors in group 2 were waiting for the jobs, while study of Hammen et al<sup>16</sup> showed that these doctors were 64%. We found that the doctors who preferred to change their profession were 4%

in group 1 & 19% in group 2, while they were 14% in the study by Trevena et al<sup>17</sup>.

## COCLUSION

Though the quality of medical education is on decline in general; there are multifactorial reasons for this deterioration both from students as well as teachers' side. The ultimate opinion is the quality of education in professional colleges is solely dependant on the will, efforts and capabilities of the students.

**Conflict of interests:** No conflict of interests to be declared.

## REFERENCES

1. Abraham R, Ramnarayan K, Vinod P, Torke S. Students perception of learning environment in an Indian Medical School. *BMC Med Educ* 2008;8:20.
2. Jafarey, NA. Some problems of medical education. *J. Pak. Med. Assoc.*, 1986;36:2 17.218.
3. Farakh, AK. Medical Education: How to Bell the Cat? *Medical Spectrum*,
4. Khan AJ. Scope of medical colleges in private sector. (Editorial) *J Ayub Med Coll Abbottabad* 2004;16:1–3.
5. Baillie M, Mirzazadeh A, Azarpira A. A survey of medical students'perceptions of the quality of their medical education upon graduation. *Ann Acad Med* 2008; 37:1012-8.
6. Jafarey, NA, Are Hospitals the only place for clinical training of Undergraduates? *J. Pak. Med. Assoc.*, 1986;36:248-249.
7. Jafarey, N.A. Priorities in Medical Education in Pakistan. *J. Pak. Med. Assoc.*, 1987;37:3 12-3 13.
8. Jalili M, Mirzazadeh A, Azarpira A. A survey of medical students' perceptions of the quality of their medical education upon graduation. *Ann Acad Med* 2008; 37:1012-8.
9. Association of American Medical Colleges (2006) Graduation Questionnaire. Available from: <http://www.aamc.org/data/gq/allschools/reports/2006>.
10. D'Eon MF. Knowledge loss of medical students on first year basic science courses at the university of Saskatchewan. *BMC Med Educ* 2006; 6:5.
11. Lawley TJ, Saxton JF, Johns ME. Medical education: time for reforms. *Trans Am Climatol Assoc* 2005; 116:311-20.
12. O'Neill BJ, Wyness MA. Student voices on an interprofessional course. *Med Teach* 2005 b; 27:433-8.
13. Farida H, Lubna B, Farah AM. Opinion of medical students regarding problem based learning. *J Pak Med Assoc* 2006; 56: 430-2.
14. Costa ML, van Rensburg L, Rushton N. Does teaching style matter? A randomised trial of group discussion versus lectures in orthopedic undergraduate teaching. *Med Educ* 2007; 41:214-7.
15. Dhaliwal U. Absenteeism and under-achievement in final year medical students. *Natl Med J India* 2003; 16:34-7.
16. Hammen CS, Kelland JL. Attendance and grades in a human physiology course. *Adv Physiol Educ* 1994; 26:105S-8S.
17. Trevena L. What medical student's value in a population health tutor: characteristics for consideration in staff recruitment and development. *Educ Health* 2003; 16:51-8.