

Assessment of the Quality of Educational Climate During Undergraduate Clinical Teaching Years in the College of Medicine, Taibah University

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Abstract

Background

The undergraduate curricula of medical schools in Taibah University Saudi Arabia, is traditional, like most of the medical schools in the Middle East region. A measure of the educational environment in the college of medicine as perceived by students would assist educators and college administration personnel in gauging the quality of the learning occurring within this important venue.

Objectives

1)To assess the quality of educational climate during undergraduate clinical teaching years in College of Medicine, Taibah University, AL-Madinah AL-Munawarah, Kingdom of Saudi Arabia. 2)To detect problem areas that should be remediated. 3)To compare the gender difference in the perceptions of the educational environment in the clinical teaching stage.

Methods

During the academic year 2007/2008, the DREEM questionnaire was distributed and collected by the undergraduate student leader of the same year to all 280 females and males' clinical stage medical students. 4th year, 5th year and 6th year clinical stage students are located at different hospital sites for their clinical teaching. Each hospital site has an undergraduate administrator who distributed and collected the questionnaire. Comparisons between, students' responses according to their studying years in the college and their gender were taken in consideration.

Results

One hundred and ninety-six female and male students completed the questionnaire from the total students sample (280) representing a response rate of 70%. There were 109 male out of (150) representing 72.6 % and 95 female out of (130) representing 73%: the female students composite 48.5 % of the total responding students, while the male students represented 51.5%. There were no individual areas of excellence (that is no item scored > 3.5). Although the environment was perceived as more positive than negative in both females and males the mean total score was highly statistical significant difference where the score was 113/200 in the females when compared to the males score 107/200. In four out of the five subscales females scored higher than males indicating that the females students appear happier in the clinical stage and the vice versa for the males students.

Conclusion

The DREEM provides useful diagnostic information about medical schools, whether it is in developing or western developed countries. The DREEM gives a clear indication of the priorities for reform of the curriculum. These data can also serve as a baseline for a longitudinal quality assessment of student's perceptions of the changes planned for the college of medicine Taibah University, Saudi Arabia.

Key words: Educational climate, Educational environment, Medical culture, Medical education

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Introduction

There is an increasing interest and concern regarding the role of learning environment in undergraduate medical education in the recent years. Educational environment is one of the most important factors determining the success of an effective curriculum¹. The quality of educational environment has been identified to be crucial for effective learning. Curriculum's most significant manifestation and conceptualization is the environment, educational and organizational which embraces everything that is happening in the medical school.

In addition, the learning environment is an important determinant of behavior; elements of the education environment are related to academic achievement, course satisfaction and aspirations. Perceptions of the climate may be affected by the increasing diversity of the student population. Critically, we can both measure and change the educational climate. It has been used diagnostically to identify areas of strength and weakness in a current educational environment. It has also been used to compare different medical education institutions, students at different stages of the course, and gender has been used to measure the existing educational environment as a precursor to curriculum change; to identify priority areas for change and to act as a baseline for comparison after curriculum change; to compare old and new curricula, and to investigate the impact of a new curriculum on perceptions of the educational environment.

The General Medical Council of the UK

recommendations for 'Tomorrow's Doctors' have stimulated educational innovations and new curricula in British medical schools². The UK Standing Committee on Postgraduate Education (1991) highlighted the importance of educational environment in their statement that 'A working environment that is conducive to learning is critically important to successful training.

In adult learning theories, teaching is as much about setting the context or climate for learning as it is about imparting knowledge or sharing expertise³. The learning environment has been defined as everything that is happening in the classroom or department or faculty or university^{4, 5}. Measurement of the educational environment comprehensively assesses what is happening, or how things are in the medical school⁴. It is a way of assessing the nature of the educational practice of the medical school. It also provides a holistic, comprehensive, systematic, and detailed picture of the overall state of affairs in the education process⁶. The World Federation for Medical Education (WFME) singled out the "learning environment" as one of the "targets" for what it terms "the conduction of the evaluation of medical education programme."⁷.

To measure such an environment Roff et al⁸ developed the Dundee Ready Education Environment Measure (DREEM). The DREEM has been used in many countries⁹⁻¹¹ producing validated global reading and diagnostic analyses of educational environments.

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