

Editorial

Problem of Medical Students and Academicians- A Proposed Solution for Current and Future Medical Education

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INTRODUCTION

Medical education is one of the most stressful academic curricula worldwide, negatively affecting the physical and mental health of medical students. Examination fear, high parental expectations, peer pressure, lack of leisure time, financial problems, relationship disharmony, and aspirations for higher studies are some of the many factors known to contribute to the development of stress among undergraduate medical students. ^[1,2] Early identification and necessary interventions targeting the alleviation of modifiable stressors might result in a less stressful academic life for students, which in turn could enhance their academic performance and skill development as medical graduates.

1. Current Medical UG & PG medical curriculum:

Should be integrative (both vertical and horizontal) Problem based and skill oriented

Prepare to the reduce generation gap between students and teachers and student based curriculum model or module.

2. Current Medical educators and Teachers:

-India, is one of the countries having more number of younger populations.

-Create more opportunity to appoint younger faculty in medical colleges.

1. Quality of teaching is assessed only by their experience.
2. Most of the senior faculty is not willing to update or resist to integrate or adaptation.
3. Incompetence guide in the field of research.
4. Ego/attitude problem between medical education faculties which affects both academic and research work in their respective discipline.
5. Most of the under and post graduate students were stressed due to egoistic attitude of both academic and research faculties.
6. Unwillingness of senior faculty in sharing their knowledge and experience with junior faculty.
7. Non-acceptance of innovative and good practice growing faculties
8. Lack of Integration at various department level- Syllabus, exam and class schedule preparation.
e.g.
 1. Syllabus and teaching methods should be simultaneously coordinated in pre and para clinical subjects.
 2. Formative and internal assessment at the end of each week. This should not be overlap between departments.
9. Lack of good atmosphere and motivation for research among student and faculty level.

10. Faculties and students should be free to express their ideas and thoughts for the betterment of their academic and research activities. The administrator should be responsible for creating a fruitful atmosphere for both students and faculties.
11. Feedback should be obtained from all levels of staffs in every department and proper solution should be implemented for creating good working atmosphere which will eventually give rise to the growth of institution.

Students Level:

Teaching and learning-related stresses, like

1. Inadequate guidance from the teacher.
2. Students' expectation towards academic goals.
3. No appreciation or recognition for student's work.
4. Drive and desire, Unwillingness to study medicine.
5. Group activities e.g. class discussion.
6. Need to perform well and perception of incompetence.

Primary reason for more number of mental illness and stress syndrome is lack of formulation and teaching, or rather than cope up with the daily stress which is already inherent in the medical profession. (3,4)

Recommendations:

1. Join together to work for better student and institutional academic outcome
2. Create an inter department integrative module, time table, exam schedule, research activity

3. The uniform assessment method and blue print should be included.
4. To ensure and maintain student's mental health and academic performance outcome by effective mentoring rather than creating unethical documentation to protect oneself.
5. To create good working atmosphere with faculty, staff and students.

Future perspective:

Teachers should be familiar with their student's problems as a facilitator and help them to guide rather than control the students (Student-center Approach) rather than other methods. (5)

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