## 50% failure rate in final year medical exams; Whose fault is it?

## Abdulmajid Ahmed Ali<sup>1</sup> and Omran Bakoush<sup>2</sup>

(1) Heart of England Foundation Trust – Birmingham, UK (2) Department of Nephrology, Lund University, Lund, Sweden

To The Editor: Having read Dr Benamer's views on medical teaching, we remembered our days as medical students [1]. We share Dr Benamer's and other's views that teaching in Libyan medical schools should shift from being subject focused to being learning focused [1,2].

We remember one incident when our professor showed us an ECG and asked about the diagnosis. He was so furious when none of us was able to make the diagnosis to the extent that he left the lecture room without completing the teaching session. This is just one example among many that illustrates the lack of teaching skills so common in our medical institutions and the poor state of the Teacher-Student relationship.

Therefore, it is not surprising that many students prefer not to attend lectures. In our view and from our experience, the formats of the lectures were organised around information designed for students to be memorised rather than learnt (spoon feeding) which is one of the reasons why many students have found the teaching sessions simply boring and useless.

In their attempts to overcome this problem, students tried to find ways to learn; acquiring knowledge through the organisation of discussion groups and seeking the help of senior students when necessary. These discussion groups mimic what has been recently introduced as Problem Based Learning (PBL) [3]. Even though these discussion groups may have lacked direction, they were perceived to be an important factor in the success of many students.

Given the poor attendance rates to the lectures, the teachers failed to investigate the reasons behind this and take proactive steps to correct the problem. Because of the lack of teacher analysis and reflection it comes as no surprise that the format and quality of teaching has continued along the same traditional lines with the same problems being continually encountered.

The point here is that many of these students went on to become highly successful physicians and surgeons in their working life amongst more modern teaching systems and approaches in the west. So it is logical to conclude that should the methods of teaching and teaching skills improve, the success rate among final year medical students will undoubtedly follow suit.

It is our recommendation that in order to improve the success rate amongst students, a more modern way of teaching is urgently required [3]. Teachers first need to recognise that problems exist, and then act proactively to address them [4]. One way is the provision of 'Train The Trainer' and other similar courses to increase teaching skills, coupled with more discussion groups, clinical clerks, case presentations, increased student involvement during medical rounds and within lectures, and increased attendance at common procedures. All of the above will surely result in increasing the success rate beyond the current 50% passing rate for final year students.

## References

- 1. Benamer HT. Undergraduate medical education; how far should we go?. Libyan J Med, AOP: 061122; 2007: 2(1)
- 2. Daw MA, Shawky S. Going beyond the curriculum to promote medical education and practice. Saudi Med J 2002; 23:116.
- 3. Peter Kugel. How Professors Develop as Teachers. Studies in Higher Education Volume 18, No. 3, 1993.
- 4. Ali Elhamel. Medical Ethics in Libya: Doctors are urged to develop a "culture of evaluation and monitoring". Libyan J Med, AOP: 070319 2007:2(2).