

WHAT WENT WRONG: WHY DID I FAIL?

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ABSTRACT

Objective: To document the perceptions and views of undergraduate medical students on why did they fail in their annual examinations.

Study Design: Cross-sectional descriptive study.

Place and Duration of Study: Army Medical College, National University of Sciences & Technology (NUST) Islamabad, Pakistan from March 2013 to March 2014.

Participants and Methods: Data had been obtained from undergraduate students who failed at least once during their MBBS course and volunteered to participate in this study. Students who did not come across any academic failure during their MBBS course were excluded. A structured questionnaire was used which included following items: knowledge overload of failed or other subjects, poor time management for their studies, their own ineffective communication and expression skills (oral/ written), poor teaching skills of teachers/facilitators and boarding problems.

Results: One hundred and seventy nine students gave consent to participate in this study. Factors leading to their failure and identified by students were: poor time management with regards to their studies: 81.6%, lack of revision time due to co-curricular activities: 73.7%, poor output in written assignments/assessments: 62.6%, knowledge overload of the failed-in subject: 47.5%, poor motivation to make serious efforts to understand and learn the subject: 57%.

Conclusion: The reflections of medical students signify a variety of causes. It would be pertinent to organize strategies to rectify and address the basis of these expressed specific causes, especially those that had the highest impact towards the failure of these students. Such measures will help to rescue majority of these medical students and prevent them from failing in their examinations. Remedial steps when in place, shall also equip them with required skills to work on their weaknesses and turn them into strengths for their academic successes.

Keywords: Medical education, Students, Student failure.

INTRODUCTION

Academic failure is one of the major problems confronted by undergraduate medical students. Failure to achieve success in academic challenges results in waste of financial resources, various psycho-social issues and risk of educational deprivation among students². Apart from individual effects on students themselves, high failure rate also affects academic reputation of a medical institute and staff morale³. A number of studies have addressed this problem and various contributing factors have been identified in this regard. The most important aspects found

to be associated with academic failure include curriculum design³, quality of teaching⁴, educational environment⁵, anti-social behavior⁶, depression⁷, living state⁸, gender⁸ and economic condition of medical students¹⁰. United Nations Educational Scientific and Cultural Organization (UNESCO), in its report on education for the twenty first century, has attributed the issue of academic failure to factors including early drop-out, grade repetition and decline in teaching and educational quality of learners¹¹.

According to previous studies, the problem of academic failure is expected to increase every year as more and more students fail to handle their curriculum and complete the same in time¹². Unsuccessful students mostly continue with little or no guidance about their weaknesses and face ongoing difficulties¹³. Due to the relationship of academic failure in medical students with the

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community health and its professional sensitivity, this issue will clearly demonstrate itself in future if not addressed and solved in time¹⁴. Despite being an old public sector medical college, the issue of students' perception regarding their failure has not been formally addressed and documented in our setup. Hence it was felt essential by the faculty to document the students' views regarding their perceptions about the causes of their failure in order to implement formal remedial measures. Carrying out studies regarding students' poor academic performance and exploring reasons behind it is crucial, as the analysis of the results of such studies will help to provide support by devising specific strategies for the struggling students and to improve their

sexes of a public sector medical college, who failed at least once during their MBBS course and volunteered to participate in this study. One hundred and seventy nine participants were included through non-probability purposive sampling. Students who did not come across any academic failure during their MBBS course were excluded. Data had been collected by using a structured questionnaire which consisted of two parts. General and demographic information were included in the first part of the questionnaire while second part contained twenty six items about students' views and their perceptions with regard to the factors that they attributed to their academic failure. The questionnaire covered six general areas regarding

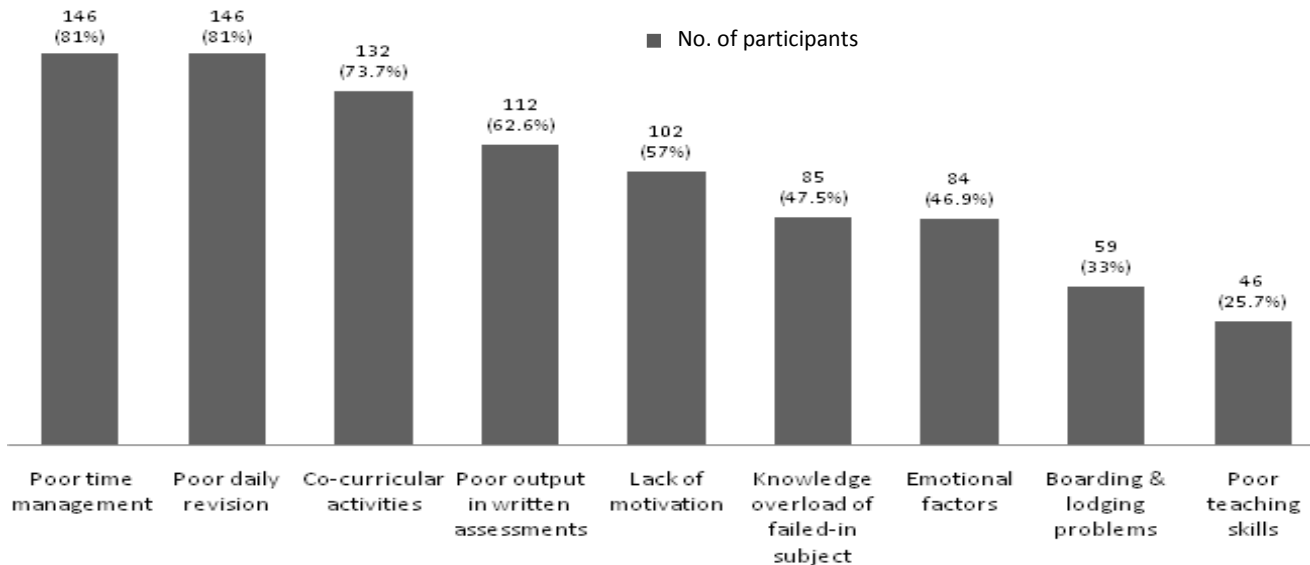


Figure-1: Perceptions of medical students regarding the various factors leading to their academic failure.

overall success rate. In view of the above, this study was aimed and designed to document the perceptions of medical students about factors which lead to their academic failure.

PARTICIPANTS AND METHODS

This cross-sectional descriptive study was carried out at Army Medical College, National University of Sciences & Technology (NUST) Islamabad, from March 2013 to March 2014 after getting institutional permission. This study included undergraduate medical students of both

curriculum, learning environment, about learning, issues regarding instructors/facilitators, family problems and emotional factors. Items included in the questionnaire were: knowledge overload of failed or other subjects, poor time management with regard to their studies, lack of daily content revision, different learning strategies in medical school as compared to pre-medical study techniques, students' ineffective communication and expression skills (oral/written), lack of interaction with colleagues, poor teaching skills of teachers/facilitators, anti-social

behavior, domestic issues, boarding and lodging problems and other behavioral attitudes. Data was analyzed using SPSS version 17. Mean and standard deviation were calculated for quantitative variables while frequency and percentage were calculated for qualitative variables.

RESULTS

One hundred and seventy nine undergraduate medical students willingly participated in this study. Their mean age was 22.3 ± 1.1 years. Among these students, 47% were females while 53% were male participants. One hundred and forty six (81.6%) students reported poor time management and poor daily revision, with regards to their studies, as an important factor leading to their failure, 132 (73.7%) participants documented that they had lack of revision time due to co-curricular activities, 112 (62.6%) of them reported poor output in written assignments/assessments as a reason of their failure, 102 (57%) were of the view that failure was due to their lack of motivation to make serious efforts to learn and understand the subject, 85 (47.5%) students considered knowledge overload of the failed-in subject among the factors related to their failure, 84 (46.9%) attributed it to their emotional problems, boarding and lodging problems that had a negative impact on their academic achievements, were reported by 59 (33%) participants and 46 (25.7%) students stated that their failure was related to poor teaching skills of facilitators / teachers (figure-1).

DISCUSSION

In this study, we documented the perceptions and views of medical students regarding attributions of their failure in exams. The causal attributions of academic failure include both internal (effort, motivation, ability) and external (luck, teacher bias, paper difficulty) factors, which can be stable or unstable, and controllable or uncontrollable¹. Among the six areas that we studied (curriculum, learning environment, about learners, regarding

instructors/facilitators, family issues and emotional factors), students reported poor time management with regard to their studies as the most influential factor leading to academic failure. They related this factor to co-curricular activities and extensive and lengthy course content. Saravani and colleagues also confirmed this finding in their study and highlighted that time management was one of the main reasons behind students' drop-out².

Students in our study believed that lack of motivation and one's own poor interest in academic activities had also contributed towards their poor performance. Similarly, Najimi et al and many other educational researchers had identified the crucial role of motivation and individual interest in achieving their educational goals^{12,14,16,17}. In this study, several emotional and psychological disturbances had also been documented by students for their academic failure. In concordance to our finding, many authors in their studies also found a strong and positive correlation between emotional distress and low performance of students in exams. They had also stated that emotional failure due to financial crisis or any important life events could become a reason for academic failure among students^{2,5,7,17}.

It was highlighted in another study that home sickness along with anti-social behavior in non-native medical students had a negative impact on their exam preparation and performance as well^{6,8}. Students lose their educational interest and fail to secure good marks in exams; Abdulghani et al, have also identified this factor as a point of great concern¹⁷. Contrary to this, Saravani et al, found no significant association between boarding and lodging problems and students' academic performance².

Teachers/facilitators can play a pivotal role in helping the students by supporting and motivating them to identify and overcome their weaknesses^{12,15}. In this study, 46 (25.7%) students expressed that it were the poor teaching skills and methodologies that had negatively affected

their learning and academic performance in their finals. In the published literature, students of many medical institutes have also emphasized teacher bias and poor teaching skills as reasons of their academic failure^{3,4,11,17}.

The limitations of this study were that this study had collected the data from the volunteered students of only one public sector medical college and a questionnaire was used as the only tool of finding reasons of students' academic failure. Due to these limitations, the results of our study cannot be generalized to other medical colleges or institutes. However, further studies can be performed for this important issue to get a deeper insight into multiple factors leading to students' drop out in professional exams, by incorporating various other data collecting and inquiring methodologies.

CONCLUSION

In this study, the perceptions and views of medical students had identified a variety of attributions. Our study concludes that it is an urgent necessity that formal counseling and well designed interventions need to be incorporated in our medical education system. This will be of value to timely explore the reasons that have the highest contribution towards the failure of these medical students. It would be rational if the students are guided to divert their energies on enhancing their efforts towards understanding how to learn and understand various subjects in the medical field. Awareness and education of students to develop and adopt appropriate learning strategies to prepare them to handle different types of assessments can play a major role in reducing examination failures.

Disclosure:

The abstract of this study was accepted and presented as oral presentation at "The International Conference of Medical Education" organized by Association of Excellence in Medical Education (AEME), held on 7th to 9th

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Conflict of interest:

The authors of this study reported no conflict of interest.

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