## **Ensuring Quality Education in Medical Colleges**

<sup>1</sup>Rehan Ahmed Khan<sup>\*</sup>

Health Professions Educator Journal, Lahore, Pakistan Doi: https://doi.org/10.53708/hpej.v6iSpecialIss.2583

This is an Open Access article and is licensed under a creative commons attribution (4.0 international License)

In medical education, quality can be operationally defined as a state of meeting the required standards prescribed by the accreditation and regulatory bodies. This plays an important role in producing competent healthcare professionals (Bendermacher et al., 2016). To ensure quality education, medical colleges must follow the standards set by accrediting bodies which include various aspects such as curriculum design, faculty qualifications, clinical training, and resources (Rezaeian et al., 2013).

For achieving quality standards in medical education, the curriculum is of prime importance. The curriculum should be comprehensive and inclusive, integrating basic and clinical sciences. It should include a clear mission and vision and ensure alignment of the content and learning strategies with the program outcomes. Regular evaluation and monitoring of the curriculum should be included to facilitate continuous improvement (Chen and Hou, 2016). The importance of a competent and dedicated teaching faculty cannot be overstated in an educational program. Medical colleges must ensure that faculty members possess the necessary qualifications, experience, and expertise in their respective fields (Leslie et al., 2013).

Students are the major stake holders in the educational process. Their well-being and academic success must be prioritized. Medical colleges should provide thorough student support services, including counseling, career guidance, and academic assistance. Formal mentoring programs should be in place to address the academic and nonacademic issues affecting students' academic performance. Such support programs boost personal and professional development (Shamsunnisa et al., 2014). Students must have ample exposure to diverse patient scenarios, in order to develop essential clinical skills. Clinical training is the keystone to good quality medical education. This instills a patient-centered approach in medical students. Medical colleges should establish collaborations between institutions, to facilitate student exchange programs. This provides students with opportunities of diverse clinical exposure. Collaborative initiatives promote knowledge sharing, innovation, and best practices (Hammick et al., 2009).

Promoting a culture of research among faculty and students

\*Correspondence:

Prof. Dr. Rehan Ahmed Khan

Editor in chief, Health Professions Educator Journal, Lahore, Pakistan. E-mail: surgeonrehan@gmail.com promotes achievement of quality in medical education. Medical colleges should provide protected time for faculty to engage in research activities. This helps in fostering a research-oriented environment. Encouraging student involvement in research projects imparts a spirit of inquiry and cultivates critical thinking skills. Finally, a good assessment system is crucial to attaining quality in an educational program. A programmatic assessment approach should be employed, using a variety of assessment tools to measure student learning effectively. Exams favoring rote memorization should be minimized and more focus should be placed on evaluating critical thinking, clinical reasoning, and practical skills (Khan and Jawaid, 2020). Provision of constructive and timely feedback to students should be ensured to enable students to identify their strengths and areas for improvement.

Quality education in medical colleges, therefore, requires a multifaceted approach. A comprehensive curriculum, qualified faculty, good clinical training, student support, mentorship, effective assessment, research opportunities, collaboration, and partnerships are all important elements. By embracing these principles, medical colleges can produce competent and compassionate healthcare professionals.

## REFERENCES

Bendermacher, G. W. G., oude Egbrink, M. G. A., Wolfhagen, I. H. A. P., and Dolmans, D. H. J. M. (2016). Unravelling quality culture in higher education: a realist review. Higher Education, 73(1), 39-60.

Chen, K. H. J., and Hou, A. Y. C. (2016). Adopting self-accreditation in response to the diversity of higher education: quality assurance in Taiwan and its impact on institutions. Asia Pacific Education Review, 17(1), 1-11.

Hammick, M., Olckers, L., and Campion-Smith, C. (2009, Jan). Learning in interprofessional teams: AMEE Guide no 38. Med Teach, 31(1), 1-12.

Khan, R. A., and Jawaid, M. (2020). Technology Enhanced Assessment (TEA) in COVID 19 Pandemic. Pakistan Journal of Medical Sciences, 36 (COVID19-S4), 108.

Leslie, K., Baker, L., Egan-Lee, E., Esdaile, M., and Reeves, S. (2013, Jul). Advancing Faculty Development in Medical Education: A Systematic Review. Academic Medicine, 88(7), 1038-1045.

Rezaeian, M., Jalili, Z., Nakhaee, N., Shirazi, J. J., and Jafari, A. (2013). Necessity of accreditation standards for quality assurance of medical basic sciences. Iranian Journal of Public Health, 42-147.

Shamsunnisa, S., Rehan Ahmed, K., Rehan Ahmed, K., Raazia, R., Asma, S., Fareesa, W., and Fareesa, W. (2014). Ideal Mentor-perceptions of faculty and students. Journal of Islamic International Medical College.