

Editorial

Hidden curriculum is in operation all the times and conveys unspoken messages to the students about values, norms, attitudes, principles and ethics. Hidden curriculum is the part of education that every member of an academic department will participate in and contribute to. The medical college is best thought of as a learning environment and reform initiatives must be undertaken with an eye to what students learn instead of what they are taught. The concept of informal and hidden curriculum stands in contrast to that of formal curriculum. The descriptive study conducted by **Brigadier General (Dr) Md Rahimgir** among fourth and fifth year MBBS students of six medical colleges (4 govt. & 2 non- govt.) of Bangladesh to explore their views regarding hidden curriculum and its effects on students learning in undergraduate medical education. Most of the students (96.7%) agreed that teachers' good behavior with students influences students' active participation in the class. More than 87% agreed that teachers' good behavior with colleagues influence students to do so. Around 70% of the students strongly agreed that teachers' good behavior with the patients and attendances influences students to maintain similar behavior and attitude with the patients and attendances. Teachers' humiliation of the students, gender discriminations, social class difference, and students' politics in the institutes all can affect students' learning badly.

The educational environment is a dynamic, complex structure with multiple inter-related and interactive facets that involve the trainee, the trainee's interactions with his/her peers, supervisors, and other members of the team, the training program and the structure of the organization that one works in. The educational environment is an important educational measure in the quality of the medical undergraduate and post-graduate training. Now a days, the students' and teachers' perceptions are of fundamental importance that provides valuable feedback of the efficiency and acceptability of educational method and learning experience. The descriptive type of cross sectional study by **Dr. Dilara Alo** was carried out to observe the hospital educational environment of selected postgraduate medical institutes of Bangladesh. Study revealed values indicates the students' perception were in the right or positive direction. In-depth interview of the teachers revealed that there was also some problematic issues on postgraduate training facilities like work overload, lack of proper monitoring or supervision of training, inadequate library, internet, ICU and investigation facilities etc. Study recommended that significant attention should be paid in the problematic areas.

Faculty development has been defined as broad range of activities that institutions use to renew or assist faculty in their roles and includes initiatives designed to improve the performance of faculty members in teaching, research and administration. Faculty development programme describe a typology that includes organizational strategies, fellowships, comprehensive local programs, workshops and seminars, and individual activities. The descriptive type of cross sectional study conducted by **Dr Shamima Rahman** was to identify the existing barriers of faculty development in undergraduate medical education of Bangladesh. Study revealed that, barriers of faculty development are insufficient initiatives by the institute, too much workload, lack of recognition, reward, fund, organized programme, qualified resource person for faculty development programme.

Formal assessment could ensure all junior doctors to receive feedback about their performance in the workplace early in their career, essential for professional development. This descriptive cross-sectional study on Assessment of performance of intern doctors in different medical college hospitals of Bangladesh Current situation was conducted by **Dr. Riffat Rahim** was to

analyze the situation of performance appraisal system of intern doctors in different medical college hospitals of Bangladesh. The study revealed that the medical college hospitals under this study had most satisfactory internship training facilities. More than fifty percent responded negatively about the utilization of logbook, practice of performance appraisal of interns system in their institutes. It was also revealed that work overload is the most important among the barriers in implementing appraisal system for interns.

Ambulatory care teaching is a newer concept besides the bedside teaching; it is complimentary to the bedside teaching. This descriptive type of cross sectional study on teaching environment of ambulatory care teaching in some selected medical colleges of Bangladesh was conducted by **Brig Gen. Dr Iffat Ara**. It was carried out to determine the environment of ambulatory care teaching in the undergraduate medical education in Gynaecology and Obstetrics in the medical colleges of Bangladesh. The study revealed that in the teaching environment the teachers were interested in teaching, but they were overburdened with work and could not teach properly, place was overcrowded, temperature was uncomfortable, much noise and teaching was difficult which reflected a negative scenario with uncomfortable environment.

Community based teaching learning is that where the exact teaching session is being conducted in that real setting/community. This descriptive cross-sectional study conducted by **Prof Dr A K M Asaduzzaman** was to find out the views of the students of 3rd phase of non-government medical colleges in Bangladesh regarding community based medical education (CBME) practices in their institutes. Study revealed that about sixty percent of the students were satisfied with the residential field site training (RFST) programme though they did not stay there during night. During RFST programme most of the students (77.7%) visited upazila health complex, and 59.4% participated in the conduction of survey.

Movement of health care professionals, nationally or internationally, has now become a common trend worldwide. International recruitment of efficient physicians is an ongoing process for years although some studies have identified this culture as an issue. Review article by **Dr Sharafat Malek** showed that lack of pre-migration awareness on social and academic barriers in the host country has been found far more common in the Australian International Medical Graduates' (IMGs) studies published before 2004⁵. Poor knowledge on the hurdles may affect IMGs' post-migration coping or adjustment process. Recommendation has been made to teach medical students on this important area under the 'Community Medicine' curriculum in Bangladesh.

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