

Medical education in Bangladesh is passing through an important period of transformation. Several studies in this issue provide valuable perspectives from Bangladeshi institutions.

One important contribution examines the impact of gender and academic phase on learning strategies among undergraduate medical students and interns. This descriptive cross-sectional study included 840 participants from eight medical colleges and used the Motivated Strategies for Learning Questionnaire to assess learning approaches. Its findings suggest that female students achieved higher mean scores than male students across most learning strategies, except critical thinking. Significant differences were also identified across different academic phases and among intern doctors. The findings indicate that learning strategies are not static but may change as student's progress through medical education. Female students appeared to demonstrate greater engagement with self-regulated learning. Students in more advanced academic phases appeared to use deeper and more applied learning approaches. These findings are educationally important because medical curricula should recognize differences in learners' developmental stages. Teaching strategies may need to evolve as students move from foundational knowledge toward clinical application.

Pharmacology education represents another important area of educational development discussed in the document. A descriptive cross-sectional study involving 214 fourth-year MBBS students explored their perceptions and preferences regarding active learning and teaching methods. Most students considered pharmacology useful, practical, and interesting, although a considerable proportion found it boring. Autonomic, cardiovascular, and central nervous system pharmacology were identified as particularly difficult areas. Prescription writing was the most preferred practical topic, highlighting the importance of clinically relevant pharmacology teaching. Students strongly favored case-based learning, problem-based learning, clinical pharmacology teaching in wards, and audiovisual resources. Interactive lectures were preferred considerably more than traditional didactic lectures. Written examinations combined with viva were also more popular than MCQ-only assessment. Students perceived benefits in rational drug use, conceptual understanding, problem-solving, and recognition of adverse drug reactions. These findings support a shift from predominantly teacher-centered instruction toward interactive and clinically integrated learning. However, the study measures perceptions and preferences rather than actual educational effectiveness.

The descriptive cross sectional study conducted regarding the proposed blended-learning strategy provides a broader perspective on the future of health-professions education in Bangladesh. The work was developed through technical meetings associated with the MBBS Curriculum 2021 and involved teachers and students from different medical colleges. Blended learning is presented as an integrated combination of high-tech, low-tech, and no-tech educational resources. Importantly, the strategy extends beyond classroom teaching to include assessment, faculty development, infrastructure, and educational planning. Both teachers and students recognized the potential of blended learning to promote self-directed learning. Many participants also considered it beneficial for students who learn more slowly. The manuscript is particularly relevant because it connects educational innovation with the national policy environment.

The cross-sectional descriptive study of dysmenorrhoea among rural adolescents highlights how health-related research can also contribute to medical education and community health priorities. The study involved 312 unmarried rural adolescent girls aged 13–19 years and assessed dysmenorrhoea, physical activity, and perceived stress. Dysmenorrhoea was reported by 70.5% of participants, with mild, moderate, and severe symptoms represented in substantial proportions. A statistically significant association was observed between physical-activity categories and dysmenorrhoea. In contrast, the association between stress and dysmenorrhoea was not statistically significant. The use of recognized instruments for assessing pain, physical activity, and perceived stress strengthens the methodological foundation of the study. Despite these limitations, the study addresses an important and under-researched adolescent health issue relevant to community-oriented medical education.

Social justice in medical education is another particularly important theme emerging from the reviewed manuscripts. A descriptive cross-sectional study involving 800 students and teachers from eight Bangladeshi medical colleges examined curriculum coverage, learning culture, and career fairness. Students reported only moderate integration of social justice within the curriculum and limited teaching time devoted to the topic. Practical case examples and health-disparity content received comparatively better ratings. Both students and teachers reported limited opportunities for classroom discussion and reflection on social-justice issues. Concerns were also expressed regarding the potential influence of political identity and relationships with higher authorities on academic and professional careers. These findings raise important questions about fairness, inclusion, professionalism, and institutional culture within medical education. Medical curricula should prepare future physicians not only to diagnose disease but also to understand health inequalities and social determinants of health.

The prospective observational study of serum beta-hCG normalization in high-risk molar pregnancy provides an example of clinically oriented research with potential educational value. The study prospectively followed 41 women with high-risk molar pregnancy and documented serial beta-hCG levels until normalization. Most participants had very high baseline beta-hCG concentrations, while all participants eventually achieved normalization. The median time to normalization was approximately 97 days, providing useful information regarding the longitudinal course of biochemical recovery. Some participants experienced temporary increases in beta-hCG before eventual normalization, emphasizing the importance of continued clinical surveillance. Assessment is central to medical education, and the narrative review on multiple-choice questions addresses an increasingly important area. The review considers the educational value, limitations, and future development of MCQs across health-professions education. It discusses psychometric principles, item-writing challenges, innovative approaches, digital assessment, and the emerging role of artificial intelligence. Well-constructed MCQs can provide reliable and objective assessment while sampling a broad range of curricular content. Clinical vignettes, problem-based stems, and plausible distractors can also assess application and aspects of clinical reasoning rather than simple recall. At the same time, poorly written questions may introduce ambiguity, grammatical cues, irrelevant complexity, or ineffective distractors. The review also emphasizes retrieval practice and student-generated questions as potential learning strategies. Computer-based testing offers rapid feedback, automated scoring, adaptive assessment, and large item banks, although access, security, and integrity remain concerns. Artificial intelligence may improve efficiency in item generation but requires expert review and psychometric validation.

The review of the Bachelor of Dental Surgery curriculum completes the collection by demonstrating the importance of national curriculum reform. The manuscript describes the review and updating process of Bangladesh's 2016 BDS curriculum following graduation of its first cohort. The process involved 32 dental institutions and incorporated document review, questionnaires, focus-group discussions, academic-council feedback, and international curriculum benchmarking. Technical working groups, stakeholder consultations, seminars, expert reviews, and a curriculum-update subcommittee contributed to the reform process. Important priorities included integrated teaching, medical humanities, community-based education, competency and outcome mapping, and instructional realignment. The manuscript also recognizes barriers such as resistance to change, unequal infrastructure, limited resources, faculty-development needs, and regulatory differences. Its national scope gives it considerable policy and historical value.

Taken together, these studies demonstrate that medical education in Bangladesh is moving toward learner-centered, competency-based, technology-supported, and socially responsive approaches. The studies highlight the importance of understanding how students learn, how teaching methods influence engagement, and how curricula can respond to changing educational and societal needs. They also emphasize the growing importance of blended learning, active learning, clinical integration, social justice, and modern assessment. Stronger collaboration among medical educators, clinicians, researchers, and policymakers can facilitate this transition. Ultimately, rigorous educational scholarship will help ensure that curriculum innovation translates into meaningful improvements in student learning and patient care. The manuscripts reviewed here provide a valuable foundation for that continuing journey.

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