



Evaluation of the Thoughts of Medical Faculty Members About Pre-graduation Medical Education

Tıp Fakültesi Öğretim Üyelerinin Mezuniyet Öncesi Tıp Eğitimi ile İlgili Düşüncelerinin Değerlendirilmesi

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ABSTRACT

Objective: This study aims to explore the views of faculty members regarding undergraduate medical education at their institution and to gather their suggestions for improving the quality of medical training.

Methods: This descriptive study was conducted with 178 faculty members from a university's medical school. Data were collected using a structured questionnaire that included items on demographics, professional background, and perspectives on medical education. Descriptive statistics were used for data analysis.

Results: Among the participants, 98.3% had attended at least one education-related course, with the most common being training for trainers (88.6%). While 39.9% had not served on any educational committee, 42.7% had not participated in problem-based learning scenario writing. The majority identified increasing student numbers (93.8%) and declining societal respect for physicians and reduced student motivation (87.1%) as major issues in medical education.

Conclusion: To enhance the quality of undergraduate medical education, it is essential to increase faculty involvement, promote participation in educational development activities, improve teaching strategies, and regulate student intake.

Keywords: Education, medical education, medical school

ÖZ

Amaç: Bu çalışmanın amacı, bir tıp fakültesinde görev yapan öğretim üyelerinin mezuniyet öncesi tıp eğitimine ilişkin görüşlerini belirlemek ve tıp eğitiminin geliştirilmesine yönelik önerilerini ortaya koymaktır.

Yöntemler: Tanımlayıcı nitelikteki bu çalışma, bir üniversitenin tıp fakültesinde görev yapan 178 öğretim üyesi ile yürütülmüştür. Katılımcılara, demografik özellikler, mesleki bilgiler ve tıp eğitimiyle ilgili sorulardan oluşan yapılandırılmış bir anket uygulanmıştır. Veriler tanımlayıcı istatistiklerle analiz edilmiştir.

Bulgular: Katılımcıların %98,3'ü en az bir eğitimle ilgili kursa katıldığını belirtmiş; en yaygın katılım, %88,6 ile eğitici eğitimi kursuna olmuştur. Öğretim üyelerinin %39,9'u herhangi bir eğitim kurulunda görev almadığını, %42,7'si ise probleme dayalı öğrenme senaryo yazımında yer almadığını ifade etmiştir. Katılımcıların %93,8'i tıp fakültelerine alınan öğrenci sayısındaki artışı, %87,1'i ise toplumda hekim saygınlığının azalmasıyla öğrencilerin motivasyonunun düşmesini önemli bir sorun olarak değerlendirmiştir.

Sonuç: Tıp eğitiminde kaliteyi artırmak için öğretim üyelerinin eğitime aktif katılımı teşvik edilmeli, eğitici gelişim programları yaygınlaştırılmalı, öğretim yöntemleri çeşitlendirilmeli ve öğrenci kontenjanları daha dengeli planlanmalıdır.

Anahtar Kelimeler: Eğitim, tıp eğitimi, tıp fakültesi

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Introduction

Medical education is a dynamic process that is not limited to the transfer of professional knowledge and skills, but also aims to produce qualified physicians, taking into account the needs of society. This process should be constantly changing and evolving under the influence of many different factors, such as the country's health priorities, health policy, rapidly developing science and technology, and innovations in educational science. Training physicians who can provide qualified health services directly affects the quality of medical education, and this quality plays a crucial role in the overall success of the health system (1-3).

In recent years, important studies have been carried out to improve the quality of medical education in Türkiye. Among these studies, the accreditation process carried out by the Association for Evaluation and Accreditation of Medical Education Programs (TEPDAD) and the National Core Education Program, which was prepared to ensure the standardisation of undergraduate medical education, have an important place (4-6).

The National Medical Education Accreditation Board (UTEAK), one of the bodies of TEPDAD, has undertaken a guiding role in aligning the educational programs of medical schools with national and international standards. UTEAK evaluates and accredits the educational programs of applicant medical schools based on nine main headings prepared in line with national requirements together with internationally accepted standards (7). These standards are listed as aims and objectives, educational program, evaluation of students, students, program evaluation, teaching staff, educational resources and opportunities, management and execution, continuous renewal and development (7,8).

In particular, the "programme evaluation" standard requires that medical schools have a system in place that can monitor the effectiveness of the educational programme and provide feedback to strengthen the programme. This system requires the use of quantitative and qualitative methods, such as cross-sectional or continuous data collection, analysis and interpretation when evaluating the programme (1,8). Obtaining educators' opinions is an integral part of the programme evaluation process and is considered an important feedback mechanism for improving the quality of education (8-10). In this context, it would be valuable to obtain the opinions and suggestions of faculty members in order to improve the educational standards of medical schools.

The aim of this study is to examine the views of faculty members working in medical schools regarding current medical education programmes, including their perspectives on the aims of medical education and the problems encountered in the process. The study also seeks to support efforts to improve the quality of medical

education by considering faculty members' experiences and solution-oriented suggestions.

Methods

Participants

The universe of this descriptive study consists of the faculty members of the Faculty of Medicine of Necmettin Erbakan University (NEU). During this study, which was conducted between May and June 2024, a total of 255 faculty members were employed in this faculty of medicine, including 134 professors (Prof. MD), 82 associate professors (Assoc. Prof. MD), and 39 assistant professors (Assoc. Prof.). The sample size was not calculated in advance because the study aimed to reach the entire population of faculty members at the institution. Faculty members who were currently working at the faculty of medicine and who volunteered to participate in the study and gave their consent were included. Those with missing data in the data collection form were not included in the study. A total of 178 faculty members were included in the study, including 82 professors, 70 associate professors and 26 assistant professors.

Ethical Approval

This study was approved by the NEU Non-Drug and Medical Device Research Ethics Board (decision no: 2024/5027, date: 07.06.2024). Informed consent was obtained from all participants prior to participation.

Data Collection Forms

Form with Demographic and Work-related Questions

This form asks about the demographic characteristics of the participants, such as age, gender and marital status. In addition, this form includes work-related questions such as title, work status in basic medical-surgical sciences, years of work as a faculty member, and years of work as a faculty member at the NEU Faculty of Medicine.

Form Containing Questions that may be Related to Medical Education

The data collection form, which was prepared by reviewing the literature, includes questions related to medical education, such as whether faculty members have previously attended courses related to education and served on committees related to education, the years of courses they have given at the faculty of medicine, and the methods/techniques used in teaching. In addition, this form includes questions prepared in a 3-point Likert structure (agree/undecided/disagree) that evaluate the purpose of medical education and the problems in medical education. In the last part of the form, open-ended questions were asked to get the opinion of the faculty members about the courses they think should be added to the curriculum in order to improve medical education and what can be done to overcome the problems in medical education.

Methodology

The data collection process took place between 20 June and 10 July. The study was conducted through a web-based questionnaire administered via a secure online data collection platform. A link to participate in the study was shared with groups of faculty members at the NEU Faculty of Medicine, and reminders were made through weekly announcements. Before the first link was shared, preliminary information about the study was provided through a message sent to faculty members by the dean's office, and as the study was based on voluntary participation, those who agreed were asked to complete the form.

Statistical Analysis

The statistical analysis of the results obtained in the study was carried out using the programme SPSS 18.0 for Windows (SPSS Inc., Chicago, IL, US). Descriptive statistical methods (frequency, percentage, mean, standard deviation, median, 1-3 quartiles) were used to evaluate the research data.

Results

The mean age of the 178 faculty members included in the study was 47.77 ± 8.11 years, 66.3% were male, and 94.4% were married. Of the participants 46.1% were professors and 53.4% worked in internal medicine. The median tenure of the participants as a faculty member was 11 (6-17) years, while the median tenure of the participants as a faculty member at NEU Faculty of Medicine was determined to be 10 (6-14) years (Table 1).

Of the faculty members 98.3% stated that they had attended a course related to education, with the most being training of trainers at 88.6%. It was determined that 39.9% of the participants did not serve on any board related to education, and 42.7% did not participate in writing the scenarios used in any problem-based learning (PBL) sessions. The teaching method and technique most frequently used by faculty members in medical education was the lecture method with 96.6%, and the most frequently used training technique was question-answer with 97.8%. In order to create a positive atmosphere during the training process, 87.1% stated that they made eye contact and 81.5% stated that they made motivating/interesting introductions to the topics (Table 2).

It was found that 62.9% of the faculty members were undecided/disagree with the statement that the purpose of medical education is to train good health managers, 42.1% with the statement that it is to train students who are successful in the medical specialty examination, and 32.6% with the statement that it is to meet the country's need for doctors (Table 3).

It was found that 85.4% of the faculty members were undecided/disagreed with the statement that there is no problem in the medical education process. 93.8% of the participants stated that the increase in the number of students accepted to medical schools was a problem, and

87.1% stated that the decrease in the prestige of doctors in society and the decrease in the motivation of medical students was a problem (Table 4).

Of the 102 faculty members who responded to the question "What courses do you think should be included in medical schools in addition to medical courses?" 53.9% said that communication skills, 20.6% medical law, 20.6% foreign languages, art education should be added to medical education. Of the 65 participants who made suggestions for overcoming the problems in medical education, 40.0% said that the number of medical schools and the number of students should be reduced, 23.1% said that the performance system of faculty members should be reorganised, and 21.5% said that the quality of faculty members should be improved (Table 5).

Discussion

This study found that nearly all of the 178 participating faculty members had attended at least one course related to medical education. The most frequently attended courses were "training of trainers" and "PBL" courses, whereas participation in courses on assessment, evaluation, and question preparation was lower. A previous report from the same medical school (2011-2012) indicated that 158 faculty members had taken a PBL course during that period (11). Similarly, another study showed that all faculty members had received training of trainers, the majority had taken PBL courses, and fewer had participated in assessment-

Table 1. Demographic and work-related characteristics of participants (n=178)

Variables	All participants
Age/mean \pm SD	47.77 \pm 8.11
Gender, n (%)	
Female	60 (33.7)
Male	118 (66.3)
Marital status, n (%)	
Married	168 (94.4)
Single	10 (5.6)
Title, n (%)	
Prof. MD	82 (46.1)
Assoc. Prof. MD	70 (39.3)
Assistant professor	26 (14.6)
Medical science in which your department is located/n (%)	
Internal medical sciences	95 (53.4)
Surgical medical sciences	58 (32.6)
Basic medical sciences	25 (14.0)
Years of service as a faculty member/median (25th and 75th percentiles)	11 (6-17)
Years of service as a faculty member at NEU Faculty of Medicine/median (25th and 75th percentiles)	10 (6-14)

SD: Standard deviation, NEU: Necmettin Erbakan University

related courses (12). These findings suggest that faculty members are interested in educational development and that the institution supports such initiatives. Expanding training opportunities in measurement, evaluation, and question writing may further improve educational

quality, particularly in assessing students' knowledge and competencies.

Nearly half of the participants in this study had not served on any education-related board and had not been involved in writing PBL scenarios. Other studies reported

Table 2. Distribution of participants' responses to questions that may be related to medical education (n=178)

Variables	All participants	
	n (%)	
Participation in training-related courses (training of trainers. preparation of questions etc.)	Yes	175 (98.3)
	No	3 (1.7)
Types of training courses attended (n=175)*	PBL	152 (86.9)
	Training of trainers	155 (88.6)
	Assessment-evaluation	39 (22.3)
	Question preparation	42 (24.0)
	Other	3 (1.7)
Status of participation in any faculty committee related to education	Currently serving on an education-related board	49 (27.5)
	Previously served on an education-related board	58 (32.6)
	Never served	72 (39.9)
The status of participation in any "PBL scenario" software	Yes	102 (57.3)
	No	76 (42.7)
The years covered by the courses given by the department in medical education	Only preclinical years (first 3 years)	34 (19.1)
	Only clinical period (years 4-6)	47 (26.4)
	Both preclinical and clinical period	97 (54.5)
The existence of responsible courses other than the basic courses of the department (PBL etc.)	Yes	106 (59.6)
	No	72 (40.4)
The teaching methods and techniques they use in medical education*	Narrative method	172 (96.6)
	Case study method	128 (71.9)
	Problem solving method	95 (53.4)
	Discussion method	122 (68.5)
	Demonstration method	78 (43.8)
The teaching techniques they use in medical education*	Question-answer	174 (97.8)
	Brainstorming	108 (60.7)
	Role-play	24 (13.5)
	Case study	119 (66.9)
	Group studies	65 (36.5)
	Demonstration	74 (41.6)
	Coaching	36 (20.2)
The methods they use to create a positive educational atmosphere during the educational process (course/clerkship/training)*	Identify needs before lesson/exercise/course	69 (38.8)
	Planning lessons according to adult learning principles	75 (42.1)
	Carry out introduction/warm-up exercises	97 (54.5)
	Making motivating/interesting introductions to topics	145 (81.5)
	Use an appropriate tone of voice	129 (72.5)
	Use appropriate and non-technical language	92 (51.7)
	Using body language that is open to communication	122 (68.5)
	Making eye contact	155 (87.1)
Using interactive teaching methods	138 (77.5)	

*: Respondents indicated more than one option, PBL: Problem-based learning

participation in educational boards ranging between 57.5% and 67.6% (13,14). Involvement in educational committees contributes to the professional development of faculty and enhances the overall quality of education. Similarly, increasing faculty participation in PBL scenario

development could diversify content and improve faculty engagement with the PBL method.

Regarding instructional approaches, faculty members most frequently used lecture-based teaching and least frequently employed demonstration techniques. Among active

Table 3. Distribution of participants' responses to written statements about the purpose of medical education (n=178)

The purpose of medical education*	All participants	
	Agree	Undecided/disagree
	n (%)	n (%)
Embrace the continuity of medical education	169 (94.4)	9 (5.1)
To teach how to access up-to-date information	171 (96.1)	7 (3.9)
Encourage scientific research	153 (86.0)	25 (14.0)
Demonstrate the importance of teamwork	167 (93.8)	11 (6.2)
Motivate interdisciplinary and inter-professional work	173 (97.2)	5 (2.8)
To train doctors to provide quality health services	175 (98.3)	3 (1.7)
To produce qualified general practitioners	164 (92.1)	14 (7.9)
To produce doctors who understand primary care	164 (92.1)	14 (7.9)
To produce successful candidates for specialty examinations	103 (57.9)	75 (42.1)
To produce doctors with the required level of professional knowledge and skills	149 (83.7)	29 (16.3)
To serve public health	172 (96.6)	6 (3.4)
To produce good health managers	66 (37.1)	112 (62.9)
To produce doctors who are good communicators	170 (95.5)	8 (4.5)
To produce doctors who are good decision-makers	172 (96.6)	6 (3.4)
To meet the country's need for doctors	120 (67.4)	58 (32.6)
To produce doctors who integrate knowledge and think critically	169 (94.9)	9 (5.1)

*: Respondents indicated more than one option

Table 4. Distribution of participants' responses about medical education (n=178)

Expressions*	All participants	
	Agree	Undecided/disagree
	n (%)	n (%)
There is no problem in the medical education process	26 (14.6)	152 (85.4)
There is a problem of lack of standardisation in medical school education	137 (77.0)	41 (23.0)
The large number of medical schools is a problem	152 (85.4)	26 (14.6)
The time spent by faculty members on teaching is less than the time spent on diagnosing and treating patients which disrupts teaching	127 (71.3)	51 (28.7)
The scarcity/ignorance of techniques used in education affects the quality of education	138 (77.5)	40 (22.5)
The scarcity/inadequacy of educational materials is a problem	87 (54.5)	81 (45.5)
Insufficient time for practical training is a problem	103 (57.9)	75 (42.1)
The increase in the number of students admitted to medical schools is a problem	167 (93.8)	11 (6.2)
The excessive number of course hours and the burden of unnecessary information in addition to the necessary information for the profession are problems	90 (50.6)	88 (49.4)
The decline in the reputation of the doctor in society and the decline in the motivation of medical students are problems	155 (87.1)	23 (12.9)
The different expectations of students and faculty members are problems	141 (79.2)	37 (20.8)
Communication problems between students and faculty members negatively affect education	131 (73.6)	47 (26.4)

*: Respondents indicated more than one option

Table 5. Opinions of faculty members on additional courses they think should be included in medical courses and what can be done to overcome problems in medical education (n=178)

Expressions*	All participants
	n (%)
Which courses do you think should be compulsory in medical schools in addition to medical courses? (n=102)	
Communication skills	55 (53.9)
Medical law	21 (20.6)
Additional courses such as language arts	21 (20.6)
Psychology courses	9 (8.8)
Health administration-management	6 (5.9)
Scientific writing-statistics	5 (4.9)
What do you think can be done to overcome the problems in medical education? (n=65)	
Reduce the number of medical schools and students	26 (40.0)
Reorganise the faculty performance system	15 (23.1)
Improve the quality of teachers	14 (21.5)
Standardise universities increase financial and moral support for universities	8 (12.3)

*: Respondents indicated more than one option

learning techniques, the question-and-answer method was the most commonly used, while drama and experiential learning methods were the least utilized. A related study found that approximately 80% of instructors used lectures supported by visual materials (9). These findings indicate that innovative teaching methods are still underutilized in medical education. Offering training that showcases the practical application of these methods could enrich the learning experience.

In terms of the objectives of medical education, faculty members showed strong agreement with goals such as training competent doctors who deliver quality care, work collaboratively, stay up to date, serve public health, and make sound decisions. Conversely, there was less agreement with statements about producing good health managers, students successful in the medical specialty exam, and meeting the national physician demand. In a previous study, 57.5% of faculty members stated that the main objective of medical education was to train qualified general practitioners, while only 2.8% cited addressing the country's physician shortage (8). Another study found unanimous agreement on the goal of training "good doctors" (15). These results suggest that faculty members prioritize quality over quantity in medical education.

The vast majority of faculty members agreed that the increasing number of students admitted to medical schools is a major challenge. National and international studies have similarly highlighted this issue (15-17). According to the Health Statistics Yearbook, the number of medical schools increased from 44 in 2002-2003 to 122 in 2022-2023 (18). This growth, along with rising student numbers, may jeopardize the quality of medical education, especially in clinical training, by limiting hands-on learning opportunities and reducing the effectiveness of skill acquisition.

More than half of the faculty members (53.9%) identified communication skills as the most important course to be added to the curriculum. This highlights the importance of non-technical competencies in medical education. Effective communication is essential for the doctor-patient relationship, patient satisfaction, and treatment outcomes (19,20). Medical curricula should therefore include courses beyond biomedical knowledge—such as those in communication, ethics, law, language, and the arts—to develop more empathetic, well-rounded, and socially responsible physicians.

Finally, about one-third of faculty members offered suggestions for improving medical education. Among them, nearly half emphasized reducing the number of medical schools and students, one-quarter highlighted the need to reform the faculty performance system, and one-fifth suggested improving faculty quality. These recommendations point to the need for structural and organizational changes in medical education. Reducing student numbers could allow for more efficient use of resources, while revising performance metrics may encourage faculty to prioritize teaching. These strategies may help make medical education more effective, sustainable, and skill-oriented.

Study Limitations

The study only included faculty members working at one medical school. This limitation may cause the results to differ from the opinions of faculty members working at other medical schools. This limitation means that the results of the study should be interpreted with caution.

Conclusion

This study highlights the active engagement of faculty members in medical education, particularly in trainer

training and PBL courses, while also identifying gaps in participation in assessment-related training and educational committees. Traditional teaching methods still dominate, and there is strong support for incorporating communication skills into the curriculum. To enhance the quality of medical education, efforts should focus on expanding training in evaluation techniques, promoting innovative teaching methods, and addressing systemic issues such as rising student numbers and faculty working conditions.

Ethics

Ethics Committee Approval: This study was approved by the Necmettin Erbakan University Non-Drug and Medical Device Research Ethics Board (decision no: 2024/5027, date: 07.06.2024).

Informed Consent: Faculty members who were currently working at the faculty of medicine and who volunteered to participate in the study and gave their consent were included.

Footnotes

Authorship Contributions

Surgical and Medical Practices: Y.D., M.Y., M.U., E.H., Ş.N.G., Concept: Y.D., M.Y., E.H., Design: Y.D., M.Y., M.U., E.H., Ş.N.G., Data Collection or Processing: Y.D., M.Y., E.H., Ş.N.G., Analysis or Interpretation: Y.D., M.Y., M.U., E.H., Ş.N.G., Literature Search: Y.D., M.Y., E.H., Writing: Y.D., M.Y., M.U., E.H., Ş.N.G.

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