

If Gharib Hall Could Talk

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Attentive to the mounting evidence for using ‘active and engaged’ classroom pedagogies, we were confronted with classrooms designed for lectures: tiered, fixed seating, podiums with a microphone for the ‘sage.’ Not only did we have to convince faculty and students that ‘active and engaged’ learning would make for better education—a major ‘culture’ transition—we had to create the learning spaces that would support these changes. In sum, we defined the ‘problem’ as an ‘opportunity’ to engage students, faculty, and leadership in a process to transform the learning culture to learner-centered and this included creating a teaching-learning space to fit. Then, we explored medical students’ views about their learning in this active class space. To do this, 83 medical students’ one-minute note papers about learning in a 7-hours PBL session and two 2-hours TBL sessions in Gharib hall, active class, were analyzed in order to extract their perception toward learning in a new place. The main emerged theme was “If Gharib hall could talk, She will have a lot to say”; the sample of sentences was “this is a hidden curriculum, that says: peer learning is the priority of our medical school, “This class shows medical students are important for medical school managers,” “Round

tables and flexible chairs mean we should learn by cooperation,” “I reflected why the physical space of class has been changed, it has a message for students and specifically for our teachers, I mean, it shows teaching has changed” “This is what I have learned: we should change our outlook toward learning and teaching.”

Clearly, this means changing the learning space could convey indirectly positive messages to the audience about what the teaching values of university are. Hafferty, in confronting hidden curriculum, has suggested that medical school is a “learning space,” which sends messages to students and teachers (1). We found that students believe active class talks with them. It means that they exactly mentioned the effect of the hidden curriculum that reflects the importance of peer learning, cooperation, and active engagement for the medical school.

References

1. Hafferty FW. Beyond curriculum reform: confronting medicine's hidden curriculum. *Acad Med* 1998;73:403-7.

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