**Entry Level Behaviors of Low Academic Achievers for Remedial Program**

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**INTRODUCTION**

Our country is dependent on education for its development. Students have to work hard to generate the best quality graduates, which then become highly skilled doctors and workers for the country in charge of developing its economy. Students are valued for their academic excellence and therefore the latter have to make a genuine effort for attaining good grades.

Entry level behaviors of low academic achievers include difficulty in processing information, difficulty in retaining & recalling content, some difficulty in organizing study materials as well as difficulty in selecting, monitoring, and devising strategies. Students who are unable to cope up with the pace and methods of teaching in their respective educational institutions are suggested to enroll in remedial programs which ensure better understanding, increased attention spans and better overall results. Therefore, recognition and acknowledgement of these entry level behaviors in all students is vital.

In addition to developing their abilities and competency across different disciplines, medical students must acquire information in a variety of areas in a condensed amount of time. The extensive and time-limited medical curriculum further complicates matters. The program emphasizes developing psychomotor skills via practical sessions and academic prowess through didactic lectures. Rarely do medical institutions place much emphasis on things like learning styles, environments and personality features that influence learning. It views a qualifying exam score as the indication of a student's achievement. It must be noted that a medical class is a diverse group of students with varying levels of academic achievement.

The indicators of someone being educationally challenged include poor reasoning, memory, and conceptual retention skills. Along with this, these slow learners have socioemotional traits including regression and a sense of unease. Since most academic underachievers have low self-esteem, poor focus, and memory problems, which is why they struggle to understand complicated situations or form analytical intercepts or concepts, it is important to understand the various cognitive capacities of these students. These kids struggle to comprehend concepts or processes that call for sequential and step-by-step brainstorming.

For the institute, the problem always lies in two extremes - academically high achievers and low achievers, both of which have multiple implications [1,2]. A single student who performed poorly usually becomes demotivated and retention becomes a challenge [3,4]. According to Ananthakrishnan N, the main reasons for slow learning in medical students can be divided into two parts, which are learning problems and extracurricular problems [5].

Knowing the factors that influence the low academic performance of students will help correct the failure rate and plan to reduce the repetition of grades in medical students. This would work in favor of state investment, creating the basis for subsidized education. Remedial instruction is one such instruction designed to meet the needs of children who cannot keep up with the teaching and learning process in the regular classroom [6]. Most non-academic causes of underachievement are also identified and then considered [6]. In remedial education, special learning difficulties are identified, and initiatives are offered to prevent them [6].

**DEFINITION**

Success is the result of hard work, but academic failure is the result of our shortcomings and our inability to overcome them. Aremu (2003) defined poor academic performance as performance that is far below the pre-criteria assessed by the researcher [7]. He also emphasizes that academic failure is multifaceted for the individual, the institution, and the country as it pertains to the workforce. The definition of poor academic performance may vary by institution and its standards. However, poor academic performance in medical school is one in which results are consistently lower compared to peers based on predetermined criteria and do not meet faculty and curriculum expectations. This is reflected in the form of grades, assessments, evaluations, or other academic performance. It is important to note that the struggling low achievers can benefit from additional support and resources to reach their full potential.

**Brief History& Research significance-**

Academic success in various fields, especially in educational institutions, has many disadvantages that hinder the realization of the educational mission, because learning and teaching are very important factors that guide it. At the societal level, it occurs as a group of college dropouts and thus affects the economy of the country. Many parents complain about their children's poor academic performance without finding out the reasons, and coercive measures lead to undesirable results. The complexity of the matter increases when the teacher must make changes according to his abilities and arouse interest among the students. Without enough curiosity, many students lose interest and learn slowly. Therefore, he ordered to find out the reasons for this and take corrective measures.

**Literature Search-**

Different educational institutions in India, governed by the NMC, have different teaching and learning and assessment formats that affect student outcomes.[7] There have been studies that qualitatively looked at academic failure [8] and academic success [9]. They identified successful individuals who set high goals and work to conceptualize them.[9] This quality is lacking in a slow learner who does not know how to set goals and do not plan adequately to achieve them.[10]

The term "slow learner" is reserved for those children who cannot keep up with their peers. A review of international medical schools reported a dropout rate of 2.4% to 26.2% among students with poor academic performance, [12] and a study at a Malaysian medical university found that 2.1% to 12.1% of first-year medical students drop out each year. Low achievers cannot withstand academic stress in the form of medical suspensions [13] and rescuing a student after failing a summative assessment is difficult.[14] Predicting and preventing academic failure before the first major assessment is a huge challenge for every faculty and department.

Two studies by Wilkinson and Mercer found that students with low academic performance across all their pre-med exams remained the same, with academic performance accounting for nearly 23% of the variation in student medical grade.[15] ,16]

**Language barrier: The Indian Scenario**

In India, students are admitted to the MBBS course based on their merit through the NEET Common Entrance Test. The striking ratio of doctors to patients is only 1:1,457, which is due to the high variation in academic performance of medical students in India. There are many formative/summative assessments for a 4 ½ year course where they must get more than 50 percent in theory and practical examinations. The Indian classroom is a diverse mix of students from different socio-cultural and techno-economic backgrounds, so their analytical understanding inevitably differs. Their ability to express their understanding of the subject is also different.

At NMC, with hundreds of medical schools and thousands of medical students each year, it is not possible to develop a program that addresses these issues because there is no one-size-fits-all approach. But there are certain medical causes that can be addressed to reduce the number of academic minors.

**Inadequate infrastructure and resources**

One of the reasons for the low academic performance of medical colleges in India is the lack of adequate modern infrastructure, up-to-date facilities and resources. This is especially true for some Indian government medical colleges in rural areas, making it difficult for students to study and gain practical experience. In addition, there is often a shortage of qualified teachers, which can further affect the quality of education.

**Quality of Teaching**

Another factor contributing to low academic achievement in Indian medical colleges is the quality of teaching. Many medical colleges in India rely on traditional lecture-based teaching methods, which may not be effective for all students. In CBME, the focus is on the acquisition of psychomotor skills, so the methodology of TL should change accordingly. In addition, many faculty members lack the training and skills necessary to teach effectively, resulting in disengagement.

**High competition and Pressure**

Medical education is one such profession that is highly competitive and stressful, with thousands of students competing for a limited number of places in medical schools. This tough competition and pressure can lead to stress and anxiety, which can affect a student's academic performance. Fear of failure and focus on direct learning leads to academic failure. When a student enters such a competition, stress and anxiety can increase, which can lead to academic failure.

**Lack of Support and Guidance**

Many medical students in India lack the support and guidance they need to succeed academically. Students may not have access to mentors to help them navigate the challenges of medical education. The consequences of poor academic performance among Indian medical students can be significant both for individual students and for the society. Some of the main implications are discussed below –

Poor quality health care-

Low academic performance of medical students may lead to shortage of qualified doctors and health workers in India. This can lead to poor quality of health care because patients may not receive the care they need.

Career Prospects-

Medical students who do poorly in their studies may struggle to find employment in the health sector. This can affect their career prospects and limit their opportunities for professional growth.

Mental health problems-

The stress and pressure of medical education in India can affect the mental health of students as they can develop anxiety, depression, and other mental health problems.

Financial burden-

The low academic performance of medical students can cause a significant financial burden on families and the country as a whole. Students who do not complete their studies or who have dropped out can create additional costs for their families. In addition, a lack of qualified doctors can affect the economy by reducing productivity.

Global Scenario-

Low academic achievement among medical students is a global problem affecting education systems worldwide. Although the specific causes and consequences of poor academic performance differ from country to country, common features can also be identified. Causes of poor academic performance worldwide

Socioeconomic Status-

Socioeconomic status is one of the most important factors affecting academic success. Medical education itself is financially burdensome. Students from poor families in some countries often lack access to educational resources such as books, technology, and quality teachers, which can negatively affect their academic performance.

Learning difficulties-

Learning disabilities such as Attention Deficit/Hyperactivity Disorder (ADHD) can significantly affect a student's academic performance. Students with learning disabilities often struggle to keep up with their peers and can fall behind academically without appropriate support and accommodations.

Lack of motivation-

Lack of motivation is another factor that can contribute to low academic performance. Students who are not interested in their studies or do not see the value of education may not be motivated to perform well academically.

Language barrier-

The language barrier can also have a negative impact on academic performance, especially for students whose language of instruction is not their first language. These students may have difficulty understanding lectures, completing assignments, and interacting with teachers and classmates.

**DETERMINANTS OF ACADEMIC FAILURE**

A student's poor academic performance is influenced by several factors such as his/her learning abilities, parental background, peer influence, quality of teachers, learning infrastructure, etc. Government efforts to improve academic performance have resulted in several interventions such as scholarships, faculty training, infrastructure. and so on.

Pre-medical Admission Program

Many studies have addressed the utility of premedical programs in predicting students' ability to sustain the academic rigor of medical school (18, 19). Many such predictive courses show that students with high grades in biology, chemistry, and physics are less likely to drop out of medical school. Although a comprehensive nationwide survey needs to be conducted to confirm this conclusion.

Learning style

Some studies have found that different learning styles are related to academic success, for example, some have found that assimilators score higher in theory tests than other groups (20), one study has emphasized that convergent styles do better (20), another study has emphasized that intuitive learning style worked well (21), another showed that reflective learning style worked well in academies. (22). Therefore, it is important to take care of this also in medical education, where the teacher must know which learning styles most students generally adopt to provide them with the best T/L methods.

Personality traits

Several studies have linked academic achievement to selective personality traits. Bhagat (2016) found a negative relationship between academic achievement and negative emotionality (23), but Guntern (2017) showed that emotional stability may be limited to preclinical academic achievement (24). Although one article showed that no such association exists (25). Thus, certain personality traits appear to be influential in predicting academic success.

Population factors

Studies that combined demographic data and academic achievement found a significant correlation between academic performance and fertility (26,27). One article showed that parental marital problems were a significant factor (28), socioeconomic status can predict academic achievement at public colleges, but there does not seem to be a relationship between the same and the private medical schools and universities surveyed. Another study showed that Family First (FIF) was an important factor in medical school (29), while two other articles emphasized the importance of parental education and academic success (30, 31).

Quality of sleep

Regarding the effect of sleep on academic achievement, there is a surprising body of evidence that sleep deprivation is negatively related to academic performance in medical students (32, 33). This seems very obvious because all learned things are consolidated during sleep. Fragmented sleep and altered sleep patterns have a profound effect on memory. Therefore, it is important to emphasize the importance of 8 hours of sleep for medical students. The detrimental effects of lack of sleep on physical health are also enormous, so students entering a stressful field such as medicine should be aware of the issues involved.

Pedagogical styles

The research of Eldridge (2012) [34] found six main factors responsible for academic failure: first exams. As you know, all medical years end with final exams, and different assessment standards for students can cause confusion. Second, fail this exam. Most qualifying exams are standard referenced, which separates students from the rest of the cohort, creating a gap. According to the planned programs, teachers must respect educational goals and achievable competence results Third, psychological feelings. Academic failure can be associated with negative emotions such as sadness and anxiety. Fourth, there are learning difficulties that all students may experience at some point and which may be temporary. Therefore, to promote students' critical analytical thinking and reasoning, it is recommended to adopt innovative T/L techniques that awaken students' curiosity. Priority should be given to identifying weaknesses, closing the gap between them, and teaching students to face and overcome obstacles.

Factors related to teachers.

The entire success of the medical curriculum depends on qualified teachers, and the entire program can be jeopardized if the administration does not appoint qualified teachers. This affects the conduct of training, selection, preparation and supervision. Great emphasis is placed on having qualified teachers, and the success of any program depends on the teacher's ability to teach the conceptual foundations of the subject. A good teacher is constantly looking for methods and learning materials that make learning meaningful. If the learning tools used are not student centered and do not involve active learning, millennial students are not interested in it. Daily formative assessment in the form of quizzes is linked to better researchers. The growth of critical thinking of medical students is hindered by the thoughtful use of problem-solving methods, class discussions, pairing and sharing, and other methods that promote thinking skills, as well as not encouraging students to find solutions on their own. Assessment methods used by teachers must be compatible with TL techniques and objectives, otherwise the purpose is lost. If medicine places too much emphasis on self-directed learning rather than making meaningful connections, the result will not be a competent physician.

Coping strategies

Many students fail due to a lack of adequate coping strategies, whether due to stress, homesickness or developing the active learning strategies needed to study medicine. Every institution must have adequate mentoring services or tutors for students. A study by Schiller (2018) found that anti-strategies were not related to preclinical academic performance [35].

Lack of a clear plan:

Medical examinations require well-planned plans and objectives and thorough execution. There must be a realistic road map to achieve the goals. Masten and Coatsworth (1998) showed that academic success requires three types of skills; cognitive and metacognitive skills, social skills and self-management skills. Cognitive and metacognitive skills include skills related to goal setting, progress and memory, while social skills refer to problem solving, listening and teamwork skills. In addition, self-management skills such as focus, motivation and anger management are also important for success. These three sets of skills were the strongest predictors of academic achievement and appeared to distinguish high achievers from low achievers.[36]

Academic stress

Several articles on the effect of stress on academic performance confirmed that higher levels of stress were associated with poorer academic performance. Research has shown how biological stress hijacks the amygdala and hippocampus, key elements in memory consolidation. Medical education is stressful compared to other professions, and students entering the medical profession must be guided to deal with stress. It is important to have an academic advisor to guide such students.

Environmental factors in the university.

One factor contributing to poor academic performance is excessive extracurricular activities that leave students with no time to study. This is especially true for freshers as they are tough on the system. The curriculum is extensive and limited in time. For the CBME and its many counterparts, the time required to complete it is also very rigid. In universities that are considered universities, students seem more committed to fresh day, traditional week, cultural week, which requires a lot of time. These extracurricular activities tend to change their focus.

*Individual factors*

Absenteeism is another common factor, especially among first- and third-year medical students, that leads to poor performance. In all these classes, lecturers rarely monitor attendance, leaving students feeling that they could copy the lecture notes of their classmates. Such dropouts are difficult to achieve and when there are exams, those dropouts are scoreless. Lack of enthusiasm and inexperience are also considered the reason for academic failure. Therefore, it is important that students set clear and realistic goals, as failure will result in not meeting those goals.

*Parental pressure*

Many studies have shown that student success is greatly influenced by parental pressure. It is obvious that some students are simply pushed to study medicine. Studies have shown that students who were not interested in medical school, but were forced or influenced by their parents, experienced difficulties in the first year that increased by the fourth or fifth year. These conditions made it intolerable for students who really did not want to enter medical school. This may lead the student to drop out of medical studies, so only a highly interested student should pursue medicine.

*Medical and psychological reasons*

Many medical or psychological disorders can disrupt a student's life, such as:

1. Major Depressive Disorder:

Students may suffer from depression due to failed exams, but depression is more common before the exam period. Depression can make it difficult for a student to concentrate and get good grades. It becomes a vicious cycle where one leads to the other.

2. Generalized anxiety disorder:

It can cause forgetfulness and decreased ability to concentrate. Students are anxious and stressed, which affects their grades.

3. Exam phobia:

Every student experiences this exam phobia, but it tends to backfire on slow learners when they are unprepared, and the fear of failure prevents them from achieving their goals.

4. Obsessive Compulsive Disorder:

Many students unknowingly fall victim to OCD when they have thoughts that prevent them from thinking about anything else. This can be disruptive and affect their academic performance.

5. Attention Deficit Disorder:

This is the inability to focus on one thing for an adequate amount of time, or it may be associated with hyperactivity disorder.

6. Learning Disabilities:

This can be a functional deficit such as dyscalculia or any other learning disability that can affect students' ability to understand complex concepts.

*Lack of motivation to succeed:*

Many people fail at some point, but they must learn from the failure and still deal with it by examining the reasons that lead to the failure. In summary, these factors of teachers, students, parents, and the school environment are responsible for poor student performance, and these factors usually do not operate in isolation.

*Faculty Absenteeism*

The absence of a teacher would lead to a delay in the completion of the curriculum. This would force the student to be disengaged with learning because they see their role models doing it. This negatively affects students' motivation and commitment to learning, which are important factors for success. Students should be taught to regulate their learning behavior, receive sufficient guidance and support from teachers. Teachers can help identify the problem and encourage participation in the learning process and organize learning skills. A certain amount of academic and non-academic support can help students stay motivated to complete an assignment on time.

*Lack of effective mentoring services:*

In a study on the effects of the environment on improving the academic performance of students, the introduction of mentoring solutions was proposed, where parents and teachers were directly involved in the planning of the student's studies. With NAAC, effective mentoring programs are necessary for colleges. There is a strong emphasis on mentoring programs, where the teacher is involved in informing the parents about the presence, attitude and educational progress of their subject, so that the parents can inform the student, and both can plan the course of events to ensure improvement of the students.

**DISCUSSION**

Low academic achievement in medical school is a significant challenge that can affect a student's ability to succeed in medical school and beyond. Although medical schools have strict standards and expectations for their students, some students may struggle with the course for several reasons. These reasons can be a lack of preparation, learning difficulties or a language barrier. To support these students, medical schools can implement specific treatment measures designed to meet their unique needs.

Special remedial measures are needed for low achievers in medical schools for several reasons. First, these interventions help address learning gaps that may arise from low academic achievement due to inadequate preparation or learning challenges. Medical school curricula are complex and require a strong foundation in various disciplines. Some students may lack the necessary expertise in one or more of these areas, making it difficult for them to succeed in medical school. Special remedial measures help such students achieve by adding additional learning opportunities tailored to their needs Specific remedial measures help low performers develop the skills they need to succeed in medical school. Medical education is not only about acquiring knowledge, but also about developing skills such as critical thinking, problem solving and communication. People with low academic achievement may struggle with these skills, making it difficult to succeed in medical school. Special remedial resources provide opportunities for students to develop these skills through interactive learning activities and instructor feedback. Specific treatment measures provide a support system that is critical for success in medical school. Medical education is stressful and demanding, and students can feel overwhelmed or isolated, especially if they are struggling academically. Special Adjustments provides a supportive learning environment where students can connect with peers facing similar challenges, share experiences, and receive emotional support from counselors and mentors.

Effective specific interventions to improve the academic performance of low-performing medical schools have certain characteristics.

First, these measures are student-centered and tailored to the individual needs of students. Students have different learning styles and specific remedial measures must be designed to accommodate these differences. For example, some students may prefer visual aids, others may prefer auditory aids, while others may require kinesthetic aids. Effective special treatment interventions should use a variety of teaching methods, including lectures, group discussions, and hands-on activities, to meet the diverse learning needs of students.

Second, effective specific treatment measures in lower medical schools should be interactive and engaging. Interactive learning activities such as case studies, simulations and group projects help students apply the knowledge and skills they have acquired in real life. These activities also help students develop critical thinking and problem-solving skills that are essential for success.

Third, effective specific interventions in ineffective medical schools should provide regular feedback and evaluation. Feedback helps students understand their strengths and weaknesses and identify areas for improvement. Regular assessments help instructors assess student progress and adjust specific remedial measures as needed. Assessment results also help faculty identify students who may need additional support or interventions It is extremely important that the faculty and institute identify these underdogs and keep them in the system. Today, a strategic approach is needed to realize and promote their potential through a modular support system. Early identification of slow learners is important, so teachers should try to use tools and techniques such as -

1. Daily monitoring of the student in the classroom and laboratory
2. Monitoring of attendance and careful consideration of absences
3. Assessment of academic performance already before the first I/A through partial preliminary exams.
4. Monitoring fitness and behavior and reporting deviations to the mentoring office and the relevant mentor.
5. A student's personal attitude and self-interest is the most important factor affecting academic success, so teachers should elicit innovative TL styles to have a positive impact on students. Teachers should guide students properly and lead them on the right path with a motivated and friendly attitude. Teaching styles and learning methods greatly affect student academic success. Teaching styles should be highly interactive and clinically oriented.
6. Peer and family should support and make the student positive and stress-free through good peer relationships.
7. Environmental factors also play an important role such as creating an optimal learning atmosphere with amenities such as hostel environment and food.

*Carefully guided individual instruction*

Short people work best with carefully planned instruction, step-by-step instructions, and timely help. Meaningful repetition of content is necessary and should be positively reinforced when possible. One way is to use formative assessment to identify areas where students are struggling and provide targeted support. Formative assessment involves monitoring the student's progress regularly throughout the learning process, not just at the end of a unit or course. These assessments can take a variety of forms, such as quizzes, essays and projects, and can be used to identify areas where students need additional support or guidance. Early detection is the basis of managed repair.

Once students who need additional support are identified, tailored remedial measures can be implemented to help them succeed. One approach that can be effective is to provide one-on-one tutoring with experienced teachers or academic advisors. These tutors can provide individualized attention and support to help students master complex concepts and increase their academic confidence Another effective remedy is to provide additional study sessions or workshops that focus on specific areas of the curriculum that students may struggle with. If a student struggles with, for example, anatomy, additional study sessions can be organized that provide in-depth explanation and hands-on practice with physiological models. In addition to one-on-one tutoring and extra study periods, providing access to digital learning materials can also benefit low performers. Medical schools can invest in online learning or digital platforms that provide interactive tutorials and simulations. These resources can provide students with additional opportunities for practice and learning outside of classrooms. Another way to offer flexible learning options is through personalized study plans. These plans are designed to meet the unique needs of individual students and may include both online and in-person instruction as well as independent study. Medical schools can offer interactive and flexible modules and assignments that students can complete at their own pace. It is also important to understand that low academic achievement can be caused by factors outside the classroom. Personal, social, or emotional problems can often affect a student's academic performance. As such, tailored treatments must also take into account the overall well-being of the student. Medical schools can offer support groups to help students deal with these issues and develop coping strategies. Counseling can be especially important for low-achieving students who may struggle with emotional or psychological challenges that affect their academic performance. Counselors can provide a safe and supportive environment for students to discuss their concerns and develop stress management strategies. In conclusion, one-to-one tutoring can be a valuable tool to support low achievers in medical schools. Using formative assessment, flexible learning options, and personalized support, medical schools can help these students overcome academic challenges and reach their full potential. Although individual teaching requires additional resources and time, the benefits of supporting low academic achievement can be significant not only for individual students but also for the entire practice.

**CONSEQUENCES**

Many institutes do not have separate classes or trained lecturers to examine the classes as academically inferior and very often they are placed in the same class as regular students. In such circumstances, as the classroom size increases, the teacher must have an organizational plan to accommodate the special needs of such students. He understands their abilities, limitations and offers them opportunities. Low academic achievement can also have wider economic implications. A low-skilled workforce can limit a country's economic growth, as businesses can struggle to find skilled workers. Employees Low academic achievement can perpetuate social inequality, especially for students from low-income families who attend public colleges. Medical schools are among the most rigorous and demanding educational institutions in the world. Students enrolled in medical schools are expected to have excellent academic results and a high level of personal and professional commitment. Unfortunately, some students may struggle to meet these expectations, resulting in poor academic performance. To address this challenge, many medical schools have implemented remedial programs to support academically disadvantaged students. Remedial programs are designed to provide students with additional learning opportunities, resources, and support to improve academic performance. Implementing poorly performing remedial programs in medical schools can be difficult for several reasons. First, resource constraints may limit the availability and quality of correctional programs. Medical schools may have limited resources to adequately fund and staff rehabilitation programs. This may result in inadequate facilities, inadequate staff or inadequate materials and equipment.

**SUGGESTED SOLUTIONS**

• One of the most effective solutions to addressing poor academic achievement is to improve access to quality education for all students. This can be achieved through initiatives such as providing free learning resources, improving the quality of teachers, and learning materials, and increasing the availability of technology and other interactive learning platforms to engage all the senses.

• Indian medical colleges must invest in modern facilities and updated equipment to provide students with the hands-on experience they need to succeed. In addition, more attention must be paid to recruiting qualified teachers to teach.

• Provide a relaxed school environment to increase student motivation. • Early intervention and support can also be effective in addressing poor academic performance. This may include interventions such as remedial tutoring, identifying, and treating learning disabilities, and providing mental health support to struggling students.

• Parents should be aware of their children’s problems and aim for their academic success step by step.

• To coordinate between the administration of higher education, the Ministry of Education, or universities, to develop the learning process in such a way that it goes along with the changes and new developments in the education sector around the world.

• Each college and department should have its own database to identify slow learners.

• Before the first formative assessment, try to identify those who are academically unsuccessful

• Train teachers in the application of educational skills and continuous monitoring of student performance

• Uses interactive and clinical learning activities to engage students in the subject matter. Visual learning should also be encouraged and whiteboards should be used to motivate students.

• Faculties must pay special attention to students with weak concentration, ie. Lack of interest, and to ensure the development of their interest in subjects through guidance.

• Correct assessment in classes and additional motivation always gives students an extra push that improves their results.

• Teachers can use different assessment methods, such as formative assessment and peer assessment, to better understand students’ strengths and weaknesses and identify areas where additional support is needed. Finally, addressing systemic inequities is critical to addressing low academic achievement. This may include initiatives such as improving access to health care and promoting diversity and inclusion in education.

**SUMMARY**

Lack of motivation

Students may lack intrinsic motivation or may lose interest due to their surroundings Poor Study Habits: Students who do not develop good study habits early in their academic career run the risk of struggling with more advanced coursework.

Poor study habits

These can include procrastination, lack of organization, and inefficient timing.

Stress and burnout:

The rigorous demands of medical school can cause stress and burnout in students, which can lead to poor academic performance.

Learning Disabilities

Students with learning disabilities such as ADHD or other cognitive disabilities can have a hard time staying on track and reaching their full potential.

Poor quality of teaching

Poor quality teaching or ineffective teaching methods can also undermine academic success.

Inadequate Academic Support

Students who do not have access to adequate academic support, such as tutoring or tutoring, may find it difficult to keep up with course requirements.

Personal issues

Students dealing with personal issues such as family problems, financial difficulties or health problems may find it difficult to focus on their studies and achieve academic success. It is important that these factors are not mutually exclusive because they can affect academic performance.

**CONCLUSION**

Low academic performance in medical schools is a major problem for the health system. Those individuals who do not meet academic expectations in medical schools are more likely to fail to provide quality health care. There are several reasons for this situation, such as lack of preparation, bad study habits or simply lack of motivation. Medical schools are prestigious institutions that require rigorous coursework and long hours of study.

To be successful, medical students must be able to absorb large amounts of information, remember complex concepts, and apply that knowledge to real-world situations. Academic low-achievers are students who, despite their best efforts, struggle to maintain such academic rigor. One of the reasons why medical students learn poorly is a lack of preparation. Many students enter medical school without the necessary foundation in basic science and mathematics. This makes it difficult for them to keep up with the more complex coursework required in medical school. In addition, some students may not have received adequate training in study skills such as note-taking, time management, and test-taking strategies, making it difficult for them to succeed in the demanding environment of medical school.

Another factor contributing to poor academic performance is poor study habits. Medical school requires a tremendous amount of study time, and students who do not develop effective study habits may fall behind. This can lead to a vicious cycle, as falling behind can lead to a lack of motivation and further difficulties in learning. Finally, some students simply lack the motivation to succeed in medical school. The pressure to succeed in medical school can be intense, and some students may feel overwhelmed or discouraged. Additionally, some students may not be truly interested in medicine or health care, but family or societal expectations may have forced them to pursue a career in medicine. The poor academic performance of medical students has a significant impact on the healthcare system. These students may not be able to provide quality health care services, which may lead to negative outcomes for patients. In addition, medical schools may be hesitant to admit students with poor academic performance because they may be concerned about their ability to succeed in a demanding degree. Several strategies can be used to address the problem of low academic achievement in medical schools. First, medical schools can provide additional support for students struggling academically, such as tutoring or study groups. In addition, medical schools may offer courses in study skills and time management to help students develop effective study habits. Finally, medical schools can work to create a supportive and inclusive learning environment where students feel motivated and encouraged to succeed. In short, it can be said that the low academic performance of medical students is a major concern for the health care system. Although there are many reasons for this situation, such as lack of preparation, poor study habits or lack of motivation, there are strategies that can be used to overcome this problem. By providing additional support for struggling students and creating a more supportive and inclusive learning environment, medical schools can help ensure that their students are well prepared to provide quality health care.

**REFERENCES**

1. Yates J. Development of a “toolkit” to identify medical students at risk of failure to thrive on the course: an exploratory retrospective case study. BMC Med Educ 2011.
2. Malik S. Effect of intervention training on mental abilities of slow learners. Int J EduSci 2009.
3. Dale M. Peer tutoring: children helping children. The Exceptional Parent, 1979.
4. Carrol S. Slow learners in the regular classroom: A handout for teachers, In. A S Canter and S A Carroll (Eds), Helping Children at home and school, Handouts from your school psychologist: 205-206. Betheseda MD: The National Association of School Psychologists USA, 1998.
5. Ananthakrishnan N. Helping Problem learners- a suggested approach. Bull NTTC, 2000.
6. Poongothai S, Thiyagarajah V. The impact of Remedial teaching on improving the competencies of low achievers. Int J Social Science and Interdisciplinary Research, 2012.
7. Aremu, A &amp; Sokan, B. A multi-causal Evaluation of Academic Performance of Nigerian Learners: Issues and Implications for National Development. Department of Guidance and Counseling, University of Ibadan,2003.
8. Patel R, Tarrant C, Bonas S, et al.. The struggling student: a thematic analysis from the self-regulated learning perspective . Med Educ. 2015.
9. Abdulghani HM, Al-Drees AA, Khalil MS, et al. What factors determine academic achievement in high achieving undergraduate medical students? A qualitative study. Med Teach. 2014.
10. Suwanthawee T. Problems and impacts on medical students and methods of prevention at the Faculty of Medicine of Ramathibodi Hospital, Mahidol University. Proceedings of the Thai Medical Education Conference;1995 Jan 25-26; Bangkok, Thailand. Thamasat University; 1995.
11. Schorling, Raleigh, &quot;The Slow-Learning Pupil,&quot; Educational Forum 1:211-15, January, 1939.
12. O’Neill LD, Wallstedt B, Eika B, et al.. Factors associated with dropout in medical education: a literature review. Med Educ. 2011.
13. Holder NAKA. The hows and whys of academic failure among year 1 struggling students Kuala Lumpur. Malaysia: University Malaya; 2020.
14. Bennion LD, Durning SJ, LaRochelle J, Yoon M, Schreiber Gregory D, Reamy BV, Torre D. Untying the Gordian knot: Remediation problems in medical schools that need remediation. BMC Med Educ. 2018.
15. Wilkinson D, Zhang J, Byrne GJ, Luke H, Ozolins IZ, Parker MH, Peterson RF. Medical school selection criteria and the prediction of academic performance. Med J Aus. 2008.
16. Mercer A, Puddey IB. Admission selection criteria as predictors of outcomes in an undergraduate medical course: A prospective study. Med Teach. 2011.
17. Pinyopornpanish M, Sribanditmongkok P, Boonyanaruthee V, Chan-ob T, Maneetorn N, Uuphanthsath R. Factors affecting low academic achievement of medical students in the faculty of medicine, Chiang Mai University. Changi Mai Med Bull. 2004.
18. Schneid SD, Apperson A, Laiken N, Mandel J, Kelly CJ, Brandl K. A summer prematriculation program to help students succeed in medical school. Advances in Health Sciences Education. 2018.
19. Strayhorn G. Participation in a premedical summer programme for underrepresented minority students as a predictor of academic performance in the first three years of medical school: two studies. Acad Med. 1999.
20. Ogut E, Senol Y, Yildirim FB. Do learning styles affect study duration and academic success? European Journal of anatomy. 2017.
21. Hernandez-Torrano D, Ali S, Chan CK. First year medical students’ learning style preferences and their correlation with performance in different subjects within the medical course. BMC Medical Education. 2017.
22. Jiraporncharoen W, Angkurawaranon C, Chockjamsai M, Deesomchok A, Euathrongchit J. Learning styles and academic achievement among undergraduate medical students in Thailand. J Educ Eval Health Prof. 2015.
23. Bhagat V, Haque M, Bin Simbak N, Jaalam K. Study on personality dimension negative emotionality affecting academic achievement among Malaysian medical students studying in Malaysia and overseas. Advances in Medical Education and Practice. 2016.
24. Guntern S, Korpershoek H, Van der Werf G. Benefits of personality characteristics and self-efficacy in the perceived academic achievement of medical students. Educational Psychology. 2017.
25. Davoudi F, Esmaeeli S, Ahmadzad Asl M, Nojomi M. Academic performance in Iranian medical students during the pre-clinical stage. Medical Journal of the Islamic Republic of Iran. 2017.
26. Bastias G, Villarroel L, Zuniga D, Marshall G, Velasco N, Mena B. Academic performance of medical students: a predictable result? Rev Med Chil. 2000.
27. Mann C, Canny B, Lindley J, Rajan R. The influence of language family on academic performance in Year 1 and 2 MBBS students. Med Educ. 2010.
28. Biggs JSG, Najman JM, Schulz EB, Williams G. Parental problems influencing the academic achievement of medical-students - a prospective study. Med Educ. 1991.
29. Malau-Aduli BS, O’Connor T, Ray RA, Kerlen Y, Bellingan M, Teague PA. Risk factors associated with academic difficulty in an Australian regionally located medical school. BMC Medical Education. 2017.
30. Maslov Kruzicevic S, Barisic KJ, Banozic A, Esteban CD, Sapunar D, Puljak L. Predictors of attrition and academic success of medical students: a 30- year retrospective study. PLoS One. 2012.
31. Zhou YX, Ou CQ, Zhao ZT, Wan CS, Guo C, Li L, et al. The impact of self-concept and college involvement on the first-year success of medical students in China. Advances in Health Sciences Education. 2014.
32. Abdulghani HM, Alrowais NA, Bin-Saad NS, Al-Subaie NM, Haji AM, Alhaqwi AI. Sleep disorder among medical students: relationship to their academic performance. Med Teach. 2012.
33. Alfakhri L, Sarraj J, Kherallah S, Kuhail K, Obeidat A, Abu-Zaid A. Perceptions of pre-clerkship medical students and academic advisors about sleep deprivation and its relationship to academic performance: A cross-sectional perspective from Saudi Arabia Medical Education. BMC Research Notes. 2015.
34. Eldridge, M. Academic Failure and Educational Support Methods. Mohammed V University - Rabat – Morocco,2012.
35. Schiller JH, Stansfield RB, Belmonte DC, Purkiss JA, Reddy RM, House JB, et al. Medical Students’ Use of Different Coping Strategies and Relationship With Academic Performance in Preclinical and Clinical Years. Teaching and Learning in Medicine. 2018.
36. Masten, A. &amp; Coatsworth, J. The Development of Competence in Favorable and Unfavorable Environments: Lessons from research on successful children. American Psychologist, 1998.
37. Kumar M, Sharma S, Gupta S, Vaish S, Misra R. Effect of stress on academic performance in medical students: A cross sectional study. Indian J Physio Pharmacal. 2014.
38. Sohail N. Stress and academic performance among medical students. J Coll Physicians Surg Pak. 2013.
39. Kleijn WC, Van der Ploeg HM, Topman RM. Cognition, study habits, test anxiety, and academic performance. Psychol Rep.1994.
40. Stewart SM, Lam TH, Betson CL, Wong CM, Wong AM. A prospective analysis of stress and academic performance in the first two years of medical school. Med Educ. 1999.
41. Almuammria, M. The impact of the environment in enhancing the academic achievement of students. Scientific Library, Beirut p13,2015.