



Volume 3 Issue 2
(Jan-Jun)
2026

Submission:

23rd February, 2026

Acceptance:

7th April, 2026

DOI:10.5281/

zenodo.19632777

Corresponding Author

Dr Sampriti Samanta
Haffkine Doctors Quarters,
Tata Memorial Hospital,
G D Ambekar Rd, Parel,
Mumbai, Maharashtra 400012
e-mail: saman-
ta.sampreeti55@gmail.com

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Published by: Eureka Sciencetech Research
Foundation, Kolkata.

Online access: <https://esrfjums.co.in>

Attitude Towards Offline Classes Among The Undergraduate MBBS Students In A Medical College Of Purba Medinipur

Meghna Bhattacharya¹, Abhijeet Kumar¹, Sonmoy Metya¹, Swati Sinha¹, Shivani Maurya¹, Mona Kumari¹, Ahana Biswas¹, Sitesh Maiti¹, Shreya Panda¹, Sk Mukhlesur Manik¹, Snehasis Jana¹, Tanmoy Roy¹, Soumita Balo¹, Suman Singh¹, Sampriti Samanta², Pankaj Kumar Mondal³

¹Phase 2 MBBS, Tamralipto Government Medical College, Tamluk

²Fellow, Department of Preventive Oncology, Tata Memorial Hospital, Mumbai

³Professor and Dean, Department of Community Medicine, Tamralipto Government Medical College, Tamluk

Abstract

Background: Traditional classroom classes are a key component of undergraduate medical education. But a shift has been noticed among MBBS students preferring online learning platforms and increasing offline classroom absenteeism. This study aims to assess the attitude toward offline lecture classes and identify reasons influencing attendance among undergraduate MBBS students in a medical college of Purba Medinipur.

Materials and methods: A cross-sectional study was conducted among 98 undergraduate MBBS students using a predesigned, semi-structured questionnaire. Data regarding demographic profile, attendance status, attitudes toward offline lectures, and academic and non-academic factors affecting attendance were collected and analysed using descriptive statistics.

Results: Among participants, 19.4% reported less than 75% attendance in the preceding month. Although 95.9% were aware of attendance NMC guidelines, 41.8% skipped lectures one to two times a week. Theory classes were most frequently missed (52.6%). About 22.4% opined that pre- and para-clinical classes should be optional, and 39.8% perceived online platforms as more convenient. Academic factors such as time management issues (36.7%) and lack of engagement (26.5%), along with non-academic factors including social distractions (40.8%) and mental health concerns (33.6%), influenced attendance. Peer influence and schedule-related stress were also found to have a substantial impact on class attendance. Students recommended more interactive, clinically integrated, and practically oriented teaching approaches to improve attendance.

Conclusion: Absenteeism in offline classes is influenced by multiple factors. Enhancing engagement, strengthening clinical relevance and adopting interactive teaching strategies may improve attendance in undergraduate medical education.

INTRODUCTION

Medical education plays a crucial role in shaping the future of healthcare. The academic training is vital for imparting the essential knowledge, skills, and ethical values required to make competent Indian Medical Graduate (IMG). Medical education has traditionally relied on face-to-face classroom teaching as the cornerstone of undergraduate training. Offline classes allow direct interaction between teachers and students, encourage active participation, and develop professional attitudes and communication skills, an essential for medical practice.

In recent years, advances in digital technology and the widespread adoption of online learning platforms have transformed the educational scenario.¹ The COVID-19 pandemic further accelerated this shift, enforcing medical institutions worldwide to adopt virtual modes of learning facilities.² While online learning mode offered continuity of education during unprecedented times, it also highlighted several challenges, including reduced student engagement, limited interaction, technological barriers, and concerns regarding the effectiveness of learning outcomes in medical education.³ As institutions gradually return to conventional teaching methods, understanding students' perspectives on

Keywords: Offline class, Medical education, Attitude, Absenteeism



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offline lecture classes has become increasingly important.

In recent years, global trend of poor attendance in offline classes have surfaced as a challenging issue in medical education.⁴ Several studies have pointed out the classroom absenteeism among medical students. Wynter L et al. found that traditional offline classes remain the most effective source of medical learning even though the wide-spread popularity of e-learning still can't be denied. They also found that some age dependent difference was present for choosing learning platforms and materials but there was no gender-based differences.⁵ Gupta A et al. found that female students and first year medical students were more likely to be present in live lecture classes compared to senior year medical students.⁶ In another study by Sengupta P et al. on classroom absenteeism for medical students, reported that most of them attend the classroom lectures for pre and paraclinical subjects for getting attendance only which significantly affected the academic performance of the students.⁷

It is important to find out the reasons for the students to change their attitude towards offline classes knowing that it would actually put a major impact in their academic as well as professional career. Therefore, the present study aims to assess the attitude towards offline classes absenteeism among undergraduate medical students in a medical college of Purba Medinipur, West Bengal.

MATERIALS AND METHODS

Study design, setting and period: The present study was a descriptive type of study and cross sectional in design. It was a student project in community medicine posting of Tamaralipto Government Medical College and Hospital (TGMCH), a tertiary teaching hospital in Purba Medinipur, West Bengal. Study duration was one month, in the month of February, 2025.

Study population: Phase one and two MBBS Students of TGMCH were eligible for the study. Those who were absent during the period of data collection or did not give consent and obviously those students who were conducting the study were excluded.

Sample size and sample technique: For the present study, convenience sampling technique applied. A total of 98 students, combining of Phase 1 and 2 gave responses.

Study tools: A pre-designed, pre- tested, semi- structured schedule consisting of academic and demographic information, attitudes towards absenteeism, personal factors, academic, non-academic, social factors affecting and suggestions to improve the attendance.

Study variables and operational definitions:

1. Academic & demographic details:

- Age
- Sex
- Academic phase
- Residence

2a. Attendance status and absenteeism: Attendance status of both the phases were taken, according to their respective classes and registers in the respective departments. The attendance status was considered as in the last one month, among scheduled number of offline classes, how many the student attended and how many missed the classes as per the attendance register.

2b. Absenteeism details (self-reported)

- Skipped offline classes:
 - ◊ Rare: 1 class in a month
 - ◊ Sometimes: 1 to 2 classes in a week
 - ◊ Often: 3 or more classes in a week
 - ◊ Never: none in last 1 month
- Type of offline classes they skip
- Awareness of National Medical Commission (NMC) guidelines on attendance

3. Attitudes towards offline classes

4. Academic factors affecting the attendance

5. Non-academic factor affecting the attendance

6. Suggestions by the students to improve the attendance

Data collection technique: Topic was decided and discussed among team members. Permission from the college authorities was take. A pre-tested, semi-structured questionnaire was prepared on google form. Data were collected after taking proper consent from the students. If any students were absent during the survey, they were communicated if they want to participate in the study; if they agreed then through google form data was collected.

Data analysis: Collected data of 98 participants were checked for consistency completeness and entered in Microsoft Excel data sheet. Data were organized and presented using the principles of descriptive and inferential statistics. Categorical variables were expressed in percentage of total participants. Graphical representations were given wherever applicable.

Ethical Considerations: Permission was taken from the authority of the institution, informed consent was taken from the participants, confidentiality & anonymity of the participants were maintained.

RESULT

In the present study, the majority of the participants were from Phase II (58.2%), followed by Phase I (41.8%). Most students belonged to the 18–21 years age group (70.4%), while 26.5% were aged between 22–25 years and only 3.1% were in the 26–29 years age group. With regard to gender distribution, 69.4% of the respondents were male and 29.6% were female. The majority of students (92.8%) were residing in the hostel, whereas 7.2% were day scholars. Among the study participants 19.4% were found having less than 75% attendance preced-



-ing one month for all scheduled classes on that month (**Figure 1**).

Table 1 indicates that 42.9% of participants rarely skipped lecture classes, 41.8% sometimes skipped, and 11.2% never skipped. Theory sessions were most commonly missed (52.6%), followed by clinical sessions (22.4%); 13.3% reported no specific pattern. A majority (95.9%) were aware of the NMC attendance guidelines.

Table 2 is showing the attitudes of the study participants towards offline classes. Among the respondents, 22.4% opined that pre- and paraclinical lecture classes should be optional., 39.8% considered online platforms more convenient compared to offline lectures. In terms of teaching quality, 39.8% rated it as fair, 37.8% as good, 12.2% as poor, and 2.1% as very poor. Approximately 25.5% believed that as sometimes content of class is not directly linked to clinical practice, thus affecting attendance. A substantial proportion (82.7%) agreed that a good support system helps regular academic attendance. Peer influence was also notable on attendance. 41.8% reported being more likely to skip classes if many peers did so, 34.6% stated that peers sometimes influenced their decision, and 23.4% reported peer influence cannot affect their attendance. With respect to stress related to class schedules, 18.4% always felt stressed, 56.1% sometimes. Additionally, 55.1% believed that their sleeping schedule affected attendance.

Figure 2 depicts the response of the study participants regarding academic related factors affecting their attendance. The most commonly reported factor was difficulty in time management (36.7%), followed by lack of engagement in classes (26.5%). Poor teaching quality was reported by 16.3%, while 13.3% cited disinterest in the topic. A small proportion (2%) attributed their absenteeism to language-related issues. **Figure 3** presents the responses of the participants regarding non-academic factors affecting their attendance. Social distractions were reported by 40.8% of students, followed by mental health issues (33.6%). Residential issues were cited by 19.3%, and family-related problems by 13.2%. Additionally, 7.1% attributed absenteeism to sleep schedule disturbances, 6.1% to personal health problems, 2% to relationship issues, and 1% to sports-related factors.

Figure 4 depicts the suggestions provided by the participants to improve attendance. The most common suggestion was making classes more engaging (33.5%), followed by adopting a more flexible class schedule (17.3%). Incorporation of more clinical aspects was suggested by 6.1%, while 9.2% recommended increasing practical applications. Weekly counselling sessions for motivation were proposed by 5.1%, and 5.0% recommended stricter implementation of attendance rules. Additionally, 7.1% offered other suggestions such as incorporating question-answer sessions, MCQ discussions, use of animations, short classroom projects, and delivering lectures exclusively in English rather than in the local language. Some participants also mentioned that some globally reputed universities have discontinued mandatory attendance policies.

DISCUSSION

The present study explored the attitude of undergraduate MBBS students toward offline classes and identified reasons influencing attendance. The findings provide important insights for classroom absentee-

ism in a conventional medical education setting.

Most of the study population comprised Phase II students and aged 18–21 years, residing in hostels which reflects the typical demographic distribution of undergraduate MBBS cohorts. In a similar study from West Bengal comparable findings were noted. More than half of the proportions were from phase 2, 66.7% were male, 94.9% were hostelite.⁷

19.4% of students reported attendance below 75% in the preceding month in the present study. 41.8% students acknowledged skipping lectures sometimes (1 to 2 classes per week) and 42.9% rarely (one time in a month). In a comparable study, the majority of students (56.4%) reported skipping lecture classes approximately 2–3 times per week.⁷ In a study conducted in Ethiopia, 43.7% of students had missed three or more lectures, and 14.1% had missed more than eight lectures during the preceding semester. Significant factors for missing lectures were found as students' age, chosen discipline (medicine), and social drug use.⁸

Theory classes were the most frequently skipped sessions (52.6%), whereas practical demonstrations were least affected. This pattern indicates that students may perceive practical and clinically oriented sessions as more essential or engaging compared to didactic theory lectures. A study by Eisen DB et. al. explored the medical students class attendance and learning preferences in which most frequently reported reason for attending classes was social expectation (96%), whereas the least frequently cited reason was perceived effectiveness of learning in a classroom setting (65%). The common reasons for non-attendance included availability of lectures online (35%), preference for independent study outside the classroom (26%).⁹ Studies have reported a 30–40% decline in classroom attendance even at prestigious institutions such as Johns Hopkins University School of Medicine and Harvard Medical School. With widespread smartphone use and improved internet connectivity, many students increasingly prefer accessing recorded online lectures at their own pace, contributing to rising lecture absenteeism.¹⁰ Another survey among medical students found that only 63% of first-year and 53% of second-year students attended non-mandatory lectures. Attendance was higher among those pursuing less competitive specialties. The main reasons for non-attendance were perceived inefficiency of lectures and dissatisfaction with teaching style.¹¹

Current study found that despite 95.9% of participants being aware of the attendance guidelines prescribed by the National Medical Commission (NMC), awareness alone did not ensure consistent attendance, highlighting that regulatory mandates may have limited influence without improvements in teaching quality and engagement. In India, medical education is regulated by the National Medical Commission (NMC). According to the Graduate Medical Education Regulations (GMER), a minimum of 75% attendance in lecture classes is mandatory for eligibility to appear in the final university examinations of the respective subject. Nevertheless, similar to global trends, students in India have demonstrated an increasing tendency to skip lecture classes.¹²

The present study found nearly one-fourth of students (22.4%) felt th-





-at pre- and paraclinical lectures should be optional, and 39.8% considered online platforms more convenient. Although most rated teaching quality as fair or good, dissatisfaction appeared mostly in delivery methods and limited clinical relevance. Peer influence affected attendance decisions for over 75% of students. Additionally, schedule-related stress, sleep disturbances, and time management difficulties were commonly reported, indicating that personal well-being plays a significant role in attendance patterns. In a similar study from South India, 61% of medical students reported a positive attitude towards lecture classes. However, 23% felt that slides were changed too rapidly, 25% believed that teaching methods could be further improved, and 55% perceived the lectures as monotonous.¹³ Another study assessed medical students' attitudes toward didactic theory lectures, approximately 89% of students expressed satisfaction with the teaching skills of the faculty, 78% were satisfied with their motivational abilities, and 80% agreed that the quality of content delivered during lecture classes was good.¹⁴ A study from Washington University found significant differences of perceptions between faculty and students regarding classroom attendance. Faculties were more likely to believe that poor attendance negatively affects the effectiveness of lectures and that attendance is linked to professionalism. In contrast, students were more supportive of having freedom to choose their learning methods, including missing classes for research or community service, and considered recorded lecture videos an adequate substitute for attending in person.¹⁵

Time management problems (36.7%) and unengaging teaching (26.5%) were major academic reasons for absenteeism in the current study while social distractions (40.8%) and mental health issues (33.6%) were common non-academic factors. A substantial proportion of students agreed that good institutional support helps maintain attendance. Sengupta P et. al. found in their study that reasons for absenteeism were disliking a particular teacher's teaching style (85.12%) and early morning classes (84.10%). Many students felt they learned better through self-study (60.51%).⁷ In another study, the primary reasons cited for missing lectures included preparation for other examinations, lack of interest in the subject, the lecturer's teaching style, and the availability of lecture materials.⁸

Present study explored students' suggestions to improve attendance primarily focused on enhancing engagement, introducing flexible class scheduling, increasing practical and clinical orientation, and interactive methods such as MCQ discussions and question-answer sessions. While a small proportion referred to stricter enforcement of attendance policies, global trends of attendance relaxation. Similar suggestions found in previous literature also.⁷ A meta-analysis demonstrated a significant overall effect favoring flipped classrooms over traditional teaching methods in health professions education (standardized mean difference= 0.33;p < 0.001). The effectiveness of the flipped classroom approach was further enhanced when instructors incorporated quizzes at the beginning of in-class sessions.¹⁶

Overall, the findings suggest that improving attendance in offline lecture classes requires a multidimensional approach that addresses teaching methodology, curricular integration, student well-being, and institutional support systems.

LIMITATIONS

The present study has certain limitations. First, being a cross-sectional study conducted in a single medical college, the findings may not be generalizable. Second, the data were self-reported, which may introduce recall bias. Third, the study did not assess academic performance in relation to attendance, limiting the ability to establish associations between absenteeism and learning outcomes.

CONCLUSION

The present study highlights that absenteeism from offline classes remains common among undergraduate MBBS students. Theory lectures were more frequently missed and many students considered online platforms convenient. Attendance was influenced by both academic factors (such as time management and unengaging lectures) and non-academic factors (including social distractions, mental health issues, and sleep problems). Peer influence and schedule-related stress also affected attendance. Students suggested making lectures more interactive and clinically oriented, along with flexible scheduling for improving attendance. A comprehensive and student-centered approach in medical education is recommended for improving attendance.

CONFLICT OF INTEREST

None Declared

FUNDING

Not declared



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Figure 1: Pie chart showing attendance status of the study participants in last 1 month (n=98)

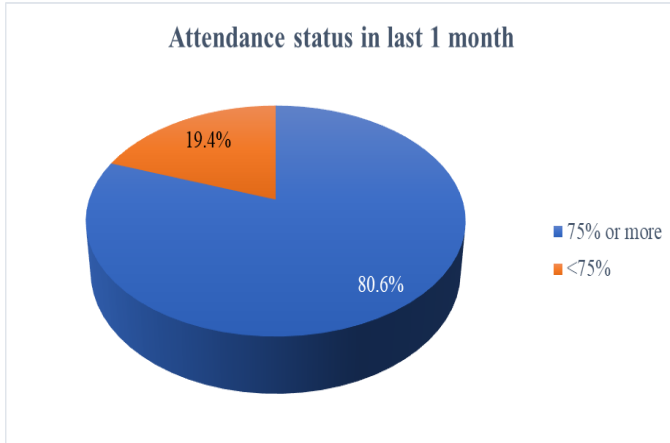


Figure 3: Bar chart showing responses based on non-academic factors affecting the attendance (n=98) (multiple responses)

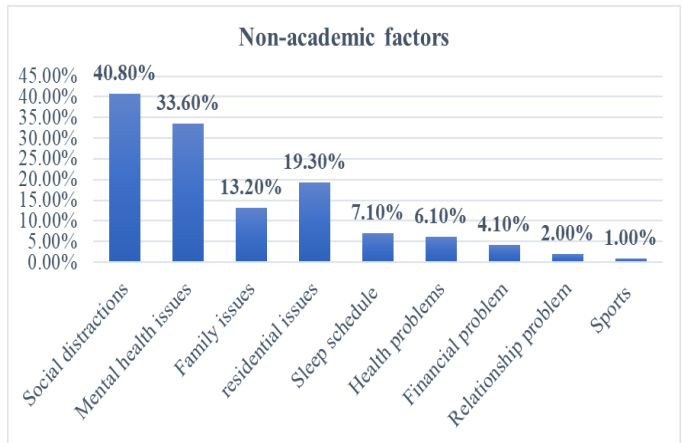


Figure 2: Bar chart showing responses based on academic factors affecting the attendance (n=98) (multiple responses)

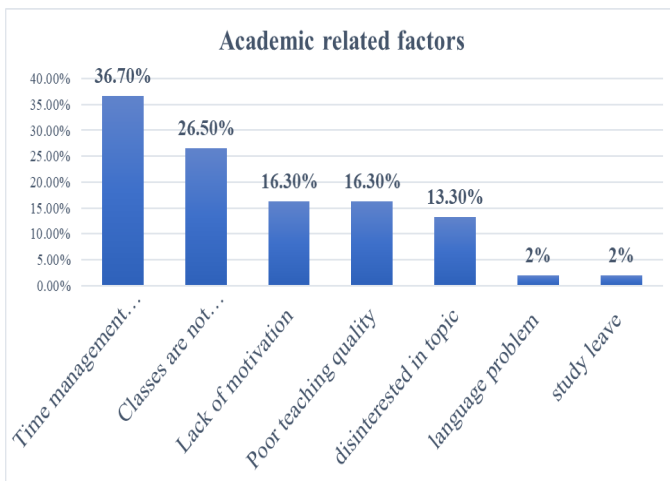


Figure 4: Bar chart showing suggestions given the study participants to improve attendance in the offline class (n=98) (multiple responses)

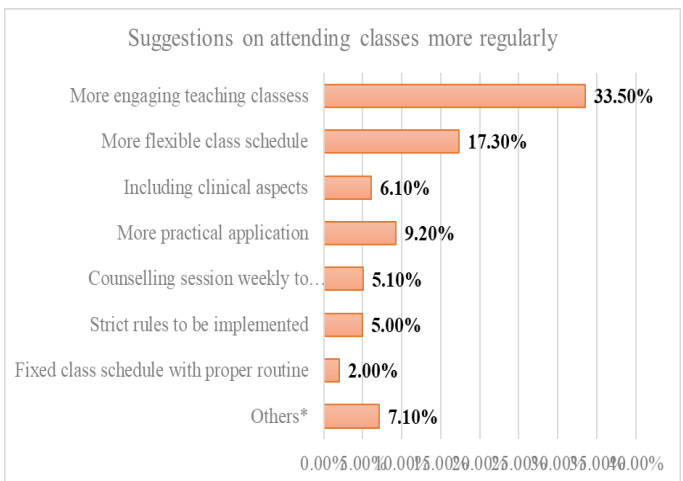


Table 1: Description and details of class absenteeism of the study participants (n=98)

Absenteeism		Frequency	Percentage (%)
Skip classes	Rare	42	42.9
	Sometimes	41	41.8
	Often	4	4.1
	Never	11	11.2
Type of offline classes they skip	Theory sessions	51	52.6
	Clinical ward Sessions	22	22.4
	None	11	11.2
	Not specific	13	13.3
	Practical demonstration	1	0.5
The awareness of NMC guidelines on attendance	Yes	94	95.9
	No	4	4.1
Total		98	100



Table 2: Attitude of the study participants towards offline classes (n = 98)

Attitudes towards offline class		Frequency	Percentage (%)
Do you think pre and para-clinical subject classes should be optional?	Yes	22	22.4
	No	76	77.6
Do you think online platforms are more convenient and useful than offline classes?	Yes	39	39.8
	No	15	15.3
	May be	44	44.9
What do you feel about the quality of teaching?	Excellent	8	8.1
	Fair	39	39.8
	Good	37	37.8
	Poor	12	12.2
	Very poor	2	2.1
Do you think, sometimes content of the classes are not directly linked to the clinics, thus affecting attendance?	Yes	25	25.5
	No	47	48.0
	Don't Know	26	26.5
Do you think that presence of good support system help to maintain good academic attendance?	Yes	81	82.7
	No	13	13.3
	Don't know	4	4.0
Do you think peer behavior affect your attendance?	Yes, if many students skip, I am more likely to skip as well	41	41.8
	Sometimes, it influences my decision	34	34.6
	No, I attend classes regularly regardless of my peers	23	23.4
How often do you feel stressed or overwhelmed by the class schedule?	Always	18	18.4
	Sometimes	55	56.1
	Rarely	23	23.5
	Never	2	2
Do you think your sleeping schedule affects your class attendance?"	Yes	54	55.1
	No	28	28.6
	May be	16	16.3
Total		98	100



REFERENCES

1. DiBacco PM, Hetherington VJ, Putman D. Lecture capture: Enhancing learning through technology at the Kent State University College of Podiatric Medicine. *J Am Podiatr Med Assoc.* 2012;102:491-98.
2. Hoofman J, Secord E. The effect of COVID-19 on education. *Pediatric Clinics of North America.* 2021 May 19;68(5):1071.
3. Kaul V, de Moraes AG, Khateeb D, Greenstein Y, Winter G, Chae J, et. al. Medical education during the COVID-19 pandemic. *Chest.* 2021 May 1;159(5):1949-60.
4. Billings-Gagliardi S, Mazor KM. Student decisions about lecture attendance: Do electronic course materials matter? *Acad Med.* 2007;82:73.
5. Wynter L, Burgess A, Kalman E, Heron JE, Bleasel J. Medical students: What [12] educational resources are they using? *BMC Med Educ.* 2019;19:36.
6. Gupta A, Saks NS. Exploring medical student decisions regarding attending live lectures and using recorded lectures. *Med Teach.* 2013;35:767-71.
7. Sengupta P, Saha S, Sur T. Attitude of Undergraduate Medical Students towards Classroom Lecture Absenteeism and its Association with Academic Performance. *Journal of Clinical & Diagnostic Research.* 2022 Jan 1;16(1).
8. Desalegn AA, Berhan A, Berhan Y. Absenteeism among medical and health science undergraduate students at Hawassa University, Ethiopia. *BMC medical education.* 2014 Apr 14;14(1):81.
9. Eisen DB, Schupp CW, Isseroff RR, Ibrahimi OA, Ledo L, Armstrong AW. Does class attendance matter? Results from a second-year medical school dermatology cohort study. *International journal of dermatology.* 2015 Jul;54(7):807-16.
10. Puntambekar V. Global trends in attendance in medical colleges and possible solutions. *Natl Med J India.* 2020;33:306-07.
11. Emahiser J, Nguyen J, Vanier C, Sadik A. Study of live lecture attendance, student perceptions and expectations. *Medical Science Educator.* 2021 Apr;31(2):697-707.
12. Nmc.org.in. 2021. [Internet]. Available from: <https://www.nmc.org.in/ActivitiWebClient/open/getDocument?path=/Documents/Public/Portal/Gazette/GME-06.11.2019.pdf> [[cited 15 February 2026].
13. Umamaheswari A. Assessment of medical students' attitude towards didactic lectures taken in pharmacology in a private medical college. *International Journal of Basic & Clinical Pharmacology.* 2017 Jun;6(6):1451.
14. Someshwaran R, Deshpande SA, Gnana Prakash K. Assessment of medical student's attitude towards didactic theory lectures taken in microbiology from a private medical college in south India. *International Journal of Current Research.* 2016;8(8):36272-76.
15. Zazulia AR, Goldhoff P. Faculty and medical student attitudes about preclinical classroom attendance. *Teaching and learning in medicine.* 2014 Oct 2;26(4):327-34.
16. Hew KF, Lo CK. Flipped classroom improves student learning in health professions education: a meta-analysis. *BMC medical education.* 2018 Mar 15;18(1):38.

