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Good Treatment by Teachers as Perceived by Medical Students in Chile: A Survey-Based Study

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Buen trato docente percibido por los estudiantes de Medicina de Chile: Estudio basado en encuestas

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ABSTRACT

The perception of academic mistreatment among medical students is associated with burnout, emotional disorders, and poorer professional performance. Conversely, a positive environment that promotes respectful teaching can enhance empathy, reduce burnout, and increase student satisfaction. This study examines perceptions of respectful teaching and its associations with demographic and academic characteristics among medical students in Chile. ***Aim:*** *To evaluate perceptions of respectful teaching among medical students in Chile and their relationship with sociodemographic, academic, and personal satisfaction factors.* ***Methods:*** *A cross-sectional study was conducted across six Chilean universities, involving 443 medical students. We used the Good Teaching Practices Questionnaire (40 items in 9 dimensions) and tools for sociodemographic characterization and academic satisfaction. Data were analyzed using descriptive statistics, reliability coefficients, Spearman correlations, and ANOVA, with significance set at p<0.05.* ***Results:*** *Younger students, those in earlier years, or those recently admitted reported better perceptions of respectful teaching (p<0.05). Men perceived greater support in flexible planning, feedback, and concern for students (p<0.01). Theoretical and*

synchronous courses were associated with better perceptions of class agility and teaching passion (p<0.001). The highest-rated dimension was subject mastery (Md= 4.00), while concern for students received the lowest score (Md= 3.00). ***Conclusion:*** *Higher life satisfaction and work-life balance levels are related to respectful teaching. Differences between universities and demographic groups highlight the need for inclusive institutional policies and faculty training to foster equitable and empathetic environments in medical education.*
Keywords: *Education, Medical; Empathy; Mental Health; Social Inclusion; Work-Life Balance.*

RESUMEN
La percepción de maltrato académico en estudiantes de medicina se asocia con agotamiento, trastornos emocionales y peor desempeño profesional. Contrariamente, un entorno positivo que fomente el buen trato docente puede mejorar la empatía, reducir el agotamiento y aumentar la satisfacción estudiantil. Este estudio examina las percepciones del buen trato docente y sus asociaciones con características demográficas y académicas en estudiantes de medicina en Chile. ***Objetivo:*** *Evaluar las percepciones del buen trato docente entre estudiantes de medicina en Chile y su relación con factores sociodemográficos, académicos y de satisfacción personal.* ***Métodos:*** *Estudio transversal en seis universidades chilenas, con 443 estudiantes de medicina. Se utilizó el Cuestionario de Buen Trato Docente (40 ítems en 9 dimensiones) y herramientas para caracterización sociodemográfica y satisfacción académica. Los datos fueron analizados mediante estadística descriptiva, coeficientes de confiabilidad, correlaciones de Spearman y análisis de varianza (ANOVA), con significancia en p<0,05.* ***Resultados:*** *Los estudiantes más jóvenes, en cursos iniciales o con ingreso reciente a la universidad reportaron mejores percepciones de buen trato docente (p<0,05). Los hombres percibieron mayor apoyo en planificación flexible, retroalimentación y preocupación por el alumno (p<0,01). Las asignaturas teóricas y sincrónicas se asociaron con mejores percepciones de agilidad en clase y pasión docente (p<0,001). El dominio de la disciplina fue la dimensión mejor evaluada (Md= 4,00), mientras que la preocupación por el alumno fue la más baja (Md= 3,00).* ***Conclusión:*** *El buen trato docente está vinculado a mejores niveles de satisfacción con la vida y equilibrio estudio-vida. Las diferencias entre universidades y grupos sociodemográficos subrayan la necesidad de políticas institucionales inclusivas y capacitaciones docentes para fomentar entornos equitativos y empáticos en la formación médica.*
Palabras clave: *Balance Trabajo-Vida; Educación Médica; Empatía; Inclusión Social; Salud Mental.*

In recent years, the perception of academic mistreatment among medical students has received attention[1,2]. Students reporting academic mistreatment are more prone to burnout, depressive disorders, and substance abuse[3]. Early exposure to mistreatment is associated with more significant professional regret, while a positive environment fosters empathy and reduces burnout[4]. Bastías-Vega, et al. emphasize that mistreatment undermines trust in academic systems and increases the risk of career abandonment[2]. Even more concerning is its potential to negatively impact patient outcomes[5]. All this highlights the importance of preventing mistreatment by fostering a culture of respect and support in medical education.

This culture is tied to the concepts of Good Teaching Practices and Psychological Safety in educational environments. On one hand, Ortega-Bastidas et al. identified "respect," "empathy," and "kindness" as central to defining good teaching from the perspective of Chilean health sciences students[6]. On the other hand, Armijo-Rivera, et al. explored psychological safety in simulation, identifying emotional stability, proactive personality, the quality of student-teacher relationships, and support systems as key factors in the process. They also proposed strategies to restore psychological safety when compromised, including power management and mutual respect[7]. These conceptual proposals do not close the empirical gap in understanding students' perspectives on inclusive and participatory academic activities in medical schools.

The present study seeks to examine the relationship between perceptions of good teaching practices and the characteristics of medical students in Chile.

Methods

Study Design and Participants

A non-experimental, cross-sectional study was conducted to evaluate perceptions of good teaching practices among medical students from first to seventh year in six Chilean universities located between Coquimbo and Valdivia, with seven-year curricula and two years of clinical internship. Participants were selected using non-probabilistic quota sampling, with the inclusion criterion being regular undergraduate medical students, excluding those with absences exceeding two months.

Data Collection Instruments

The Good Teaching Practices Questionnaire by Pérez, et al. was used. This instrument comprises 40 questions grouped into 9 dimensions (class agility, class mastery, contextualized teaching, flexible planning, encouraging participation, teaching passion, openness to dialogue, concern for the student, and effective feedback), all rated on a 5-point Likert scale. The questionnaire was applied to students and teachers in Chilean health sciences programs, showing adequate validity and reliability evidence[8]. Additionally, a sociodemographic and academic questionnaire and a 7-point Likert scale for academic satisfaction were employed.

Data Collection Process

Students were invited via official emails from their program directors, reinforced through institutional social media messaging. Surveys were conducted via Alchemer© during the last month of the first and second semesters of 2022. Informed consent was obtained before survey administration.

Data Analysis

The reliability of the Good Teaching Practices Questionnaire[8] dimensions was evaluated using Cronbach's Alpha and McDonald's Omega coefficients. Descriptive statistics and the Shapiro-Wilk test were used to assess the normality of numerical data distributions. Categorical variables were summarized as absolute frequencies and percentages.

Scores from the Good Teaching Practices Questionnaire were correlated with student characteristics using Pearson's R and Spearman's Rho, depending on data normality. Mann-Whitney U (W) tests were used to evaluate gender differences. Relationships between categorical variables and scale scores were analyzed using ANOVA or non-parametric Kruskal-Wallis (H) tests, with Dunn's post-hoc comparisons (z).

Data analysis was conducted using JASP software (version 0.17.2.1), with a significance level set at $p<0.05$.

Ethical Aspects

Ethical approval was obtained from the Ethics Committee of the Universidad de Concepción (CEBB 1992-2022) and each participating university. Data were collected after an informed consent process, ensuring participants' confidentiality and voluntary participation.

Results

A total of 443 medical students from six Chilean universities participated in the study, with 62.53% identifying as women (n= 277). Participants' ages ranged from 18 to 52 years (M= 23.27). Only one student reported having a registered disability in the National Disability Registry; 27.31% identified as following a religion, 2.26% had children, and 53.72% identified as lesbian, gay, or bisexual (LGB). Regarding socioeconomic background, 16.93% reported a per capita family income of less than 200,000 Chilean pesos, while 45.37% had an income of 500,000 Chilean pesos or more. In terms of employment, 20.54% of participants reported working while studying.

The majority of respondents were in their sixth (17.38%) or seventh (20.54%) year. Around 81% primarily attended synchronous classes, while 59.69% indicated that their courses were predominantly theoretical (Table 1).

The cohort was predominantly characterized as being "neither satisfied nor dissatisfied" with their current academic role (n= 159; 33.86%), "satisfied" with their health (n= 137; 30.93%), "satisfied" with their life (n= 160; 36.12%), and "satisfied" with their work-life balance (n= 133; 30.02%) (Table 2).

The analysis of the nine factors of the Good Teaching Practices Questionnaire showed adequate reliability in all cases, with McDonald's Omega (ω) and Cronbach's Alpha (α) values above 0.6. The most reliable factor was Teaching Passion (ω= 0.85; α= 0.84), followed by Encouraging Participation (ω= 0.84; α= 0.84). In contrast, Concern for Students presented the lowest reliability (ω= 0.65; α= 0.61).

The most frequently reported good teaching practice was Mastery of the Discipline (Md= 4.00; IQR= 1.00), while the least frequent were Class Agility (Md= 3.00; IQR= 1.00) and Concern for Students (Md= 3.00; IQR= 1.00). The Shapiro-Wilk test supports these findings, indicating that all factors had non-normal distributions (Table 3).

Men perceived higher levels of good teaching practices from their professors, with statistically significant differences ($p<0.05$) in class agility, encouraging participation, teaching passion, flexible planning, concern for students, and effective feedback compared to women (Figure 1). No statistically significant differences were observed in perceptions of good teaching practices among those practicing a religion or previously pursuing another career ($p>0.05$).

Compared to heterosexual students, participants identifying as homosexual perceived greater class agility ($H= 6.51$; $p<0.05$), concern for students ($H= 6.41$; $p<0.05$), and effective feedback ($H= 8.82$; $p<0.01$). Additionally, differences were observed between homosexual and bisexual students, with the former reporting higher levels of concern for students ($z= 2.06$; $p<0.05$), flexible planning ($z= 2.05$; $p<0.05$), and effective feedback ($z= 2.44$; $p<0.05$).

Statistically significant differences in the reported frequency of all good teaching practices factors were found between universities ($p<0.01$), with a private university based in Santiago standing out among the others.

Younger students, those in earlier courses, and those who had recently entered university reported higher perceptions of good teaching practices, with weak but statistically significant correlations ($p<0.05$). However, no significant correlations were found for the factors of contextualized teaching and encouraging participation ($p>0.05$).

More theoretical courses were associated with higher perceptions of good teaching practices, particularly in class agility ($rho= -0.21$, $p<0.001$), teaching passion ($rho= -0.21$, $p<0.001$), and flexible planning ($rho= -0.25$, $p<0.001$). Similarly, synchronous courses showed positive correlations with these same factors and with concern for students ($p<0.05$). A larger number of students per session was also related

Table 1. Sociodemographic and academic characteristics of the sample of medical students.

Variable	Categories	n	%
Gender	Men	162	36.57
	Women	277	62.53
	Other	4	0.90
Marital Status	Single	414	93.45
	Married	9	2.03
	Divorced	2	0.45
	Cohabiting (civil union)	2	0.45
	Informal cohabitation	16	3.61
Religion	No	321	72.46
	Yes	121	27.31
	No response	1	0.23
Children	No	433	97.74
	Yes	10	2.26
Employment	No	351	79.23
	Yes. full-time	5	1.13
	Yes. part-time	2	0.45
	Yes. less than part-time	11	2.48
	Yes. sporadic jobs during the semester	73	16.48
	No response	1	0.23
Disability (in National	No	413	93.23
Disability Register)	Yes. registered in NDR	1	0.23
	Yes. not registered in NDR	29	6.55
Indigenous Background	No	425	95.94
	Yes	16	3.61
	No response	2	0.45
Sexual Orientation	Heterosexual	189	42.66
	Homosexual	145	32.73
	Bisexual	93	20.99
	Asexual	12	2.71
	Other	4	0.90
Monthly Income per Capita*	Less than $118 USD (Less than $100.000 CLP)	24	5.42
	Between $118 and $236 USD ($100.000 - $200.000 CLP)	51	11.51
	Between $236 and $353 USD ($200.000 - $300.000 CLP)	64	14.45
	Between $353 and $471 USD ($300.000 - $400.000 CLP)	47	10.61
	Between $471 and $588 USD ($400.000 - $500.000 CLP)	45	10.16
	Between $588 and $1.176 USD ($500.000 - $1.000.000 CLP)	105	23.70
	Between $1.176 and $1.765 USD ($1.000.000 - $1.500.000 CLP)	39	8.80
	Between $1.765 and $2.353 USD ($1.500.000 - $2.000.000 CLP)	14	3.16
	$2.353 USD or more ($2.000.000 CLP or more)	43	9.71
	No response	11	2.48

...continuación tabla 1.

Variable	Categories	n	%
University	University 1	198	44.7
	University 2	67	15.12
	University 3	32	7.22
	University 4	37	8.35
	University 5	57	12.87
	University 6	52	11.74
Year of Admission	2005	1	0.23
	2012	3	0.68
	2013	2	0.45
	2014	8	1.81
	2015	24	5.42
	2016	71	16.03
	2017	63	14.22
	2018	59	13.32
	2019	67	15.12
	2020	50	11.29
	2021	37	8.35
	2022	53	11.96
	2023	3	0.68
	No response	2	0.45
Proportion of Theoretical vs. Practical Courses in the Semester	Fully theoretical	14	3.16
	Mainly theoretical	143	32.28
	Equally theoretical and practical	117	26.41
	Mainly practical	112	25.28
	Fully practical	57	12.87
Proportion of Synchronous vs. Asynchronous Courses in the Semester	Fully synchronous	177	39.96
	Mainly synchronous	181	40.86
	Equally synchronous and asynchronous	57	12.87
	Mainly asynchronous	20	4.52
	Fully asynchronous	8	1.81
Number of Students per Session	Less than 9 students	44	9.93
	Between 10 and 19 students	116	26.19
	Between 20 and 29 students	92	20.77
	Between 30 and 39 students	43	9.71
	Between 40 and 49 students	27	6.10
	50 or more students	121	27.31
Year of Study	First year	52	11.74
	Second year	40	9.03
	Third year	53	11.96
	Fourth year	60	13.54
	Fifth year	70	15.80
	Sixth year	77	17.38
	Seventh year	91	20.54
Previous Degree	No	394	88.94
	Yes	49	11.06

n= 443; n: Absolute Frequency; %: Percentage; RND: National Disability Registry; The per capita income data were originally collected in ranges of 100,000 Chilean pesos but were presented grouped in ranges of 500,000 Chilean pesos to simplify the table and enhance its readability.

Table 2. Academic satisfaction among medical students.

Variable	Categories	n	%
Satisfaction with their Academic Role	Completely Dissatisfied	7	1.58
	Very Dissatisfied	9	2.03
	Dissatisfied	43	9.71
	Neither Satisfied nor Dissatisfied	150	33.86
	Satisfied	137	30.93
	Very Satisfied	55	12.42
	Completely Satisfied	19	4.29
	Does Not Report	23	5.19
Satisfaction with their Health	Completely Dissatisfied	6	1.35
	Very Dissatisfied	23	5.19
	Dissatisfied	88	19.87
	Neither Satisfied nor Dissatisfied	53	11.96
	Satisfied	137	30.93
	Very Satisfied	87	19.64
	Completely Satisfied	48	10.84
	Does Not Report	1	0.23
Satisfaction with their Life	Completely Dissatisfied	8	1.81
	Very Dissatisfied	16	3.61
	Dissatisfied	47	10.61
	Neither Satisfied nor Dissatisfied	65	14.67
	Satisfied	160	36.12
	Very Satisfied	115	25.96
	Completely Satisfied	31	7.00
	Does Not Report	1	0.23
Satisfaction with the Balance between Studies and Personal Life	Completely Dissatisfied	27	6.10
	Very Dissatisfied	56	12.64
	Dissatisfied	110	24.83
	Neither Satisfied nor Dissatisfied	65	14.67
	Satisfied	133	30.02
	Very Satisfied	41	9.26
	Completely Satisfied	10	2.26
	Does Not Report	1	0.23

n = 443; n: Absolute Frequency; %: Percentage.

Table 3. Identified factors, reliability, and descriptive statistics of the questionnaire on perceived good treatment by faculty among medical students.

	Agility in class	Openness to dialogue	Mastery of the discipline	Contextualized teaching	Encouraging participation	Teaching passion	Flexible planning	Student care	Effective feedback
Cronbach's α (95% CI)	0.84 (0.81-0.86)	0.78 (0.74-0.81)	0.71 (0.66-0.75)	0.73 (0.69-0.77)	0.84 (0.81-0.86)	0.84 (0.81-0.86)	0.76 (0.73-0.79)	0.61 (0.55-0.67)	0.76 (0.72-0.79)
McDonald's ω (95% CI)	0.84 (0.82- 0.87)	0.79 (0.75- 0.82)	0.72 (0.68-0.77)	0.73 (0.69-0.77)	0.84 (0.82-0.86)	0.85 (0.82-0.87)	0.76 (0.73-0.80)	0.65 (0.60-0.70)	0.77 (0.73-0.80)
Median	3.00	3.60	4.00	3.50	3.17	3.67	3.17	3.00	3.25
Mean	3.12	3.45	4.04	3.38	3.23	3.55	3.20	2.98	3.15
Standard Deviation	0.72	0.75	0.67	0.69	0.68	0.73	0.73	0.76	0.81
Interquartile Range	1.00	1.00	1.00	0.75	0.83	1.00	1.00	1.00	1.25
Skewness	0.02	-0.38	-0.94	-0.27	0.02	-0.34	-0.13	0.04	-0.01
Standard Error of Skewness	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12	0.12
Kurtosis	0.39	-0.16	2.16	0.60	0.45	0.79	-0.16	-0.57	-0.29
Standard Error of Kurtosis	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23	0.23
Shapiro-Wilk	0.99	0.98	0.92	0.98	0.99	0.96	0.99	0.98	0.99
Shapiro-Wilk p-value	< .001	< .001	< .001	< .001	< .001	< .001	< 0.05	< .001	< 0.01

n= 443; CI: Confidence Interval; α: Alpha; ϖ: Omega; p: Statistical Significance.

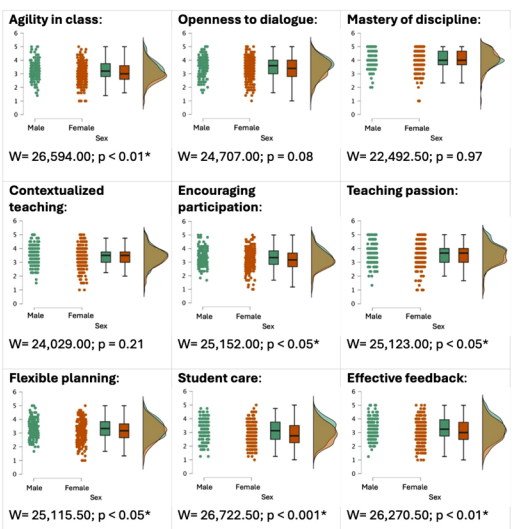

Figure 1: *Comparison of the frequency of good treatment by faculty as reported by medical students, according to gender. n=439; p: p value; W: Mann-Whitney U test; *: statistically significant difference.*

to positive perceptions in class agility (rho= 0.11, p<0.05), openness to dialogue (rho= 0.12, p<0.01), teaching passion (rho= 0.10, p<0.05), and flexible planning (rho= 0.13, p<0.01). Additionally, higher-income students reported better mastery of the discipline by their teachers (rho= 0.12, p<0.05). However, no significant correlations were found for factors such as contextualized teaching, encouraging participation, and effective feedback (p>0.05) (Table 4).

We identified a positive relationship between good teaching practices and overall satisfaction, including health, life satisfaction, and work-life balance. Higher levels of perceived good teaching practices were significantly associated with greater satisfaction in these areas (health: rho= 0.34, p<0.001; life satisfaction: rho= 0.29, p<0.01; work-life balance: rho= 0.25, p<0.05).

Table 4. Relationship between the frequency of good treatment by faculty as reported by medical students and sociodemographic and academic variables.

		Age	University Admission	Level	Practical Course	Asyn chrono us Course	Number of Students per Session	Monthly Household Income
Agility in class	Spearman' rho p value	-0.16 < .001*	0.21 < .001*	-0.23 < .001*	-0.21 < .001*	-0.11 <0.05*	0.11 <0.05*	-0.01 0.82
Openness to dialogue	Spearman' rho p value	-0.17 < .001*	0.22 < .001*	-0.22 < .001*	-0.18 < .001*	-0.08 0.09	0.12 <0.01*	0.06 0.20
Mastery of the discipline	Spearman' rho p value	-0.12 <0.05*	0.13 <0.01*	-0.14 <0.01*	-0.11 <0.05*	0.01 0.87	0.04 0.43	0.12 <0.05*
Contextualized teaching	Spearman' rho p value	-0.09 0.06	0.09 0.06	-0.10 <0.05*	-0.11 <0.05*	-0.06 0.21	0.08 0.08	0.04 0.47
Contextualized teaching	Spearman' rho p value	-0.04 0.41	0.10 <0.05*	-0.09 0.06	-0.06 0.23	-0.07 0.14	-0.02 0.68	0.03 0.51
Teaching passion	Spearman' rho p value	-0.16 < .001*	0.23 < .001*	-0.22 < .001*	-0.21 < .001*	-0.11 <0.05*	0.10 <0.05*	<0.01 0.93
Flexible planning	Spearman' rho p value	-0.25 < .001*	0.278 < .001*	-0.29 < .001*	-0.25 < .001*	-0.10 <0.05*	0.13 <0.01*	0.06 0.21
Student care	Spearman' rho p value	-0.13 <0.01*	0.16 < .001*	-0.15 <0.01*	-0.11 <0.05*	-0.10 <0.05*	0.06 0.21	0.04 0.47
Effective feedback	Spearman' rho p value	-0.12 <0.05*	0.13 <0.01*	-0.15 <0.01*	-0.10 <0.05*	-0.07 0.12	0.08 0.11	0.06 0.20

n= 443; *: Statistically significant relationship.

Discussion

The sample in this study was predominantly composed of women. By 2019, women constituted 40% of physicians in Chile[9]. Although there is no public data on the number of women studying medicine in 2022, a study characterizing preferences for medical specialties in that year described a 50% proportion of men and women[10], while a study from a university in northern Chile reported a 52% proportion of women in the program[11]. News articles from a flagship university in 2023 reported that nearly 70% of medical students were women[12]. These results provide additional insights into the proportion of women studying medicine in Chile.

Over half of the participants identified themselves as belonging to sexual and gender diversity groups. No reports have characterized Chilean medical students regarding their sexual orientation, making this study an important contribution to understanding diversity in contemporary medical education. Regarding family income, 17% were in the first quintile, while nearly half of the students had incomes in the fourth quintile, disqualifying them from receiving most financial aid in 2022[13].

Perceptions of Good Teaching Practices from an Inclusion Perspective

The gender difference in perceptions of good teaching practices is particularly noteworthy. While men reported higher levels of engagement and effective feedback, women emphasized the need for more significant equity. Gender differences aligns with findings by Bastías-Vega, et al. (2021), who identified that female students were more likely to perceive academic mistreatment and inequality[2]. Similarly, international studies have shown that women, racial/ethnic minority students, and LGBTQ students disproportionately report a lack of respect for diversity among faculty members[14].

A study evaluating the educational climate in internships at a university in southern Chile found that stress, due to long working hours and inadequate facilities, negatively affected students' perceptions, regardless of demographic factors[15].

Studies from the early 21st century in Chile using the validated Spanish version of the DREEM did not show trends in gender differences in educational environments[16] or perceptions of abuse in academic settings[17]. There are no Chilean studies comparing the performance of the DREEM instrument with the Good Teaching Practices Scale or longitudinal studies exploring trends in treatment or educational climate in medicine over time.

The results revealed that homosexual students perceive more good teaching practices compared to heterosexual and bisexual students, contrasting with existing literature. A 2021 systematic review reported that LGBTQ+ medical students face discriminatory comments, social isolation, and fear of repercussions in interactions with peers, faculty, and institutions, alongside insufficient curricular coverage of LGBTQ+ health issues and fear of discrimination in academic processes[18].

Data revealed gaps in teachers' ability to adapt their teaching to students' diverse needs. Only 55% of participants indicated that their instructors offered adaptive teaching methods. These findings align with Ortega-Bastidas, et al. who highlighted that empathy and respect are cornerstones of good teaching practices from the students' perspective[6]. The lack of personalized adaptations undermines inclusivity and perpetuates educational inequalities, especially for students with special needs or diverse experiences.

Perceptions of Good Teaching Practices from Academic Participation

The positive correlation between perceptions of good teaching practices and students' youth and their early career stages is consistent with previous studies indicating that younger students tend to have less critical expectations and greater optimism about their educational environment[4]. This phenomenon may be influenced by the lower emotional burden and academic workload characteristic of early courses, contrasting with the academic and clinical challenges faced by students in advanced stages[3]. However, the lack of significant correlations in factors such as encouraging participation and contextualized teaching suggests that certain aspects of good teaching practices are perceived uniformly.

Significant differences between universities in all factors of good teaching practices underscore the impact of institutional context on student per-

ceptions. One institution's outstanding evaluation of good treatment could be attributed to stronger faculty development policies, superior infrastructure, or greater attention to student needs—factors identified as determinants of a positive educational environment[6]. On the other hand, Latin American literature describes higher perceptions of mistreatment in public institutions compared to private ones[19].

This study reveals an interesting pattern: theoretical and synchronous courses tend to report higher frequencies of good teaching practices, while practical and asynchronous courses appear more associated with the absence of positive pedagogical practices. This may relate to the educational level of each context, as theoretical and synchronous classes are typically concentrated in the early years of the program, while practical courses are predominantly taught in later years, a stage associated with higher perceptions of academic mistreatment[2].

Perceptions of good teaching practices also appear sensitive to group size. Larger student groups had better perceptions of openness to dialogue and teaching passion. This counterintuitive finding may reflect greater faculty effort to engage larger groups, though it could also indicate differences in student expectations in such contexts[20].

The positive association between family income and the perception of teachers' disciplinary mastery highlights inequalities in educational perceptions. This phenomenon may relate to differing expectations among students from more privileged backgrounds or the availability of resources that allow them to capitalize better on educational experiences. These dynamics emphasize the need for inclusive strategies to level perceptions and academic experiences, promoting a more equitable learning environment for all students, regardless of their economic situation[5].

Perceptions of Good Teaching Practices from Well-Being and Psychological Safety

The positive relationship between good teaching practices and satisfaction with health, life, and work-life balance is encouraging. Previous studies have emphasized that positive educational environments can mitigate burnout and foster greater professional empathy[4]. Good teaching practices, defined by dimensions such as teacher empathy and effective feedback, reflect practices aligned with psychological safety in educational settings, as proposed by Armijo-Rivera, et al.[7] However, these perceptions decline in advanced stages, a pattern also observed by Lind, et al.[3], who associated it with higher academic and institutional pressure, suggesting the need for targeted strategies to support these students.

Limitations

One limitation of the study was the lack of detailed information on the students' socioeconomic background, such as the type of secondary school attended or income distribution by quintiles. These data were not included in the institutional authorizations or in the ethics approval, which prevented their collection and analysis. We consider this dimension as a possible area of future research, to expand and deepen this line of inquiry.

Another limitation of this study is the absence of separate data on biological sex, gender identity, and other gender-related variables that might influence students' perceptions of teaching practices. The survey captured only self-identified gender, as defined by the scope of ethical and institutional approvals. This limited our ability to explore the interplay between sex, gender identity, and perceived experiences. Future research should consider including these dimensions separately to support a more inclusive and nuanced understanding of gender-related dynamics in medical education.

In summary, some study findings appear counterintuitive and contrast with the literature, such as the perception of good teaching practices among homosexual students. However, others are consistent, such as lower perceptions of good teaching practices among women and interns, aligning with the need to address gender differences and improve treatment in clinical settings. Good teaching practices are associated with higher levels of personal satisfaction and better work-life balance. Moreover, variations between universities and sociodemographic groups underscore the need for inclusive institutional policies and faculty training programs that promote more equitable and empathetic learning environments in medical education.

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