



From Behavioral Control to Psychological Safety: Rethinking Classroom Management in Medical Education

Mohammad Eslamian¹, *Zahra Abdolreza Gharehbagh²

¹Department of Neurosurgery, Shariati Hospital, Tehran University of Medical Sciences, Tehran, Iran.

²Department of Medical Education, Tehran University of Medical Sciences, Tehran, Iran; Faculty Member, Department of Pediatric Nursing, School of Nursing and Midwifery, Islamic Azad University of Medical Sciences, Tehran, Iran.

Abstract

Contemporary medical education increasingly relies on active learning, collaborative pedagogies, and psychologically complex learning environments. While these approaches enhance learner engagement and professional growth, they also introduce classroom management challenges that extend beyond traditional behavioral control. Emerging evidence suggests that authoritarian or punitive strategies may undermine psychological safety, participation, and reflective learning. This letter argues that classroom management in medical education should be reframed as a facilitative educational competency centered on psychological safety, structured engagement, and relational leadership. Integrating these competencies into faculty development and educational evaluation frameworks may strengthen learning outcomes and support professional identity formation among future physicians.

Key Words: Active learning, Classroom management, Faculty development, Medical education, Psychological safety.

*Please cite this article as: Mohammad Eslamian¹, Zahra Abdolreza Gharehbagh. From Behavioral Control to Psychological Safety: Rethinking Classroom Management in Medical Education. Med Edu Bull 2026; 7(1): 1181-83. DOI: **10.22034/meb.2026.589378.1134**

***Corresponding Author:**

Zahra Abdolreza Gharehbagh, Faculty Member, Department of Pediatric Nursing, School of Nursing and Midwifery, Islamic Azad University of Medical Sciences, Tehran, Iran.

Email: Zgharehbagh@iautmu.ac.ir

Received date: Mar. 11, 2026; Accepted date: Jun.22, 2026

Dear Editor,

Medical education has undergone substantial pedagogical transformation over the past two decades. Traditional lecture-centered instruction has progressively shifted toward team-based learning, problem-based learning, simulation, and other interactive approaches that emphasize collaboration, critical thinking, and reflective practice (1). Although these methods improve learner engagement and deeper understanding, they also create dynamic and less predictable learning environments that challenge conventional classroom management approaches.

In this evolving context, classroom management should no longer be confined to maintaining order or controlling disruptive behaviors. Rather, it should be conceptualized as a facilitative educational competency that shapes learner participation, group dynamics, and the overall learning climate. Active learning environments require educators not only to transmit knowledge but also to manage interpersonal interactions, encourage equitable participation, and foster constructive dialogue (1, 2).

A central component of this reconceptualization is psychological safety, defined as a shared belief that individuals can express questions, uncertainties, or differing viewpoints without fear of humiliation or negative consequences (3). Psychological safety has become increasingly recognized as a foundational requirement for effective learning and team performance. In medical education, where hierarchical structures and fear of mistakes frequently exist, psychologically safe learning environments are particularly important (4).

Studies have demonstrated that psychological safety in clinical learning environments is associated with students' perceptions of growth, engagement, and belonging (4). Additional evidence suggests that psychologically safe educational settings facilitate reflective discussion, collaborative learning, and learner participation (2, 5). In contrast, environments characterized by authoritarian communication or punitive responses may contribute to silence, withdrawal, and reduced academic engagement.

These findings challenge traditional classroom management models that rely predominantly on authority, surveillance, or punitive discipline. Although such approaches may temporarily reduce disruptive behaviors, they do not necessarily promote sustained engagement or meaningful learning. Relationship-centered strategies—including clarification of expectations, constructive feedback, shared learning norms, and inclusive dialogue—appear more aligned with the goals of contemporary medical education (2, 6).

Effective classroom management also requires advanced interpersonal and communication competencies. Research on effective clinical teaching identifies emotional intelligence, adaptability, empathy, and communication skills as essential characteristics of successful educators (6). Nevertheless, faculty development programs often prioritize content expertise and curriculum delivery while paying comparatively less attention to facilitation skills, conflict management, and psychologically safe educational practices.

The implications extend beyond immediate educational outcomes. Learning environments significantly influence professional identity formation among medical students (7). Students trained in respectful and psychologically safe environments are more likely to internalize collaborative and patient-centered professional values. Conversely, educational cultures characterized by fear, humiliation, or silence may unintentionally reinforce hierarchical and non-collaborative professional behaviors.

For these reasons, classroom management in medical education should be formally recognized as a structured and teachable competency. Integrating psychological safety principles, facilitation strategies, and conflict-management skills into faculty development initiatives and educational evaluation frameworks may better align medical education with competency-based educational models and the collaborative demands of contemporary healthcare systems (8, 9).

In contemporary medical education, effective classroom management is no longer synonymous with behavioral control. Rather, it involves the intentional creation of psychologically safe learning environments that promote engagement, reflection, collaboration, and professional growth.

CONFLICT OF INTEREST: None.

REFERENCES

1. Dolmans DH, De Grave W, Wolfhagen IH, van der Vleuten CP. Problem-based learning: future challenges for educational practice and research. *Med Educ.* 2005 Jul;39(7):732-41. doi: 10.1111/j.1365-2929.2005.02205.x. PMID: 15960794.
2. Burgess A, Matar E, Roberts C, Haq I, Wynter L, Singer J, Kalman E, Bleasel J. Scaffolding medical student knowledge and skills: team-based learning (TBL) and case-based learning (CBL). *BMC Med Educ.* 2021 Apr 26;21(1):238. doi: 10.1186/s12909-021-02638-3. PMID: 33902576; PMCID: PMC8073959.
3. Edmondson, A. Psychological Safety and Learning Behaviour in Work Teams. *Administrative Science Quarterly*, 1999;44:350-83. <https://doi.org/10.2307/2666999>.
4. McClintock AH, Fainstad T. Growth, Engagement, and Belonging in the Clinical Learning Environment: the Role of Psychological Safety and the Work Ahead. *J Gen Intern Med.* 2022 Jul;37(9):2291-2296. doi: 10.1007/s11606-022-07493-6. Epub 2022 Jun 16. PMID: 35710656; PMCID: PMC9296742.
5. Newman, A., Donohue, R., & Eva, N. Psychological safety: A systematic review of the literature. *Human Resource Management Review*, 2017; 27(3): 521-35. <http://doi.org/10.1016/j.hrmr.2017.01.001>.
6. Sutkin G, Wagner E, Harris I, Schiffer R. What makes a good clinical teacher in medicine? A review of the literature. *Acad Med.* 2008 May;83(5):452-66. doi: 10.1097/ACM.0b013e31816bee61. PMID: 18448899.
7. Cruess RL, Cruess SR, Boudreau JD, Snell L, Steinert Y. Reframing medical education to support professional identity formation. *Acad Med.* 2014 Nov;89(11):1446-51. doi: 10.1097/ACM.0000000000000427. PMID: 25054423.
8. Gruppen LD, Burkhardt JC, Fitzgerald JT, Funnell M, Haftel HM, Lypson ML, Mullan PB, Santen SA, Sheets KJ, Stalburg CM, Vasquez JA. Competency-based education: programme design and challenges to implementation. *Med Educ.* 2016 May;50(5):532-9. doi: 10.1111/medu.12977. PMID: 27072442.
9. Tsuei SH, Lee D, Ho C, Regehr G, Nimmon L. Exploring the Construct of Psychological Safety in Medical Education. *Acad Med.* 2019 Nov;94(11S Association of American Medical Colleges Learn Serve Lead: Proceedings of the 58th Annual Research in Medical Education Sessions):S28-S35. doi: 10.1097/ACM.00000000000002897. PMID: 31365407.