

Undergraduate Modified Teaching : Feedback

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Abstract

The MCI issued the directives in 1997 resulting in compression of 1st MBBS curriculum into 1 year. It took both the teachers and students by surprise. The conscientious faculty felt committed to the cause of the students that demanded intense and speedy action. We deliberated to devise methods for improvement. Meetings were organised with representatives from each dissection table once a fortnight. The outcome of the interactions motivated us to modify the teaching methodology to meet the requirements. Thereafter, we got the efforts put in by us evaluated by the students. For this a questionnaire was given to the students after passing 1st MBBS examination. Data was compiled for three consecutive years. Students came up with suggestions and were forthright in pointing out the shortcomings of a particular teacher. Their views were taken sportingly and efforts made to improve and comply with some of the worthy suggestions.

Many issues concerning the effectiveness, fairness, and reliability of using student feedback as a method to improve teaching performance have been discussed

Keywords: Compression of 1st MBBS Curriculum; Modified teaching technology; Effectiveness of feedback.

Introduction

The directives issued in late nineties by the MCI to compress 1st MBBS curriculum into 1 year came as a shock. The students were apprehensive and confused over this development. Even the faculty was sceptical and had reservations about the wisdom of this exercise. The conscientious faculty felt committed to the cause of the students that demanded intense and speedy action. Fortunately we had sufficient time to deliberate and devise methods for improvements.

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We started by holding a meeting with students' representatives from each dissection table once a fortnight. The outcome of the interactions motivated us to look into the following aspects of training:

- ▶ Prepare workbooks to facilitate taking down notes
- ▶ Organise revision bay
- ▶ Hold revisions to prevent backlog with students
- ▶ Counselling of slow learners
- ▶ Improving presentation in theory
- ▶ Evaluation of faculty by the students

Thereafter, we got the efforts put in by us evaluated by the students by way of a feedback. Accepting the premise that the major goal of an educational institution is to promote positive changes in students, we must look to students for feedback when we are evaluating our efforts to achieve that goal. Student

evaluation of teachers is probably the most common form of summative teacher evaluation. Students can provide valid evaluative information in four areas (1):

- ▶ Information about teaching methods - they know what works
- ▶ Fairness of the faculty member in the evaluation/teaching process-students talk to each other and have a good sense of fairness
- ▶ Faculty interest in the student
- ▶ Faculty interest in the content of a course or subject-students like enthusiasm

Others have argued that students are not a good source of teacher evaluations, but many of the objections are not supported by published data (2-7).

Summative and perhaps formative evaluation of teachers, teaching methods, or courses should occur at the end of courses when there is little opportunity for students to see or reap benefits from their comments.

To make the evaluation purposeful we devised a questionnaire, which was given to the students after passing 1st MBBS examination. Data was compiled for three consecutive years. Students came up with suggestions and were forthright in pointing out the shortcomings of a particular teacher. Their views have been taken sportingly and efforts made to improve and comply with some of the worthy suggestions.

Aims and Objectives

- ▶ To get a feedback on the changes brought about in the teaching methodology so that it can be tailor-made to suit the requirement and expectations of the undergraduate medical students.
- ▶ To get the faculty evaluated by the students to iron out their shortcomings.

	1st Batch	2nd Batch	3rd Batch
Overall Lectures:(Good)	65/88 (73.86%)	67/102 (65.68%)	65/92 (70.65%)
Handouts to be given	12/88 (13.63%)	60/91 (65.93%)	49/98 (50.00%)
Seminars for some Lectures	59/88 (67.04%)	56/96 (58.33%)	66/96 (68.75%)

Majority of the students found that the overall lectures were good as shown in table-1. Some of the points highlighted for certain lectures were, being too elaborate, poor diagrams, improper use of audio-

Material and Methods

A questionnaire was prepared comprising of three sections.

- a) Views and feed-back on teaching and modifications practised throughout the year in:
 - ▶ Lectures
 - ▶ Tutorials
 - ▶ Histology
 - ▶ Dissection
 - ▶ Revision
 - ▶ Counselling
- b) Evaluation of faculty and suggestions on who to teach what
- c) Opinion and suggestions for improving overall standard of the department

This questionnaire was given to the entire batch after passing 1st MBBS. Thus the students could respond without any fear or prejudice of being victimised. The entire batch was made to sit in the lecture hall and respond to the questionnaire independently. Anonymity was maintained to ensure their frank opinions.

The procedure has been carried out for three consecutive years and data analysed.

Observations

The study subjects gave the feedback by answering the questionnaire. Not all students answered all the questions. In addition to just answering the questions, some students even gave their suggestions.

Table 1 : Feedback On Lectures

visual aids. The 2nd batch was not in favour of giving handouts prior to the lectures whereas half the students in 1st and 3rd batches wanted handouts.

Table 2 : Feedback On Tutorials

	1st Batch	2nd Batch	3rd Batch
Overall Tutorials:Satisfactory	64/92 (69.56%)	34/109 (31.19%)	58/87 (66.66%)
Question & Answersessions	60/92 (65.21%)	59/103 (57.28%)	69/83 (83.13%)
Osteology Workbooks: Helpful	-	81/94 (86.17%)	63/95 (66.31%)

The overall teaching during tutorials was found satisfactory except for the 2nd batch where 31% thought otherwise. Majority were of the opinion

that it should be a question answer session. 86% of 2nd batchers and 66% of 3rd batchers found the workbook on osteology useful.

Table 3 : Feedback On Histology

	1st Batch	2nd Batch	3rd Batch
Overall Teaching:Good	80/86 (93.02%)	77/109 (70.64%)	79/96 (82.29%)
Journal: Useful	85/86 (98.83%)	80/102 (78.43%)	85/97 (87.62%)
Revisions: Useful	84/90 (93.33%)	98/109 (89.90%)	95/96 (98.95%)

Most of them considered the overall teaching of histology to be good. The students found the journal and revisions very handy.

Table 4 : Feedback On Dissection

	1st Batch	2nd Batch	3rd Batch
Current procedure:Satisfactory	80/85 (94.11%)	87/108 (80.55%)	82/96 (85.41%)
Followed byProsection	40/86 (46.51%)	46/86 (53.48%)	86/95 (90.52%)
Dissection Manual	-	43/72 (59.72%)	58/99 (58.68%)

The students were satisfied with the current dissection procedure being followed, however, half the '1st' and '2nd' batchers felt it would be better to

have a prosection before hand. 90% of the '3rd' batch students wanted prosection first. Views over the dissection manual were equivocal.

Table 5 : Feedback On Revision

	1st Batch	2nd Batch	3rd Batch
Evening revision:Useful	57/105 (54.28%)	52/92 (56.52%)	85/102 (83.33%)
Small group teaching: Useful	62/102 (60.78%)	58/93 (62.36%)	68/102 (66.66%)
Affected othersubjects	10/106 (09.43%)	53/93 (56.98%)	28/105 (26.66%)

Half the students of the '1st' and '2nd' batches found the evening revisions useful whereas 83% of those of '3rd' batch found it worthwhile. A majority accepted that such classes should be conducted in small groups.

9% of students from '1st' batch and 27% of '3rd' batch did not find that revisions affected their study schedule whereas 57% of the '2nd' batch students felt that revisions did affect their study schedule.

Table 6 : Feedback On Counselling

	1st Batch	2nd Batch	3rd Batch
Counselling sessions:Useful	86/92 (93.47%)	72/83 (86.74%)	76/102 (74.50%)
Counselling beContinued	82/92 (89.13%)	68/80 (85.00%)	74/101 (73.26%)

Majority found the counselling sessions useful and opined that it should be continued.

junior teachers were also ranked high.

The feedback on the evaluation of the faculty was very illuminating. Besides the senior teachers, some

Some of the impressions and/or feelings about participating in the process were as follows:

- ▶ Very helpful as it creates a better learning environment.
- ▶ Requires that the class perceive the facilitator to be fair.
- ▶ Nice that a professor cares enough about our education to put his head on the block.
- ▶ Specific problems in the course can be addressed.
- ▶ Very helpful, providing the instructor keeps an open mind about the criticisms.
- ▶ Excellent opportunity for changing course when changes can make a difference.
- ▶ A lot easier to remember likes and dislikes when other people bring them up.
- ▶ Good method of providing suggestions for improvements but also giving positive reinforcement.
- ▶ Very impressed that instructor cares enough about our opinion to take a class session to ask.
- ▶ Hope that since the teacher initiated the process, suggestions will be followed or considered.
- ▶ Will greatly help the teacher to efficiently teach the class.
- ▶ Thank you for caring what we think, we usually get ignored.

Discussion

Feedback from students is generally regarded as an effective way to improve teaching; there are studies that support this notion (8-19). In some medical centres student evaluations are used to help determine promotion. It is the general consensus that students are, in fact, capable of providing fair teacher evaluations (20-23). Some of the junior faculty were rated higher than their senior colleague's highlighting the fact that the opinions of the students were unbiased based solely on their ability to teach a given topic.

Although apparently fair and capable of leading to improvement in a lecturer's performance, another important issue is whether student ratings of lecturers are reliable (i.e., consistent and reproducible). Again the general consensus in the medical literature is that good reliability has been demonstrated over a variety of courses, instructors, and students within the medical setting (9, 11-19, 20, 22-24).

The opinion of our students did have some very astounding responses. The views expressed by the students highlighted the grey areas for some lectures and tutorials. This helped us to change and improve the teaching methodology for subsequent classes. Since only fifty percent wanted handouts, we did not find it to be a priority job. Some seminars are being planned in place of certain lectures. This should benefit the students because it will involve their active participation.

The junior faculty is conducting tutorials, which include trainees and ad-hoc demonstrators. The low satisfactory score by 2nd batch students forced us to do some serious thinking. Efforts are on to convert the tutorials into an interactive session. Since osteology workbooks have been found useful the department has prepared the same.

The paucity of cadavers and compression of 1st MBBS duration has forced us to have prosection in place of some dissections. Students have found them very useful and have demanded that each dissection be followed by a prosection. This no doubt will increase the understanding and reduce the time taken to complete the particular dissection.

The equivocal response to revision by the earlier batches made us alter the revision schedule to meet the demands of the students. Senior teachers conducting revisions for the weaker lot has made the difference.

The effort put in counselling was essentially to find out the malady and look for the remedy. By and large, all those who were identified as slow learners had a multifactorial genesis. Sincere effort was put in to recoup these students. It was heartening that once the rapport was established, most of the students opened up and one could see their pride getting restored. It indeed made our day to find that the slow learners gradually climbed the rungs of performance in their scholastic pursuits.

The ranking of the teachers has infused a sense of competition amongst them to strive for the better, at the same time it has shaken a few from their slumber of complacency. All of us have taken these in the right spirit. Going by the preferences of topics to be taken by a teacher, the subsequent teaching schedule has been modified.

Summary and Conclusion

Student feedback is a technique for improving the teaching/learning relationship and assumes the following principles:

- ▶ Learning is an active process and student involvement is essential;
- ▶ Student perception of and interaction with the teacher is integral to the process of learning;
- ▶ It is important for the teacher to see him/herself through the eyes of the student in order to build on the strengths of the relationship and correct the deficiencies;
- ▶ Students can make important contributions to the teaching/learning relationship and the teacher must be receptive to these ideas;
- ▶ Teaching and learning involve a dynamic relationship that can and should change with time and experience. There is no one "correct" way for teaching and learning. One should strive to find new and better methods.

Having said so, we would however like to add that such feedback from students should be viewed very judiciously. Poor judgmental power, feeling of fun while giving feedback and obnoxious comments reflects loss of interest in feedback (25). Many time students fail to give specific response due to ambiguous question. However providing structured pre-tested proformas with specific questions can enhance the reliability of a feedback. Incorporation of suggestions in subsequent sessions is necessary not only to bring some positive changes but also to encourage students to maintain their interest in feedback

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