Evaluation of medical education unit trained teachers by students

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Abstract:
Medicine is not only a field of theoretical & scientific knowledge but it also involves a lot of practical & social skills. Obviously educational needs in medicine are multiple & the teachers involved in this process are challenged with rapidly changing trends of the 21st century. Medical teachers are never trained formally in the teaching skills during their U.G. or P.G. teaching courses. Hence M.C.I. recommended that a fully functional Medical Education Unit must be established in every medical college in India whose responsibility is to train the teachers in basic teaching skills in workshops of 3 to 7 days duration. This is an excellent idea introduced by MCI. However it is very vital to find out if these training workshops are yielding expected fruits or not i.e. improvement in teaching skills of the concerned teachers is occurring or not. Since students are the expected beneficiaries of such training sessions, it is very crucial to determine as per students viewpoint, if there is qualitative improvement in teachers teaching activity as per the learning that is taking place. The MEUs must undertake responsibility of taking different types of feedbacks from students about the teaching abilities of MET Trained teachers. Establishing system of taking feedbacks from students is quite challenging & also needs well planned efforts. It will also provide essential feedback to MEUs about quality of methods used by them for teachers training. I am sure that good evaluation practices in medical training at all levels will enhance quality & accountability of medical education which is the demand of the changing scenario of medicine.

Key Words: Medical Education Units, Teachers’ training, Students’ feedback, Challenges

Medicine is a field of theoretical and scientific knowledge, but it equally involves practical and social skills. Hence educational needs are also multiple in medicine. As education methodology enters 21st century, teachers are challenged to keep pace with rapidly changing trends which are evolving very fast [1]. To meet these challenges, the teachers need to imbibe/inculcate effective student centered teaching skills.

As per the minimum standard requirements of Medical Council of India- 1999 (amended upto July 2015) [2], every medical college in India is required to have a fully functional Medical Education Unit (M.E.U.). This is an excellent move because medical professionals are never taught the basic techniques of teaching during their under-graduate or postgraduate courses. The postgraduate recruits are asked to take tutorials or practicals or clinics for undergraduate students without any training for teaching, which becomes their first exposure to any kind of teaching activity.

Prior to this period, faculty development workshops were conducted at few National Teachers Training Centers like Post Graduate Institute of Medical Education & Research, Chandigarh; Jawaharlal Institute of Postgraduate Medical Education & Research, Pondicherry; Maulana Azad Medical College, New Delhi etc. and were of 7-10 days duration. Now, the M.E.Units in all the medical colleges are involved in conducting basic course...
workshops in education technology of 3 days duration for medical teachers under the supervision of experts from MCI Regional Centres. Some of the Regional Centres are designated as Nodal centres to conduct advanced courses of one year duration as Fellowships in Medical Education. In addition, there are FAIMER (Foundation for Advancement of International Medical Education and Research) Regional Institutes, conducted at 3 centres in India supporting Faculty development. In addition, the Manipal University-FAIMER International Institute for Leadership in Inter-Professional Education (MUFII-LPE) has been initiated last year.

Through the present article, I wish to draw attention of all medical faculty & MET Units to the next step required to be undertaken to assure quality in delivering the higher education. We need to answer the question, that whether the faculty, which has been trained by the MEUs, is ready to extend the frontiers of knowledge on a value based foundation? If we wish to bring excellence in our educational system, we need to define all the processes which can measure the performances of faculty, both qualitatively and quantitatively and put them in place. This is certainly a huge challenge.

One of the ways, I suggest, is to evaluate the benefits of these training workshops/ courses, as perceived by the students. Anonymous feedbacks from medical students about the quality of teaching imparted in various colleges, as perceived by them, can be collected by MEUs. For this, teaching activities of each and every teacher need to be evaluated by a well developed questionnaire. The student feedback then should be analyzed and informed to the teacher as well as administrators so that appropriate corrective steps can be taken. It is but natural that a lot of brain storming is necessary to put such system into place so that it will not be a one time phenomenon but a continuous activity.

Some may take objection to rely on the feedback from students. However, student feedback is now considered as an important component in the formal faculty performance appraisal systems in most of the universities. The sole purpose of such evaluation is to provide useful information inducing development. In India too, attempts are being made in some medical colleges to collect feedback from students regarding the medical teaching conducted. However, such reports are quite scanty and there is no uniformity in the methods adapted.

The validity of the questionnaire, the process to administer it and the purposes for which they are used varies from institute to institute. Presently there is no well defined protocol for taking such feedbacks. Different academicians have used different methods to get such feedbacks, some have used written feedbacks while some have tried verbal feedbacks. The types of questionnaire used for written feedback or interview guide for verbal methods are not well standardized. Also, these methods differ based on the objectives of the evaluators and the interest of stakeholders in the feedbacks; some used them to improve classroom teaching while some used them to improve clinical teaching sessions.

Despite above mentioned issues, the data generated from such feedback show that the students have responded positively in most of cases helping the concerned departments/institutes to implement changes in teaching-learning methodologies as per the suggestions of the students.

Manjunath, et al (2015) found that student feedbacks revealed the priority areas for improvement. This was possible by getting the
information regarding what students needed and whether they were comfortable with ever expanding course and existing time constraint. Sheikh, et al (2014)\textsuperscript{[10]} conducted a study to observe perceptions of medical students regarding teaching in a private medical college of South India. The group observed that 68.6% students agreed that their feedback would influence the quality of teacher’s future teaching efforts and 64.7% were of the opinion that feedback given by them would be valuable to facilitate learner centered teaching.

In another such study Dash, et al(2013)\textsuperscript{[12]} concluded that feedback from students had facilitated a change in the preconceived notions about teaching- learning principles on the part of the faculty. For example, more than 82% students preferred blackboard teaching method than audio-visual method, which was used by the teachers. This means that the faculty should work out with their students what are the students’ most preferred and least preferred learning styles. The reasons for the same needs to be explored. Based on this the appropriate teaching-learning methods need to be selected. This may help to facilitate student centered teaching.

When we start doubting the reliability of student feedback, we need to ask ourselves that are we, as faculty open to criticism by our students? Are we ready to improve ourselves? Lack of understanding of the value of feedback can result in teacher’s failing to meet student’s developmental need and in student’s failing to see the utility of feedback for their short term and long term development. I am quite sure that students have the ability to appreciate or criticize appropriately, provided they are clear about purpose and the value of feedback, they are giving. Same holds true for the faculty undergoing such evaluation. The best way to achieve this is to have a developed relationship between teachers and students. Dash, et al(2013)\textsuperscript{[12]} & Manjunath, et al (2015)\textsuperscript{[7]}, also revealed that perceptions and feedback of students regarding learning in pharmacology were positive and constructive. They further stated that similar type of feedbacks if conducted regularly can help teachers to organize the teaching schedule accordingly, plan the teaching-learning sessions and improve their teaching skills. They further concluded that feedback results can be used in planning teacher training and designing teacher-training programs.

Sometimes teachers feel that they are not expert in technology and may receive a negative feedback from students. Agreed that the present generation of students is technology savvy and has access to information with lightening speed. However, if we as teachers challenge our students to use that information to develop 3-4 arguments for and against a scientific proposition, then they would discover that mere abundance of information is no longer an asset. Filtering the information, identifying the best evidence and formulating coherent argument is a skill that only a good teacher can impart to the students and not a computer. This is where teachers’ experience, personality, in depth knowledge and teaching skills are very decisive.\textsuperscript{[13]}

Student feedback will also allow the MEUs to analyze if the methodologies used by them in training teachers, are appropriate to the needs of students of newer generation or not. Results of such type of feedbacks may provide us answers as to why students are often quite reluctant to attend teaching sessions on regular basis. Currently the attendance criteria for deciding eligibility, for appearing in the university examination is 75% for lectures and 80% in practicals. However, poor attendance of students is a common complaint and to meet the criteria,
additional teaching programmes are required to be planned by the faculty, often beyond the normal teaching schedule. It is better to find a root cause of poor attendance through horse’s mouth and act upon the same.

The main objective behind evaluation of teaching performance of a medical teacher is to improve teaching, which should be performed as a continuous, systematic process. Such evaluation of teaching can rejuvenate the institution, renew passion for effective learning and help marching towards institutional excellence. Obtaining and analyzing feedback/responses from academic peers, students, alumni and employers and their appropriate use to review, design and restructure the curriculum, reflects the institutional effort towards quality enhancement (Manual made by N.A.A.C. under U.G.C-2013).[14]. The best measure for effective teaching is the amount of learning that is taking place. Therefore, students are in a better position to tell what makes them learn. Similar views were also expressed by Theall( 2009)[15] and Singh & Jha (2014)[6]. There are challenges in establishing a system for collecting student feedback. For example, there is a shortage of teachers who can devote full time for such activities. In most medical colleges, teachers from few departments come together and run the MEU activity, which is an additional burden for them. Medical Council of India has suggested establishment of Department of Faculty development. Very few medical colleges have the manpower to start such department. In addition, transfers of teachers, at short notice, can occur routinely in Government hospitals or when new medical institutions start. Teachers, even though wish to adopt interactive teaching methodologies or small group teaching activities, cannot do so many a times when student number is too large to handle. In such cases, a preference is given to didactic lectures in order to deliver a large amount of syllabus to students in one teaching slot. Even if a teacher adopts newer methods that promote collaborative, deep learning; current examination pattern is mainly focused on recall and not on applications. There is too little scope for proper assessment of students’ knowledge, skill and attitude. It is well known that examination results alone do not provide the comprehensive picture of the teaching skills of teachers of that institute[16]. The students learn what is asked in the examination[17]. The undergraduate students in medicine are too grossly focused on their performance in Post Graduate Common Entrance Test (P.G.CET) examination, which is MCQ based. They are not interested in undergraduate training sessions, which are focused on developing foundation and preparing them for application of basics. We observe that with decrease in the generation gap, a rapid change is occurring in value systems of students, which also affects their attitude towards learning. Their attention span is too low and the attention gets drastically diverted even during a teaching session with variety of electronic gadgets available to them[18]. These latter challenges related to students, may raise objection for they being considered as the evaluators of teaching learning session.

However, the stakeholders need to discuss and draft policies to change the scenario. We need educationists to make the policies related to medical education and not merely the bureaucrats or politicians. It should be a policy decision to appoint few faculty members purely to concentrate on ME and Faculty development related programmes. There is an urgent need to change our assessment system

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making it more comprehensive so as to analyze students’ knowledge, skills and attitude. There should be a common theory examination of all medical colleges across the state. All the core learning outcomes of the course pertaining to the expected competencies of the medical graduate must be a part of their assessment. While selecting a candidate for postgraduate course, 50% weightage needs to be given to the University or State level examination and the remaining to P.G.CET scores. Unless and until weightage is given to MBBS examination for postgraduate admission, students’ attitude will not change. Last but not the least, aptitude of the student to serve as health professional needs to be taken into consideration as one of the criteria while giving admission to the MBBS course. A medical student, who has a strong desire to serve as a medical doctor, would be a better evaluator of medical teaching in the institution than the one who has got the admission because of parent pressure and is disinterested in learning.

To conclude, I reiterate that ‘Good evaluation practices’ in medical training at all levels will enhance quality and accountability of medical education. I think it is a right time that MEUs start taking regular feedbacks from the students and introspect if their efforts of teachers’ trainings are bearing the expected fruits or not. This may prove to be the first step towards future goal of accreditation of medical colleges in India. To go a step further, I feel award systems for a teacher, may be promotions in jobs or increments in pays must be decided as per the findings of the feedback from students. A comprehensive initiative for evaluation of medical course is urgently required at the national level involving the Medical Education Units as well as all the stakeholders. This will make Medical Education in India innovative and competitive and we will be able to prepare undergraduates to perform best in the changing scenario of medical science and National health needs.

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