

Title: First use of student feedback in evaluation of the medical curriculum at the University of Nairobi – application to the nutrition component

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The context and setting

Medical nutrition education has been recognized as an important component in the training of medical students, and as such has been integrated in medical curricula of many medical schools. At the Faculty of Medicine, University of Nairobi, medical nutrition is an integral part of the goals and objectives of the medical curriculum. Nutrition is taught during the 2nd and the 4th year of the medical school by three faculty members.

Why the idea or change was necessary

There had not been a systematic program evaluation of the effectiveness of the nutrition curriculum in imparting the desired knowledge, attitudes and skills to medical students. This evaluation, the first step in that process, was designed to obtain the perceptions and attitudes of 5th year (senior) medical students about the nutrition curriculum.

What was done

The medical students completed a self administered questionnaire assessing their perceptions and attitudes about the quality and quantity of medical nutrition curriculum, during their last final examination before exiting the medical school for their internship. The questionnaire contained attitude and perception questions about the adequacy of theory and clinical skills teaching in nutrition. The questions were developed by the after a focus group meeting with the students and faculty to discuss the need to evaluate the nutrition curriculum.

Evaluation of the results and impact

This was the first time students were involved in planning and evaluating a curriculum, resulting in 174 (91.0%) participation in the survey. The nutrition curriculum was rated good to excellent by 28% of the medical students and poor by 24.0%, with the remainder rating fair. The majority of student respondents indicated that the nutrition theory content was adequate (62%), but that the clinical content was inadequate (78%). Ability to apply knowledge in clinical rotations was viewed as inadequate by 41%. The inadequacy of the clinical curriculum was further revealed when 146 (86.0%) reported that they had not been assessed for nutritional competencies during the clinical rotations. Only 23 (14.0%) had been assessed, and this was during their pediatric clinical rotations. This program evaluation data from the students' perspective thus established the adequacy of the theoretical nutrition content. Importantly, the data indicated a focused need - strengthening the clinical nutrition curriculum by including clinical teaching and assessment during the clinical rotations, in addition to developing teaching and clinical assessment protocols. This curriculum revision would, in addition, optimize clinical nutrition education through a curriculum change involving the utilization in the clinical rotations of the three lecturers responsible for teaching nutrition to medical students. Ultimately, the revision should enhance the nutritional expertise of the medical graduates who, as primary health practitioners, provide nutrition education and counseling to clients/patients, and thus enhance the quality of health care in Kenya.
