

Title: Increasing the acceptability of student feedback for curriculum revision

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Context and setting

Student feedback on curriculum and faculty is an important input for improving medical education. However, faculty acceptance of feedback may be limited due to faculty attitudes about its usefulness.

Why the change was necessary

In medical schools in India, systematic collection of student feedback and its explicit use in curriculum revision, is not common. An annual comprehensive student feedback system has been in practice in the institution, but was not used for curricular change. This project aimed to make student feedback more acceptable to the faculty, so that this input would be used to improve medical education.

What was done

Student and faculty input was solicited to develop a revised student feedback form. The form was used to obtain comprehensive review and suggestions on different aspects of the undergraduate curriculum for all subjects recently passed by the 3rd, 4th and 5th year medical students. A faculty and student attitude survey about the utility of feedback was also developed. The compiled data was provided to the respective departments for discussion. Eight of the 14 departments agreed to use the feedback as input for curriculum change, selected the feasible and appropriate suggestions, and implemented them after discussion with the students currently in the course. Confirmation of changes implemented in the concerned departments was conducted after 6 months.

Evaluation of the results and impact

Response to the attitude survey covering opinions regarding usefulness of student feedback was available from 90% (n=132) of the faculty and 97% (n=150) of the eligible students. The survey revealed that the majority considered student feedback to be a motivating factor for faculty (60% of faculty, 81% of students) and that student feedback is an important component of an academic program (65%, 90%). Response of teachers was strikingly different from the students on the following opinion statements: students are mature enough to provide inputs to guide curriculum modifications (32% versus 89%); feedback should be given consideration for career enhancement of faculty (27% versus 60%); and the feedback from the upper half and lower half of students based on academic position should be considered separately (57% versus 35%).

The common curricular modifications identified for implementation in the departments of Pathology, Pharmacology, Forensic Medicine, Otorhinolaryngology, Social and Preventive medicine, Pediatrics, Surgery and Medicine were: display of detailed topic schedule in advance; tests (including multiple choice questions) at the completion of each major topic; discussion of model answers following each test; increased use of dummies, models and visual aids and designation of specific tests for formative assessment that are not included in the final grade. Other specific changes were also made in individual departments.

The excellent participation of students as well as faculty in the exercise, both in developing the instrument and responding to the survey, was evident and encouraging. For the first time, modifications in the curriculum have been made, based on the opinion and suggestions of the students. The next step is to broaden the student feedback process to all departments in order to improve medical education.

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