

# Assessment of Clinical Teaching /Training Program in Medicine Among the Medical Students

A SHAHZAD T U SALAM M A MAJROOH I U HAQU ZAFAR M A KASHIF.  
*Department of Medicine, Ghurki Trust Medical Teaching Hospital/Lahore Medical & Dental College, Lahore*  
*Correspondence to Dr. Israr ul Haque, Senior Registrar*

A student's analysis of teaching / curriculum designing is important for proper educational planning. The study was conducted to evaluate the clinical training in subject of medicine with mutual collaboration of Foundation University Medical College Rawalpindi (FUMC) and Allama Iqbal Medical College (AIMC) Lahore. Total 151 students were interviewed out of those 74 were interview in FUMC Rawalpindi and 77 in AIMC Lahore. To get the feedback of clinical training in undergraduate students a simple questionnaire was distributed during the clinical attachments of final year students. The results showed 55% students were satisfied with duration of clinical rotation while 48.3% of the students thought, instead of rotation to all units, continuous stay in one unit would be a better idea; but marked variation in teaching standards and level of enthusiasm among teachers forces them to opt for the former to benefit from all teachers. Only 31 percent of students were satisfied with the level of commitment shown by senior faculty members and 21.8 percent thought that topics were adequately covered during clinical rotations. Ward tests were not rated very high as a reliable tool of their assessment and 60% felt it failed to assess them thoroughly.

**Key words:** Medical education, Curriculum, Student feedback

Teaching plans are designed with certain objectives in mind. They must be assessed periodically to identify shortcomings in order to improve it further. Feedback from students is a strongly recommended part of any syllabus designing<sup>1</sup>. However it must be stressed that such an exercise is useless unless it is analyzed objectively and implemented to overcome the deficiencies pointed out in the survey. Medicine is a major subject in undergraduate teaching and is taught from 3<sup>rd</sup> year onward. Along with the daily morning sessions, students are also expected to come in the evening for self-learning and supervised patient management.

To the best of our knowledge no such study has been reported in Pakistan on the feedback of undergraduate students on their clinical training. We have tried to evaluate how far this extensive teaching program has been successful from student's point of view. Our aim was to identify areas for further improvements and difficulties faced by undergraduate students in comprehending teaching program of this subject.

## Materials and Methods

It was a cross sectional study, carried out in final year students of Foundation Medical College Rawalpindi and Allama Iqbal Medical College (AIMC) Lahore in session 2005. The department of Medicine in FUMC consists of three independent units and students are rotated to all the units during their attachment to Department of Medicine (three weeks to each unit). The department of Medicine in AIMC consists of four independent units and students are rotated to two units during their attachment to Department of Medicine (four weeks to each unit). During daytime, consultants' conduct all academic sessions. In the evening, teaching sessions are basically meant for

supervised patient care with postgraduate students and medical officers.

To judge the utility of this extensive training program from student's point of view, we designed a simple and pertinent questionnaire. All students were directed to provide anonymous feedback. The questionnaire was distributed during attachment to Department of Medicine. Total 151 students were included in the study 74 were from FUMC Rawalpindi and 77 from AIMC Lahore.

The questionnaire distributed is given below

A: Duration and time for each rotation of medical unit

1. Was the duration of rotation to each ward sufficient for you to grasp the basic concepts o subject?
2. Is rotation to all units better than continuous stay in one unit for entire duration of attachment to Department of Medicine?

B: About teachers

1. Did the senior faculty members give sufficient time / attention to the clinical classes?
2. Did teachers try to judge and correct weak points of each student by giving personal attention?

C: About teaching methodology

1. Do you think topics discussed in clinical classes cover sufficient amount of course contents?
2. Did the attachment give you sufficient insight into subject?

D: Ward tests

1. Do you feel the format of test was comprehensive enough to assess your theoretical knowledge and clinical skill acquired in the ward?
2. Did the test help you to bring out your weak points and identify areas to cover or pay more attention?

Any other suggestion or remark about clinical teaching

**Results:**

The results are summarized in table I  
 Out of 151 students 55.0% were satisfied with the duration of rotation to each unit of medicine. 48.3% were in favor of rotating in various units rather than staying in one unit. Only 31.1% of the students were satisfied with teaching time and attention given by the faculty and 76.2% thought that teaching faculty was unable to reach their weak points.

Most of the students were of the opinion that the topics discussed were not covering the subject sufficiently, only few topics were discussed and repeated in different units. 48% of the students were satisfied with understanding of the subject. Only 39.1% students were of the opinion that the format of evaluation was adequate to assess their clinical knowledge and skills, while 62% thought the evaluation depicted their weakness adequately.

Table 1: The student's opinion and satisfaction about clinical training in Medicine

Status of evaluation	FUMC Private (n=74)		AIMC (Public) (n=77)		Total (n=151)	
	Satisfaction about the duration/time spent in wards					
	No.	%	No.	%	No.	%
Was the duration of rotation to each unit sufficient?	40	54.1	43	55.8	83	55.0
Is the rotation to all units is better than continuous stay in one unit?	26	35.1	47	61.0	73	48.3
<b>Adequacy time devoted by the teachers and student interaction</b>						
Did teachers give sufficient time / attention to clinical classes?	11	14.9	36	46.7	47	31.1
Did teachers try to judge and correct weak points of each student?	5	6.8	31	40.2	36	23.8
<b>Adequacy of subject coverage and comprehension of clinical training</b>						
Did the topics discussed in clinical teaching covered the subject sufficiently?	3	4.1	30	39.0	33	21.8
Did the clinical teaching gave you sufficient insight into the subject satisfaction about testing and evaluation skills?	38	51.4	35	45.5	73	48.3
Did the format adequate to assess the knowledge and clinical skill?	16	21.6	43	55.8	59	39.1
Did it help to identify the weak points?	42	56.8	51	66.2	93	61.6

**Note:** Denominator for percentages is shown as "N" in the column headings

In the end student were asked to write any other suggestion or comments. The two most common remarks were.

1. The evening classes should not be compulsory, as daily evening sessions are too tiring and leave them too exhausted for self learning at home

Students strongly felt a need for a uniform standard of teaching in different units. At present they feel a wide variation in teaching standard depending on the commitment level of various teachers.

**Discussion:**

Regular evaluation of teaching methodology with a view to improve teaching strategy is an important part of any educational planning. A feedback from students is firmly recommended to understand their perceptions and problems<sup>1</sup>. Few authors have made such attempts for students of higher educations<sup>2,3</sup>.

Recently a survey reported by Tyagi et al analyzed feedback from 3<sup>rd</sup> year undergraduate students on teaching methodology for the subject of anesthesiology for a total duration of 2-weeks attachment<sup>4</sup>. Most of the students were satisfied with the clinical teaching and practical demonstration

Medicine is a major subject at undergraduate level. The teaching of Medicine starts form 3<sup>rd</sup> year. For three years students are taught in the form of lectures and clinical training during ward attachment. This extensive training program requires lot of planning. No study has

been reported on the feedback of students on various aspects of this training in this major subject.

The present study gives an interesting insight into student's perceptions regarding our teaching strategies. It shows 50% of the students like to stay in one unit rather than being rotated to all the units during their attachment to clinical training. It gives them a sense of continuity of teaching plan organized by a unit. Moreover their rapport with house officers and postgraduate students is helpful for learning emergency care and evening duties. But the wide variation in standard of teaching level among different units forces them to opt for regular rotation. However as each unit has a different plan of teaching, students are generally at a loss to grasp the essence of teaching plan and consider it incoherent.

Overwhelming majority was totally unsatisfied with their teachers. They had an impression that most of senior faculty members did not appear dedicated. The clinical classes are being taken in perfunctory style with insufficient time and personal attention to student's problems and academic weaknesses. Teachers try to depute a junior doctor even at times a house officer for classes in morning sessions. This observation is serious. It may not reflect the whole truth but sometimes perceptions are more important than reality especially when it is reported by 69% of students. Teaching is a serious mission and only those with an aptitude should opt for this profession as the standard of coaching varies with level of commitment of teachers.

David in his paper 'clinical effectiveness in teaching' shows that the best teachers scored higher than worse teachers on the seven attributes evaluated but the largest difference in mean score was in the enthusiasm to teach<sup>5</sup>. Another important point highlighted by the students is the need to have a lit bit of personal attention from their teachers during ward teaching. They expect their tutors to understand their individual weaknesses and address them accordingly. For this senior faculty members may not have the time because of their multiple commitments. Some institutions of higher studies have introduced a system of tutorial groups where small groups of student are attached to faculty member for individual attention. The group meetings are held in an informal atmosphere with an aim to understand and help individual student in their endeavors to cope with the stress of higher education. Introduction of this system might be helpful in medical colleges.

As regards the ward tests, majority of students gave poor ratings to reliability and validity of current method of ward tests for judgment of their theoretical knowledge / clinical skill (61% vs. 39%). Ward tests are usually taken with a short table viva along with a long case or may be one or two short cases. Students rate this system poorly as a standard tool of assessment. The element of chance; being allotted a difficult case or viva on some topic for which they were not prepared at the time, frustrates even the best of students.

This requires an effort on the part of teachers to make these tests more comprehensive, reliable and uniform tool of assessment. The assessments should be standardized with introduction of TOACS (task oriented assessment of clinical skill), the method currently used by College of

Physician and Surgeons of Pakistan for assessment at postgraduate level.

An important point highlighted by the students was the inadequate coverage of course contents during attachment. Students felt over emphasis of easier topic like gastrointestinal / hepatic diseases with grossly inadequate coaching on topics like neurological problems. With each rotation teachers in new ward start discussing the same cases again and again. This might be due to lack of planning by the department or an attempt on the part of teachers to ignore / avoid certain topics considered difficult. However the issue requires either a persistent stay in one unit with a responsibility to cover all major systems or it can be dealt with coordination and supervision by Head of Departments to ensure as comprehensive program of teaching.

The present study has certain shortcomings. The study is qualitative rather than quantitative e.g. based on certain scoring of the students. This is a subjective pole of the students. Some students may have biased opinion about the teaching program.

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