



Original Article

Feedback on Ophthalmic Lectures from 4th year MBBS in a Female Institute

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Purpose: To take feedback on Ophthalmic lectures from 4th year MBBS in a female medical institute.

Introduction: It is necessary to review teaching and assessment methods at regular intervals so that methodologies can be modified for improving the undergraduate medical education. Various evaluation tools, such as feedback, might help the faculty to identify the strengths and weaknesses of their teaching and assessment methods.

Material and Methods: A survey was conducted at Fatima Jinnah Medical University, Lahore. Five static questions and two open ended questions were asked about the ophthalmology lectures being conducted in the academic year 2014-15. Students were asked to rate the ophthalmology lectures. Open suggestions were taken at the end. No verbal feedbacks were taken.

Results: A total of 230 female students from 4th year MBBS academic year 2014-15, Fatima Jinnah medical University, participated in the study and completed the feedback forms. Percentages and frequencies were noted for the questions using a five point rating scale. A mean of 6.96+ 2.5 was noted for the rating scale. Qualitative data was identified by certain themes e.g. interactive session, Easy language / explain medical terminologies, Presence of clinical cases in lecture theatre, Scenario based questions, More lectures by professors', Teachers' Attire, Male facilitators' should keep a distance etc.

Conclusion: Feedback is very important; it highlights certain facts which would otherwise remain undetected. A different mindset might be encountered by facilitators, regarding social and religious inhibitions, when teaching in an all female medical institute. Anonymous feedback gives the students an opportunity to explain their problems and suggestions to the concerned department. On the other hand it enables the teaching staff to improve their ways in which they can prove more beneficial for the professional and social growth of their students.

Introduction:

In today's world, methods of medical education are changing rapidly so as to meet the ever growing demands of undergraduate training. It is generally agreed that reviewing the teaching and assessment methods at regular intervals is necessary so that methodologies can be modified for improving the undergraduate medical education. Various evaluation tools, such as feedback, help the faculty to identify the strengths and weaknesses of their teaching and assessment methods.^{1, 2} Feedback is conceptualized as information provided by an agent (e.g., teacher, peer, book, parent, self, experience) regarding aspects of one's performance or understanding.³

Recently, vast changes have taken place in many countries at all levels to improve the standard of medical education. At the same time very few female medical institutes are left in the world. Most of the female medical colleges have been converted to co education lately. A medical curriculum should constantly develop in response to the need of students, institutions and communities.⁴

In an all female institute a different mindset is seen regarding professional and personal approach as compared to a co-educational institute. Feedback in such institutes is very important as it tells us some important facts, which helps the facilitators' to understand the basic mindset of the female students, so that they can deal with them likewise. Student feedback is considered to be the best method to bridge the communication gap between teachers and students.⁵

In Pakistan, Fatima Jinnah Medical University is the only known female medical university of its kind, founded in 1948 as Fatima Jinnah Medical College, being upgraded to the level of the first female medical university of Pakistan in 2015. The institution is providing female doctors for the past 68 years.

Methodology:

This study was designed as a survey, being conducted at Department of Ophthalmology, Fatima Jinnah Medical University / Sir Ganga Ram Hospital, Lahore, Pakistan. The students of 4th year MBBS, academic year 2014-15, were included in the study.

Inclusion criteria were to be a student of 4th year MBBS 2014-15 batch. Foreign students present in this batch were also included in the study. Exclusion criteria included supply holder students of previous batches who did not attend ophthalmology lectures with the class of 2014-15 batch. Feedback was taken on all the lectures delivered by faculty members of the Department of Ophthalmology, Sir Ganga Ram Hospital, Lahore.

Feedback forms were given to the students at the end of the academic year. 230 students participated in the

study and completed the feedback forms. A member of the faculty instructed the students about how to give the feedback. In the forms five static questions were asked giving the students a five point rating scale to rate the questions. Students were asked to rate the lectures from a scale of 0-10 (0 being the lowest and 10 being the highest). Two open ended questions were also asked. Open suggestions were taken at the end. No verbal feedback was taken. Students' identity was kept anonymous.

All the data was analyzed using Statistical Package for Social Sciences, version 20 (SPSS Inc., Chicago, IL, USA). The frequencies and percentages of the responses were measured using a 5 point rating scale for the static questions. The data for the rating scale of lectures was given as mean and standard deviation. The qualitative data for the open ended questions were identified by certain themes.

Results:

Two hundred and thirty students, all females, gave the feedback about Ophthalmology lectures given in the session 2014-15 by the faculty members of the Department Of Ophthalmology, SGRH, Lahore.

The first question in the feedback form was whether the facilitators were able to clarify the contents of a particular topic. The frequencies and percentages are as under

Table 1 – Ability to Clarify the Contents

	Frequency	Percent
Strongly agree	46	20.0
Agree	134	58.3
Neutral	46	20.0
Disagree	4	1.7
Total	230	100.0

About 58% of the students agreed 20% strongly agreed in response to this question.

The second question was whether the students found the content knowledge about a particular topic satisfactory. The frequencies and percentages are as under.


Table 2- Content Knowledge Satisfactory

	Frequency	Percent
Strongly agree	52	22.6
Agree	160	69.6
Neutral	14	6.1
Disagree	4	1.7
Total	230	100.0

About 69.6% agreed and 22.6% students strongly agreed that the content knowledge provided was satisfactory.

The third question was whether the students enjoyed the session. The frequencies and percentages are as under.

Table 3 – Enjoyed the Session

	Frequency	Percent
Strongly agree	80	34.8
Agree	106	46.1
Neutral	38	16.5
Disagree	6	2.6
Total	230	100.0

About 34.8% students strongly agreed and 46.1% agreed that they enjoyed the session.

The fourth question was whether the AV aids used during the lectures satisfactory. The frequencies and percentages are as under.

Table 4- Used AV Aids Satisfactorily

	Frequency	Percent
Strongly agree	60	26.1
Agree	110	47.8
Neutral	50	21.7
Disagree	8	3.5
Strongly disagree	2	.9
Total	230	100.0

About 47.8% agreed and 26.1% students strongly agreed whereas 3.5% disagreed.

The fifth question was whether the students were involved in the discussion during the lecture. The frequencies and percentages are as under.

Table 5- Involved the Students

	Frequency	Percent
Strongly agree	140	60.9
Agree	78	33.9
Neutral	8	3.5
Disagree	2	0.9
Strongly Disagree	2	0.9
Total	230	100.0

When asked about the involvement of students in the discussion during the lectures 60.9% strongly agreed, 33.9% agreed and 3.5% remained neutral.

The students were asked to rate the ophthalmology lectures from a scale of 0 (lowest) to 10 (highest).

Statistical analysis revealed a mean of 6.96 ± 2.5 standard deviation for the rating of lectures.

Qualitative data for the open ended questions were identified by these themes.

- Interactive sessions
- Friendly environment
- Use of AV aid / Use of white board
- Easy language / explain medical terminologies
- Presence of clinical cases in lecture theatre
- Scenario based questions
- More lectures should be by professors'
- Teachers' Attire
- Male facilitators' should keep a distance

Discussion:

Fundamental reforms in undergraduate medical education have been advocated for 100 years⁶. Feedbacks are becoming increasingly important nowadays to break the communication barriers between facilitators and recipients. Feedback is very important in modifying mode of information transfer (MITs). It highlights certain facts which would otherwise remain undetected. Especially feedbacks taken in an all female medical institute, highlights certain aspects which would otherwise remain undetected. We see that females studying in such an institute come from different social backgrounds, some of them have a different mindset regarding male facilitators, as some suggested in the feedback forms that male facilitators should keep a distance while delivering the lecture and should not leave the rostrum area and that male facilitators roaming in the lecture hall while delivering lecture made them uneasy, which distracted them from the main topic. This aspect is very less likely seen in co-education.

Mixed comments were received on the teachers' attire especially female facilitators' in the feedback. Most of the

students admired well dressed teachers' and suggested that a teacher should always be well dressed and presentable when delivering a lecture whereas some suggested that teachers' should pay more attention on the lecture than their dressing.

Many suggested that more lectures should be delivered by the professors, as the students are able to understand a particular topic more as compared to lectures delivered by the other teaching staff. Use of ice breakers during the lectures by introducing some attractive slides or poetry or a funny comment by the facilitator was appreciated by majority of the students.

Use of AV aid was appreciated by the majority but at the same time some said that topics explained on white board gives them a better understanding. Few suggested that both things should be used to make the lecture more effective.

Interactive sessions, Friendly environment, use of easy language and explanation of various medical terminologies, presence of clinical cases in lecture theatre during the lecture and Scenario based questions at the end of the discussion was appreciated by most of the students.

Conclusion:

Feedback is very important when it comes to medical education. A different mindset might be encountered by facilitators, regarding social and religious issues, when teaching in an all female medical institute. Anonymous feedback gives the students an opportunity to explain their problems and suggestions to the concerned department. On the other hand it enables the teaching staff to improve their ways in which they can prove more beneficial for the professional and social growth of their students.

References :

1. Ruth N. Communicating student evaluation of teaching results: rating interpretation guides (RIG's). *Assessment & Evaluation in Higher Education* 2000; 25: 121-34.
2. Richardson BK. Feedback. *Academia Emergency Medicine* 2004;11:1-5.
3. Hattie J, Timperley H. Review of Educational Researchs March 2007;77(1):81-112
4. Morrison J. ABC of learning and teaching in medicine. Evaluation. *BMJ* 2003; 326: 385-7.
5. Sehgal R, Dhir BV, Sawhney A. Teaching technologies in Gross Anatomy. *JAnatomic Soc India* 1998; 48: 36.
6. Osler W. An introductory address on examination, examiners, and examinees. *Lancet* 1913; ii :1047-50