Perception of Medical Teachers toward Present Day Medical Education

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ABSTRACT Today's medical education reflects on quality of tomorrow's health services. Apathy or ignorance towards innovation, training facilities and accountability may lead to block progress in the field of medical education. Objective of this study was to assess perception of medical teachers about the content and importance of M.B.B.S curriculum and to see attitude of medical teachers towards medical education technology. A cross sectional study was conducted from April 2011 to June 2011 at NKP SIMS Nagpur. A questionnaire using Likert scale was prepared. Questions regarding curriculum, assessment, quality of student and medical education technology were included in the study. Teachers (n=73) of basic as well as clinical sciences were surveyed. Statistical analysis was done using mean scores and standard deviation for each item. Summative score was calculated for various aspects of questionnaire. Most teachers agreed on that that the medical teacher should be aware of the curriculum (mean4.58). They also felt that syllabus should be provided to the students (mean 4.08). Teachers agreed that marks obtained in MBBS exam should be part of PG selection process (mean 3.30) and taking attendance in a class is relevant (mean 3.47). Most of them agreed that the quality of student is deteriorating in medical college (mean 3.76). Maximum teachers were in favour of upgrading medical teaching with the help of Medical Education Technology (summative mean 18.17).

INTRODUCTION

Today's medical education reflects on quality of tomorrow's health services. Apathy or ignorance towards innovation, training facilities and accountability may lead to block progress in the field of medical education. All new trends in Medical Education Technology (MET) have been directed towards imparting education to learner (Kshirsagar 2002).

Curriculum is a formal plan of educational experiences and activities offered to a learner by an educational institution, where knowledge, skill and values are to be developed during the M.B.B.S course. In view of advances in medical sciences and technology, changing patterns of diseases, changing socio-economic realities, periodic updating of a curriculum is necessary (Sethuraman 2000). Thus, evaluation of perception of teacher about present medical education will help in future curriculum reforms. Teacher's perceptions of educational curriculum, assessment, quality of students, teaching technology

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are a useful basis for modifying and improving the quality of education

Objectives

1) To assess perception of medical teachers about the content and importance of M.B.B.S curriculum.
2) To study attitude of medical teachers towards medical education technology.

METHODOLOGY

After ethical clearance from the institutional Ethics committee of NKP Salve Institute of Medical Sciences and Research Center, Nagpur, Maharashtra (India), a cross- sectional study was conducted from April 2011 to June 2011.

Study participants were surveyed using a questionnaire. A 23 item survey was used to gauge the perception of medical teachers regarding medical education. Questions regarding curriculum, assessment, quality of student and Medical Education Technology were included in the study. After taking informed consent, a pre- designed questionnaire was administered to medical teachers of Basic and Clinical Sciences (n=73). Anonymity was maintained.

Questionnaire was prepared using Likert scale rating :

1= Strongly disagree
2= Disagree
3= Neither agree nor disagree
4= Agree
5= Strongly agree

Likert scaling is a unidirectional scaling method. It is also known as summative scale. The final score for the respondent on the scale is the sum of their rating for all of the items. Likert scaling is a bipolar scaling method, measuring either positive or negative response to a statement (Likert and Rensis 1932).

Statistical Analysis

Data was analyzed using mean scores and standard deviation for each item. And summative score was prepared for various aspects like curriculum, assessment, quality of student and medical education technology for the questionnaire.

RESULTS AND DISCUSSION

In educational research orientation to learning is not only associated with perception of students but also perception of teachers (Mayya and Roff 2004). In this study "Perception of medical teacher towards present day medical education" questions were grouped in curriculum, assessment, quality of student and medical education technology (teaching technology).

Quality of medical education that the medical students receive will impact strongly on how well they will be equipped with the skills and attitudes to subsequently function as competent and caring doctors who can improve the health care delivered to their patients (Gwee 2003). Medical teachers need to ensure that medical students should learn what they need to learn. This will prepare the students well for their future medical practice. Medical education is changing rapidly, and more than half the American medical schools are engaged in curriculum reforms (Anderson 2000; Joneet et al. 2001; Hollander 2002; Satterfield et al. 2004). Basic science and clinical educators alike recognize the need for greater integration in the science of curriculum. (Nierenberg 1998; Halasz 1999)

In the present study carried out in Central India, Table 1 shows that maximum number of teachers agreed that medical teacher should be aware of the curriculum (4.56 ± 0.66). They also agreed on providing syllabus to students at the beginning of academic session (4.08 ± 1.26). Disagreement was found regarding exposing first year students to patients (2.83 ± 1.30) and about the notion that our present day curriculum stimulates research among students (2.47 ± 1.07). However, overall 71% of teachers agreed with the present day curriculum (summative mean 24.51 ± 3.08).

Decisions to use formative or summative assessment formats as evaluation methods and how frequently assessments should be undertaken remain challenging. Educators also face the challenge of developing tools for the assessment of qualities (that have been difficult to define and quantify), such as professionalism, teamwork, and expertise (Cox et al. 2007). A

Table 1: Perception of medical teachers regarding medical curriculum

No.	Item	Mean	S.D.	Minscore	Maxscore	%
1	A medical teacher should be aware of contents of latest U G medical education curriculum of M UHS[*].	4.56	0.66			91.60
2	Current time span of MBBS (UG medical education) is adequate	3.76	1.06			75.20
3	The syllabus of the UG curriculum should be provided to students at the beginning of the academic session	4.08	1.26			81.60
4	Our students are fully aware about recommended books and resource material.	3.22	1.15			64.40
5	Exposing students of first year to the patient will benefit them.	2.83	1.30			56.67
6	Our present curriculum stimulates research among students.	2.47	1.07			49.40
7	Medical students are made aware regarding current National Health Programs .	3.52	1.06			70.40
	Summative score (7items/35)	24.51	3.08	18	28	71.00

[*]MUHS- Maharashtra University of Health Sciences

Table 2: Perception of medical teachers regarding assessment of students

No.	Item	Mean	SD	Min score	Max score	%
1	Students are subjected to too many internal exams.	2.6	1.06			52.00
2	Internal exams are leading to absenteeism in class.	3.17	1.25			63.40
3	Current assessment system at the end of academic session should be the criteria to pass or fail to student.	2.85	1.09			57.00
4	The marks of internal exam (formative) should not be taken in the consideration in final exam (summative)	2.38	1.25			47.60
5	Marks obtained in MBBS Exam should be part of PG selection process .	3.30	1.32			66.00
	Summative score (5/25)	14.4	3.43	8	22	58.00

distinction should be made between assessment that are suitable only for formative use and those that have sufficient psychomotor rigor for summative use. Students tend to study topics for which they expect to be tested on. So assessment may influence learning even in the absence of feedback. (Cox et al. 2007).

Perception of medical teachers regarding assessment of students revealed results as seen in Table 2. Most of the teachers agreed that marks obtained in MBBS examinations should be considered in PG selection process (3.30 ± 1.32) .Most of the teachers agreed that internal assessment examination is the cause of absenteeism in class (3.17 ±1.25). However the teachers were not sure whether students are subjected to too many internal examinations and whether marks of internal examinations should be added in final examinations (2.6 ± 1.06 and 2.38 ± 1.25). Minimum score of 8 and maximum score of 22 was obtained in this area. Overall percentage of perception of medical teachers regarding assessment was found to be 58% (summative mean 14.4 ± 3.43).

Recommendations for new curricula should foster in doctor the need to combine both scientific and humanitarian approaches to professional care (Cavenagh 2011). Continuous quality improvement and innovations are essential in a medical school with an aim to provide quality medical education to today's medical students to become competent and caring doctors of tomorrow (Mayya 2004).

In this study perception of medical teachers regarding quality of medical students (Table 3) revealed that most of the teachers agreed that quality of students is deteriorating in medical colleges (3.76 ± 1.05). But the teachers neither agreed nor disagreed on awareness of students about clinical skills and medical ethics and whether sufficient attention is given to develop communication skills among students (mean ± SD = 2.56 ± 1.18 and 2.56 ± 1.10, 2.84 ±1.22 respectively). Most of them also agreed with the fact that taking attendance in class is relevant and necessary in a professional course (3.47 ±1.19) and that one year of internship is sufficient for training of undergraduate (UG) students (3.9 ±0.81). Overall percentage was found to be 63% (summative mean 19.11 ±3.11).

An academician who only presents facts is not a teacher, but who nurtures the learning process and thereby modifies behavior and pattern of thinking for a lifetime is a teacher. Therefore, we need to ensure that the teaching skills of our teachers are continuously enhanced and upgraded, so that they can apply best teaching practices that will optimize the educational out-

Table 3: Perception of medical teachers regarding quality of medical students

No.	Item	Mean	SD	Min score	Maximum score	%
1	The quality of student is deteriorating in medical college.	3.76	1.05			75.20
2	Our students are aware of medical ethics.	2.56	1.10			51.20
3	Taking attendance in a class is relevant and necessary in a professional course.	3.47	1.19			69.40
4	One year of internship is sufficient for training of UG students.	3.9	0.81			78.00
5	At the end MBBS course the student posses sufficient clinical skills to independently perform his duties.	2.56	1.18			51.20
6	Sufficient attention is given to develop communication skills (affective domain) among UG students.	2.84	1.22			56.80
	Summative (6/30)	19.11	3.11	14	24	63.00

Table 4: Awareness of teachers regarding medical education technology

No.	Item	Mean	SD	Min score	Max score	%
1	Teachers are taking interest and efforts to give competent physicians to society.	3.37	1.14			67.40
2	There is need for a teacher in medical college to upgrade himself /herself not only in subject itself but also about emerging trends in medical education.	3.92	1.004			78.40
3	Basic workshop on medical education technology has added value in teaching skills.	3.81	1.01			76.20
4	OSPE /OSCE* has to be added with traditional practical Exams in UG.	3.61	1.02			72.20
5	Teachers pay adequate attention to use of different Teaching Learning methods in UG medical education.	3.51	1.06			70.20
	Summative (5 items/25 maximum score)	18.17	5.27	13	23	73.00

* OSPE /OSCE -   Objective Structured Practical/Clinical Exanimation

come of student learning. For medical students to become competent and caring doctors of tomorrow, teachers need to get Medical Education Technology training. Ultimately, patients and community will be the beneficiaries of the education provided by the medical teachers (Mayya 2004).

In this study awareness of teachers regarding medical education technology (Table 4) shows that maximum number of teachers agreed with the necessity of upgrading teachers about recent trends in medical education technology. Overall percentage on aspect of medical education technology was found to be 73% (summative mean 18.17 ± 5.27) with maximum score of 23/25.

CONCLUSION

In the present study questions covered the areas of curriculum, assessment, quality of students and medical education technology. Maximum numbers of teachers agreed regarding importance of awareness of curriculum for a medical teacher and providing syllabus to students. Teachers also agreed that marks obtained in MBBS examinations should be part of PG selection process and taking attendance in class is relevant. Most of them agreed that the quality of student is deteriorating in medical colleges. Maximum teachers were in favor of upgrading medical teaching with the help of Medical Education Technology Unit.

RECOMMENDATIONS

Implementation of curriculum reforms in medical education will strongly impact student learning, assessment and teaching practices. There is need to review medical curriculum periodically to upgrade medical education. Efforts are needed to improve the quality of medical student. Special sessions regarding communication skill, medical ethics, professionalism are required at undergraduate level. An active Medical Education Technology Unit is need of the hour for improving medical education.

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