

## Feedback from Undergraduates on Ophthalmology Theory Teaching

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**Abstract:** India was renowned for its universities Nalanda & Taxila, where foreign students were being trained in the Indian system of medicine, currently faces the dubious distinction of largest medical education system in the world with failing standards of medical teaching. In our country, it is mainly the Memory power which determines the academic performance of the undergraduate medical students, realistic rationalism, only to a limited extent. The teachers in medical schools are basically doctors who have had the usual medical training & not particularly trained to be a teacher. The teacher's teaching skills are mostly taken for granted without any doubts on the competence or effectiveness. In view of the current scenario, a serious thought must be given to assess the effectiveness of teaching. Most of the literature on current medical education in India focus on curricular development, newer teaching learning methods, problem based learning, objectively structured clinical examination systems, etc. The problems facing medical education in India has been analyzed with respect to student selection, training, evaluation, standardization etc., & not student feedback. Feedback from students can give an insight to the barriers in effective learning in medical schools. They help to understand the gap between teaching & actual difficulties in learning, They can reinforce the good practices and help correcting the others. Sometimes they can be neither or inconclusive. A component of personal judgement of the teacher is inevitable. Structured feedbacks developed specially for medical education can be valuable tools of improvement. In an attempt to start such a system of feedback from medical students for theory classes in the clinical subject of Ophthalmology, students of final MBBS phase I were given a feedback form, administered at the end of academic session of 100 hours of teaching. They were asked to rate the theory classes of the 2 authors along with any other teacher of clinical subject, maintaining anonymity. A scoring scale of 1 -5 was used for ratification. A comprehensive feedback has to be developed by the medical council of India and should be administered to medical students across the country. The data from such a study can help in corrective actions and form an important stepping stone for introspecting & improving the medical system. Feedback will help in understanding the changing needs of the undergraduate students and the role of medical educators has to adapt to the changing trends. Gap in the process of teaching & learning requires realistic feedback from the medical students.

### LETTERS TO THE EDITOR

Sir,

India was renowned for its universities Nalanda & Taxila, where foreign students were being trained in the Indian system of medicine, including surgery. However, more than 2000 years later, the 400 & odd medical schools in India, have not lived up to this reputation of excellence or engineered a strong health care system to cater to 1.2 billion countrymen.

In our country, it is mainly the Memory power which determines the academic performance of the undergraduate medical students, realistic rationalism, only to a limited extent. The teachers in medical schools are basically doctors who have had the usual medical training & not

particularly trained to be a teacher. The teacher's teaching skills are mostly taken for granted without any doubts on the competence or effectiveness<sup>1</sup>. There is no impetus on the newer teaching methods & in fact, the medical school teaching faculty are sometimes thought of as those with inferior practice skills. Mushrooming of medical schools has not only made India the largest medical education system<sup>2</sup>, but at the same time contributed to the compromised standards of medical teaching. In view of the current scenario, a serious thought must be given to assess the effectiveness of teaching. Innovative teaching methods with the use of prevalent technology, integration of subjects & guidance towards career & focus on communication skills is the need of the day. In

order to achieve high standards of medical education, evaluation of each & every aspect of teaching is required<sup>3</sup>. Most of the literature on current medical education in India focus on curricular development, newer teaching learning methods, problem based learning, objectively structured clinical examination systems, etc. The problems facing medical education in India has been analyzed with respect to student selection, training, evaluation and standardization<sup>4</sup>. Medical students from the focal point of the entire medical education system. It is time that opinions of medical students are taken with the aim of augmenting the teaching learning process.

Feedback from students can give an insight to the barriers in effective learning in medical schools. Nowhere, the feedback from medical students to understand the gap between teaching & actual difficulties in learning, has been assessed. Feedbacks are essential for reinforcing the good practices and for correcting the others. Sometimes they can be neither or inconclusive. A component of personal judgement of the teacher is inevitable. Although this can be sometimes dubious, a criticism can be taken as a constructive tool for self development by the medical teacher. Structured feedbacks, developed specially for medical education, can be valuable tools of improvement. In an attempt to start such a system of feedback from medical students for theory classes in the clinical subject of Ophthalmology, 98 students of final MBBS phase I students were given a feedback form. It was administered at the end of academic session of 100 hours of teaching. They were asked to rate the theory classes of the 2 authors along with any other teacher of clinical subject, maintaining anonymity. A scoring scale of 1 -5 was used for ratification. The students felt that the topics were adequately covered, the teacher's preparation for the class was satisfactory & that the use of power point presentation and surgical videos were good. While 82.6% (81/98) of the students felt that their active participation and discussion on the topic was adequate, 17.3% (17/98) felt that it was inadequate. All the students were of the opinion that the maintenance of attendance, conduct of regular assessments and evaluation of assignments were good. All the students unanimously agreed that the evaluation system was fair and unbiased. The attitude of the

teachers towards them was perceived as friendly to not at all friendly; it varied for the 3 teachers considered in the feedback. Almost 97% (95/98) of the students felt that one particular teacher did not give them any guidance towards overall personality development. This is a significant finding because, medical teachers focus on curriculum most of the times due to their perception that theory classes need to cover the curriculum alone. Probably the students perceive the teacher as a role model who is a successful doctor & clinician and they expect some general motivation, career advice & interactions as well.

Several challenges seem to be confronting current medical education system in India & all over the world<sup>5</sup>. A comprehensive feedback may be developed by the medical council of India and may be administered to medical students across the country. The data from such a study can help in corrective actions and form an important stepping stone for introspecting & improving the medical system. Feedback will help in understanding the changing needs of the undergraduate students and the role of medical educators has to adapt to the changing trends. Gap in the process of teaching & learning requires realistic feedback from the medical students<sup>6</sup>. Student feedback can have a positive impact on the quality of teaching as the students get more involved, there is need based quality improvement of the curricula<sup>7</sup>.

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