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Research Article

**EVALUATION OF CLINICAL TEACHING OF UNDERGRADUATES
DURING THEIR ROTATION IN DEPARTMENT OF
OPHTHALMOLOGY.****Syed Ahmer Hussain¹, Muhammad Imran Yawar², Khawaja Mohsin Ihsan³,
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Article Received: August 2019**Accepted:** September 2019**Published:** October 2019**Abstract:**

Background: There is no doubt that evaluation has got a pivotal role in any educational and training system. Evaluation helps us to get an idea about the standard of our teaching and is equally important for all the stake holders of an educational programme. There are different ways of evaluating any teaching or training programme. These include getting a feedback from the students, peer assisted evaluation and performance of the students in their assessment. In order to evaluate our clinical teaching for undergraduate students, we decided to get feedback for small group teaching from the IV year MBBS students at the end of their batch's clinical rotation.

Aim: The aim of this study was to evaluate our department's clinical teaching for IV year MBBS students.

Materials and methods: The study was carried out in the Department Of Ophthalmology Ghazi Khan medical College DGK from May 2016 to August 2016. It was a questionnaire based cross sectional survey and included written feedback from 32 students from two clinical batches. Feedback from Batch 1 regarding their experience during the six week stay in our department was taken. The feedback was then analyzed, appropriate and practicable suggestions by the students were identified and incorporated in the clinical teaching of next batch. Having implemented the changes, we took the feedback from the batch 2 and the results were compared.

Results: Though most of the students were over all satisfied by teaching in either batch but the number of students who were satisfied with the environment in the department was 56.25 % (batch 1) vs 87.5% (batch 2). There was a significant increase in percentage of students who enjoyed their stay in our department, from 75% (batch 1) to 87 % (batch 2).

Conclusion: Our study concludes that evaluation of teaching methodology and implementation of recommendations suggested by the students leads to higher level of satisfaction amongst the students and definitely has a positive effect on their learning.

Key words: undergraduate, clinical teaching, evaluation, ophthalmology, feedback

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INTRODUCTION:

There is no doubt that evaluation has got a pivotal role in any educational and training system. With the introduction of new trends in medical education, role of evaluation of teaching has assumed even more significance. Currently it's not sufficient to know 'what we deliver' but 'how we deliver' is the area of focus in medical education. [1] In addition how its being perceived by the students & what is its impact on them is very important. Evaluation helps us to get an idea about the standard of our teaching as well as students learning. [2] So its equally important for all the stake holders of an educational programme [3]. There are different ways of evaluating any teaching/training programme. These include getting a feedback from the students, peer assisted evaluation and performance of the students in their assessment. [4] Its said that feedback 'lives' in every part of the evaluation cycle. The features of a good feedback are that it should be timely, specific & well designed. The subsequent steps after getting a feedback are its analysis, implementing the changes and reanalysis i.e completing the evaluation cycle.

Frequent, confidential and documented evaluation of our teaching and in turn students learning is very essential. So we decided to get feedback for small

group teaching from the IV year MBBS students at the end of each batch's clinical rotation.

MATERIAL AND METHODS:

The study was carried out in the Department Of Ophthalmology Ghazi Khan medical College DGK from 07-05-16 to 22-08-16 .It was a cross sectional survey and included feedback from 32 students from two clinical batches.

Each batch comes to our department for 6 weeks. During this they mainly go to the outpatient department. In addition they also go twice to the operation theatre to observe surgery. In OPD they learn clinical methods, examine the patients and then we discuss the patients with them. At the end of their rotation they appear in the ward test which has got almost the same (but miniaturized) format as that of the practical part of their professional exam i.e OSPE stations and short cases with brief viva.

The study started by getting a feedback from one batch (labelled as batch 1) at the end of their clinical rotation regarding their experience during this six week stay in our department. This was done by asking them to fill a questionnaire given below.

EVALUATION OF TEACHING PROGRAMME FOR IV YEAR MBBS STUDENTS DURING THEIR OPHTHALMOLOGY DEPARTMENT CLINICAL ROTATION AT GKMC DG KHAN

Kindly answer the following questions by ticking the options from

*Strongly agree: SA,

*Agree : A

* Neutral : N

* Do Not Agree : DA

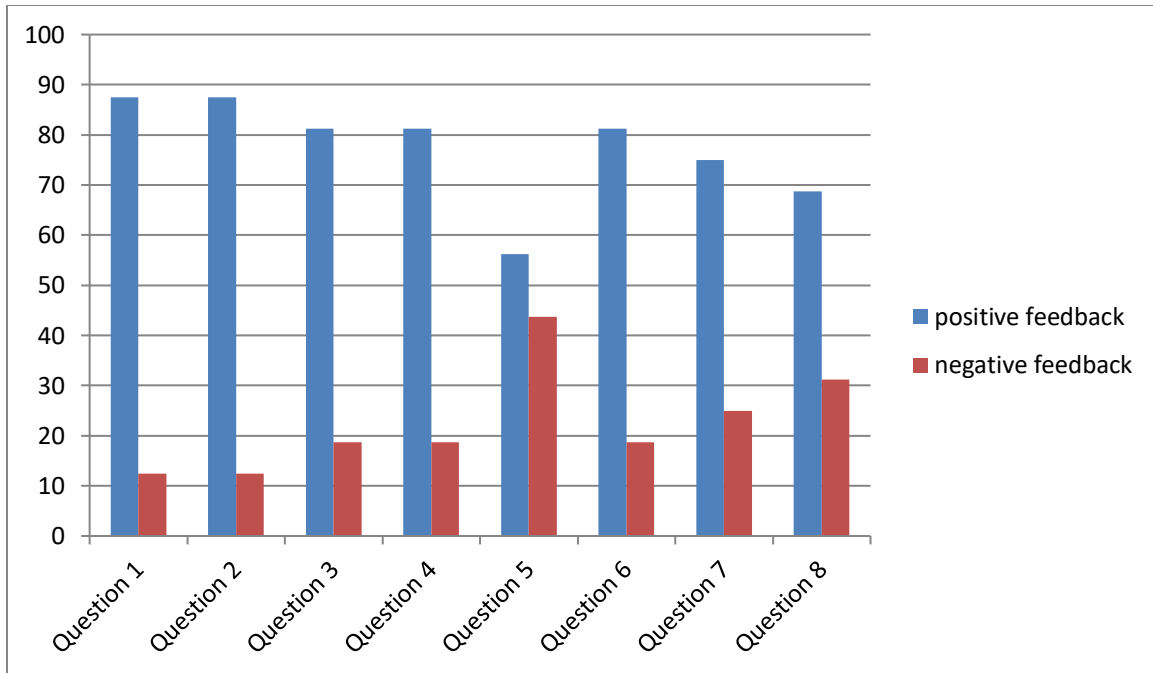
Sr No.	Statements	SA	A	N	DA
1	I can now assess common eye diseases (in exams and practical life)				
2	The behavior of the teachers was very good				
3	I received the required attention				
4	Common and important clinical scenarios were covered				
5	The environment was comfortable				
6	My existing knowledge about the subject improved significantly				
7	I enjoyed the stay in Ophthalmology department				
8	If given the option of selecting a ward for re rotation, I will opt for this ward				
9	What was the most POSITIVE aspect of this clinical rotation?				
10	Suggestions to IMPROVE:				

The feedback was then analyzed, appropriate and applicable suggestions by the students were identified and implemented for the next batch. Having implemented the changes, we took the feedback from the subsequent batch (labeled as batch 2) using the same questionnaire. Though this second batch also gave few suggestions but were far less than those suggested by Batch 1. Here we will just mention the suggestions by first batch, their implementation and their impact.

In order to simplify the things we have combined strongly agree and agree under one heading of positive feedback whereas disagree as negative feedback. Please note that question 9 (most positive part of this rotation) and 10 (suggestions to improve) were open ended questions therefore the response of the students was pretty versatile (as it wasn't an answer to a specified aspect of teaching/experience).So including each and every comment with percentages would have made the results very complicated and laborious. Therefore we have enlisted different suggestions given by the students under the heading of question 9 & 10.

RESULTS:

Given below are the results of feedback from **Batch 1**:



These results clearly shows that majority of the students gave positive feedback except question number 5 (discussing environmental factors).

Question no 9 i.e most positive aspect of the rotation included different responses like; on patient discussion, interactive sessions, equal opportunity for learning to all, punctuality of the teachers and chance to observe live surgery.

Question number 10 was also a vital component of the study i.e suggestions to improve and we got a lot of charming answers from the crew which included; Air Conditioning in OPD class room, overcrowding of the patient , air conditioning of waiting area for the patient, students not getting a chance to see the whole

spectrum of diseases due to short duration of rotation, hands-on practice of instruments like slit lamp, less time to observe live surgery, lack of projection system in the theater, rude behavior of one of the assistants, extra-disciplined department, need more time for ward rotation.

When we had a look at the feedback and analyzed the situation, we found these suggestions to be very useful. Few of them were already in our notice and we were in the process of solving these issues. But when it was pointed out by the students that these are adversely affecting their learning process, it motivated us to expedite their implementation . Some of the suggested changes, though useful, were beyond our control and authority eg small and non-air

conditioned waiting area for patients, increasing the time for ward rotation. But we have requested the concerned authorities to address these as well. It was encouraging to learn that most of the students enjoyed their stay in our department.

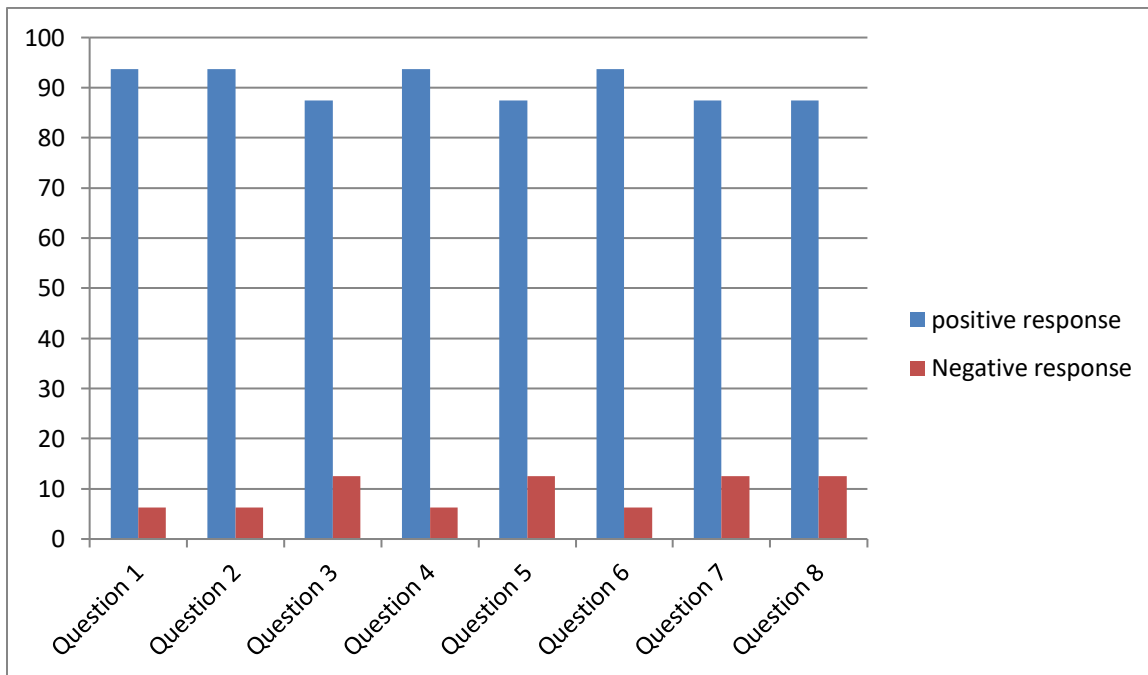
Following steps were taken installation of a an air conditioner in OPD class room, dividing the students into sub batches in different OPD rooms, important cases were called for academic activity on specific days, operation theatre batches were also subdivided and rotated between two theatre to allow them to conveniently observe surgery in either theater , a request for video projection system for OT was resent

to the administration, assistant was strictly advised to be polite and gentle with the students.

Few of these suggestions were not practicable eg slit lamp is a very delicate and high tech instrument. Before using it one should have a complete know how of the instrument and should receive didactic teaching and training sessions on its parts and technique to use it which is not possible in such a short time span .So students were not given permission to use it.

Having implemented these changes for the subsequent batch 2 when we got our teaching methodology reevaluated by the feedback from students, it was pretty different and encouraging.

Given below are the results of feedback from **Batch 2**.



Regarding question no 9 i.e most positive aspect ,the response included; good interactive sessions, students gets equal opportunity to participate, a large variety of cases were shown to them, teachers are very cooperative, students are being owned by teachers.

As far as question number 10 is concerned i.e suggestions to improve, the feedback lessened but yet it prevailed including; air conditioning of waiting area, hands on practice on Ophthalmic equipment, better arrangement for refreshment, lack of video projections system, a written schedule high lightening the upcoming activity (cases/discussions/surgical

procedures etc) and finally they need more time for Ophthalmology rotation.

DISCUSSION:

One can easily appreciate a significant positive impact after implementation of recommendations suggested by batch 1. The most obvious change was the number of students who were satisfied with the environment in the department 56.25 % (batch 1) vs 87.5% (batch 2). As we know that comfortable environment has a significant effect on students learning [5, 6, 7]. So making the environment more comfortable, along with the other steps that were taken resulted in an

appreciable improvement of our teaching as a whole. This in turn lead to an increase in percentage of students who enjoyed their stay in our department from 75% to 87 %. There were less number of suggestions for weak areas by batch 2.

Before this study was conducted, we used to get only one (end of session/summative) feedback to evaluate our large group discussions/lectures. Occasionally verbal feedback for small group teaching, at the end of our department's clinical rotation was also taken. Because it used to be a face to face discussion, the students could not fully speak their heart out, for obvious reasons of potential repercussions (in spite of repeated reassurances). This was the first time that a documented evaluation of our teaching was done.

A written report of this evaluation was given to the Director of Medical Education, Principal and Medical Superintendent. The immediate beneficiary's i.e batch 2 were also told that these positive changes are by virtue of active involvement of the previous batch (by giving feedback) in the evaluation cycle. The students of batch 1, who originally suggested the changes were informed about the implementation of the changes (based upon their feedback) so that they should not consider this practice to be a waste of time. Knowing that their participation can make a change, will motivate them to generously give their comments while filling in any feedback pro forma in future [9].

One of the flaws in this evaluation cycle was that it was a "one man show" i.e planned, analyzed and implemented (changes) by myself. Ideally the analysis should have been done by a neutral/third person. But the department that I am heading, has just three teaching faculty members (including myself). One of them (my Assistant Professor) was away during most part of the cycle, so I had to carry out all the steps. Another important point to consider is that students assessment of the teaching as well as their level of satisfaction varies eg a student with high level of satisfaction in batch 2 may still be unsatisfied with the teaching system whereas one with relatively low level of satisfaction in batch 1 might have been satisfied even without the implementation of new things.

Various studies have pointed out the factors that adversely affect student learning in clinical environment¹⁰ and find the relationship between the quality of medical teaching and its effect on student's wellbeing [11]. In Our study we have used the student's perspective to figure out the factors that

were affecting the students learning in our clinical setting.

CONCLUSION AND RECOMMENDATIONS:

Our study concludes that evaluation of teaching methodology and implementations of recommendations suggested by the students leads to higher level of satisfaction amongst them and definitely has a positive effect on their learning. In this study it was evident by an increase in the percentage of students who were satisfied by the department's teaching and enjoyed their stay in our department as well as better performance of the students in their assessment (ward test) with more than 75% achieving 70 % or more marks in their ward test as compared to 60% prior to this study.

We strongly recommend that periodic evaluation of our teaching, implementing the changes and then looking for the impact they make should be done on regular basis. In other words evaluation cycle should keep on going. Because it's said that "There is always room for improvement". It can be made an obligatory activity by giving it due weightage during faculty development. Moreover the recommendations put forward after evaluation should be adhered to. In this regard someone has rightly said "Assessment drives learning, only if it 'counts' and evaluation drives teaching, only if it 'counts'".

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