

Response to “The Satisfaction Level of Undergraduate Medical and Nursing Students Regarding Distant Preclinical and Clinical Teaching Amidst COVID-19 Across India” [Letter]

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Dear editor

We read with interest this observational study by Dutta et al¹ which investigated the satisfaction of medical and nursing students in India receiving online teaching during the COVID-19 pandemic. The authors aimed to assess satisfaction and analyse problems with online learning in the medical field. Our personal experience, and Rajab et al² support online learning as a source of both great potential and challenges for medical students. Identifying such problems is a necessary first step to addressing the current challenge of medical education. Here we discuss the aims, analysis and implications of their research.

Dutta et al explored their first aim “assess satisfaction levels of undergraduate medical and nursing students”¹ by implementing an extensive questionnaire. However, “satisfaction” is a broad concept and the scope of this study needed to be focused to ensure appropriate analysis of the relevant issues. For example, highlighting which type of online teaching style is being assessed, whether tutorials, didactic teaching or other methods could have focused the direction of this study and identified preferred education styles.

The second aim is to “analyse the associated problems with online learning”.¹ Dutta et al achieved this with open and closed questions, exploring problems and suggestions for improvement. However, we propose the closed questions should have guided subsequent open questions to directly identify causes of low satisfaction. For example, their data has shown low satisfaction with technology, but the low satisfaction was not directly associated with the underlying causes, such as poor internet connection. This study could be more impactful if opinions were discussed in focus groups³ to elaborate on these issues surrounding online learning and develop solutions to combat the associated problems.

Dutta et al used an acknowledged Satisfaction Index (SI) to determine the overall satisfaction from the answers given. However, the SI threshold was not defined, therefore the areas of online learning which students are satisfied with are not obvious. Consequently, the direction provided by Dutta et al is not accessible to future studies. We suggest the authors provide a succinct explanation of the SI threshold alongside graphical representation of the threshold line at 60% on Figure 2.

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Dutta et al used a 5-point Likert scale to assess satisfaction, with a neutral point as 3. The median and inter-quartile ranges are also used to describe the variability of responses. Neutral responses were not included in the SI calculations, leading Dutta et al to disregard many responses. Additionally, 13 out of 23 of the closed questions had a neutral median, polarising their results. In the future, we suggest implementing a visual analogue scale⁴ and analysing the mean and standard deviation to assess the overall level of satisfaction across various domains.

In conclusion, this study is constructive for further investigation surrounding satisfaction among students in India. However, we believe the impact of this and future studies can be strengthened with well-defined aims; greater clarity on the analysis of results and consideration of enhanced data collection methods. We look forward to the authors' reply.

Disclosure

The authors report no conflicts of interest in this communication.

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