

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

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Dear editor

We would like to thank the authors for showing interest in our article and appreciate the helpful comments and suggestions from Neev Trehan, Joel Conway, and Praneeth Vedagiri from the Faculty of Medicine, Imperial College London, London, UK for our article titled “The Satisfaction Level of Undergraduate Medical and Nursing Students Regarding Distant Preclinical and Clinical Teaching Amidst COVID-19 Across India”.¹

Concerning to the first query, we deeply agree with the fact that “satisfaction” is a broad concept and has varied domains. With regard to describing a particular type of teaching style, we would like to notify that the present study analyzed the online teaching of the medical and nursing students owing to the abrupt change in the pattern of teaching from physical lectures and practical exercises to complete online mode due to lockdown and isolation recommendations from the administration and government. The current study was not a single-center study but analyzed the online teaching in various institutions across India which included a diverse method of teaching like lectures, practical exercises, assignments that were taught through PPTs or other possible modes available to them. Focusing on a single mode of teaching would have been more prudent but due to the COVID-19 pandemic, the entire medical and nursing curriculum was shifted to online mode for the first time for which they were not prepared. Hence, we planned to analyze the impact on teaching entirely.

Concerning to the second query, we truly accept the fact that the closed questions should have been guided with subsequent open questions to directly identify causes of low satisfaction. In this study, we thought increasing the open-ended questions would make the questionnaire time taking to fill it up and decrease the number of responses from the students which is also seen in our study that about half of the students did not fill up the last two open-ended questions properly. We had two open-ended questions and the responses were specifically classified into various aspects to assess the exact problems faced by the students. However, we

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welcome the impactful suggestion and will definitely consider the same in our future studies.

Further, it was stated that

The study could be more impactful if opinions were discussed in focus groups to elaborate on these issues surrounding online learning and develop solutions to combat the associated problems.²

We welcome the suggestions and do agree to the part that “focus group discussion” could have improved the quality of the study. However, focus group discussions are to be done in a small group of students that is focused on a certain topic.² Our study was not a single-center study, but a pan-India study, hence focus group discussions to assess the issues and coming to a solution was practically impossible through online mode.

Concerning to the third query, we used the Satisfaction Index (SI) formula as given in “Educational Handbook for Health Personnel” Sixth Edition published by World Health Organization, Geneva (WHO Offset Publication). As in the given publication, there was no definite categorization of the satisfactory index (e.g. highly satisfied, satisfied, not satisfied etc.) and only mentioned that 60% may be considered as “average satisfaction”.³ During the study, we reviewed the literature but could not find any grading of SI to be used hence we calculated the SI and presented the result descriptively.^{3,4} We appreciate and welcome your valuable suggestions and would definitely include them in future studies.

Concerning to the fourth query, we used the Satisfaction Index (SI) formula as quoted by the WHO handbook and previous literature.^{3,4} The formula did not include the neutral value hence we too excluded it from our calculation. We would like to thank for the valuable suggestions for using the visual analogue scale for such studies and would definitely incorporate it in similar studies conducted in the future.⁵

In conclusion, this was a study on the online teaching of medical and nursing undergraduates during the COVID-19 pandemic in whom the clinical skills, practical exercises, and hands-on approaches are crucial parts of the professional curriculum. This was probably the first time the medical and nursing students were attending their entire curriculum via online mode without being physically present at the college campus depriving them of practical and clinical knowledge. Being a developing nation the uniformity of teaching resources in different institutions across the country probably was not the same which can impact the effectiveness of online teaching in these students. Hence, we planned to assess the satisfaction among students. We would like to appreciate the constructive feedback from the authors and believe that this study will pave way for future studies.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Dutta S, Ambwani S, Lal H, et al. The satisfaction level of undergraduate medical and nursing students regarding distant preclinical and clinical teaching amidst COVID-19 across India. *Adv Med Educ Pract*. 2021;12:113–122. doi:10.2147/AMEP.S290142
2. Stalmeijer RE, McNaughton N, Van Mook WN. Using focus groups in medical education research: AMEE Guide No. 91. *Med Teach*. 2014;36(11):923–939. doi:10.3109/0142159X.2014.917165
3. Guilbert J-J; World Health Organization. Educational handbook for health personnel. World Health Organization; 1998. Available from: <https://apps.who.int/iris/handle/10665/42118>. Accessed March 22, 2021.
4. Mehta B, Bhandari B. Engaging medical undergraduates in question making: a novel way to reinforcing learning in physiology. *Adv Physiol Educ*. 2016;40(3):398–401. doi:10.1152/advan.00068.2016
5. Bond A, Lader M. The use of analogue scales in rating subjective feelings. *Br J Clin Psychol*. 1974;47(3):211–218.

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