

Improving student-faculty feedback: a medical student perspective

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Osama Hamid
Natalie George
Varun Kothari

Faculty of Medicine, Imperial College
London, London, UK

Student-to-faculty feedback is an important tool in allowing the medical school to elicit student perception of the curriculum. Our medical school, Imperial College London, uses Student Online Learning Evaluation (SOLE) for this purpose. This is an anonymised online questionnaire that asks questions based on the Likert scale with an opportunity to give specific written feedback.¹ Students are invited to complete this questionnaire at different stages of the curriculum, such as after lectures, or in later years, after specific clinical placements. Although not compulsory, students are strongly encouraged to submit responses, and it is stressed that their comments will be used to shape the course in future years. Having used SOLE over many years to put forward our views regarding the curriculum, we have found that the questionnaires are too detailed, which deters students from completing them. In addition, feedback received is frequently biased: faculty tend to receive a skewed picture as SOLE is often only completed by those who have had bad experiences with the curriculum. Although these responses are taken seriously and evaluated, they are not representative of what was experienced by the cohort as a whole.

In this letter, we will discuss alternative methods of feedback that may allow better engagement, and provide a more accurate picture of students' feelings around the curriculum.

One suggestion is the use of small focus groups of randomly selected students that sit with an impartial facilitator to discuss aspects of the course. Students selected could be given shopping vouchers for their time, which would improve engagement. As discussion in small groups tends to be less structured than rigid questionnaires, allowing more depth and scope into topics students feel are significant to their teaching. Although the small numbers involved may limit reliability somewhat, the random selection of students would allow a more diverse cross-section of the cohort to give feedback

Another form of feedback we have experienced is through Imperial's student-led medical education society. They provide further educational support in the form of revision lectures alongside time-tabled teaching. Volunteer lecturers rely on written student feedback as a means of compensation for their time and to build their portfolios, so receiving adequate replies is essential. To ensure this, a benchmark of around 50% written responses from students are required before teaching slides are sent out. From personal experience, this method has been highly successful, as it encourages student engagement while ensuring feedback for

Correspondence: Osama Hamid
Faculty of Medicine, Imperial College
London, Exhibition Road, South
Kensington, London SW7 2AZ, UK
Email osama.hamid13@imperial.ac.uk

lecturers. We feel this could also be applied to formal medical school teaching sessions, allowing the faculty to gain a better representation of the views of the entire cohort. The effectiveness of this method may not be as great if teaching slides stayed the same year on year, since students could access them by approaching older years, for example. Nevertheless, we feel that filling out a short feedback form in exchange for up to date slides is a task students are often willing to do.

One method of student-teacher interaction that has been increasing in popularity at Imperial over the last few years is Mentimeter,² an online tool which allows students to answer questions related to the lecture in real-time. As well as being an educational tool, it has even been used to allocate a small percentage of student summative marks and monitor attendance. To further increase its practicality, Mentimeter could also be used as a feedback tool. As students have already joined the interactive session at the start of the talk, no added effort is required to type in a separate feedback link, or to find it through an email sent after the lecture. This series of steps is often what deters students from submitting feedback. Thus, making the feedback process more streamlined will result in greater numbers of students expressing their views. A limitation of this is the reliance on technical equipment and the internet. However, students are generally well versed in information technology, and if certain

lecturers are not, a short tutorial or training session could be arranged to deliver the requisite experience.

Student feedback is an integral part of evaluating and developing the curriculum. However, we have found that the current methods do not actively engage students, and the information gathered has limited usefulness. In this letter, we have discussed alternative means of feedback which may, in future, be formally incorporated by medical schools. In this way, the faculty receive more reliable information that they could use when making changes to the curriculum, resulting in a more enriching experience for students.

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