

Feedback evaluation from first year MBBS students on foundation course

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Abstract: *Background:* Foundation course is an integral part of MBBS course and curriculum introduced by the National Medical Commission (NMC) that is cogently grounded to bridge conceptual and contextual gap of medical education placed at beginning of curriculum. *Objective:* This feedback evaluation was conducted on the First year 2019 MBBS students as a part of the foundation course program promulgated by the NMC to get candid reflection. *Methods:* An unlinked anonymous self-administered pretested open-ended questionnaire on feedback of content and outcome was used on internalization of 169 First year MBBS students regarding the month-long foundation course. Qualitative responses were analyzed on 'overall impression' on the course; 'best', 'worst' and 'unnecessary' parts of the course; lastly open question on 'How the Foundation course could have been better?'. *Results:* Overall agreement on positive aspects was felt on schedule, facilitators, language of teaching, extracurricular activities. Best parts of the course were visits to the departments of College & Hospital including emergency and health centres, Basic Life Support, Immunization, History of Medicine, Taekwondo, Co-curricular physical activities, Communication, Interaction and Dedication of teachers, Cardiopulmonary resuscitation (CPR). Worst parts were Sports, Yoga, language class, strict 75% attendance. Unnecessary parts were Sports, Yoga, English compulsory class; Music, Computer. On 'How the Course could have been better' general comments was addition of subject specific classes and flexible attendance. *Conclusions:* This feedback analysis deduced acceptance and effectiveness of the course for undergraduate students to help them cope with stressful active professional learning later.

Keywords: NMC, MBBS, Foundation Course, Indian Medical Graduate, Teaching-Learning.

Introduction

MBBS course provide safe passage through acclimatization and familiarity with professional course to metamorphose dreamer adolescent to responsible doctor amid stress related issues which need stress-busters along with counseling. National Medical Commission (NMC) introduced the Foundation course (FC) of one-month duration for first year medical students to provide opportunity to peep into the vast core elements of MBBS course and curriculum through active collaborative cooperative problem-solving approaches [1-3].

This holistic move will help neutralize potential negative stress-induced disorders, and deteriorating academic performance once huge subject-wise teaching-learning (TL) rolls on; [4-5] to eventually integrated to healthcare delivery

system in the course of psycho-somatic, socio-economic, emotional and family issues [6-7]. Facilitators need to welcome changes in the MBBS curriculum to match with the aspirations of care-seekers from the future physicians in non-threatening academic learning environment to become stress-free health service provider and be updated as the life-long learners [8].

FC, as receivers of first-hand impression, is expected to help generate life-long learning spree of new entrants in the professional career. Educationists for long felt need of dedicated stand-alone holistic introductory course and reduced cognitive domain with corresponding increment in attitude, ethics, communications, and skill domains. Further, there is need of internalizing importance of

noble profession in relation to doctor-patient communication and learning ethics of clinical care and health research with avid self-directed updated learning [9].

In this backdrop, this study was initiated with the objectives to get candid reflection as part of the Foundation course as feedback from the First year 2019 MBBS students.

Material and Methods

This qualitative research attempted to unearth reflection of freshers at a tertiary care institute at eastern India in non-threatening environment at the end of the 'Foundation course' promoted by the NMC to find reflections and profundity of awareness generation through the course over one month period on 169 first year MBBS students. As per schedule they were facilitated to learn language, time management, stress management, communication and digital technology, national health priorities and policies, biohazards, preamble to curricular subjects, research, publication, basic life support, ethics, professionalism by faculty members.

Data collection tool: Student's Feedback questionnaire for MBBS 2019 batch at Medical College Kolkata in two sections comprising of major components related to their internalization on the contents and forms TL components of the FC was used. The predesigned, pre-tested, open-ended unlinked anonymous self-administered questionnaire was prepared with the support of intramural and extramural experts in medical education technology and validated by piloting on 2nd year MBBS students. The questionnaire contained reflection of contents and outcomes in cognitive, affective, and psychomotor domains.

First year students were pursued to respond candidly without coercion individually for 'wide-ranging impression' and 'mention positive aspects' on the whole and on specific components and sessions on the foundation course to improve notions of professional rights and responsibilities. The students were briefed at the beginning and during administration of the questionnaire that their true feedback would enrich future upliftment of the FC in coming years on their internalization on two aspects viz. Course evaluation and Outcome evaluation.

In the facet of 'Course evaluation' they have to keep in mind on;

- A. *Foundation Course:* Content & design:
 - a) Relevant.
 - b) Comprehensive.
 - c) Easy to understand.
 - d) Necessary.
 - e) Any issues other than abovementioned.
- B. Course Facilitators: Professors/ Teachers:
 - a) Knowledgeable.
 - b) Well-prepared.
 - c) Responsive to participants' questions.
 - d) Punctual.
 - e) With good Communication Skill.
 - f) Any issues other than abovementioned skill about any particular session/ teacher/s.

In the facet of 'Outcome Evaluation' investigator expected 'How effective was the sessions in learning the desired materials suggested in the course schedule?' for which responders have to keep in mind on their self-appraisals: 'How would you rate your knowledge, skills and confidence after the Foundation Course in the following areas?' precisely on their scholarship on

- A. Orientation (Acquaintance with the Departments, Teachers, Facilities, Logistics, Course).
- B. Field visits – (Learning about the health care delivery system).
- C. Attitude, Ethics & Communication Skill – (Professional development).
- D. Language & Other skill development: (BLS, Yoga, First aid, bio-safety etc.).
- E. Computer skills in Medical Education.
- F. Sports & Entertainment. Then they were solicited for most appropriate response: What is your overall impression whether this foundation course was useful learning experience? Which part/s you liked best about Foundation Course and Why?, Which part/s you liked worst about Foundation Course and Why?, Which part/s you thought unnecessary about Foundation Course and Why? Lastly, students were encouraged to freely comment 'How the Foundation Course could have been better?'

Study period: 1st August 2019 to 31st August 2019.

Inclusion criteria: All the first year MBBS students who attended all the FC sessions and consented to participate in the study were recruited in the study.

Data collection procedure: Large group teachings viz. role of doctors in society, national health policy, etc. as a whole, small group teachings viz. BLS, first aid etc. conducted in batches on rotating basis in nominated areas including skills lab. The students were primed and sensitized regarding importance on their feedback and informed consent was obtained individually. Each participant was individually counseled prior to the study that no potential risk is involved and they will have full autonomy to leave the study at any point of time and was ensured that the data would only be used for research purposes.

Strict privacy was maintained while gathering information and responders were ensured about the sanctity of data. All the collected data were kept confidential with the investigators and was not disclosed for any type of assessment, management or intervention. Data collection procedure was undertaken by the principal investigator with and missing data rectified by individual persuasion. The participants were pursued to opine freely without any coercion on last day of the course as the anonymous feedback without writing name or any identifier; asked to use back side and/or add extra sheet/s to elaborate their opinion without restraint; only age and gender to mention.

Data analysis: The filled self-administered questionnaires were manually coded, and any discrepancies in the responses were sorted out. The qualitative data-set on subjective and objective responses from first year medical students were collated and analyzed by multidimensional scaling and hierarchical cluster analysis to get the collective picture. Emerging themes were identified from free opinion of the participants to increase the credibility of the responses and validity of feedback study. The qualitative responses were analyzed on the following broad classified headings:

1. What is overall impression on Foundation course?
2. Which part/s you liked best about the course and why?
3. Which part/s you liked worst about the course and why?
4. Which part/s you liked unnecessary in the course and why?
5. How the Foundation course could have been better?

All these qualitative responses were tabulated in a single multivariate table.

Results

Among 169 responder (95 male, 74 female) mean age was 18.69 ± 0.32 years (male: 18.56 ± 0.52 ; female: 18.87 ± 0.39) and range 17- 20 years. overall impression on positivity and novelty to imbibe ideas of professional internalization were; a. Schedule: Satisfactory; b. Teachers: sincere and interactive; c. Language of teaching: novel; d. Extracurricular activities: superb.

Concerning 'The parts liked as best', favourites were; a. visits to College & Hospital departments of including emergency and health centres, b. Basic Life Support (BLS), c. immunization, d. History of Medicine, e. Taekwondo and co-curricular physical activities, f. communication, interaction and dedication of teachers, g. Cardiopulmonary resuscitation (CPR); h. self-directed learning (SDL). Gender wise difference was noted: males liked best a. doctor-patient relation, b. role-play, c. attitudes, ethics, communication (AETCOM), d. self-directed learning (SDL), e. communication skill, f. music, g. curriculum, h. drug-abuse;

Females liked best a. CPR, b. language, c. meditation, d. computer learning. expressed reasons to think to any part as best; Taekwondo: 'Interesting', 'Taught by experienced teachers', 'Helpful in real life'; BLS: 'Important', 'Huge practical', 'Easily applicable'; CPR: 'Very relevant'; Language: 'Chance to be familiar with Bengali language learning'; Drug Abuse: 'I hate drug abuse' [Table 1].

Table-1: Feedback of students on Foundation course (n=169)				
Qualitative responses	Male	Female	Reasons for response	Non-response
Overall impression	Schedule: Satisfactory note expressed; Teachers: Noted sincere and interactive; Language teaching: Considered novel approach; Extracurricular activities : Need of emphasis fel			
The parts liked as best	Overall: Visits: College & Hospital depts. including emergency and health centres; BLS; Immunization; History of Medicine; Taekwondo & co-curricular physical activities; Communication, Interaction and Dedication of teachers; CPR		Taekwondo: Interesting, 'Taught by experienced teachers', 'Helpful in real life'; BLS: Important, 'Huge practical', Easily applicable; CPR: Very relevant; Language: 'Chance to be familiar with Bengali language learning'; Drug abuse: 'I hate drug abuse'	33(19.53)
	Doctor-patient relation, Role-play, AETCOM, SDL, Communication skill, Music, Curriculum, Drug-abuse	CPR, Language, meditation, Computer		
The parts liked as worst	Overall: Taekwondo, Sports, Yoga and Extracurricular activities 83(49.11%) ; Language class, Boredom, 75% attendance		Extracurricular: Stupidity, no use, no arrangement; Sports: No arrangements, Never held; Taekwondo: Post-lunch, Useless; Language class: Maximum student regional, useless; Yoga: Not practical; Infrastructure: Non-AC Lecture theatres	32 (18.93)
	Anatomy Lecture Theatre; Computer; Music; History of Medicine; Overlap & repetition; Infrastructure; Transport; AETCOM; Time management	<u>No specific response</u>		
The parts liked as unnecessary	Overall: Taekwondo, Sports, Yoga and Extracurricular activities 41(24.26%); English compulsory class; Music; Computer;		AETCOM: Nothing happened; Not practical approach; Computer: Only basic known part was taught Yoga: Nothing learnt; Not helpful in medical care	41(24.26%)
	75% attendance; Wastage of time; Most topic useless; Doctor-patient relationship	AETCOM; Time management; Stress management		
How the course could have been better	Consensus: Add Subject class; Flexible attendance			87(51.46%)
	Stop course or shorten duration More - role-play; reflective method; computer class replacing self-defence; good infrastructure, informative class; Good activity, Third language	Organized course with addition of subject class More- Clinical exposure; SGT; sports class; improve language class; practical approach, friendly teachers		
CPR: Cardiopulmonary resuscitation; AETCOM: Attitude Ethics Communication; SDL: Self-directed learning; BLS: Basic life support;				

About 'worst parts of the foundation course' across genders were a. Taekwondo, b, Sports, c. Yoga, d. Extracurricular activities; Language class, strict 75% attendance. Males opined 'worst' on infrastructure and classroom (lecture theatre), Computer, History of

Medicine; Music; content overlap and repetition; AETCOM; Time management; Transport. Reasons to think worst were: extracurricular sessions: 'stupidity', 'No use', 'No arrangement'; Taekwondo: 'post-lunch'; sports: 'useless', 'no arrangements', 'never held'; language class: 'maximum student regional', 'useless', 'boring'; Yoga: 'Not practical'; Infrastructure: 'non-air-conditioned lecture theatres'.

On the 'Unnecessary parts' regarding the Foundation course were Taekwondo, Sports, Yoga, extracurricular activities; English compulsory class; Music; Computer; one commented this course as 'nothing'. Male students opposed on '75% attendance', 'Wastage of time', 'all topics except Doctor-patient relationship'; Females: 'AETCOM', 'Time management', 'Stress management'. Hardly any of them verbalized reasons to think any part as unnecessary viz. 'AETCOM': 'Nothing happened', 'Not practical approach'; 'Computer': 'Only basic part was taught known to me'; 'Yoga': 'Nothing learnt', 'not helpful in medical career' [Table 1].

On the question 'How the Course could have been better' general comments was addition of subject specific classes and flexible attendance; Majority male voice was: 'Stop course' and/or shorten duration; 'more-role-play', 'reflective method', 'computer class replacing self-defence'; 'good infrastructure', 'informative class', 'good activity', 'add third language'. Major Female tone was: 'Need organized course', 'subject class'; 'need more Clinical exposure', 'small group teaching', 'sports class', 'improved language class', 'practical approach', 'friendly teachers'. [Table 1].

Elevator/ Corridor talk: Outside session and post-session informal talks were viz. expect regular session on subjects, periodic reinforcement of wisdom on stress-busters inbuilt in curriculum, free choice on the topics of learning in the foundation course which they felt interested. Yet, this foundation course provided space to them with an opportunity of healing period of homesickness, mindset to settle with pride and prejudice of noble profession viz. white coat, late joining devoid of losing main course, sports and games amenities, co-education with opposite gender, mass bunk; internalized difference from

school to colleges on enormity and array of course and curriculum, TL method, digital technology, peer interaction. Internal and external environments of college and hospital help grow and mature to young adulthood.

Discussion

In our study there was sincere attempt to unearth feelings of change by the key stakeholder on 'How they internalized the need to introduce this foundation course in the new curriculum for Indian Medical Graduates on specific component? It was observed that there is broad but uneven response towards FC; probably they could not correlate this with their mindset of conventional courses and curriculum. MBBS FC was introduced with pre-scheduled duration and topics to teach preferably in most interactive ways viz.

(A) *Orient Learners*: a. medical profession, societal role of physician, b. MBBS programme, c. alternate health systems, history of medicine, d. medical ethics, attitudes, professionalism, e. health care delivery system, f. National health priorities & policies, g. Universal precautions, immunizations, h. biohazards, patient safety, i. primary care (general & community-based care), j. academic ambience;

(B) *Enable Learners* acquire enhanced skills in a. Language, b. Interpersonal relations, c. Communication, d. Learning including SDL, e. Time management, f. Stress management, g. information technology.

(C) *Train the Learner to Provide*: a. First-aid b. BLS. In addition to the above, learners may be concurrently enrolled in: (i) Local language programme, (ii) English language programme, (iii) Computer skills. TL domains were cognitive viz. history of medicine, curriculum etc.; affective: professionalism, societal role of doctor, ethics, attitude etc.; psychomotor: Communication, CPR, etc.. Feedbacks were classified by us as 'Subjective' viz. boredom, helpful, useless, good and 'Objective' viz. AETCOM, SDL, BLS, Visits [9].

Overall positivity of FC feedback was on improving ideas of professional rights and responsibilities to attain the attributes of

healthcare professional: comprehensiveness, relevance, understanding and necessity of content and design; yet. opinion on 'best', 'worst', 'useless' varied widely viz. 'Taekwondo' and 'extracurricular activities' were 'best' for some, while 'worst' and 'useless' for others. Acquaintance with academic ambience with experienced teachers fascinated them; yet expected top quality institute infrastructure, logistics amid richness of learning; preferred advanced concept of TL with natural curiosity from known to unknown viz. AETCOM, SDL, BLS; exposure to 3-tier health care delivery system, pleasant doctor-patient relationship, FC as integral part of profession, felt need to be life-long learner for their professional development.

The participants judgementally favoured facilitators vis-a-vis learning experience. Some of them echoed sceptic that this month-long programme was eventual loss of precious time from the imaginary roadmap to professional ladder. Overall feedback of AIIMS Bhubaneswar MBBS FC for 10-days on 12 topics using varied TL methods was welcome and empowering start to their profession [10]. Study from south India noted positive feedback up to 98.5% students on objectives, contents, presentations, future value and enabled SDL and acquire basic knowledge and skills required for all the subsequent phases in MBBS course and later on their medical practice and career [11]. In a study from south India, majority of the respondents positively correlated their gain in knowledge in different sessions [12].

Best parts of foundation course: In the South Indian study, all FC modules were appreciated; patient, peers and staff interactions, interactive TL through group discussions, debates, panel discussions, ethics, communication skills, hands on cardio-pulmonary resuscitation [13]. Another study from South India reported positive feedback on stress and time management, communication skills, library, BLS, faculty interaction, skill development and overview of curriculum and positively self-linked FC. [12] In the north-Indian study, positive feedback was on effectiveness of FC [14]. In another north Indian study students mostly liked BLS, immunization and universal precautions skill sessions [15]. In the J&K study, students appreciated skills module, sports and extracurricular activities,

orientation module, professional development, ethics, compassion, altruism, integrity, duty, responsibility, trust on physician, visit to CHC and NGO, practical sessions on BLS/CPR, hand washing, time and stress management [16].

worst parts of the foundation course: In the north-Indian study, Biomedical Waste Management module was least liked.[15] In the J&K study, basic computer skill, use online resources, national health scenarios, goals and policies, history of medicine, AETCOM, Yoga and meditation in personal health, demographic socio - cultural and epidemiological issues were not accepted [16].

Unnecessary parts of the foundation course: Due to some reasons the vistas of holistic approach remained largely misunderstood and misinterpreted by our respondents that were echoed by researchers from other parts of country [13, 17]. In the J&K study, least preferred modules were community orientation, enhancement of language and computer skills [16]. Researcher from north India, however, opined against FC viz. few vocabulary only can be picked up during FC; post-lunch sessions of sports and yoga unacceptable, discourses on career is useless, visits to healthcare and fields are like outings [18].

How the course could have been better: Key felt needs were addition of subject specific classes with their vision that FC engulfed precious time of delimited MBBS training programme without delivering any visionary benefit. In the north-Indian study, students wanted addition of contents like family physician, cadaver training, national health policies, health-care system, self - directed and peer-assisted learning, and disability [16]. In a study from South India, suggestion to improve FC by re-scheduling timetable and trimming overlapping topics (c.f. ethics vs. professionalism); interactive sessions, active and experiential learning with limited lecture and MS powerpoint; [13] In a south Indian study majority opined on duration of FC 15-20 days [19].

Personal corridor talk: In personal communication students shared views with open mind on aspects of their expectation on medical teaching-learning that they dared not to duly reflect in feedback. The investigators sensitized them to internalize altruism, doctor-patient relationship, research and publication on competency based medical education, medical educational method, as part of professional growth to help internalize fast growing health care arena by self-directed learning [20- 28].

FC is expected to help the students to understand professional responsibility, understand rights and etiquettes to differently abled, competency to sensitively deal care-seekers, accountability, empathy, compassion and humanism with hand-on exposure amid understanding of their work-life balance. The paradigm shift of adding FC in MBBS course should have been repeatedly and empathetically briefed to the newcomers before joining by NMC and other stakeholders. The medical institutes and facilitators of teaching-learning were virtually unprepared regarding implementation of FC with scheduled hours on extracurricular physical activities, sports, yoga, Taekwondo, learning of language, digital technology etc. for which hardly any institute had supportive infrastructure and capacity building [29-30].

Strengths of the study: This feedback study evidenced welcome initiation from the fresh medical students to be Indian medical graduates with their urge of active learning and firm commitment. Investigators critically summated core reflections of the responders and remedial measures were suggested.

Limitations of the study: We had several limitations in the form of hindrances to get true feedback. Firstly, many students did not attend all days of FC. Secondly, students hesitated to reflect candidly leading to non-response as reality as

they joined after school pass-outs as adolescents and scared to speak out on newly introduced course in the beginning of MBBS. Thirdly, recall failure of one moth. It could have been better if we could sensitize and collected feedback after each session in empathetic way with a briefing and debriefing session.

Future directions of the study: The qualitative comments enriched us with futuristic vision to develop different strategies to address implementation and retention by reinforcement of FC components years of curricular training for serving user-driven healthcare by future Indian Medical Graduates.

Conclusions

Our study attempted to identify reflections from the first year students on the month-long FC adopted by NMC to address the holistic approaches to obviate inherent stresses of teaching-learning in undergraduate medical curriculum. Feedback was on evaluation of contents and outcomes with open ended questions in simple language on internalization regarding FC. In overall candid reflection, there was positive note on FC as the stepping stone to help them reach the inter-professional leadership. Conceptual vision will hold hand and sensitize them before stepping on contextual subject-wise teaching-learning entangled in course and curriculum.

What this study adds to the science: The goal of the NMC to prepare curriculum for the Indian Medical Graduate requires inbuilt introductory Foundation Course and re-enforcement of dedicated components in higher classes.

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