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Research Article

A STUDY ON STUDENTS FEEDBACK ON THE FOUNDATION COURSE IN FIRST YEAR MBBS CURRICULUM

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ABSTRACT

Aim of the Study: To study the students feedback on the short orientation course in first year MBBS curriculum, which was introduced in the institution as per the recommendations of Medical Council of India for the Foundation course. **Methodology:** 250 First year MBBS students were divided into 7 small groups of 35 to 36 each. They attended a short orientation course over a period of 8 days on a rotation basis. The skills taught include Stress and Time Management, language, communication, use of information technology, National health policies, Biohazard safety, Introduction to the preclinical subjects, Medical literature search, First Aid and Basic life support, Medical ethics and professionalism. The results were analyzed on the 8th day by student's feedback and debate sessions. **Results:** Positive feedback of 88.5 to 98.5% was recorded regarding the objectives of the course, contents, presentation, future value of the course in the student's career by a Questionnaire issued to the students. Remedial measures undertaken for negative Feedback. The course enabled self directed learning of the subjects. **Conclusion:** The Foundation Course at the beginning of the First phase of the course enables the First year students to acquire the basic knowledge and skills required for all the subsequent phases in MBBS course and later on their medical practice and career.

Key words: Foundation course, orientation course, MBBS curriculum

INTRODUCTION

The short orientation course was introduced at the entry level for 250 first year MBBS students in the institution as per the recommendations of Medical Council of India for the Foundation course. Foundation course will be of 2 months duration after admission to prepare a student to study Medicine effectively. This aims to orient student to national health scenarios, medical ethics, health economics, learning skills& communication, life support, computer learning, sociology& demographics, biohazard safety, environmental issues and community orientation. This also provides an overview in the preclinical subjects.[1]

AIM: To study the student feedback on the short orientation course in first year MBBS curriculum.

MATERIAL & METHOD

The Study was conducted by the Medical Education Unit**,** Sri Ramachandra Medical College and Research Institute after the approval of the Institutional Ethics committee. The classes were taken by the respective preclinical, paraclinical and clinical teachers. 250 First year MBBS students were divided into 7 small groups with 35-36 in each. They were made to attend a short orientation course over a period of 8 days on a rotation basis. The skills taught include Stress and Time Management, Language,

Communication, Use of information technology, National health policies, Biohazard safety, Introduction to the preclinical subjects, Medical literature search, First Aid and Basic life support etc.

The results were analyzed on the 8th day from student's feedback through following questionnaire [8]parameters). **The parameters (questionnaire no) included were:-**

1. Whether the objectives of the session were clearly stated.
2. Whether the objectives of the session were met adequately
3. Whether the content was tailored to meet the objectives
4. Whether the presentation was clear and informative
5. Whether the audiovisual aids were appropriate
6. Whether adequate time was provided for the program components
7. Whether the student is encouraged to use what was learned in this program.

All the students were asked to tick YES or NO as their response to above questionnaire.

The response rate for the feedback was 79%. Students were explained about the parameters included in the feedback which may be used for future studies.

RESULTS

250 students participated in the study. They were divided into 7 small groups of 35 to 36 each. Using the Predesigned questionnaire, feedback was obtained from them, for preclinical, paraclinical, clinical orientation sessions, and other sessions like information technology, alternate health systems and debate. Feedback was also obtained for the small group sessions. The response rate was 79%. The expected response was either yes or no for the given parameters in the questionnaire.

The feedback percentage for the introduction to orientation, medical terminologies and the preclinical sessions was positive from 94.5% to a maximum of 99%. (Table.1) The percentage of positive feedback from the students for the large group sessions for the introduction to the paraclinical subjects was ranging from 84% for genetics session to a maximum of 100% for the Universal precautions and vaccinations session (Table.1).

The percentage of positive feedback from the students for the large group sessions in Introduction to Clinical subjects which included Basic life support, medical ethics and patient safety sessions was a maximum of 98.5%. (Table.2).

The percentage of positive feedback from the students for another large group session like information technology, alternate health systems and the debate was a maximum of 98% for information technology and a minimum of 84.5% of students debate (Table.3). 0.5% students felt the alternate health systems should not be made a compulsory session. The percentage of positive feedback from the students for the small group sessions which included hospital tour, stress management, meditation, communication skill and language training were Hospital tour (maximum 96%), physical fitness (maximum 96.5%), Language training (maximum 100%), Communication skill (98.5%), Basic Life support lab visit (98.5%) and stress management (95%) (Table.3 & Table.4).All the other comments both positive and negative from the students were also recorded (Table.5).

Table 1: Large group sessions- Percentage of positive feedback from the students

Introduction to Basics and pre and paraclinical subjects

	Parameter for Session (Yes %)								
Questionnaire serial no*	**Orientation**	**Bio chemistry**	**Anatomy**	**Physiology**	**Medical terminology**	**Community medicine**	**National health Policies**	**Universal precautions & vaccination**	**Genetics**
1	98%	97.5%	96.5%	99%	96.5%	97.5%	95%	96%	88.5%
2	96%	96%	96.5%	99%	97.5%	96.5%	89%	95%	85%
3	96%	96%	95%	98.5%	96.5%	97.5%	86%	93%	84.5%
4	97.5%	97.5%	98%	98%	97.5%	98%	88%	95%	86.5%
5	96%	94.5%	96.5%	98.5%	97%	93%	88%	96%	89.5%
6	97%	97%	97.5%	98%	97%	98.5%	91%	95%	89%
7	96%	98.5%	98%	98%	97.5%	97.5%	92%	97%	90%

*The parameters 1-7 refer to those mentioned in methodology.

Table 2: Large group sessions - Percentage positive feedback from the students Introduction to Clinical subjects

Parameter for Session (Yes)	Patient safety	Basic Life support	Medical Ethics
1.	98.5%	98.5%	97.5%
2.	97.5%	98.5%	98%
3.	98%	98%	97.5%
4.	96.5%	97.5%	98%
5.	95%	98.5%	96.5%
6.	96%	98.5%	97.5%
7.	98%	98.5%	98%

Table 3: 0ther large and Small group sessions- Percentage of positive feedback from the students

Parameter for Session (Yes/No)	IT/Medical literature search	Alternate health systems	Short film And student debate	Student debate	BLS skill lab	Hospital tour	Stress/ time management	Physical fitness
1	97.5%	94.5%	94%	90.5%	99%	94.5%	61%	72%
2.	98%	92%	93.5%	89.5%	96%	93%	60%	65%
3.	97.5%	93.5%	93%	88.5%	98%	89.5%	61%	68%
4	965	89.5%	93%	88%	97%	84.5%	63%	66%
5.	93.5%	95%	92%	84.5%	98%	82%	66%	63%
6.	97.5%	94%	93.5%	88%	98%	86%	74%	76%
7.	97.5%	90.5%	91%	83.5%	100%	96%	63%	70%

BLS: Basic Life support

Table 4: Small group sessions - Percentage of positive feedback from the students

Questionnaire serial no for Session (Yes)	Meditation	Communication skill	Language training
1	95%	98.5%	98.5%
2	95%	96.5%	100%
3	91%	96%	99.5%
4	94%	96%	100%
5	94%	94.5%	96.5%
6	96%	96%	99%
7	96.5%	98.5%	98%

Table 5: Students comments on other parameter

Students comments	Percentage of students
Duration of sessions to be reduced	0.5 %
Hospital exposure was short	1%
Usefulness and knowledge giving	5%
Audiovisual aids were not appropriate	0.5 %
Planning and organisation was effective	0.5 %
Sessions (Alternate health system, stress management) to be made optional	0.5 %
Language training should be more	0.5 %
Helpful to adapt to new environment	2%
Support for future use and continuation of the programme	2%
Genetics to be made more interactive	1.5%
Teachers are very interactive	0.5 %

DISCUSSION

According to Medical Council of India Vision 2015, "Foundation course will be of 2 months duration after admission to prepare a student to study Medicine effectively. This period aims to orient students to national health scenarios, medical ethics, health economics, learning skills& communication, life

support, computer learning, sociology& demographics, biohazard safety, environmental issues and community orientation. In addition, this would include overview in the three core subjects of Anatomy, Physiology and Biochemistry to be taught in first MBBS". The total duration of the course will be five and half years with 14 months for the first year, including the 2 months of the Foundation course. The second year will be of 12 months duration, the final year, including the electives (for 2 months) will be of 28 months duration and the internship will be for 1 year. [1]

The admission process of medical students varies from state to state in India but mostly based on their merit list in their school final and in their entrance exam. The students may be from different boards of education with different syllabus. For getting adapted to the new college environment from their school environment they may need some time. They may also belong to different regions, socioeconomic strata and have different languages. In order to facilitate the adaptation to the Institution and also to provide some knowledge and essential skills required for the medical curriculum, it was planned prior to the student's admission to implement the foundation course of Medical Council of India as a short orientation course in the First year MBBS curriculum and analyze its results and the student feedback. Based on the results from their feedback it was decided to take remedial measures and follow the suitable orientation programme in the subsequent academic years. The schedule was designed after discussion with the faculty in Medical education Unit, the Preclinical Departments.

Table.1 shows the feedback percentage for the introduction to orientation, medical terminologies and the preclinical sessions. The positive feedback was from 94.5% to a maximum of 99%. Though the sessions were found to be very useful, as their preexisting knowledge was not tested in this study a comparison could not be made as to their gain in the knowledge. The feedback questionnaire included the level of prior knowledge of the students as a parameter and tested the gain in knowledge after the sessions. The majority of the students did not have prior knowledge except for language, internet skills and time management.[2]

The basic science teaching should be conceptualized, and provoke student curiosity. It should teach them the skills of applying basic sciences in clinical medicine. Students would be more interested to learn basic sciences if they feel it is the basic to clinical practice and is important to their future role as a doctor. [3] Our orientation programme was found to be more informative and helped the students acquire the skills necessary in their paraclinical and clinical phases of the curriculum also.

Table.1 shows the percentage of positive feedback from the students for the large group sessions for the Introduction to the paraclinical subjects. A positive feedback of 84% for genetics was the minimum to a maximum of 100% for the Universal precautions and vaccinations. 83 out of 97 respondents benefited by the community health care sessions and genetics session was not included in the orientation course.[2]

Table.2 shows the percentage of positive feedback from the students for the large group sessions in Introduction to Clinical subjects. This included Basic life support and medical ethics and patient safety sessions. The maximum positive feedback was 98.5%. Lecture sessions were conducted on medical ethics in different medical schools in Saudi Arabia and the student assessment was done by a paper based examination at the end of the lectures. This was followed by case studies, PBL sessions, seminars, and student presentations. It was found the formal evaluation of ethics teaching existing in 73% of the schools in the country. Problem based learning was found to be more effective than the lectures on medical ethics.[4] Our Study has integrated the stress management, medical ethics programme with other sessions and the assessment was done only based on the students feedback on the sessions.

Table.3 shows the percentage of positive feedback from the students for another large group session like information technology, alternate health systems and debate. 0.5% students felt the alternate health systems should not be made as a compulsory session (table. 5).

Table.3 and Table.4 shows the percentage of positive feedback from the students for the small group sessions which included hospital tour, stress management, meditation, communication skill and language training**.** Hospital tour (maximum 96%) and physical fitness (maximum 96.5%) had relatively less positive feedback, whereas Language training (maximum 100%), Communication skill (98.5%), Basic Life support lab visit (98.5%), had more positive feedback. Our stress management session got a maximum 95% positive feedback. A seven-week

course in mindfulness training was founded to reduce mental distress in students and also helped their well-being. [5]

"The institutes of international medical education (IIME), New York, defined global minimum essential requirements (GMER), which are grouped into 7 broad educational domains. [6]

1. Professional values, attitudes, behavior and ethics.
2. Scientific foundation of medicine
3. Clinical skills
4. Communication skills
5. Health scheme
6. Management of information
7. Critical thinking and research"

The Orientation course implemented by us also gave an introduction to most of these aspects except critical thinking and research. Teaching of scientific research competencies should start early in undergraduate medical education and continue throughout the pre-clinical and clinical years. This will also help in their research oriented career in their future.[7]

Table.5 shows the students' comments on other parameters. All the negative comments were recorded and appropriate remedial measures were undertaken.

The questionnaire used in this study was modified based on the reference from "Medical students view about the integrated MBBS course: a questionnaire based cross-sectional survey"[8] to suit our study.

CONCLUSION

This study makes it evident that the foundation course is very much needed for the students entering MBBS and its implementation will help to acquire the basic skills necessary for their paraclinical and clinical phases of the course and in their medical practice also.

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