

Why do we fail to fail Undergraduate Medical Students? A Perception of Ophthalmology Faculty

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ABSTRACT

Objective of study: To evaluate the ophthalmology faculty perspective on why they fail to fail undergraduate medical students.

Place and duration: Medical colleges and universities of both public and private sectors, duration was three (3) months

Study design: It was a cross sectional survey. Non-probability conventional non interventional sample was used. The data was analyzed by SPSS-25.

Methods: Total 134 university examiners for undergraduate medical students from ophthalmology faculty were identified from the websites of both private and public sector medical universities and colleges of the Punjab, Pakistan. The ophthalmology faculty members with more than five years of experience as a faculty were included in the study. An online survey questionnaire was sent out through Google forms. The faculty members were given reminder twice. The responses are analyzed with SPSS-25.

Results: Out of 134 ophthalmology examiners, 98 (73.13%) examiners responded to the questionnaire. Among the respondents, only 80 faculty members, 58 (72.5%) males and 22 (27.5%) females, with teaching experience of more than five years, are included in the data analysis. Fifty-four (55.10%) participants declared teaching experience of more than ten years while 26 (26.53%) had experience between five to ten years. Twenty-seven (33.75%) respondents had additional qualification in the field of medical education like certification, diploma, or master's degree (CHPE or MHPE). Fifty-five respondents (68.75%) opted that a few unmerited students passed fourth professional medical university exam. Further, 47 (58.75%) respondents also agreed that they were failed to fail a few ineligible and inefficient undergraduate 4th year medical student while marking a viva voce interactive session, a mandatory section in practical examination, as an internal or external examiner, whereas 33 (41.25%) respondents disagreed with this statement. The top five reasons behind failure to fail, as identified by the respondents were poor assessment methods (50%), lenient examiners (37.5%), commendation by colleagues or administration (22.5%), irrelevant syllabus (12.5%) and pressure from college administration (10%). Mixed opinion regarding the standards of medical education in Pakistan was emerged, according to 45% participants "it is improving", while 55% had opinion "it is deteriorating". The top four suggestions opted by the participants regarding improvement in medical students' assessment to avoid fail to fail phenomena, were "teachers should be more experienced" (60%), "strictly following the criteria of 75% mandatory attendance set by university while sending students admission for university exam" (50%), "revision of admission criteria while selecting first year medical students" (25%) and "adoption of honest policy by administration while selecting students for admission in medical college" (10%). About 60 (75%) examiners felt the need to revise ophthalmology syllabus for under graduates.

Conclusion: Being a medical teacher and an examiner is considered as an honour as well as a great responsibility because their students are going to be the future serving doctors, dealing with human life. An unsafe physician or surgeons is neither desirable for doctors' community nor for the society. Examiners should be more trained, more experienced, and able to assess the failing student if he or she is inadequate, deficient, or not meeting the required standard without any bias. The formative assessment should be dependable, reliable, and rigid as compared to summative assessment and failing a student should be considered as providing them a second chance for their improvement rather than producing an inadequate or incompetent doctor. The standardized admission criteria and merit policies need to be followed. The ophthalmology syllabus should be revised as it needs to be more community oriented and precise.

Key Word: Medical student, medical teacher, ophthalmology, examiner, fail.

INTRODUCTION

Getting admission in a medical college is considered as highest achievement for a student after passing higher secondary school but building a career as a specialist doctor takes a lot of efforts and substantial amount of hard work which continues many years after graduation¹. Worldwide, only the students with better academic achievements, good cognitive abilities and high performance get entry in medical colleges as merit is considerably high^{2,3}. The post-graduation specialty training takes further five years so resilience and hard work are obligatory for a medical student. Thirty years back, mainly public sector medical colleges were serving nation and most of medical students were competent, proving their professional skills in Pakistan and abroad as well, but now private medical colleges are more in number than public medical colleges. In province Punjab, there are total 62 medical colleges, 19 in public sector and 43 in private⁴. The rapid development of private sector medical colleges, though fulfilled the number of doctors required for growing population but on the other hands it produced a relatively negative effect on medical education. One of the reasons for deteriorating medical education

standards is setting slightly "low threshold" set by examiners, for passing a medical student specially in subjects which are considered as minor subjects like otolaryngology (ENT), Ophthalmology and forensic medicine. Medical students are human capital and asset of any nation as they determine future of countries⁵. We as medical teachers and examiners are very much concerned about good quality final product being passed out from medical colleges as they will be accountable for nation health and well-being in long run. No doubt academic failures can affect a medical student, psychologically, as it produces frustration, loss of academic year and loss of morale^{6,7} but as far as a medical student final exam is concerned merit should be the top priority.

MATERIALS AND METHODS

Total 134 teachers of ophthalmology faculty who were examiners too were selected from records and sent questionnaire for survey via social media and printed forms. The examiners of both public and private medical colleges and medical universities of Punjab were included in study. The faculty having less than 5 years teaching experience, who were not university examiners and those

who did not respond despite two reminders were excluded from study. The survey was only conducted for ophthalmology faculty working in province Punjab, doctors from other provinces of Pakistan were not included. Examiners were given reminder twice and response is recorded in SPSS-25 to get results in form of tables and bar charts.

RESULTS

Out of 134 ophthalmology examiners, 98 (73.13%) examiners responded to the questionnaire. Among the respondents, only 80 faculty members, 58 (72.5%) males and 22 (27.5%) females (fig 1), with teaching experience of more than five years, are included in the data analysis. Fifty-four (55.10%) participants declared teaching experience of more than ten years while 26 (26.53%) had experience between five to ten years (fig 2). Twenty-seven (33.75%) respondents had additional qualification in the field of medical education e.g., certification, diploma, or master's degree (CHPE or MHPE) as shown in fig 3.

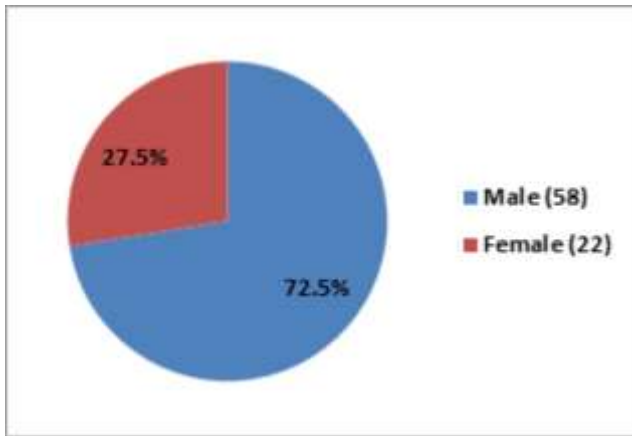


Fig 1– Gender distribution

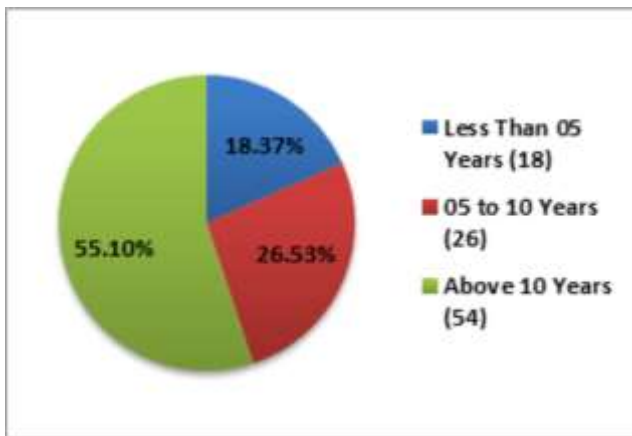


Fig 2– Teaching Experiences

Fifty-five respondents (68.75%) had opinion that a few unmerited students also passed fourth professional medical university exam (fig 4). Further, 47 (58.75%) respondents also agreed that they were failed to fail a few ineligible and inefficient undergraduate 4th year medical student while marking a viva voce interactive session, a mandatory section in practical examination, as an internal or external examiner, whereas 33 (41.25%) respondents disagreed with this statement (fig 5). Mixed opinion regarding the standards of medical education in Pakistan was emerged, according to 45% participants “it is improving”, while 55% had opinion “it is deteriorating” (fig 6). About 60 (75%) examiners felt the need to revise ophthalmology syllabus for under graduates (fig 7). The top

five reasons behind failure to fail, as identified by the respondents were poor assessment methods (50%), lenient examiners (37.5%), commendation by colleagues or administration (22.5%), irrelevant syllabus (12.5%) and pressure from college administration (10%) Fig 8. The top four suggestions opted by the participants regarding improvement in medical students’ assessment to avoid fail to fail phenomena, were “teachers should be more experienced” (60%), “strictly following the criteria of 75% mandatory attendance set by university while sending students admission for university exam” (50%), “revision of admission criteria while selecting first year medical students” (25%) and “adoption of honest policy by administration while selecting students for admission in medical college” (10%) Fig 9.

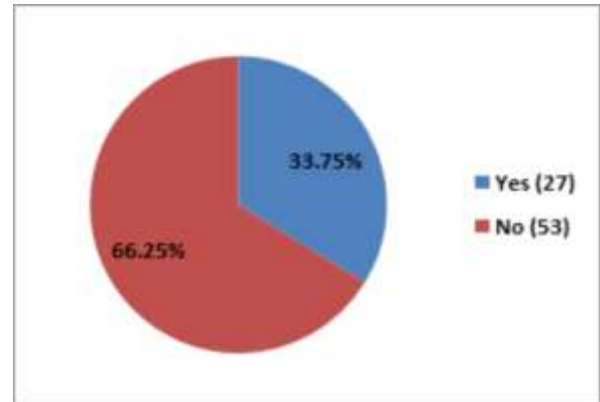


Fig 3 – Degree in Medical Education

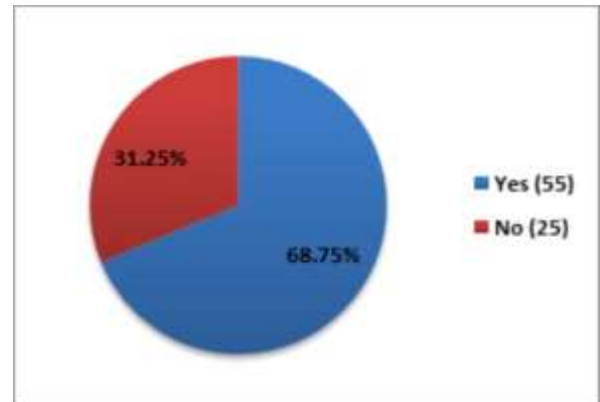


Fig 4–Do Few inefficient Student also Pass?

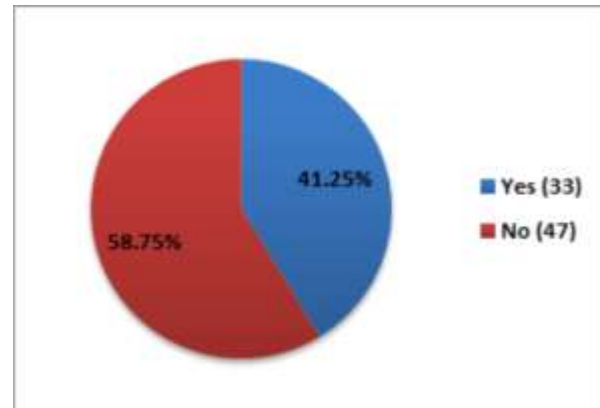


Fig 5 – Teacher’s experience Fail to Fail

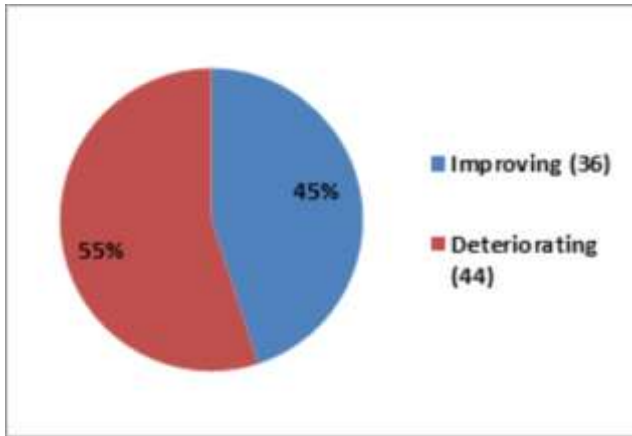


Fig 6– Medical Education standards

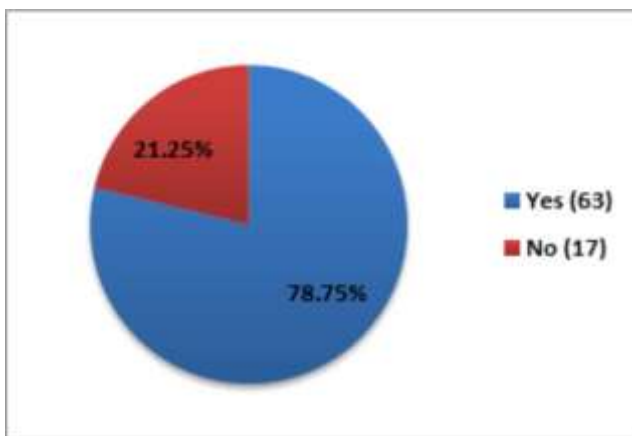


Fig 7 – Need for Syllabus Revision

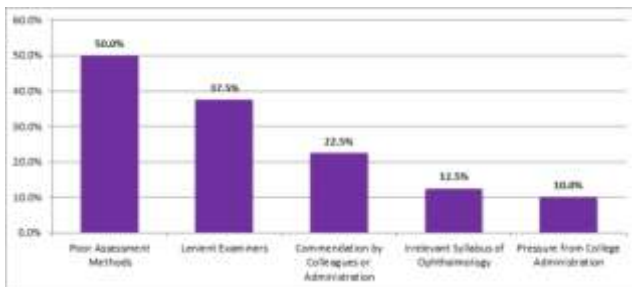


Fig – 8: Reasons behind fail to fail to fail phenomena

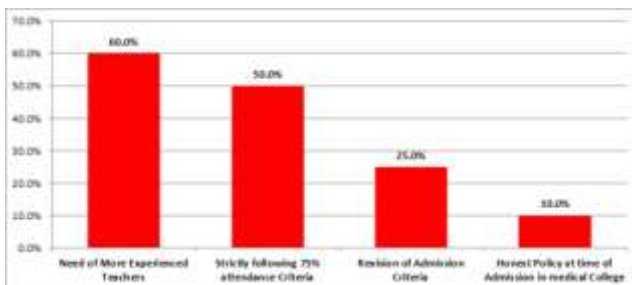


Fig – 9: Suggestions to avoid fail to fail phenomena

DISCUSSION

The research has shown that approximately 10 to 15% of medical students fail to make satisfactory academic progress in studies during their tenure in medical colleges and are at risk of struggling

as doctors later after graduation⁸. It is our responsibility as medical academia and supervisors, to ensure a quality product i.e. a safe and competent doctor, which fulfills the desired level of competence. Papadakis et al have reported that poor performing medical students later with time become incompetent physicians, thus contributing to poor patient care in the health care system⁹.

It takes several years for a teacher to evolve as an examiner. In Pakistan, becoming an examiner requires at least five years of teaching experience after post-graduation. The literature review had shown that sometimes faculty members struggle in identifying an underperforming ethical student who doesn't meet the required level of competence and examiners are slightly reluctant to fail non-deserving students due to various reasons¹⁰⁻¹³.

Similar results are observed in our survey where 58.75% of examiners shared their experience of failure to fail the failing students (fig 5). There are various factors identified by Guraya, van Mook & Khoshhal, in their study which may be responsible for this phenomenon¹⁴. Firstly, the loopholes in the examination system can be the contributing factor in which larger passing percentages, are assigned to the internal assessment, and students at the bottom somehow secure minimum marks to pass, after combining their internal and external assessment.

The ophthalmology university exams are structured based on 09 compulsory SEQ (45 marks), 45 MCQs (45 marks), 90 marks are assigned to the practical exam (OSCE 50 marks viva 40 marks), and 20 marks from internal assessment. Out of total of 200 marks, 100 (50%) marks are mandatory to pass the ophthalmology annual exam. The university has assigned 45% to external assessment and 55% to internal assessment, which can be manipulative by internal examiner. The SEQ and MCQ paper each with 45 marks, although are quick and good assessment methods in certain aspects, has created a trend of superficial knowledge, promote cram books and short-term knowledge¹⁵.

The medical faculty in Pakistan and some other underdeveloped countries are trained mainly for clinical responsibilities only. No mandatory qualifications are required to become a medical teacher or an examiner. Thus, young examiners, are not well trained, as they become the examiners immediately after postgraduation at certain places, especially where the senior examiners are either busy or uninterested to visit UHS for paper checking, which can affect the proper assessment of students. The examiners also don't expect much in-depth knowledge from students being aware that ophthalmology is a minor subject for 4th-year medical students so not very strict in summative assessment.

A failure is considered only a stigma and disgrace rather than providing students opportunity and another chance for their improvement¹⁶. The formative assessment during the academic year should be properly documented and stricter for students with the concept that the students could be able to perform better in the summative assessments at end of their professional year.

In our study it was highlighted by participants that other factors responsible for the phenomenon of, failure to fail the failing students, include that failure is considered as an economic burden to parents or guardians rather than the student themselves, pressure from higher authorities and management of medical college as higher failure rate brings a poor name to college, and private medical colleges are particularly very sensitive to it, as the high failure rate can not only affect student/parents psyche but also staff morale and institute reputation¹⁷. In our study 10% teachers admitted to face pressure from administration. Unfortunately, a lack of faculty support is also a constraint to failing an underperforming student¹⁸. Teachers also wanted to avoid blaming students¹⁹ and their parents especially when students' parents are doctors and working as colleagues with teachers. Another reason is the lack of properly documented formative assessment. Unprofessional behaviour is observed in 20% of students but reported only in 3 to 5%²⁰. Similar reasons are also mentioned in an article by Guraya et al, Finch J et al and Guerrasio et al in studies carried out in Iran, UK and USA^{14,19,21,22}.

To tackle this issue of failure to fail non-deserving medical students' examiners had a different opinion. A majority agreed (60%) that a trained and experienced examiner can efficiently and swiftly segregate meriting from a demeriting student. The rules of a university should be followed strictly like an admission of students with attendance below 75% should not be sent and not allowed to appear in the exam. Some had the opinion these problems can be solved automatically if an honest policy is adopted at the time of admission in medical colleges and only students up to mark are given admission in medical institutes.

Around 79% of teachers had an opinion that the undergraduate ophthalmology syllabus needs revision, as it should be more community-oriented and precise, enabling our young graduates to pick up common eye diseases and identify those ocular ailments which require urgent referral to ophthalmologists. Similar suggestions were proposed for ophthalmology syllabus in other countries like United Kingdom (UK)²³⁻²⁴.

CONCLUSION

Being a medical teacher and an examiner is considered as an honour as well as a great responsibility because their students are going to be the future serving doctors, dealing with human life. An unsafe physician or surgeons is neither desirable for doctors' community nor for the society. Examiners should be more trained, more experienced, and able to assess the failing student if he or she is inadequate, deficient, or not meeting the required standard without any bias. The formative assessment should be dependable, reliable, and rigid as compared to summative assessment and failing a student should be considered as providing them a second chance for their improvement rather than producing an inadequate or incompetent doctor. The standardized admission criteria and merit policies need to be followed. The ophthalmology syllabus should be revised as it needs to be more community oriented and precise.

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Limitation of study: small group study done in one province of Pakistan

Prospects for future research: The study provides overview of phenomenon with these insights, we are justified to establish that, failure to fail phenomenon prevails in our medical academic culture, which can have detrimental consequences. Thus, our study results reinforce to assess the phenomenon in wider aspects with large scale studies.

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