A Two-Step Approach To Contextualizing Medical School Curricular Feedback



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Background

- Medical curricula frequently adjust to feedback from many stakeholders, including medical students
- Representation of the student voice is often complicated by conflicting opinions within this stakeholder group, resulting in feedback to administrative faculty and personnel that may asymmetrically weight opinions
- Non-systematic approaches to student feedback reduce administrative confidence in medical student feedback, lessening effectiveness of student feedback in affecting curricula

Purpose

- In order to ensure student advocacy was focused on feedback that students were largely in agreement on, a piloted two-step survey approach was employed in collected student feedback for preclinical curricula
- Feedback submitted by verified and anonymized student members were voted on and discussed by verified and anonymized student responses. Voting domains were selected to test against the perceived relevance/importance of each issue, as well as the perceived degree of agreement with each proposal
- Qualitative, text-based comments on each proposal were also collected for students to elaborate on their votes or provide nuance to their perspective

Methods

As a means of identifying and addressing medical student concerns in preclinical two-step curricula, process was a designed. An initial Google Forms survey collected proposal titles and descriptions from preclinical medical students. Similar proposals were then combined, proposals were anonymized, and a Qualtrics survey was sent to the preclinical student body to vote on Likert scales of agreement and importance of each recommendation, with the opportunity for qualitative commentary on each proposal. Due to the large volume of proposals, order was randomized and partial responses were accepted via the second Qualtrics survey.

Step 1
Collect student proposals
concerning changes to
preclinical curricula via
Google form

Step 2
Send randomized blockbased Qualtrics survey to
all preclinical students,
allowing for partial survey
completion for surveys with
many proposals

Processing Step: Combine and anonymize student proposals, input each into a Qualtrics block that asks Step 2 survey takers for Agreement, Importance, and Comments on each proposal. Randomize each block.

Reporting Step: Utilize
Qualtrics reporting functions to
generate report that presents
feedback in descending order
of Agreement or Importance,
with paired qualitative student
feedback for each proposal.
Use this data to pursue
initiatives at the institutional
level.

Results (continued)

From the initial survey, 74 recommendations were presented and described from 25 preclinical medical students. These proposals were then discussed and voted on by 207 of their peers (127 M1s, 71 M2s). This approach demonstrated a systematic, effective mechanism of eliciting and presenting student feedback in preclinical curricula, and enabled student government representing student advocacy to prioritize issues on which underlying students emphasized importance and broad agreement on.



Figure 1: Example test statistic from a High Importance, High Agreement proposal (this particular proposal concerned removing the requirement for preclinical students to purchase their own otoscope/ophthalmoscope sets).

Conclusions

The two-step approach to curricular feedback provided a robust, crowd-sourced mechanism to identify broad student agreement and importance of proposals for effective student advocacy.