Research Papers/Extended Abstracts

Use of online mode in quality assurance: Experience from a medical faculty in Sri Lanka

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Abstract

Internal Quality Assurance Cell (IQAC) of the Faculty of Medical Sciences, University of Sri Jayewardenepura (FMS-USJ) faced several challenges in the implementation of its quality assurance (QA) activities during the COVID-19 pandemic. One of the main challenges was the restriction of face-to-face meetings. Therefore, IQAC started using online platforms for possible activities. This paper showcases the experience gained by IQAC FMS-USJ using online platforms. Face-to-face attendance of the committee members (N=23) at monthly IQAC meetings over the year 2020 was compared with online meetings in 2021. Student satisfaction on teaching and learning activities and facilities provided were assessed using a Google form shared with the whole batch at the end of each phase: Phase 1- first two years, Phase II- 3rd to 4th year, and Phase III- final year (N=459). The questionnaire consisted of closed-ended questions on a 5-point Likert scale on different aspects of teaching and learning activities and facilities provided. The responses were analysed and the report was submitted to relevant committees to take remedial actions. Response rates and mean satisfaction scores were compared between the three phases. Peer evaluation was conducted by allocating each colleague to a peer teacher. Online evaluation forms were used and the collected feedback was reviewed at the departmental level. Summary of the peer evaluation report is to be submitted to the Department of Medical Education and then to the Curriculum Development Committee. Compared to face-to-face attendance, online attendance was consistently higher and became statistically significant in September ($t=3.32$, $p=0.0008$). In student satisfaction, a higher response rate was observed in Phase I. Completeness and clarity was 100% for all the online responses in peer evaluation. The most common teaching method evaluated was lectures. Monitoring the quality assurance (QA) activities, student satisfaction, and peer evaluation via online platforms is feasible and acceptable.

Keywords: *Medical education, Online, Quality assurance*

Introduction

The external review of the MBBS programme of the Faculty of Medical Sciences, University of Sri Jayewardenepura (FMS-USJ) was conducted in September 2019. The Internal Quality Assurance Cell (IQAC) reviewed the report and an action plan was drafted which was presented to a number of committees and discussed extensively before finalising for the faculty board and the senate for the approval.

Main challenge faced in implementation was the COVID-19 travel restriction. However, with the introduction of online video-conferencing modality (Zoom), the faculty started its activities online, hence IQAC recommended using it for possible activities. This paper showcases selected areas, mainly monitoring of the quality assurance (QA) activities, student satisfaction, and peer evaluation, which use online platforms to continue quality assurance activities.

Methodology

Monitoring of the QA activities

The inclusion of QA as an agenda item in the minutes of the meetings held at each level such as departmental, phase, curriculum development, and faculty board meetings has created a conducive environment for QA. Extracts of these meetings were sent to the relevant academic committees. The IQAC committee met monthly and discussed the progress of the QA related activities under each criterion. Extracts of the monthly IQAC committee meetings were submitted to the Faculty Board. Action plan monitoring was carried out by the same criterion sub-committees and discussed monthly at IQAC meetings. Action plan monitoring was made a separate agenda item in the Faculty Board meetings. Extracts of the monthly IQAC committee meetings were forwarded to the Senate while the confirmed minutes were forwarded to the Centre for Quality Assurance (CQA).

For each QA related activity introduced, responsible persons and the reporting mechanisms were identified. Based on the sources of evidence identified by criterion subcommittees, responsible persons for submission of the evidence and the reporting frequency were identified. A database was created for the IQAC to streamline the collection of all evidence under each standard of the eight criteria (UGC, 2015). A training session was conducted for all who are responsible for uploading the documentary evidence for the IQAC database.

Attendance of IQAC members at monthly meetings, held face-to-face from August 2020 to January 2021, was compared with online meetings from August 2021 to January 2022 (Figure 1).

Student satisfaction survey

An anonymous student satisfaction survey questionnaire was prepared by referring to the areas stated in the programme review manual (UGC, 2015). Each section contained 2-3 closed-ended questions containing responses on a 5-point Likert scale where 1= highly unsatisfied and 5= highly satisfied. At the end of each section, an open-ended question was included to gather information on any issues pertaining to that section or suggestions to improve. Thematic analysis was carried out for the qualitative data.

The questionnaire was converted to a 'Google form' and the link was given to the batch representative of each phase to be shared with batchmates at the completion of the bar examination. The feedback was analysed and the report was submitted to relevant committees to take remedial actions. Response rates and mean satisfaction scores were calculated (Table 1).

Peer evaluation

Although peer evaluation of teachers is a broad concept, the Faculty of Medical Sciences (FMS) started peer review mainly to improve teaching practices of the academics. The Department of Medical Education (DME) coordinated the process through the Heads of Departments (HoDs) by allocating each colleague to a peer teacher. Three evaluation forms were used, for large groups (lecturers), small groups (tutorial/seminar) and clinical teaching. Questions included predominantly on the delivery of the content. Written space was provided to include qualitative responses. The allocation table including the names of evaluator and 3valuate was distributed at the beginning of the academic year through the relevant HoDs, requesting each 3valuate to make arrangements with the evaluator to get their session evaluated. The feedback was collected and reviewed at the departmental level by the HoD and remedial actions were discussed and agreed upon with the each 3valuate. The summary of the peer evaluation report is then to be submitted to the DME. Final report of peer evaluation for the faculty is prepared by the Head of the DME and will be submitted to the Curriculum Development Committee.

Results

Monitoring of the QA activities

Figure 1 compares the attendance for monthly meetings of the IQAC which were held face to face pre-COVID and the meetings held online post-COVID during a similar time period in two consecutive years. Generally, online meetings show a consistent higher attendance compared to face to face meetings.

When comparing the meeting attendance, a higher percentage of attendance was observed in online meetings except for January, the beginning of the new year. However, these observed differences

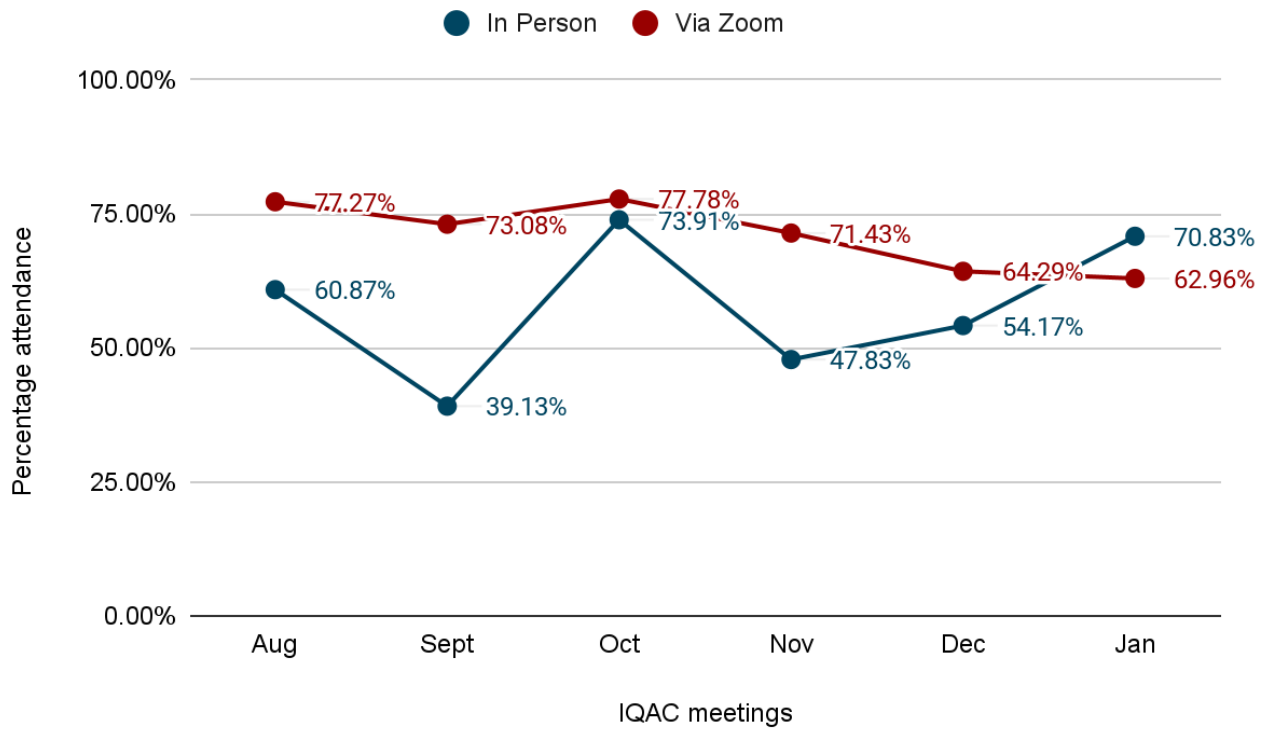failed to show any statistical significance except for the attendance in the month of September (t=-2.3994, p=0.0164).

Figure 1: Comparison of online and face-to-face meeting attendance

Student satisfaction survey

The majority of the students in all three batches were female students. In Phase I and III, response rates of female students (Phase I-100%, Phase III-68.63%) were higher than the response rates of male students (Phase I-92.98%, Phase III-48.98%). In contrast, the response rate of male students (51.06%) was higher in Phase II. Table 1 shows the variation in the response rates (Phase I-97.47%, Phase II46.67%, Phase III-62.91%) together with the average scores (with teaching and learning activities - Phase I-3.84, Phase II-3.50, Phase III-3.90) (with facilities provided - Phase I-3.85, Phase II-3.50, Phase III-3.54) of the student satisfaction survey among three academic phases.

Average scores calculated for overall satisfaction with teaching and learning activities were 3.84, 3.50, and 3.90 while average scores calculated for overall satisfaction with facilities provided were 3.85, 3.50, and 3.54 in Phase I, II, and III respectively.

Statistically significant higher response rate was observed in Phase I. Furthermore, statistically significant higher mean satisfaction score for teaching and learning activities was observed in Phase III.

Table 1: Summary of the Student Satisfaction Survey

	Phase I (N=158)	Phase II (N= 150)	Phase III (N= 151)
No. of responses (Response rate%)	154 (97.47)	70 (46.67)	95 (62.91)
Response of female students (Response rate%)	101 (100.00)	46 (44.66)	70 (68.63)
Response of male students (Response rate%)	53 (92.98)	24 (51.06)	24 (48.98)
Satisfaction with teaching and learning activities (1-5 scale)	3.84	3.50	3.90
Satisfaction with facilities provided (1-5 scale)	3.85	3.50	3.54

Peer evaluation

Total number of responses is improving after a remarkable dip from pre-COVID (face to face) results. Completeness and clarity were 100% for all the online responses. The most common teaching method evaluated was lectures. Phase II secured the highest responses.

Highly rated areas were (a) conducting the session in a non-threatening manner, (b) time management, (c) coverage of the topic, (d) explaining skillfully and (e) emphasising objectives of the session. The least rated areas identified were (a) obtaining students' attention, (b) recall of prior learning, (c) ability to summarize/reinforce (d) encouraging questions/opinions/further readings and (e) avoiding distractions during the session.
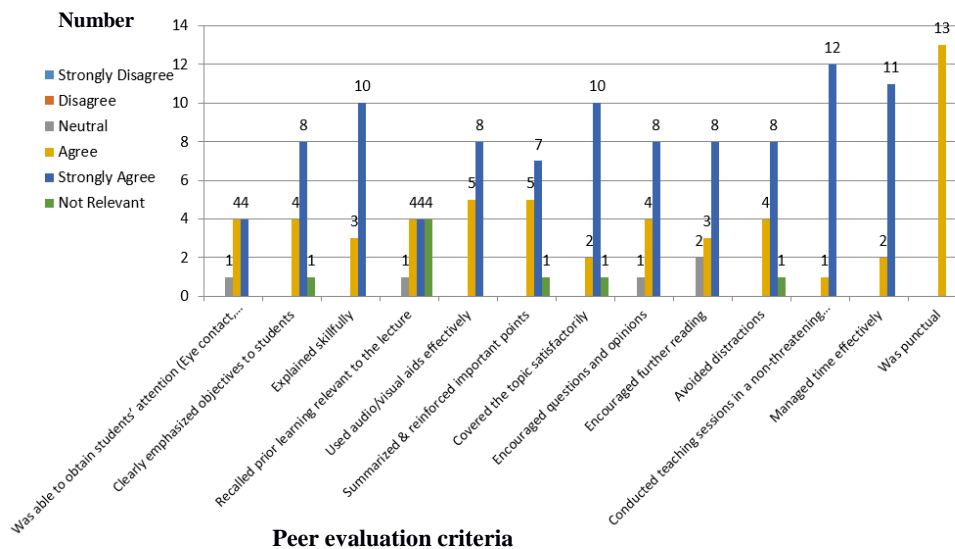

Figure 2: Peer evaluation ratings

Discussion

When the meeting attendance was concerned, post-COVID online meetings show a consistent higher percentage of attendance compared to pre-COVID face-to-face meetings. A survey conducted in the UK of over 2,000 working adults suggests that online meetings are more efficient for smaller

gatherings of 2 to 4 people, while in-person meetings are preferred for gatherings of 10 or more (Taneja et al.,2022). Overall satisfaction with teaching and learning activities in Phase III where clinical teaching takes place was 78% (3.90 out of 5) in our study. This finding is in par with the Egyptian study which showed an overall satisfaction of 86.8% with the clinical training.

Conclusion

Monitoring the quality assurance (QA) activities, through Student satisfaction and Teacher peer evaluation, using online platforms is feasible and acceptable.

References

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