Student feedback on an online group used to support a Medical Humanities module in a Nepalese medical school

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Abstract

Background: An online Google group was created to supplement a Medical Humanities module at KIST Medical College.

Objectives: The present study was carried out to understand student perceptions about the online group, understand factors preventing its widespread use and obtain suggestions for improvement.

Method: The study was carried out among first year undergraduate medical students. They were explained the aims and objectives of the study and invited to participate after obtaining written, informed consent. Student feedback was collected in the form of their responses to a set of 10 questions about the online group. The responses were analyzed and common ones tabulated.

Results: Fifty-eight of the 75 students participated. Forty-nine students were aware of the group. Only 10 respondents were group members. The group was regarded as a virtual grouping for sharing ideas about Medical Humanities and could provide knowledge about the subject and act as a backup resource in case students were unable to attend a session. The group was felt to be unsuccessful. Problems of internet access, load shedding and problems of managing time were hindering factors. Better publicity about the group, demonstrating the group during Wednesday's session and making students utilize the group by submitting assignments through it were suggested.

Conclusions: The KISTMC MH group was not successful and steps for improvement must be taken in future sessions. Major reasons hindering use of the group were mentioned. The issue should be further explored as online groups are an important means to support curricular initiates in medical schools.

Key words: Medical humanities, Nepal, online groups.

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Introduction

Medical Humanities has been defined as 'an interdisciplinary, and increasingly international endeavor that draws on the creative and intellectual strengths of diverse disciplines, including literature, art, creative writing, drama, film, music, philosophy, ethical decision making, anthropology and history in pursuit of medical educational goals'.[1] Medical Humanities (MH) programs are common in medical schools in developed countries. Nepal is a small developing country in South Asia situated between India and China. In Nepal, a voluntary module was conducted for medical students and faculty members at Manipal College of Medical Sciences (MCOMS), Pokhara.[2] The authors conducted a MH module for first year medical students at KIST Medical College (KISTMC), a new medical school in Lalitpur district. The sessions were held for around 90 minutes each Wednesday morning. We acted as facilitators and there were six cofacilitators. Case scenarios, patient problems, role-plays and paintings were used to explore various aspects of MH. The facilitators created a private online (Google) group on the web called 'KISTMC Medical Humanities group' to facilitate and support the Wednesday sessions. The first author was the group owner and being a private group, members had to be invited to join through e-mail. E-mailed invitations were sent to all student participants of the module and cofacilitators. The Principal and the Deputy Hospital Director were also group members. Certain support staff involved with the module also joined the group. A few individuals associated with the previous module at MCOMS, Pokhara also joined. Dr. Huw Morgan, a medical educator from the United Kingdom associated with the MH module at KISTMC was also a member. The group was a forum for discussion among various participants. The lesson plan for each MH session and the slides used were uploaded to the group once the session was over. Various articles and topics related to MH were also uploaded. Photographs were taken frequently during the sessions and these photos were also uploaded to the site.

The first author had previously used a MH Google group during the module at MCOMS, Pokhara. The use of the online group was not satisfactory but respondents were in favor of the group and recommended its use with modifications in future sessions. The present MH session started in February and finished in July 2009. Participant feedback was collected on many aspects of the module. The participation of students in the group was not encouraging. We decided to obtain detailed feedback about the online MH group to understand students' perception about the online group, why the group was not widely used and obtain suggestions for improvement.

Methods

The study was carried out among first year medical students of KISTMC during July 2009. Students were explained the aims and objectives of the study and invited to participate. Written informed consent was obtained from all participants. The consent form briefly stated the objectives of the study, its purpose and benefits and the study procedure. They were invited to clarify doubts and questions about the study. For literature review the authors searched for studies using the key words 'online learning groups' and 'medical education' in Pubmed and Google Scholar databases. Full text articles were obtained using HINARI, an

initiative to promote access to full text articles for researchers in developing nations.

Basic demographic information like gender, ethnic/caste group and native place was obtained. Student feedback was collected in the form of their responses to a set of 10 questions about the online group. The questions concentrated on student awareness of the group, their idea about the group, whether the group facilitated their learning of Medical Humanities, whether they agreed that online groups linked to topics/subjects taught in the curriculum were a good idea and whether they were a member of the group. The respondents were asked about whether they thought the Medical Humanities online group was successful, problems hindering the effective use of online groups in Nepal and how participation in such groups can be improved. Free text comments were also invited.

The demographic details were tabulated. The written answers were analyzed and the common ones tabulated. Problems with the online group were noted and suggestions for improving participation in online groups during future modules recorded.

Results

A total of 58 of the 75 students (77%) participated. Thirty-seven respondents (63.8%) were male and 17 (29.3%) were Brahmins. Certain students did not fill in all the required demographic characteristics. The other common ethnic/caste groups were Chhetris and Newars. Many respondents did not mention their ethnic/caste groups. Twenty-six students (44.8%) were from the Kathmandu valley. Forty-nine students (84.5%) were aware of the existence of the KISTMC MH group. Only 10 students (17.2%) were members of the group. Twenty-four students (41.4%) felt the group was successful.

Table I shows the demographic characteristics and the answers to yes/no type of questions of the respondents. On cross tabulation all 18 female students were aware of the MH group while seven male students were unaware. Three students from the Kathmandu valley and 3 from other Nepalese towns were not aware of the MH group. Six of the 37 males and three of the 18 females were group members while one group member did not denote his/her gender. Seven group members were from the Kathmandu valley. Fourteen male students and 9 female students felt the group was successful while one respondent did not denote his/her gender.

Student opinions about the group were as follows. A respondent stated that the KISTMC MH online group is a virtual grouping for sharing ideas while another stated that it is a group which helps to learn about the importance of humanity in the medical field. Another stated that the problem with the group was there were more facilitator interactions but less student participation. A student stated it is a new concept in Nepal and is a network between medical students and professionals with regard to the Medical Humanities. One respondent stated it would be a good idea if students got to know its objectives and contents before joining. A male student's idea about the group was a base for medical students for correlating medicine and emotions.

Regarding how the group would facilitate learning of MH respondents had a variety of opinions. One stated the group may provide knowledge regarding problems likely to arise during their medical practice and provide

more information about MH topics. Another was of the opinion that it will be a backup resource in case they are unable to attend a particular session. An advantage with an online group was that ideas could be added at anytime. Members would be able to share information. Students were also asked why online groups on curricular topics/subjects were a good idea. One answered that the groups help them gain access to the topics whenever required and helped them stay up to date. Information about previous sessions, links to multimedia resources and other websites can be displayed.

The majority felt the group was not successful. A reason often stated was the lack of participation and even awareness of the group in a few cases. Problems of internet access were stated as a major problem hindering effective use of online groups in Nepal. Certain respondents stated students are more attracted towards sites offering entertainment. Students find it difficult to find time and many did not know how to access the group on the web. The frequent load shedding in Nepal was cited as a reason by many participants. Pressure of studies and examinations were also hindering factors. The participants had varying suggestions regarding steps to improve participation in online groups. Some of these were motivating students, provision of internet facilities, publicizing the online group better among students, making the group participation more attractive and fun, informing students clearly about the objectives of the group and the process and advantages of participation. Demonstrating the online group in Wednesday's MH session and using the group in the module like submitting student assignments using it were also recommended. See table 1 at page 85.

Discussion

Participation in the KISTMC Medical Humanities group was not satisfactory. Many students were aware of the group but did not join in for various reasons. A major reason cited was paucity of internet facilities in the college. Another reason was difficulty finding time due to the hectic academic schedule. Certain respondents were unaware of the group's existence.

Online learning groups are not very common in South Asia but are likely to do so in the future. To the best of our knowledge this was only the second time that an online group was used to support a module in medical education in Nepal. The low participation is a matter of concern and the main implications of the study are the reasons given for low participation and steps which can be taken for improvement.

The internet is widely used to support learning in medical education. The National Taiwan University College of Medicine is using an integrated learning prototype with an online syllabus, discussion boards, online talk, interactive case studies, virtual classrooms with video on demand (VOD) and internet medical resources to facilitate student learning.[3] In the United States, influence of a web based technology (WebCT) on small group problem based learning interactions was studied in a veterinary medical education program.[4] The facilitators and students became more familiar with technology and facilitators interacted in a more approachable and caring manner with the students. In Spain an internet based thematic learning network supporting a multidisciplinary community of doctoral students was shown to be as effective as traditional teaching in increasing knowledge.[5] At the University of British Columbia, Vancouver, Canada MEDICOL

(Medicine and Dentistry Integrated Curriculum Online) provides a variety of web-based resources that act as important adjuncts to the teaching components of the medical and dental undergraduate curriculum.[6] The WebCT course management system can track students' progress, present curricular information, promote interactions among students and instructors and deliver self-directed learning material.

KISTMC is a new medical school in Lalitpur. The initial plan was to provide a laptop to each self-financing student and provide Wi-Fi internet facilities in the campus. This has been postponed to a later date due to financial constraints. At present internet access is provided through a set of computers in the college library for faculty members and students. The library functions from 8 am to 8 pm on all working days and is closed on Saturday, the weekly off and on other holidays. Most students are day scholars and commute daily to the college. The college working hours are from 8 am to 4 pm. The schedule is tight and these factors may make it difficult for students to access the internet.

Due to financial reasons we are not able to afford a separate web site for the MH group. The options before us were to either use Google groups or Yahoo groups. A problem we found was it was possible to access a Google group only if you had a Gmail account. Certain students had their e-mail accounts in Hotmail or Yahoo and were not able to access the group. They could have created new accounts in Gmail (a free service) but did not do so. In Canada, a faculty online discussion group following a workshop did not succeed. Time and competing demands were identified as major barriers.[7] Faculty members did not perceive the need or the usefulness of the online discussion group. Faculty members comfort with technology could also have been a factor. In Canada an internet-based program on evidence-based medicine was offered to physicians.[8] Time constraints, lack of personal discipline and unfamiliarity with computers were cited as important barriers to completing the course.

The authors were familiar with the listserv used by the fellows and faculty members of the Foundation for the Advancement of International Medical Education and Research (FAIMER) Institute at Coimbatore, India. The main advantage was that it was an e-mail based listserv. Each discussion appeared in the e-mail as a thread which could be followed. In the Google group, the participants could be e-mailed once new material was posted. But they still had to open the group webpage.

We did not demonstrate to the students how to access and use the group during the weekly session, clarify the advantages of joining and how it could add to learning. We plan to do this during the next MH module for a new batch of students. The authors of an article state that a feeling of group or community is very important for success in a virtual learning environment.[9] Policies and procedures for posting to the group should be laid down. It is important to design activities which would really pull in the students to the community and create a site which is welcoming, easy to navigate and to post messages. The Google group site is well designed and easy to navigate and post messages. The group owner could customize the site to a certain extent. Submitting assignments through the site could be an interesting method to ensure participation. We plan to try this with the new batch of students. The new batch would be given membership in the existing KISTMC MH group. This would serve to increase

interaction between the present and new batch of students. The present batch would again be invited to join the group after a demonstration of its advantages. The lack of internet facilities in the classroom and the auditorium where the module is conducted could be a problem in demonstrating the group. Online discussion groups linked to curricula are not common in Nepal to the best of our knowledge in medical education. The group had a total of 23 members of which twelve were students. Two students who were group members did not participate in the study. The group members felt the group was useful. As already mentioned we are planning initiatives to increase awareness and participation in the group in future.

The study had limitations. Only 58 students participated. Two group members did not participate. Information was collected using a descriptive questionnaire. Certain participants did not fill in all the required demographic information. The questionnaire was administered in English, the language of instruction. Some students were not fully comfortable with the language as could be found on reading their responses to various questions.

Conclusion

The KISTMC MH group was not successful and steps for improvement must be taken in future sessions. The study evaluates student opinion regarding an online learning group in Nepal and suggests that lot more work has to be done to make these groups successful in a Nepalese context.

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Table I: Demographic characteristics and answers to questions requiring a yes/no response of the students who participated in the study.

Characteristic		Number (percentage)*
Gender	Male	37 (63.8)
	Female	18 (31)
Ethnic/caste group	Brahmin	17 (29.3)
	Chettri	7 (12.1)
	Newar	8 (13.8)
	Others	4 (6.9)
Native place	Kathmandu valley	26 (44.8)
	Other towns	17 (29.3)
	Remote areas	3 (5.2)
Aware about MH group	Yes	49 (84.5)
	No	8 (13.8)
Online curriculum groups good idea	Yes	55 (94.8)
	No	1 (1.7)
Member of MH group	Yes	10 (17.2)
	No	47 (81)
MH group successful	Yes	24 (41.4)
	No	15 (25.9)
	Don't' know	14 (24.1)

* The numbers may not add up to 58 as certain respondents did not complete all the demographic information