

Research Article

Barriers to Feedback Process; Faculty and Students Point of View in an Outcome Based Education Framework at Al-Tibri Medical College

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Abstract

The process of feedback in an OBE tends to serve as a backbone in assessing performance of students. The objective of this research was to determine the barriers to the process of feedback from both faculty and students' point of view in an outcome based education framework at Al-Tibri Medical College, Karachi, Pakistan. For this purpose, a cross sectional analytical study was carried out at Department of Medical Education for a period of six months (January 2024 to June 2024). All faculty and undergraduate medical students of MBBS were enrolled according to inclusion and exclusion criteria. SPSS version 23.0 was used for data analysis. To compute association of questions with faculty and students, chi-square test was applied keeping $p < 0.05$ as statistically significant. 350 participants (64.3% female, mostly aged 18-25) were included. They identified significant barriers to effective feedback in medical education. Key issues included fear of negative comments (50%), time constraints (48.6%), and inadequate faculty training (68.6%). Faculty-student response comparisons revealed statistically significant differences in areas like faculty involvement and difficulty understanding comments. Despite differences, both groups agreed on the importance of regular feedback. These findings highlight systemic challenges, emphasizing the need for better training, timely feedback, and a supportive environment for effective communication. The study revealed crucial insights into the barriers to the feedback process at ATMC, emphasizing the need for structured feedback training for faculty, timely and comprehensible feedback for students, and addressing the fear of negative comments.

Keywords

Feedback, Health Professions Education, Outcome Based Education

1. Introduction

The quality of medical education derives from the quality of education provided to the students [1]. Paradigm shift of medical education towards outcome-based curricula's is shown to increase educational relevancy for students' real-life

practice of medicine. Almost all stakeholders develop standard operating procedures (SOPs) for their institutes for achieving the outcomes and institutional goals set by them [2]. One key principle of Outcome-Based Education (OBE) is

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linking quality of teaching-learning to achievement of learning outcomes [3].

OBE is described as an approach based on performance for mastery learning wherein fixed levels of performance are to be achieved by the students towards or by the end of their learning experience [4]. OBE approach tends to place students at the heart of educational experiences, being actively involved in learning processes which are in direct relation to futuristic learning of students roles' in terms of being effective and productive in their workplaces [5].

The process of feedback in an OBE tends to serve as a backbone in assessing performance of students. It is sometimes termed as the heart of any learning course [6]. A number of studies have established the fact that improving performance of students through effective feedback can be achieved [7]. Furthermore, effective feedback can help students in achieving the preferred learning outcomes. A clear and constructive feedback is regarded as fifth most important influencer among list of 100 factors that lead to substantial impact on achievement of students [8]. Therefore published data suggests feedback aids in improving self-understanding and imparts a positive on life-long learning and professional development of a student [9]. Effective feedback must be focused, specific and on the basis of first hand observations. It is obliged to faculty members for offering feedback frequently to students in an undergraduate and even in post-graduate program [10]. Emphasis is given that feedback remains unproductive until and unless it results in effective and constructive improvement in behavior of students [11].

The processes involving provision of relevant feedback are never free from troubles and undemanding as it may appear to be [12]. Many problems and challenges often emerge which must be encountered. One of the issues is that students might not understand the material provided to them as feedback [13]. Moreover, many times the timing, language and location used for delivering feedback holds importance in addition to apprehension by students, confidence of staff and skills offered during feedback coupled with situational and inter-personal factors, all might have an effect on the process of feedback performance [14]. Although faculty reports that they give feedback clearly and timely to students, however students don't properly follow the points of improvement, taking remarks as personal comments that lead to failure of student's improvement on feedback [15]. On the other hand, students believe that feedback received by them is negligible or ineffective, biased, unclear and judgmental. Therefore, paucity of barriers to feedback on behalf of both faculty and students persists throughout literature [16]. Which is why this study has been undertaken to address the disparity in the process of feedback? The objective of this study is to determine the barriers to the process of feedback from both faculty and students' point of view in an outcome based education framework at Al-Tibri Medical College.

2. Material and Methods

This cross sectional analytical study was carried out using non-probability convenient sampling technique at the Department of Medical Education of Al Tibri Medical College, Karachi Pakistan. The duration of study was for six months (from January 2024 to June 2024). All faculty and undergraduate MBBS students enrolled at Al-Tibri Medical College were invited via department and classroom respectively to participate in the study. The participation of both faculty and students was entirely voluntary with informed consent taken prior to filling of questionnaire.

2.1. Data Collection Procedure

For data collection, a self-structured questionnaire was used through review of published literature and prior to final distribution, was validated. Psychometrics, reliability and validity of the questionnaire was tested pre and post filling of questionnaires. In the pre-phase, three subject experts were recruited and requested to review the questionnaire in terms of content validity and feedback modifications. Reliability was checked in the 2nd phase by Cronbach Alpha using SPSS. Final version of the questionnaire contained 15 questions related to topics directly related to feedback given to students by faculty during instructional activities during modules. The questionnaire consisted of two parts, one including demographics and the second questions regarding feedback in terms of usefulness, purpose and faculty/student beliefs regarding feedback. The response to the questions was reported in the form of a 5-point Likert scale that ranged from strongly disagree (0) to strongly agree (5). At the end of the questionnaire an open-end question was included which stated both students and faculties' opinion about both current process of feedback and recommendations along with rating of the questionnaire itself.

2.2. Data Analysis

All data was first entered into Microsoft Excel and then copied to SPSS version 23.0 and analyzed therein. For quantitative variables, mean and standard deviation were reported while for qualitative variables, frequency and percentages were reported. To compute association of questions with faculty and students, chi-square test was applied keeping $p < 0.05$ as statistically significant. The open end questions at the end were analyzed through thematic analysis. Themes were identified and responses categorized on the basis of consensus between the experts.

3. Results

The study included a total of 350 participants, with a significant majority were female (64.3%, $n=225$) compared to male participants (35.7%, $n=125$). The participants were

distributed across various years of the MBBS program and faculty members. Specifically, faculty members comprised 21.4% (n=75) of the participants. Among students, 7.1% (n=25) were in their first year, 18.6% (n=65) in their second year, 20% (n=70) in their third year, 12.9% (n=45) in their fourth year, and another 20% (n=70) in their fifth year. Age-wise, the majority of participants were in the 18-25 years age group (75.7%, n=265), followed by 26-50 years (20%, n=70), and those above 51 years (4.3%, n=15).

The participants were asked a series of questions to identify barriers to the feedback process at ATMC. The responses varied, highlighting several key issues:

Feedback is not important for learning: A notable 44.3% (n=155) of participants disagreed with this statement, indicating that a significant portion of participants valued feedback. However, 34.3% (n=120) strongly disagreed, and smaller percentages were neutral (10%, n=35), agreed (4.3%, n=15), or strongly agreed (7.1%, n=25).

Giving or receiving feedback consumes a lot of time: Almost half of the participants (48.6%, n=170) disagreed that the feedback process is time-consuming. Another 20% (n=70) were neutral, while 12.9% (n=45) strongly disagreed, 18.6% (n=65) agreed, and none strongly agreed.

Students are afraid of negative comments: Fear of negative comments was a significant concern, with 50% (n=175) agreeing and 14.3% (n=50) strongly agreeing. On the other hand, 14.3% (n=50) disagreed, 2.9% (n=10) strongly disagreed, and 18.6% (n=65) were neutral.

Faculty should be trained for giving feedback: There was a strong consensus on the need for training, with 68.6% (n=240) agreeing and 21.4% (n=75) strongly agreeing. Only 4.3% (n=15) disagreed, and 5.7% (n=20) were neutral.

Faculty should be actively involved in the feedback process: A large majority supported active faculty involvement, with 61.4% (n=215) agreeing and 35.7% (n=125) strongly agreeing. Only a small fraction (2.9%, n=10) were neutral.

Feedback is not important due to increased workload: More than half (54.3%, n=190) disagreed with this notion, while 25.7% (n=90) strongly disagreed. A small percentage agreed (5.7%, n=20) or strongly agreed (5.7%, n=20), and 8.6% (n=30) were neutral.

Comments are difficult to understand by students: Understanding feedback comments was a concern, with 42.9% (n=150) disagreeing and 28.6% (n=100) being neutral. Smaller groups strongly disagreed (4.3%, n=15), agreed (18.6%, n=65), and strongly agreed (5.7%, n=20).

Students find it boring, irrelevant, and long: Feedback being perceived as boring or irrelevant was moderately agreed upon, with 30% (n=105) disagreeing and 31.4% (n=110) being neutral. Another 24.3% (n=85) agreed, 8.6% (n=30) strongly disagreed, and 5.7% (n=20) strongly agreed.

Feedback is given after a long time: Timing was an issue, with 41.4% (n=145) agreeing that feedback is often delayed, while 27.1% (n=95) disagreed and 20% (n=70) were neutral. Smaller groups strongly disagreed (2.9%, n=10) and strongly

agreed (8.6%, n=30).

It is difficult to find an appropriate method for providing feedback: Finding suitable feedback methods was challenging, with 41.4% (n=145) disagreeing, 25.7% (n=90) being neutral, and 27.1% (n=95) agreeing. A small percentage strongly agreed (5.7%, n=20).

Language barrier is a hurdle: Language was identified as a barrier by 41.4% (n=145) who disagreed, while 21.4% (n=75) were neutral, and 30% (n=105) agreed. Smaller groups strongly disagreed (4.3%, n=15) and strongly agreed (2.9%, n=10).

Feedback is not given at all: The absence of feedback was highlighted by 45.7% (n=160) who disagreed, while 25.7% (n=90) were neutral, and 12.9% (n=45) strongly disagreed. Smaller groups agreed (10%, n=35) and strongly agreed (5.7%, n=20).

Regular feedback is not given: Regularity of feedback was an issue, with 48.6% (n=170) agreeing that it is not regularly given, while 24.3% (n=85) disagreed, and 18.6% (n=65) were neutral. Smaller groups strongly disagreed (1.4%, n=5) and strongly agreed (7.1%, n=25).

Comparison of Feedback Responses from Faculty and Students

The comparison of feedback responses between faculty and students revealed significant differences in several areas, indicating a disparity in perceptions:

Q.1: Faculty and students had similar responses (Faculty: 1.94 ± 1.17 , Students: 2.09 ± 1.11 , $p=0.18$).

Q.2: Responses were also similar regarding the consumption of time for feedback (Faculty: 2.59 ± 0.92 , Students: 2.40 ± 0.94 , $p=0.1$).

Q.3: Both groups agreed on the fear of negative comments, with no significant difference (Faculty: 3.53 ± 0.92 , Students: 3.6 ± 1.02 , $p=0.55$).

Q.4: There was a marginal difference regarding the need for faculty training (Faculty: 4.2 ± 0.62 , Students: 4.04 ± 0.67 , $p=0.06$).

Q.5: Significant difference was found in the perception of faculty involvement in the feedback process (Faculty: 4.53 ± 0.61 , Students: 4.26 ± 0.48 , $p<0.001$).

Q.6: Differences were noted regarding the importance of feedback amidst workload (Faculty: 2.06 ± 1.22 , Students: 2.13 ± 0.97 , $p=0.003$).

Q.7: Perception of comment difficulty also varied significantly (Faculty: 3.06 ± 1.06 , Students: 2.7 ± 0.95 , $p=0.003$).

Q.8: Finding appropriate methods for feedback showed significant differences (Faculty: 3.24 ± 0.81 , Students: 2.77 ± 1.1 , $p<0.001$).

Q.9: Timing of feedback was significantly different (Faculty: 2.94 ± 0.94 , Students: 3.36 ± 1.05 , $p=0.001$).

Q.10: Similar responses were seen regarding the difficulty in understanding feedback (Faculty: 2.88 ± 0.84 , Students: 3.00 ± 0.99 , $p=0.11$).

Q.11: Both groups had similar views on whether feedback is boring or irrelevant (Faculty: 2.82 ± 0.99 , Students: $2.87 \pm$

0.99, p=0.72).

Q.12: There was a small but significant difference regarding regular feedback (Faculty: 2.47 ± 1.15, Students: 2.51 ± 0.99, p=0.02).

Q.13: The perception of the language barrier showed significant differences (Faculty: 3.06 ± 0.88, Students: 3.45 ± 0.98, p=0.001).

Table 1. Demographical distribution of participants included in the study (n=350).

Variables		Frequency	Percentage
Gender	Male	125	35.7%
	Female	225	64.3%
Faculty / Year of MBBS	Faculty	75	21.4%
	1 st Year	25	7.1%
	2 nd Year	65	18.6%
	3 rd Year	70	20%
	4 th Year	45	12.9%
Age Group (Years)	5 th Year	70	20%
	18-25	265	75.7%
	26-50	70	20%

Variables	Frequency	Percentage
>51	15	4.3%

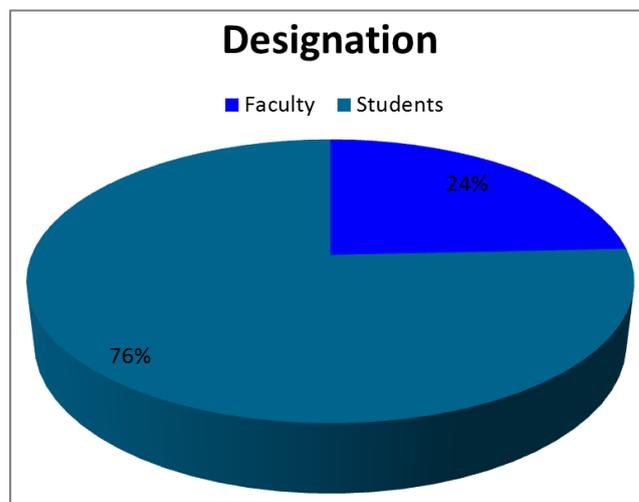


Figure 1. Distribution of participants in terms of Faculty and Students (n=350).

Table 2. Participants' response to questions about barriers to feedback process at ATMC (n=350).

Questions	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Feedback is not important for learning	120 (34.3)	155 (44.3)	35 (10)	15 (4.3)	25 (7.1)
Giving or Receiving feedback consumes a lot of time	45 (12.9)	170 (48.6)	70 (20)	65 (18.6)	0
Students are afraid of negative comments	10 (2.9)	50 (14.3)	65 (18.6)	175 (50)	50 (14.3)
Faculty should be trained for giving feedback	0	15 (4.3)	20 (5.7)	240 (68.6)	75 (21.4)
Faculty should be actively involved in feedback process	0	0	10 (2.9)	215 (61.4)	125 (35.7)
Feedback is not important due to Increased workload	90 (25.7)	190 (54.3)	30 (8.6)	20 (5.7)	20 (5.7)
Comments are difficult to understand by students	15 (4.3)	150 (42.9)	100 (28.6)	65 (18.6)	20 (5.7)
Students find it boring, irrelevant and long	30 (8.6)	105 (30)	110 (31.4)	85 (24.3)	20 (5.7)
Feedback is given after a long time	10 (2.9)	95 (27.1)	70 (20)	145 (41.4)	30 (8.6)
Its difficult to find appropriate method for providing feedback	0	145 (41.4)	90 (25.7)	95 (27.1)	20 (5.7)

Questions	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Language barrier is a hurdle	15 (4.3)	145 (41.4)	75 (21.4)	105 (30)	10 (2.9)
Feedback is not given at all	45 (12.9)	160 (45.7)	90 (25.7)	35 (10)	20 (5.7)
Regular feedback is not given	05 (1.4)	85 (24.3)	65 (18.6)	170 (48.6)	25 (7.1)

Table 3. Comparison of feedback responses from Faculty and Students (n=350).

Questions	Faculty Response	Student Response	P-value
Q.1	1.94 ± 1.17	2.09 ± 1.11	0.18
Q.2	2.59 ± 0.92	2.40 ± 0.94	0.1
Q.3	3.53 ± 0.92	3.6 ± 1.02	0.55
Q.4	4.2 ± 0.62	4.04 ± 0.67	0.06
Q.5	4.53 ± 0.61	4.26 ± 0.48	<0.001
Q.6	2.06 ± 1.22	2.13 ± 0.97	0.003
Q.7	3.06 ± 1.06	2.7 ± 0.95	0.003
Q.8	3.24 ± 0.81	2.77 ± 1.1	<0.001
Q.9	2.94 ± 0.94	3.36 ± 1.05	0.001
Q.10	2.88 ± 0.84	3.00 ± 0.99	0.11
Q.11	2.82 ± 0.99	2.87 ± 0.99	0.72
Q.12	2.47 ± 1.15	2.51 ± 0.99	0.02
Q.13	3.06 ± 0.88	3.45 ± 0.98	0.001

4. Discussion

The results of this study showed that majority of students that participated in the study were females, accounting for 64.3% of all participants. The age range was 18-25 in 75.7% participants. Overall, faculty accounted for 21.4% of respondents, therefore potential influences on the collective dynamics of feedback could have been imbalanced.

Participant's responses showed substantial barriers towards the process of feedback. Most notably, half of the students agreed upon to the fact that fear of getting negative comments did tend to significantly impact their experience towards feedback. This fact underscores a critical area with regards to improvements needs in the psychological safety of educational environments. Moreover, 68.6% respondents agreed strongly towards training the faculty essentially for provision of feedback. This suggested a gap in the effective strategies of communication within present education system. In line with the findings reported in this study, a research by Zeb NG et al

on the process of feedback process aimed at identifying challenges experienced by students as well as the faculty towards process of feedback at Majmaah University observed that 62% respondents reported students being afraid to negative comments while 70% did not consider feedback important and 72% reported feedback to be a time consuming process. The study concluded major hurdles in feedback process being lack of interest, fear of negative judgments, weak training of faculty, time constraints and language issues [17]. Likewise Hardavella G et al., also stated students seldom being interested in feedback process [18]. Wang & Kogan observed that students should keep an open mind and heart while receiving comments and keep optimistic approach [19]. Another research reported challenges in feedback process in terms of lack of faculty training, fear of students being judged negatively and poor faculty skills [20].

Another significant difference of opinions observed between students and faculty was in question related to involvement of the faculty in feedback process (Q.5) and in Q.7-difficulty in understanding the feedback comments (p<0.001 and p-0.003). Such difference highlights a contrast in both respondents' perception, emphasizing needs for alignment of feedback expectations in-between students and the faculty. One such factor in which both faculty and students were on agreement was the need for regular feedback i.e. Q.12, p-0.02. However discrepancy was reported in Q.9 regarding perception of feedback delivering methods (p-0.001). This highlights another gap in the feedback process.

Other researchers also observed that both frequency and quality of feedback caused failure of sufficient feedback process [21, 22]. One study strongly advised that the importance of feedback must be stilled into both students and faculty by making them both aware of frequency, type, language and mechanism of feedback process [23]. In yet another study done at Qassim University, half of the students were of the view that feedback in un-necessary and agreed upon presence of various barriers towards effective feedback [24].

This study included participants from a diverse group, including all years of MBBS students studying at ATMC as well as the faculty, therefore the findings could be generalized easily. Secondly, statistical comparisons between students and faculty demonstrated any notably gaps between their perception, understanding and any actionable insight in order to improve the feedback process. Specific challenges such as time consumption, fear of negative comments etc. were re-

al-world related to make the feedback process more practical.

However, the study was not free from limitations. Firstly, student presentation was much higher than the faculty, which was a known fact. Secondly all data was self-reported by the respondents. Furthermore the study was cross sectional in nature in addition to single-centered study. Further multi-centered studies with greater sample size are needed to enlighten the findings reported in this study.

5. Conclusion

The study revealed crucial insights into the barriers to the feedback process at ATMC, emphasizing the need for structured feedback training for faculty, timely and comprehensible feedback for students, and addressing the fear of negative comments. The differences in perceptions between faculty and students highlight the importance of creating a more cohesive understanding and approach to the feedback process.

Abbreviations

ATMC	Al-tibri Medical College
MBBS	Bachelor of Medicine and Bachelor of Surgery
OBE	Outcome Based Education
SOPs	Standard Operating Procedures
SPSS	Statistical Package for Social Science

Conflicts of Interest

The authors declare no conflicts of interest.

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