

Original Research Article

Perception of faculty members regarding attendance of undergraduate medical students

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ABSTRACT

Introduction

Students' attendance in medical colleges has been a topic for debate recently, because of declining class attendance in all phases of MBBS classes. It is important to understand the reasons for their absenteeism so that necessary actions may be taken to improve the attendance. This study was done to know the perception of faculty members regarding attendance of undergraduate medical students.

Methodology

A pre-validated questionnaire was circulated online to the faculty members of various medical colleges across India. The responses were tabulated and analyzed using descriptive analysis and chi-square test.

Results

168 faculty members responded to the online questionnaire. 131 (78 %) respondents felt that in recent years the attendance of undergraduate medical students is showing a decreasing trend. There was no difference in the teachers' perception of low attendance with respect to subject (clinical v/s non-clinical, 60 v/s 71, $p = 0.38$) or teaching experience (< 10 years v/s > 10 years, 46 v/s 85, $p = 0.12$). Preparation for PG entrance examination was the most perceived reason for students' low attendance (68.6 %). 66.7 % respondents felt that there should be feedback sessions with students at regular intervals to know possible other causes of absenteeism.

Conclusions

The problem of low attendance of undergraduate medical students seems to be omnipresent (across subjects and colleges). Preparation for PG entrance examinations, no penalty for low attendance, lack of trained faculty members and no regulation on teaching are the major perceived reasons for low attendance. A robust faculty training program, modifying the content delivery to suit the students' needs, contribution of Internal Assessment marks to University Assessment, contribution of UG marks for PG admissions and a strict attendance policy are the suggested remedies. A similar study is required to know the students' point of view regarding the reasons for their absenteeism.

Keywords: Absenteeism, Attendance, CBME, Faculty Development, Medical Education

INTRODUCTION

With the introduction of competency based medical education (CBME) curriculum in India, more emphasis is given to small group teachings. Hence, it is important that students attend all the sessions and classes for proper understanding of the CBME subject specific curriculum. Low attendance in class has a deterrent effect on the teaching-learning process and studies have shown that there is a positive correlation between attendance and students' performance.¹ Hence, class attendance is a crucial indicator of academic performance. The COVID-19 pandemic disrupted the delivery of medical education in whole world as physical classes stopped abruptly. But now, with normalcy being restored, physical classes have started with full fervor. However, it has been noted that student absenteeism has also increased. Hence, this study was undertaken to know the perception of faculty members regarding the trend of attendance of undergraduate medical students and also to understand the factors that may be responsible for the poor attendance and the remedies thereof.

METHODOLOGY

This cross-sectional study was conducted at a teaching hospital of western Gujarat from May 2022 to July 2022. IEC approval was taken before starting the study. An online questionnaire was prepared by the first author and validated independently by three faculty members. The questionnaire had questions pertaining to the perception of faculty members regarding the current trend of undergraduate medical students, reasons for low attendance and the remedies thereof (Annexure-1). The questionnaire was circulated to the faculty members of various medical colleges and subjects. The participation was voluntary. The responses so collected were analyzed using Microsoft Excel sheets. Descriptive analysis and chi-square test were used for analysis.

RESULTS

168 faculty members responded to the online questionnaire. 74 (44 %) members were from clinical subjects and 94 (56 %) from pre and para clinical subjects. 54 (32.15 %) members had a teaching experience of up to 10 years, while 114 (67.85 %) had a teaching experience of more than 10 years. A whopping 131 (78 %) respondents felt that in recent years the attendance of undergraduate medical students is showing a decreasing trend (Figure-1). There was no difference in the teachers' perception of low attendance with respect to subject (clinical v/s non-clinical, 60 v/s 71, p=0.38) or teaching experience (< 10 years v/s > 10 years, 46 v/s 85, p = 0.12) (Table-1). It seems that the problem of low attendance is omnipresent!

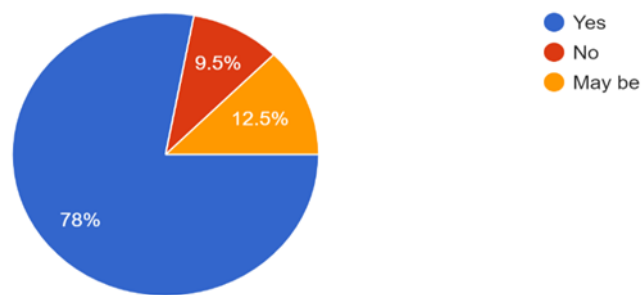


Figure-1: Number of respondents to the question: “Do you feel that in recent years the attendance of undergraduate medical students is showing a decreasing trend?”

Table-1: Relation of perception of low attendance with respect to subject, experience and designation of faculty members

| Parameter | | Number of faculty members (N) | Members who felt that in recent years the attendance of undergraduate medical students is showing a decreasing trend N (%) | P value |
|---------------------|-------------------------------|-------------------------------|--|---------|
| Teaching subject | Pre and para clinical | 94 | 71 (75.5%) | 0.38 |
| | Clinical | 74 | 60 (84.5%) | |
| Teaching experience | Less than 10 years | 54 | 46 (85.2%) | 0.12 |
| | More than 10 years | 114 | 85 (74.6%) | |
| Designation | Associate professor and above | 127 | 95 (74.8%) | 0.08 |
| | Assistant professor and below | 41 | 36 (87.8%) | |

Table-2 shows the various reasons of students' absenteeism as perceived by faculty members. Majority of respondents (68.6 %) felt that students are more interested in preparing to get admission in post graduate (PG) courses at the cost of their attendance in under-graduate (UG) classes. The other reasons of low attendance are; no punitive action for low attendance, no regulation on quality of teaching, poor quality of teaching due to increased number of medical colleges, lack of trained faculty members etc. Other reason could be easy availability of learning material on YouTube and other channels that promotes home based self-directed learning (SDL).

Table-2: Reasons for students' low attendance as perceived by faculty members

| Reasons for low attendance | Number of respondents N (%) |
|---|-----------------------------|
| Students are more interested in training for post graduate entrance competitive exams {National Eligibility Cum Entrance Test (NEET) / National Exit Test (NExT)} | 105 (68.6 %) |
| Students are not being penalized for low attendance | 88 (57.5 %) |
| There is no regulation on the quality of teaching | 52 (34 %) |
| The quality of medical teaching has decreased due to increase in number of medical colleges (Increase in number of students per college) | 48 (31.4 %) |
| Faculty members have become less interested in teaching | 47 (30.7 %) |
| There is low attendance when there is no summative assessment for subjects taught across phases (e.g., Pediatrics in Phase-2) | 39 (25.5 %) |
| There is lack of trained faculty members | 22 (14.4 %) |

Table-3 shows the measures as suggested by respondents to improve students' attendance.

Table-3: Suggested measures to improve attendance

| Suggested measures to improve attendance | Number of respondents N (%) |
|---|-----------------------------|
| Feedback sessions with students at regular intervals to know the cause of absenteeism | 102 (66.7 %) |
| Strict penalty for low attendance | 86 (56.2 %) |
| There should be some weightage of UG marks and attendance in PG admissions | 85 (55.6 %) |
| Faculty members should be adequately trained in teaching methodologies | 76 (49.7 %) |
| More emphasis on MCQ based teaching | 28 (18.3 %) |
| Students shouldn't be allowed to join coaching classes for NEET/NeXT | 25 (16.3 %) |

DISCUSSION

Absenteeism in medical colleges is not new. Few years back, during every lecture (any teacher, any subject) the classes used to be 'almost full'. Nowadays, there are more vacant seats in classes. This low attendance has a deterrent effect on the teaching-learning process.^{1,2} This study has revealed that out of 168 faculty members, who responded to the online survey, a whopping 78% felt that in recent years

the attendance of undergraduate medical students is showing a decreasing trend and this perception was common across all subjects. The aim of this study was to also understand the factors that may be responsible for the poor attendance and the remedies thereof.

Reasons for low attendance and the remedies thereof

I. Preparation for competitive examinations

Traditionally, lectures have been the mainstay of teaching to large groups. Students are trained to answer short and long subjective type questions, with less emphasis on objective assessment in the form of Multiple-Choice Questions (MCQs). However, in most of the entrance examinations for PG courses, MCQs are asked. Hence, teaching and assessment methods need to align with the students' needs. The existing non-alignment in teaching and assessment may hinder students from attending classes. Right from the day of joining a medical college students feel the pressure for preparing for PG entrance examinations by joining some training institute, and, in the process, they shun attending classes. This was also the main reason of absenteeism as perceived by the students in a previous study.³

Suggested remedies

The faculty members need to modify their content and delivery of curriculum to cater to students' needs. They need to include more MCQs in teaching-learning methodology as well as assessment without jeopardizing the knowledge component of the topic. Small Group Teaching (SGT) is an important mode to teach medicine. However, it may not be practically possible if the number of students per medical college is more with limited number of teaching faculty members. Institutional curriculum monitoring committees/subcommittees should play active role.

The authors also feel that there should be some weightage of UG marks while ranking students for PG admissions, though an element of non-uniformity (across medical colleges) may creep in. Around 16% respondents in this study suggested that the students shouldn't be allowed to join coaching classes for PG entrance preparation. The authors don't think that this is a practical or ethical solution, as in andragogy the students have the right to choose their learning methods as per their needs.

II. Lack of punitive action (Reprimand) for low attendance

As per NMC guidelines, 75% attendance in theory and 80% in clinicals/ practicals is mandatory for students to be eligible to appear for the University Assessment (UA). However, it seems that these guidelines are not strictly adhered to and students are allowed to appear for UA in spite of less attendance. Furthermore, in traditional curriculum, internal assessment marks contributed to the

final marks in university examination. Thus, students gave due importance to IA throughout the period of study. In CBME, the IA marks are only the eligibility criteria for UA and students feel that they just need to get 50% marks (and not more) in IA to sit in university examinations. This may also contribute to their low attendance.

Suggested remedies

Around 67% of respondents feel that there should be feedback sessions with students at regular intervals to know the cause of absenteeism. Constructive feedback and mentoring programs should be part of the curriculum.⁴ NMC criteria for eligibility should be strictly implemented. Instead of allowing all students to appear in UA, students with less attendance due to genuine reasons, should be given one more chance in the form of remedial measures to improve their attendance. If still they don't attend classes (get minimum attendance as per the CBME regulation) they should not be allowed to appear in UA. Application of strict attendance policy may influence student attendance.⁵ Besides being an eligibility criterion, IA marks should also contribute to rank students in university examination (as was prior to CBME implementation). This will lead them to put efforts to improve their IA marks and attend classes regularly.

III. No regulation (Guidelines) on medical teaching (Quality Control)

In the present study, 31.4% faculty members think that with a recent surge in the number of medical colleges in India, and increasing number of admissions, there is an emergent need to control quality of teaching. Around 14% of the respondents in this study also feel that there is a dearth of trained medical faculty members. A possible reason may be that with increasing number of medical colleges, the number of young faculty members, with relatively less experience in medical teaching, has also increased. Early promotions, nowadays, make faculty members as professors in 10 years, while earlier it took 12-18 years to become professor.

Suggested remedies

Peer review, students' feedback and microteaching may be useful tools to improve the quality of teaching of young faculty members. The senior faculty members should take the onus of training their juniors. There should be frequent intra-departmental review meetings to find the lacunae, if any, in teaching practices. A robust faculty development program (FDP) is the need of the hour where the faculty members are trained and periodically re-trained in medical education technologies (MET). The new generation is tech-savvy; hence a blend of physical and online teaching may improve students' participation.⁶ Use of electronic Learning Resource Materials (e-LRMs) also promotes Self Directed Learning (SDL). The criteria for promotion of faculty

members should include anonymous and blinded evaluation by the students on teaching activities of faculty. In addition, refresher course on MET should be linked with every promotion.

IV. Non-examination subjects

About one-fourth of the respondents in this study felt that attendance of students is low in subjects for which there is no summative examination in that year, e.g., Pediatrics in Phase-2. The students prioritize time to study subjects that are to be assessed at university level and, as we know, assessment drives learning, students don't feel motivated enough to attend lectures of subjects for which there is no summative assessment in that year. This reason for low attendance has also been perceived by faculty members and students of a Medical College in Pakistan.⁷

Suggested remedies

Besides formative assessment, there should be at least some form of summative assessment every year for subjects that are taught across phases. Easier said than done, it may be logistically challenging to conduct so many examinations in an already tightly scheduled academic year. Moreover, students may feel stressed if number of university examinations are increased. An alternative solution may be that the stakeholders should reconsider and restructure the subject distribution in undergraduate curriculum.

It should be realized that attendance isn't the only reason for a student to be present in the class. They are there to experience the unteachable elements of medicine such as interpersonal (peer) interaction and group dynamics that remodel their competence to face challenges they will encounter day after day. It is those million indefinable moments in this blessed journey that will shape the doctor that they will become.

CONCLUSIONS

The problem of low attendance of undergraduate medical students seems to be omnipresent (across subjects and colleges). Preparation for PG entrance examinations, no penalty for low attendance, lack of trained faculty members and no regulation on teaching are the major perceived reasons for low attendance. A robust faculty training program, modifying the content delivery to suit the students' needs, contribution of IA marks to UA, contribution of UG marks for PG admissions and a strict attendance policy are the suggested remedies. A similar study is required to know the students' point of view regarding the reasons for their absenteeism.

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Annexure-1: Online Questionnaire

1. Your Department
2. Your Designation
3. Your teaching experience (in years)
4. Do you feel that in recent years the attendance of undergraduate medical students is showing a decreasing trend?
 - Yes
 - No
 - May be
5. According to you what are the factors responsible for less attendance of students? (You can select multiple options)
 - Students are more interested in training for competitive exams (NEET/ NeXT etc.)
 - The quality of medical teaching has decreased due to increase in number of medical colleges
 - Students are no longer serious about their studies
 - Faculty members have become less interested in teaching
 - Students are not being penalized for low attendance
 - There is no regulation on the quality of teaching
 - There is low attendance when there is no summative assessment for subjects taught across phases (eg Pediatrics in Phase-2)
 - There is lack of trained faculty members
 - Other
6. What are the measures that can be taken to improve the attendance? (You can select multiple options)
 - Strict penalty for low attendance
 - There should be some weightage of UG marks (and attendance) in PG admissions
 - Faculty members should be adequately trained in teaching methodologies
 - More emphasis on MCQ based teaching
 - Students shouldn't be allowed to join coaching classes for NEET/NeXT
 - Feedback sessions with students at regular intervals to know the cause of absenteeism
 - There should be more online classes than physical (as during COVID period)
 - Other