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A QUALITATIVE STUDY OF UNDERGRADUATE MEDICAL STUDENTS' PERCEPTION ON THE QUALITYOF THE TEACHING INTERMS OF THE HIDDEN CURRICULUM

Education

V P Kumar Sriperumbuduru* Assistant professor, Department of forensic medicine & Toxicology, ASRAM Medical College, Eluru, Andhra Pradesh, India. *Corresponding Author

Navajyothi Dalayi Senior lecturer, Department of Anatomy, Perdana University Graduate College of Medicine, Malaysia.

ABSTRACT

Background & Aim: The hidden curriculum concept is established on identifying what student absorbs or the outcome that may or may not be the part of the formal course of study. Thus, "hidden curriculum is described as "hidden" because it is usually unacknowledged or unexamined by students, educators, and the community. The hidden curriculum has also been described as the unofficial expectations, unintended learning outcomes, the construction of social relations" (1). **Objective:** The quality of teaching in terms of the hidden curriculum has been identified to be an important and effective component in the educational process. This is a qualitative study that investigates the awareness of hidden curriculum among undergraduate medical students and to correlate the relationship with students' perception and academic performances. **Materials & Methods:** This is the cross-sectional study and we used a semi-structured interview to examine the undergraduate medical students' perceptions about the quality of teaching in terms of hidden curriculum. The questionnaire developed based on Dundee Ready Education Environment Measure (DREEM) which is a reliable inventory that claims to be collective to undergraduate health professions education. **Result:** Among the 300 students, 76 (25.3%) were male and 224 (74.7) were female. The results showed that positive was greater than negative perceptions among the medical students about the quality of teaching in terms of the hidden curriculum. **Conclusion:** This qualitative study conducted among the medical students in a university revealed that the medical students are aware of the components of the hidden curriculum as a basic part of their education. The students enrolled in medical sciences courses in the university generally perceived positive feedback from the educational environment.

KEYWORDS

DREEM, Hidden curriculum, medical students.

INTRODUCTION

The hidden curriculum concept is established on identifying what student absorbs or the outcome that may or may not be the part of the formal course of study. Thus, hidden curriculum is described as "hidden" because it is usually unacknowledged or unexamined by students, educators, and the community. "The hidden curriculum has also been described as including the unofficial expectations, unintended learning outcomes, the construction of social relations, and how students construct the hidden curriculum as they respond to formal statements about what is expected of them". (2) However, the effectiveness of hidden curriculum has not been abundantly used, especially in the medical field. This may occur due to the load of the formal curriculum. Qualitative studies have been functional in exploring issues regarding hidden curriculum.

MATERIALS AND METHODS

The study design based on cross-sectional Study. Study population is undergraduate medical students. Inclusion criteria include (1) age above 19 years old, (2) participant who is an undergraduate medical student and (3) participant with good mental health without any psychological disorders. Participant with these criteria must be excluded if (1) age below 19 years old, (2) participant who is not from the medical field and (3) participant with confirmed mental disorders. The sampling method that will be used for this study is the simple random sampling which falls under the subcategory of the probability sampling method. The data collection will focus more on verbal data such as interview, focus group or participant's observation. We used a focus group to examine the undergraduate medical students' perceptions about the quality of teaching in terms of hidden curriculum. The focus group participants were the students enrolled in MBBS program. Students were questioned in semi-structured interviews. Our variables included gender, age, home or dormitory living, level of education and current GPA to ensure maximum variation were obtained.

Instruments: The questionnaire developed based on Dundee Ready Education Environment Measure (DREEM) which is reliable inventory that claims to be collective to undergraduate health professions education to carry out the quality of teaching in terms of hidden curriculum. In Table 1, the guide for interpretations of DREEM scores to investigate the awareness of hidden curriculum among undergraduate medical students. Each question was given with selective answer which includes students' perception of learning (SPoL), students' perception of teaching (SPoT), students' academic self-perception (SASP), students' perception of the atmosphere (SPoA) and students' social self-perception (SSSP) and Role Model (RM). Before the interview, the students were informed about the purpose of study, methods, anonymity and a few terms such as "quality of teaching" and "hidden curriculum". Instead of comparing the perception between male and female, the assessment of the students' academic performances also obtained from their cumulative grade point averages (CGPAs). Students are categorized into groups depending on their CGPA scores. Those with >3.50 as high achievers, followed Those with <3.50 as medium achievers low achievers are with CGPA >2.90.

Statistical analysis: Data was analysed on SPSS software. Pearson correlation test was utilised to establish the relationships. P value less than 0.05 considered significant.

The Guide For Interpretations Of The DREEM Scores.

Domain	Score	Interpretation
SPoL	0 – 1	Very Poor
	2 – 3	Teaching is viewed negatively
	3 - 4	A more positive approach
	4 – 6	Teaching highly thought of
SPoT	0 – 1	Abysmal
	2 – 3	In need of some retraining
	3 – 4	Moving in the right direction
	4 – 6	Model teachers
SASP	0 – 1	Feeling of total failure
	2 – 3	Many negative aspects
	3 – 4	Feeling more on positive side
	5	Confident
SPoA	0 – 1	A terrible environment
	2 – 3	There are many issues that need changing
	3 – 5	A more positive environment
	5 – 7	A good feeling overall
SSSP	0 – 1	Miserable
	2 – 3	Not a nice place
	3 – 4	Not too bad
	4 – 6	Very good socially
RM	0 – 1	Average
	1 – 2	Good
	2 – 3	Satisfied

RESULTS

Table 1: The Scores In All Students (n=300).

	Sum	Mean	SD
SpoL	915.00	3.0500	.59048
SpoT	1056.00	3.5200	.52010

SASP	915.00	3.0500	.57904
SpoA	1104.00	3.6800	.50839
SSSP	964.00	3.2133	.68512
RM	705.00	2.3500	.54940

Table2 : Single Item Analysis Of DREEM By Different Subscales.

Items	Mean	Sd
Spol		
Followed my family's decision	3.0698	.66888
The course offered	3.0462	.54287
The teaching is often energizing/refreshing	2.8889	.77525
The teaching helps to develop my confidence and competency	3.1408	.48685
The academic strategies is student centered	3.1154	.58835
Employed with good salary	3.0200	.51468
Total	3.0500	.59048
Spot		
The teachers give clear examples during lecture	3.4792	.50485
The teachers well-prepared and sincere in teaching	3.5062	.55053
The teachers well-educated	3.5930	.49415
*The teachers are authoritarian**	3.2308	.43853
The educators have great relational abilities with students and other staffs	3.4872	.55592
Mostly, i learned things through internet (google, you tube)	3.5758	.50189
Total	3.5200	.52010
Sasp		
We are well-prepared for this semester's tasks	2.9556	.56228
I have learned enough about teamwork skills	3.0816	.57143
I have become more discipline than previous semester.	3.0290	.56805
My decision-making skills are well developed than before	3.0698	.56964
Much of what i have learned before seems relevant and useful in medical field	3.0980	.64047
Total	3.0500	.57904
Spoa		
I feel comfortable with my classmate	3.6786	.47125
I am free to ask any questions to my lecturer if i do not understand regarding the lecture	3.6829	.46820
The surroundings is conducive in classes/skill laboratory	3.6829	.52149
There are alternatives for me to enhance inter-personal skills	3.4186	.69804
The schedule is well-used	3.8333	.38348
*I find the experience disappointing**	3.7333	.45774
I am able to concentrate well in class	3.8444	.36653
Total	3.6800	.50839
Sssp		
There is a good support system for students who get stressed	3.1026	.68036
*I am exhausted to enjoy the course**	3.3243	.81833
I am enthusiasm with the course	3.2553	.60678
I have good support system for students who get stressed	3.1695	.69858
The accommodation offered is satisfying	3.3125	.47871
I know how to cope with my study and social life	3.2059	.69422
Total	3.2133	.68512
Rm		
Each teacher is a role model according to their principle, ideal, skills of patient-centred and work style	2.3364	.53100
Their role as a teacher as a role model is important for us to be a good doctor in the future	2.4034	.57223
I have been learning about ethical issues in patient care by observing the attributes of teachers	2.2838	.53687
Total	2.3500	.54940
Italic*: negative items; italic: item scored ≤ 3; bolded: true positive point		

Table 3 The Correlation Between CGPA And SPoT.

Correlations			
		CGPA	SPOT
CGPA	Pearson Correlation	1	-.120*
	Sig. (2-tailed)		.037
	N	300	300
SPOT	Pearson Correlation	-.120*	1
	Sig. (2-tailed)	.037	
	N	300	300
*. Correlation is significant at the 0.05 level (2-tailed).			

The rate of response obtained was 100% from 300 students in the university. Among 300 students, there are 76 (25.3%) were male and 224 (74.7) were female.

The Interpretations Of DREEM Scores:

The guide for elucidations of the scores is as in Table 1. In Table 2 and 3 shows the mean and standard deviation scores from this study. The overall score for the samples (n = 300) was 18.86/23.00. The results showed that positive was greater than negative perceptions among the medical students through their learning process. The score for students' motivation to study (SPoL) was 3.05/4.00 (76.25%) such as the teaching helps to develop my confidence and competency; students' perception towards lecturer (SPoT) was 3.52/4.00 (88%) such as the teachers are well-educated; students' perception towards academic performances in general (SASP) was 3.05/4.00 (76.25%) such as my decision-making skills are well-developed than before; the students' perception towards quality of teaching in terms of hidden curriculum in surroundings (SPoA) was 3.6800/4.00 (92%) such as I am free to ask any questions to my lecturer if I do not understand regarding the lecture; students' social self-perception (SSSP) was 3.9400/4.00 (98.50%) such as I know how to cope with my study and social's life and lastly on students' perception regarding teachers as a role model (RM) was 2.35/3.00 (78.33%) such as their role as a teacher as role model is important for us to be a good doctor in the future. Three items scored less than 3. One of the items was from the students' perception of learning, students' academic self-perception and role model. The students perceived that the teaching is often energizing/refreshing which motivates them to study (2.8889), students are well-prepared for this semester's tasks (2.9556), each teacher is a role model according to their principle, ideal, skills of patient-centred and work style (2.3364), their role as a teacher as a role model is important for us to be a good doctor in the future (2.4030) and the students learnt about ethical issues in patient care by observing the attributes of teachers (2.2838). Other 29 items scored more than 3.

DISCUSSION

The cross-sectional descriptive study was done with the medical students in the university and to view their perception on the quality of teaching in terms of hidden curriculum. Semi-structured interview with the questionnaire was used to collect the data from the students.

Overall, the result was statistically positive with 18.86/33.00 (57.57%). The DREEM questionnaire was used to measure overall attitude and learning environment from the students. From the scoring of SPoL, there are five items scored within 3 - 4 which are the students agreed more on a positive approach such as item 1 (3.0698) "Followed their family's decision"; 2 (3.0462) "The course offered"; 4 (3.1408) "The teaching helps to develop their confidence and competency"; 5 (3.1154) "The academic strategies is student-centred" and 6 (3.0200) "Employed with good salary". One item scored within 2 - 3 which means the teaching was viewed negatively such as item 3 (2.8889) "The teaching is often energizing/refreshing". Next, for SPoT, all of the items scored above 3 where students perceived that the teaching was moving in the right direction. Although, item 4 (3.2308) "The teachers are authoritarian" were also scored above 3 and must be revised and important to look at because it was a negative view from the students that will give a bad reputation to the faculty. In SASP, four items scored above 3 where students agreed and feeling more on positive side such as item 2 (3.0816) "I have learned enough about teamwork skills"; 3 (3.0290) "I have become more discipline than previous semester"; 4 (3.0698) "My decision-making skills are well developed than before" and 5 (3.0980) "Much of what I have learned before seems relevant and useful in medical field". One item scored below 3 such as item 1. (2.9556) "We are well-prepared for this semester's tasks" which means they need more exposure and experience on how to cope up with their task as soon as the semester begins. As the results for SPoA, all item scored above three where the

quality of teaching in terms of hidden curriculum in their surroundings was a more positive environment. Unfortunately, there was one item viewed negatively and were also high scored among the students such as item 6 (3.7333) "I find the experience disappointing". The faculty and staff must enhance and strengthen the student's pathway in a creative way in order for them to enjoy their experience and learning process throughout the year. In SSSP's result, student perceived the place was not too bad and scored above 3. For item 2 (3.3243) "I am exhausted to enjoy the course" was the highest score among the rest of the items (83%). Lastly, in RM, students perceived those teachers as a role model in their faculty were satisfied. All the items scored within 2 – 3 such as items 1 (2.3364) "Each teacher is a role model according to their principle, ideal, skills of patient-centred and work style"; 2 (2.4034) "Their role as a teacher as a role model is important for us to be a good doctor in the future" and 3 (2.2838) "I have been learning about ethical issues in patient care by observing the attributes of teachers".

Some studies established that there is a considerable influence of learning environment over the students' academic performance (3). Conversely current showed no significant relationship between academic performance and learning environment. This could be a direct result of other contributing variables that could influence their academic performance, for instance, their motivation, study habits and their ability to perform in the examinations. Another study showed a considerable influence of study habits on academic performance, in contrast to underachievers and high achievers. There was a cosy connection between poor learning habits and underachievement. High achievers had better study habits. Moreover, socioeconomic statuses and previous school foundations were significantly related to academic accomplishment (4).

Regarding positive attitude, beliefs and motivation for students to study in medicine is important because it is always an issue of concern for many years as it has been shown to improve learning process year by year (5). Personal attitude is a reflection to an individual and motivation was an encouragement for a medical student to success in the future (6).

The perception towards teachers and theme as a role model is a key for the student to improvise their credibility as a medical professional in the future. Therefore, students will learn through observation, imitation and modelling from their tutors (7).

In general, their academic performances were good and improved from time to time. They know how to make a decision precisely with their problem. Literally, the students become more optimistic and there is a good thing to learn the outcome of the hidden curriculum where it is collegiate environment because they are using each other as resources (8).

Students' perception towards the quality of teaching in terms of hidden curriculum in surroundings was great where they are able to build a rapport and good relationship with the teachers and staffs to upgrade their educational activities either formally or informally. The nature of it where once students became comfortable with their tutors or anyone, they were more likely to ask questions freely.

Regarding the student's social perception, it will be intensified and enthusiastic when the students performed successfully in both formal and informal education. It is important to get a good support system either from family, teachers or friends. From that, they will gain knowledge, practice more skills and yet become excellent in the future (9).

CONCLUSION

This qualitative study conducted among the medical students in a university revealed that the medical students are aware of the components of the hidden curriculum as a basic part of their education. The students enrolled in medical sciences courses in the university generally perceived positive feedback from the educational environment. The purpose of the study is not intended to influence the students in a negative way but to reconstruct the medical education community on how the hidden curriculum can positively influence student's education.

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REFERENCES

1. Ieva Ozolins, Helen Hall & Ray Peterson (2008) The Student Voice: Recognising the hidden and informal curriculum in medicine, Medical Teacher, 30:6, 606-611, DOI: 10.1080/01421590801949933
2. Portelli, J. P. (1993). Exposing the hidden curriculum. Journal of Curriculum Studies, 25(4), 343–358. https://doi.org/10.1080/0022027930250404
3. Lizzio, A., Wilson, K., & Simons, R. (2002). University students' perceptions of the learning environment and academic outcomes: Implications for theory and practice. Studies in Higher Education. https://doi.org/10.1080/03075070120099359
4. Ugusman, A., Othman, N. A., Abdul Razak, Z. N., Soh, M. M., Kamal Faizul, P. N. A., & Ibrahim, S. F. (2015). Assessment of learning environment among the first-year Malaysian medical students. Journal of Taibah University Medical Sciences.
5. Idris, M. E. A., &Elfakey, W. E. M. (2018). Mea Burgess, A., Goulston, K., & Oates, K. (2015). Role modelling of clinical tutors: A focus group study among medical students. BMC Medical Education. https://doi.org/10.1186/s12909-015-0303-8
6. Surement of the educational environment in MBBS teaching program, according to DREEM in College of Medicine, University of Bahri, 617–622.
7. Gardeshi, Z., Amini, M., &Nabeiei, P. (2018). The perception of hidden curriculum among undergraduate medical students: A qualitative study. BMC Research Notes, 11(1), 1–5. https://doi.org/10.1186/s13104-018-3385-7
8. Ozolins, I., Hall, H., & Peterson, R. (2008b). The student voice: Recognising the hidden and informal curriculum in medicine. Medical Teacher. https://doi.org/10.1080/01421590801949933
9. Lemp, H., Seale, C., Bloom, S., Hafferty, F., Franks, R., Hafferty, F., … Leinster, S. (2004). The hidden curriculum in undergraduate medical education: Qualitative study of medical students' perceptions of teaching. BMJ (Clinical Research Ed.). https://doi.org/10.1136/bmj.329.7469.770.