Research Article

Evaluating a Group of Medical School Students' Opinions in Terms of Quality

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Abstract

The special importance medical education has among sectors is universal, and its most important expectation is to fulfill a certain quality of standards that contribute to its basic universal perfectionism. The aim of our study is to evaluate medical students' expectations from medical education and how these expectations are realized within the academic process in terms of quality and standards. The universe of the study consists of 230 students. The students were asked two open-ended questions in order to understand what they had expected after successfully passing the student selection and placement system exam (ÖSYS) and whether their expectations had been fulfilled or not. In summarizing the data frequency, averages, standard deviation, and mean were used; the t-test was used to compare student data, with $p < .05$ assumed as statistically significant. In our study, 116 (41.4% female, 58.6% male) students were accessed between the ages of 20-28 (average age = 22.12, SD = 1.43). Their score average for the ÖSYS is 501.85 (SD = 11.85). Their native regions are the Mediterranean (54.3%) and southeastern Anatolia (28.4%). As far as quality standards, 70 students (60.3%) stated having expectations about their profession's features. Fifty percent stated their expectations had been fulfilled, 35 (30.2%) stated their expectations had not been fulfilled, and 23 (19.8%) did not state a clear opinion. The ÖSYS average score for students who stated their expectations had been fulfilled is found to be lower than the average score of those who stated their expectations had not been fulfilled. (p = .00). In our study, we observed students to have expectations about post-graduation, the academic process, and social environment in terms of the quality of standards in medical education. As a result, increasing students' knowledge levels on quality is thought able to develop their expectations positively and contribute to the quality of medical education.

Keywords

Education ⬥ Quality ⬥ Standard ⬥ Medical education ⬥ Medical student

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In line with scientific and technological developments, units that provide medical education need to update their curricula and goals with regard to ethical principles in order to achieve modern services (World Federation for Medical Education, 1998). In terms of this goal, education services should be evaluated, and measurable outputs should be revealed. Medicine has a special position among other sectors. Therefore its curriculum for professional education should be in accordance with universal competencies. The quality of education that is in line with modern and ethical medical principles and provided to doctor candidates will determine doctors' skill levels in terms of their social roles and responsibilities in the aftermath of their graduation as professionals (Özdemir Turan, 2005). Quality is a word derived from the Latin *qualitas*, which refers to how a thing comes into being. The lexical meaning of quality is defined as how something emerges; its distinctiveness through its properties (Doğan, 2002). The concept of quality refers to positive attributions in accordance with purpose of use. At the same time, quality includes the perfectness of a good or service, its compatibility with the determined conditions, and the sum of its properties based on probable needs being fulfilled (Koçel, 1999; Öner, 2007).

Assuring a doctor candidate's education occurs due to a number of standardization rules that are determined in the context of modern ethical principles. Medical education, in terms of the service quality in education, has to include certain standards of quality towards acquiring the capacities of the medical profession.

In order to achieve certain capacities, known as basic universal competencies, medical education in Turkey, with its traditional and modern structure, needs to achieve and maintain certain standards of quality. The basic competencies that medical faculty graduates should have must be adequate to meet the needs of the society where they were educated and where they will practice (Özdemir Turan, 2005). Medical education is gaining importance in terms of determining, implementing, and realizing general education standards; mutual recognizing diplomas; being able to compare institutions; and evaluating medical faculties' competencies. Standards that fulfill clear capacities, which are defined as the basic competencies of a doctor's profession, are structured in nine fields for pre-graduation education. These are the Mission and Vision educational program (curriculum), student evaluations, students, academic staff, educational resources, program evaluation, management and administration, and constant improvement, respectively (Lilley & Harden, 2003).

Two levels have been predicted for standards developed on the basis of these fields. The first level, which includes the most necessary standards to be adapted by medical faculties, is the essential factors concerning the doctor-patient relationship and medical practices that enable a professional capacity. The second level consists of standards that aim to improve the quality of medical faculties and their education

programs. This two-level handling of standards result in the emergence of convenient levels that are developed by medical faculties with different education traditions and socio-economic/cultural conditions (Gültekin, Söylemez, Dereboy, & Çiçek, 2006). Forming certain standards in medical education allows for evaluating education programs, improving curriculums, and adapting to modern levels. To form national and international standards for medical education is a step towards development and constant improvement, in addition to its subsequent achievement in education quality. Standards are often implemented towards the academic process, curriculum content, and post-graduation education of education programs. Since 2012, Mersin University's Medical Faculty has been accredited, providing education that is compatible with medical education standards.

Today, the influence of science and technology has become dominant in medical education; therefore forming general education standards compatible with modern ethical principles of medicine has become essential. Acquiring a certain level of standards in medical education, both nationally and internationally, will improve the quality of doctor candidates, who are the most recent generation of this education, as well as reward them with the title, World Doctors (Özdemir Turan, 2005). The aim of this study is to investigate medical students' expectations from the medical faculty education and their satisfaction levels in terms of quality standards.

Method

The sample of the study consists of 230 third-year students studying in the medical faculty for the 2014-2015 academic year. During their introduction to the curriculum of a medical history and ethics course called What is a Profession, the students were asked two open-ended questions concerning their expectations and whether their expectations had been satisfied. The first question was "What were your expectations after you passed the ÖSYS. The second question was "How satisfied do you think your expectations have been throughout the medical education process?" One-hundred-sixteen students replied to these questions.

In our study, student answers were coded and classified in terms of quality standards of education (concerning the profession of being a doctor, the academic process, and social life). The researcher coded their satisfaction levels for their expectations as positive, negative, or neutral. Answers that were unrelated to these questions were excluded from the study.

Students' ages and places of birth were compared using the codes stemming from their ÖSYS scores. Data summary and frequency comparison employed means, standard deviations, and *t*-tests; statistical significance was considered as $p < .05$.

Results

A total of 116 students participated in the study; 41.4% were female and 58.6% were male. The mean student age was 22.12 ($SD = 1.43$; range between 20 and 28), ÖSYS score averages were 501.85 ($SD = 11.85$). Sixty-three students were born in the Mediterranean region (54.3%), 33 were born in southeastern Anatolia (28.4%). The remaining 20 students came from other regions (17.2%).

According to quality standards, 70 students expressed having expectations about professional properties (60.3%); 20 students, about social environment (17.2%); and 26 students, about the academic process (20.4%). Fifty percent of participants stated their expectations had been satisfied, whereas 35 students stated their expectations had not been satisfied (30.2%) and 23 students did not form a clear opinion as to whether their expectations had been satisfied or not. The ÖSYS average score for students who stated their expectations had been satisfied were lower than the average score for students who expressed their expectations had not been satisfied ($p < .05$). No significant difference was identified concerning the difference in these ÖSYS average scores for students in terms of their expectations towards medical education ($p > .05$).

Discussion

Our study evaluated the expectations of third-year students in Mersin University's Medical Faculty, as well as the realization of their expectations in terms of quality and standards. Students whose expectations had been satisfied were identified to have more positive opinions towards professional life, academic process, and social environment. The standards, which were identified in this study among the student expectations, are compatible with the basic fields of pre-graduation, post-graduation, and constant medial education, which have been determined by the World Medical Education Federation on international standards in medical education programs (Lilley & Harden, 2003). Having students with positive feelings about their expectations and satisfaction is desired; this shows quality of education. According to a study in the literature, the expectations of students in medical and dentistry faculties had not been satisfied during the hospital training stage (Ekinci & Burgaz, 2007). In our study, the fact that students had positive feelings despite neither training in a hospital, which includes doctor-patient relations in a busy environment, nor receiving practical education concerning their professions, is important. Similar studies analyzed post-graduate education negatively; therefore the medical education process needs to be evaluated separately in two fields: the clinical and pre-clinical periods (Gültekin et al., 2006). In addition, the positive situation in our study might stem from professional difficulties concerning education facilities and doctor-patient relations in the hospital environment not being reflected into student education.

Doctors are expected to be trained as careful listeners and observers, communicate sensitively, and be active clinicians (Sayek, Odabaşı, & Kiper, 2010). In our study, students evaluated their expectations in detail about positive and negative situations concerning the academic process with reference to the ÖSYS and work conditions.

During coding, students were noted to evaluate their situation realistically according to the facilities and conditions. In addition, the expectations that students in our study mentioned towards the profession were particularly concerned with moral values such as helping people, receiving respect, and treating illnesses. Students motivated themselves positively to keep the professions' moral values high. Students had come from similar regions; their emphasis on and internalization of moral values may stem from similarities in socio-cultural structure. In the literature and similar to our study, Medical Faculty of Gazi University students considered the moral gain of the profession as the most important reason for deciding to choose this profession (Budakoğlu, Özkan, Maral, Bumin, & Aygün, 2002). Again similarly, Genç, Kaya and Genç (2007) study indicates that the most important factor for students in choosing medicine is the desire to help patients (86.2%).

Our study compared students' levels of achievement, expectations, and satisfaction. Students who had received higher scores on the ÖSYS were found to feel less satisfied about their expectations than students who had received lower scores. Different from other segments of society, university students have many concerns, including their expectations being satisfied by the university and employment in the future. According to research by Gizir et. al. (2010), 47% of Mersin University students earn a living with an income much lower than minimum wage. A third of them stay with their families, whereas only a few stay at state dormitories; many express that the main problem they faced during their education was economic difficulties (Gizir et al., 2010). Considering the similarities in socio-economic statuses of students in our study, this situation hinders benefitting from the facilities of modern life. Our research sample has a total of 1,822 theoretical- and 376 practical-course hours in Mersin University Medical Faculty's curriculum for their first three years. For their third year, there are 668 theoretical and 61 practical course hours. Third-year courses include ethics, medical pharmacology, nuclear medicine, medical pathology, radiology, medical biochemistry, and medical microbiology, as well as 20 different theoretical courses concerning surgical and internal sciences. In addition, the curriculum consists of more practical and professional training-oriented courses than the first- or second-year curriculum. Education in medical faculties is both longer and busier than courses in other faculties. Students in these faculties have to study devotedly to become successful (Ögenler & Selvi, 2014). Successful students' greater focus on achievement in such a busy and concerned period should be considered as they feel that their expectations have not been satisfied.

A quality medical education depends on quality of both design and process. Satisfying students' needs is both related to design (academic program) and process (curriculum, tools and materials, planning, and other factors affecting the program). Our study indicates that students mostly focus on results rather than process; therefore they make more assessments about process. Similarly in educational organizations, output (evaluation of results) and quality in design (curriculum design) is given more attention (Tezsürücü & Aybarç-Bursalıoğlu, 2013).

Quality assurance, which has become a very important concept in educational institutions, generally refers to a systematic following and evaluation of a project/service/institution in order to identify that quality standards are being met (Özer, Gül, & Küçükcan, 2010). Quality assurance is valid for all process-concerning activities such as instruction, research, publication, academic achievement, and project development in higher educational institutions. Used for achieving the aims and strategies of higher educational institutions, it is measured through a system of internal supervision system and generally evaluated by national quality assurance agencies through a system of external supervision (Özer et. al., 2010). Our study was not conducted to supervise; rather it consists of questions asked during a class to create awareness about devotion to a profession in terms of quality standards with the aim of identifying a situation in terms of the individual expectations and satisfaction of those receiving the service.

In order to comment on quality of a service, people who benefit from this service should be consulted first. In this context, institutions that provide educational medical services, quality, or productivity should ask the students being educated. However, assessment methods that are scientifically accurate, valid, and credible, are prerequisites. Our study's open-ended questions are important as they lack determinants that might lead students to certain answers; they instead allow students to express the opinions that come first into their heads. In terms of students' expectations from and satisfaction with quality standards in education, only three of the nine fields were mentioned. This is a significant finding with regard to quality-of-standards awareness. Evaluating expectations in terms of moral values can be seen as a difficult-to-measure parameter.

Students' satisfaction from expectations might change as students' information levels about quality increase. Students should be informed about quality education before they enroll in universities. In order to evaluate concretely, they should know about its inadequacies and positive properties. Thereby those who receive a service might increase their influence over educators or institutions. In this sense, students may make more conscious choices concerning universities. Medical faculty students are exposed to pressure concerning expectations of self-denial, sacrifice, thinking

about people more than themselves, and continually pursuing their work at the maximum level. The doctor profession requires intensive moral values; therefore, students can make realistic and credible comments only if they are informed about the profession's quality of standards.

Finally, this pilot study is thought to be able to positively contribute to students' levels of being satisfied from their expectations. Moreover, this study is considered able to contribute to the developing a proper curriculum that is compatible with the quality of standards for improving students' capabilities as doctors in line with medical ethical principles.

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