Evaluation of faculty: Are medical students and faculty on the same page?

Aburawi, Elhadi; McLean, Michelle; Shaban, Sami

Published in:
Sultan Qaboos University Medical Journal

Licence:
CC BY-ND

CLINICAL & BASIC RESEARCH

Evaluation of Faculty
Are medical students and faculty on the same page?

*Elhadi Aburawi,[1] Michelle McLean,[2] Sami Shaban[3]

تقييم أعضاء هيئة التدريس

هل طلاب الطب وهيئة التدريس متفقان؟

الهادي أبوراوي، ميشيل ماكلن وسامي شعبان

ABSTRACT: *Objectives:* Student evaluation of individual teachers is important in the quality improvement cycle. The aim of this study was to explore medical student and faculty perceptions of teacher evaluation in the light of dwindling participation in online evaluations. *Methods:* This study was conducted at the United Arab Emirates University College of Medicine & Health Sciences between September 2010 and June 2011. A 21-item questionnaire was used to investigate learner and faculty perceptions of teacher evaluation in terms of purpose, etiquette, confidentiality and outcome on a five-point Likert scale. *Results:* The questionnaire was completed by 54% of faculty and 23% of students. Faculty and students generally concurred that teachers should be evaluated by students but believed that the purpose of the evaluation should be explained. Despite acknowledging the confidentiality of online evaluation, faculty members were less sure that they would not recognise individual comments. While students perceived that the culture allowed objective evaluation, faculty members were less convinced. Although teachers claimed to take evaluation seriously, with Medical Sciences faculty members in particular indicating that they changed their teaching as a result of feedback, students were unsure whether teachers responded to feedback. *Conclusion:* Despite agreement on the value of evaluation, differences between faculty and student perceptions emerged in terms of confidentiality and whether evaluation led to improved practice. Educating both teachers and learners regarding the purpose of evaluation as a transparent process for quality improvement is imperative.

Keywords: Evaluation Studies; Faculty; Feedback; Medical Students; Undergraduate Medical Education; United Arab Emirates.

الملخص: الهدف: تقييم المتعلم للمعلمين بشكل فردي أمر مهم في دورة تحسين الجودة. هدف البحث إلى استكشاف رؤية طلبة الطب وأعضاء هيئة التدريس نحو تقييم المعلم. الطريقة: أجريت هذه الدراسة في كلية الطب والعلوم الصحية في جامعة الإمارات في دولة الإمارات العربية المتحدة. تم استخدام استبيان يحتوي على إحدى وعشرين بندا على مقياس بخمسة نقاط (ليكرت) لتقييم رؤية كلا من المتعلم و أعضاء هيئة التدريس في تقييم المعلمين من حيث الغرض والآداب والسرية النتائج: أكمل الاستبيانات 54% من أعضاء هيئة التدريس و23% من الطلاب. اتفق هيئة التدريس والطلاب عموما على أهمية تقييم المعلمين من قبل الطلاب فرديا ، ولكن بعد شرح واف للغرض من التقييم. على الرغم من إقرار الكلية على سرية التقييم عبر الإنترنت كان المعلمون أقل ثقة من إمكانية تعرفهم على شخصية المتعلمين من خلال التعليقات الفردية، إلا أن أعضاء هيئة التدريس كانوا أقل اقتناعا. على الرغم من أن المعلمين ادعوا بأنهم يأخذون التقييم على محمل الجد، وبالذات معلمو المراحل الأولى ويقومون بإحداث تحسينات في المنهاج وفي تدريسهم بناء على هذه التعليقات، إلا أن الطلاب كانوا أقل اقتناعا بذلك. الخلاصة: على الرغم من الاتفاق العام بشأن قيمة تقييم المعلم، برزت خلافات بين أعضاء هيئة التدريس والطلاب من حيث التحقق من السرية ورد فعل المعلمين للتقييم، وإن ما كان سيؤدي إلى تحسين العملية التعليمية أم لا. نوصي بتثقيف المعلمين والمتعلمين بخصوص الغرض من التقييم مع أهمية الشفافية وضمان السرية لتحسين الجودة و تشجيع المشاركة.

مفتاح الكلمات: التقييم؛ أعضاء هيئة التدريس؛ ردود فعل؛ طلاب الطب؛ التعليم الطبي للمرحلة الجامعية الأولى؛ دولة الإمارات العربية المتحدة.

Advances in Knowledge
- This study confirmed that there was reasonable agreement between teachers and students on the value of teacher evaluation.
- The study also found, however, that faculty and student perceptions differed in terms of confidentiality, what teachers do with evaluation feedback and whether the process of evaluation leads to improved practice.

Application to Patient Care
- Improvements in the medical education of students will indirectly improve patient care once the students have completed their studies.
- The evaluation of individual teachers should be a transparent process for quality improvement; educating teachers and learners regarding the purpose of evaluation is vital.

Departments of ¹Pediatrics and ³Medical Education, College of Medicine & Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates; ²Faculty of Health Sciences & Medicine, Bond University, Gold Coast, Queensland, Australia
*Corresponding Author e-mail: e.aburawi@uaeu.ac.ae

> - *To this end, findings from the study indicated that guaranteeing the confidentiality of students' comments would encourage their participation in the feedback process.*
> - *Furthermore, evaluation should be rationalised, with the recognition that student input is only one part of the evaluation process.*

ACADEMIC FACULTY MEMBERS ARE generally not appointed for their teaching prowess; instead, their publication history and grant records are often the deciding factors for their appointment. Increasingly, however, it is being recognised that teaching is a scholarly activity requiring specific skills and deliberate practice.[1] The evaluation of teachers by learners as well as peers is therefore a valuable tool, serving as both a formative (e.g. feedback to improve practice) and summative (e.g. promotion or tenure) measure.[2,3] Feedback from learners is also an important part of the quality improvement cycle, not only in terms of courses and programmes but also for the professional development of individual educators.[3–5] As students are at the coalface of the delivered and the informal or 'hidden' curriculum, their perceptions of learning provide feedback to improve the 'experienced' curriculum.[6] Successful quality assurance in teaching and learning, however, has several requirements, not least of which is establishing a culture of continuous improvement in which learners and teachers develop a sense of ownership of and commitment to a transparent evaluation process.[4,5,7–9]

The College of Medicine & Health Sciences (CMHS) at the United Arab Emirates University (UAEU) is a federal institution providing medical training for Emirati students. Faculty members, who are generally recruited internationally, are mostly male even though female students outnumber their male counterparts at a ratio of approximately 4:1. The CMHS curriculum consists of three courses each of two years' duration: the Medical Sciences Course (MSC), Organ Systems Course (OSC) and Clinical Sciences Course (CSC). During the MSC, OSC and CSC, students complete 10 units, 11 modules (including Clinical Skills) and 10 clerkships, respectively. In MSC, the teaching format is largely didactic, while OSC comprises a hybrid problem-based learning (PBL) approach. In CSC, approximately six students rotate through several specialties over a period of two years. Units, modules and clerkship rotations usually run for six weeks. One week prior to the end-of-course examination in each unit, module or clerkship, students are informed of the availability of an anonymous online evaluation, which comprises 10 short statements relating to the unit, module or clerkship they have just completed. Two open-ended items are included: *What contributed the most to your personal and professional development during this unit/module/rotation?* and *What can be improved in this unit/module/rotation?* Students also evaluate their teachers or tutors and these evaluations are used for annual professional development as well as for re-contracture and promotion purposes.

Student participation in online evaluation has steadily declined to below 30% over the past few years. Although regularly discussed at various committees, students and faculty are divided on how to address this issue. Reservation has been expressed about the confidentiality of online evaluation. Faculty members have also complained about receiving personal, sometimes derogatory, comments. In light of the dwindling student responses to the regular evaluation of courses in the six-year medical programme at UAEU, this study set out to investigate teachers' and learners' perceptions of individual teacher evaluation. It was hoped that the survey would provide insight into why students do not participate in evaluation, a common phenomenon in higher education.[9–11] The present study therefore sought to identify student and academic perceptions of and concerns about evaluation.

Methods

All academics and students at the CMHS were invited by email to participate in a web-based survey between September 2010 and June 2011, with two follow-up reminder e-mails being sent to encourage participation. On the opening screen of the survey, participants were informed that completion was taken as consent to participate.

The 21-item online questionnaire was adapted from Schmelkin *et al*.'s 16-item pen and paper faculty rating inventory and used to canvas student and faculty perceptions about evaluation in terms of its purpose, value, confidentiality, the etiquette required and the academics' response to the evaluation.[6,12] Two items were removed from the original inventory as the survey was web-based; six items were added relating to local context and based on informal faculty and student comments about evaluation. The staff version of the questionnaire mirrored the student version. The English language instructor read the questionnaire to check its suitability for students with English as a second language. A five-point Likert scale was used with 1 = strongly disagree and 5 = strongly agree. Two

Table 1: Demographic details of the faculty and students participating in the survey

Participants	Demographic information	n
Faculty		52
	Title	
	Assistant Professor	15
	Associate Professor	22
	Professor	15
	Academic responsibility	
	Premedical (MSC and OSC)	20
	CSC	32
	Teaching experience	
	>8 years	34
	<8 years	18
Students		80
	Gender	
	Male	14
	Female	66
	Course	
	MSC	38
	OSC	28
	CSC	14

MSC = Medical Sciences Course; OSC = Organ Systems Course; CSC = Clinical Sciences Course.

open-ended items were included to allow students and faculty to comment on any issue relating to evaluation and to provide suggestions for improvement. Participants were assured of the anonymity of their data.

Data were downloaded to a Microsoft Excel file and imported into the Statistical Package for the Social Sciences (SPSS), Version 19 (IBM, Corp., Chicago, Illinois, USA). Given the categorical nature of these variables, non-parametric tests were chosen. The Mann-Whitney U test was used for two-group comparisons (i.e. staff *versus* students; males *versus* females; medical science *versus* clinical courses; years in academia, etc.) and the Kruskal-Wallis test was used to compare more than two groups (i.e. student level and academic rank). Significance was adjusted for multiple testing using the Holm-Bonferroni method.[13] The sample size was too small to perform factor analysis. Cronbach's alpha was 0.38 for the learner survey and 0.30 for the faculty survey. This low internal consistency is probably due to the small sample size of the students and the diverse background of the faculty.

Ethical approval for this study was obtained from the Al Ain Medical District Human Research Ethics Committee, UAEU (Protocol No. 2010/30) in May 2010.

Results

In total, 52 (54%) faculty members and 80 (23%) students completed the questionnaire. By course, the response rates were as follows: MSC (47.5%), OSC (35%) and CSC (17.5%) [Table 1].

While the results of the study suggest general agreement in terms of the need for evaluation and who should perform the evaluation, faculty and student perceptions were not always congruent with respect to its purpose and process and issues concerning confidentiality [Table 2]. Both faculty and students (seniors, in particular) were unanimous that the purpose of evaluation should be explained to students at the outset of their studies.

Responses to the two open-ended items indicated that evaluation etiquette was a crucial factor. Some faculty members (17%), mainly in the MSC, indicated that they had received derogatory comments, while some students (9%), particularly juniors, admitted to making such comments [Tables 2 and 3].

While respondents were generally comfortable with the security and confidentiality of the online evaluation, with 61% agreeing or strongly agreeing, faculty members (particularly clinicians [50%], assistant professors [53%] and academics in academia less than eight years [53%]) were less convinced than the students (59% agreeing or strongly agreeing) [Tables 2 and 3].

Interestingly, the timing of the evaluation was questioned by students, who suggested that it should be more rather than less frequent. This was mostly because they believed that teachers would be more likely to make changes during the semester if the students could comment during the semester, rather than at the end. In this way, the students themselves would benefit from any changes rather than the next cohort of students. As one second-year male MSC student commented, "Mid-unit evaluations that the teachers will look at is better for the student because it may help us during the unit not that it will help students in the next year. This will give the students the hope that it will be useful for them." In addition, evaluation just prior to an examination was not ideal, according to students, as they were too busy and would either hurry through it or not even attempt it. Another interesting comment was that evaluation should take place immediately following the final examination so that both the teachers and the assessment itself could be evaluated.

In terms of evaluation outcome, students were less convinced than faculty that teachers responded to student feedback [Tables 2 and 3], with responses from OSC and CSC learners suggesting that students

Table 2: Faculty (n = 52) and student (n = 80) responses on a five-point Likert-scale to the adapted 21-item questionnaire in terms of confidentiality, purpose, outcome and etiquette (1 = strongly disagree, 5 = strongly agree)

Item	Faculty/student	Mean score ± SD	Mann-Whitney U
Confidentiality			
Student comments/evaluation of individual instructors/teachers are confidential and should be for his/her/my eyes only.	Student	3.20 ± 1.39	0.002*
	Faculty	2.46 ± 1.18	
Teachers/instructors can recognise individual student comments in the evaluation they receive.	Student	3.23 ± 0.95	0.000*
	Faculty	2.35 ± 1.12	
I am comfortable with the security (i.e. confidentiality) of the online evaluation system.	Student	3.59 ± 1.20	0.863
	Faculty	3.67 ± 1.01	
Evaluators			
Faculty members should not be evaluated by students.	Student	1.63 ± 1.06	0.370
	Faculty	1.67 ± 0.93	
In general, student evaluations do not provide any useful feedback to individual teachers/instructors.	Student	2.20 ± 0.89	0.185
	Faculty	2.02 ± 0.86	
Peers (i.e. other faculty members) are better than students at evaluating teaching ability.	Student	1.98 ± 0.93	0.005*
	Faculty	2.59 ± 1.22	
The culture allows students to objectively evaluate an individual's teaching ability.	Student	3.56 ± 0.73	0.000*
	Faculty	2.83 ± 1.11	
Students are not sufficiently qualified to judge teaching ability.	Student	2.18 ± 1.10	0.443
	Faculty	2.30 ± 1.06	
Evaluation process			
Students write comments only when they feel very positively about the teacher/instructor.	Student	2.66 ± 1.18	0.134
	Faculty	2.37 ± 1.17	
Most students take evaluation seriously.[†]	Student	2.80 ± 1.11	0.819
	Faculty	2.72 ± 1.04	
The purpose of evaluation should be explained to students at the outset of their studies.	Student	4.21 ± 0.84	0.479
	Faculty	4.28 ± 0.92	
Evaluation of individual units/modules/clerkships does not need to be done every unit/module/clerkship.	Student	2.00 ± 0.98	0.022
	Faculty	2.48 ± 1.24	
Individual teacher evaluations for each unit/module/clerkship are time-consuming for students to complete.	Student	2.78 ± 1.09	0.618
	Faculty	2.67 ± 1.20	
The current FMHS criteria against which students evaluate instructors is adequate.	Student	3.06 ± 0.85	0.767
	Faculty	3.09 ± 1.03	
Response to evaluation			
Teachers frequently make changes to their teaching in response to student evaluations.	Student	3.40 ± 0.92	0.000*
	Faculty	3.91 ± 1.01	
Instructors do not take the students' written feedback/comments seriously.	Student	2.76 ± 0.93	0.000*
	Faculty	1.69 ± 0.87	
It is difficult to get students to complete evaluations because they believe that the faculty does not respond to their feedback.	Student	3.41 ± 1.12	0.037
	Faculty	3.04 ± 1.08	
Teachers should view student comments collectively rather than responding to individual student comments.	Student	3.80 ± 1.21	0.383
	Faculty	3.70 ± 1.09	
Student comments should not be used for a teacher's promotion.	Student	3.10 ± 1.27	0.719
	Faculty	3.02 ± 1.30	
Etiquette			
Faculty members can manipulate their ratings (i.e. receive high scores) through certain behaviours and interactions with students.	Student	3.09 ± 1.11	0.057
	Faculty	3.43 ± 1.34	
I have made a derogatory (insulting) personal comment about a teacher in an evaluation.	Student	1.93 ± 1.03	0.062
	Faculty	2.28 ± 1.14	

SD = standard deviation; FMHS = Faculty of Medicine & Health Sciences.
Significant using the Holm-Bonferroni method starting at alpha 0.05/21, then 0.05/20, etc.[13] [†]Only 79 students responded to this question.

Table 3: Responses of the faculty of the Medical Sciences (n = 20) and Clinical Sciences (n = 32) courses on a five-point Likert-scale to the adapted 21-item questionnaire in terms of confidentiality, purpose, outcome and etiquette (1 = strongly disagree, 5 = strongly agree)

Item	Course	Mean ± SD	Mann-Whitney U
Confidentiality			
Student comments/evaluations are confidential and are for my eyes only.	MSC	2.30 ± 1.08	0.581
	CSC	2.53 ± 1.27	
Teachers/instructors can recognise individual student comments in their evaluation.	MSC†	2.26 ± 1.05	0.606
	CSC	2.44 ± 1.11	
I am comfortable with the security (i.e. confidentiality) of the online evaluation system.	MSC	4.25 ± 0.64	0.001*
	CSC	3.34 ± 1.06	
Evaluators			
Faculty members should not be evaluated by students.	MSC	1.95 ± 1.05	0.048
	CSC	1.47 ± 0.80	
In general, student evaluations do not provide useful feedback to me as an individual teacher/instructor.	MSC	2.00 ± 1.03	0.540
	CSC	2.03 ± 0.74	
Peers (i.e. other faculty members) are better than students at evaluating teaching ability.	MSC	2.95 ± 1.57	0.239
	CSC	2.38 ± 0.87	
The culture allows students to objectively evaluate an individual's teaching ability.	MSC	2.70 ± 1.22	0.442
	CSC	2.91 ± 1.06	
Students are not sufficiently qualified to judge teaching ability.	MSC	2.50 ± 1.28	0.361
	CSC	2.16 ± 0.85	
Evaluation process			
Students write comments only when they feel positive about/happy with the teacher/instructor.	MSC	2.30 ± 1.30	0.475
	CSC	2.44 ± 1.13	
Most students take evaluation seriously.	MSC	2.60 ± 1.19	0.380
	CSC	2.84 ± 0.95	
The purpose of evaluation should be explained to students at the outset of their studies.	MSC	4.50 ± 0.61	0.243
	CSC	4.13 ± 1.07	
Evaluation of individual units/modules/clerkships does not need to be done for every unit/module/clerkship.	MSC	2.75 ± 1.37	0.518
	CSC†	2.45 ± 1.09	
Individual teacher evaluations for each unit/module/clerkship are time-consuming for students to complete.	MSC	2.90 ± 1.37	0.395
	CSC†	2.58 ± 0.99	
The current FMHS criteria against which students evaluate instructors is adequate.	MSC	3.20 ± 1.06	0.774
	CSC	3.06 ± 1.05	
Response to evaluation			
I frequently make changes to my teaching in response to student evaluations.	MSC	4.30 ± 0.80	0.017
	CSC	3.72 ± 1.05	
I don't take students' feedback/comments seriously.	MSC	1.75 ± 0.91	0.594
	CSC	1.63 ± 0.87	
It is difficult to get students to complete evaluations because they believe that the faculty does not respond to their feedback.	MSC	3.15 ± 1.18	0.618
	CSC	2.94 ± 1.05	
Teachers should view student comments collectively rather than responding to individual student comments.	MSC	3.55 ± 1.28	0.598
	CSC	3.78 ± 1.01	
Student comments should not be used for promotion (i.e. should not be summative).	MSC	3.25 ± 1.48	0.271
	CSC	2.84 ± 1.14	
Etiquette			
Faculty members can manipulate their ratings (i.e. receive high scores) through certain behaviours and interactions with students.	MSC	3.60 ± 1.47	0.308
	CSC	3.35 ± 1.14	
I have received a personal comment that I consider derogatory (insulting) from students in evaluations.	MSC	2.80 ± 1.28	0.007
	CSC	1.84 ± 0.77	

SD = standard deviation; MSC = Medical Sciences Course; CSC = Clinical Sciences Course; FMHS = Faculty of Medicine & Health Sciences.
*Significant using the Holm-Ferroni method starting at alpha 0.05/21, then 0.05/20, etc.;[13] †One response missing.

do not complete evaluations if they think faculty do not respond to the feedback, with 85% agreeing or strongly agreeing. In terms of teachers making changes to their practice as a result of evaluation feedback, clinical teachers (81%) appeared to be less likely to do so [Table 3].

Only a single student made a comment about how an academic might respond to negative feedback. According to that commenter, a first-year female MSC student, "The teacher might not like what he/she reads therefore might develop some kind of 'grudge' or whatever against a certain batch [cohort] due to evaluation because they are incapable of accepting criticism".

In this study, all students were Emirati nationals while the academics were mainly expatriates. Although students strongly agreed that the 'culture' allowed them to evaluate their teachers objectively (63% agreeing or strongly agreeing), faculty members were less convinced (31% agreeing or strongly agreeing) [Tables 2 and 3]. The following comments offer some insight into their responses from both student and staff perspectives. One member of the Medical Sciences faculty wrote, "Student evaluation is often used for re-contracture, promotion. In this culture, faculty who are 'tough' on students, make them work, etc. are sometimes punished by students in the evaluation." One member of the clinical faculty commented on the cultural difficulties students might face in evaluating professors: "Students worry about evaluating people badly out of cultural respect and out of worry that this will come back to them in the future."

Discussion

In general, the findings of this survey indicate that the learners and faculty of the CMHS at UAEU were "on the same page" in terms of the purpose and process of evaluation, with both parties viewing evaluation as a valuable tool for improving courses and programmes and for informing teachers' professional development. The process, however, needs to be transparent and the feedback received needs to be seen to be acted upon.[4] This study identified several issues that should be addressed if evaluation is to serve its purpose better; this may in turn translate into improved learner participation. While these issues have emerged in a particular institutional context and perhaps 'culture', the authors believe that these issues are not unique to this setting as they address the foundations of quality evaluation.

A clear message that emerged from the findings was the need for a common understanding of the purpose, process and etiquette of evaluation. This could be achieved by explaining the evaluation process, including confidentiality, at the outset of a learner's studies. Being transparent about the anonymity of responses might encourage participation, while being informed of the expectations of the evaluation process might obviate the derogatory comments some students indicated they had made and some faculty indicated they had received. A first-year female CSC student suggested a further way of addressing this problem: "Maybe some students use this evaluation to insult teachers. So, maybe someone should filter the comments before giving it to the teachers because they work hard and it is not 'ethical' to use the evaluation to convey personal opinions about a person rather than their way of teaching and I am sure that receiving such comments is disturbing!" In addition, although only one student commented on the potential of a negative response by the faculty member towards their evaluation, it is a reminder that such a reaction is possible on the part of the individual being evaluated. This reaffirms the need for confidentiality to be emphasised in all aspects of the evaluation process.

Furthermore, academics need to understand that evaluation is a two-way process: if learners provide quality feedback, teachers need to be seen responding appropriately.[9] In addition, teachers need to view student comments collectively rather than taking umbrage at individual comments. How the institution uses evaluation is also important, as one medical science faculty member commented, "It will be beneficial to us only if faculty know it is not punitive and also accept some of the comments at face value." Unfortunately, evaluation is too often perceived and used as a wedge to obstruct advancement and not as a tool for improving teaching practice.[3]

Collectively, the findings of this study translate into a plan of action—to develop an appropriate institutional culture of mutual trust and respect where transparency of the evaluation purpose and outcomes obviate the fear of retribution, both from the perspective of the givers as well as the receivers of feedback. This culture should be one in which students can be honest, courteous and objective and teachers can reflect on the broader implications of the feedback received. This requires moving from an ethos of 'reporting' to one of 'dialogue'.[4]

Undoubtedly, the institutional context—perhaps reflecting the local 'culture'—should be taken into consideration. The context of this study, in which the students were local Emiratis and the faculty were mostly expatriate, may be considered somewhat unusual at face value. Globalisation and the increasing emergence of higher education as a business mean, however, that both learners and faculty are now

being recruited internationally.[14] In situations where different worldviews abound, unless learners and teachers are "on the same page", the purpose and value of evaluation needs to be explicitly stated and well-advertised.

The timing of the evaluation was also found to have implications. The results suggest that the common practice of scheduling evaluations just prior to a final examination may not be the best strategy as learners are busy and distracted. While there is no consensus in terms of the timing, Berk is of the opinion that the window needs to be narrow and should meet the desired purpose.[15] The suggestion from the learners to allow the evaluation to remain open until after the assessment was interesting and not unusual.[15] While this would allow more time for students to respond, it may be used by some students to comment on specific teachers whose examinations questions they had considered "difficult".

A common complaint from students was that they did not benefit from improvements implemented as a result of feedback if the evaluation was at the end of the course. Evaluation performed mid-way through the semester would address this. An alternate suggestion was to have the evaluation system open throughout the duration of the course, allowing students to provide continuous feedback and encouraging the instructor to address issues as they arose.

As academic managers, it is imperative to rationalise how, when and why evaluation is undertaken. For example, the following questions should be posed: *What is the purpose of the evaluation? Do we need to evaluate every module or course every year? Do we need to evaluate every teacher each year? When is the best time to evaluate? From where do we gather additional evidence?* If evaluation becomes a planned strategy of quality improvement with clear aims which are agreed to by all stakeholders, faculty evaluations might then be held on an "as-needed" basis (e.g. for new appointments or promotions). In addition, it is important to also decide upon what constitutes a "reliable response".[7,10,15,16] A lower response rate might provide more valid feedback than a 90% response rate in which students hurriedly complete evaluation in order to receive their grades. Qualitative approaches such as interviews and focus groups by an independent facilitator may provide a richer and more in-depth perspective on learners' experiences.[14,15,17] The benefit of a more focussed and reduced sample is that less commitment is required from each student. As a result, students can take part in a single targeted evaluation rather than all of them, which may encourage participation.[17–19] This should, however, not exclude students who wish to partipate

voluntarily.[16] Goldfarb and Morrison's model of continuous curricular feedback with a small group of trained students and faculty is appealing as it addresses many of the issues discussed.[18]

As feedback on teaching is often used summatively, it is important to acknowledge that students are not always best qualified to judge a teacher's methodology and expertise. As Berk clarifies, when student ratings are the only method being used, this runs the risk of unfair decisions about a faculty member's abilities. Ratings need to be supported by other evidence, such as peer and self-evaluation.[15]

A step in the quality improvement cycle which is often omitted is that of providing participants with feedback on the evaluation. This should not only be in terms of what changes are to be implemented as a result of their feedback but also on the quality of their individual evaluation.[9,17] This will allow for an open dialogue between course coordinators, designers and learners as well as between learners and their teachers. It would also lend credibility to the overarching purpose of evaluation, that of quality improvement, and will also hopefully encourage participation.

This study has certain limitations. Only 23% of students responded, which more or less reflects evaluation response rates reported in the literature.[9–11] In addition, students who completed the survey were probably those individuals who regularly complete such evaluations. As stated earlier, a low response to evaluation is a common phenomenon in higher education. Despite this, and also considering that these results reflect the perceptions of students and faculty at one institution in the Middle East and so may not be generalisable outside of this context, the authors believe that several important messages have emerged from this study that are applicable to the wider higher education community.

Conclusion

The aim of this research was to gain insight into the declining student response to teacher evaluations in one faculty in the Middle East. While there was reasonable consensus on the value of teacher evaluations, faculty and students differed in their responses, particularly in terms of perceptions regarding confidentiality, what teachers did with feedback and whether evaluation led to improved practice. Several important messages emerged from these results. Evaluation, with evidence from multiple sources, must be undertaken as a transparent quality improvement exercise. This requires fostering a culture of trust amongst the stakeholders. New teachers and learners therefore need to be informed as to whether

the evaluation is a formative or summative measure. Furthermore, participants should be educated on acceptable evaluation etiquette and the importance of critiquing the instructor's actions and methods rather than personality. Providing students with evidence of the outcomes of their feedback, preferably with more immediate, tangible benefits, would go a long way to developing the appropriate institutional culture. Ensuring anonymity, such as with an online system, is also key to participation.

ACKNOWLEDGEMENTS

References

1. McLean M. How to professionalise your practice as a health professions educator. Med Teach 2010; 32:953–5. doi: 10.3109/0142159X.2010.506563.

2. Snell L, Tallett S, Haist S, Hays R, Norcini J, Prince K, et al. A review of the evaluation of clinical teaching: New perspectives and challenges. Med Educ 2000; 34:862–70. doi: 10.1046/j.1365-2923.2000.00754.x.

3. Elzubeir M, Rizk D. Evaluating the quality of teaching in medical education: Are we using the evidence for both formative and summative purposes? Med Teach 2002; 24:313–9. doi: 10.1080/01421590220134169.

4. Dolmans D, Stalmeijer R, van Berkel H, Wolfhagen I. Quality assurance of teaching and learning: Enhancing the quality culture. In: Dornan T, Mann KV, Scherpbier AJJ, Spencer JA, Eds. Medical Education: Theory and Practice. Edinburgh: Churchill Livingston, Elsevier Ltd., 2011. Pp. 257–64.

5. Woloschuk W, Coderre S, Wright B, McLaughlin K. What factors affect students' overall ratings of a course? Acad Med 2011; 86:640–3. doi: 10.1097/ACM.0b013e318212c1b6.

6. Hafferty FW, Franks R. The hidden curriculum, ethics teaching, and the structure of medical education. Acad Med 1994; 69:861–71.

7. Kreiter CD, Lakshman V. Investigating the use of sampling for maximising the efficiency of student-generated faculty teaching evaluations. Med Educ 2005; 39:171–5. doi: 10.1111/j.1365-2929.2004.02066.x.

8. Macdougall CF. Evaluation: The educational context. Arch Dis Child Educ Pract Ed 2010; 95:28–32. doi: 10.1136/adc.2008.142240.

9. Anderson J, Brown G, Spaeth S. Online student evaluations and response rates reconsidered. From: www.rugby.ou.edu/content/dam/provost/documents/evaluations/evaluate-Online-Student-Evaluations-and-Response-Rates.pdf Accessed: Oct 2011.

10. Cohen-Schotanus J, Schönrock-Adema, Schmidt HG. Quality of courses evaluated by 'predictions' rather than opinions: Fewer respondents needed for similar results. Med Teach 2010; 32:851–6. doi: 10.3109/01421591003697465.

11. Veerapen K, McAleer S. Students' perception of the learning environment in a distributed medical programme. Med Educ Online 2010; 15. doi: 10.3402/meo.v15i0.5168.

12. Schmelkin LP, Spencer KJ, Gellman ES. Faculty perspectives on course and teacher evaluations. Res High Educ 1997; 38:575–92. doi: 10.1023/A:1024996413417.

13. Holm S. A simple sequentially rejective multiple test procedure. Scand Stat Theory Appl 1979; 6:65–70.

13. Harden RM. International medical education and future directions: A global perspective. Acad Med 2006; 81:S22–9. doi: 10.1097/01.ACM.0000243411.19573.58.

15. Berk RA. Top five flashpoints in the assessment of teaching effectiveness. Med Teach 2013; 35:15–26. doi: 10.3109/0142159X.2012.732247.

16. Morrison J. ABC of learning and teaching in medicine: Evaluation. BMJ 2003; 326:385–7. doi: 10.1136/bmj.326.7385.385.

17. Richardson JTE. Instruments for obtaining student feedback: A review of the literature. Assess Eval High Educ 2005; 30:387–415. doi: 10.1080/02602930500099193.

18. Goldfarb S, Morrison G. Continuous curricular feedback: A formative evaluation approach to curricular improvement. Acad Med 2014; 89:264–9. doi: 10.1097/ACM.0000000000000103.

19. Pelsang RE, Smith WL. Comparison of anonymous student ballots with student debriefing for faculty evaluations. Med Educ 2000; 34:465–7. doi: 10.1046/j.1365-2923.2000.00565.x.