

Poor lecture attendance in undergraduate surgery classes: perceptions of medical students and faculty

Muhammad Farooq Afzal¹, Shaista Arshad Jarral²

¹Professor, Head of Surgery Department PGM/AMC/LGH, ²Associate Professor, Department of Anatomy CMH Medical College, Lahore.
Correspondence to: Prof Muhammad Farooq Afzal, E-mail: mfarooqafzal@yahoo.com

ABSTRACT

Background: Classroom lectures remain the most common mode of instruction in medical colleges. However, poor attendance is usually observed in non-examination subjects. The aim of this study is to explore the perspectives of both the students and faculty about this absenteeism.

Subjects and methods: This is a descriptive research design using a cross sectional survey. The study was conducted from April to October 2013 in a public sector medical college of Lahore, Pakistan. Lecture attendance in General Surgery classes for a class was followed and reviewed from 3rd to 5th year. Then a questionnaire was designed based on group discussion with the representative sample of same students. The questionnaire was validated by expert opinions and later distributed amongst students and faculty of public medical colleges through email, Google forms and in person using non-probability sampling.

Results: The average attendance in preclinical years (3rd and 4th year) ranged from 5-15% per class whereas it was 63-78% in final year. The perspective of students differed from faculty when the lecture quality or lecturing skills (13% vs 55%) were considered but both have consensus (88% vs 100%) that nonexistence of a summative examination by the university was the main reason for absenteeism in the subject of general surgery in preclinical years.

Conclusion: Attendance is very low in public sector medical colleges of Pakistan in surgery lectures during 3rd and 4th year MBBS. There are multiple factors responsible for this absenteeism, but both the faculty and medical students had the consensus that a major reason is lack of a summative examination by the university in this subject.

Keywords:

Lecture attendance, student absenteeism, student perspective, faculty perspective, examination.

INTRODUCTION

Student engagement in classroom affects their success and achievement in academics.¹ Lecture attendance is one measure of such engagement. Since the number of students in a class in public sector medical colleges in Pakistan is large, lectures remain an efficient and the most commonly employed instructional strategy especially in major clinical subjects.² Student attendance in classroom lectures has certain advantages both for the faculty and the students. For the faculty, good class attendance provides intellectual stimulus and feedback which is critical for modifying and improving their teaching. Whereas for the students, attending classes is associated with improvement in academic and examination performance as well as professional behavior.³⁻⁷ The factors described in the literature for poor lecture attendance are students-related, course-related or faculty-related. A recent review described that common student-related factors are sickness,

marital status, job, lack of interest in the subject and drug abuse.⁸ Various studies have reported that the most important factors forcing students to miss lectures had been subject difficulty, level of student interest in the subject, existence of assessments and university examinations in the subject, social obligations, lack of motivation, class tests in other subjects, preparation for supplementary examination and participation in extracurricular activities.⁹⁻¹¹ Course-related factors relate to subject difficulty and lecture timings.^{9,10} Important faculty-related factors identified have been poor teaching methodology, non-interactive lecturing, and too much knowledge content or non-conducive learning environment in the class.⁹ Although some reports are published on students' perspectives about absenteeism in this part of the world, the perceptions of both students and faculty members about low attendance in surgery lectures in pre-final year classes, have not been further explored.^{10,11} This study aims to explore the perspectives of both the students and the faculty on poor attendance in general surgery lectures, especially during third and fourth years of MBBS. This

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Table 1. Year-wise attendance of one MBBS class in surgery lectures

Class N=100	3 rd year	4 th year	Final year
Mean (SD)	9.1 (3.9)	8.2 (3.03)	71.4 (5.34)
Range	5-15	5-13	63-78

Table 2. Poor lecture attendance: student's perspectives

Questions	1 (strongly agree)	2	3	4	5 (strongly disagree)	No Response
No professional exam	70.4%	2.2%	15.9%	2.2%	2.2%	6.8%
Lecture is boring	6.8%	11.4%	18.2%	31.8%	22.7%	9.1%
Teacher is not skillful	4.5%	2.2%	6.8%	13.6%	59.1%	13.6%
Committed to exam subjects	54.5%	15.9%	9.1%	6.8%	2.2%	11.4%
Preparation for supplementary	6.8%	2.2%	25.0%	20.5%	29.5%	15.9%
Timing of the lecture	13.6%	6.4%	42%	20%	9%	9%
Peer pressure	15%	20%	25%	10%	15%	15%
Access to online materials	5%	10%	10%	18%	32%	25%

is expected that knowledge of contributing factors would help the teaching faculty to improve teaching methodology, improve students learning and provide some directions to the concerned institutes to devise strategies for improving classroom attendance in major clinical subjects during 3rd and 4th year MBBS.

SUBJECTS AND METHODS

This was a descriptive study design using cross sectional survey method conducted from April 2013 to October 2013 in a public sector medical college at Lahore, Pakistan. After approval by the institutional review board, an informed consent was taken from all the voluntary participants.

Classroom attendance record of one MBBS class students in their 3rd and 4th years for the subject of surgery, taken by one unit of the surgery department, were reviewed. At the same time, the attendance of the same class in final year was checked. The purpose was to compare their classroom attendance in surgery during non-examination years in surgery (3rd and 4th year MBBS) with the examination year in surgery (5th year MBBS). In order to seek the students' perceptions regarding their class attendance in 3rd and 4th year MBBS, a questionnaire was designed, based on findings of preliminary group discussion with students of the same class, and sent to all the 150 students in person or through email using nonprobability sampling. A second questionnaire was designed after literature search and consensus with the subject experts and sent to 30 faculty members of the Department of General Surgery of four public sector medical colleges in Lahore using non-probability convenience sampling. Follow up emails and text messages reminders were sent to faculty every two weeks for a period of two months. The data such as frequencies and percentages were analyzed using SPSS 17.

RESULTS

Table 3. Poor lecture attendance: teacher's perspectives

Questions	1 (strongly agree)	2	3	4	5 (strongly disagree)	No response
The faculty is not trained to deliver a proper lecture	11.1%	11.1%	44.4%	33.3%	0%	0%
The lecture contents are too difficult and irrelevant in 4 th year.	0.0%	44.4%	11.1%	33.3%	11.1%	0%
The lecture theater environment is not stimulating for learning	11.1%	11.1%	22.2%	33.3%	22.2%	0%
The students do not have time because of supplementary examination and other commitments	22.2%	11.1%	22.2%	33.3%	11.1%	0%

Total of 100 students participated. There were 29 male students and 71 female students with a ratio of 1:2.4. The average attendance of medical students in the subject of surgery in 3rd and 4th years was 5-15% per year compared to 72% in the final year. This reflects a very poor class attendance during 3rd and 4th years in major subject of surgery. Table 1 shows the year wise attendance in nine lectures per year in the subject of surgery taken by one surgical unit.

Only 33% of the faculty members responded whereas students' response rate was 55%. For students, commitment to other examination subjects (80%) and lack of an end-of-year professional examination (88%) in the subject were the two main reasons for poor attendance. Whereas, poor lecturing skills (66%) and absence of end-of-year examination in surgery in 3rd and 4th years of MBBS were the main reasons of students' absenteeism for faculty. Various other reasons pointed out by students for their poor attendance were peer pressure, class tests in examination subjects and availability of online materials.

DISCUSSION

Results of this study reflect two different perspectives regarding why students remain absent from surgery lectures during non-examination years in the subject. The students' perspective is different from the faculty perspective in many ways. More than 80% of the students described that the main reason of students' absenteeism is the nonexistence of a summative professional examination at university level in 3rd and 4th year MBBS; whereas all faculty members believed this was the main reason of poor classroom attendance during these years. Hence there is a consensus on this point in both the students and the faculty. This is in

The other subjects are so difficult that students focus on these rather than surgery lectures	11.1%	11.1%	11.1%	44.4%	22.2%	0%
There is no exam at the end of the 4th year	100%	0%	0%	0%	0%	0%
Access to online materials	50%	15%	12%	8%	8%	7%

accordance with the universally accepted principle in education that ‘assessment drives learning’.^{12,13} In a large study of health care professionals, Bati and coauthors described that the students-related factors for absenteeism are mostly individual like sleeplessness, laziness and overcrowding in lectures.¹⁴ One interesting difference of opinion found was about the teaching style of the instructor. More than 60% of faculty members thought that the teaching style was an important reason of poor attendance but only 13% of the students cited this as a reason of their poor attendance in the class. Faculty members may not be fully aware of the effectiveness of their teaching style. In a similar survey, Lammers and colleagues found a consensus among the faculty and students that instructors’ attributes like enthusiasm, subject knowledge and interest, are important for students’ classroom engagement and learning.¹⁵ Times of the surgery lecture was also identified as reason for being absent, as few students could not manage to come for 8 AM lecture due to logistic issues, especially in a subject in which there will be no end-of-year examination. In a study from Karachi, Hafeez and coauthors found, timing of the lecture and preference for self-study, as the two top most reasons for not attending a class in a medical college.³ In a study by Qutub and friends, 42% students mentioned availability of online materials as one reason for not attending the lectures.¹⁶ However, 25% of students and 70% of faculty members cited this as a contributing reason for students’ absenteeism in present study. Among other reasons, peer pressure and advice by immediate senior medical students not to attend lectures was also identified as significant factor for poor class attendance. Timing of the surgery lecture was also identified as reason for being absent as few students could not manage to come for 8 am lecture due to logistic issues. Authors could not find many studies in the previously published indexed English literature on this aspect.¹⁵ There are few limitations of this study. It has low generalizability due to small sample and poor response rate from faculty and absent students. The results might not be true representative of the whole, especially senior faculty members.

CONCLUSION

Attendance in major clinical subject of surgery is very low in public sector medical colleges of Pakistan in surgery

lectures during 3rd and 4th year MBBS. There are multiple factors responsible for this, but both the faculty and students described lack of an end-of-year summative examination in these years at university level as one of the main reasons.

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