

Bridging the Feedback Gap: The Efficacy of the Strategic Student Survey in Capturing the Medical Student Experience

Kochhar K, Masseria A, Walsh S, Skillman B, Dunham J, Wallach PM
Indiana University School of Medicine

Abstract

Indiana University School of Medicine (IUSM) developed the annual Strategic Student Survey (S3) in 2018 as both a mechanism to continuously monitor compliance with LCME standards and to provide a view of the student experience and allow for timely interventions.

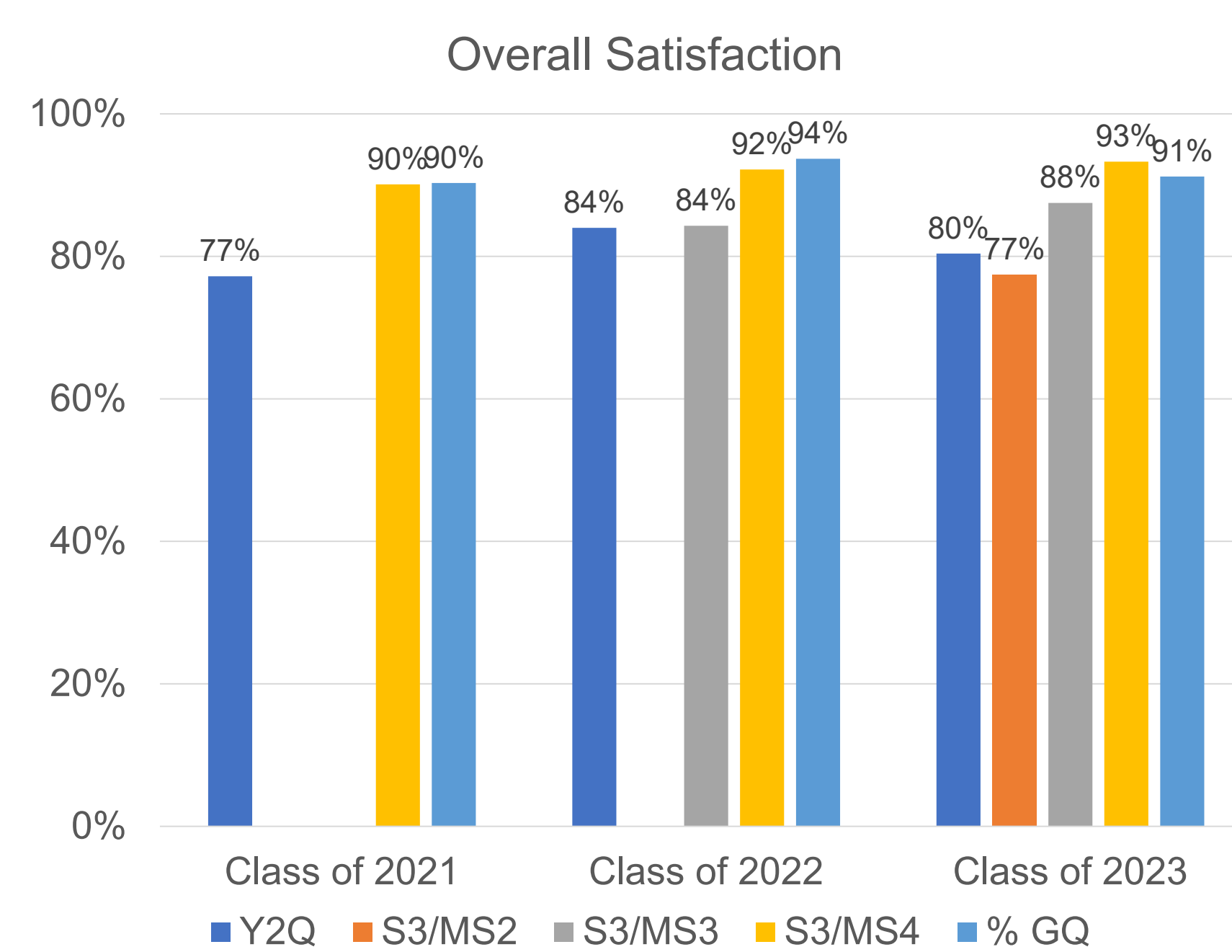
Selected items from the S3 were matched to questions asked on the in-house End of Clerkship evaluations (EOC) and the AAMC surveys – Year 2 Questionnaire (Y2Q) and Graduation Questionnaire (GQ).

The present study seeks to determine the efficacy of the S3 to complement this suite of other evaluation instruments and provide a comprehensive, longitudinal view of student satisfaction with their educational experiences.

Analysis of selected items common to all instruments shows evidence that the S3 does indeed provide a reasonable proxy for findings from other surveys.

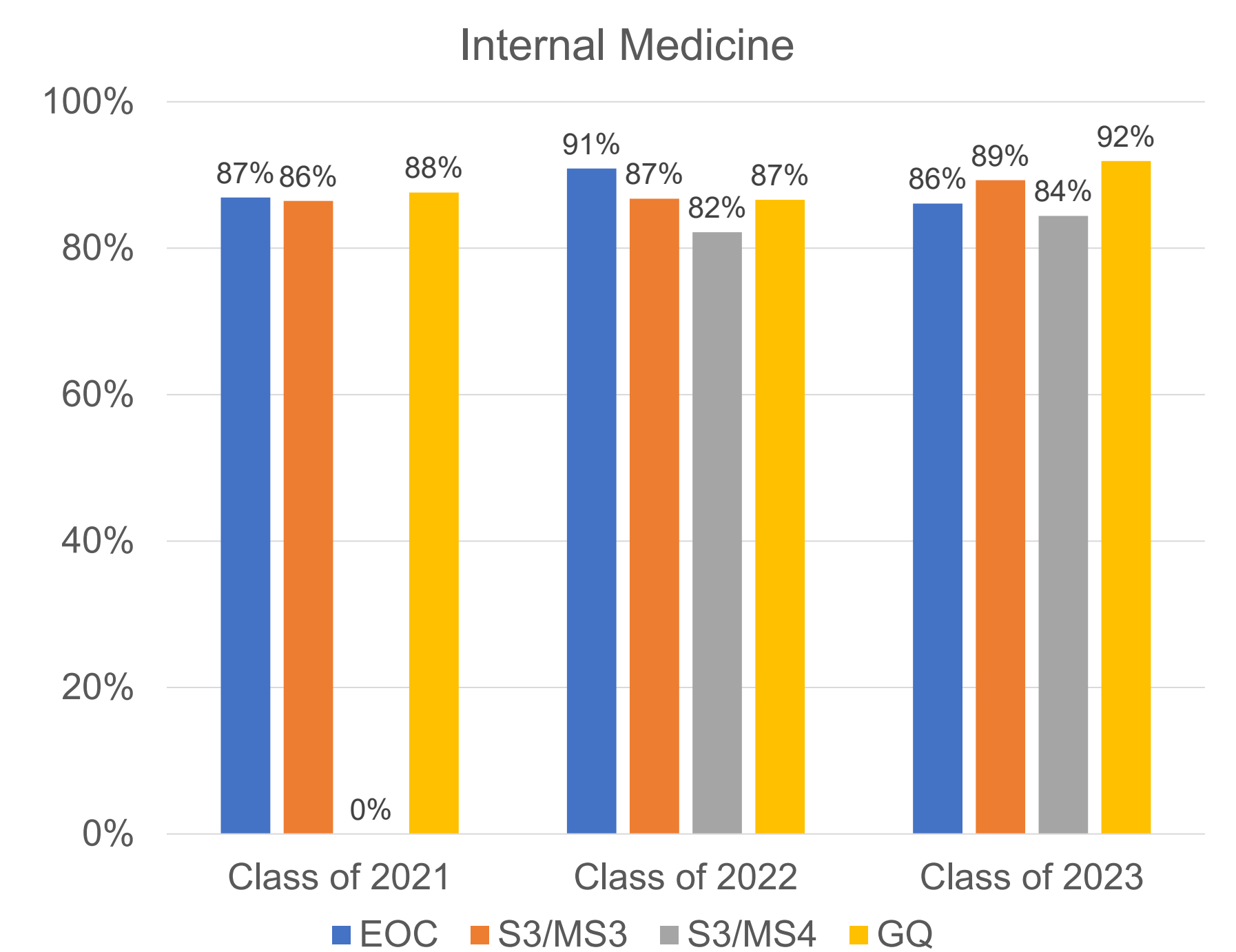
Results: Overall Satisfaction

"I am satisfied with the quality of my medical education"
(% Strongly Agree + Agree)



Results: Internal Medicine Clerkship

"Rate the quality of your educational experiences in the following required clerkship"
(% Excellent + Good)



Introduction

Originally created as a follow-up to a site visit from the LCME and modeled from the Independent Student Analysis¹, the IUSM S3 provides a comprehensive overview of the undergraduate medical student experience in six strategic areas: satisfaction with the overall educational program, pre-clerkship education, clinical education, learning environment, student support services, and administration and leadership.

The S3 has been administered annually to all students since 2018 and shares common survey items with IUSM's course and clerkship evaluations as well as survey items from the AAMC Y2Q and GQ.

Utilizing multiple methods to assess student satisfaction across the medical curriculum can provide a longitudinal view of the student experience and allow for more timely interventions.^{2,3}

As such, this study attempts to determine the extent to which findings from the S3 can be used to complement additional, longitudinal data to provide actionable, timely feedback to school leadership for curricular and institutional improvement.

Specifically, this study focused on two items common across multiple instruments and compared findings:

- "I am satisfied with the quality of my medical education."
- "Rate the quality of your educational experiences in the following required clerkships."

Interpretation

In viewing findings from the Class of 2023 (which has the most complete set of data), we can see that satisfaction with the overall program increases at the point when students complete their initial clinical training during their required, third-year clerkships, and levels off and remains generally stable in the fourth year. This trend is also visible even for classes with incomplete data.

Interpretation

Prior to the creation of S3, it was observed that impressions of the quality of required clerkships decrease or are inconsistent when comparing only EOC evaluations and findings from the AAMC GQ. The addition of an identical item on the S3 administered in both the MS3 and MS4 years provides additional context on the trajectory of student experiences in IUSM clerkships.

Summary and Conclusions

As stated previously, utilizing multiple measures of student satisfaction can help to provide a more comprehensive analysis of the undergraduate medical student experience than any one assessment could do alone. In response to the need for more information and context on the longitudinal student experience, the IUSM S3 provides timely, actionable feedback to school leadership.

With respect to overall satisfaction, we now have a more complete view of when and perhaps how students' overall satisfaction with their education increases when threading data from the S3 into findings from the AAMC Y2Q and GQ.

With respect to the quality of required clerkships, we now have more data points than the traditional EOC evaluations and the AAMC GQ that may help us to account for some of the observed inconsistencies in findings.

Strengths and Limitations

In a practical sense, the IUSM S3 provides our institution with even richer context on the student experiences in several domains. The present analysis goes one step further and plots the data to show how the S3 hypothetically also allows us to fill in gaps in information and that this survey provides a suitable proxy for other evaluations and assessments.

Certainly most, if not all, medical programs issue their own in-house surveys on a range of subjects. An instrument like the IUSM S3 could likely allow other institutions the opportunity to interpolate additional data into their evaluation plans.

While the findings were positive, there are some limitations to the scope and efficacy of this project. Although an attempt was made to group data by cohort, the instruments used – Y2Q, S3, EOC evaluations, and GQ – are all administered at different times and have different response rates which may affect the respondent pool. Also, the S3 was paused in the spring of 2020 due to the onset of the COVID-19 pandemic, and data from 2020 and 2021 are limited in some cases.

Methods

Data from three recently graduated cohorts (Classes of 2021, 2022, and 2023) were collected across multiple evaluation instruments to examine the distribution of responses and find common patterns.

For the survey item "I am satisfied with the quality of my medical education," data were compiled from the AAMC Y2Q and GQ and interpolated with findings from all available years of the S3.

The distribution of the aggregated, categorical responses "Strongly Agree" and "Agree" for this item on the S3, Y2Q, and GQ were compared across the three cohorts.

For the survey item "Rate the quality of your educational experiences in the following required clerkships," data were compiled from the in-house EOC evaluation form for eight required clerkships, the AAMC GQ and the S3 across the three graduation cohorts.

In this case, the distribution of aggregate, categorical responses "Excellent" and "Good" for each cohort were reviewed.

References

- Liaison Committee for Medical Education. Checklist of Requirements for Completing the Independent Student Analysis (ISA) for Full Accreditation Visits. 2024-2025. <https://lcme.org/publications/>
- Vahid Ziaee, Zahra Ahmadinejad, and Ali Reza Morravedji. An Evaluation on Medical Students' Satisfaction with Clinical Education and its Effective Factors. *Medical Education Online*, 9:1, 4365, 2004. <https://doi.org/10.3402/meo.v9i.4365>
- Sarah Schiekirka and Tobias Raupach. A Systematic Review of Factors Influencing Student Ratings in Undergraduate Medical Education Course Evaluations. *BMC Medical Education* 15:30, 2015. <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-015-0311-8>