



Student Trust as a Predictor of Educational Satisfaction

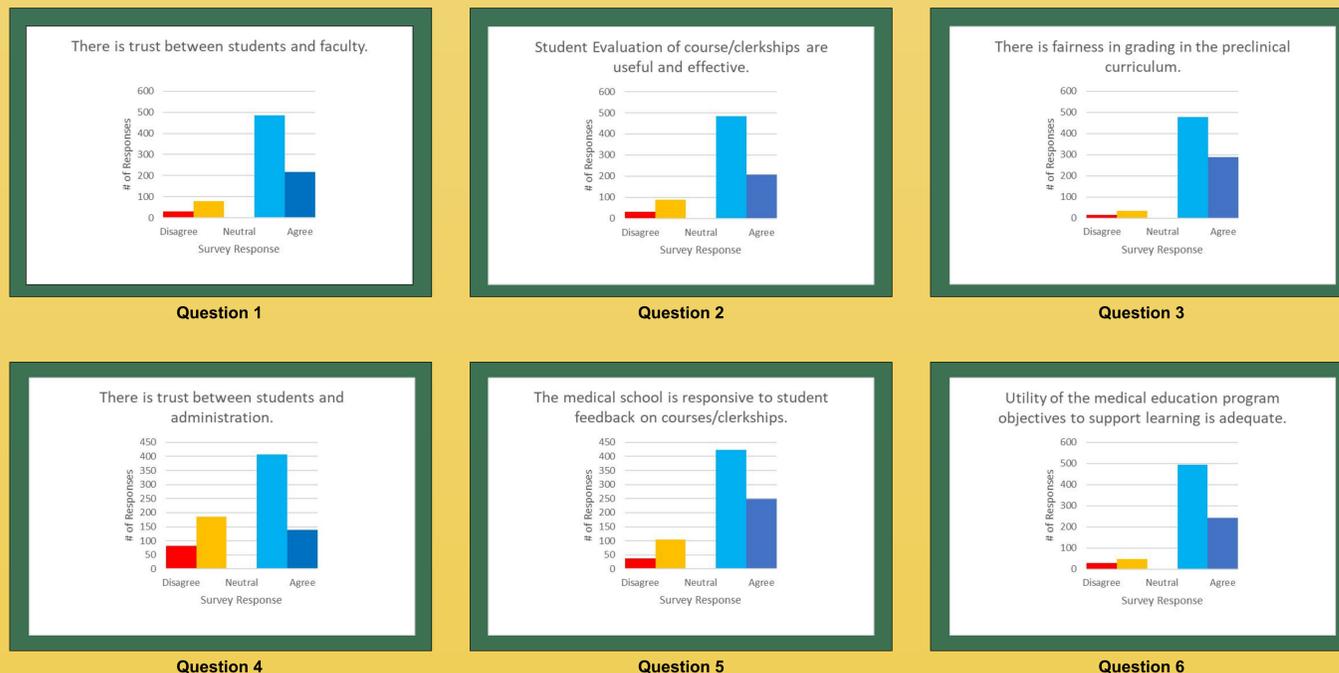
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Introduction

Just as trust, communication and feedback are imperative in establishing a proper physician-patient relationship, medical students trust their faculty and administrators to make impactful decisions on their behalf. Whether it comes to fairness in grading or assessment, application of student feedback, or how students perceive the mission of the medical school, many factors can change students' trust. However, given the contrast in roles of faculty (defined as teaching staff) and administrative staff (defined as staff with main roles other than teaching), student trust in these parties may differ. Therefore, students' trust in these parties may correlate with their satisfaction in the ability of these parties to address concerns and support students.

Lack of trust between students and faculty/administration has been documented at a national level. The 2018 Association of American Medical Colleges (AAMC) Medical Student Graduate Questionnaire reports an upward trend of "very dissatisfied" responses to the office of the dean of educational programs' responsiveness to student concerns. Additional previous research has shown a correlation between nursing student mood disturbance and lack of trust (Scarborough, 2013). In this study, student trust towards faculty will be compared to student trust towards administration to determine whether students perceive that faculty and administrators take student perspectives into account when updating curricula and policies.

Figure 1: LCME Survey Results



Methods

As part of the LCME accreditation process, a survey is distributed to the entire student body every four years and analyzed by select students. The select students in this case was a self-selected group on the student senate (Independent Student Analysis, ISA). Acknowledging the need for data regarding subjects not included on the LCME survey, the ISA committee crafted additional questions that would be distributed along with it. The survey aimed to quantify student satisfaction in sectors including support (counseling, technology, mental health), resource adequacy, financial aid, admissions, and curriculum. Survey results were analyzed by the ISA committee and written up as a formal report for distribution to appropriate constituents. After the distribution of the report, further analysis of the data was initiated – such as in this case, regarding six question items:

1. There is trust between students and faculty.
2. Student evaluation of course/clerkships are useful and effective.
3. There is fairness in grading in the preclinical curriculum.
4. There is trust between students and administration.
5. The medical school is responsive to student feedback on courses/clerkships.
6. Utility of the medical education program objectives to support learning is adequate.

Each question had five answer choices – Disagree, Slightly disagree, neutral or N/A, slightly agree, and agree. A paired two sample t-test was performed between question responses for every individual student that had answered all questions. As such, a number of responses were withheld from analysis due to incomplete or N/A responses, paring the data set down from a total of 1097 responses to 813 responses (n=813).

Results

Between the five t-tests comparing the questions, all were statistically significant ($p < 0.05$) except for one, the comparison between questions 1 and 2.

A lack of statistical significance in the comparison of questions 1 and 2 mean that the null hypothesis cannot be rejected, and no significant correlation between student trust in faculty and students' perceived effectiveness of course/clerkship evaluations can be drawn.

However, when comparing student trust in faculty (Question 1) vs student trust in administration (Question 4), the performed t-test was statistically significant as seen in table 1.

Additionally, it can be drawn from the comparison between questions 1 and 3 that student trust in faculty does correlate with students' belief that preclinical grading is fair.

Student trust in administration can be positively correlated with how they perceive the medical school's responsiveness to that same feedback, as seen in the comparison between questions 4 and 5.

Student trust in administration was also found to correlate, with statistical significance, to belief in the effectiveness of application of the medical education program objectives in supporting their learning (Questions 4 vs 6).

Table 1: T-Test Analysis Between Paired Survey Questions

Compared Questions	T-Stat	df	p
1 vs 4	16.03753	812	1.72E-50
1 vs 2	1.06340736	812	0.28791339
1 vs 3	-8.0383003	812	3.21E-15
4 vs 5	-13.3432	812	7.27E-37
4 vs 6	-17.4038	812	6.79E-58

Conclusion

The results show trust towards administration or faculty can be correlated with student satisfaction in the incorporation of their feedback.

Given the disparity between student trust in administrative staff vs faculty, effective strategies used by the faculty can serve as a template for administration. For example, faculty members at WSUSOM meet with students for curricular feedback.

Administrative staff could employ a similar strategy, allowing for real-time adjustment of operations to cater to the needs of students. By soliciting student feedback, faculty actively seek out student-generated feedback; administration may improve relations with the student body by actively seeking out feedback in the form of meetings with administration.

Administration may consider looking at curriculum load; a Journal of the American Medical Association (JAMA) commentary notes that many medical schools have condensed preclinical curriculum timewise but not contentwise (Slavin and Smith, 2019). Shortening length of preclinical timeline without content reduction likely adds to student frustration. Beyond curriculum, students are seldom given flexibility in their schedules despite having personal obligations outside of school. Trust towards administration may increase if students feel that they are trusted enough to schedule their personal and academic obligations on their own terms.

Positive impacts may include improving student mental health, board exam pass rates, admissions statistics, residency outcomes, and overall perception of the school. These recommendations may not be generalizable to all medical schools, as previous research has shown that medical student perceptions of 1st-year learning environments differs significantly based on medical school campus (Skochelak et al., 2016).

References

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doi: 10.1097/ACM.0000000000002983