

Faculty Development - Needs, Priorities and Preferences in Health Professions Education - Questionnaire-Based Descriptive Study

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Abstract

Introduction: Instructors in the health professions today must acquire knowledge and competencies. The domains necessary are teaching, assessment, curriculum support, organizational leadership, and mentoring. Most Health professions Educational Institutions support faculty development programs as a way of providing opportunities for professional and personal growth in knowledge, skills, motivation, attitude, and innovation.

Method: This is a Questionnaire based study. Two sets of questions were prepared. Questions were validated and assessed for reliability.

Total Number - 640, Administrators - 120, Faculty- 520

Result: Number of responses recorded - 423/640 (66.09%), Faculty - 349/520 (67.11%), Administrators -74/120 (61.66%).

Faculty; It is clear that only roles of teacher and presumed benefits of FDP's were observed to be significant. Significance is noticed in items roles of teacher and Newer contents of FDP. The respondents who had attended MCI have opined that it is the role of the teacher to fulfil the FDP and there are some newer content areas that should be covered in FDP.

Administrators; only significance is noticed with respect to the respondents who had attended NCI/DCI and they felt that it is better to organize FDP's. Clinical faculty felt that specialized FDP's are to be organized.

Conclusion: The need for faculty development is universal and it is clear by the responses given by the faculty.

Keywords: Faculty, Administrators, Faculty Development Programme (FDP), Attitude, Perception, Pedagogy.

Introduction

Faculty are the greatest "Human Resource" who teach knowledge and skills to students in an educational organization.

Health professions faculty were often not trained in education and primarily delivered content via lecture, a method that research suggests is not the best way to engage students and promote knowledge retention (Sutkin, 2008; Swanwick, 2008).

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Faculty development is the key component of medical education. The primary purpose of Faculty Development programs is to improve skills in instructions and professionalization of the educational activities of health professionals in colleges of medicine, dentistry, pharmacy, nursing, physical therapy, and other health professions schools (Laura, 2007; Hauer, 2008; Stritter, 1983). This will obviously benefit students and improve their performance. Many studies have reported on the characteristics of effective medical teachers

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(Leslie, 2013; Paul, 2006). Some of the commonly cited characteristics include content expertise, excellent communication skills, a non-judgmental personality, and good mentorship. There is increasing demands on medical teachers to be creative and effective teachers, successful investigators, and productive clinicians. These pressures have been derived from contemporary curriculum development, competition in the health care institutions, and from the limited resources for research. All these have emphasized that such changes entailed faculty members to attain new knowledge, diverse skills, and abilities in many aspects including, managing multiple roles and new responsibilities like clinical instruction, micro-group teaching, problem-based tutorials, case-based discussions, become mentors, and develop and evaluate new curricula.

Faculty members need to be prepared enough by faculty development program (FDP) in order to deal with the rapid changes and shifting paradigms in medical education, health care delivery systems, and clinical practice. Without such training, medical teachers are often reduced to instructors presenting their understanding of the subject by one-way lecturing. The concept of faculty development in higher education was started by Gaff in 1975 (Gaff, 1975). These included all those activities that were to help teachers to improve their teaching skills, design improved curricula, and enhance the organizational climate for education. Stritter described setting up individual consultations on teaching skills, curriculum design, and collaborative educational research (Stritter, 1983). Most Medical and Health professions Educational Institutions support faculty development programs as a way of providing opportunities for professional and personal growth in knowledge, skills, motivation, attitude, and innovation. The impact of these programs on respective institutions is unknown because sound evaluation procedures to measure their outcomes have been lacking. WHO in its mandate has emphasised the need for focusing on all health professions beyond traditional silos, with emphasis on medicine, nursing, and public health- Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World- Oct 2011. Goal is to create transformative and interdependent professional education for equity in health. In order to achieve this, WHO has envisaged few reforms in Health education.

Instructional:

- Competency-driven
- Local responsiveness with global connectivity
- Inter- & trans-professional education
- IT-empowered
- Educational resources
- New professionalism

Institutional:

- Joint planning
- Academic systems
- Global networks
- Culture of critical inquiry

In view of this, the NEED BASED faculty development programmes (FDP) are essential and the opinion from faculty and administrators should be solicited to plan for future FDP's. Our study is done to assess the attitude and perception of faculty and Administrators about FDP's in our University and to make suggestions to improve the horizon of existing FDP's.

Objectives

In order to determine educational needs of the faculty and to identify the priority-areas of faculty members' educational knowledge we conducted this study.

- To assess the attitude and perception of faculty members towards various dimensions of FDPs.
- To assess the attitude and perception of Administrators at SBVU and its constituent Colleges.

Methods

This is a validated Questionnaire based study. Two sets of questionnaire were prepared. The Questions were assessed by psychometrician. Validation of questionnaire done by senior medical educationists and by many medical education units in the country. Reliability was assessed by Statistical Method- Cronbach's alpha. One set of questionnaire regarding administrators with low score was removed. Institutional Research Council (IRC) and Institutional Human Ethics Committee (IHEC) clearance was obtained FACULTY/2018/09/17.

Final questionnaire was administered to all willing faculty and administrators under the deemed to be university (SBV). Confidentiality was ensured.

Number of Faculty and administrators in the university are,

Total Number - 640
Administrators - 120
Faculty - 520

Statistical analysis

Frequency analysis, Comparison tests using Independent samples t-test and graphs with Pie Charts were done. Results were compared at 95% Confidence level. Entire analysis was carried out in IBM SPSS 19.0 version.

Result

Total Number of faculty and Administrator's- 640 (520+120).

Total response rate - 423(65.78%)
Administrators - 74/120(61.66%)
Faculty - 349/520(67.11%)

Faculty Questionnaire-Statistical Report

The analysis is done for a questionnaire study in which the sample size is 349. The statistical analysis such as frequency analysis, graphs with Pie Charts, comparison tests using Independent samples t-test and ANOVA are carried out. The results are compared at 0.05 level of significance and the analysis is done in IBM SPSS 19.0 version.

Table 1 consists the summary statistics in which frequencies of each categories of every parameter under the study. Here the column percentages give the distribution of participants in each parameter of respective categories. Among the participants majority 111 (31.8%) belong to the age category 41-49 followed by 50-57 [105 (30.1%)] and only 63 (18.1%) are of below 40. With respect to gender distribution, males are around 211 (60.5%) and the rest are females. Majority of the faculty were from clinical departments-169 (48.4%).

From Table 2 to 6 comparisons are carried out using Independent samples t-test and ANOVA for which the groups considered are Age, Sex, MCI, NCI/DCI and Members of MEU. The observed p-value which is less than 0.05 is marked with '*' implies that they are significant. Detail description is there for each table.

It is clear that only roles of teacher and presumed benefits of FDP's are observed to be significant. This significance can be interpreted

as, "female participants feel that it is the role of teacher that has to be fulfilled and at the same time they opined that there are some presumed benefits of FDP's. - Table 3

Significance is noticed in items roles of teacher and Newer contents of FDP. The respondents who have attended MCI have opinionated that it is the role of the teacher to fulfil the FDP and there are some newer content areas that are covered in FDP. Similar interpretation can be drawn where in the respondents who have attended MEU/DEU/NEU workshops reported that newer content areas for FDP should be introduced- Table 4, 5, 6.

Administrator's questionnaire- Statistical report

Maximum number of Administrators were in the age group of 53-59 yrs. and they were predominantly males. 48% of faculty who responded to the questionnaire were from the clinical side. There were equal number of administrators who had done Basic Workshop in medical education conducted by Medical Council of India. Majority of the Administrators were members of their respective educational units- Table 7.

Members of respective educational units were in favour of organizing FDP's than non-members ($p < 0.00$), and also opined that this will improve the competencies of faculty ($p < 0.019$) - Table 8.

Clinical faculty were more in favour of organizing FDP'S than Non-Clinical faculty ($p < 0.000$). Clinical faculty were more in favour of organizing "Specialised FDP's" ($p < 0.045$) – Table 9.

Highlights of the study

- Only significance is noticed with respect to the respondents who have attended NCI/DCI and feel that it is better to organize FDP's.
- Similarly, the respondents who have attended MEU/NEU/DEU felt that FDP's are to be organized and in turn these will develop competencies in faculty.
- With respect to subject, Clinical people feel that FDP's are to be organized and there should be some specialized activities of FDP.

Comments & Suggestions

- The concept of faculty development is evolving and expanding.
- Research skills are becoming a major focus of faculty development.
- Teaching skills are still a prominent aspect of faculty development.
- The institutional environment has become a focus of faculty development.
- Faculty evaluation is an effective approach to faculty development.
- The efficacy of faculty development needs better documentation and the efficacy should be evaluated by students and faculty performance.

Discussion

Various studies have evaluated many aspects of Health Professions education. The key competencies most highly reported were “plan instructional methods and materials” (Leslie, 2013), “promote retention and knowledge and skills” (Branch, 2009), and “using appropriate teaching strategies for different levels of learners” (Branch, 2009). The most frequent competencies identified were “establish and maintain professional credibility” (Sutkin, 2008), “utilize scholarly and practical approaches in program evaluation” (Swanwick, 2008), “demonstrate teaching competence”. Most of these sentiments were echoed by the faculty and administrators in our study also.

Although HPE programs come in many forms, the general consensus is that more robust programs over a longer period of time lead to better results for faculty (Snell, 2000; Techian, 2012). Programs often reflect the needs and the culture of the host institution (Thomas, 2016). Most programs focus on individual faculty, but team-based and institution-focused approaches are growing in popularity (Thorndyke, 2006). Our study also reiterates the same opinion regarding longer term programs which address the faculty needs.

Conclusion

Professional training programs for faculty members have become essential to higher education institutions in order to be able to compete in this ever-changing world. Faculty development has become well established and has grown into a recognized activity within higher education. Professional development programs produce promising outcomes in the learning and teaching practices and many FDPs have proven effective in developing

faculty skills and educational leadership. In this ever-competitive world of education and patient care faculty development constitutes a strategic lever for institutional excellence and quality, and essentially important means for advancing forward institutional readiness to bring in the desired change in response to the ever-growing complex demands facing health professions education. In our study the response rate is only 65.78%, which is of acceptable range for qualitative questionnaire-based study (40-75%). It is encouraging to see that majority of faculty feel the necessity for “NEED based” FDP’s. Administrators are also of the opinion that Faculty should be competent, and that FDP’s go a long way to strengthen the main resource of a Higher education institutions and University.

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Conflict of Interest

The authors declare no conflict of interest.

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Appendix – I

Institutions under Sri Balaji Vidyapeeth are,

- MGMCRI- Mahatma Gandhi Medical College and Research Institute
- SSMCRI- Satya Sai Institute of Medical sciences and Research Institute
- IGIDS- Indira Gandhi Institute of Dental Sciences.
- KGNC- Kasturba Gandhi Nursing College
- AHS- Allied Health Sciences

Administrators – Vice Chancellor, Registrar, Dean Faculty, Dean MGMCRI, Dean SSMCRI, Principal-KGNC, Principal IGDIS, Principal-AHS, In charge- Medical Education, Director-HPE, All Heads of the departments- 120

Faculty- 520

Appendix – II (Questionnaire details)

Faculty

Part I

Demographic details- 9

Part II-

Roles of Teacher (RT) – 6

- Information provider in the lecture, and in the clinical context.
- Role model on-the-job, and in more formal teaching settings
- Facilitator as a mentor and learning facilitator
- Student assessor and curriculum evaluator
- Curriculum and course planner
- Resource material creator, and study guide producer

Factors to be considered-8

- Understand the institutional/organizational culture.
- Determine appropriate goals and priorities
- Conduct needs assessments to ensure relevant programming
- Develop different programs to accommodate diverse needs
- Incorporate principles of adult learning and instructional design
- Offer a diversity of educational methods
- Work to overcome commonly encountered challenges
- Evaluate - and demonstrate – effectiveness

Educational approaches to FDP- 7

- Workshops
- Seminars
- Short courses, and fellowships
- Longitudinal programs
- Peer coaching, mentorship
- Self-directed learning
- ICT -aided instruction

Content areas of FDP-10

- Clinical teaching
- Small group facilitation
- Feedback & evaluation
- Large group presentations
- Use of IT technology in teaching & learning
- Question Paper setting and Blueprinting
- How to deliver an effective lecture.
- Use of Simulation based techniques in teaching.
- Role of teacher as guide in dissertation writing and project writing.
- Competence based assessment.
- Management of E portfolios

Newer Content areas of FDP-5

- Leadership & management skills
- Academic skills & career management
- Organizational & curricular development
- Educational scholarship
- Teaching of specific content areas

Job oriented Objectives-4

- I attend FDP to get required scoring
- I attend FDP to break the monotony of job.
- I attend FDP as mandatory requirement for my Promotion
- I attend FDP to enhance my confidence and analytical skills

Obstacles to attend FDP-5

- Mounting Programme Fee restrain me from attending.
- Programmes don not meet our needs.
- Occupied with Departmental work
- Programmes are too short and less hands-on work
- No recognition/Incentives

Part III

Suggestions and comments:

Administrators

Part I

Demographic Data

Part II

Reasons to organize FDP's -9

- Academic Recognition for teachers for their contribution to Teaching.
- Organizing and delivering an effective learning intervention that is relevant for the environment.
- Facilitation of the opportunity for real-life application of acquired knowledge and skills with support.
- Promote development of a sustainable career path with opportunities for growth and advancement.
- Create Agents for change.
- Focus beyond individual teaching effectiveness.
- Develop programs that extend over time.
- Promote workplace learning.
- Foster community development.

Required Competencies of Faculty-13

- Competence in teaching large and small groups
- Competence in teaching in a clinical setting.
- Competence in facilitating and managing learning.
- Competence in planning learning.
- Competence in developing and working with learning resources.
- Competence in assessing trainees.
- Competence in evaluating courses and undertaking research in education.
- Understanding of the principles of education (the intellectual intelligences).
- Appropriate attitudes, ethical understanding and legal awareness.
- Appropriate decision-making skills and best evidence-based education.
- The role of teacher or trainer within the Health Service and the university.
- Personal development about teaching

Specialised FDP activities -8

- Specialized courses (Writing Multiple Choice Questions)
- Orientation workshop for newly recruited faculty
- Training in educational research
- Microteaching sessions for new faculty
- Basic instructional courses for all faculty
- Consultation services as and when required
- Assistance in pursuing educational projects
- Sponsoring interested faculty to pursue a degree program

Additional FDP Activities – 11

- Research methodology
- Question paper setting and Blue printing.
- Assessment and Evaluation
- Clinical research and publication and Ethics.
- Educational leadership.
- Interactive/Integrated teaching
- Teaching of higher cognitive skills
- Managing changes, and mentorship.
- oral examination/Viva Voce
- Simulation based Teaching
- Competency Based Assessment

Part III

Suggestions and Comments:

Appendix – III (Tables)*Faculty Questionnaire (Table 1- 6)***Table 1: Summary Statistics**

Characteristics	Categories	Frequency	Column Percent
Age	≤	63	18.1
	41-49	111	31.8
	50-57	105	30.1
	>58	70	20.1
Sex	Male	211	60.5
	Female	138	39.5
Subject	Preclinical	68	19.5
	Clinical	169	48.4
	Dental	101	28.9
	AHS	11	3.2
MCI Course	Yes	210	60.2
	No	139	39.8
Any Other Medical Education Course	Yes	126	36.1
	No	223	63.9
NCI/DCI	Yes	156	44.7
	No	180	51.6
	Others	13	3.7
Member of MEU/NEU/DEU	Yes	133	38.1
	No	216	61.9

Table 2: Comparison of study parameters with respect to Age

Instruments	Age	N	Mean	Std. Deviation	F-Value	P-Value
Role of teacher	≤ 40	63	15.30	1.364	1.449	0.228
	41-49	111	15.31	1.387		
	50-57	105	15.59	1.412		
	>58	70	15.17	1.464		
Presumed benefits of FDPs	≤ 40	63	30.90	1.838	2.152	0.093
	41-49	111	31.32	1.996		
	50-57	105	31.29	1.925		
	>58	70	30.67	1.991		
Factors to be considered for FDP	≤ 40	63	20.81	1.848	0.265	0.85
	41-49	111	20.55	2.057		
	50-57	105	20.64	2.140		
	>58	70	20.74	1.990		
Content areas of FDP	≤ 40	63	29.79	2.106	0.544	0.653
	41-49	111	28.88	2.152		
	50-57	105	29.94	2.084		
	>58	70	29.07	2.129		
Newer concepts of FDP	≤ 40	63	12.75	1.492	0.78	0.506
	41-49	111	12.95	1.522		
	50-57	105	12.83	1.503		
	>58	70	12.61	1.497		

Represents significance at 0.05 level

Table 3: Comparison between study parameters with respect to sex

Parameters	Sex	Number	Mean	Std. Deviation	t test (p- value)
Role of teacher	Male	211	15.16	1.497	3.374(0.001*)
	Female	138	15.67	1.203	
Presumed benefits of FDP	Male	211	30.82	1.964	3.490(0.001*)
	Female	138	31.55	1.864	
Factors to be considered for FDP	Male	211	20.65	2.044	0.089(0.929)
	Female	138	20.67	2.008	
Content areas of FDP	Male	211	29.11	1.987	1.118(0.264)
	Female	138	28.86	2.294	
Newer concepts of FDP	Male	211	12.91	1.521	1.451(0.148)
	Female	138	12.67	1.472	

Signifies confidence level at 0.05

Table 4: Comparison between study parameters with respect to MCI medical education course

Parameters	Yes/No	N	Mean	Std Deviation	t test (p-value)
Role of teacher	Yes	210	15.58	1.403	3.516(0.000*)
	No	139	15.04	1.361	
Presumed benefits of FDP	Yes	210	31.02	1.994	0.965(0.335)
	No	139	31.23	1.897	
Factors to be considered for FDP	Yes	210	20.70	2.110	0.431(0.667)
	No	139	20.60	1.902	
Content areas of FDP	Yes	210	28.97	2.105	0.434(0.664)
	No	139	29.07	2.135	
Newer concepts of FDP	Yes	210	13.18	1.306	5.835(0.0000*)
	No	139	12.26	1.617	

Signifies confidence level at 0.05

Table 5: Comparison between study parameters with respect to Nursing Council of India/Dental Council of India- Medical education course

Parameters NCI/DCI	Yes/No	N	Mean	Std. Deviation	t test (p-value)
Role of teacher	Yes	156	15.43	1.396	0.871(0.381)
	No	180	15.29	1.437	
Presumed benefits of FDP	Yes	156	31.15	1.898	0.096(0.923)
	No	180	31.13	1.984	
Factors to be considered for FDP	Yes	156	20.65	1.960	0.432(0.666)
	No	180	20.75	2.095	
Content areas of FDP	Yes	156	28.90	2.085	0.920(0.358)
	No	180	29.12	2.141	
Newer concepts of FDP	Yes	156	12.64	1.437	1.686(0.093)
	No	180	12.92	1.542	

Signifies confidence level at 0.05

Table 6: Comparison between study parameters with respect to MCI medical education course

Parameters NCI/DCI	Yes/No	N	Mean	Std Deviation	t test (p-value)
Role of teacher	Yes	133	15.30	1.456	0.656(0.512)
	No	216	15.40	1.381	
Presumed benefits of FDP	Yes	133	31.29	2.033	1.400(0.161)
	No	216	30.99	1.902	
Factors to be considered for FDP	Yes	133	20.62	1.901	0.273(0.785)
	No	216	20.69	2.105	
Content areas of FDP	Yes	133	29.61	1.696	4.243(0.000*)
	No	216	28.64	2.261	
Newer concepts of FDP	Yes	133	12.74	1.556	0.721(0.471)
	No	216	12.86	1.473	

Signifies confidence level at 0.05

Administrators Questionnaire (Table 7- 9)

Table 7: Summary statistics

Characteristics	Categories	Frequency	Percent
Age	<=44	15	20.3
	45-52	25	33.8
	53-59	21	28.4
	>60	13	17.6
	Total	74	100
Sex	Male	54	73
	Female	20	27
	Total	74	100
Subject	Preclinical	19	25.7
	Clinical	36	48.6
	Dental	19	25.7
	Total	74	100
Designation	Associate prof	47	63.5
	Professor	7	9.5
	Prof and head	16	21.6
	Dean and prof	4	5.4
	Total	74	100
MCI- Medical education course	Yes	39	52.7
	No	35	47.3
	Total	74	100
NCI/DCI- Medical education course	Yes	30	40.5
	No	44	59.5
	Total	74	100
Any Other Medical education course	FAIMER/MHPE	3	4.1
	NO	34	45.9
	NTTC Jipmer	2	2.7
	PGDHPE	3	4.1
	YES	32	43.2
	Total	74	100
Member of MEU/NEU/DEU	Yes	42	56.8
	No	32	43.2
	Total	74	100

Table 8: Comparison between study parameters with respect to member of MEU/NEU/DEU

Parameters	Yes/No	N	Mean	Std Deviation	t test (p-value)
Reasons why FDP to be organized	Yes	42	21.190	1.517	3.732(0.000*)
	No	32	22.375	1.211	
Competency of faculty needed	Yes	42	33.57	2.307	2.400(0.019*)
	No	32	32.16	2.760	
Benefits of FDP	Yes	42	40.93	1.800	1.006(0.319)
	No	32	40.44	2.271	
Specialized activities of FDP	Yes	42	19.81	1.838	1.596(0.115)
	No	32	20.44	1.544	
Additional FDP activities	Yes	42	26.62	1.975	1.292(0.201)
	No	32	27.28	2.331	

Signifies confidence level at 0.05

Table 9: Comparison between study parameters with respect to subjects

Parameters	Subject	N	Mean	Std. Deviation	F test (p- value)
Reasons why FDP to be organized	Preclinical	19	20.5263	1.3068	10.384(0.000*)
	Clinical	36	22.2500	1.2042	
	Dental	19	21.8421	1.6077	
Benefits of FDP	Preclinical	19	33.11	2.923	1.173(0.315)
	Clinical	36	32.53	2.197	
	Dental	19	33.63	2.910	
Specialized activities of FDP	Preclinical	19	41.21	1.512	1.872(0.161)
	Clinical	36	40.83	1.781	
	Dental	19	40.00	2.687	
Additional FDP activities	Preclinical	19	19.58	2.036	3.327(0.045*)
	Clinical	36	19.92	1.481	
	Dental	19	20.89	1.663	
	Preclinical	19	26.21	2.275	2.069(0.134)
	Clinical	36	27.39	1.695	
	Dental	19	26.68	2.626	

Signifies confidence level at 0.05