Reviewer's report

Title: Making Medical Student Course Evaluations Meaningful: Implementation of an Intensive Course Review Protocol

Version: 2
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Reviewer: Joy Rudland

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- Major Compulsory Revisions

The article is well written, the question is well posed, methods reasonably well described although I would like more detail about the questions from which benching marking is derived and the conclusions clear.

However, it does not describe the limitations of the study or the dangers of piece meal intensive evaluation. This brings me to my main concern, which is in the underlying philosophy of the approach. I would not use student feedback as the only source of evaluation data. I do not think this is good practice. I consider that there are inherent dangers in this approach especially on a year-to-year basis. Responding to student comment on what the student’s have received may not touch at all on what they actually do need. For example students may indicate better performance in signposting the lectures, audio visual aids used etc but actual learning may fail to improve. It also fails consider/acknowledge variations student cohort differences. There are also advantages to qualitative aspects in student feedback that does not seem to have been used in this study.

Triangulation of student data could be achieved through outcome based measures and or include staff opinion. I also have concerns for piece meal evaluation of courses as opposed to programmatic evaluation looking at the totality of the experience and development of the learner.

The data also suggest to me that after the initial scrutiny there was a plateauing effect of improvement; little reference is made to this and the implications for practice.

I am also concerned that that with this approach course / subjects (although I am unsure of the difference in the two) may aim is to get good evaluations as opposed to attempt innovative alternatives. I am also disheartened that this school seems to adopt only lectures. I am hoping that there are other learning approaches within the courses, for examples, lab., small group work, elearning, independent learning etc. I am imaging there may be a clinical skills component but I am not sure how this all fits. As the contextual information is lacking and therefore it is difficult to get a feel for the course.
It is really difficult to make judgements without seeing the questions (benchmarking) that pertain to the quality expected. In addition I have no sense how small or larger these course are or the time span covered they cover.

Most Medical Schools I know have an external body/committees/groups looking at course evaluations and have protocols to look and respond to data, very much as an audit cycle. When innovations are introduced and fail, from a student perspective based on specific questions, I wonder how this is looked upon by the committee and I wonder how it influences the behaviour of the staff?

Whilst I don’t question the finding that a protocol and committee role may enhance I do not feel able to endorse this paper as I think it sends out a limited message about the use of student evaluations and may be detrimental to innovative practice.

I don’t contend as other have done that course evaluation is demeaning to lecturers (Gray and Bergmann 2003) or corrupts the relationship between staff and students (Platt 1993) but equally I don’t think this views should be excluded.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests' below.