



Original Article

Use of Focus groups for Obtaining Feedback from III Year Undergraduate Medical students for Evaluating Module on Electives in the New Competency Driven Medical Curriculum

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ABSTRACT

Background: The Revised Regulations on Graduate Medical Education 2019 introduced Electives in the Indian MBBS curriculum, providing students opportunities for diverse learning experiences. This study evaluated the use of focus groups for obtaining student feedback on the new Elective Module.

Methods: This exploratory descriptive study was conducted from November 2024 to January 2025 among 126 third-year MBBS students. Eighteen parallel focus groups (7 students each) were conducted across two elective blocks covering six learning experiences: laboratory medicine, community outreach, research, clinical specialties, super-specialties, and urban/rural health centres. Three trained moderators conducted sessions using predefined guiding questions. Data were collected through moderator notes, student volunteer notes, and audio recordings. Thematic analysis with multiple coding, audit trail, and member checking ensured trustworthiness.

Results: All 126 students participated (62.5% female, mean age 21.1±1.7 years). Five major themes emerged: module organization, learning strategies, facilitation, learning resources, and assessment. Students appreciated structured schedules, hands-on experiences, and supportive facilitators. Key barriers included group dynamics affecting participation, language barriers, faculty time constraints, moderator inexperience, logistical challenges, and faculty resistance.

Conclusion: Focus groups proved valuable for obtaining rich qualitative feedback identifying both explicit and latent perceptions for curriculum improvement. The data demonstrated trustworthiness through multiple coding and member checking. Despite logistical challenges, focus groups effectively captured in-depth student perspectives that questionnaires may miss, supporting their judicious use alongside quantitative methods for comprehensive program evaluation in medical education.

Keywords: Focus groups, medical curriculum, electives, program evaluation, student feedback, qualitative research.

INTRODUCTION

The Revised Regulations on Graduate Medical Education, Part II 2019 have created an opportunity in the MBBS program providing students options to do Electives. An Elective is a learning experience created in the curriculum to provide an opportunity for the learner to explore, discover and experience areas or streams interest in the profession (MCI, 2020).

Electives provide the student with opportunities for diverse learning experiences, to do research/community projects that will stimulate enquiry, self-directed, experiential learning and lateral thinking. Two months are designated for elective rotations after completion of the examination at end of the third MBBS Part I and before commencement of third MBBS

Part II. It is mandatory for the students to do an elective (MCI, 2020).

Curriculum Implementation Support Program (CISP) Module on Electives stresses on the provision for evaluation of the program based on information from all stakeholders, in order to evaluate the effectiveness of the program and need for modifications and improvement.¹In this context, student feedback is a valuable source of information for taking measures regarding curricular reform, resource allocations, and improvement in the teaching–learning cycle (Rauf, 2014).

The most common method used in obtaining students' feedback has been structured questionnaires (Huxham, 2008). If an end-of-module questionnaire is able to capture all important points, then this approach is adequate; however, if the information gathered through questionnaires does not serve the purpose, the institute should use appropriate tools that are useful in their own school context (Archer, 2010).

Qualitative data can be useful for promoting positive and desirable improvements in the curriculum. In this regard Focus groups forms a popular method for collecting qualitative data, as the method capitalizes on the interaction of the group members, a feature that differentiates it from other methods of qualitative data collection. It provides an opportunity for the participants to reflect upon their responses hence laying emphasis on analysis of information rather than only data gathering. The information gathered in a focus group is subject to the phenomenon of 'groupthink' wherein interactions within the group also become the subject of analysis (Chioncel, 2003). The questions are not addressed to each individual, and the data comes from the group interaction (Rauf, 2014).

Electives was used for the first time in the Indian Medical Curriculum. So, in our study we wanted to use focus groups as a tool to obtain in-depth information regarding students' experiences and find any barriers in implementing the new Module on Electives in the New Competency Driven Medical Curriculum.

OBJECTIVES

1. To Evaluate the Use of Focus groups for Obtaining Feedback on the new Module on Electives in the New Competency Driven Medical Curriculum
2. To Explore the Trustworthiness and Representativeness of data obtained through Focus groups
3. To Find out the Barriers in Implementing Focus groups

MATERIALS AND METHODS:

STUDY DESIGN:

Type of study: "Exploratory Descriptive Study".

Study period: 14th Nov 2024 to 14th Jan 2025.

Study population: III Year Part-1 MBBS students

Study place: Medical College & Hospital

Sample size: 126 students

Data collection:

Three learning experiences from each block of electives, were identified from which student's feedback were collected through focus groups: Block 1: One learning experience from Laboratory, Second learning experience from community outreach activities and third experience from the research activities. Block 2: One learning experience from Clinical specialties, Second experience from Super-specialties and third experience from the urban and rural health centre experiences (MCI, 2020).

In addition to principal investigator, two other faculty members were identified as co-researchers as well as moderators. These three faculty members were familiar with conducting focus groups and were not be part of the courses that were included in this study (Rauf, 2014).

Exclusion Criteria:

1. Medical students who have not signed informed consent form were excluded from the study
2. Medical students who have <75% of attendance during both the blocks of electives separately will be excluded from the study

DATA ANALYSIS

The study protocol was approved by the Institutional Ethics Committee before the start of the study.

Trustworthiness of data was ensured through multiple coding (Lingard, 2010). At a scheduled meeting, each facilitator reviewed the three sources of information from their focus groups. Common themes from the three documents were independently identified by each facilitator. These were then discussed and a final document was compiled for each class, representing common themes from the three focus groups for the class (Rauf, 2014).

Few disagreements in the themes were discussed and final consensus was achieved. The first author compiled all the common themes that were identified. With the consensus of all three, perceptions relevant to curricular reform were selected and tabulated along with selected student quotes thus making a structured categorization matrix for common themes from the three parallel groups of one learning experience. In addition, the perceptions common to all the three academic years with regard to the specific categories were plotted as subthemes in another categorization matrix. The discussion was set to encourage naturalistic data that was cross-checked through note taking by three different individuals, specifically the student and moderator to identify latent themes through recordings of their impressions and transcription by co-researcher. The thematic categorization that emerged was reflecting and guiding questions for the focus groups. Member checking was done with students participating in the focus groups (Rauf, 2014).

Analysis of barriers in implementing focus group discussions was done.

OBSERVATIONS AND RESULTS

We enrolled 126 III Year Phase 1 MBBS Students, of whom all 126 students consented to participate in the study and also participated in focused group discussions were included in our study.

The mean age of the medical students was 21.1 ± 1.7 . There were 79 (62.5%) female students and 47 (37.5%) male students.

Elective Module designed by National Medical Commission (NMC) for III-year Phase 1 MBBS students was followed.¹

Our primary objective was to establish the usefulness of focus groups as a strategy to obtain qualitative data for evaluation of new elective module. We aimed to explore students' perceptions to identify important aspects of the academic program for modifications and improvement. The themes identified from the focus group discussions through the investigators' analyses included module organization, learning strategies, facilitation, and learning resources.

Each focus group was audio recorded, and the moderator and a volunteer student took additional notes during the session. The audio recordings were transcribed and data obtained from the three sources were analyzed, coded, and categorized independently by three investigators. Both manifest and latent themes were identified, using an inductive approach. Final agreement on themes was reached by comparison of the independently done thematic analysis by the three researchers. Reliability of data was established by comparing responses from the three parallel focus groups of each course.

Trustworthiness of inferences was ensured by multiple coding, audit trail and member checking with focus group participants who reviewed the themes for validity. So, our second objective was also fulfilled.

Table 2: Categorization matrix for common themes of Laboratory experiences in terms of :

Themes	Sub-themes
Module organization	The organization of my elective in laboratory medicine was well-planned. We had a structured schedule that allowed us to rotate through different laboratory departments, such as biochemistry, microbiology, hematology, blood centre and histopathology. Each rotation had specific learning objectives, and we were given clear guidelines on what to expect. This helped us make the most of our time in each lab area and ensured a comprehensive learning experience. While the elective had a structured schedule, some rotations felt rushed, leaving little time for in-depth exploration of certain laboratory techniques especially frozen section in pathology
Learning strategies	During my elective, I appreciated the mix of learning strategies used.

	We had hands-on sessions where we performed lab tests under supervision, which was incredibly valuable for practical skill development. Regular case discussions and journal clubs helped us apply theoretical knowledge to clinical scenarios. The interactive nature of these sessions enhanced our understanding of laboratory medicine concepts.
Facilitation	The facilitators in my elective were knowledgeable and supportive. Encouraged active participation and provided constructive feedback on our performance. I appreciated their willingness to answer questions and share real-world insights. The facilitators' guidance was instrumental in shaping my learning experience and fostering a positive learning environment Although most facilitators were knowledgeable and supportive, there were instances where communication and availability were lacking
Learning resources	Access to learning resources was crucial during my elective. We had access to up-to-date textbooks, online databases, and educational videos related to laboratory techniques and procedures. Resources readily available allowed us to supplement our hands-on experience and deepen our understanding of laboratory medicine concepts
Assessment	The assessment methods used in my elective were fair and comprehensive. Formative assessment was conducted based on MCQ's on the last of elective I appreciate the constructive feedback provided by assessors, which helped me identify areas for improvement. The assessments were aligned with the learning objectives of the elective and provided a clear indication of our progress The assessment methods predominantly focused on practical skills and knowledge recall, with limited emphasis on critical thinking and application of concepts to clinical scenarios

Table 3: Categorization matrix for common themes of Community outreach experiences in terms of :

Themes	Sub-themes
Module organization	Well-structured. The schedule allowed us to engage in health promotion campaigns, conduct screenings, and participate in community health assessments. This hands-on approach enabled us to apply classroom knowledge to real-world settings effectively Some students felt that the module organization lacked flexibility, limiting opportunities for tailoring experiences to individual interests
Learning strategies	During our community outreach elective, we employed interactive learning strategies such as community surveys, health education workshops, and door-to-door visits. These strategies encouraged active engagement with community members and enhanced our communication skills. By interacting directly with diverse populations, we gained insights into social determinants of health and the importance of culturally sensitive care
Facilitation	The facilitators in our community outreach elective were supportive and experienced in community-based healthcare. They provided guidance on conducting needs assessments, developing health interventions, and collaborating with local stakeholders. The facilitators encouraged reflection on our experiences and helped us navigate challenges encountered during community engagements
Learning resources	Access to learning resources during the community outreach elective included relevant literature on community health, public health databases, and online platforms for sharing best practices. Additionally, guest speakers and community leaders shared their insights, enriching our understanding of community-based healthcare delivery
Assessment	We were evaluated based on our participation in community activities, documentation of health interventions, and reflective assignments. Peer evaluations and feedback from facilitators provided valuable insights into our strengths and areas for improvement in community engagement and health promotion

	The assessment criteria for community outreach electives may have placed more emphasis on quantitative outputs (e.g., number of screenings conducted) rather than qualitative impact and sustainability of community health interventions
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Table 4: Categorization matrix for common themes of Research experiences in terms of :

Themes	Sub-themes
Module organization	Well-planned. We had structured sessions on research methodology, literature review, and study design. The elective included hands-on training in data collection and analysis techniques. Each student was assigned a research mentor who guided us through the entire research process, from proposal development to manuscript writing. The module organization allowed us to gain practical research skills and contribute meaningfully to ongoing research projects
Learning strategies	During our research elective, we employed various learning strategies to enhance our research skills. We participated in journal clubs, research seminars, and data analysis workshops. These interactive sessions helped us critically appraise scientific literature and apply research concepts to our own projects. Collaborative discussions with peers and faculty members enriched our understanding of research methodologies and data interpretation Certain learning strategies, such as statistical analysis workshops, may have required more foundational knowledge or preparatory sessions to maximize effectiveness for students at different skill levels
Facilitation	The facilitation during our research elective was exceptional. Our research mentors provided continuous support and guidance, offering constructive feedback on research proposals and study protocols. They encouraged independent thinking and problem-solving, fostering a sense of ownership over our research projects. Regular meetings with mentors helped us navigate challenges and stay on track with project timelines In some instances, research mentors were overburdened with multiple mentees, leading to variability in the level of mentorship and support provided to students during different stages of the research project
Learning resources	Access to learning resources was instrumental in our research elective. We had access to online databases, statistical software, and research articles relevant to our study topics. The library facilities and institutional subscriptions allowed us to conduct comprehensive literature reviews and access cutting-edge research in our respective fields. Access to specialized laboratory facilities like PCR for research projects have been limited, impacting the feasibility and scope of student-led research initiatives
Assessment	Assessment in our research elective was rigorous and comprehensive. We were evaluated based on the quality of our research proposals, research methodologies, data analysis, and scientific writing. Peer feedback and presentations at research symposiums provided opportunities for constructive critique and professional development.

Table 5: Categorization matrix for common themes of Clinical specialties experiences in terms of :

Themes	Sub-themes
Module organization	Our general medicine elective was well-organized, with rotations through various medical specialties like cardiology, pulmonology, and nephrology. Each rotation had specific learning objectives and scheduled activities, including ward rounds, outpatient clinics, and case presentations. The module provided a comprehensive overview of internal medicine The module included rotations through operating theaters, outpatient clinics, and emergency departments. We had opportunities to observe and assist in surgical procedures. Our radiology elective was organized to provide exposure to various imaging modalities, including X-rays, CT scans, MRI, and ultrasound The module included rotations through labor wards, gynecology clinics, and family planning centers.

Learning strategies	Learning strategies included active participation in patient care, case discussions, and literature reviews. We learned how to take detailed histories, perform physical examinations, and interpret diagnostic tests. We learned about surgical techniques, perioperative care, and postoperative management Learning strategies included pediatric case discussions, developmental assessments, and participation in immunization programs
Facilitation	They encouraged us to ask questions, analyze clinical data, and develop differential diagnoses. Feedback sessions were constructive and focused on improving our clinical reasoning skills They encouraged active participation in patient care, promoted patient safety, and emphasized ethical considerations in surgery
Learning resources	Access to medical textbooks, clinical guidelines, and online resources such as PubMed supported our learning during the general medicine elective. The hospital library and educational workshops offered additional resources for self-directed study Access to pediatric textbooks, growth charts, and online resources (e.g., AAP Guidelines) supported our learning during the elective
Assessment	Assessment in our general medicine elective included evaluations based on patient encounters, case presentations, and written assessments. We were assessed on our ability to apply medical knowledge, communicate effectively with patients, and collaborate with multidisciplinary teams We were assessed on our ability to manage postoperative complications, and communicate with patients and families Assessment in our radiology elective included evaluations based on image interpretation skills, radiology reports, and case presentations We were assessed on our ability to perform pelvic examinations, provide contraceptive counseling, and manage common gynecological conditions.

Table 6: Categorization matrix for common themes of Clinical super specialties experiences in terms of :

Themes	Sub-themes
Module organization	Our urology elective was well-organized, with rotations through outpatient clinics, urological surgeries, and specialty units (e.g., stone clinic, uro-oncology) Neurology elective was structured to provide exposure to various neurological disorders, including stroke, epilepsy, and neurodegenerative diseases Our plastic surgery elective was organized to provide exposure to reconstructive and aesthetic procedures, including facial surgeries, and hand surgeries
Learning strategies	Learning strategies included case discussions, surgical observation, and hands-on training in catheterization and urological procedures. We learned about common urological presentations, diagnostic workups, and treatment modalities. We learned how to perform detailed neurological assessments, interpret imaging studies, and develop differential diagnoses Learning strategies included scrubbing into surgeries, attending plastic surgery rounds, and practicing suturing techniques. We learned about tissue flaps, wound closure methods, and cosmetic procedures
Facilitation	They encouraged active participation and emphasized patient-centered care. Debriefing sessions after surgeries facilitated reflection and learning Interactive discussions and bedside teaching sessions facilitated learning and clinical reasoning They encouraged creativity in surgical planning, promoted patient safety, and emphasized aesthetic principles
Learning resources	Access to urology textbooks, guidelines, and online resources supported our learning during the elective Access to neurology textbooks, clinical guidelines, and online resources supported our learning during the elective. Access to plastic surgery textbooks, surgical atlases, and online resources supported our learning during the elective
Assessment	Formative assessment was conducted based on MCQ's on the last of elective We were assessed on our ability to recognize neurological signs, formulate differential diagnoses, and communicate findings effectively.

Table 7: Categorization matrix for common themes of Urban & Rural Health centre experiences	
Themes	Sub-themes
Module organization	Our urban health center elective focused on healthcare delivery in urban settings, including hospitals, clinics, and specialized care center Our rural health center elective was organized to provide exposure to primary care in underserved communities We spent time in rural clinics, community health centers, and outreach programs.
Learning strategies	We learned about urban health disparities, healthcare access issues, and management of chronic diseases We learnt to give intramuscular injections Learning strategies included hands-on clinical experience, community needs assessments, and population-based health interventions. We learned about common rural health issues, preventive care, and health promotion strategies.
Facilitation	Facilitators in our rural health center elective were dedicated healthcare professionals who provided mentorship and support. They encouraged us to adapt to local contexts, build rapport with community members, and address social determinants of health. Regular discussions on health policy and urban planning facilitated interdisciplinary learning
Learning resources	The health center's resources and collaborations with public health agencies provided opportunities to participate in health education campaigns and disease prevention activities
Assessment	Formative assessment was conducted based on MCQ's on the last of elective We were assessed on our ability to deliver culturally competent care, collaborate with interdisciplinary teams, and advocate for health equity in rural communities.

Tables 2 to 7 gives the details of the parallel focus group discussions. In general, there was consensus among all groups regarding module organization, the learning strategies and need for continuous/daily formative assessments. The students appreciated small groups but some felt that few facilitators should undergo workshops sessions to improve their expertise before the electives.

Following were the barriers in implementing the focus group discussions:

1. Group dynamics within focus groups influence participation and openness. Some participants were hesitant to share their perspectives openly due to hierarchical structures or concerns about judgment from peers or faculty members.
2. Language and communication barriers hindered effective participation and understanding during focus group discussions. Participants from different cultural or linguistic backgrounds struggled to express themselves fully.
3. Faculty members were having busy schedules and were less in number, making it challenging to find suitable times for focus group discussions that accommodate everyone's availability. Time constraints lead to limited participation and affected the depth of discussions.
4. Inexperienced moderators struggled to guide focus group discussions effectively, leading to unstructured conversations or dominant voices overshadowing others. Moderators should be trained in qualitative research methods and facilitation techniques.
5. Organizing focus group discussions requires logistical planning, including booking suitable venues, coordinating schedules, and managing resources.
6. Resistance to implementing focus group discussions was a barrier because of few faculties especially senior.

DISCUSSION

The initiative of this research was to discover the usefulness of focus groups in identifying important issues for curriculum improvement and to explore trustworthiness and representativeness of data during implementation of electives module. Focus groups have been defined as 'a set of central tendencies with many useful variations that can be matched to a diversity of research purposes' (Chioncel, 2003).

In our study, our purpose was to identify areas for improvement in the implementation of elective module introduced by NMC for III Year Phase 1 MBBS undergraduate medical students. (Huxman, 2008) compared various methods of collecting student feedback. These included questionnaires, rapid fire questions, and focus groups. It was concluded that the basic difference and richness of one data over the other was due to the questions being open or closed ended. In our study, the

change from questionnaires to focus groups for learner's feedback was in search of this rich qualitative data. However, because focus groups are a relatively uncommon approach for academic program evaluation, the authenticity and trustworthiness of the data was needed to be established.

We noted that the emerging conventionality of views was a result of group interaction and not individual perceptions and opinions. This is probably the reason for the similar feedback received from all the groups. This occurrence of 'group thinking' makes the focus group a useful approach to obtain in-depth feedback regarding academic programs (Rauf, 2014).

Our research design was based on having three parallel focus groups for each learning experience which helped us in ensuring the reliability of our data, and was correlating with the study done by Chioncel, 2003.

There was covenant on most themes identified by the three parallel focus groups for each learning experience. This supports the representativeness of the data for program evaluation gathered through focus groups. Our focus groups had students of both genders. Even though there were more females (62.5%) in our study module, there was no issue of dominance observed in our focus groups and the feeling of consensus that developed within each group demonstrated positive group dynamics.

Each guiding query, as it was presented before the group, initiated a discussion and the interaction generated an agreement of opinion, which was then confirmed and accepted. This conformity of agreement was an emergent property of the group context and was not an aggregation of individual participants' opinions. The descriptive validity of the inferences drawn in this study is supported by the presence of an audit trail, cross validation of data from each of the focus groups for one learning experience through the notes of the moderator, the volunteer student, and the transcription from audio recordings by a second faculty member (Chioncel, 2003).

Iterative thematic analysis, multiple coding, and member check were carried out to preserve the interpretative validity of our inferences (Chioncel, 2003). As with other similar studies, we realize that these results depended upon the skills, insights, critical analysis, and signature style of the researchers (Elo, 2008).

Students' perceptions regarding the importance given to students' feedback regarding academic programs has been explored in our study. Focus groups have been used as an integral component of program evaluation to identify issues related to curriculum planning and implementation (Chioncel, 2003). Though laborious and intensive, the focus groups have proved to be a useful tool to be used along with other tools for program evaluation (Stewart, 1996). Our study, similarly identified issues related to each learning experience as well as common issues across all the learning experiences. The in-depth inquiry inherent to the focus group strategy provided answers and clarifications for concerns identified in previously conducted student questionnaires. Concealed themes identified by the moderators also gave us a feel regarding apprehensions not voiced explicitly by the participants. Concluding the loop through highlighting action taken after the process of evaluation is necessary and we achieved this by circulating the data composed from the focus groups to the course directors and the teams for curricular modifications wherever feasible.

Medical schools are required to continuously assess program effectiveness, especially in light of recent budget cuts and diminishing resources (Vassar, 2010). Given that programs are under increased scrutiny, effective program evaluation has never been more vital. For these reasons, focus group discussions provide a glance into a program evaluation model that is useful in a wide array of contexts within medical education. One of its key benefits is that it is a flexible approach that can be useful in answering a wide variety of programmatic questions. It also actively includes principal stakeholders in the decision making process, increasing the likelihood that results will be used to guide program development and decision making. For these reasons, we encourage those interested in evaluating a particular program to consider the focus group approach.

Strengths of Our Study:

1. Focus groups provided insightful data through the collective opinions and experiences of students, offering a deeper understanding of the topic or issue being discussed.
2. Focus groups also allowed researchers to observe participants' body language, which can provide additional insights into their thoughts and feelings
3. Focus groups were relatively inexpensive compared to other research methods, as they typically involve a small group of participants and minimal equipment
4. Focus groups created emotional connections between students and the faculty, fostering a deeper understanding of the topic and encouraging more open and honest discussions
5. Focus groups generated rich qualitative data, including narratives, stories, and anecdotes, which can provide context and depth to user experiences
6. Because of the homogeneity of our focus groups, which included students from the same level of education, social

- background, and level of expertise – they belonged to the same class, they were confident in voicing their opinions.
7. However, the richness and usefulness of that data that it gathers makes it a worthwhile tool for information gathering.

Limitations of our study:

1. Focus groups involves a small number of participants, which may not be representative of the entire user population, making it challenging to generalize findings
2. Few students were shy or not comfortable giving information, which posed a challenge for moderators in collecting honest opinions or sparking an interesting conversation. Few students dominated the conversations, drowning out quieter voices from expressing their opinions.
3. Our student feedback of the chosen learning experiences was collected through a single strategy. If we had used other strategies in addition to focus group, the data could be triangulated to strengthen the claim that all important themes were accurately identified. So, focus groups should be used in conjunction with quantitative methods and useful for ‘telling the story’ behind the numbers as in a mixed method design.

CONCLUSION

The data gathered from the focus groups helped to identify students’ preferences and areas for improvement. The observations made provided insight into perceptions that were not explicit. Some perceptions were found to be common among students irrespective of their learning experiences and these preferences can be used across all levels of education and made an integral part of the curriculum. This study gives empirical evidence that focus groups with a random selection of student from a population can be broadly representative of students and the data obtained can be used along with information from other sources for program evaluation and curriculum changes. The richness of data obtained through the use of focus groups for student feedback further validates this approach for program evaluation. Owing to its demands on the administration, it should be used judiciously to identify sensitive issues otherwise not obvious from regular means of feedback or to corroborate other quantitative data

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