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ORIGINAL ARTICLE

Beyond Surveys: Uncovering the Role of Focus Groups in Program Evaluation - Insights from a Single Medical Faculty

Anketlerin Ötesinde: Tek Bir Tıp Fakültesi Deneyimi Üzerinden Program Değerlendirmede Odak Grup Görüşmelerinin Etkisini Ortaya Koymak

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ABSTRACT

Aim: To explore the role of focus group interviews as a qualitative tool in undergraduate medical education program evaluation, highlighting their capacity to capture complex and nuanced stakeholder experiences beyond traditional evaluation methods.
Materials and Methods: Documents related to program evaluation activities conducted between 2021 and 2024 at Karadeniz Technical University Faculty of Medicine were analyzed. The data sources included program evaluation committee reports and transcripts of focus group interviews conducted with medical students from various year levels (Years I–VI) and faculty members. A retrospective qualitative document analysis was carried out using a contextual qualitative analysis framework. Thematic analysis was employed to identify key themes emerging from the focus groups, which were then compared with the findings from official evaluation reports.
Results: Across three academic years, a total of 18 focus group interviews were conducted, involving 112 participants (84 students and 28 faculty members). Four key themes emerged from the focus group interviews: (1) misalignment between theoretical and clinical training, (2) role ambiguity among educators, (3) infrastructure and resource deficiencies, and (4) excessive faculty workload. Students emphasized the need for structured orientation programs and improved faculty-student interaction. Faculty members noted difficulties related to unclear role expectations, low motivation, and lack of curricular standardization. Compared to standard evaluation reports, focus group data provided richer insights into motivational barriers, environmental limitations, and institutional challenges.
Conclusions: The findings demonstrate that focus group interviews significantly enhance traditional program evaluation methods by offering a deeper understanding of the educational experience. Systematic integration of such interviews into evaluation processes may lead to a more comprehensive understanding of student and faculty perspectives and support more effective curriculum reforms. Future research should explore the long-term impact of this approach on educational planning, quality improvement, and institutional decision-making.

Keywords: Curriculum development, focus group interview, medical education, program evaluation, qualitative research.

ÖZ

Amaç: Bu çalışmanın amacı, odak grup görüşmelerinin lisans düzeyinde tıp eğitimi program değerlendirmesinde nitel bir araç olarak rolünü incelemek ve geleneksel değerlendirme yöntemlerinin ötesine geçen, karmaşık ve incelikli paydaş deneyimlerini yakalama kapasitelerini ortaya koymaktır.
Gereç ve Yöntemler: 2021–2024 yılları arasında Karadeniz Teknik Üniversitesi Tıp Fakültesi'nde gerçekleştirilen program değerlendirme faaliyetlerine ait belgeler incelenmiştir. Çalışma kapsamında, program değerlendirme kurulu raporları ile farklı sınıf düzeylerinden (I–VI) tıp öğrencileri ve öğretim üyeleri ile yapılan odak grup görüşmelerinin dökümleri, bağlamsal nitel analiz çerçevesi kullanılarak geriye dönük olarak analiz edilmiştir. Tematik analiz yöntemiyle odak grup görüşmelerinde öne çıkan temalar belirlenmiş ve bu temalar, resmi değerlendirme raporlarıyla karşılaştırmalı olarak değerlendirilmiştir.
Bulgular: Üç akademik yıl boyunca toplam 18 odak grup görüşmesi gerçekleştirilmiş ve 112 katılımcı (84 öğrenci, 28 öğretim üyesi) çalışmaya dahil edilmiştir. Odak grup görüşmelerinden dört ana tema ortaya çıkmıştır: (1) teorik ve klinik eğitim arasındaki uyumsuzluk, (2) eğiticiler arasında rol belirsizliği, (3) altyapı ve kaynak yetersizlikleri ve (4) öğretim üyelerinin aşırı iş yükü. Öğrenciler yapılandırılmış uyum programları ve öğretim üyesi-öğrenci etkileşiminin artırılması gerekliliğini vurgulamıştır. Öğretim üyeleri ise rol tanımlarının net olmamasından kaynaklanan zorluklar, düşük motivasyon ve müfredat standartlarının yetersizliği gibi sorunlara dikkat çekmiştir. Standart değerlendirme raporlarına kıyasla odak grup verileri, motivasyonel engeller, öğrenme ortamındaki eksiklikler ve kurumsal zorluklara ilişkin daha derinlemesine bilgiler sunmuştur.
Sonuçlar: Elde edilen bulgular, odak grup görüşmelerinin, geleneksel program değerlendirme yöntemlerini tamamlayıcı bir unsur olarak önemli katkılar sağladığını göstermektedir. Bu tür görüşmelerin değerlendirme süreçlerine sistematik olarak entegre edilmesi, öğrenci ve eğitici deneyimlerinin daha iyi anlaşılmasını ve bu doğrultuda daha etkili müfredat reformlarının hayata geçirilmesini mümkün kılabilir. Gelecekte yapılacak araştırmaların, bu yaklaşımın uzun vadede eğitim planlaması, kalite iyileştirme süreçleri ve kurumsal karar alma üzerindeki etkilerini daha ayrıntılı biçimde ortaya koyması beklenmektedir.

Anahtar Kelimeler: Müfredat geliştirme, nitel araştırma, odak grup, program değerlendirme, tıp eğitimi.

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Introduction

Program evaluation is the systematic process of collecting, analyzing, and interpreting data related to the design, implementation, and outcomes of a program to enhance its effectiveness [1]. It is a collaborative process involving all stakeholders in medical education. The scope of a program can range from a single course or clinical rotation to an entire curriculum in a medical school [2]. Evaluation is a fundamental component of the curriculum development process. In Kern's six-step curriculum development model, the key components include problem identification and general needs assessment, targeted needs assessment, goals and objectives, educational strategies, implementation, and comprehensive program evaluation. These steps are interconnected and mutually reinforcing [3].

Traditional evaluation approaches in medical education adopt a linear perspective, systematically collecting and interpreting data to make judgments and provide recommendations for improvement [1]. The prevailing approach in most medical schools reflects an institutional and quantitative evaluation culture, focusing primarily on internal processes. Evaluation often centers on the outcomes of a single intervention (e.g., a new teaching method) and typically reports results at the level of average responses from educators or students affected by the intervention [4].

Despite extensive research on the gaps between the intended, taught, and hidden curricula, the complexity of individual learning experiences and the influence of numerous stakeholders on educational processes make it challenging to measure and evaluate these dynamics using traditional program evaluation methods [5,6].

Program evaluation is a dynamic process aimed at continuous improvement through systematic collection and analysis of stakeholder feedback. To address the complexity of medical education, which involves multiple actors and contextual factors, structured approaches are essential [7,8]. Recently, models such as the CIPP (Context, Input, Process, Product) framework have been widely applied, offering a comprehensive structure that considers needs and environment (context), resources and planning (input), implementation processes (process), and outcomes or overall impact (product) [9,10].

In program evaluation, it is critical to assess needs, issues, resources, culture, institutional climate, and opportunities to define program goals and priorities. Findings from the context evaluation serve as a valuable foundation for evaluating subsequent outcomes (products). Context evaluation, which includes questions about potential barriers and resources, is more inclusive than traditional needs assessments [11].

Since the 2019-2020 academic year, our faculty has adopted the CIPP model as its program evaluation approach, using focus group interviews to gain in-depth insights into the strengths and areas for improvement of the faculty. As of the 2022-2023 academic year, face-to-face focus group interviews have been conducted regularly. Among medical faculties in Turkey, no other institution has been identified that has consistently incorporated focus group interviews into its program evaluation approach.

This study aims to explore the contributions of focus group interviews to the evaluation processes of undergraduate medical education.

Materials and Methods

Study Design

This study employed a retrospective qualitative document analysis approach. It retrospectively evaluated year-end program evaluation committee reports from Karadeniz Technical University Faculty of Medicine for the years 2022, 2023, and 2024. These data included course/clerkship evaluations, student feedback reports, and reports submitted to the program evaluation committee through the dean's office.

Additionally, content analyses were conducted on focus group interviews carried out during the 2022, 2023, and 2024 academic years. Participants included students from all six academic years and faculty members of Karadeniz Technical University Faculty of Medicine.

The data analysis results of program evaluation committee reports and focus group interviews were compared and interpreted in parallel, with the aim of identifying consistent or divergent patterns across sources.

Research Team and Reflexivity

The focus group interviews were conducted by four academic staff members from the Department of Medical Education (authors SA, ADD, YG, MÜ), both of whom serve full-time. The interviewers were researchers with over five years of experience in qualitative research and medical curriculum evaluation. They received formal training in qualitative interviewing techniques and reflexive research design. No prior personal relationship existed between the interviewers and the participants. The interviewers were aware of their own potential biases, particularly due to their institutional roles, and engaged in regular reflexive memo writing throughout the research process to mitigate any undue influence on data collection and interpretation.

Theoretical Framework and Methodological Orientation

The study employed a qualitative content analysis framework as described by Creswell (2018), using an inductive, iterative coding approach [12]. The research was informed by a constructivist paradigm, emphasizing multiple realities and the

co-construction of meaning through participant narratives.

Participant Selection and Sampling

Focus group participants were selected using purposive sampling to ensure representation from different academic years and departments. Following the completion of each course/clerkship block, 6–8 voluntary students and faculty members were invited by the dean's office to participate in the discussions. Participants were approached face-to-face by faculty administrative staff. Across three academic years, a total of 18 focus group interviews were conducted, involving 112 participants (84 students, 28 faculty members).

Student participation was balanced across preclinical (Years I–III, n = 59) and clinical years (Years IV–VI, n = 53), while faculty members represented both basic and clinical sciences. Two students and one faculty member declined to participate due to scheduling conflicts or discomfort with being recorded. No participants withdrew once the interview began.

Data saturation was continuously monitored throughout the study. When saturation was not achieved in a particular year group or stakeholder category, additional participants (e.g., new faculty members) were invited for further sessions to ensure thematic completeness. Different participants were included each year to broaden representation and avoid redundancy, ensuring that the data captured reflected diverse experiences across cohorts and departments.

Data Collection

All interviews were conducted in person in a designated meeting room within the medical school campus. Each session lasted approximately 60 minutes and followed a semi-structured format. Interviewers also served as moderators and notetakers.

Interview questions included:

•Share your views on the program's scope (objectives, learning goals, content, methods, infrastructure, assessment, etc.) and its strengths, providing justifications.

• Describe your positive experiences and challenges/limitations in the program, providing three examples for each with justifications.

• Provide recommendations to support the program's achievement of its goals.

All sessions were audio-recorded with participant permission. Field notes were taken during and after each session to capture contextual details and emerging impressions. Each interview was transcribed verbatim by a research assistant and reviewed for accuracy. Transcripts were not returned to participants for validation due to time constraints. Data saturation was discussed among the researchers and considered to have been reached when no new themes emerged in the final interviews.

Data Analysis

The qualitative data analysis process followed Creswell's content analysis framework [12]. This included data organization, open coding, development of categories, theme identification, and interpretation. Two researchers independently coded the transcripts using an iterative inductive approach. Initial codes were discussed, refined, and grouped into broader categories.

A coding framework was developed collaboratively, and a visual representation of the coding tree is provided in Figure 1. Themes were derived from the data rather than pre-determined. Findings were not returned to participants for member-checking, but were discussed for triangulation purposes.

Ethical approval for this study was obtained from the Karadeniz Technical University Faculty of Medicine Scientific Research Ethics Committee on February 2, 2023, with decision number 2022-276. As this study is based on retrospective document analysis of institutional reports and de-identified records, and does not involve direct interaction with human subjects, informed consent was not required. The study was conducted under the principles of the Declaration of Helsinki.

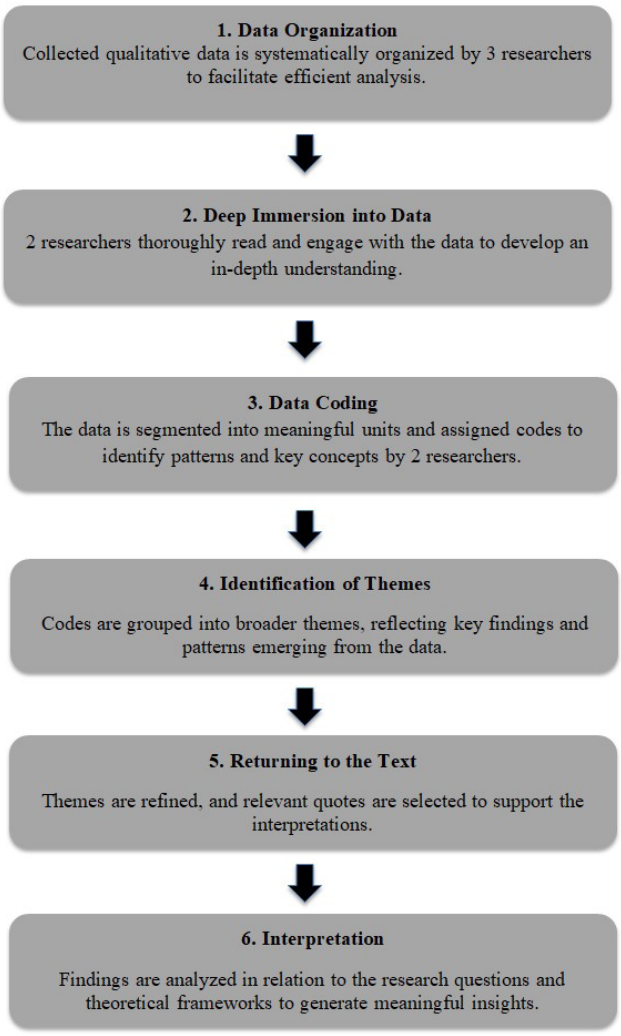


Figure 1. Qualitative data analysis process.

Results

A total of 28 focus group interviews were scheduled with students and 33 with educators across the three academic years (2022–2024). In 2022, 12 student sessions and 11 educator sessions were scheduled. All 12 student sessions were successfully conducted, while only 8 of the 11 educator sessions took place and were included in the analysis. In 2023, 12 student and 11 educator sessions were planned; 10 student sessions and 7 educator sessions were conducted and subsequently analyzed. In 2024, 6 student and 11 educator sessions were scheduled, with 6 student sessions and 8 educator sessions successfully carried out and included in the analysis. Overall, 28 student focus groups and 23 educator focus groups were analyzed.

Analysis Results of Focus Group İnterviews with Educators

This section presents the key findings derived from focus group interviews conducted with educators. The analysis highlights critical themes related to faculty interaction, role distribution, physical infrastructure, the adoption of outcome-based education, and the implementation of learner-centered activities.

Theme 1. Interaction Levels Among Faculty Members: Data indicated insufficient interaction among faculty members. This was attributed to the traditional disciplinary structure of departments and the burdens imposed by the healthcare system.

"We work very intensively, and our clinical duties take up a significant amount of our time. We don't even have the opportunity to design a training session together with our colleagues in our own department, let alone come together with other departments to discuss potential collaborations..." (DN5C2)

Theme 2. Roles and Responsibilities in Educational Processes: The hierarchical structure of departments resulted in unclear roles and responsibilities. Tasks were primarily assigned by department heads to faculty members.

"In our department, there are no discussions like 'Who should collaborate on which training?' or 'How should we design it?'. The department chair assigns the tasks and simply says, 'You are responsible for this course.' Sometimes, I don't even know what to do. To be honest, I am not sure what role I should have in the learner-centered educational activities you mentioned." (DN5P4)

Theme 3. Physical Conditions and Infrastructure of Educational Settings: While classroom capacities for theoretical courses were deemed adequate, amphitheater capacities were found insufficient. Clinical education settings were reported as inadequate due to the high number of students and outdated infrastructure. Cleanliness issues, particularly in classrooms, practice areas, and restrooms, were frequently mentioned.

"Class sizes are very large. Conducting interactive learning methods with such large groups is quite challenging; you cannot implement them as you would like. The number of students admitted does not align with our existing educational infrastructure. Since this is a decision made by central administration, unfortunately, our institution is also unable to do anything about it, and we are aware of that." (DN3I3)

Theme 4. Outcome-Based Educational Approach: Educators lacked sufficient awareness of the objectives behind recent curriculum development activities. Institutional culture was perceived as a limiting factor in fostering collaborative efforts in educational practices.

"For years, as educators, we have been accustomed to delivering the content we determine to students during their internships in whatever way we see fit. But now, our faculty has set specific objectives and competencies, and we are asked to revise our training accordingly. We are doing our best, but this also requires a cultural transformation, and we need time." (DN4GK1)

Theme 4. Learner-Centered Educational Activities: The reduction of theoretical classes under the National Core Curriculum Program (UCEP) and the integration of learner-centered approaches (e.g., problem-based learning, task-based learning, and integrated modules) were positively received. However, repeated involvement in these activities led to decreased motivation among educators. Furthermore, educators reported challenges in aligning course content with UCEP standards.

"I see students more motivated in task-based learning sessions; it is quite evident that they enjoy them. I also enjoy facilitating these sessions. Seeing them learn and analyze clinical cases makes me happy. However, I have noticed that some of our colleagues conduct task-based learning sessions in the exact way they were trained, which is problematic and needs to be addressed." (DN4D2)

Analysis Results of Focus Group İnterviews with Students

The focus group interviews with students offered a detailed perspective on their educational experiences across both preclinical and clinical phases. The analysis identifies core themes such as the effectiveness of preliminary briefings, the adequacy of physical infrastructure, faculty support, standardization efforts, and overall educational processes. These insights reveal areas where student satisfaction and learning outcomes can be enhanced through targeted improvements in educational design and implementation.

Due to contextual differences, data from preclinical and clinical students were analyzed separately.

Theme 1. Preliminary Briefings on Educational Programs: Information provided at the beginning of internships or courses was perceived as superficial and insufficient. Students reported receiving guidance on course operations and assessment processes at the start of each module.

"Informational meetings are held before the committee, but they are very inadequate. Since the class is overcrowded, we cannot ask questions, and if the session is extended, our classmates react negatively. The prevailing mindset is, 'We will learn during the

process anyway.' This perspective is not only held by instructors but also by our peers." (DN2O5)

Theme 2. Physical Conditions and Infrastructure: Students reported that while classrooms were suitable for theoretical lessons, clinical training environments were insufficient due to high student numbers and outdated facilities. Cleanliness in clinical areas was also highlighted as a concern. Amphitheaters, laboratories, and social spaces were criticized for inadequate capacity, technical support, ventilation, lighting, and sound systems.

"Our class is very crowded. At first, I couldn't even find a seat in the lecture hall, so over time, I decided to stop attending. But many students also try to avoid attending certain lectures. To find a seat, you have to arrive at the lecture hall well in advance. In my opinion, the real problem lies in laboratory or clinical skills training. The laboratories are so insufficient." (DN3O1)

Theme 3. Educational Support from Faculty: Students generally perceived educators as facilitators and supporters. They expressed satisfaction with the standardization efforts in learner-centered educational activities and assessment processes. However, issues were noted in structuring bedside training, which was often conducted by residents rather than faculty. Gaps in understanding the educational approach and methodologies among educators, residents, and students were also identified.

"Our professors are extremely busy, but I can feel that they do their best despite their workload. I can get their support whenever I need it. However, there are times when even they cannot keep up, especially in clinical training, which is mostly conducted by residents. Of course, we would like to see our professors more involved in those settings." (DN4O5)

Theme 4. Standardization: Students recommended increasing good practices, improving standardization in assessment processes, enhancing informational briefings, integrating theoretical and practical training, and ensuring clinical education followed a well-planned schedule under faculty supervision.

"Previously, in the XXX internship, the duration and content of oral exams varied depending on the professor, but now, that is no longer the case. The examination process is conducted more fairly... In my opinion, despite some challenges in practice, we actually have a well-structured educational program." (DN4D2)

Theme 5. Educational Processes: Students acknowledged improvements in course content compared to previous years, noting a reduction in unnecessary material and increased use of videos, visuals, and interactive techniques, which positively impacted learning. They also emphasized the need for greater emphasis on early clinical exposure activities.

"Being able to access previous presentations is really beneficial, as it allows us to prepare in advance for lectures. Additionally, PBL sessions, training with standardized patients, and clinical skills training have increased significantly in recent times, which is a great improvement." (DN3O6)

The comparative analysis of the focus group interviews conducted with students and educators emphasizes shared perspectives and differing viewpoints. By examining key themes such as physical conditions, educational processes, faculty support, curriculum awareness, and standardization, the comparison highlights areas of convergence and divergence. This analysis aims to offer a deeper understanding of the challenges and opportunities in enhancing educational practices from the perspectives of both groups (Table 1).

Focus group interviews revealed key challenges, including motivation gaps, role ambiguity, and infrastructure deficiencies, impacting both educators and students. In response, faculty development programs, learning environment improvements, and standardized guidelines were implemented, highlighting the value of qualitative insights in driving curriculum enhancements and institutional reforms (Table 2).

Content analysis of reports of program evaluation committee

The content analysis of responses collected from end-of-course or end-of-rotation evaluation sessions, feedback forms, and surveys included in the year-end program evaluation reports are presented in Table 3.

Comparative analysis of focus group interviews and program evaluation reports

The analysis revealed both overlapping and distinct perspectives between focus group interviews and program evaluation reports. A common concern for both educators and students was the misalignment between theoretical and practical training, alongside infrastructural limitations. Program evaluation reports mainly emphasized systematic issues, such as UCEP misalignment and low participation in assessment meetings, whereas focus group interviews provided deeper insights into motivational barriers, role ambiguity, and limited social spaces. These findings underscore the complementary role of qualitative inquiry in identifying challenges that may be overlooked in standardized evaluation processes (Table 4).

Institutional adoption of learner-centered strategies

Focus group interviews also highlighted the importance of interactive and experiential learning, which was reflected in institutional practices. Over the past three academic years, learner-centered teaching methods steadily increased: 63 sessions in 2021–2022, 68 in 2022–2023, and 78 in 2023–2024. Among these, SBL was concentrated in clinical years, while PBL and panel or integrated sessions were more common in preclinical phases.

Table 1. Comparative analysis of focus group interviews' results with educators and students.

Theme	Educators' FGI	Students' FGI	Similarities	Differences
Interaction	Interaction among educators was low; disciplinary structure and healthcare system burdens were cited as reasons.	Not mentioned.	-	Educators emphasized the lack of interaction, while students did not address this issue.
Roles and Responsibilities	Roles were unclear due to the hierarchical structure of departments; tasks were generally assigned by department heads to faculty members.	Not mentioned.	-	Educators highlighted challenges in defining roles and responsibilities, whereas students did not address this issue.
Physical Conditions and Infrastructure	Classrooms were sufficient for theoretical education; clinical training environments were inadequate due to infrastructure issues and high student numbers. Cleanliness issues were mentioned.	Clinical environments were deemed unsuitable for training due to high student numbers and insufficient infrastructure. Amphitheaters, laboratories, technical support, ventilation, and lighting systems were also inadequate. Cleanliness issues were emphasized.	Both groups noted inadequacies in physical infrastructure and cleanliness conditions.	Students provided more detailed feedback, highlighting insufficiencies in amphitheater and laboratory capacities, technical support, and social areas.
Educational Processes and Standardization	Lack of awareness about curriculum development activities; limitations in implementing outcome-based education. Learner-centered methods were positively received but repeated involvement caused loss of motivation among educators.	The increase in videos and interactive techniques was positively received. However, issues were noted in structuring bedside training, lack of standardization, and the need for early clinical exposure.	Both groups viewed learner-centered educational activities positively.	Educators pointed to a lack of motivation, while students emphasized standardization and early clinical exposure issues.
Suggestions	Not mentioned.	Suggestions included increasing good practices, integrating theoretical and practical education, and implementing well-planned educational programs.	-	Suggestions were detailed only in students' focus group interviews.

FGI: Focus Group Interview.

Table 2. Findings and challenges identified in focus group interviews and their solutions/outcomes.

Contribution Area	Issues Identified in Focus Group İnterviews	Solutions/Outcomes
In-Depth Insight	Details the challenges of motivation, role ambiguity, and integration experienced by educators and students.	Standard templates for internship and course committee briefings were prepared and shared by the Dean's Office.
Student and Educator Perspectives	Highlights individual experiences and practical challenges that surveys fail to capture.	Infrastructure deficiencies affecting educational outcomes were changed, including laboratories, soundproofing, lighting, and educational tools.
Addressing Systematic Deficiencies	Links numerical data on deficiencies with real-world implementation challenges.	Symposium (VISION2030) was organized on educational structures and transformation processes. A consultative board composed of professionals from different disciplines have met regularly to discuss the development of the faculty's education.
Physical & Social Environment Assessment	Emphasizes the impact of social spaces on education, alongside technical deficiencies.	Hybrid teaching methods diversified, and social spaces developed.
Standardization of Educational Programs	Identifies factors affecting educator motivation, supporting sustainability.	For this purpose, various studies have been conducted by the Department of Medical Education and shared with the relevant committees. Besides, a faculty development program that supports the faculty's goals for undergraduate medical education is regularly announced and implemented by the Department of Medical Education.
Concrete Recommendations	Contributes to the development of more practical and applicable recommendations.	Guidelines prepared for both educators and students to ensure effective use of learning management system and to align educational content with intended objectives.

Table 3. Summary of key themes and subthemes from program evaluation reports analysis.

Main Themes	Sub-themes	Related Descriptions
Challenges in the Educational Process	Adaptation Issues	• Adaptation challenges faced by students and faculty during the transition to in-person education post-pandemic. • These challenges diminished over time.
	Programmatic Deficiencies	• Lack of learning objectives, teaching methods, assessment strategies, and references in some courses and rotations. • Certain courses and rotations not aligned with national core curriculum.
	Mismatch Between Practical and Theoretical Education	• Heavy emphasis on theoretical courses with insufficient practical applications. • Temporal misalignment between theoretical and practical components.
Program Evaluation and Feedback Gaps	Lack of Evaluation Meetings	• Evaluation meetings were not held for some courses and rotations. • No evaluation meetings were organized for any rotations in Year 6.
	Low Faculty Participation	• Insufficient participation by faculty members in course and rotation evaluation surveys.
	Limited Responses to Graduate Surveys	• Despite conducting graduate surveys, insufficient responses were received.
	Data Access Issues	• Lack of data for preparatory programs and Year 6 educational activities.
Standardization of Educational Programs	Implementation of Standard Methods	• Expansion of standard methods developed by the Department of Medical Education and the Program Evaluation Committee. • Improvements made by providing training for incomplete evaluations.
	Deficiencies in Vertical Corridor Courses	• Absence of objectives, teaching methods, and assessment details for these courses in the learning manegament system.
	Elective Course Design	• Need for addressing deficiencies in the design of elective courses.

Table 4. Comparison of program evaluation reports forms and focus group analysis results.

Theme	Findings from Educators and Students	Findings from Program Evaluation Reports	Similarities	Differences
Challenges in the Educational Process	Students highlighted discrepancies between theoretical and practical training, as well as motivation issues in learner-centered methods. Educators emphasized physical infrastructure deficiencies and role ambiguity.	Adaptation issues (especially post-pandemic), lack of learning objectives and references, and temporal misalignment of theoretical and practical training were emphasized.	Both groups emphasized discrepancies between theoretical and practical education, as well as infrastructure deficiencies.	Educators emphasized role ambiguity and motivation issues, whereas feedback reports focused more on post-pandemic adaptation challenges and UCEP misalignment.
Program Evaluation and Feedback	Both educators and students pointed out a lack of standardization and inadequacies in assessment processes.	Systematic deficiencies such as the absence of evaluation meetings, low faculty participation in surveys, and poor response rates to graduate surveys were highlighted.	Deficiencies in evaluation processes were highlighted by both sources, with concerns about lack of standardization.	Feedback reports provided more details on the lack of evaluation meetings and low participation in graduate surveys.
Physical Conditions and Infrastructure	Both groups mentioned inadequate clinical and theoretical learning environments, poor hygiene, and limited social spaces.	Frequent issues included deficiencies in physical infrastructure (particularly in clinical training) and inadequate auditorium/laboratory capacities.	Physical infrastructure and clinical training deficiencies were common concerns.	Students emphasized social space limitations, while reports focused on technical infrastructure issues (ventilation, lighting).
Standardization of Educational Programs	Educators acknowledged the benefits of learner-centered methods (PBL, SBL, integrated modules) but noted that continuous involvement in these methods led to motivation loss. Challenges related to UCEP 2020 adaptation.	Challenges related to UCEP 2020 adaptation, insufficient standardization in elective courses, and vertical corridor courses were detailed.	Both sources pointed to UCEP adaptation issues and standardization challenges.	Educators stressed motivation loss, whereas feedback reports systematically addressed UCEP alignment and elective course design deficiencies.
Recommendations	Students emphasized the integration of theoretical and practical training, increased instructor involvement, and well-structured programs.	Expanding standardized methods developed by the Medical Education Department and addressing deficiencies were proposed.	Both groups suggested improvements in education processes.	Students focused on integration and instructor involvement, while reports emphasized standardizing systematic processes.

Discussion

This study demonstrates the added value of focus group interviews in medical education program evaluation. While traditional evaluation reports and surveys often capture systematic issues such as curriculum alignment or participation rates, our focus group findings provided deeper insights into motivational barriers, role ambiguity, infrastructure deficiencies, and stakeholder expectations. These insights not only complemented existing evaluation mechanisms but also directly informed institutional practices, leading to concrete changes such as improved briefing templates, infrastructure investments, and faculty development initiatives. By capturing perspectives that are often overlooked in standardized assessments, focus group interviews proved to be a powerful tool for guiding educational improvements.

The Use and Contribution of Focus Group İnterviews in Program Evaluation

Studies utilizing focus group interviews in program evaluation are limited, as most studies focus on specific curriculum components or individual courses. For instance, among 21 program evaluation studies conducted in medical schools in the United Kingdom between 1999 and 2016, only 12 utilized data sources beyond surveys, and merely four incorporated individual or focus group interviews [13]. These studies emphasized the influence of student characteristics and survey quality on evaluation outcomes. To enhance reliability, it has been recommended to triangulate data by employing multiple sources [1,13].

The effectiveness of focus group interviews in medical education has been well-documented in prior research. Stalmeijer et al. provided a comprehensive guide on the application of focus group methods in medical education research, emphasizing their ability to generate rich data through participant interactions [14]. Similarly, Brandl et al. highlighted the limitations of online surveys, noting that focus group interviews facilitate face-to-face dialogue between students and faculty, allowing issues overlooked in online evaluations to emerge [15]. These findings align with our study, where focus group interviews provided deeper insights into the challenges and systematic deficiencies in medical education.

Despite the limited number of studies, our findings demonstrate the significant contribution of focus group interviews to medical education program evaluation. The focus group interviews provided rich and in-depth data, making key challenges and systematic deficiencies in medical education more visible while also guiding the development of targeted solutions. Issues such as motivation, role ambiguity, and integration difficulties among educators and students were identified, leading to the creation of standardized templates for internship and course briefings to enhance clarity. Additionally, infrastructure deficiencies affecting learning outcomes were addressed through improvements in laboratories, soundproofing, and lighting. The integration of hybrid teaching methods and the development of social spaces aimed to optimize both physical and social learning environments.

The broader applicability of focus group interviews in health research has also been noted. Coenen et al. emphasized that this method is an effective tool for gaining a deep understanding of participants' experiences and perspectives [16]. They also noted that group interactions help reveal insights that may not emerge in individual interviews. This perspective further supports our study's findings, as our focus group interviews identified both systematic barriers and personal experiences that would likely be overlooked in traditional quantitative evaluations.

Furthermore, to tackle systematic educational challenges, a symposium was held, and a consultative board was established to ensure ongoing discussions on educational improvements. The Department of Medical Education has conducted studies and implemented a faculty development program to support sustainability and motivation among educators. Moving forward, guidelines for educators and students on the use of learning management systems are essential to enhance teaching and learning effectiveness.

Focus group interviews also enriched the feedback process by highlighting not only systematic deficiencies but also individual experiences and motivation challenges. They provided a more detailed analysis of the practical issues faced by both students and educators, ensuring that the evaluation process was supported by qualitative insights rather than relying solely on quantitative data. Additionally, they contributed to making recommendations more practical and actionable, thereby guiding program improvement processes more effectively. Furthermore, focus group discussions conducted with both students and educators enabled the evaluation of medical education programs from multiple perspectives, offering insights that can inform the design of future survey instruments.

Learner-Centered Teaching Methods in Light of Focus Group Findings

Our focus group interviews revealed a strong demand from both students and educators for learner-centered approaches—such as problem-based, task-based, and simulation-based learning—citing their motivational impact and contribution to clinical reasoning and engagement. These findings were not only descriptive but also played a formative role in shaping institutional practices. Specifically, the detailed insights from focus group participants informed curricular decisions and contributed to the steady increase in learner-centered teaching methods observed over the past three years. During this period, SBL was most frequently implemented, particularly in the clinical years, while Panel/Integrated Sessions expanded. In contrast, PBL remained relatively limited, especially in the preclinical years. Overall, the number of learner-centered sessions rose from 63

in 2021–2022 to 78 in 2023–2024. This growth reflects the institution's responsiveness to stakeholder feedback, underscoring how focus group findings directly supported the adoption and diversification of learner-centered methods. This finding demonstrates how qualitative insights from focus groups can move beyond complementing quantitative outcomes to actively shaping institutional practices, thereby supporting previous research on the value of integrating multiple data sources in program evaluation [17,18].

Study Limitations

This study primarily relied on retrospective analysis of focus group reports and program evaluation documents. While this approach provided in-depth insights into stakeholder perspectives, it did not incorporate observational or ethnographic methods that might have enriched contextual understanding. Additionally, because participation in focus groups was voluntary, there is a risk of selection bias, as participants may represent more motivated or engaged individuals. Moreover, the study was conducted in a single institution, which limits the generalizability of findings to other settings. Finally, the absence of quantitative outcome measures restricted the ability to assess the measurable impact of the changes informed by the focus groups.

Future Directions

To build on the insights gained from this study, future research should adopt a more comprehensive, mixed-methods approach that combines qualitative, quantitative, and observational techniques. Ethnographic fieldwork or participatory observation during focus group interviews may reveal additional contextual and interpersonal factors that influence the quality and utility of qualitative feedback. Furthermore, integrating pre- and post-intervention measurements could help quantify the impact of implemented changes and validate the effectiveness of focus group-informed decision-making. Longitudinal studies tracking the sustainability of educational reforms prompted by such evaluations would also contribute to a deeper understanding of institutional change dynamics. Expanding the scope to include multiple institutions could enhance generalizability and offer comparative insights into program evaluation strategies across diverse medical education settings.

Conclusion

This study highlights the significant role of focus group interviews in medical education program evaluation, providing in-depth insights into student and educator experiences that are often overlooked in traditional assessment methods. The findings emphasize the need for better alignment between theoretical and practical training, improved faculty engagement, and enhanced infrastructure to support learner-centered approaches. By integrating qualitative methods like focus groups into routine program evaluation, medical schools can capture nuanced challenges, inform curriculum reforms, and foster a more responsive educational environment. Future research should explore the long-term impact of focus group-driven evaluations on institutional decision-making and educational outcomes.

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