

FACULTY OF DENTISTRY
STUDENT COURSE EXPERIENCE QUESTIONNAIRE (SCEQ)
UNDERGRADUATE STUDENTS
ANALYSIS OF OPEN RESPONSE COMMENTS: 2005

CONTENTS

EXECUTIVE SUMMARY	2
<i>SUMMARY OF RESULTS.....</i>	<i>3</i>
1 INTRODUCTION	6
<i>BEST PRACTICE AND SUGGESTED IMPROVEMENTS</i>	<i>6</i>
2 ARRANGEMENT	7
3 ANALYSIS OF THE COMMENTS: TAXONOMY AND PROCESS	9
4 DEGREE EXPERIENCE	11
4.1 ANALYSIS OF COMMENTS REFERRING TO THE BEST ASPECTS.....	11
4.2 ANALYSIS OF COMMENTS SUGGESTING IMPROVEMENTS	15
5 EXPERIENCE OF STUDENT ADMINISTRATION AND STUDENT SUPPORT SERVICES	19
5.1 ANALYSIS OF COMMENTS REFERRING TO BEST ASPECTS	19
5.2 ANALYSIS OF COMMENTS SUGGESTING IMPROVEMENTS	22

EXECUTIVE SUMMARY

The Student Course Experience Questionnaire (SCEQ), is designed to collect quantitative and qualitative data about students' perceptions of the quality of teaching and learning in their degree courses, as well as their perceptions of student administration and support services. As part of the questionnaire students are asked to provide comments on the best aspects of their university experience (degree and administration) and those that could be improved. Based on the responses to these questions, this document seeks to provide an analysis of the areas of best practice, and opportunities for improvement, in the experiences of undergraduate students in the Faculty of Dentistry in 2005.

Considerable improvements have been made in the following areas of the undergraduate student experience in the Faculty of Dentistry since the last analysis in 2003.

- There has been a substantial increase in the number of favourable comments received on the standard of teaching received in the Faculty of Dentistry (2003: 4%; 2005: 18%). Although the number of adverse comments has also increased, it is not by a significant amount. Students appreciate the fact that lecturers are willing to help with problems, make themselves available and provide interesting lectures.
- Also significant is the rise in the percentage of comments relating to appreciation of group work – 2003: 4%; 2005: 9%.
- Adverse comments about the workload have decreased steadily since 2001: 2001: 24%; 2002: 19%; 2003: 11%; 2005: 7%. This indicates substantial improvement in this aspect of the student experience.
- The percentage of positive and adverse comments about the assessment regime within the faculty are almost identical (8% and 7% respectively). Whilst there is a slight increase in the adverse comments since 2001 (2001: 8%; 2005: 11%), the main improvement is in the percentage of positive comments – from nil to 8%.

However, based on the analysis of the open response comments, there are still areas of the student experience that need attention.

- The percentage of comments relating to the content and structure of the curriculum has increased substantially since 2001: 2001: 18%; 2002: 17%; 2003: 22%; 2005: 35%. Most comments relate to the fact that a high proportion of the curriculum is closely aligned with the GMP course, and the perception that this is either unnecessary or should demonstrate its relevance to dentistry.
- The percentage of adverse comments relating to administration and organisation of the course continues to be high (2001- 2002: 21%; 2003: 30%; 2005: 33%). Students are unhappy with the perceived lack of organisation of the course, cancellation or rescheduling of lectures at short notice, and late notification of rotations.
- Connected to the above, students are unhappy with certain aspects of the timetabling process, including lateness of availability, constant changes, and the fact that it has to be worked around the needs of the medical students. Previously counted in administration and organisation, this is a new topic in 2005, and was mentioned in 20% of comments received.
- Dissatisfaction with the communication processes between the faculty administration and students, between departments, between the faculties of Dentistry and Medicine, and between the faculty and the hospitals was mentioned in 19% of comments received. This is double the amount of comments received in 2003, and is indicative of a growing concern about this area of the student experience.

Summary of results

Degree experience: areas of best practice

The aspects of degree experience which attracted most positive comments from undergraduate students were:

	% of comments received	
	2005	2003
Curriculum: clinical and practical aspects of course	53%	48%
Curriculum: content and structure	19%	21%
Learning community: learning environment	18%	11%
Good teaching: standard of teaching received	18%	4%
Good teaching: group work	9%	4%
Overall satisfaction: quality of academic staff	8%	10%

Degree experience: opportunities for improvement

The areas of degree experience which undergraduate students considered most in need of improvement were:

	% of comments received	
	2005	2003
Curriculum: content and structure	35%	22%
Administration and organisation: general	33%	30%
Administration and organisation: timetabling	20%	
Communication	19%	10%
Clear goals and standards	16%	5%
Good teaching: standard of teaching received	13%	9%

Student administration and student support services: areas of best practice

The aspects of student administration and student support services which attracted most positive comments from undergraduate students in 2005 were:

	% of comments received	
	2005	2003
Customer service: quality	31%	38%
Library services	15%	8%
Services provided: accessibility and convenience of services	12%	13%
Web communication: intranet/ internet	12%	8%
Administration and organisation: general comments	12%	
Services provided: variety of services	11%	6%

Student administration and student support services: opportunities for improvement

The aspects of student administration and student support services which undergraduate students considered most in need of improvement in 2005 were:

	% of comments received	
	2005	2003
Services provided: equity of service provision	25%	31%
Library services	18%	10%
Web communications: intranet/ internet	16%	19%
Computer access centres: university	12%	8%
Customer service: staffing levels	12%	6%
Customer service: quality	11%	12%

Rachel Symons
Special Projects Officer
Office of the Pro-Vice-Chancellor (Learning and Teaching)

October 2006

1 Introduction

The Student Course Experience Questionnaire (SCEQ), is designed to collect quantitative and qualitative data about students' perceptions of the quality of teaching and learning in their degree courses, as well as their perceptions of student administration and support services. As part of the questionnaire students are asked to provide comments on the best aspects of their university experience (degree and administration) and those that could be improved. Based on the responses to these questions, this document seeks to provide an analysis of the areas of best practice, and opportunities for improvement, in the experiences of undergraduate students in the Faculty of Dentistry in 2005.

In 2005 74% of students who responded to the SCEQ provided comments on the best aspects of their degree experience, and 79% on areas that could be improved; whilst 41% provided comments on the best aspects of student administration and student support services, and 46% on areas that could be improved. The majority of comments (90%) came from students in the Bachelor of Dentistry program.

Best practice and suggested improvements

Considerable improvements have been made in the undergraduate student experience in the Faculty of Dentistry since the last analysis in 2003. In particular:

- There has been a substantial increase in the number of favourable comments received on the standard of teaching received in the Faculty of Dentistry (2003: 4%; 2005: 18%). Although the number of adverse comments has also increased, it is not by a significant amount. Students appreciate the fact that lecturers are willing to help with problems, make themselves available and provide interesting lectures.
- Also significant is the rise in the percentage of comments relating to appreciation of group work – 2003: 4%; 2005: 9%.
- Adverse comments about the workload have decreased steadily since 2001: 2001: 24%; 2002: 19%; 2003: 11%; 2005: 7%. This indicates substantial improvement in this aspect of the student experience.
- The percentage of positive and adverse comments about the assessment regime within the faculty are almost identical (8% and 7% respectively). Whilst there is a slight increase in the adverse comments since 2001 (2001: 8%; 2005: 11%), the main improvement is in the percentage of positive comments – from nil to 8%.

However, based on the analysis of the open response comments, there are still areas of the student experience that need attention.

- The percentage of comments relating to the content and structure of the curriculum has increased substantially since 2001: 2001: 18%; 2002: 17%; 2003: 22%; 2005: 35%. Most comments relate to the fact that a high proportion of the curriculum is closely aligned with the GMP course, and the perception that this is unnecessary.
- The Faculty of Dentistry is the only faculty in which adverse comments relating to administration and organisation of the course, timetabling and communication feature in the top six areas of concern mentioned by students in response to questions on their degree experience, rather than their experiences of student administration and student support services:
 - The percentage of adverse comments relating to administration and organisation of the course continues to be high (2001- 2002: 21%; 2003: 30%; 2005: 33%). Students are

unhappy with the perceived lack of organisation of the course, cancellation or rescheduling of lectures at short notice, and late notification of rotations.

- Connected to the above, students are unhappy with certain aspects of the timetabling process, including lateness of availability, constant changes, and the fact that it has to be worked around the needs of the medical students. Previously counted in administration and organisation, this is a new topic in 2005, and was mentioned in 20% of comments received.
- Dissatisfaction with the communication processes between the faculty administration and students, between departments, between the faculties of Dentistry and Medicine, and between the faculty and the hospitals was mentioned in 19% of comments received. This is double the amount of comments received in 2003.

2 Arrangement

1. Degree experience
 - Analysis of comments referring to best aspects
 - Analysis of comments suggesting improvements
2. Experience of student administration and student support services
 - Analysis of comments referring to best aspects
 - Analysis of comments suggesting improvements

Within each section, responses are ranked according to the percentage of comments received for each aspect. Sample comments are provided for the six aspects that received the highest percentage of comments. For comparison, results for the previous years qualitative analysis¹ are provided in brackets after the 2005 results.

Only aspects that received more than 5% of comments in 2005 are included in this report. To preserve student confidentiality, sample comments are only provided if there are six or more comments relating to that aspect in the responses. Comments that may possibly identify the student are not been included in the sample comments. Comments are transcribed exactly as they appear in the original documents.

¹ i.e. 2000 – 2003. The SCEQ was not administered in 2004.

3 Analysis of the comments: taxonomy and process

The manual analysis and evaluation method used by the University is based on an in-house taxonomy which allows for standardisation of reporting across the university and ease of comparison with the SCEQ quantitative analysis reports. Within the taxonomy, the main categories are based on the SCEQ items, and sub-categories based on their characteristics. Additional categories, based on the frequency of occurrence in students' comments over the past four years, are also included. Categories for the analysis of comments relating to administration and support services are defined using the most commonly mentioned aspects e.g. quality of customer service, opening hours, staffing levels, online access to services; and names of individual services e.g. Counselling, Library, Student Centre.²

- | | |
|--|---|
| <ul style="list-style-type: none">• Evaluation and feedback• Academic Board policies• Curriculum• Skills development• Learning community• Learning resources• Overall satisfaction• Good teaching | <ul style="list-style-type: none">• Clear goals and standards• Appropriate assessment• Appropriate workload• Elearning• Research-led teaching• Student progression and retention• Cultural diversity• Equity |
|--|---|

Categories used in the analysis of SCEQ Open Response comments

This taxonomy is under constant revision as the need to sub-divide categories becomes apparent. For example, until 2005 the category *Online learning and resources* was used to record all comments mentioning students' experiences of elearning. In 2005, the increase of elearning across the university, and the review of its use, has necessitated the sub-division of this category into the following elements: *Online resources*; *Elearning: uptake by students/ staff*; *Learning management systems*; *Support provided*; and *Face to face vs. online learning*. NB: The SCEQ included specific questions on elearning for the first time in the 2005 survey. These additional qualitative analysis topics reflect these changes.

Each comment received is analysed according to the SCEQ Taxonomy, with those including more than one aspect being counted in each aspect mentioned.

Students undertaking double degrees were asked to identify which degree/s they were commenting on in their answer. Where this has occurred the comment is counted in the results for the applicable faculty; where this has not occurred, the comment is counted in the results for both faculties.

It should be noted, however, that the absence of favourable comments on a particular aspect of learning and teaching does not reflect that this is not an area of best practice. Rather that the students are happy with their experiences, and prefer to focus on commenting on areas in need of improvement. Since 2000, more comments have been received from undergraduate students in reply to questions asking students to list areas in need of improvement than those asking for areas of best practice.

² A copy of the SCEQ Taxonomy is provided as a separate attachment.

4 Degree experience

4.1 Analysis of comments referring to the best aspects³

Curriculum: clinical and practical aspects (2005: 53%)
(2003: 48%; 2002: 57%; 2001: 61%; 2000: 65%)

- Clinical work with patients is the best because you get to use any information you have been thought in a practical way and know what is necessary and what isn't, and it makes you feel better after a bad lecture or exam, that I actually can do what I am studying for and some of the other things being taught aren't so worthwhile worrying about. and patients really appreciate you helping them.
- Clinical sessions where we practice practical dentistry - these are good because they are exactly what we are training to do and therefore very relevant. Hands on contact with patients is also very rewarding and satisfying.
- Being part of a new course, the B Oral Health program has offered me a great deal of relevant information as well as giving me the opportunity to partake in practical activities. I enjoyed being able to see patients so soon and feel that it is situations like these that keep me interested in the course.
- Clinical aspects. You get to put into practice what you have been taught in lectures/tutorials. Being able to interact/work with patients is the best part.

Curriculum: content and structure (2005: 19%)
(2003: 21%; 2002: 23%; 2001: 21%; 2000: 8%)

- Challenging, include a wide range of subjects previously unencountered. Learn theories and then consolidated with clinical practice
- Practical/Professional aspects integrated into the course with coursework. Gives you a feel for the real world. Exposes you to the real world from real experience in the field of dentistry.
- Good mix of theory and practical.
- Self directed learning given a framework to work in. Allows me to best learn in the ways that I learn best.

Learning community: learning environment (2005: 18%)
(2003: 11%; 2002: 12%; 2001: 8%; 2000: 8%)

- Good friendly bunch of people all working with each other towards a common goal. Provides a good future for those who graduate in a highly respected profession.
- Because it's a small year (82 students), I have the chance to know nearly all my fellow students. Also, staff have a greater opportunity to give more attention to each student and get to know us as a person, not just another face.
- almost without exception dental staff have been very supportive of students ongoing education and many have made themselves available by email/phone if we run into difficulty with the course or personal problems. the students know they can get help and aren't afraid to ask for it. these staff really care about us as individuals.
- In B.Dent 1, the best aspects are the small class (80 students) that is now a little family and the early stage at which we get a chance to encounter patients and practise in tooth conservation.

³ Number of comment received: 2005: 104; 2003: 122; 2002: 122; 2001: 123; 2000: 52

Good teaching: standard of teaching received⁴ **(2005: 18%)**
(2003: 4%; 2002: 2%; 2001: 2%; 2000: 2%)

- Intelligent, enthusiastic teaching staff. Their high levels of knowledge, experience and motivation inspire me to do my best.
- Generally speaking lecturers make a good effort to provide practical and clinically oriented lectures and tutorials. The majority of teaching staff are approachable and helpful.
- The few academic staff we have are excellent and work very hard to try to make things work for us.
- Certain subjects are very interesting and some lectures are excellent as they are very interesting and helpful and easy to understand.

Good teaching: group work **(2005: 9%)**
(2003: 4%; 2002: 5%; 2001: 2%; 2000: 4%)

- The group learning and the practical tooth cons classes. These aspects really try to imitate what we may encounter in the real world helping in preparation of practicing.
- Group work with fellow students
- Group environment gives good skills development
- PBL groups in dentistry help me learn better and improve my skills as a member of a team.

Overall satisfaction: quality of academic staff⁵ **(2005: 8%)**
(2003: 10%; 2002: 7%; 2001: 7%; 2000: 15%)

- Lectures from professionals currently working in our field
- the access to leading specialists and their knowledge. This has helped us lift our level of understanding to greater than the average dentist in a few areas and helped us avoid short cuts and ensured a knowledge base of how things should be done optimally and then work to the constraints of the hospital system.
- Specialist lecturers - Lectures / knowledge from experts.
- Range of tutors/staff from different background qualification.

Other aspects mentioned included:

	<i>2005</i>	<i>2003</i>	<i>2002</i>	<i>2001</i>	<i>2000</i>
Appropriate assessment	8%		1%	1%	
Skills development: generic graduate attributes	7%	5%	8%	3%	4%
Good teaching: useful and timely feedback	7%	2%	1%	7%	2%
eLearning: uptake by students and staff	6%				

⁴ Includes: Understanding students problems; links between theory and practice; links between tutorials and lectures; discussions encouraged; use of up to date learning resources/ material

⁵ Includes: Qualifications (as tertiary teacher); experience (in subject area)

4.2 Analysis of comments suggesting improvements⁶

Curriculum: content and structure (2005: 35%) (2003: 22%; 2002: 17%; 2001: 18%; 2000: 37%)

- need to have more cohesion between faculties. need to have things taught in a more logical, flowing pattern eg. not random radiology one week, then not do any until a few months later when everything has been forgotten
- The course is probably too heavily skewed towards Medicine rather than Dentistry in the first two years with a very large one-off make-or-break style examination towards the end of second year. A more tailored and condensed medical program highlighting medical aspects of clinical significance in Dentistry should be seriously considered.
- It would help if those students lacking a human science background were coached in the basics at the beginning. Perhaps a bridging course is required. Given that we have double the workload and learning requirements of the medical students, getting through dentistry without any relevant background knowledge to draw from is a big ask
- Better integration with Dentistry; most of the course is based off Medicine. A stronger emphasis on Dental relevance would improve the course.

Administration and organisation: general comments (2005: 33%) (2003: 30%; 2002: 20%; 2001: 22%; 2000: 4%)

- The coordination and administrative side of the faculty has been the major short coming. We are not told of when some rotations are until the week of the rotation and changes to the assessment requirements half way through the year is far from optimal. Exam results have always been held onto by the faculty and not released and it has been common for the results to be released 2 months after the exam.
- Faculty organisation - they have poor organisation and communication b/w different disciplines.
- Organisation and structure of subjects and units, percentages of and weightings of exams and assessments were left to be set too late. Director not valuing student feedback on course. Timetables continually changing and posted only one week before date..
- The course is still quite disorganised, especially with the plasticity of the timetable. Many students have jobs to support themselves, and often lectures are rescheduled to times that we were timetabled to have free. The excuses used by the Faculty are: "it's still a young degree", but the graduate dental program has been running for over four years now. "there are too many students in the year". This is NOT the fault of the students!!! "It's the Faculty of Medicine's fault". Enough said!

Administration and organisation: timetabling (2005: 20%) (*new topic in 2005*)

- Timetables are sometimes cut off or not sent properly or at all so sometimes are in the dark of what is happening in the week
- The timetabling has been atrocious. Classes scheduled at the last minute. Classes cancelled on the day or day before without students being informed. This has happened many times this year..
- Poor timetable due to working around medical students timetable - medical students have theme sessions before dental students so there are large gaps in the timetable..
- Timetables continually changing and posted only one week before date.

⁶ Number of comment received: 2005: 111; 2003: 128; 2002: 127; 2001: 119; 2000: 46

Communication⁷

(2005: 19%)

(2003: 10%; 2001: 2%)

- The faculty needs to be more organised in terms of communication between staff, otherwise the students are the ones that end up with a compromised education.
- Administration surrounding the course has been of a poor standard with significant confusion and misinformation, especially early in the year. In addition, faculty expectations of students were not made clear. In essence there is a significant problem with passage of information and attention to detail within the faculty and between our faculty and faculty of medicine..
- disorganisation, no communication between the hospital and the faculty, changing assignment due dates and exam times to whenever the faculty wants - without prior warning. One time, we were informed about the format of the exam 4 days before the exam.
- There is a huge amount of miscommunication between the people involved in different aspects of the course. This translates into confusion for students and extra stress as we try to figure out what is going on, what will be covered in exams, where we are supposed to be etc.

Clear goals and standards

(2005: 16%)

(2003: 5%; 2002: 8%; 2001: 10%)

- Students are often unclear as to what the most important learning objectives are and this could be another solution to whittling down and streamlining the work load.
- periodic learning objectives should be issued at the commencement of the new semester
- There could be more collaboration between the lecturers and the faculty and the students. There are different expectations both academically and clinically, of the students at different levels throughout the university and faculty which makes it confusing at times for the students. There is no set academic expectation clearly outlined for the students to follow at the beginning of each PBL problem.
- Planing of the subject out lines before the commencement of assessments. We currently don't have a set curriculum of overview of most of the subjects we are being examined on.

Good teaching: standard of teaching received

(2005: 13%)

(2003: 9%; 2002: 6%; 2001: 4%; 2000: 15%)

- Lecturers and teaching as they are very poor standard and do not engage with students. Also they often are not relevant.
- Number of teaching staff - need to be increased. The existing staff seem strained and focused on getting the job done rather than helping us learn.
- Old teaching method which is based on humiliation
- Tutors are nasty and some are very rude - generates highly negative and depressing learning experience.

⁷ Includes: Internal mechanisms for dissemination of information; and communication between academic staff and students; administration and students

Other aspects mentioned included:

	2005	2003	2002	2001	2000
Appropriate assessment	11%	5%	8%	8%	20%
eLearning : uptake by students/ staff	10%				
Curriculum: clinical and practical aspects of course	9%	6%	8%	5%	4%
Online resources	8%	4%	4%	7%	
Appropriate workload	7%	11%	19%	24%	22%
Evaluation and feedback	7%	6%	4%	2%	
Equity issues: preference to student groups (i.e. Medicine)	7%				
Resource issues	6%	11%	20%	8%	4%
Overall satisfaction: quality of academic staff	6%	3%	9%	12%	11%

5 Experience of student administration and student support services

5.1 Analysis of comments referring to best aspects⁸

Customer service: quality **(2005: 31%)**
(2003: 38%; 2002: 49%; 2001: 55%; 2000: 47%)

- I do not use many of these facilities but interaction with staff in these areas has always been pleasant. I feel like my query is being addressed and any anxiety is suppressed. They are a great group of people.
- Friendly staff, and well organized.
- Any enquiries were looked at and assistance was offered where it was appropriate. Staff are friendly and very helpful
- I don't use the services much but when I do use them they have been helpful in fulfilling my needs

Library services **(2005: 15%)**
(2003: 8%; 2002: 14%; 2001: 17%; 2000: 21%)

- Libraries pretty good, many books available to students, good for dental studies.
- Library, sufficient books, great system to order books from other libraries.
- Dentistry and Medical library resources are good and the staff are helpful.
- Library, sufficient books, great system to order books from other libraries.

Services provided: accessibility and convenience **(2005: 12%)**
(2003: 13%; 2002: 5%; 2001: 11%; 2000: 16%)

- well organised and accessible
- All aspects are good, there is a lot of support readily available and convenient.
- Quite organised. Easy to access.
- Accessibility and convenience, range of services.

⁸ Number of comment received: 2005: 65; 2003: 52; 2002: 63; 2001: 64; 2000: 38

Web communications: intranet/ internet (2005: 12%)
(2003: 8%; 2002: 6%; 2001: 9%; 2000: 11%)

- good use of internet to transfer information quickly and efficiently.
- It is quite easy to find help because a lot of the information is on the USYD site,
- The Dentistry website is great
- The university intranet is very handy when you live on campus. The organisation and ease of navigation needs more work and a better search engine is needed

Administration and organisation: general⁹ (2005: 12%)

- Student admin in a faculty level is really good as the staff are intimate with all the students (eg: know there names and generally are aware of what is going on)
- Faculty admin are helpful and approachable.
- The faculty (Dentistry) admin staff are a pleasure to deal with, they are friendly, kind, approachable - excellent!
- My faculty (Dentistry) administration is generally good - staff knowledgeable and helpful.

Services provided: variety of services (2005: 11%)
(2003: 6%; 2002: 3%; 2001: 5%; 2000: 4%)

- Good variety of services available for a large population group.
- Access to so many different resources and facilities is impressive.
- Wide range of services.
- variety available. you are aware that if you need something than a service is there to provide the help you need.

Other aspects and services mentioned included:

	<i>2005</i>	<i>2003</i>	<i>2002</i>	<i>2001</i>	<i>2000</i>
Web communications: online access to support services	6%	8%	3%		
Computer access centres: university	6%	12%	14%	11%	11%
Health services	6%	2%	5%	2%	3%

⁹ In 2005, this includes Faculty Administration (where specifically mentioned in the comment). These comments were previously counted in Customer Service: Quality

5.2 Analysis of comments suggesting improvements¹⁰

Services provided: equity of service provision (2005: 25%)
(2003: 31%; 2002: 11%; 2001: 42%; 2000: 11%)

- For them to be more available at the auxiliary campuses or prolonging their opening hours so that students can visit them after hours. Some courses are full time and run during business hours on weekdays, which is also the same times as the support services are available. Hence, it makes it difficult for use of those services.
- As a student who has no classes at main campus it is annoying to have payments etc that have to be made there. Difficulty accessing some services due to being off campus.
- As a student off campus (affiliated) I feel as though we are forgotten somewhat by main campus.
- have some flexibility in time available for off campus students who have full-time work loads (i.e. dentistry students) or perhaps consider offering an outcall service to the campus/ hospital we are located at...

Library services (2005: 18%)
(2003: 10%; 2002: 14%; 2001: 14%; 2000: 24%)

- I would love to have late night library hours so when I came back from the hospital in evenings I would have a place to study after 7pm.
- Size of dental library too small, not enough quiet study areas, need to improve on hours of operation - need to be open later at night.
- Plus longer opening hours for the off campus libraries would be useful.
- Increase copies of books on demand in library. Thank You.

Web communications: intranet/ internet (2005: 16%)
(2003: 19%; 2002: 2%; 2001: 6%; 2000: 5%)

- Less reliance on internet
- when I want to print things out I can't put money on my account and I find this a bit inconvenient
- Uni web site can be a little confusing/over complicated.
- Make website (USYD) easier to use.

Computer access centres: university¹¹ (2005: 12%)
(2003: 8%; 2002: 14%; 2001: 16%; 2000: 18%)

- more computers should be available currently we have to wait for too long to access computers on campus
- Waiting around in the library for a computer has been a hassle at times. Maybe more computer services could be accommodated for the increasing number of students in the university
- Computer centre needs to be updated, programs like work on the computer are so very out dated and any document I tried to open from the net or email would fail to do so.
- On campus computer facilities need improvement. On campus computer facilities at Fisher Library - need more computers, the lines are too long.

¹⁰ Number of comment received: 2005: 57; 2003: 52; 2002: 63; 2001: 64; 2000: 38

¹¹ In 2005 comments on Computer access centres were divided into University *and* Faculty.

Customer service: staffing levels

(2005: 12%)

(2003: 6%; 2002: 3%; 2001: 8%; 2000: 5%)

- My only observation is that there seems to be a lack of staff and or resources relative to the number of students eg. very hard to get appointments with Health services.
- Administration can be improved. Employ more staff.
- Need more staff during busy periods
- have more staff esp. during beginning of semester

Customer service: quality

(2005: 11%)

(2003: 12%; 2002: 11%; 2001: 13%)

- Better staff efficiency and knowledge.
- more staff that are willing to help
- Need to make it clear what they do and what they don't. Adequate staff. Adequate time opened.
- Less waiting in line, early send out of the payment invoices not leaving only 2 weeks to pay. Guild membership is a rip off.

Other aspects and services mentioned included:

	<i>2005</i>	<i>2003</i>	<i>2002</i>	<i>2001</i>	<i>2000</i>
Customer service: opening hours	11%	4%		5%	5%
Administration and organisation: general (incl. faculty)	7%				
Computer access centres: faculty/ hospital	7%				