

FACULTY OF MEDICINE

STUDENT COURSE EXPERIENCE QUESTIONNAIRE (SCEQ) ANALYSIS OF OPEN RESPONSE COMMENTS 2003

UNDERGRADUATE STUDENTS

NB: number of comments received on each aspect is displayed as a percentage of the total number of comments received for each question

1 DEGREE EXPERIENCE

SCEQ 2003 OR Q 37¹ What are the best aspects of your degree course?

Students are satisfied with some aspects of the curriculum (2003: 51%)

(2002: 47%; 2001: 46%; 2000: 54%)

- The system of problem based learning is helpful in developing skills for dealing with a wide range of problems and puts the course material in a useful context. The mix of lectures and clinical experience is also helpful in keeping things relevant
- Problem based learning is an excellent and stimulating way of learning
- Course material – excellent and highly interesting and stimulating subject matter

Students appreciate the practical aspects of the curriculum (2003: 38%)

(2002: 36%; 2001: 31%; 2000: 36%)

- Clinical exposure. Puts me in touch with what I will have to deal with when I am working
- Clinical education from an early point in the course. Really helps to put what we are learning in class into perspective, as well as allowing us to explore a more clinical viewpoint of the current subject. These days remind me why I am doing medicine
- Getting hands on experience. The practical elements of spending a day each week at a teaching hospital really allows for a first hand experience of how the future work environment will be

Lecturers and tutors are viewed favourably (2003: 12%)

(2002: 7%; 2001: 16%; 2000: 12%)

- The academic staff since lecturers are usually experts in their field providing up to date knowledge
- Lecturers and tutors (academic and clinical) – their enthusiasm, quality of teaching and knowledge
- It is great to be lectured/ tutored by leading clinicians and active researchers

Students feel part of a learning community (2003: 9%)

(2002: 11%; 2001: 6%; 2000: 6%)

- Being part of a community of students committed to learning and understanding
- There is a sense of community within the course – this makes it easier to feel and address the course's challenges
- Because this is a graduate course, the students are more mature, and more committed to studying, which provides a stimulating work environment

Students are happy with the standard of teaching received (2003: 7%)

¹ Number of comments received: 2003 – 185; 2002 – 199; 2001 – 186; 2000 - 50

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

- Lectures are excellently prepared and presented, with the result that their subject matter is relatively easy to learn
- Tutors and lecturers who are passionate about teaching
- Well constructed lectures are useful learning aids

SCEQ 2003 OR Q 38² What aspects of your degree course could be improved?

Students are dissatisfied with some aspects of their curriculum (2003: 38%)

(2002: 38%; 2001: 23%; 2000: 32%)

- Curriculum needs amendments, more anatomy, pharmacology, and basic sciences whilst less psychosocial
- More time spent on anatomy. More exposure to surgery. This is important because many will not become surgeons and therefore need this knowledge from their course. Potential surgeons could also use more exposure to compete better with students from other universities
- I feel that the graduate medicine program is poorly designed and will not adequately train future leaders in academic medicine

Students are unhappy with some aspects of assessment (2003: 28%)

(2002: 19%; 2001: 22%; 2000: 19%)

- More exams are required, especially after every major block, and a final exam at the end of fourth year
- Assessment is poorly designed and indiscriminate, as it is currently the competence of all students passing is not ensured
- Assessment should be part of the course in all years (i.e. end of year exams) so students are motivated throughout the entire degree

Clearer expectations about the course are requested (2003: 10%)

(2002: 14%; 2001: 10%; 2000: 13%)

- From the outset, I think it would be helpful to detail exactly what is required each rotation and to describe the level of detail required for both exams and for our future work in medicine
- Sometimes it is unclear exactly how much detail we are expected to learn
- Progression through the course, in terms of what each year involves, is kept secret until you reach that stage. It makes planning for each stage difficult

Useful and timely feedback would be appreciated (2003: 10%)

(2002: 8%; 2001: 11%; 2000: 9%)

- Feedback from assessments. We only get an 's' or an 'ns' and don't get to see our papers – we never know what we got right or wrong
- I would like more feedback from the teaching staff along the way (i.e. more graded exams or assignments)
- Perhaps more personal feedback – help us to direct study to areas needed

Clear goals and standards are required (2003: 9%)

(2002: 12%; 2001: 21%; 2000: 26%)

- Clearer course objectives – e.g. given as a list prior to each unit of learning
- Clear learning goals
- The course lacks a clearly defined syllabus which makes it extremely difficult to figure out what knowledge is appropriate for, or necessary, at our level.

² Number of comments received: 2003 – 173; 2002 – 180; 2001 – 171; 2000 - 47

2 EXPERIENCES OF STUDENT ADMINISTRATION AND STUDENT SUPPORT SERVICES

SCEQ 2003 OR Q 67³ What are the best aspects of the student administration and student support services?

Staff are friendly, helpful and efficient (2003: 58%)

(2002: 75%; 2001: 53%; 2000: 32%)

- Medicine administration is quite efficient and very friendly
- Faculty student administration was good because they really took the time to handle any enquiries I had
- The only one I can comment on is the Faculty administration and they are excellent. The staff in the administration office make an effort to assist students who have need of their assistance, and they do so, like the rest of the Faculty, with a smile

Library services and staff (2003: 16%)

(2002: 12%; 2001: 9%; 2000: 9%)

- Medical library staff are very knowledgeable and helpful
- Library (medical) staff top notch! Helpful and courteous
- Library staff in med library are great. So are online journals

Computer Access Centres (2003: 14%)

(2002: 6%; 2001: 11%; 2000: 5%)

- Medicine computer access is great
- Computer access provided through the Faculty of Medicine. This was essential to learning
- Availability and accessibility of computers

Health Service (2003: 7%)

(2002: 5%; 2001: 4%; 2000: 5%)

- The Health Centre is convenient to use and the doctors cater well for University student needs
- The health services are professional and accessible
- It is excellent that there is a student health service available (particularly that they bulk bill)

Students appreciate Intranet/ Internet services (2003: 6%)

(2002: 8%; 2001: 6%; 2000: 9%)

- USyd intranet and web access to electronic journals
- Use of the internet to process and communicate with students
- Extro services – very user friendly

Other aspects mentioned include:

- Online access to services (2003: 5%) (2002: 5%; 2001: 1%)
- Accessibility and convenience of services (2003: 5%) (2002: 9%; 2001: 13%; 2000: 50%)
- Availability and existence of services (2003: 5%) (2002: 9%; 2001: 8%; 2000: 14%)

Other services mentioned by name include:

- Accommodation Service (2003: 4%) (2002: 3%; 2001: 3%)
- Casual Employment Service (2003: 2%) (2002: 4%; 2001: 4%)
- Counselling Service (2003: 2%) (2002: 1%; 2001: 1%; 2000: 5%)
- Security Services (2003: 2%) (2002: 1%; 2001: 1%)

³ Number of comments received: 2003 – 85; 2002 – 77; 2001 – 79; 2000 – 22

SCEQ 2003 OR Q 68⁴**How could student administration and student support services be improved?****Inequity of services to students studying off campus/ in clinical years (2003: 27%)**

(2002: 17%; 2001: 22%; 2000: 10%)

- Because half of the degree is spent off campus more services need to be made available at these sites
- I pay a lot of money in my annual fees, but as I am situated off campus, I cannot use the vast majority of services my fees pay for. This is inequitable and unfair
- Currently studying at Westmead Hospital it is very hard to access many of these services when you are off main campus. Better provision of services to students at peripheral campuses needs to be addressed

Library services and staff (2003: 22%)

(2002: 18%; 2001: 11%; 2000: 33%)

- The hours of the Medical Library are somewhat limited and it would be helpful if they were extended. Particularly to include some hours on Sunday and a full day on Saturday
- Need more access to text books for use in library, especially Edward Ford Library where a lot of us study but none of our text books are kept there
- Library needs more money. Better computer access, more journals, more up to date text books for each subject

Staff could be more friendly, helpful and efficient (2003: 16%)

(2002: 35%; 2001: 17%; 2000: 24%)

- A bit overloaded and unenthusiastic admin staff
- More efficient, less bureaucratic
- Some program admin staff have not replied to emails or have not sufficiently answered my questions

Computer Access Centres (2003: 10%)

(2002: 6%; 2001: 7%; 2000: 19%)

- There are always too few computers at computer access centres
- There are no 24 hour computer access rooms readily available if studying Medicine
- Better IT support for computers, or a system for reporting broken computers

Services should be advertised more (2003: 10%)

(2002: 4%; 2001: 8%)

- Make it clear what is available to whom. So often do I find out from friends who might have used a service or a learning centre what is available for me to use! If there were pamphlets that could be picked up detailing that services available to me as a student and what criteria I had to meet to be eligible, I am sure that I would be accessing them more frequently
- Not much info available if new to Sydney
- I think they are doing a good job but could be better advertised. I could not even locate the phone number of the Health Service in the Union diary

Other aspects mentioned include:

- Union fees too high (e.g. if off campus) (2003: 7%) (2002: 5%; 2001: 11%)
- More staff should be employed (2003: 7%) (2002: 2%; 2001: 1%; 2000: 10%)
- Lack of communication between services (2003: 2%) (2002: 7%; 2001: 4%)

⁴ Number of comments received: 2003 – 81; 2002 – 83; 2001 – 76; 2000 – 21