

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

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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 Medicine in 2005.

Degree experience: areas of best practice

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

	% of comments received	
	<i>2005</i>	<i>2003</i>
Curriculum: clinical and practical aspects of course	39%	38%
Curriculum: content and structure	34%	51%
Good teaching: standard of teaching received	17%	7%
Learning community: learning environment	11%	9%
Good teaching: group/team work	10%	6%
Skills development: generic graduate attributes	9%	6%

Degree experience: opportunities for improvement

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

	% of comments received	
	<i>2005</i>	<i>2003</i>
Curriculum: content and structure	38%	38%
Clear goals and standards	25%	9%
Appropriate assessment	24%	28%
Good teaching: useful and timely feedback	16%	10%
Good teaching: standard of teaching received	14%	4%
Learning resources: general	7%	3%

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	
	<i>2005</i>	<i>2003</i>
Customer service: quality	26%	58%
Administration and organisation: general (inc. faculty)	21%	
Library services	15%	16%
Web communication: intranet/internet	14%	6%
Web communication: online access to services	13%	5%
Services provided: accessibility and convenience to services	8%	5%

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	15%	27%
Customer service: quality	14%	16%
Administration and organisation: general (inc faculty)	12%	
Library services	11%	22%
Web communications: intranet/ internet	9%	1%
Services provided: advertisement of services	7%	10%

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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 Medicine in 2005.

In 2005 80% of students who responded to the SCEQ provided comments on the best aspects of their degree experience, and 78% on areas that could be improved; whilst 45% provided comments on the best aspects of student administration and student support services, and 37% on areas that could be improved.

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.

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

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.

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

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

- | | |
|--|---|
| <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

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.

4 Degree experience

4.1 Analysis of comments referring to the best aspects³

Curriculum: clinical and practical aspects (2005: 39%)
(2003: 38%; 2002: 36%; 2001: 31%; 2000: 36%)

- The clinical days - get to see real patients and how things actually work in the hospital system.
- The early integration of clinical exposure from year 1 provides practical application of information integrated into the vocational setting - by far the best way to learn.
- Clinical attachments and early clinical contact - The use of clinical days in the first 2 years are paramount to the success of the course. They provide ongoing motivation, especially in the second year, which is very demanding. They also give us a basic foundation which allows us to hit the ground running in the third year, which is entirely clinical.
- The early clinical experience in the hospital helps learning as we are able to see medicine and disease in practise. It also encourages confidence and allows time for the development of basic skills such as history taking and examination.

Curriculum: content and structure (2005: 34%)
(2003: 51%; 2002: 47%; 2001: 46%; 2000: 54%)

- The Options - I chose one that gave a lot of patient-doctor-student interaction which was rewarding both educationally and also in fostering a desire to learn and be a part of the medical community. It is great to have one on one experience.
- I am very interested in what I am studying (medicine) and I like the course design and structure. There is a big emphasis on independent learning and studies. Heavy early clinical involvement encourages student enthusiasm
- I also enjoy the PBL format we have. By concentrating on a "problem of the week", it helps direct our problem solving and gives us an opportunity to work as a team.
- Problem based learning approach: assists conceptual learning rather than memorizing/rote learning and so it is more effective in the long-term re: retaining information. Being in contact with patients from first year - good, builds experience.

Good teaching: standard of teaching received⁴ (2005: 17%)
(2003: 7%; 2002: 6%; 2001: 9%; 2000: 4%)

- Some of tutors we have in hospital are extremely good at teaching, especially the clinicians, i can't put into words how fantastic they are at teaching and what wonderful people they are too (of course, i emphasise that this is SOME of the tutors).
- Dedicated academic staff who genuinely are interested in teaching medical students.
- There are individual academics and clinicians within the faculty who are committed to the learning and informal mentoring of students within the faculty, who set an excellent example/are fine role models.
- Many of the lecturers are excellent and very passionate about their teaching and their subject itself.

³ Number of comment received: 2005: 230; 2003: 185; 2002: 199; 2001: 186; 2000: 50

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

Learning community: learning environment **(2005: 11%)**
(2003: 9%; 2002: 11%; 2001: 6%; 2000: 6%)

- Peer motivation and encouragement, which allows throwing around ideas and getting feedback
- The teamwork and community network of the students in our year.
- Supportive relationship between students.
- My degree is graduate entry; I therefore study with a range of very interesting people who are all very motivated and intelligent.

Good teaching: group/ team work **(2005: 10%)**
(2003: 6%; 2002: 8%; 2000: 8%; 2000: 10%)

- Group work - encourages team work, enhances learning and promotes socialisation with new people
- I enjoy the other students in the course and feel that we work more as a team to learn the required material rather than competing with one another. I think the PBL approach and the fact that we don't receive grades, just pass/fail help to foster this teamwork mentality.
- group learning- more representative of the workplace conditions
- Graduate-entry means most students are more mature and have better self-directed learning skills and a wide range of knowledge, which makes group work beneficial.

Skills development: generic graduate attributes **(2005: 9%)**
(2003: 2%; 2002: 3%; 2001: 5%; 2000: 10%)

- Problem-solving, analytical/critical appraisal and teamwork skills development - All of these skills are targeted in this course and that can only be a good thing. The EBM component of the course deserves special mention as it covers a skill which is central to good clinical practice.
- Self-directed learning as a emphasis of learning in this course helped develop independence and time management skills.
- Clinical day at hospital. We get to improve our communication skills by talking to patients and we get to consolidate what we are learning about that week in class by seeing and talking to real cases rather than just reading about it in a text book.
- Teamwork, the opportunity to gain practical experience, the wide variety of online sources of information, the dedication of most of my teachers, the focus on communication skills and not just science knowledge when it comes to being a good doctor

Other aspects mentioned included:

	<i>2005</i>	<i>2003</i>	<i>2002</i>	<i>2001</i>	<i>2000</i>
eLearning: uptake by students and staff	9%				
Online resources	8%	5%	6%	5%	8%
Overall satisfaction: quality of academic staff ⁵	7%	12%	7%	16%	12%

⁵ Includes qualifications in tertiary teaching; experience in subject being taught; English language proficiency

4.2 Analysis of comments suggesting improvements⁶

Curriculum: content and structure (2005: 38%)
(2003: 38%; 2002: 38%; 2001: 25%; 2000: 32%)

- The support for a student from a non science background is just not there. It has been an incredibly tough couple of years. The first six months were extremely stressful because there was not a sufficient introduction to the material. There was no coverage of the 'basics' of medicine and we were forced to try and learn these for ourselves. It has taken me a good two years to even begin to feel comfortable and confident in the course. I would not in all honesty recommend for anybody to go into this course with a non-science background. I think this is very sad.
- not enough basic medical teaching (anatomy, pharmacology, microbiology) and too much social medicine (community doctor, patient doctor etc). This means that when we get to clinical rotations we are constantly in trouble (especially with surgeons) about lack of basic knowledge of anatomy etc.. and we seem to spend a disproportionate amount of time on social med issues which could be condensed.
- First year was terrible, why were we paying more money to do a medical science degree when all we did was exactly the same as those doing science, and the same happened in third year. Second year was great but too much work, would have been great if they split up that year into third year as well and obviously putting in more information. We were never told what we could do with our degree, we knew we could go into honours and then research but there was no more information.
- Balance of content - There is too great a focus in this course on personal, community and professional issues (which provide little direct help for ongoing clinical practice) and this is at the expense of basic sciences such as anatomy, physiology, pharmacology, microbiology and biochemistry/genetics. Each of these areas is touched on, but there is no systematic approach to the study of these fields and this leads to an obvious deficit in knowledge which becomes incredibly obvious during the clinical years. In the clinical years, there is a lack of teaching in the following fields - radiology, ophthalmology, otorhinolaryngology and again clinical pharmacology.

Clear goals and standards⁷ (2005: 25%)
(2003: 9%; 2002: 12%; 2001: 21%; 2000: 26%)

- A little more direction as to learning expectations required in the course... as in how much information that is required to be learnt by students... may help in the learning experience of us... myself at least...
- Academic guidelines and expectations - it would be prudent to introduce at least some idea of the depth and breadth of knowledge which is required, even if required for examination purposes and nothing else.
- A clear set of objectives should be provided. The third year of MBBS is very unstructured and it is impossible to know what the Faculty expects of the students.
- More guidance, goals, aims, stated to give clearer idea what is expected at each stage of course, as Medicine has such a huge amount of information in every area..

⁶ Number of comment received: 2005: 224; 2003: 173; 2002: 180; 2001: 171; 2000: 47

⁷ Includes: Clear aims and objectives for the course; clear expectations for standard of work required; clear explanation of marking criteria

Appropriate assessment

(2005: 24%)

(2003: 28%; 2002: 19%; 2001: 22%; 2000: 19%)

- Assessments after every system/subject covered, to ensure there is a minimum level of understanding and competence with core information and facts (not just problem-solving)..
- The assessment is horrible. The new marking system means that if you get 4/5 sections right for a question then you fail because you didn't get all of them right.
- Exams need to be more frequent in First year. We should have exams after each block. At the moment there are only 2 exams to cover the volume of work we have learned throughout the year. This means that a lot of what we have learned is not properly assessed. Also the exams should be double-marked by faculty members, not only by students.
- Written examinations should test knowledge of coursework. Currently it is extremely difficult to prepare for examinations as questions maybe drawn from any area of Medicine whether or not it has been taught or given as a learning objective.

Good teaching: useful and timely feedback

(2005: 16%)

(2003: 10%; 2002: 8%; 2001: 11%; 2000: 9%)

- More feedback on individual performance - including criticism to help us work out how we're going.
- More feedback on our own performance in written exams rather than group performance. WE should be able to get our papers back for everything so we can assess how we went rather than just knowing if we passed or failed.
- Students need more feedback about their exam results - there were times when we got no feedback at all other than that progress was satisfactory - that is not helpful for learning (i.e. identifying areas that are need more attention)
- More feedback on assessments - not grades just written comments on where strong and weak points are. More structured assessments - things like portfolios are a large amount of work and don't amount to much assessment wise.

Good teaching: standard of teaching received⁸

(2005: 14%)

(2003: 4%; 2002: 8%; 2001: 7%; 2000: 17%)

- A lot of material is repeated several times - as we have a different lecture almost every time we have a lecture, it would be beneficial if lecturers could somehow collaborate on their lecture material so that there was not so much overlap or at least be given a fairly strict outline to follow in regards as to what they should teach us.
- Lectures are often presented in a manner which assumes too much previous knowledge.
- Better co-ordination of lectures and tutorials so that the topics in discussion for the week have the relevant teaching allocated (better synchronisation).
- Staff and teaching is ineffective. Get teachers who teach rather than read off slides.

⁸ Includes: Understanding students problems; links between theory and practice; links between tutorials and lectures; discussions encouraged; use of up to date learning resources/ material

Learning resources: general
(2003: 3%; 2002: 2%; 2000: 4%)

(2005: 7%)

- MBBS: lots of the references are 10 years out of date, and a lot changes in 10 years in terms of treatment and research findings etc.
- The learning topics that are supposedly an important part of our curriculum are very out of date! And many of them are worthless as far as our learning is concerned.
- More recommendations regarding texts would also have helped me.
- a syllabus. this would help guide us with depth and breadth that will allow us to be good doctors. more contact hours.

Other aspects mentioned included:

	<i>2005</i>	<i>2003</i>	<i>2002</i>	<i>2001</i>	<i>2000</i>
Overall satisfaction: quality of academic staff	6%	3%	5%	6%	2%
Overall satisfaction: quality of degree	6%				

5 Experience of student administration and student support services

5.1 Analysis of comments referring to best aspects⁹

Customer service: quality (2005: 26%)
(2003: 58%; 2002: 75%; 2001: 53%; 2000: 32%)

- The best aspect of the student administration and student support services at the University is that it is staffed by people from diverse backgrounds that are caring, approachable, polite, and respond to students' enquiries promptly.
- Friendly approachable people. Make an effort to help you to solve problems.
- Staff are very kind, hard working and understanding of the student needs.
- Respond to student enquiries and respect students.

Administration and organisation: general¹⁰ (2005: 21%)

- Medicine Faculty are usually very helpful and friendly. Also very easy to contact via email and respond quickly
- I only used the Faculty of Medicine Administration and support service, very friendly and caring, always reply promptly to emails and phone calls, willing to help, not 'block' student requests..
- Medical faculty is excellent and very supportive. Some administrative processes are overly convoluted. They are very available and student focused.
- We have some good admin people affiliated with the uni based at each of the hospitals - they are very helpful when assistance is required

Library services (2005: 15%)
(2003: 16%; 2002: 12%; 2001: 9%; 2000: 9%)

- Both Burkitt Ford library and Bosch Medical library are quick and efficient. Excellent emailing system for recalling due books and online system for reserving books.
- Excellent libraries with extensive and relevant materials to help with my course.
- Excellent library facilities - up to date journals available in hard copy and on the web
- I love the electronic access to journals on the internet at the library and how I can access that from anywhere - it is essential to my learning.

Web communications: intranet/ internet (2005: 14%)
(2003: 6%; 2002: 8%; 2001: 6%; 2000: 9%)

- Having lecture notes etc on line was brilliant. Webct was easy to use and it is great to see all your marks and assessment on the web, it is also really easy to navigate around
- And the GMP site is fabulous, very interactive and all inclusive. Somewhat negates the use of Usyd sites.
- GMP website is great
- IT support and access is fantastic (especially in rural areas like Dubbo).

⁹ Number of comment received: 2005: 130; 2003: 85; 2002: 77; 2001: 79; 2000: 22

¹⁰ In 2005, this includes Faculty of Medicine Administration (where specifically mentioned in the comment). These comments were previously counted in Customer Service: Quality

Web communications: online access to services (2005: 13%)
(2003: 5%; 2002: 5%; 2001: 1%)

- The online self administration - awesome -way better than having to line up in the dark old days!!!
- Can do most things online.
- Online sites make things a lot easier.
- The online section is good as it allows instant access to a lot of material that you would normally have to wait in a long line for at the Student Centre

Services provided: accessibility and convenience (2005: 8%)
(2003: 5%; 2002: 9%; 2001: 13%; 2000: 50%)

- Generally quite reliable and easily accessible.
- They are easy to access and quickly respond to any enquiries.
- easy to approach. easily accessible
- There is a wide range of services available and they are accessible to students (not difficult to use).

Other aspects and services mentioned included:

	<i>2005</i>	<i>2003</i>	<i>2002</i>	<i>2001</i>	<i>2000</i>
Services provided: availability and existence	8%	5%	9%	8%	14%
Health service	7%	7%	5%	4%	5%

5.2 Analysis of comments suggesting improvements¹¹

Services provided: equity of service provision (2005: 15%) (2003: 27%; 2002: 17%; 2001: 22%; 2000: 10%)

- it is difficult to access these services when at satellite clinical schools (especially when that satellite is in Canberra!)
- Student support services could be improved to better support my study at the University by making it more accessible at affiliated campuses, e.g. Surry Hills Campus, Royal North Shore Hospital, etc.
- there is very little support for off-campus i.e. Dubbo & orange students, or if there is support, i am unaware of it.
- I am based in Dubbo at the School of Rural Health. We obviously do not have access to many of the services listed above, and this is an unreasonable situation because I am forced to pay fees to provide such services, but I am not actually able to make use of such services. Either provide those services or give students like myself an exemption from the need to pay for their provision..

Customer service: quality (2005: 14%) (2003: 16%; 2002: 35%; 2001: 17%; 2000: 24%)

- There appears to be a lot of inflexibility within the staff and a reluctance to investigate anything that may not be easy and straight-forward.
- Having to wait for a response or someone to come 'back from lunch' etc. They were extremely efficient in contacting me when they had made a mistake with my fees and I owed them money however.
- There seems to be a lot of grey areas as to who is responsible for what. We often get different answers to the same questions from staff.
- I doubt the competence of many of the staff. The few contacts I had have shown great disparity in knowledge forcing me to re-submit forms after information gather with one person is rebuffed by a colleague.

Administration and organisation: general¹² (2005: 12%) (2001: 3%; 2000: 5%)

- The administration at the central clinical school (for medicine) is terrible, and they need to be trained in admin. They don't plan ahead, they leave things to the last minute, they blame each other for mistakes instead of rectifying the mistake. The Faculty of medicine admin is great, and they should train the clinical school admin staff.
- A particular clinical School administration can be difficult at times, as they are so rigid with what they can allow. They do not seem to be able to accommodate individual's needs,
- Faculty of Medicine administration is cumbersome and disorganized.
- Faculty admin sometimes disorganised - could improve organisation.

¹¹ Number of comment received: 2005: 122; 2003: 101; 2002: 111; 2001: 72; 2000: 23

¹² In 2005, this includes Faculty of Medicine Administration (where specifically mentioned in the comment). These comments were previously counted in Customer Service: Quality

Library services

(2005: 11%)

(2003: 22%; 2002: 18%; 2001: 10%; 2000: 33%)

- In the Med library when a book you borrow a book a someone puts a hold on it your borrow time shortens.
- The medical library is always too noisy. People sit there and have conversations at the top of their voices, particularly about social activities and not study. Nothing is ever done about this and its absolutely impossible to study in the library and I refuse to.
- The library services really need serious upgrading. Sydney Uni is supposedly the premier research institute in Australia. Yet, they can only boast a five story library (FISHER), which more than 50% of the time does not have the resources you're looking for. Seriously, the library services are a joke!
- Libraries have more copies of relevant recommended texts

Web communications: intranet/ internet

(2005: 9%)

(2003: 1%; 2002: 1%; 2001: 8%; 2000: 14%)

- More reliable IT service. It can be very inconvenient when you can't access the materials that you need, when you need them.
- The GMP site needs a link to the pre-enrolment site/a way to integrate the personal web CT with it
- We need more places where we can put money into our EXTRO accounts. At the moment we can only pay EXTRO at Fischer library-- this does not accommodate students in Med/Vet/Pharmacy who are based on the other side of the university campus.
- I think that better internet access might be suggested. As some activities are taken over Mackie Building - there is no wireless internet there. I think this would help.

Services provided: advertisement of services

(2005: 7%)

(2003: 10%; 2002: 4%; 2001: 8%)

- Make us students more aware of what is available so we can make the most use of the services.
- I didn't know that some of the above serviced existed. The only time I was exposed to them was early in the year during orientation week. The services should be publicised throughout the year.
- They should try to be more visible to allow everyone the opportunity of access if needed.
- More advertising around campus about the facilities on offer.

Other aspects and services mentioned included:

	<i>2005</i>	<i>2003</i>	<i>2002</i>	<i>2001</i>	<i>2000</i>
Computer access centres: university	6%	10%	6%	6%	19%
Health service	6%	1%		1%	10%