ABSTRACT NUMBER: OS1
Learning Approaches In Dental And Medical Students In AIMST: A Comparison Between Deep And Surface Approaches
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Introduction: Students approach their learning in at least two qualitatively different ways. In the surface approach, students see tasks as being imposed, for which they develop coping strategies focused on reproduction of essentials and memorizing information for assessment rather than for understanding. Surface learning is the tacit acceptance of information and memorization as isolated and unlinked facts. It leads to superficial retention of material for examinations and does not promote understanding or long-term retention of knowledge and information (Evans et al., 2003). In the deep approach, students seek to understand ideas to allow them to relate and integrate knowledge from other parts of their study and thereby develop conceptual frameworks from which they can derive solutions to novel problems. Deep learning involves the critical analysis of new ideas, linking them to already known concepts and principles, and leads to understanding and long-term retention of concepts so that they can be used for problem solving in unfamiliar contexts. Deep learning promotes understanding and application for life (Gordon et al., 2002).

Objectives: To assess the learning styles of medical students using the Biggs questionnaire. To assess the preferred teaching methods adopted by medical students in AIMST.

Materials and Methods: Study design was cross-sectional study of medical students and dental students in AIMST. Setting: AIMST Medical school, Sungai Petani, Kedah. Participants: A total of 463 students (417 Medical students and 110 Dental students) participated in the study. Main outcome measures: Learning approach (surface and deep learning style), preferred study habits, academic achievement.

Methods: A 20-item in Biggs’s Revised Study Process Questionnaire (R-SPQ-2F) was employed to measure the students’ learning methods/approaches (Kember et al., 2004). The questionnaire was also used to examine the preferred method of teaching (Kember et al., 2001). The students were asked to choose whether they preferred PBL or Lecture. Next they were asked to choose whether they preferred learning through simulation teaching in clinical skill lab or clinical bedside teaching in the hospital. The reasons why they liked or disliked a preferred method of teaching were elicited. The SPM and STPM grades of the students were also collected to be used as an indicator of achievement. Statistical Analysis: Descriptive analysis of the data was done using SPSS 13.0. Karl’s Pearson Correlation was used to look for a relation between academic achievement and type of learner. Also it was used to look for a correlation between method of teaching (Lectures, PBL, Simulator and Clinical Bedside Teaching) and type of learner (Superficial and deep approach).

Results: 52.7% of dental and medical students liked lectures. 47.1% liked the PBL sessions while 0.2% liked both equally. 56.4% liked clinical bed side teaching, 41.7% liked simulator teaching in clinical skill lab while 1.9% liked both equally. Karl’s Pearson Correlation revealed a significant positive correlation between high academic achievement and deep approach learners and a positive correlation between low academic achievement and surface learners. Karl’s Pearson Correlation revealed a significant correlation between deep approach learning and PBL; surface approach learning and lectures; deep approach learning and clinical bed side teaching; Simulator teaching showed a negative correlation with deep learners and no correlation with superficial learners. The main reasons for students liking lecture method was that all topics were covered and for liking PBL was that it was interesting and more participation was possible as smaller groups were involved. The clinical bed side teaching was preferred as patients were real; those who preferred simulators said that practicing in a dummy was easier.

Discussion: As the coverage of topics important for the exams were more extensive, a majority of the students preferred lectures to PBL. But the deep approach learners liked the PBL sessions as they were able to gain more knowledge through self directed learning as they faced new problems. Thus PBL suited students who have self discipline to take active responsibility for their own learning. Similarly clinical bed side teaching was preferred as it gave them real life experience with the patients. Some students agreed that simulator and bed side teaching were complementary. Deep approach learners were convinced that PBL and clinical bed side teaching helped them in building up communication skills, better participation, more involvement, interpersonal relationship and problem solving capacity.

Conclusions: Deep approach learners supported problem-based learning (PBL) and clinical bed side teaching as an effective method of learning and superficial learners supported lectures. The findings suggest that students with deep learning motives and approaches reap the most benefit from PBL and clinical bed side teaching.

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Abstract from the International Medical Education Conference 2007

**ABSTRACT NUMBER: OS2**

Self-Directed Learning: Learning In Learners’ Hands – The 2020 Medical Education

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Introduction

Learners of the future are expected to be self-directed, self-motivated and adept in e-learning for them to fully benefit from the learning experiences and to better prepare them for the challenges envisioned in the health care profession. To this end, the present study was conducted to determine the learners’ perception of self-directed learning (SDL) and the appreciation and utilisation of the IMU learning environment for acquiring SDL skills. These aspects are studied in relation to the learners’ different pre-university education background, learning skills and learning styles. The provision of a variety of resources at IMU, including printed materials, library, clinical skills (CSU), museum, communication with peers and with experts, museum, laboratory session, problem-based learning (PBL), structured independent learning online system (SILOS), online learning interactive system (OLIS) and assigned independent reading (AIR) are to enhance SDL and to encompass the different attributes of the learners (Baker, 2003).

Materials and Methods

The study population comprised 708 medical students namely Semester 1, N=181 (92%); Semester 2, N=162 (93%); Semester 3, N=144 (96%); Semester 4, N= 122 (80%) and Semester 5, N= 99 (83%). Participation was wholly voluntary and anonymous. The questionnaire, constructed by the authors, addressed student particulars, SDL traits and the IMU learning resources.

Results

**Preference of IMU resources for SDL in relation to semester and pre-university education**

The resources perceived by the students as useful for SDL in descending order were printed materials, library, CSU, communication with peers, communication with experts, museum, laboratory session, PBL, SILOS, OLIS and AIR. Although PBL, CSU and OLIS were found to have a positive correlation with semester, only that of PBL and semester was significant. The types of pre-university education that IMU students had experienced were STPM (N= 110), South Australian matriculation (SAM) (N=152), GCE:A-level (N= 247) and others (N=188). Although differences in preference for the learning resources were seen with individual types of pre-university education, generally preference for printed materials was highest, followed by CSU and library for all types of pre-university education. (ANOVA / multiple comparison methods).

**Appreciation of SDL in relation to semester and pre-university education**

Students of all semesters perceived that SDL was a good learning method. Learners in semester I scored the highest means for appreciation of SDL, while the lowest scores were seen with the semester 2 students with a significant difference between the two semesters. The relationship between semester and the appreciation of SDL, based on the major types of pre-university education exhibited a “trough” pattern and was most obviously seen with the SAM learners. The appreciation of SDL as a learning method in relation to the types of pre-university education was positive for students with all types of pre-university education, among which STPM students scored the highest mean followed by GCE and SAM.

**Appreciation of SDL in relation to learning style and learning skills**

The number of students with different learning styles comprised reflective: active (n = 374: 304), sensing: intuitive (n = 469:187), visual: verbal (n = 478:106) and sequential: global (n = 415: 259). In general, appreciation of SDL was positive for all the learning styles. Reflective, intuitive, visual and global learners had a higher appreciation of SDL when compared to each of the corresponding counter types although the differences in mean were not significant. The majority of students perceived that the learning skills beneficial for SDL, in ascending order, were creative-thinking, decision-making, problem-solving and critical-thinking skills (94.6% > 95.6% > 96.2% > 96.7%), among which appreciation of problem-solving skill was ranked highest and creative-thinking lowest.

Discussion

The provision of a variety of traditional and innovative resources at IMU is to ensure the enhancement of SDL as has been shown with other studies (Smith, 2003). Irrespective of the pre-university education and learning styles, students attending the IMU appreciate SDL as a good learning method. The most appreciation for SDL, seen with the learners in semester 1 may be attributable to the willingness and eagerness of the newly-enrolled students to learn (Mala Maung, 2006-a). This is an indicator for education providers to take advantage of this phase to develop and nurture SDL traits in learners (El-Khawas, 2002)). Subsequently the learners adapt and then after the experiential learning phase acquire a deep appreciation of SDL (Van d.Steeg, 2003) and internalise. Students at IMU were seen to have experienced different types of pre-university education and to have different learning styles. The variety of learning resources at IMU also ensures that the educational needs of these learners are met to a maximum extent possible. Moreover, the variety in learning resources that is appropriate and reflective of the need of the learners enhances the acquisition of SDL as they progress through different phases of learning (Mala Maung, 2006-b). This study shows that E-learning resources were perceived as the least beneficial for SDL compared to non-IT based resources and corroborates with similar findings reported on difficulties encountered when implementing e-learning strategies (Arsham, 2002). Importantly, this is a message for implementers to instill in learners the crucial role of IT-based resources as an integral part of SDL (Kroenke, 2004) and in promoting the habit of inquiry, self-reflection/evaluation, information management and SDL skills (O’Leary, 2004).
Results

Strengths

The strengths of the affective domain in CUCMS's MBBS pre-clinical curriculum are:

1. Presence of many teaching learning activities that direct students towards the betterment of their affective traits – attitude, behaviours and professionalism. These include:
   - Dedicated student-centred courses such as “Community and Health Exposure & Training” in Semester 1 and “Personal and Professional Development” in Semesters 3 and 4; to develop students to be life-long learners, abilities for self-care, teamwork, leadership, effective communicator and ethical practice.
   - English for Special Purposes (ESP) Courses in Years 1 & 2 – which incorporate many elements of effective communication skills and positive behaviours as the students learn English.
   - Utilization of student-centred and problem-based teaching-learning methodologies cultivate abilities in group dynamics, communication skills and being life-long learners
   - Compulsory living and working with consistent small-groups taught students about teamwork and tolerance
   - Excellent and functioning mentor-mentee (lecturer-student) system, where mentors met their mentees every week, encouraged self-care and peer support.
   - Weekly reflection sessions and grand reflections at the end of every course encouraged reflective learning
   - Compulsory co-curriculum activities either in a uniformed organisation or other non-government voluntary organization

2. Presence of a separate assessment system in affective domain. This assessment is identified as a “stand-alone” and can be the determinant of students’ overall assessment results and even further progression into the next academic year.

Weaknesses

1. Learning objectives of certain activities were poorly-defined or not communicated (example: small-group reflection sessions and keeping reflective journals)
2. Duplication of efforts in certain courses or teaching-learning activities were noted
3. Same level of assessments were applied for all semesters
4. Certain criteria used in assessment of this domain were difficult to quantify
5. Frequency of certain activities and assessment were too close apart – i.e. weekly peer assessment was thought to be quite redundant
6. Poor understanding among students as well as certain faculty members on the processes and values of certain activities (example: reflective learning)
7. Attitudes and behaviours demonstrated by certain faculty members, as important role models need to be improved (example: punctuality, altruism)
Abstract from the International Medical Education Conference 2007

Discussion
Teaching and assessment in professionalism or affective domain have been known to be a difficult area in medical education. The university had been successful in implementing commendable programs, even though similar with other universities, this initiative is bound to have gaps and deficiencies. However, recognition of weaknesses is bound to induce improvements in teaching practices (Milgrom P et al., 1985).

Further step from this exercise is to identify short as well as long-term measures to strengthen the curriculum and to overcome the weaknesses. Other needs would emerge from self-evaluating exercises, such as adequate communication of learning objectives,

Study skill courses for students or even training needs for medical teachers.

It is recommended that curriculum self-evaluation and reflective practice be adopted widely as these are first steps towards ensuring quality educational programs.

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ABSTRACT NUMBER: OS5

Emotional Intelligence And Perceived Stress Among Malaysian Dental Undergraduates
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Introduction: Dental education has long been perceived to be highly stressful. A recent research using self-completed questionnaires on a group of dental students had shown that those with high emotional intelligence (EI) were less likely to report perceived stress (PS).1

Method: A self administered questionnaire survey to investigate the emotional intelligence (EI) and perceived stress (PS) of first year dental undergraduates from three public universities in Malaysia was conducted. Students were invited to complete a set of questionnaires on age, gender and satisfaction with career choices, EI and PS. Data on the EI was collected using a scale developed by Schutte et al.(1998)2 while PS was measured using the Perceived Stress Scale (PSS-10) by Cohen et al.(1984). The questionnaire was distributed to the students at the end of a scheduled class session with permission and cooperation of the respective faculties’ dean offices. Ethics approval for the study was obtained from the University Malaya’s Research Ethics Committee.

Results: Of 203 questionnaires distributed, 158 were returned fully completed representing a response rate of 77.8%.

ABSTRACT NUMBER: OS4

Are Medical Students’ Values Universal?
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Background
Personal values may determine learning styles; guide professional and decision-making and can influence specialty career choice. Many western medical schools accept students from all parts of the world, who may have value systems very different from the host countries.

Aims
The purpose of this study was to measure the value systems of students in Malaysia, a south East Asian country and compare them to values of students in two western countries, Canada and Ireland.

Setting
Pre-clinical medical students from Canada, Ireland and Malaysia

Methods
Personal values were measured by the Schwartz Values Survey, in the form of 56-item questionnaire, using a nine-point scale ranging from minus one (opposed to my values) to plus seven (of supreme importance). The Survey form was administered to medical students at Dalhousie University Medical School, in Canada (N= 82); the University of Cork Medical School, in Ireland (N=53); and the International Medical University in Malaysia (N=64). Over half of the students were female.

Results
The Canadian and Irish students are similar with less importance assigned to values that indicate a preference for conformity, tradition, security and power. The Malaysian students ranked these values, and those associated with achievement, higher than the other two groups but were less comfortable with self-direction. There were no differences in the ranking of importance of personal values by gender.

Conclusions
Malaysian students studying in Western countries will find significant differences in values from those of the host students. These findings may have implications for their educational experience and career choices.
Abstract from the International Medical Education Conference 2007

Females were three times (74.7%) the number of males (25.3%). To the question whether ‘they were satisfied with their career choice’, 31.6% reported to the negative. Mean EI score reported was 120.3 (95 percent CI 118.4 -122.2), and mean PS score was 21.7 (95 percent CI 20.8-22.6). An inverse relationship was observed between the EI and PS scores (Correlation coefficient= -0.25, p=0.002).

Conclusion: Findings showed that the inverse relationship between EI and PS is confirmed in this sample of Malaysian dental undergraduates.

REFERENCEES

ABSTRACT NUMBER: OS6

The Mentor-Mentee System: Students' Point Of View

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Introduction: Over one third of the medical students suffer from psychological morbidity as measured by the General Health Questionnaire (Guethrie et al 1995, Firth 1986). Much of this psychological morbidity appears to be caused by course related stress. Workload, fears of falling behind others and exam failure have been shown to be particular preoccupations for medical students (Miller 1994) Thus many universities all over the world operate a personal tutor system aimed at supporting students through their university course but only a few have evaluated their effectiveness in terms of student satisfaction.

A formal mentor-mentee system (MMS) was implemented in the International Medical University since 1993. The students are expected to meet the mentor to seek assistance in academic work related problems, to obtain feedback on their examination performance and counseling prior to remedial studies and to obtain guidance on elective attachments and advice in any personal or health problems.

Objective: To study the perceptions of undergraduates on the usefulness of the MMS with a view to making recommendations.

Methods: The study was conducted in January 2007 using a self administered questionnaire and a focus group discussion with medical students representing all batches in the phase I of IMU. 60 questionnaires were distributed randomly to each batch of students in medical, pharmacy and nursing school.

Results: A total of 545 questionnaires were returned from among 600 with a response rate of 90.8%. The respondents comprised of students from Medical (60%), Pharmacy (35.9%), and Nursing (4.1%) schools.

Most of the students perceived that the objectives of the mentor-mentee system were made clear and that both the roles of the mentor as well as the mentee had been well introduced. With regards to the usefulness of the MMS, the students felt that this was not clearly perceived. 43.8% of the students surveyed, admitted that they did not utilize the system fully and another 40.4% disagreed that the system was of any assistance to the overall student development. 89% of the students agreed that mentors should initiate the first meeting and that meetings be held at least twice a semester. Interestingly, contrary to the current practice, 75% of students expected mentors to provide advice on non academic matters more than academic matters. 72% of the respondents did not agree to meetings being made compulsory. The gender and ethnicity of the mentor was not a significant issue for students.

More than 90% of the respondents felt that they should be provided with clear objectives of the MMS, should have easy access to the mentor, attend all scheduled meetings, and be responsible for the follow-up meetings. 88.5% also favored meeting their mentors individually rather than as groups. Most students wanted to be given the option of, not meeting the mentors (74.2%) if they so desire, choosing their mentors (72.8%) and 67.4% preferred to have the option to change their mentors after a semester. A significant proportion of respondents (44%) did not find the buddy system initiated by the Students Representative Council in IMU to be useful.

Interestingly, there were significant differences between the responses of the medical and pharmacy students. The latter seem to be more favorable towards both the MMS as well as the buddy system. 86.1% of pharmacy students perceived that the MMS is useful for both academic and non-academic matters and 80.8% felt that it plays an important role in the student development. As a result, this lead to a higher percentage of the pharmacy students (78.8%) utilizing the system than the medical students (40.1%). On the other hand, the medical students preferred individual as well as more frequent meetings with their mentors whereas, the pharmacy students favored feedback related to examinations and academically related matters.

Discussion: The MMS at the IMU bears several features that are designed for the interests of the students. However the results seem to indicate that the system is under utilized by some sections of the student population. About 43.8% of the students in the survey admitted not utilizing the system fully. Interestingly the MMS system is looked upon more favorably by the pharmacy students but perceived it as a useful system for academic activities rather than non academic matters. The pharmacy students also seemed to view the buddy system in a more favorable light than the medical students.

In order for this system to be better utilized by all students certain factors would have to be addressed; Providing clear objectives of the MMS, more frequent meetings with the respective mentors, improving accessibility of mentors and briefing mentors to deal with both academic and non academic matters are some of the steps that could be implemented to make the MMS more user friendly.

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The Quality Of Pharmacy Educational Service: A Comparison Between Two Batches Of Pioneering Students

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Introduction: Quality evaluation of educational services is paramount to educators to ensure that students’ learning outcomes are consistently in line with the objectives of the institution. In addition to the scrutiny from relevant authorities, student-centred assessment is currently emphasised (DiDominico and Bonnici, 1996) as it could also provide a broader perspective on the quality of the educational programme – an important component particularly for professional health science programmes such as pharmacy. Specific to pharmacy education, educational service quality refers to the overall evaluation of services received as part of students’ educational experience (Holdford and Reinders, 2001). In order to continually monitor the quality of such programme, this study was conducted with the aims to 1) assess the overall educational service quality of the Bachelor of Pharmacy (Hons) programme (PH210) from undergraduates’ own perspectives and 2) to compare these outcomes with the previous year’s results. This is especially vital for a new 5-year old pharmacy programme in which the first batch of 28 students had successfully graduated in 2006.

Materials and Methods: This was a prospective cross-sectional study enrolling all final year pharmacy undergraduates at Universiti Teknologi MARA (UiTM), Malaysia. These potential graduates completed the modified 39-item Educational Service Quality (ESQ) instrument which evaluates Facilities (7 items), Administrative Staff (15 items), Lecturers’ Interpersonal Behaviour (8 items), Lecturers’ Expertise (3 items) and Lecturers’ Communication (6 items). The mean of the latter three components made up a combined Lecturer subscale. All responses were scored on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The ESQ is further supplemented by items on Courses (10 items), Satisfaction (7 items) and Miscellaneous Matters (16 items). Extra comments are allowed at the end of the final section. Data were analysed using SPSS 14. Demographic characteristics were presented as frequencies while ESQ scores were presented as medians and compared via non-parametric Mann-Whitney U test (p < 0.05 = significant).

Results: Sixty-two PH210 students were expected to graduate in September 2007. Out of this number, only 53 students (85.4%) were available to complete the ESQ on the administration day. Majority were females (n=44), single (n=52) and Malay (n=52) who came from Peninsular Malaysia (n=52) and were living in the university accommodation (n=31). On average, respondents were 23 years old (range = 22 – 27 years). In general, the highest evaluation was given to Lecturer (3.84), followed by Facilities (3.71) and Administrative Staff (3.60). In fact, respondents were most impressed with Lecturers’ Expertise (4.00). Satisfaction was rated at 3.86 (range = 2.14 - 4.86) while the medians for Courses and Miscellaneous Matters were respectively scored at 3.90 and 3.81 by the current group. Overall, the current batch of students reported lower scores in most of the subscales compared to their 1st batch seniors. When these scores were compared, no significant difference was exhibited by all subscales except for Miscellaneous Matters (p = 0.024). In the latter subscale, the seniors were relatively more positive (4.06) than the juniors (3.81).

Discussion: Findings indicate that the quality of pharmacy educational services in UiTM was generally good particularly in terms of the academicians’ expertise. Nonetheless, improvements could still be implemented in several areas especially in issues relating to Administrative Staff in which the relatively low score for this subscale echoed similar responses from the 1st batch students (Lua and Ibtisam, 2007). The significant contrast in Miscellaneous Matters between these two batches was probably due to the greater sense of belonging among the pioneers, in whom the experience of both good and bad times throughout the years may have contributed to the development of their positive perceptions towards the faculty. Nevertheless, the actual underlying reason for this higher evaluation from the senior graduates clearly requires further exploration to confirm the possibility of any causal relationship. Overall, respondents were also very satisfied with the aspects of education, teaching, intellectual development, staff, curriculum, the faculty and its facilities. Despite being a young programme, these outcomes had reinforced the quality of pharmacy educational services in UiTM which should at least be on par if not better, compared to other pharmacy programmes offered in the local universities. Hence, it would serve not only to facilitate the attainment of recognitions from relevant professional bodies but also as a promotional advantage in the increasingly competitive and sophisticated educational environment in Malaysia.

REFERENCES
ABSTRACT NUMBER: OS8

The Student Life In Medical School: Activities, Involvement And Perceptions Of Student Life

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Introduction: The student lifestyle plays a significant role in shaping the character of an individual. It reflects upon the student’s involvement in the social, physical, intellectual, as well as the emotional psyche of the subject. Knowledge is power, and a better-informed population increases the chance that they will choose healthier lifestyles (Deborah Lea-Fox et al.). Lifestyle behavior can also be changed and modified (Mirjam Mulder, et al.) based on certain factors. These include the social circle in which this individual is associated with, the level of stress endured in the studies enrolled, as well as the availability of certain facilities in assisting them to partake in non-academic activities. Scientific and medical advances over the last 20 years and particularly over the last 5 years have solidified the evidence that positive lifestyle measures are vitally important to good health (James Rippe, et al.). Relationships with peers provide a great impact on the outlook of the student. Common social habits, such as smoking and alcohol consumption, may compound this effect on the individual. The student’s life is often perceived as repetitive, tedious and uneventful. However, these common notions are not necessarily true especially with regards to the students of the IMU. The university offers a wide range of extra-curricular activities which provide an opportunity for the students to explore their physical, creative, social and career interests with like-minded people.

Objectives: To assess the social, extra-curricular, nutrition, common habits and lifestyles of the students of the IMU.

Methods: The study was conducted in February 2007 using a self administered questionnaire. It was done by random sampling whereby every 1 in 4 students were given the questionnaire to be answered. It was targeted at obtaining 50 answered questionnaires per batch hence, such a method was implemented.

Results: A total of 304 questionnaires were returned. The respondents comprised of students from Medical 44.1%, Pharmacy 48.7% and Nursing 7.2% batches. Most students rate their social life at 5 (18.7%) on a scale from 1 to 10 with 1 being ‘what social life?’ and 10 being ‘my social life rocks’. The respondents generally agreed (52.4%) that making friends in the IMU is easy and only 32.8% are currently in a relationship. 57.1% stated unsure as to whether being in a relationship helped them cope with student life; 23.9% agreed and 19% of the respondents disagreed that being in a relationship helps them to cope with student life. Regarding sports, 30% of students gave up after entering the IMU. 29% maintained playing sports, 24% of the respondents were never involved in the first place. As for reading, 44% still maintains the habit while 29% had taken up reading since entering IMU. Only a mere 8% was never involved; 19% of the respondents had given up. 46% of students were unsure of their satisfaction with the range of Extra-Curricular activities at the IMU while 30.5% were dissatisfied. 54% were unsure if participating in the IMU ECA would help them cope with life as a student. 44.8% exercised 1-2 hours weekly while those who don’t exercise at all constitute 24.3%. Those who exercise 3-4 hours constitute 20.8% whereas those who exercise for 5-6 hours and more constitute 5.5% and 4.6% respectively. 42% eat according to the RDA (Recommended Daily Allowances) whereas 58% don’t. Majority of the students (53%) takes 3 meals a day, followed by those who take 4 meals (25.2%), less than 2 meals per day (10.4), 5 meals a day (6.7%) and more than 6 meals (4.6%). 61.9% of students have normal BMI (Body Mass Index), whereas 19.6% were overweight. 11.4% are underweight and those who are obese and morbidly obese constitute 2.3% and 2.1% respectively. A total of 2.6% of students do not know what BMI is. 95.1% of students do not smoke. For those who do, 1.7% smoke 10 cigarettes a day, while 0.3% smoke 20 cigarettes per day. Those who smoke more than 20 sticks constitute 2.9%. 59.1% picked up the habit more than 3 years ago. Those smoking 1-3 years back make up 9.1%, while those who started less than a year ago are 31.8%. Students who do not drink comprise 84.1%. 11% drinks 1-5 units of alcohol per week (1 unit is equivalent to 125ml of wine or 284ml of beer). 1.4% drinks 6-10 units of alcohol while 3.5% more than 10 units per week. 86.9% don’t go clubbing, 10.2% go 1-4 times per month. Those who club more than 4 times constitutes 2.9%.

Discussion: In general, students have a good perception of the IMU. However, a large proportion of these students are not involved in extra-curricular activities. This would be largely due to the importance placed on academic excellence in the various programmes taught along with time constraints. Although most students exercise regularly, only half of the population is aware of the RDA. From this, we can deduce that although students may be aware of health issues and nutrition, they may not necessarily practice what they preach. The ages of the respondents would have influenced the results regarding alcohol intake and clubbing as majority of them are still underage.

REFERENCES

ABSTRACT NUMBER: OS9

Teaching Students How To Teach

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Introduction: In 2002 the General Medical Council in the United Kingdom published the second edition of Tomorrow’s Doctors (GMC, 2002). One of the recommendations in this document stated that “graduates must understand the
principles of education as they are applied to medicine” (P. 8). Since 2004 the Medical School at Queen’s University Belfast has offered second year students a Student Selected Component entitled “Learning to Teach”. Twenty five students take this module each year. The module duration is twelve weeks, students attend classes for two hours each week.

The teaching programme includes an assessment of students’ learning styles, an introduction to learning theories and principles of effective teaching. Students also participate in a microteaching exercise.

On completion of the module students submit a 2,000 word reflective portfolio highlighting what they have learned during this educational experience.

**Materials and Methods:** During the final teaching session students complete a 25 item evaluation questionnaire. The questionnaire comprises 20 items with a five point Likert response format, response options range from “strongly agree” to “strongly disagree”. The remaining five open ended questions allow students an opportunity to provide qualitative feedback on the module.

In January 2007 a focus group was conducted with the cohorts of students that took the module during the 2003-2004 academic years and the 2004-2005 academic years. The aim of the focus groups was to explore some of the long-term benefits of participating in the module. A separate focus group was held for each cohort, 13 students attended each focus group.

**Results:** Seventy five students have taken this module. Results from the end of module evaluation questionnaire indicate that students enjoy the module and report that it is a worthwhile educational experience. Eighty five percent of respondents have indicated that the module is intellectually stimulating. Seventy six percent have reported that they have acquired skills which they will use in their future career. The experiential learning opportunities, for example, microteaching are considered the most useful aspects of the module.

Focus group data indicate that students have found that the knowledge and skills gained during the module are very useful and have used them to enhance their learning strategies. Participants reported that they are now more aware of the educational merits of the learning opportunities offered to them. This experience has also made students consider the role of the physician as teacher and educator one student commented “before I took this module I had never thought about my role as a future teacher”.

**Discussion:** Results indicate that this module offers students a useful educational experience. They have an opportunity to acquire teaching skills and reflect on the material presented during the module. An unexpected beneficial outcome was the impact that this educational experience had on students’ approach to their own learning. Teaching medical students how to teach is still a relatively new concept; educators face a number of challenges including exploring strategies to engage students who may not be interested in developing a major teaching profile in their future career.

**References**


**Abstract Number: OS10**

Feedback In Medical School: Student Perceptions And Expectations

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**Introduction**

Effective feedback (FB) has long been recognized as one of the main catalysts for effective learning. Accordingly, its importance in medical education has been emphasised for more than 20 years (Ende 1983). Furthermore, effective FB not only closes the gap between current and desired performances but also provides information to teachers that can be used to help shape the teaching (Yorke, 2003).

Students often complain that the FB provided is not coined in terms of clear messages. It leaves undesirable learning uncorrected and even worse, may reinforce wrong and unacceptable behavior. Many reasons contribute to this. It is thought that FB potentially damages the rapport between the students and teachers especially in the case of negative FB. However it has been shown that praise corresponds only with student satisfaction rates whereas learning is a function of FB (Boehler 2006).

**Objectives**

To understand student perceptions on FB currently received, and their expectations.

**Methods**

The study was conducted in December, 2006 and January 2007 using a pre-tested, self administered questionnaire and comments were invited as free text. The respondents of this survey consisted of a representative sample of 407 medical students from semesters 1 to 7 of IMU.

**Results**

Student perception of good FB – 75% of students viewed that good FB is not giving marks only and 90% wanted an explanation to the grade received. 93% thought that explaining why an answer is wrong is good FB. 93% were of the opinion that providing suggestions for improvement is an important component of FB. 90% thought that providing reflective questions after a learning session is important. 86% viewed that opportunities for discussion with the tutor after a learning session is an important aspect of FB.

Student perceptions on the frequency of FB received currently – Students had mixed perceptions on the FB they received on formative assessments as 55% of the students agreed that they received regular FB while 45% disagreed. As for end of course (EOC) assessments, clinical skills (CS) sessions, and problem based learning (PBL) sessions, 65% of the students indicated that they received regular FB. On the other hand, only 35%
of the respondents indicated that they received any FB for the assigned independent learning (AIR), selective, and elective modules.

Students satisfaction on FB received – In general students’ satisfaction with the FB provided is low. Among the areas that they were highly dissatisfied are AIR and Elective modules and this was linked to the irregularity of FB received rather than quality.

Who should be giving the FB? – The students felt that the content specialist would be the most suitable person to provide FB, on formative and EOC assessments, CS sessions, and AIR modules, while for the elective module the mentor is seen as the appropriate person.

The preferred mode of FB – For all the written forms of activity the students preferred written FB over oral, while oral FB was preferred over written for both CS and PBL sessions

Timeliness of FB – More than 65% of students wanted immediate FB for the CS and PBL sessions, while less than 15% tolerate FB given in 2 weeks or later. As for the formal assessments (formative, end of course, and end of semester) as well as AIR, selective, and elective modules, FB given within two weeks was deemed realistic by most(>85%) students.

Discussion
In general students of IMU have a good insight into components of effective FB and are quite clear about their expectations on receiving FB. Many studies have shown the effectiveness of FB for successful learning. Timely FB given by the appropriate person in an effective manner would contribute immensely for monitoring performance and identification of gaps by student themselves, when carrying out required tasks as per expected outcomes of a specific programme. To this end the staff should be made aware of the importance of FB as a learning tool. It is also important to establish policy in relation to FB to ensure the existence of timely and effective FB sessions in all components of the course of study in Medicine.

REFERENCES