



MBChB Graduates Questionnaire

The purpose of this questionnaire is to find out about your experience as an MBChB student and how well you have been prepared for the role of a medical doctor. When answering questions please consider the education provided by all parts of your **MBChB major**.

Instructions

Please mark your responses to the items below by filling up the most appropriate oval.

Use BLACK/BLUE ball pens to fill up the oval completely: Right ● Wrong ⊖ ✓ ⊗ ●

Please fill up the appropriate circle alongside the question number to indicate your level of agreement with the statements below. Please choose the one most appropriate response to each question.

⑤ — strongly agree (SA)

④ — agree (A)

③ — only to be used if a definite answer is not possible (0)

② — disagree (D)

① — strongly disagree (SD)

Understanding Underlying Procedures in Basic, Social and Clinical Science

SA A 0 D SD

1. I believe I have sufficient knowledge of structure and function to be proficient as a medical doctor

⑤ ④ ③ ② ①

2. I believe I have sufficient knowledge of the mechanisms of disease to be proficient as a medical doctor

⑤ ④ ③ ② ①

Demonstrating Clinical Skills

3. I am able to take a history from patients, relatives and others

⑤ ④ ③ ② ①

4. I am able to undertake physical and mental state examination of patients

⑤ ④ ③ ② ①

5. I have the ability to make an accurate diagnosis

⑤ ④ ③ ② ①

6. I systematically record and report findings in an appropriate form

⑤ ④ ③ ② ①

Undertaking Patient Investigations

7. I have adequate knowledge to seek additional information from investigations

⑤ ④ ③ ② ①

8. I am able to interpret results from these investigations

⑤ ④ ③ ② ①

Patient Management

9. I have adequate training to work with a multi-disciplinary team to manage patients with acute and chronic diseases

⑤ ④ ③ ② ①



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Mean comparison on 2006 (new curriculum) vs 2005 (old curriculum), 18 months after graduation

No	Learning Outcomes	2006 Integrated Curriculum		2005 Traditional Curriculum		2006 Vs 2005
		Mean	SD	Mean	SD	Effect size Cohen's d
1	Understanding Underlying Procedures in Basic, Social and Clinical Science	3.70	0.71	3.85	0.44	-0.25
2	Demonstrating Clinical Skills	4.07	0.44	4.02	0.30	0.13
3	Undertaking Patient Investigations	3.96	0.47	3.95	0.32	0.02
4	Patient Management	3.89	0.60	3.67	0.72	0.33
5	Practical Procedures	3.92	0.54	3.81	0.45	0.22
6	Health Promotion & Disease Prevention	3.90	0.53	3.98	0.42	-0.17
7	Medical Informatics	4.03	0.59	3.93	0.51	0.19
8	Critical Thinking	3.94	0.61	3.95	0.40	-0.03
9	Creative Thinking	3.61	0.78	3.63	0.74	-0.03
10	Decision Making Skills, and Clinical Reasoning and Judgement	3.82	0.56	3.82	0.53	0.01
11	Communication	4.06	0.43	4.05	0.35	0.02
12	Management Skills	3.95	0.49	3.89	0.47	0.14
13	The Role of the Doctor within Society	4.07	0.46	4.01	0.52	0.13
14	Meeting Theoretical and Legal Determinants	4.13	0.53	4.10	0.53	0.05
Sample sizes (N)		88 (out of 148)		75		



Mean comparison on 2007 vs 2006 (both from new curriculum), 6 months after graduation

No	Learning Outcomes	2007		2006		2007 vs 2006
		Mean	SD	Mean	SD	Effect size Cohen's d
1	Understanding Underlying Procedures in Basic, Social and Clinical Science	3.75	0.62	3.69	0.68	0.09
2	Demonstrating Clinical Skills	4.05	0.44	4.09	0.40	-0.07
3	Undertaking Patient Investigations	3.90	0.48	3.92	0.40	-0.03
4	Patient Management	3.86	0.71	3.63	0.76	0.32
5	Practical Procedures	3.90	0.54	3.80	0.54	0.18
6	Health Promotion & Disease Prevention	3.96	0.45	3.87	0.48	0.20
7	Medical Informatics	3.99	0.62	4.07	0.46	-0.14
8	Critical Thinking	3.99	0.52	3.87	0.53	0.23
9	Creative Thinking	3.73	0.86	3.52	0.77	0.26
10	Decision Making Skills, and Clinical Reasoning and Judgement	3.82	0.59	3.79	0.59	0.06
11	Communication	4.14	0.64	4.04	0.49	0.17
12	Management Skills	3.92	0.58	4.00	0.66	-0.13
13	The Role of the Doctor within Society	4.08	0.48	4.00	0.52	0.17
14	Meeting Theoretical and Legal Determinants	4.11	0.56	4.06	0.61	0.09
Sample sizes (N)		96		84		



Mean comparison on 2007 vs 2006 (both from new curriculum), 18-24 months after graduation

No	Learning Outcomes	2007		2006		2007 vs 2006
		Mean	SD	Mean	SD	Effect size Cohen's d
1	Understanding Underlying Procedures in Basic, Social and Clinical Science	3.98	0.43	3.70	0.71	0.42
2	Demonstrating Clinical Skills	4.10	0.42	4.07	0.44	0.08
3	Undertaking Patient Investigations	4.13	0.45	3.96	0.47	0.35
4	Patient Management	4.04	0.62	3.89	0.60	0.26
5	Practical Procedures	4.08	0.50	3.92	0.54	0.31
6	Health Promotion & Disease Prevention	4.11	0.62	3.90	0.53	0.39
7	Medical Informatics	4.26	0.63	4.03	0.59	0.39
8	Critical Thinking	4.04	0.44	3.94	0.61	0.18
9	Creative Thinking	3.79	0.71	3.61	0.78	0.23
10	Decision Making Skills, and Clinical Reasoning and Judgement	3.94	0.37	3.82	0.56	0.22
11	Communication	4.06	0.40	4.06	0.43	0.00
12	Management Skills	3.96	0.36	3.95	0.49	0.01
13	The Role of the Doctor within Society	4.06	0.45	4.07	0.46	-0.01
14	Meeting Theoretical and Legal Determinants	4.13	0.52	4.13	0.53	0.00
Sample sizes (N)		24		88		



Summary of responses to open-ended questions 2007

No. of graduates: 149
No. of responses: 96
No. with written comments: 75

Best aspects:

1) Teaching

Satisfactory teaching quality (n=7) including small group teaching, system-based approach and internal medicine lectures

Teachers are good and friendly (n=5)

*'Good guidance throughout the learning process with lots of **small group teaching and tutorials**.'*

'It provided good training to undergraduates in terms of both knowledge and skills.'

*'Acquire the basic knowledge of medical science which can make a **firm foundation** for future career development.'*

2) Course:

Most students find **clinical exposure the best** aspect of MBChB programme (n=39). They find it good in terms of content, frequencies and time for clinical training.

'A lot of clinical practice. We have learned a lot of practical skills.'

*'The best aspect should be integrated teaching with **early exposure to clinical aspects of medicine**.'*

Well-structured curriculum are commented by the students (n=11).

'Cover almost all specialty, at least briefly, before graduated.'

'Programme was distributed in good timing so that every subject has sufficient time for us to explore and develop our interest. Especially allocating sufficient time in Med5 for majoring in medicine and surgery mainly.'



Aspects in need of improvement:

1) Teaching

Improvement in teaching and learning is needed (n=6)

e.g. Lifelong learning skills, skills workshops

2) Course:

Adding in more contents concerning the following areas (n=16):

-Anatomy, Physiopathology, Embryology, Medical legal issues, Drug regimen, Management for handling ward complaints, SSM & non-medical knowledge

*'Practical skills in dealing with **common ward complaints** and how **to write a good medical record** on case notes.'*

'Limited opportunities for acquiring non-medical knowledge.'

For the curriculum design, students expressed different needs as follows:

-**more clinical practices** and tightened its structure are required (n=11)

*'Should include the medical student as a team member of ward. Give **more responsibility to medical student**... assign them beds for round/present.'*

-**restructure the curriculum** is necessary (n=9)

'Year 3 curriculum: panel and medicine/surgery at the same time is difficult to handle.'

'Better to schedule the lectures with relevant clinical tutorials. E.g. teaching abdominal exam when having PGIN.'

3) Assessment

Modification of assessment format is required (n=3)

*'Most importantly, **don't use MCQ** to assess student ability in Med 1-3.'*

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Summary

- The new curriculum has been implemented for 8 years.
- New curriculum leads to better outcomes than the old, in terms of reducing amount of factual knowledge which is nonessential, better performance in patient management and practical procedures.
- Surveys over two years suggest that there are continuous improvements in basic and clinical sciences, patient investigations and management, practical procedures, health promotion and disease prevention, creative thinking and decision making skills, and clinical reasoning and judgement.
- The medical graduates appreciate the ample clinical exposure and good foundation of medical knowledge in this curriculum. They perceive that they have acquired capabilities that are needed for a competent medical doctor.