Technical Report
NCAA Questionnaires
Student Evaluation of Course/Units
Academic Year 2010 – 2011

Introduction

In light of NCAA requirement under Standard 4- Key Performance Indicator no. 6, pertaining to “Student Evaluation of Courses/Units” at AGU, the Quality Assurance Office administered the said NCAA questionnaires on AGU students for the Academic Year 2010-2011.

The original version of the questionnaire –in Arabic – was conducted on Year 1 Cohort students – CMMS with no alterations. Another 5 different versions of the same questionnaire were developed and administered to students in Years 2, 3, 4, 5 and 6. The term Unit replaced the term course for the latter questionnaires to suit the nature of the PBL program (Attachment 1).

In all questionnaires, the four main areas were maintained as is. These four areas are:

1. Questions about the start of the course/unit
2. Questions about what happened during the course/unit
3. Evaluation of the course/unit
4. Overall evaluation

This study embarked on targeting the maximum number of students from the college of medicine at all levels and cohorts. It was conducted on students in their normal classroom/tutorial sessions at the end of Academic Year 2010-2011. There has been more success reaching out to some cohorts than others due to difficult time schedules and availability issues of some medical student cohorts. It was not possible due to administrative reasons to reach students from the College of Graduate Studies.

The study aims at creating a baseline dataset of student evaluations of AGU course/units starting with the Academic Year 2010-2011.

The obtained values shall form the basis of benchmarking for future obtained values on the same questionnaire when conducted on Year 1, 2, 3, 4, 5 and 6 Cohort students- CMMS at the end of Academic Year 2011-2012 and coming Academic Years.
Study Population

The NCAAA ‘Student Evaluation of Courses/Units’ questionnaire was distributed to medical students in their normal tutorial sessions at the end of the Academic Year 2010–2011. A total of (n=388) questionnaires were collected as follows: (Year 1=103, Year 2=59, Year 3=36, Year 4=102, Year 5=66, Year 6=22). The two administrative assistants helped in administering this questionnaire and in the data entry.

Data Entry

Quantitative data of the questionnaires was entered in SPSS v.17 which was then reviewed to manage missing values, and for validation purposes. Students’ comments pertaining to these questionnaires were also entered for each individual student questionnaire and are reported in Section ‘C’ of this report for all participating students.

Data Analysis

Data on the questionnaires for all participating students (n=388) were analyzed using SPSS v.17. The four areas on the questionnaire were grouped and computed for further analysis.

Simple graphs with percentages achieved on each of the above mentioned four areas were plotted for each cohort. Similarly, simple descriptive analyses in the form of frequencies were conducted listing means and number of valid cases for Units in each related cohort at the Medical College.

It is worthwhile to note that difference between two means (paired sample t-test) was also conducted. It compares between the mean score of the single last question on each questionnaire enquiring about the ‘Overall Evaluation’ and the mean of statistically computed Total Overall score which is obtained from averaging the first three areas on the questionnaire for each Unit in the different cohorts.

The comments section was completed and presented for each questionnaire in each cohort without further analysis.
Results

Data obtained from “Student Evaluation of Courses/Units” questionnaire was analyzed to produce the following reports:

A) Frequency tables and simple graphs of Year 1, 2, 3, 4, 5, and 6 Cohort medical students - CMMS with regard to the four main areas on the questionnaire “Evaluation of Course/Units” along with the computed Total Overall score (Attachment 2).

B) Comparison between evaluation scores obtained across colleges for the four main areas of analysis and the computed Total Overall score of the above mentioned students from the different Medical cohorts.

As stated above, items in the ‘Student Evaluation of Course/Unit’ Questionnaire fall under four main areas that were analyzed and studied according to these areas as follows:-

1. Questions about the start of the course/unit
2. Questions about what happened during the course/unit
3. Evaluation of the course/unit
4. Overall evaluation

In addition to a computed Total Overall Score of all the four areas.

A) Single reports containing a frequency table and a graph corresponding to each cohort and unit (Attachment 2)

Year I Cohort - College of Medicine and Medical Sciences (CMMS)

The highest score among the aforementioned areas of analysis among Year 1 Cohort was achieved for “Questions about the start of the course/unit” with (65.89%), followed by “Questions about what happened during the course/unit” (63.33%), “Evaluation of the course/unit” (61.07%), and “Overall evaluation” (57.48%), respectively.

Upon comparing the mean of computed Total Overall score (63.27%) - which is the computed average of the first three areas on the questionnaire- and the mean of “Overall evaluation” question score for Cohort Year 1 (57.48%), the paired
sample t-test showed very high significance (p< 0.001). This indicates that the difference between means of both scores is real and not due to chance. Hence, it is explained that Year 1 students had under evaluated their “Overall evaluation” of course/units in comparison to what the computed result showed for the first three questions.

Year 2 Cohort - College of Medicine and Medical Sciences (CMMS)

Unit I

The highest score among the aforementioned four areas of analysis was achieved for “Overall evaluation” (77.97%), followed by, “Evaluation of the course/unit” (74.41%), “Questions about what happened during the course/unit” (70.06%), and “Questions about the start of the course/unit” with a (68.25%) respectively. The paired sample t-test which was conducted to test the difference between the mean of the computed Total Overall score (70.58%) and the mean of “Overall evaluation” question score for this Unit (77.97%), showed high significance (p= 0.001). This indicates that the difference between means of both scores was not due to chance, and students of Cohort Year 2- Unit I have over evaluated their experience and satisfaction in this Unit as they expressed it in the single question on “Overall evaluation”.

Unit II

The highest score among the aforementioned areas of analysis was achieved for “Overall evaluation” (78.31%), followed by “Questions about what happened during the course/unit” (75.21%), “Evaluation of the course/unit” (73.64%), and “Questions about the start of the course/unit” with a (69.15%), respectively. For Cohort Year 2- Unit II the computed Total Overall score was 74.15% which is statistically insignificant from the “Overall evaluation” scoring (78.31%) (p=.089). This indicates that students have accurately evaluated their evaluation of Unit II.

Unit III

The highest score among the aforementioned areas of analysis was achieved for “Evaluation of the course/unit” (83.98%), followed by “Overall evaluation” (83.05%), “Questions about the start of the course/unit” with a (74.12%), and “Questions about what happened during
the course/unit” (68.75%). It is worthwhile to note that the *paired sample t-test* indicated that the score for “Overall evaluation” (83.05%) was highly significant (p<0.001) than the computed Total Overall score (72.10%) computed for this Cohort. This indicates that students for Cohort Year 2-Unit III over evaluated their satisfaction with this Unit in general.

Year 3 Cohort - College of Medicine and Medical Sciences (CMMS)

Unit IV

The highest score among the aforementioned areas of analysis was achieved for “Evaluation of the course/unit” (74.58%), followed by “Overall evaluation” (72.22%), “Questions about the start of the course/unit” with a (67.78%), and “Questions about what happened during the course/unit” (65.56%) respectively. The computed Total Overall score for this unit (67.42%) was statistically insignificant (p=0.080) from the score obtained for “Overall evaluation” showing (72.22%). This indicates that Year 3- Unit IV Cohort students have accurately evaluated their satisfaction for this Unit.

Unit V

The highest score among the aforementioned areas of analysis was achieved “Evaluation of the course/unit” (76.25%), followed by “Overall evaluation” (72.78%), “Questions about the start of the course/unit” with a (68.15%), and “Questions about what happened during the course/unit” (68.06%) respectively. The computed Total Overall score for this unit was (69.49%) which is statistically insignificant (p=0.261) from the “Overall evaluation” scoring (72.78%). This indicates that Year 3- Unit V Cohort students accurately reflected their evaluation of the Unit through the single question on ‘Overall evaluation’ which came consistent with the statistical computation.

Unit VI

The highest score among the four aforementioned areas of analysis was achieved for “Evaluation of the course/unit” (75.97%), followed by “Questions about the start of the course/unit” with a (74.07%), “Overall evaluation” (73.89%), and “Questions about what happened during the course/unit” (70.45%) respectively. The computed Total Overall score for
this unit (71.88%) is statistically insignificant according to the paired sample t-test (p= 0.443). This indicates that the student ‘Overall evaluation’ of this unit was consistent with the computed value in reflecting the degree of satisfaction with unit VI.

Year 4 Cohort - College of Medicine and Medical Sciences (CMMS)

Unit VII

The highest score among the aforementioned areas of analysis was achieved for “Evaluation of the course/unit” (81.62%), followed by “Questions about the start of the course/unit” with (80.33%), “Overall evaluation” (79.61%), and “Questions about what happened during the course/unit” (76.42%) respectively. The difference between means of the computed Total Overall score for this Unit (77.90%) and the “Overall Evaluation” (79.60%) was statistically insignificant according to the paired sample t-test (p=0.363). This indicates that the Year 4- Unit VII Cohort students accurately reflected their evaluation of this Unit through the single question on ‘Overall evaluation’ which came consistent with the statistical computation testing Total Overall Score for this Unit.

Unit VIII

The highest score among the aforementioned areas of analysis was achieved for “Evaluation of the course/unit” (79.46%), followed by “Questions about the start of the course/unit” with a (77.25%), “Overall evaluation” (77.06%), and “Questions about what happened during the course/unit” (73.49%) respectively. Running the paired sample t-test to check the difference between means of ‘Overall evaluation’ (77.06%) and the computed Total Overall score (75.02%) came with results that are statistically insignificant (p=0.199) indicating consistency of evaluations for Year 4- Unit VIII Cohort student in terms of the computed score and the ‘Overall evaluation’ question.

Unit IX

The Values Computed for the four areas of analysis for this Unit were significantly lower than the same areas in other Units, with a computed Total Overall score reaching to (57.04%) versus a stated ‘Overall evaluation’ of (54.51%) only. The values scored for the areas of analysis were as follows: “Questions about what happened during the course/unit”
(58.46%), “Questions about the start of the course/unit” (54.38%), and “Evaluation of the course/unit” (53.38%).

The computed Total Overall score for Unit IX was (57.04%) is statistically insignificant (p=0.164) from the “Overall evaluation” scoring (54.51%). This indicates that students accurately reflected their evaluation of dissatisfaction with this Unit through the single question on ‘Overall evaluation’ which came consistent with the statistical computation testing Total Overall Score for this Unit.

Year 5 Cohort - College of Medicine and Medical Sciences (CMMS)

Medical

The highest score among the four aforementioned areas of analysis was achieved for “Evaluation of the course/unit” (77.58%), followed by “Overall evaluation” (74.55%), “Questions about the start of the course/unit” (71.52%), and “Questions about what happened during the course/unit” (68.86%) respectively. The difference between means of the Total Overall score computed for this Cohort (70.72%) and the “Overall Evaluation” (74.55%) was statistically insignificant according to the paired sample t-test (p=0.060). This indicates that the students accurately reflected their evaluation of the medical rotation through the single question on ‘Overall evaluation’ which came consistent with the statistical computation testing Total Overall Score for this part.

Surgical

The highest score among the four aforementioned areas of analysis was achieved for the “Overall evaluation” (91%), followed by “Evaluation of the course/unit” (75%), followed by “Questions about the start of the course/unit” (67%), and “Questions about what happened during the course/unit” (66%) respectively. The difference between means of the Total Overall score computed for this Cohort (69%) and the “Overall Evaluation” (91%) was statistically significant according to the paired sample t-test (p<0.001). This indicates that the students overestimated their evaluation of the surgical rotation through the single question on ‘Overall evaluation’ which came much higher than the statistically computed Total Overall Score for this part.
Obs/Gyne

The highest score among the four areas of analysis was achieved for the “Overall evaluation” (91%), followed by “Evaluation of the course/unit” (74%), followed by “Questions about the start of the course/unit” (73%), and “Questions about what happened during the course/unit” (69%) respectively. The difference between means of the computed Total Overall score for this Cohort (71%) and the “Overall Evaluation” (91%) was statistically significant according to the paired sample t-test (p<0.001). This indicates that the students overestimated their evaluation of the Obs/Gyne rotation through the single question on ‘Overall evaluation’ which came much higher than the statistically computed Total Overall Score for this part.

Pediatrics

The highest score among the four areas of analysis was achieved for the “Overall evaluation” (91%), followed by “Evaluation of the course/unit” (78%), followed by “Questions about the start of the course/unit” (74%), and “Questions about what happened during the course/unit” (72%) respectively. The difference between means of the computed Total Overall score for this Cohort (74%) and the “Overall Evaluation” (91%) was statistically significant according to the paired sample t-test (p=0.001). This indicates that the students overestimated their evaluation of the pediatrics rotation through the single question on ‘Overall evaluation’ which came much higher than the statistically computed Total Overall Score for this part.

Year 6 Cohort - College of Medicine and Medical Sciences (CMMS)

Medical subspecialty

The highest score among the four areas of analysis was achieved for the “Evaluation of the course/unit” (71.36%), followed by “Overall evaluation” (70.91%), “Questions about what happened during the course/unit” (67.39%) and “Questions about the start of the course/unit” (66.67%) respectively. The difference between means of the computed Total Overall score for this Cohort (68.11%) and the “Overall Evaluation” (70.91%) was statistically insignificant according to the paired sample t-test (p=0.429). This indicates that the students accurately evaluated their satisfaction of the medical subspecialty rotation
through the single question of ‘Overall evaluation’ in relation to the computed Total Overall Score for this part.

Surgical subspecialty

The highest score among the four areas of analysis was achieved for the “Evaluation of the course/unit” (66.36%), followed by “Questions about the start of the course/unit” (66.06%), “Questions about what happened during the course/unit” (64.20%), and “Overall evaluation” (63.64%) respectively. The difference between means of the computed Total Overall score for this Cohort (64.77%) and the “Overall Evaluation” (63.64%) was statistically insignificant according to the paired sample t-test ($p=0.719$). This indicates that the students accurately evaluated their satisfaction with the surgical subspecialty rotation through the single question of ‘Overall evaluation’ in relation to the computed Total Overall Score for this part.

Family Medicine

The highest score among the four areas of analysis was achieved for the “Overall evaluation” (83.64%), followed by “Evaluation of the course/unit” (77.50%), “Questions about what happened during the course/unit” (76.25%) and “Questions about the start of the course/unit” (71.52%) respectively. The difference between means of the computed Total Overall score for this Cohort (75.85%) and the “Overall Evaluation” (83.64%) was statistically slightly significant according to the paired sample t-test ($p=0.029$). This indicates that the students accurately evaluated their satisfaction of the family medicine rotation through the single question of ‘Overall evaluation’ in relation to the computed Total Overall Score for this part.

Psychiatry

The highest score among the four areas of analysis was achieved for the “Overall evaluation” (74.55%), followed by “Questions about what happened during the course/unit” (71.36%), “Evaluation of the course/unit” (70.23%), and “Questions about the start of the course/unit” (68.48%) respectively. The difference between means of the computed Total Overall score for this Cohort (70.95%) and the “Overall Evaluation” (74.55%) was statistically insignificant according to the paired sample t-test ($p=0.412$). This indicates that the students accurately evaluated their satisfaction of the psychiatry rotation through the single question of ‘Overall evaluation’ in relation to the computed Total Overall Score for this part.
B) Comparison of scores obtained across colleges for Course/Units in on the four main areas of analysis and the computed Total Overall score.

Year 1-4
1. Comparison Across Cohorts and Units of Average Scores obtained on *Questions about the Start of the Unit*

![Figure 1]

2. Comparison Across Cohorts and Units of Average Scores obtained on Questions about *What Happened During the Unit*

![Figure 2]
3. Comparison Across Cohorts and Units of Average Scores obtained on *Questions about Evaluation of the Unit*

**Figure 3**

![Bar chart showing questions about evaluation of the unit across different units and years.](image)

4. Comparison Across Cohorts and Units of Average Scores obtained on *Questions about Overall Evaluation of the Unit*

**Figure 4**

![Bar chart showing overall evaluation of the unit across different units and years.](image)

5. Comparison of Average Scores obtained on *Computed Overall Evaluation of the Unit*

**Figure 5**

![Bar chart showing computed overall evaluation of the unit across different units and years.](image)
Year 5-6

1. Comparison Across Cohorts of Average Scores obtained on Questions about the Start of the Unit

   Figure 6

   ![Chart showing comparison of questions about the start of the unit](chart1.png)

2. Comparison Across Cohorts of Average Scores obtained on Questions about What Happened During the Unit

   Figure 7

   ![Chart showing comparison of questions about what happened during the unit](chart2.png)

3. Comparison Across Cohorts of Average Scores obtained on Questions about Evaluation of the Unit

   Figure 8

   ![Chart showing comparison of questions about evaluation of the unit](chart3.png)
4. Comparison Across Cohorts of Average Scores obtained on *Questions about Overall Evaluation of the Unit*  

![Figure 9](image)

5. Comparison Across Cohorts of Average Scores obtained on *Computed Overall Evaluation of the Unit*  

![Figure 10](image)

**C. Comments report for students participating in this questionnaire.**  
*(Attachment 3)*

Attachment (3) contains all the comments voiced by students for “Evaluation of AGU Courses/Units” questionnaire.
Discussion

Table (1) below pertains to Cohorts of Year 1-Year 4, and presents Summary of the % Average Scores in the Four Areas of each of the questionnaires.

It is noted that the scores obtained for Cohorts Year 1-4 were generally in the range 60’s to 70’s, with the exception of Year 4- Unit IX which was consistently low (50’s range).

Table 1: Summary of % Average Scores in the Four Areas – Years 1-4

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Unit / Rotation</th>
<th>Area 1 %</th>
<th>Area 2 %</th>
<th>Area 3 %</th>
<th>Area 4 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Year 1</td>
<td>-</td>
<td>N 103</td>
<td>65.89%</td>
<td>63.33%</td>
<td>61.07%</td>
</tr>
<tr>
<td>Medicine Year 2</td>
<td>Unit I</td>
<td>N 59</td>
<td>68.25%</td>
<td>70.06%</td>
<td>74.41%</td>
</tr>
<tr>
<td></td>
<td>Unit II</td>
<td>N 59</td>
<td>69.15%</td>
<td>75.21%</td>
<td>73.64%</td>
</tr>
<tr>
<td></td>
<td>Unit III</td>
<td>N 59</td>
<td>74.12%</td>
<td>68.75%</td>
<td>83.98%</td>
</tr>
<tr>
<td>Medicine Year 3</td>
<td>Unit IV</td>
<td>N 36</td>
<td>67.78%</td>
<td>65.56%</td>
<td>74.58%</td>
</tr>
<tr>
<td></td>
<td>Unit V</td>
<td>N 36</td>
<td>68.15%</td>
<td>68.06%</td>
<td>76.25%</td>
</tr>
<tr>
<td></td>
<td>Unit VI</td>
<td>N 36</td>
<td>74.07%</td>
<td>70.45%</td>
<td>75.97%</td>
</tr>
<tr>
<td>Medicine Year 4</td>
<td>Unit VII</td>
<td>N 102</td>
<td>80.33%</td>
<td>76.42%</td>
<td>81.62%</td>
</tr>
<tr>
<td></td>
<td>Unit VIII</td>
<td>N 102</td>
<td>77.25%</td>
<td>73.49%</td>
<td>79.46%</td>
</tr>
<tr>
<td></td>
<td>Unit IX</td>
<td>N 102</td>
<td>54.38%</td>
<td>58.46%</td>
<td>53.38%</td>
</tr>
</tbody>
</table>

Similarly, Table (2) below pertains to Cohorts of Year 5-Year 6, and presents Summary of the % Average Scores in the Four Areas of each of the questionnaires.

It is noted that the scores obtained for Cohorts Year 5-6 also generally ranged between 60’s and 70’s, with the exception of Area 4 pertaining to “Overall evaluation” which showed 80’s and 90’s in four instances (Year 5 Surgical, Obs/Gyne, and Pediatrics) and (Year 6- Family Medicine).
Table 2: Summary of % Average Scores in the Four Areas – Years 5-6

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Unit / Rotation</th>
<th>Area 1 %</th>
<th>Area 2 %</th>
<th>Area 3 %</th>
<th>Area 4 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Year 5</td>
<td>Medical</td>
<td>N 66</td>
<td>71.52%</td>
<td>68.86%</td>
<td>77.58%</td>
</tr>
<tr>
<td></td>
<td>Surgical</td>
<td>N 66</td>
<td>67%</td>
<td>67%</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>Obs/Gyne</td>
<td>N 66</td>
<td>73%</td>
<td>69%</td>
<td>74%</td>
</tr>
<tr>
<td></td>
<td>Pediatrics</td>
<td>N 66</td>
<td>74%</td>
<td>72%</td>
<td>78%</td>
</tr>
<tr>
<td>Medicine Year 6</td>
<td>Medical</td>
<td>N 22</td>
<td>66.67%</td>
<td>67.39%</td>
<td>71.36%</td>
</tr>
<tr>
<td></td>
<td>Surgical sub-specialty</td>
<td>N 22</td>
<td>66.06%</td>
<td>64.20%</td>
<td>66.36%</td>
</tr>
<tr>
<td></td>
<td>Family medicine</td>
<td>N 22</td>
<td>71.52%</td>
<td>76.25%</td>
<td>77.50%</td>
</tr>
<tr>
<td></td>
<td>Psychiatry</td>
<td>N 22</td>
<td>68.48%</td>
<td>71.36%</td>
<td>70.23%</td>
</tr>
</tbody>
</table>

Table (3) compares the highest and lowest scores obtained for Cohorts Year 1-4 on the four main areas of the “Student Evaluation of Course/Unit” questionnaire.

Overall, when comparing students belonging to these cohorts, it was noted that the highest score was recorded for Year 2 Unit III for items under Area 3 related to “Evaluation of the course/unit”, while the lowest score was recorded for items under Area 4 (53.38%) related to the same area. This confirms the earlier mentioned observation that as students become more mature, they voice less satisfaction with their units.

Looking closely at each unit, it was noticed that six of the nine units (III, IV, V, VI, VII, and VIII) gave the highest score to items under Area 3 related to “Evaluation of the course/unit”, followed by two units (I and II) which gave the highest score to items under Area 4 related to “Overall evaluation”. It is worthwhile noting that for these two units, the next highest score was recorded for Area 3 as well. In addition, Area 4 is by itself a composite score of all the first three areas, including area 3. Hence, one can safely state that all students in all units- with the exception of Year 1 and Unit IX – highly rated their “Evaluation of the course/unit” with regard to the other areas on the questionnaire, reflecting content with their study in these units. Moreover, the scores obtained were in the range 70’s- 80’s revealing high satisfaction (Table 3). The highest score recorded for unit IX was the lowest (58.46%) indicating general dissatisfaction with this unit.
The lowest scores for the different rotations mainly were recorded generally for Area 1 “Questions about the start of the course/unit” and Area 2 “Questions about what happened during the course/unit”. The overall trend of score range was in the high 60’s-70’s.

Table 3: Comparison of Highest and Lowest Scores- Year 1-4

<table>
<thead>
<tr>
<th>Year /Cohort</th>
<th>Unit / Rotation</th>
<th>Highest Score %</th>
<th>Lowest Score %</th>
<th>Computed Total Overall Score %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Year 1</td>
<td>Unit I</td>
<td>77.97% (Area 4)</td>
<td>68.25% (Area 1)</td>
<td>70.58%</td>
</tr>
<tr>
<td>Medicine Year 1</td>
<td>Unit II</td>
<td>78.31% (Area 4)</td>
<td>69.15% (Area 1)</td>
<td>74.15%</td>
</tr>
<tr>
<td>Medicine Year 1</td>
<td>Unit III</td>
<td>83.98% (Area 3)</td>
<td>68.75% (Area 2)</td>
<td>72.10%</td>
</tr>
<tr>
<td>Medicine Year 2</td>
<td>Unit IV</td>
<td>74.58% (Area 3)</td>
<td>65.56% (Area 2)</td>
<td>67.42%</td>
</tr>
<tr>
<td>Medicine Year 2</td>
<td>Unit V</td>
<td>76.25% (Area 3)</td>
<td>68.06% (Area 2)</td>
<td>69.49%</td>
</tr>
<tr>
<td>Medicine Year 2</td>
<td>Unit VI</td>
<td>75.97% (Area 3)</td>
<td>70.45% (Area 2)</td>
<td>71.88%</td>
</tr>
<tr>
<td>Medicine Year 3</td>
<td>Unit VII</td>
<td>81.62% (Area 3)</td>
<td>76.42% (Area 2)</td>
<td>77.91%</td>
</tr>
<tr>
<td>Medicine Year 3</td>
<td>Unit VIII</td>
<td>79.46% (Area 3)</td>
<td>73.49% (Area 2)</td>
<td>75.02%</td>
</tr>
<tr>
<td>Medicine Year 4</td>
<td>Unit IX</td>
<td>58.46% (Area 2)</td>
<td>53.38% (Area 3)</td>
<td>57.04%</td>
</tr>
</tbody>
</table>

Table 4: Comparison of Highest and Lowest Scores- Year 5-6

<table>
<thead>
<tr>
<th>Year /Cohort</th>
<th>Unit / Rotation</th>
<th>Highest Score %</th>
<th>Lowest Score %</th>
<th>Computed Total Overall Score %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Year 5</td>
<td>Medical</td>
<td>77.58% (Area 3)</td>
<td>68.86% (Area 2)</td>
<td>70.72%</td>
</tr>
<tr>
<td>Medicine Year 5</td>
<td>Surgical</td>
<td>91.00% (Area 4)</td>
<td>66.00% (Area 2)</td>
<td>69.00%</td>
</tr>
<tr>
<td>Medicine Year 5</td>
<td>Obs/Gyne</td>
<td>91.00% (Area 4)</td>
<td>69.00% (Area 2)</td>
<td>71.00%</td>
</tr>
<tr>
<td>Medicine Year 6</td>
<td>Pediatrics</td>
<td>91.00% (Area 4)</td>
<td>72.00% (Area 2)</td>
<td>74.00%</td>
</tr>
<tr>
<td>Medicine Year 6</td>
<td>Medical sub-specialty</td>
<td>70.91% (Area 4)</td>
<td>66.67% (Area 1)</td>
<td>68.11%</td>
</tr>
<tr>
<td>Medicine Year 6</td>
<td>Surgical sub-specialty</td>
<td>66.36% (Area 3)</td>
<td>64.20% (Area 2)</td>
<td>64.77%</td>
</tr>
<tr>
<td>Medicine Year 6</td>
<td>Family medicine</td>
<td>83.64% (Area 4)</td>
<td>71.52% (Area 1)</td>
<td>75.85%</td>
</tr>
<tr>
<td>Medicine Year 6</td>
<td>Psychiatry</td>
<td>74.55% (Area 4)</td>
<td>68.48% (Area 1)</td>
<td>70.95%</td>
</tr>
</tbody>
</table>

Table (4) compares students belonging to Cohorts Year 5-6 on the same questionnaire. Overall, and in almost all rotations - with the exception of Year 5 medical rotation and Year 6 surgical subspecialty - the highest scores in each rotation was either in Area 3 related to “Evaluation of the course/unit” or in Area 4 related to “Overall evaluation”. This reveals a general satisfaction with rotations (scores in the range 70’s and 80’s) as well as very high satisfaction (90’s) in the case of Year 5 surgical, Obs/Gyne, and pediatrics rotations.

The lowest scores for the different rotations were mainly recorded for Area 1 “Questions about the start of the course/unit” and Area 2 “Questions about what happened during the course/unit”. The overall trend of score range was in the high 60’s-70’s. The lowest score among all rotations for Year 5 and Year 6 was recorded for surgical subspecialty (64.20%).

Table 4: Comparison of Highest and Lowest Scores- Year 5-6
Table (5) compares Cohort Year 1-4 with regard to the Overall Evaluation scores and how significant it was in relation to a computed Total Overall Score of the first three areas on the said questionnaire. The *paired sample t-test* revealed that Year 1 students had under evaluated their satisfaction of their course/units in this year as the question on “Overall Evaluation” scored less than the computed Total Overall score. This means that in reality Year 1 medical students are actually more satisfied with their course/units than they had actually voiced it.

Similarly, Year 2 students had over evaluated their experience and satisfaction in Unit I and Unit III as evident from the single question on “Overall evaluation” which came as significantly higher than the computed Total Overall score for both units. This can be explained in that Year 2 students voiced more satisfaction than the actual case, i.e. as calculated in the Total Overall Score with regard to about 75% of their 2nd year curriculum.

All the other students from Year 3 (Units IV, V, and VI) and Year 4 (Units VII and VIII) - with the exception of Unit IX - had accurately reflected their satisfaction in these units through the single question on ‘Overall evaluation’ which came consistent with the statistical computation score revealing the Total Overall Score for each of the units. This can be explained in that Year 3 and Year 4 students became more mature at this stage and were able to voice reality of the situation.

Year 4- Unit IX students not only under evaluated their satisfaction of this unit as revealed by the question on “Overall Evaluation” (score 54.51%) which is less than the computed Total Overall score (57.04%), but has also given consistently low scores for all the four areas. If one is to use the same argument that students become more mature by the end of Year 4, then such scores can mean that these students wanted to clearly voice their dissatisfaction in the question of “Overall Evaluation”, in addition to rating all the other areas very low. In fact not a single unit was rated in the 50’s range for any of the four areas.
Table 5: Comparison of Overall Evaluation and Computed Total Overall Score Year 1-4

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Unit / Rotation</th>
<th>Overall Evaluation by End of Program</th>
<th>Computed Total Overall Score</th>
<th>Sig. (2-tailed) t-Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Year 1</td>
<td>N 103</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>57.48%</td>
<td>63.27%</td>
<td>(p = 0.000)</td>
</tr>
<tr>
<td>Medicine Year 2</td>
<td>N 59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit I</td>
<td>Mean</td>
<td>77.97%</td>
<td>70.58%</td>
<td>(p = 0.001)</td>
</tr>
<tr>
<td>Unit II</td>
<td>N 59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>78.31%</td>
<td>74.15%</td>
<td>(p = 0.089)</td>
</tr>
<tr>
<td>Unit III</td>
<td>N 59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>83.05%</td>
<td>72.10%</td>
<td>(p = 0.000)</td>
</tr>
<tr>
<td>Medicine Year 3</td>
<td>N 36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit IV</td>
<td>Mean</td>
<td>72.22%</td>
<td>67.42%</td>
<td>(p = 0.080)</td>
</tr>
<tr>
<td>Unit V</td>
<td>N 36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>72.78%</td>
<td>69.49%</td>
<td>(p = 0.261)</td>
</tr>
<tr>
<td>Unit VI</td>
<td>N 36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>73.89%</td>
<td>71.88%</td>
<td>(p = 0.443)</td>
</tr>
<tr>
<td>Medicine Year 4</td>
<td>N 102</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit VII</td>
<td>Mean</td>
<td>79.61%</td>
<td>77.91%</td>
<td>(p = 0.363)</td>
</tr>
<tr>
<td>Unit VIII</td>
<td>N 102</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>77.06%</td>
<td>75.02%</td>
<td>(p = 0.199)</td>
</tr>
<tr>
<td>Unit IX</td>
<td>N 102</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>54.51%</td>
<td>57.04%</td>
<td>(p = 0.164)</td>
</tr>
</tbody>
</table>

Table (6) compares Cohort Year 5-6 with regard to the Overall Evaluation scores and how significant it was in relation to a computed Total Overall Score of the first three areas on the said questionnaire. The *paired sample t-test* revealed that Year 5 students- *medical rotation* had accurately reflected their satisfaction of this rotation through the single question on ‘Overall evaluation’ which came consistent with the statistical computation score revealing the Total Overall Score for each of the units.

On the other hand, Year 5 students rating their *surgical, Obs/Gyne, and Pediatrics rotations* over evaluated their satisfaction for these rotations, where the difference in mean of “Overall evaluation” score was significantly higher than the computed Total Overall score for each of the mentioned rotations. This can be explained in that these students voiced higher satisfaction than what it should actually be, i.e. as calculated in the Total Overall Score.

Students in Year 6 Cohort - accurately reflected their satisfaction in all of the medical subspecialty, surgical subspecialty, family medicine, and psychiatry rotations through the
single question on ‘Overall evaluation’, where the difference between means was insignificant from the computed score of the Total Overall Score for each of the rotations. This can be explained in that Year 3 and Year 4 students became more mature at this stage and were able to accurately voice their evaluation.

**Table 6: Comparison of Overall Evaluation and Computed Total Overall Score**

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Unit / Rotation</th>
<th>Overall Evaluation by End of Program</th>
<th>Computed Total Overall Score</th>
<th>Sig. (2-tailed) t-Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine Year 5</td>
<td>Medical</td>
<td>N 66</td>
<td>Mean 74.55%</td>
<td>70.72%</td>
</tr>
<tr>
<td></td>
<td>Surgical</td>
<td>N 66</td>
<td>Mean 91.00%</td>
<td>69.00%</td>
</tr>
<tr>
<td></td>
<td>Obs/Gyne</td>
<td>N 66</td>
<td>Mean 91.00%</td>
<td>71.00%</td>
</tr>
<tr>
<td></td>
<td>Pediatrics</td>
<td>N 66</td>
<td>Mean 91.00%</td>
<td>74.00%</td>
</tr>
<tr>
<td>Medicine Year 6</td>
<td>Medical sub-specialty</td>
<td>N 22</td>
<td>Mean 70.91%</td>
<td>68.11%</td>
</tr>
<tr>
<td></td>
<td>Surgical sub-specialty</td>
<td>N 22</td>
<td>Mean 63.64%</td>
<td>64.77%</td>
</tr>
<tr>
<td></td>
<td>Family medicine</td>
<td>N 22</td>
<td>Mean 83.64%</td>
<td>75.85%</td>
</tr>
<tr>
<td></td>
<td>Psychiatry</td>
<td>N 22</td>
<td>Mean 74.55%</td>
<td>70.95%</td>
</tr>
</tbody>
</table>

**Recommendations:**

Although the scores obtained on students’ evaluation of units across the different cohorts were generally acceptable indicating general satisfaction with the exception of Year 1 and Year 4 Unit IX.

Hence, it is recommended that one to one interviews be conducted by a team of academicians on a random sample of students from these two groups to understand their problem in detail. This can be specially geared towards Unit IX as it attracted the most amount of dissatisfaction.
Attachment 1
Course/Unit Evaluation
Questionnaires
Year 1, 2, 3, 4, 5, and 6 Cohort
استبانة تقويم المقرر
لطلبة السنة الأولى

اسم المقرر ورمزه ورمز البرنامج (القسم)

الفصل الدراسي _______________ السنة _______________

تعتبر التغذية الراجعة من الطلاب مهمة لتحسين جودة المقررات.
وهذه الاستبانة سريعة، فننصح عدم كتابة اسمك عليها أو الكشف عن هويتك. وستجمع استجابتك مع استجابات
الآخرين من خلال عملية لا تسمح بالتعرف على أي شخص، وستستخدم خلاصة الآراء للتخطيط للتحسين.
نرجو التفاضل بالإجابة عن الأسئلة التالية بتعبيئة الدائرة التي تمثل إجابتك بشكل كامل.

يرجى تظليل الدائرة هكذا

أو 

أو 

أو 

أو 

أو 

أو 

ليس هكذا

مع مراعاة أن يكون لون الدائرة غامقاً، وعدم استخدام أقلام التظليل الفوسيوية

المرجو استخدام قلم رصاص أو قلم حبر أزرق أو أسود فقط، وعدم استخدام قلم أحمر أو أخضر أو أصفر

<table>
<thead>
<tr>
<th>الأداة</th>
<th>المقصود</th>
<th>التوصية</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

• (وافق بشدة) تعني أن العبارة صحيحة دائمًا أو في كل الأحيان تقريبًا، أو أن المطلوب تم تاديته على
• (وافق) تعني أن العبارة غالباً أو في أغلب الأحيان، أو أن المطلوب تم تاديته بشكل جيد تقريباً.
• (صحيح لحد ما) تعني أن المطلوب تم تاديته بشكل متوسط.
• (لا أوافق) تعني أن المطلوب تم تاديته بشكل ضعيف أو لم يؤد في معظم الأحيان.
• (لا أوافق بشدة) تعني أن المطلوب تم تاديته بشكل سيء جداً، أو لم يؤد أصلاً، أو نادرًا ما تم تاديته.

1. أسئلة خاصة بهدف المقرر

2. كانت الخطوط الأساسية (بما في ذلك المعلومات والمهارات التي صمم المقرر لتطويرها) واضحة بالنسبة لي.

3. كانت متطلبات النجاح في المقرر (بما في ذلك الواجبات التي يتم التقييم بناءً عليها، ومحميات التقييم) واضحة بالنسبة لي.

<table>
<thead>
<tr>
<th>الأداة</th>
<th>المقصود</th>
<th>التوصية</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

21
**أسئلة خاصةً بما حدث خلال المقرر**

| **3** | كانت مصادر مساعدتي في المقرر (بما في ذلك الساعات المكتبية لعضو هيئة التدريس، والمراجع) واضحة بالنسبة لي.
| **4** | كان تنفيذ المقرر والأشياء التي طلب مني أداوها متسقة مع الخطوط الأساسية للمقرر.
| **5** | كان عضو هيئة التدريس ملتزما بإعطاء المقرر بشكل كامل (مثل: بدأ المحاضرات في الوقت المحدد، تواجد عضو هيئة التدريس بشكل دائم، الاعداد الجيد للموارد المساعدة في التدريس، وهكذا).
| **6** | لدى عضو هيئة التدريس الذي يقوم بتقديم هذا المقرر إمام كامل بحتوى المقرر.
| **7** | كان عضو هيئة التدريس موجوداً للمساعدة خلال الساعات المكتبية.
| **8** | كان عضو هيئة التدريس متحمساً لما يقوم بتدريسه.
| **9** | كان عضو هيئة التدريس مهتماً بمهم تمدي وكان معيناً لي.
| **10** | كان كل ما يقدم في المقرر حديثا وفنيداً (النصوص المقرورة، التلخيصات، المراجع، وما شابهها).
| **11** | كانت المصادر التي احتاجتها في هذا المقرر متوافقة كلما كنت أحتاج إليها.
| **12** | كان هناك استخدام فعال للتقنية لدعم تعليمي في هذا المقرر.
| **13** | وجدت تشجيعاً لإغلاق الأسئلة وتطوير أفكاري الخاصة في هذا المقرر.
| **14** | شجعت في هذا المقرر على تقديم أفضل ما عندي.
| **15** | ساعدت الأشياء التي طلبت مني في هذا المقرر (النقطة الصغيرة، المعامل، وهكذا) في تطوير معرفتي ومهاراتي التي يهدف المقرر لتعليمها.
| **16** | كانت كمية العمل في هذا المقرر مناسبة مع عدد الساعات المعتمدة المخصصة للمقرر.
| **17** | قدمت لي درجات الواجبات والاختبارات في هذا المقرر خلال وقت معقول.
| **18** | كان تصحيح واجباتي واختباراتي عادلاً ومناسباً.
| **19** | وضح لي الصلة بين هذا المقرر والمقررات الأخرى بالبرنامج (القسم).

---

22
<table>
<thead>
<tr>
<th>التقويم المقرر</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ما تعلمت في هذا المقرر مهم وسيفدني مستقبلاً.</td>
<td>20</td>
</tr>
<tr>
<td>ساعدني هذا المقرر على تحسين قدرتي على التفكير وحل المشكلات بدلاً من حفظ المعلومات فقط.</td>
<td>21</td>
</tr>
<tr>
<td>ساعدني هذا المقرر على تحسين مهاراتي في العمل على شكل فريق.</td>
<td>22</td>
</tr>
<tr>
<td>ساعدني هذا المقرر على تحسين قدرتي على الاتصال بفاعلية.</td>
<td>23</td>
</tr>
<tr>
<td>التقويم العام</td>
<td></td>
</tr>
<tr>
<td>أشعر بالرضا بشكل عام عن مستوى جودة هذا المقرر.</td>
<td>24</td>
</tr>
<tr>
<td>أسئلة مفتوحة</td>
<td></td>
</tr>
<tr>
<td>ما الذي أعجبك بشكل كبير في هذا المقرر؟</td>
<td>25</td>
</tr>
<tr>
<td>ما الذي لم يعجبك بشكل كبير في هذا المقرر؟</td>
<td>26</td>
</tr>
<tr>
<td>ما الاقتراحات التي لديك لتحسين هذا المقرر؟</td>
<td>27</td>
</tr>
</tbody>
</table>
Unit Evaluation Survey (UES)

Program MEDICINE

Year of Study: _____SECOND YEAR____        DATE: JUNE 2011

Feedback from students is very important in trying to improve the quality of Units.

This is a confidential survey. Do not write your name or identify yourself in any way. Your responses will be combined with the responses of others in a process that does not allow any individual to be identified and the overall opinions will be used to plan for Unit improvements.

Please respond to the following questions by completely filling a response for each of your answers.

Do this ○ ● ○ ○ ○ ○            Do not mark in any of these ways ○ ○ ○ ○ ○ ○

Use a pencil or blue/black pen only            Do not use red, green or yellow
Make heavy marks that fill in your response            Do not use highlighters

Questions about the start of the Unit:

1. The Unit outline (including the knowledge and skills the Unit was designed to develop) was made clear to me.

2. The things I had to do to succeed in the Unit, including assessment tasks and criteria for assessment, were made clear to me.
3. Sources of help for me during the Unit including appointments with faculty and reference material, were made clear to me.

Questions about what happened during the Unit:

4. The conduct of the Unit and the things I was asked to do were consistent with the Unit outline.

5. My instructor(s) were fully committed to the delivery of the Unit. (Eg. sessions started on time, instructor always present, material well prepared, etc).

6. My instructor(s) had thorough knowledge of the content of the Unit.

7. My instructor(s) were available during a scheduled appointment to help me.

8. My instructor(s) were enthusiastic about what they were teaching.

9. My instructor(s) cared about my progress and were helpful to me.

10. Unit materials were of up to date and useful. (texts, handouts, references etc.)

11. The resources I needed in this Unit (textbooks, library, computers etc.) were available when I needed them.

12. In this Unit effective use was made of technology to support my learning.

13. In this Unit I was encouraged to ask questions and develop my own ideas.

14. In this Unit I was inspired to do my best work.
15. The things I had to do in this Unit (class activities, assignments, laboratories etc) were helpful for developing the knowledge and skills the Unit was intended to teach.

16. The amount of work I had to do in this Unit was reasonable for the hours allocated.

17. Marks for assignments and tests in this Unit were given to me within reasonable time.

18. Grading of my tests and assignments in this Unit was fair and reasonable.

19. The links between this Unit and other Units in my total program were made clear to me.

Evaluation of the Unit

20. What I learned in this Unit is important and will be useful to me.

21. This Unit helped me to improve my ability to think and solve problems rather than just memorize information.

22. This Unit helped me to develop my skills in working as a member of a team.

23. This Unit improved my ability to communicate effectively.

Overall Evaluation

24. This Unit improved my ability to communicate effectively.

Open Ended Items
25. What did you like most about these Units? (Briefly)

_______________________________________________________________________________________

_______________________________________________________________________________________

26. What did you dislike most about these Units? (Briefly)

_______________________________________________________________________________________

_______________________________________________________________________________________

27. What suggestion(s) do you have to improve these Units? (Briefly)

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
Unit Evaluation Survey (UES)

Program MEDICINE

Year of Study: ____THIRD YEAR__        DATE: JUNE 2011

Feedback from students is very important in trying to improve the quality of Units.

This is a confidential survey. Do not write your name or identify yourself in any way. Your responses will be combined with the responses of others in a process that does not allow any individual to be identified and the overall opinions will be used to plan for Unit improvements.

Please respond to the following questions by completely filling a response for each of your answers.

Use a pencil or blue/black pen only   Do not use red, green or yellow
Make heavy marks that fill in your response   Do not use highlighters

- Strongly agree means the statement is true all or almost all of the time and/or very well done.
- Agree means the statement is true most of the time and/or fairly well done.
- True sometimes means something is done about half the time.
- Disagree means something is done poorly or not often done.
- Strongly disagree means something is done very badly or never or very rarely

Questions about the start of the Unit:

1. The Unit outline (including the knowledge and skills the Unit was designed to develop) was made clear to me.
   Unit IV  ○ ○ ○ ○ ○
   Unit V  ○ ○ ○ ○ ○
   Unit VI  ○ ○ ○ ○ ○

2. The things I had to do to succeed in the Unit, including assessment tasks and criteria for assessment, were made clear to me.
   Unit IV  ○ ○ ○ ○ ○
   Unit V  ○ ○ ○ ○ ○
   Unit VI  ○ ○ ○ ○ ○

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3. Sources of help for me during the Unit Including appointments with faculty and reference material, were made clear to me.

Questions about what happened during the Unit:

4. The conduct of the Unit and the things I was asked to do were consistent with the Unit outline.

5. My instructor(s) were fully committed to the delivery of the Unit. (Eg. sessions started on time, instructor always present, material well prepared, etc).

6. My instructor(s) had thorough knowledge of the content of the Unit.

7. My instructor(s) were available during a scheduled appointment to help me.

8. My instructor(s) were enthusiastic about what they were teaching.

9. My instructor(s) cared about my progress and were helpful to me.

10. Unit materials were of up to date and useful. (texts, handouts, references etc.)

11. The resources I needed in this Unit (textbooks, library, computers etc.) were available when I needed them.

12. In this Unit effective use was made of technology to support my learning.

13. In this Unit I was encouraged to ask questions and develop my own ideas.
14. In this Unit I was inspired to do my best work.

15. The things I had to do in this Unit (class activities, assignments, laboratories etc) were helpful for developing the knowledge and skills the Unit was intended to teach.

16. The amount of work I had to do in this Unit was reasonable for the hours allocated.

17. Marks for assignments and tests in this Unit were given to me within reasonable time.

18. Grading of my tests and assignments in this Unit was fair and reasonable.

19. The links between this Unit and other Units in my total program were made clear to me.

Evaluation of the Unit

20. What I learned in this Unit is important and will be useful to me.

21. This Unit helped me to improve my ability to think and solve problems rather than just memorize information.

22. This Unit helped me to develop my skills in working as a member of a team.

23. This Unit improved my ability to communicate effectively.
Overall Evaluation
24. This Unit improved my ability to communicate effectively.

Open Ended Items
25. What did you like most about these Units? (Briefly)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

26. What did you dislike most about these Units? (Briefly)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

27. What suggestion(s) do you have to improve these Units? (Briefly)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
Unit Evaluation Survey (UES)

Program MEDICINE

Year of Study: ____FOURTH YEAR__        DATE: JUNE 2011

Feedback from students is very important in trying to improve the quality of Units.

This is a confidential survey. Do not write your name or identify yourself in any way. Your responses will be combined with the responses of others in a process that does not allow any individual to be identified and the overall opinions will be used to plan for Unit improvements.

Please respond to the following questions by completely filling a response for each of your answers.

Questions about the start of the Unit:

1. The Unit outline (including the knowledge and skills the Unit was designed to develop) was made clear to me.

2. The things I had to do to succeed in the Unit, including assessment tasks and criteria for assessment, were made clear to me.
3. Sources of help for me during the Unit including appointments with faculty and reference material, were made clear to me.

Questions about what happened during the Unit:

4. The conduct of the Unit and the things I was asked to do were consistent with the Unit outline.

5. My instructor(s) were fully committed to the delivery of the Unit. (Eg. sessions started on time, instructor always present, material well prepared, etc).

6. My instructor(s) had thorough knowledge of the content of the Unit.

7. My instructor(s) were available during a scheduled appointment to help me.

8. My instructor(s) were enthusiastic about what they were teaching.

9. My instructor(s) cared about my progress and were helpful to me.

10. Unit materials were of up to date and useful. (texts, handouts, references etc.)

11. The resources I needed in this Unit (textbooks, library, computers etc.) were available when I needed them.

12. In this Unit effective use was made of technology to support my learning.

13. In this Unit I was encouraged to ask questions and develop my own ideas.
14. In this Unit I was inspired to do my best work.

15. The things I had to do in this Unit (class activities, assignments, laboratories etc) were helpful for developing the knowledge and skills the Unit was intended to teach.

16. The amount of work I had to do in this Unit was reasonable for the hours allocated.

17. Marks for assignments and tests in this Unit were given to me within reasonable time.

18. Grading of my tests and assignments in this Unit was fair and reasonable.

19. The links between this Unit and other Units in my total program were made clear to me.

Evaluation of the Unit

20. What I learned in this Unit is important and will be useful to me.

21. This Unit helped me to improve my ability to think and solve problems rather than just memorize information.

22. This Unit helped me to develop my skills in working as a member of a team.

23. This Unit improved my ability to communicate effectively.
Overall Evaluation
24. This Unit improved my ability to communicate effectively.

Open Ended Items
25. What did you like most about these Units? (Briefly)

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

26. What did you dislike most about these Units? (Briefly)

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

27. What suggestion(s) do you have to improve these Units? (Briefly)

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________
Clinical Rotation Evaluation Survey (CRES)

Program MEDICINE

Year of Study: ____FIFTH YEAR__        DATE: JUNE 2011

Feedback from students is very important in trying to improve the quality of Rotations.

This is a confidential survey. Do not write your name or identify yourself in any way. Your responses will be combined with the responses of others in a process that does not allow any individual to be identified and the overall opinions will be used to plan for Rotation improvements.

Please respond to the following questions by completely filling a response for each of your answers.

Do this ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Do not mark in any of these ways ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Use a pencil or blue/black pen only

Make heavy marks that fill in your response

Do not use red, green or yellow

Do not use highlighters

- Strongly agree means the statement is true all or almost all of the time and/or very well done.
- Agree means the statement is true most of the time and/or fairly well done.
- True sometimes means something is done about half the time.
- Disagree means something is done poorly or not often done.
- Strongly disagree means something is done very badly or never or very rarely

Questions about the start of the Rotation:

1. The Rotation outline (including the knowledge and skills the Rotation was designed to develop) was made clear to me.
2. The things I had to do to succeed in the Rotation, including assessment tasks and criteria for assessment, were made clear to me.

3. Sources of help for me during the Rotation including appointments with faculty and reference material, were made clear to me.

Questions about what happened during the Rotation:

4. The conduct of the Rotation and the things I was asked to do were consistent with the Rotation outline.

5. My instructor(s) were fully committed to the delivery of the Rotation. (E.g., sessions started on time, instructor always present, material well prepared, etc).

6. My instructor(s) had thorough knowledge of the content of the Rotation.

7. My instructor(s) were available during a scheduled appointment to help me

8. My instructor(s) were enthusiastic about what they were teaching.

9. My instructor(s) cared about my progress and were helpful to me.
10. Rotation materials were of up to date and useful. (texts, handouts, references etc.)

11. The resources I needed in this Rotation (textbooks, library, computers etc.) were available when I needed them.

12. In this Rotation effective use was made of technology to support my learning.

13. In this Rotation I was encouraged to ask questions and develop my own ideas.

14. In this Rotation I was inspired to do my best work.

15. The things I had to do in this Rotation (class activities, assignments, laboratories etc) were helpful for developing the knowledge and skills the Rotation was intended to teach.

16. The amount of work I had to do in this Rotation was reasonable for the hours allocated.

17. Marks for assignments and tests in this Rotation were given to me within reasonable time.

18. Grading of my tests and assignments in this Rotation was fair and reasonable.
19. The links between this Rotation and other Rotations in my total program were made clear to me.

Evaluation of the Rotation

20. What I learned in this Rotation is important and will be useful to me.

21. This Rotation helped me to improve my ability to think and solve problems rather than just memorize information.

22. This Rotation helped me to develop my skills in working as a member of a team.

23. This Rotation improved my ability to communicate effectively.

Overall Evaluation

24. This Rotation improved my ability to communicate effectively.

Open Ended Items

25. What did you like most about these Rotations? (Briefly)

_______________________________________________________________________________________
_______________________________________________________________________________________
26. What did you dislike most about these Rotations? (Briefly)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

27. What suggestion(s) do you have to improve these Rotations? (Briefly)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Clinical Rotation Evaluation Survey (CRES)

Program MEDICINE

Year of Study: _____SIXTH YEAR____ DATE: JUNE 2011

Feedback from students is very important in trying to improve the quality of Rotations.

This is a confidential survey. Do not write your name or identify yourself in any way. Your responses will be combined with the responses of others in a process that does not allow any individual to be identified and the overall opinions will be used to plan for Rotation improvements.

Please respond to the following questions by completely filling a response for each of your answers.

Do this ☐  ☐  ☐  ☐  ☐  Do not mark in any of these ways ☑  ☐  ☐  ☐  ☐  ☐

Use a pencil or blue/black pen only  Do not use red, green or yellow
Make heavy marks that fill in your response  Do not use highlighters

• Strongly agree means the statement is true all or almost all of the time and/or very well done.
• Agree means the statement is true most of the time and/or fairly well done.
• True sometimes means something is done about half the time.
• Disagree means something is done poorly or not often done.
• Strongly disagree means something is done very badly or never or very rarely

Questions about the start of the Rotation:

1. The Rotation outline (including the knowledge and skills the Rotation was designed to develop) was made clear to me.  

   Med. (Subspeci.)  ☐  ☐  ☐  ☐  ☐  
   Surg. (Subspeci.)  ☐  ☐  ☐  ☐  ☐  
   Family Medicine  ☐  ☐  ☐  ☐  ☐  
   Psychiatry  ☐  ☐  ☐  ☐  ☐  

41
2. The things I had to do to succeed in the Rotation, including assessment tasks and criteria for assessment, were made clear to me.

3. Sources of help for me during the Rotation including appointments with faculty and reference material, were made clear to me.

**Questions about what happened during the Rotation:**

4. The conduct of the Rotation and the things I was asked to do were consistent with the Rotation outline.

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11. The resources I needed in this Rotation (textbooks, library, computers etc.) were available when I needed them.

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13. In this Rotation I was encouraged to ask questions and develop my own ideas.

14. In this Rotation I was inspired to do my best work.

15. The things I had to do in this Rotation (class activities, assignments, laboratories etc) were helpful for developing the knowledge and skills the Rotation was intended to teach.

16. The amount of work I had to do in this Rotation was reasonable for the hours allocated.

17. Marks for assignments and tests in this Rotation were given to me within reasonable time.

18. Grading of my tests and assignments in this Rotation was fair and reasonable.
19. The links between this Rotation and other Rotations in my total program were made clear to me.

Evaluation of the Rotation

20. What I learned in this Rotation is important and will be useful to me.

21. This Rotation helped me to improve my ability to think and solve problems rather than just memorize information.

22. This Rotation helped me to develop my skills in working as a member of a team.

23. This Rotation improved my ability to communicate effectively.

Overall Evaluation

24. This Rotation improved my ability to communicate effectively.

Open Ended Items

25. What did you like most about these Rotations? (Briefly)
26. What did you dislike most about these Rotations? (Briefly)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

27. What suggestion(s) do you have to improve these Rotations? (Briefly)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

45
Attachment 2
Course/Unit Evaluation Questionnaire
Frequency tables and simple graphs of Year 1, 2, 3, 4, 5, and 6 Cohort
**NCAAA Student Unit Evaluation**  
**Academic Year (2010-2011)**  
**CMMS-Year I**

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Academic Year (2010-2011)
CMMS- Year 2 Unit 1

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Paired Differences

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NCAAA Student Unit Evaluation
Academic Year (2010-2011)
CMMS- Year 2 Unit 2

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Academic Year (2010-2011)
CMMS- Year 2 Unit 3

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Academic Year (2010-2011)
CMMS- Year 3 Unit 4

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#### Academic Year (2010-2011)
##### CMMS- Year 3 Unit 5

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Academic Year (2010-2011)
CMMS- Year 3 Unit 6

Statistics

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Academic Year (2010-2011)  
CMMS- Year 4 Unit 7

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Academic Year (2010-2011)
CMMS- Year 4 Unit 8

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Academic Year (2010-2011)
CMMS- Year 4 Unit 9

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T-Test- year 4 unit 9

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Academic Year (2010-2011)  
CMMS- Year 5- Medical

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#### Academic Year (2010-2011)
##### CMMS- Year 5- Surgical

![Bar Chart with Means]

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### NCAAA Student Unit Evaluation

**Academic Year (2010-2011)**

**CMMS- Year 5- OBSGY**

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#### Academic Year (2010-2011)
CMMS- Year 5- Pediatric

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NCAAA Student Clinical Rotation Evaluation
Academic Year (2010-2011)
CMMS- Year 6- Medical Sub Specialty

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Paired Samples Test
NCAAA Student Clinical Rotation Evaluation
Academic Year (2010-2011)
CMMS- Year 6- Surgical Sub Specialty

![Bar Chart]

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T-Test- year 6 medical sub

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NCAAA Student Clinical Rotation Evaluation
Academic Year (2010-2011)
CMMS- Year 6- Family Medicine

Statistics

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Paired Samples Statistics

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Paired Samples Test

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NCAAA Student Clinical Rotation Evaluation
Academic Year (2010-2011)
CMMS- Year 6- Psychiatry

Statistics

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<td>70.23</td>
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Paired Samples Statistics

| Pair 1               | QstOverallEvaluationPsy_100 | 74.5455 | 22 | 18.70250 | 3.98739 |
|                      | TOTALQstPsy_100             | 70.9470 | 22 | 13.34150 | 2.84442 |

Paired Samples Test

| Pair 1               | QstOverallEvaluationPsy_100 - TOTALQstPsy_100 | 3.59848 | 20.18497 | 4.30345 | -5.35103 | 12.54800 | .836 | 21 | .412 |

64
Attachment 3
Comments of students participating in “Evaluation of Course/Units” questionnaire
<table>
<thead>
<tr>
<th>الأسئلة المفتوحة</th>
<th>المجموعة المئوية</th>
<th>رقم الطالب</th>
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</thead>
<tbody>
<tr>
<td>ما الاقتراحات التي لديك لتحسين هذا المقرر؟</td>
<td>أبضاع الاقتراحات المذكورة في المقرر</td>
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<tr>
<td>التشجيع أكثر على إثارة الأسئلة والتفكير، ربط المقرر وتطوير التعليم الالكتروني.</td>
<td>الضغط في المذاكرة واعتماد الاختبارات على حفظ المعلومات.</td>
<td>2</td>
</tr>
<tr>
<td>إضافة ساعات للتعلم في المكتبة من أجل الدراسة العملية.</td>
<td>أسئلة الامتحان لا تتناسب مع المواد المذكورة في المقرر.</td>
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</tr>
<tr>
<td>وليس فقط للدراسة النظرية.</td>
<td>طريقة شرح المادة.</td>
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<td>طريقة الدكتورات في الشرح والاستجواب صعب.</td>
<td>فهم المادة وطريقة المادة.</td>
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</tr>
<tr>
<td>وضح أسئلة يستفيد منها بالطلاب.</td>
<td>demande أن يكون دور المتعلم أكثر وليس كل شيء يعتمد على الطالب.</td>
<td>6</td>
</tr>
<tr>
<td>إنغذاء هذه المادة وتقديمها بشكل مستطوب دون النشوع في التفاصيل.</td>
<td>اقترح تفعيل المجموعات بشكل أفضل والتركيز على المداخل المهمة.</td>
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</tr>
<tr>
<td>إن المقرر يفتح لي أبواب تعليمي في المستقبل ويستطيع نظره عامة وهو مهم لأنه مدخل التفكير Возрастной</td>
<td>أن المقرر يفتح لي أبواب تعليمي في المستقبل ويستطيع نظره عامة وهو مهم لأنه مدخل التفكير Возрастной.</td>
<td>8</td>
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<tr>
<td>تأجيل المقرر للفصل الدراسي الثاني حيث يناسب مع اللغة الإنجليزية بعد تطوير في الدراسة الأول.</td>
<td>كبداية لدخول الجامعة واجهتها مصائب لأنها كانت مادة تقليلة بالأخص.</td>
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<td>تبسيط الاختبارات أكثر.</td>
<td>المعلومات المقدمة استخدمتها في بقية المواد.</td>
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<tr>
<td>تطبيق بعض الشيء أو عادة وقت أكبر له.</td>
<td>الدكتور يسمح بأخذ مودع معه في أي وقت.</td>
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<td>وضع واجبات للطلاب لكي يكون تقييم عليها.</td>
<td>إنه ملم بالأساسيات المهمة التي احتاجها للسنوات المقبلة.</td>
<td>12</td>
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- ما الذي اعجبك بشكل كبير في هذا المقرر؟
- ما الذي لا يعجبك بشكل كبير في هذا المقرر؟
- لماذا الأمتحان كان ممتازاً من حيث الشرح والمكون.

**جامعة الخليج العربي**
**استبانيك تكوين المقرر (الفعلي)**
**كلية الطب- سنة أولى - طبئة الوحدة (Units)**

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<td>تحويل المقرر إلى جانب عمل.</td>
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<td>تغيير الدكتور ومحوتى المقرر بما يتناسب مع طالب الطب.</td>
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<td>طريقة الشرج والمواعيد.</td>
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<td>أسلوب ممتئ في الشرج.</td>
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<tr>
<td>1</td>
<td>Unit 3 interesting and fully understand.</td>
<td>Unit 2 because it is randomly and not recognized</td>
</tr>
<tr>
<td>4</td>
<td>Nothing</td>
<td>Long materials</td>
</tr>
<tr>
<td>5</td>
<td>Nothing, I want something to be interesting</td>
<td>Not clear most of the time</td>
</tr>
<tr>
<td>6</td>
<td>Unit (1) was an introduction for medicine, so it was good. Unit (2) was a bit unclear but generally good, and Unit (3) was excellent because it was real medicine.</td>
<td>The preparation time was not enough for studying and Unit (3) was full of information, so you should separate respiratory from cardio and separate their exams.</td>
</tr>
<tr>
<td>7</td>
<td>Cardio Unit 3 because I feel it is the start of medicine.</td>
<td>The grading system in all the units.</td>
</tr>
<tr>
<td>8</td>
<td>Unit 1 I liked the problems, in Unit 2 the resources and instructors, Unit 3 the instructors.</td>
<td>Unit 1 the density of the resources material, Unit 2 and Unit 3 the exams time.</td>
</tr>
<tr>
<td>9</td>
<td>Unit 1 is a good introduction, Unit 2 is time wasting, and Unit 3 is good.</td>
<td>Unit 1 is very long and the reading material was not related sometimes to problems. Unit 2 was time wasting, Unit 3 has two subjects in the same unit.</td>
</tr>
<tr>
<td>10</td>
<td>Unit 3 was very interesting but tutors didn’t give sufficiently.</td>
<td>Epidemiology resource material and sessions Public health programs Tutor of Unit 1 and Unit 3 were not suitable.</td>
</tr>
<tr>
<td>11</td>
<td>Professional skills programs in Unit 3 were very suitable.</td>
<td>Unit 1, the problems were too long and not convenient for beginners in PBL. Unit 2, the tutor was not suitable for the unit.</td>
</tr>
<tr>
<td>12</td>
<td>• Most tutors and resource persons were good. • Availability of resource persons.</td>
<td>• Lack of time and rush in problems in Unit 3. • Timing of tutorials were not always appropriate. • Resource page numbers were not given. • Resource conflicted with learning needs.</td>
</tr>
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<tr>
<td>13</td>
<td>I like the work group and how we discuss the cases in the tutorial.</td>
<td>• The amount of time to prepare for the problem. • The resources that we need are not given clearly with page numbers and clear resources that are understandable.</td>
</tr>
<tr>
<td>14</td>
<td>Self study</td>
<td>Doesn’t have quizzes of Med. Exams.</td>
</tr>
<tr>
<td>15</td>
<td>The idea that each group has a tutor for them.</td>
<td>• Unit 1 was very disbursing I mean we were studying a lot of different things which aren’t related to each other. There was no page number written for the learning resource, so we are wasting our time to guess what to study. • The idea of presenting each week is wasting time.</td>
</tr>
<tr>
<td>16</td>
<td>Self dependant learning.</td>
<td>• Some problems weren't suitable for the time allotted. • Some tutors were not that good.</td>
</tr>
<tr>
<td>17</td>
<td>• Unit 1- basics • Unit 2- Nothing • Unit 3- More medical and more relevant.</td>
<td>• Unit 1- Epidemiology • Unit 2- the whole unit was a waste of time (void of medical topics and not relevant) • Unit 3- long without any break</td>
</tr>
<tr>
<td>18</td>
<td>The PBL program is much better than the system based.</td>
<td>Some doctors were not much mastering their reading materials.</td>
</tr>
<tr>
<td>19</td>
<td>• Unit 1- public health program. • Unit 2- the addiction problem was interesting, child health program , and elderly program. • Unit 3- the whole unit is stimulating to the mind, I enjoyed the demonstrations.</td>
<td>• Unit 1- over elaboration in some problems, some problems were ridicules. • Unit 2- the unit was made for memorizing instead of understanding. • Unit 3- too many information in too little time.</td>
</tr>
<tr>
<td>20</td>
<td>Work as a groups.</td>
<td>Few lectures.</td>
</tr>
<tr>
<td>21</td>
<td>I like learning professional skills and child health program.</td>
<td>Dislike the physiology questions in unit 3 (not related).</td>
</tr>
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</tr>
<tr>
<td>22</td>
<td>Unit 3 was nice but a bit difficult to student level.</td>
<td>Unit 3, the doctors were very bad.</td>
</tr>
</tbody>
</table>
| 23     | • Unit 1-everything.  
• Unit 2- nothing.  
• Unit 3- everything.. | • Unit 1- nothing.  
• Unit 2-everything  
• Unit 3- nothing. | Unit 2 irrelevant to our study. |
| 24     | • Unit 1- micro labs.  
• Unit 2- nothing.  
• Unit 3- demonstrations. | • Unit 1- public health program.  
• Unit 2- pediatrics.  
• Unit 3- nothing. | Increase the time of lectures and prevent clinicians and part-timers to be tutors. |
| 25     | The professional skills program. | The concept map. | Increase the hours of the resource sessions. |
| 26     | Tutorial sessions because we discuss most of the things. | Resources is not enough. | More resources (lectures to combine problem based with lecture based learning) |
| 27     | - | • Learning resources  
• Preparation week time | Change many resource learning needs. |
| 28     | The professional skills program and the problem based learning that helps to communicate with the other students. | The public health program in Unit 1. | More hours for professional skills and clinical lectures and hospital visits. |
| 29     | My tutors were enthusiastic about their teaching role and good in delivering the information in easy to understand way. | The resource material in some of them were not useful and we weren't educated well in what are we supposed to do. | Improve resource material and more application of what we learn. |
| 30     | • PBL program for brain storming and help in easing the diagnosis.  
• Team work. | • We need more professional doctors to teach.  
• There is only theory and no clinical. | We need to have some practical learning besides the theory, not only in years 5 and 6. |
| 31     | It improves my communication skills and taught me how to work in a group. | Some doctors come late to tutorial sessions and not give us a chance to explain out objectives. | The public health should be cancelled and professional skills for unit 1 should be improved. |
| 32     | Tutorials and discussions between students and doctors. | They give us resources not easily studied, there are books and resources which are more useful and easy to study. | Change some resources and replace them by others like (Mins) microbiology and physiology (Guyton & Hall) |
| 33     | Professional skills program. | Some of learning resources material. | Emphasize the physical examination in more details. |
| 34     | Professional skills in unit 3. | The reading resource material was not good in unit 2. | - |
| 35     | • The trips we made in units 1 & 2 were interesting.  
• I liked the demonstrations that were held which helped me a lot with my understanding. | The lectures on Thursday where we are introduced with more than I expect. | We want to do more practical activities (less lectures and more activities.) |
| 36     | • My doctor in unit 3 was so helpful.  
• Professional skills – is very nice.  
• Demonstrations | Some doctors were not helpful and always angry. | Make the professional skills as a morning session. |
<table>
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<th>What suggestion(s) do you have to improve these Units? (Briefly)</th>
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</thead>
</table>
| 37    | • Unit 1- Nothing.  
• Unit 2- Easy  
• Unit 3- Very hard but very important for me as a doctor. | • Unit 1- No connection between the problems.  
• Unit 2- Nothing.  
• Unit 3- Hard. | They are good units. |
| 38    | Their encouragement for thinking and the motivation for searching. | Some resource materials was not that beneficial. | Change the physiology resource material because the time spent on studying it doesn’t go with the benefit. |
| 39    | Child’s health program was very good. | The tutors do not evaluate students fairly. | Workshop to improve student skills. |
| 40    | Encouragement of researching. | Not enough activities (labs and etc.) | Make useful tutorials. |
| 41    | Professional skills specially of Unit 3. | Public health program was wasting our time. | There should be a test after each problem. |
| 42    | • Unit 1- good as the beginning of the second year.  
• Unit 2- it was easier than the unit before with regard to the material.  
• Unit 3- the demonstrations were great, I loved the labs and museum and the mortuary. | • Unit 1 ---  
• Unit 2 ---  
• Unit 3 it was heavy so it was inappropriate as the end of the year. | Put unit 3 in the middle of the year so the order would be: unit 1, then unit 3, then unit 2. |
| 43    | Clinical practice and connection between the disciplines / demos are amazing and helpful. Physiology professor made our exam very difficult and there was no time to complete. | Short time and unit 3 was long and difficult besides bad timing and stressful schedule. | Give more time for exam in unit 3. |
| 44    | Community health program. | Every unit is different than the other. | Tutors should know almost everything about the units. |
| 45    | Unit 3- you want to study more and more. | Unit 2- you don’t know what to study. | Make them more interesting. |
| 46    | I really liked unit 3 only, but on the whole the program of learning was good, labs. | Usha physiology lectures. | I hope that doctor Amer starts giving cardio back because Dr. Usha makes cardio so hard. |
| 47    | Tutorials, demos of anatomy, professional skills. | Resource sessions. | Give more time for resource sessions. |
| 48    | It was very helpful to presenting objective, concept map and in the last unit, demo was very helpful. | When the tutor talk about his /her personal issue I think it is not our business. | More visits to hospitals to see rich cases, I think it will help a lot, instead of visiting family and health care visits. |
| 49    | I liked unit 3 the most, I didn’t find unit 1 or unit 2 interesting at all. Unit 3 was full of anatomy and physiology. | Unit 1 and unit 2 were not well connected that even now, I don’t remember half of what I studied. Unit 3 was a heavy unit which exceeded our powers. | Try and make unit 3 less hectic or at least divide it into two units, respiratory and cardio. |
| 50    | - | • Unit 1- not organized (little bit of everything) and got lost at times.  
• Unit 2- just memorizing.  
• Unit 3- too much information in too little time. | Put appropriate questions in the exams in relation to the units we studied. |
<p>| 51    | - | Questions in the exam. | - |
| 52    | PBL. | The exams were difficult. | The exams should be about the resource we took not from their mind. |</p>
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<td>Professional skills.</td>
<td>Public health, epidemiology resource.</td>
<td>Every week at the end of the problem we want to take an exam rather than a whole unit exam.</td>
</tr>
<tr>
<td>54</td>
<td>The information was very useful and communicated with each other and suitable to our level and the discussion sections were very helpful in clarifying the content.</td>
<td>Some of them were above our level and the tutors expected a lot.</td>
<td>They were ok and no suggestions.</td>
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<tr>
<td>55</td>
<td>Nothing in particular.</td>
<td>The exams were horrible so are the dry labs and resource sessions.</td>
<td>Cancel recourse session in unit 3 and dry labs.</td>
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<td>56</td>
<td>• Unit 1- was confusing.</td>
<td>Unit 3 was too dense.</td>
<td>Make unit 3 less, also don’t let all the grades depend only on exams and offer other sources to get grades. The exams were too difficult and unfair at times.</td>
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<tr>
<td></td>
<td>• Unit 2- was fun.</td>
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<td></td>
<td>• Unit 3- was too much in little time.</td>
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<td>57</td>
<td>Self learning and professional skills.</td>
<td>• Unit 3 exam was unfair to what we studied and too hard.</td>
<td>• To skip unit 1.</td>
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<td>• Unreasonable amount of book.</td>
<td>• Decrease unit 2 time.</td>
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<td></td>
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<td>• There wasn’t any time to understand the whole material.</td>
<td>• Give us more time for unit 3.</td>
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<tr>
<td>58</td>
<td>Unit 2 material and exam questions.</td>
<td>Unit 3 material and exam questions.</td>
<td>Unit 3 more resources and change the doctor.</td>
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<tr>
<td>59</td>
<td>-</td>
<td>Internet resource material.</td>
<td>• All doctors should have the basic knowledge about all problems.</td>
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<td>• Doctors should respect the time.</td>
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</tbody>
</table>
| 2     | • Unit IV- professional skills  
• Unit V- tutor was enthusiastic to teach (Dr. Muftahof)  
• Unit VI- labs | • Unit V- material was long  
• Unit VI- tutor doesn’t have enough knowledge and not enthusiastic to teach and need more focus because they are common problems in Bahrain. | • we need the number of pages and if not we need the title of the objectives that they want us to know.  
• Radiology resources need to improve the way of teaching.  
• Some tutors do not have enough knowledge the unit (big problem) |
| 5     | • Unit IV- the endocrine part was nice and comprehensive  
• Unit V-gives nice information  
• Unit VI- easy and beautiful topics + professional skills | • Unit IV- (Gyne/Obs) was very bad and correlates to clinical rather than basic sciences  
• Unit V-very heavy /physiology and anatomy of GI, disorganized giving us a part of each chapter  
• Unit VI- the learning resources was so bad, we always needed to study additional things. | • Unit IV- change the GI and the Gyne/Obs topics, concentrate more on pathology and physiology rather than clinical (we will take clinical in year 5 so don’t hesitate!!!)  
• Unit V-try to arrange the GI in a better way, rather than giving us 2 or 3 pages from a chapter and then continuing it in the next 2 or 3 problems + it is very heavy please have mercy on us.  
• Unit VI- put in the learning resources the name of the topic + numbers of pages for each one. |
| 6     | • Unit IV- all the learning resources available  
• Unit V-demos and labs were quite good  
• Unit VI- learning resources were good | • Unit IV- doctor of biochemistry wasn’t helpful and rejected answering our questions | I strongly suggest changing some of the doctors of the biochemistry, they aren’t helpful and some of them reject even answering our questions and get angry when we ask them in the lectures. |
| 7     | • Arrangement and sequence of subjects and units  
• The PBL program which give us the time to do what we think is right. | Tutors are not interested in teaching at all | • Professional skills program should be in the hospital and not a model  
• Bringing some doctors from other countries / colleges eg. RCSLI to give us lectures  
• Anatomy department can help us very much by making videos lecture for demo station |
<p>| 8     | • Unit IV- easy, short and content is little, more interesting | Unit V +Unit VI- very long, the problems some of them are not useful in our community | - |</p>
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</table>
| 9      | Nothing, I like the material but the university doesn’t help me to improve my knowledge | • Bad lectures, they are useless, we need better tutors  
• We need the library to be provided with more books and to open up to 12 pm | • We need better tutors plus better resources  
• We need to practice clinically more, I don’t feel that I am a doctor, we want to feel we will be doctors so please give us time to spend in the hospital  
• We need better doctors to learn from their experience |
| 10     | Organization of problems | Not putting the page numbers in the student guide | More resources in the week, more labs |
| 11     | The demo of anatomy | • Unit VI- low class activity marks for all the students without giving any reason | • Unit V- the pathology labs were lectures and never entered the lab, we were dealing with pictures and not real samples  
• Unit VI- ask the student to collect blood sample and examine it in the lab rather than watch ready samples or pictures of ready samples |
| 12     | The problems | Labs and material | More lectures |
| 13     | Correlation between clinical sciences and basic sciences like family program and maternal health | Marks !! | Add more diseases |
| 14     | - | - | The concept maps should be cancelled |
| 15     | The best doctor in hematology | Concept map / the doctors of GI (pathology) | Change some of the doctors |
| 16     | Clinical aspects | Short preparation period | Increase the preparation periodes |
| 17     | Scenario and problems | Not cover the whole subject | • Lecture attendance, cover all the subject  
• The anatomy dept very good  
• The physiology dept very bad  
• The pathology dept good  
• Biochemistry bad  
• Pharmacology very good |
<p>| 18     | - | GI too heavy, didn’t like the pathology slides because information mentioned by the doctor in them are not very much like the recommended pathology book (Robbins), also removing the page number is annoying and doesn’t improve students’ skills in anyway. | Concept maps are useless and we shouldn’t be forced to hand them by the end of the unit because they are a way of learning and people have different ways of learning. |
| 19     | I like the sciences the most so it is the curriculum that is most interesting | That each student is on his or her own and I cannot know how well I am doing until exam day | Follow up on students to see progress as well as helping students with material that is difficult, like advance reading which we have difficulty comprehending. |</p>
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| 20     | • Unit IV - community health programs and some important diseases in this region of the world  
        • Unit V - important systems and common diseases  
        • Unit VI - simple and nice unit | • Unit IV - too much work to do  
        • Unit V - no reasonable time to study  
        • Unit VI - good overall, but more time is needed | • Give us more time for preparation  
        • Evaluation should be more fair |
| 21     | The problems were suitable for my level. | In Unit V the exam was difficult and there was a lot of time wasted during the unit which lead to delaying the examination | - |
| 22     | Studying with consultant doctor. | Doing presentation in tutorial. | Practice the professional skill in real cases in SMC. Be more specific about what to study and what not. |
| 24     | - | - | In resource papers, please put numbers or at least title of the subject |
| 26     | Learning needs well presented and material was interesting | • Important topics have been left out - prostate cancer, gallstone, pancreatic cancer, SLE  
        • Often tutors don’t provide adequate encouragement during tutorial sessions, often due to lack of knowledge of the material they hope to teach | • Accommodation of important topics within the curriculum even if the duration of the unit must be extended  
        • Some sort of screening program for tutors trial tutorials for new tutors under inspection of a certified professor from our own university. |
| 27     | Unit 4 antenatal and postnatal. | - | Update the resources in the unit. |
| 29     | Their content, general understanding of me to them, doctors were inspiring us, we are on our way to improve. | - | |
| 30     | • Hematology unit VI  
        • Clinical doctors in unit IV | • Clinical sessions in unit V not sufficient  
        • Need more physical examination  
        • We need a guide to see real cases in the hospital | - |
<p>| 32     | Usefulness | The amount of the materials and shortage of time | Update learning resources and give the students page numbers |
| 33     | I knew what to study and everything was clear and available | Nothing | Have more hours for the lectures |
| 34     | Increased my knowledge | Very long reading material and sometimes lack of applying my knowledge | To apply things that we learn |
| 35     | - | The time for lectures was very limited | Dedicate more hours for labs, lectures, demos also give material for the labs and demos. |
| 36     | Tutors | Long hours | Short hours |</p>
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| 1     | • Unit- VII it improved my ability to think and solve problems  
      • Unit- VIII the timing of it  
      • Unit- IX I don’t like it at all | • Unit- VII they didn’t concentrate on the ortho  
      • Unit- VIII the arrangement of the problem is not good  
      • Unit- IX poor resources and bad timing | • Unit- VII concentrate on ortho  
      • Unit- VIII give more anatomy sessions  
      • Unit- IX give enough resources |
| 2     | • Unit- VII links the basics of the anatomy with clinical cases  
      • Unit- VIII it has good and sufficient time to study  
      • Unit- IX nothing | • Unit- VII not focus on ortho  
      • Unit- VIII the arrangement of problems are so bad, have to start with CNS (cerebral and spinal cord), then PNS  
      • Unit- IX I think must be cancelled and changed with professional skills | • Unit- VII I think it is find, everything is good  
      • Unit- VIII start with spinal cord and cerebrum first  
      • Unit- IX cancel and change with professional skills |
| 3     | (for all units) the anatomy demonstrations. The doctors are great in teaching and do their best to make us understand in a simple way. | • Unit- VII The exam questions were not clear enough and confusing  
      • Unit- VIII the lectures were horrible and disorganized  
      • Unit- IX the problems have nothing in common | • Unit- VII suggest better books for students to study from and make exam questions more clear  
      • Unit- VIII organize the lectures and add more lectures (Nb: one hour was not enough to cover the subjects, the lectures were never completed)  
      • Unit- IX give better problems and triggers to make the idea more clear |
| 4     | • Unit- VII anatomy was presented and explained well by anatomists  
      • Unit- VIII neuro anatomy and physiology + clinical were interesting  
      • Unit- IX only kidney failure and transplantation were interesting | • Unit- VII professional skills were disaster (not good)- no participation in anatomy (only watching and not doing)  
      • Unit- VIII no good lab stuff- instruments are old (EEG, Sonogram, etc)  
      • Unit- IX boring, random topics with least relationship | • Unit- VII there should be sessions for how to apply anatomy on corpses  
      • Unit- VIII there must be more classes because it is a long unit with huge material (Nb: Dr. Amer was doing extra classes by his own), only two physiology sessions per week is not enough to explain neuro physiology  
      • Unit- IX I think it should be removed and increase unit VII up to more than 9 weeks (not enough for anatomy theory and practicum). The topics can be under other units. |
| 5     | • Unit- VII is the best unit in all the year because it is all about anatomy and anatomy is very well taught at AGU  
      • Unit- VIII is good because I learned useful and important things in medicine | • Unit- VII need more time to study other subjects (in addition to anatomy)  
      • Unit- VIII is very long and didn’t understand physiology very well  
      • Unit- IX is useless | • Unit- VII needs more time to study  
      • Unit- VIII need more time to study and physiology lectures have to be taught more and not in the usual PBL program, physiology of CNS is more complicated and need to be taught well  
      • Unit- IX I suggest to remove it and divide it to the other units that the issues are related to. For example renal transplant, shift it to unit V |
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<td>-</td>
<td>-</td>
<td>Should improve Unit IX more and more</td>
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<td>7</td>
<td>• Unit- VII is the best unit in year 4, it was taught to us very clearly and in an easy way that we could understand it</td>
<td>• Unit- VIII was unclear specially the material to study from and the resource sessions • Unit- IX time was very un organized and the exam was unclear</td>
<td>• Unit- VIII the way teaching the unit has to be improved in a way that we can understand the concept of CNS • Unit- IX the schedule and the resources for this unit need to be improved and the exam has to be more understandable</td>
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<td>8</td>
<td>-</td>
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<tr>
<td>9</td>
<td>The anatomy demonstration sessions, the clinical cases (anatomy cases) sessions that correlate between anatomy and clinical signs and symptoms of diseases.</td>
<td>• Unit- VIII was heavy and the doctors were not able to make it more easy and light for us • Unit- IX was not clarified well and I wasn’t sure what were we supposed to study</td>
<td>Get better tutors, because the tutors in the tutorial sessions should make the problems of week easy to understand, but the tutors were not interesting enough</td>
</tr>
<tr>
<td>10</td>
<td>• Unit- VII learning, needs, resource sessions were excellent • Unit- VIII interesting unit • Unit- IX something new</td>
<td>• Unit- VII limited time • Unit- VIII not enough resources sessions • Unit- IX not related to what we study at all</td>
<td>• Unit- VII to increase duration of this unit • Unit- VIII to increase resource sessions of this unit and define learning needs precisely • Unit- IX to cancel the unit and do practice sessions for BSc. exam or organize problems more related to the BSc. and which get everything we study together.</td>
</tr>
<tr>
<td>11</td>
<td>• Unit- VII demo sessions • Unit- VIII doctor Amer Al Ansari lectures</td>
<td>• Unit- IX needs to be more organized</td>
<td>Increase the length of Unit IX to provide the proper time for us to have an idea about the new medicine and technology relation • Take in consideration student thoughts and allow them to participate in researches with doctors and by this way we will increase the attitude towards learning and thinking.</td>
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<td>12</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>13</td>
<td>The topics were more interesting even their examinations were attractive. They made thing more clearly about medicine since we started to link previous units with each other.</td>
<td>Some problems were not clear in their learning needs.</td>
<td>-</td>
</tr>
<tr>
<td>14</td>
<td>• I like Unit- VII because it was helpful for me in clinical and side skills.</td>
<td>-</td>
<td>• Unit- IX should be canceled because it is useless and we don’t have time for it and we should focus in BS exam in that time.</td>
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<tr>
<td>15</td>
<td>-</td>
<td>-</td>
<td>• No need for Unit 9.</td>
</tr>
<tr>
<td>16</td>
<td>• Unit- VII demo sessions was very useful and enhanced our ability to realate anatomy to clinical practice.</td>
<td>• Unit- IX was useless and we had no benefits from it. It was just waste of time. The subject should be included in the previous units.</td>
<td>• There must be a continuous assessment for the students during the units(quizzes).The PBL assessment system enhanced laziness of most students.</td>
</tr>
<tr>
<td>17</td>
<td>• Demos</td>
<td>• Unit- IX</td>
<td>• Cancel Unit- IX</td>
</tr>
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<td>18</td>
<td>• Unit- VII and Unit- VIII were related to each other and was no gap in time.</td>
<td>• Unit- IX (4 weeks) was a waste of time and no people attend and the exam was harder than any other units regarding the fact that there is nothing important to study.</td>
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<tr>
<td>19</td>
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</table>
| 20     | • Unit- VII :less physiology, which I do not like it.  
• Unit- VIII :the topic of neurology generally interests me.  
• Unit- IX :it was short and less time consuming. It gave us time to study for Bsc. exam. | • Unit- VII : the anatomy was exhausting a lot.  
• Unit- VIII : the unit itself was a great amount.  
• Unit- IX : this unit was pointless. | • Unit- VII :decrease amount of topics in anatomy.  
• Unit- VIII : decrease amount of topics  
• Unit- IX : please delete this unit to give us more time for year 4 students to study for Bsc. We barely need time ourselves. Thank you. |
| 21     | • Demos in unit VII.                           | • No need for unit IX.                          | • More enthusiastic tutor lead to more enthusiastic students which will give better outcome. |
| 22     | • I like the demo sessions, it improves our knowledge in anatomy. | • I hate unit IX, I think it is not helpful in anything and there is no benefit for us. | • We have extra hours for lecture sessions, and they have to cover more topics. The anatomy session should be only in demo and they have to cancel unit IX and save more time for BSc. Exam. |
| 23     | • Unit- VII demonstrations sessions  
• Unit- VIII physiology lectures  
• Unit- IX nothing | • Unit- VII professional skills program needs more improvement and better management between doctors  
• Unit- VIII professional skills program needs more improvement and better management between doctors  
• Unit- IX topics were not clear, we were lost even previous years students were given papers and resources but our year not, and the topics of this unit are not available in library and get it easily in the net. | • Professional skills program needs improvement: Every tutor teachers his /her students about some thing which is different from other students, so in the exams it will be unfair. So it is better to make one curriculum and one school of thought. |
| 24     | • Unit- VII doctor Amer taught us physio  
• Unit- IX good doctors for professional skills | • Unit- IX the concept map in the exam was not from the studied problem. | -                                                            |
| 25     | • Unit- VIII links the previous unit and continues it | • Unit- IX the unit is so silly and doesn’t have any benefit and it waists our time in the preparation for our basic science exam. | • Unit- IX cancel the unit or make for 2 weeks duration and then our exam so we have time to study for BSc. Exam. |
| 26     | • Unit VII -Demo session in Unit VII were great and is linked to our studying.  
• Unit IX – visiting patients for hemodialysis in this unit. | • We didn’t know where we should study in Unit VIII, learning materials weren’t clear and not enough. | 1- Adding more professional skills session for Units VII and VIII.  
2- Specify the learning needs in Unit VIII specially physiology.  
3- Linking the lab with the problems. |
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<td>• The fact that there were many enthusiastic doctors.</td>
<td>• Some doctors knew a lot while others didn’t. • Many doctors depend on the PBL system just not to do their work.</td>
<td>• Cancel Unit IX. • More focus and clinical work.</td>
</tr>
<tr>
<td>28</td>
<td>• The activities (demonstration)</td>
<td>• Unit IX wasn’t suitable for Year IV but Year II</td>
<td></td>
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<tr>
<td>29</td>
<td>• The labs.</td>
<td>• Unit VII wasn’t as clear as the rest of the units.</td>
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<tr>
<td>30</td>
<td>• They were the best unit I ever had, it was so beneficial for my life.</td>
<td>• Unit VII- the tutor doesn’t know anything about the Unit. • Unit VIII- the material must be more clear.</td>
<td></td>
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<tr>
<td>31</td>
<td>• Interesting facts we learned about human body in all units.</td>
<td>• Unit IX- didn’t believe much in the importance of this unit. • Unit VIII- we needed more time in this unit.</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>• Unit- VII I like the demonstrations and the problem solving session in Unit- VIII</td>
<td>• The different subjects on Unit IX wasn’t linked together.</td>
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</tr>
<tr>
<td>34</td>
<td>• Clear and beneficial and most doctors were helpful.</td>
<td>• Unit IX wasn’t as clear as the rest of the units.</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>• We need more practice.</td>
<td>• Unit IX wasn’t as clear as the rest of the units.</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>• CNS.</td>
<td>• Units VII VIII we need more practice.</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>• Demo sessions in Unit IX and Unit VIII.</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>• Tutors were cooperative with the students.</td>
<td>-</td>
<td></td>
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<tr>
<td>39</td>
<td>• Unit- VII is the best and depends mainly on anatomy which is the most best explained subject in the University.</td>
<td>• Unit- VIII needs more time and good explanation • Unit- IX time is very bad and useless</td>
<td>• Improve Unit IX and VIII please.</td>
</tr>
<tr>
<td>40</td>
<td>• Unit- VII and Unit- VIII are excellent, but Unit- IX need to add more information and more tutoring in epidemiology.</td>
<td>-</td>
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<tr>
<td>41</td>
<td>• Unit- VII objectives were clear and enough resource sessions. • Unit- VIII interesting. • Unit- IX new things.</td>
<td>• Unit- VII limited time. • Unit- VIII not enough resource sessions. • Unit- IX not related to our previous years.</td>
<td>• Unit- VII more time needed for this unit. • Unit- VIII more resource sessions needed. • Unit- IX change topics (some to be related to what we have studied.)</td>
</tr>
<tr>
<td>43</td>
<td>• Unit- IX was very comprehensive and designed well and accompany the new medicine technology.</td>
<td>• Resources are little and learning guide poorly designed.</td>
<td>• Please improve the learning guides.</td>
</tr>
<tr>
<td>44</td>
<td>• It was good units.</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>• Unit- VIII is just perfect.</td>
<td>• Unit- IX useless</td>
<td>• Unit VIII more labs for this unit. • NoUnit- IX , increase Unit VII and we should apply anatomy more.</td>
</tr>
<tr>
<td>47</td>
<td>• Nothing.</td>
<td>• Everything about Unit IX.</td>
<td>• Change the entire curriculum and follow the USMLE style not a random style.</td>
</tr>
<tr>
<td>49</td>
<td>• Unit- VII demos (anatomy demos were very nice)</td>
<td>• Unit- VIII shortage of time (too much to study in too little time) • Unit- IX no need for this unit it is so boring.</td>
<td>• Unit- IX more time is needed for this unit (I suggest to split the subunits) no need for Unit IX.</td>
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### Open Questions

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</table>
| 50      | • Unit- VII concentrates on practical and clinical issues and the clinical correlations of basic sciences.  
• Unit- VIII nice brainstorming ideas.  
• Unit- IX concentrates on ethical and social issues and technology in relation to medicine. | • Unit- VII one of the best units nothing to mention.  
• Unit- VIII same as unit VII  
• Unit- IX exams were concentrating on some details which are not important for a medical student. | • Unit- IX more concise, simple learning resources have to be present. In all units it is better if mini problems are solved by the students before the answers are given. To add, students have to present their objectives in tutorial sessions in addition to involvement of all group members in the discussion. |
| 51      | • Unit- VII the Demo (anatomy sessions).  
• Unit- VIII Physiology lectures.  
• Unit- IX The lecture about cosmic worker society. | • Unit- VII Dermatology lectures.  
• Unit- VIII Neuron and anatomy  
• Unit- IX Student presentation. | • Unit- VIII Increase Neuroanatomy  
• Unit- IX More lectures regarding Societies and organizations. |
| 54      | • Unit- VII The professional skills Dr’s were very good.  
• Unit- VIII The professional skills Dr’s were very good. | • Unit- IX All.  
• Unit- VII A lot of Anatomy and Short time. | Remove unit IX from curriculum and make the preparation for Bsc more longer. |
| 55      | • Unit- VII The anatomy was good also the recourses.  
• Unit- VIII The physiology part was good.  
• Unit- IX What I like about it that it is only 4 weeks. | • Unit- VII The tutorials were a waste of time.  
• Unit- VIII Psychiatry part was not good enough.  
• Unit- IX The material and the recourses “basically everything”. | Unit- VII The anatomy should be more divided.  
Unit- VIII Remove Psychiatry unit.  
Unit- IX There is no need for it at all. |
| 57      | • They were excellent except the last unit. | • The last unit is not that important. | None. |
| 58      | • I don’t like unit9 and I think it is waste of time and need more time to study the Bsc exam. | | Put the references that you need us to know because we are studying some books that not include . |
| 59      | • They were excellent except the last unit. | • The last unit is not that important. | None. |
| 60      | • I don’t like unit IX.  
• Unit- IX All.  
• Unit- VII A lot of Anatomy and Short time. | | Cancel Unit IX. It is useless. |
| 61      | • I don’t like unit IX.  
• Unit- IX All.  
• Unit- VII A lot of Anatomy and Short time. | | Cancel Unit IX. It is useless. |
| 62      | • I don’t like unit IX.  
• Unit- IX All.  
• Unit- VII A lot of Anatomy and Short time. | | Cancel Unit IX. It is useless. |
| 63      | • I don’t like unit IX.  
• Unit- IX All.  
• Unit- VII A lot of Anatomy and Short time. | | Cancel Unit IX. It is useless. |
| 64      | • CNS was interesting specially physiology. | • Unit IX was so short 4 weeks and a lot of material wasn’t interesting at all. | Make demo sessions CD’s better than a doctor repeating things 4 or 5 times aday. |
| 65      | | | |
| 66      | | | |
| 67      | | | |
| 68      | • Unit- VIII is amazing.  
• Unit- IX is useless and wasting our time. | • Unit IX is useless and no benefit at all. | To change the subject in unit IX. |
| 69      | | | |
| 70      | | | |
| 71      | • Unit- VII Professional Skills  
• Unit- VIII Pharmacology.  
• Unit- IX How short it was. | • Unit- VII Unclear pathology material.  
• Unit- VIII Neuroanatomy.  
• Unit- IX There was no martial to begin with. | • Unit- VII Change the problem of Pathology.  
• Unit- VIII Schedule the Neuroanatomy and physiology at the beginning.  
• Unit- IX It shouldn’t exists, it’s better to have time to study for the Bsc. |
| 72      | • Unit- VII Professional Skills  
• Unit- VIII Clinical aspects of psychology.  
• Unit- IX How short it was. | • Unit- VII some of the problems seemed useless and better cases.  
• Unit- VIII Neuroanatomy needed better explanations.  
• Unit- IX It is completely useless. | • Unit- VII Change some of the cases with other diseases.  
• Unit- VIII Make all the lectures at the beginning only Neuroanatomy.  
• Unit- IX It didn’t exist in 1985 for a reason we need time to study for our Bsc Examination. |
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<tr>
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<th>What did you like most about these Units? (Briefly)</th>
<th>What did you dislike most about these Units? (Briefly)</th>
<th>What suggestion(s) do you have to improve these Units? (Briefly)</th>
</tr>
</thead>
</table>
| 73    | • Unit- VII Professional Skills  
• Unit- VIII Neuroanatomy  
• Unit- IX Nothing | • Unit- VII Pathology  
• Unit- VIII Too much stress.  
• Unit- IX Everything. | • Unit- VII The exam had diseases we did not take problems on include them in tutorial.  
• Unit- VIII I would like to have the first 2 weeks of lectures to be only neuroanatomy.  
• Unit- IX Cancel it. |
| 74    | - | - | - |
| 75    | • They were designed to enjoy and think to solve problems but Unit IX was not that much of benefit to me. | • Unit IX was not so clear when taking a problem. | Repetition and focus on main objectives. |
| 76    | • The organization as the last unit is considered to be easier so we can prepare to the Bsc | • Professional skills exam marks of Unit VII was very much less than expected. | - |
| 77    | • Maschoskeletal- nothing. | • Neurology- nothing | • Unit IX- new technology and how we use it in clinical field. |
| 78    | - | • Unit IX- is a total waste of time. Although I got an A in it but still I cannot even recall what it was about. | - |
| 79    | • Unit- VII demonstration sessions  
• Unit- VIII demonstration sessions  
• Tutors (Dr. Nasser A. Latif and Dr. Sequera) | • Unit IX wasn’t much useful and the material was not available. | - |
| 80    | • The tutors allocated for our group were caring and punctual and extremely enthusiastic. | • The time given for each problem was too short- one week. | • Appointments in demonstration for anatomy. |
| 81    | - | - | - |
| 82    | • Anatomy.  
• Physiology of the CNS.  
• Everything  
• Nothing  
• In units Unit- VII and Unit- VIII demonstrations.  
• Unit- VIII was very challenging and hard but I liked it.  
• Professional skills program was very useful.  
• Amount of learning resources that couldn’t be found. | • Unit IX to be in year II. | • Unit- IX Cancel it. |
| 83    | - | - | - |
| 86    | • Anatom | • Physiology of the CNS. | - |
| 88    | • Everything  
• Nothing  
• In units Unit- VII and Unit- VIII demonstrations.  
• Unit- IX the material. | | - |
| 89    | • Unit- VIII was very challenging and hard but I liked it.  
• Unit IX was very silly and the timing of the unit before our BSc exam was wrong. It is a waste of time.  
• Professional skills program was very useful.  
• Amount of learning resources that couldn’t be found. | | - |
| 90    | • Unit IX – there is no need for this unit because there is no time to study for the BSc. | | - |
| 92    | • Unit- VII I can see all thing that I learned in cadavers.  
• Unit- VIII my tutor information.  
• Unit IX hospital sessions. | • Unit- VII too many things to learn.  
• Unit- VIII I don’t know from where I should study.  
• Unit IX short duration. | - |
| 93    | • Unit- VII too many things to learn.  
• Unit- VIII I don’t know from where I should study.  
• Unit IX short duration. | | - |
<p>| 94    | - | - | - |
| 95    | - | | - |
| 96    | - | - | - |</p>
<table>
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<tr>
<th>ST. No</th>
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</thead>
<tbody>
<tr>
<td>97</td>
<td>Review sessions.</td>
<td>Short time for exam preparation.</td>
<td>To link these problems with clinical side (visiting the hospital), meeting real patients.</td>
</tr>
<tr>
<td>98</td>
<td>Easy to understand and beneficial.</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>99</td>
<td>Unit- VII not a lot of physiology in this unit, I don’t like physiology.</td>
<td>Unit- VII there is condense anatomy of muscles which require blind memorization in most cases. Unit- VIII the Unit itself was huge. Unit IX most of the topics were not helpful in our medical career.</td>
<td>Unit- VII decrease reading material. Unit- VIII decrease reading material. Unit IX please delete this unit, I didn’t see it as useful and it distracted me from studying for the BSc. Examination.</td>
</tr>
<tr>
<td>100</td>
<td>Unit- VII I like anatomy department and how the doctors facilitate the information. Unit- VIII I like the whole unit. Unit IX I disliked it all.</td>
<td>Unit- VII not focused on orthopedics itself. Unit- VIII arrangement of problems. Unit IX I dislike it.</td>
<td>Unit- VII focus on clinical parts of orthopedics. Unit- VIII change the arrangement and start with spinal cord and cerebrum problems. Unit IX have to cancel it and change with professional skills.</td>
</tr>
<tr>
<td>101</td>
<td>Unit- VII it is perfect Unit. Unit- VIII it is important in our lives. Unit IX it is better to cancel it.</td>
<td>Unit- VII should concentrate more on the orthopedics. Unit- VIII it should start the anatomy sessions from the easy to the hard. Unit IX the sessions are not sufficient at all.</td>
<td>Unit- VII increase the orthopedics sessions. Unit- VIII decrease the amount of physiology chapters. Unit IX cancel it and replace it with professional skills.</td>
</tr>
<tr>
<td>102</td>
<td>Unit- VII it is perfect Unit. Unit- VIII it is important in our lives. Unit IX it is better to cancel it.</td>
<td>Unit- VII should concentrate more on the orthopedics. Unit- VIII it should start the anatomy sessions from the easy to the hard. Unit IX the sessions are not sufficient at all.</td>
<td>Unit- VII increase the orthopedics sessions. Unit- VIII decrease the amount of physiology chapters. Unit IX cancel it and replace it with professional skills.</td>
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### Arabian Gulf University
### Open Ended Questions – Clinical Rotation Evaluation Survey (CRES)
### CMMS - Year 5

<table>
<thead>
<tr>
<th>ST. No</th>
<th>What did you like most about these Rotations? (Briefly)</th>
<th>What did you dislike most about these Rotations? (Briefly)</th>
<th>What suggestion(s) do you have to improve these Rotations? (Briefly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• Medicine &amp; Pediatrics because we learned a lot during rotation</td>
<td>• Surgery (Doctors Arrogance and disrespectful)</td>
<td>• Just listen to students complains</td>
</tr>
<tr>
<td>2</td>
<td>• Medicine and Pediatrics. They are completely organized especially pediatrics.</td>
<td>• Surgery and gyne/obst were unorganized. Gyne/obst we were limited we can’t have much practice on patients.</td>
<td>• About the lectures should be on AGU website. Because in our time everything should be easily accessible by students. we actually live in technology era.</td>
</tr>
<tr>
<td>3</td>
<td>• Pediatric and Medicine, enjoyed the daily activity and number of cases were helpful.</td>
<td>• Gynecology &amp; surgery, the doctors were not friendly and they were too busy to give the opportunity to practice medicine.</td>
<td>• Talk to the doctors to become more professional and to smile.</td>
</tr>
<tr>
<td>4</td>
<td>• Pediatric: I liked how the doctors knew well their objectives and delivered effectively. • Medicine: I loved how the systems were divided into weeks</td>
<td>• Pediatrics: it should be divided into system-based weeks. • Medicine: I disliked when it was only 7 weeks. Not enough. • Obs./Gyne and surgery: doctors weren’t good at all. We’ve learned nothing.</td>
<td>• Pediatrics: systems should be divided into weeks. • Medicine: everybody had 10 weeks rotation except for us. They should do curve up to our marks. • Surgery: they should choose residents to teach. They are much better than the arrogant consultants. • Obs. /Gyne: 10 weeks is too much. I suggest to cut it till 8 weeks &amp; put the rest for medicine.</td>
</tr>
<tr>
<td>5</td>
<td>• Instructor should be more present, on appointment they should know what is the knowledge that we have to know more clinical beside teaching for all students.</td>
<td></td>
<td>• Long time in medical maybe start clinical year before 5th year.</td>
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<td>10</td>
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<tr>
<td>11</td>
<td>• Medicine: lecture were nice • Surgery: Pediatric surgery was good • Obs &amp; Gyne: instructors were showing care more • Pediatrics: all things are the same.</td>
<td>• Medicine: some doctors were rude. • Surgery: some of the lectures were not useful at all and doctors were not always available. • Obs. And Gyne: not all patients allow us to examine them. • Pediatrics: not all the doctors were caring about students much as it required.</td>
<td>• There are a lot of problems arise when students go to BDF hospital so many suggestions are to stop sending students to BDF and just let them go to SMC and health centers. • Increase total weeks of medicine and pediatric rotations • Encourage doctors to give more time to students. • Prepare one resource for students to study from so the questions will come from only this resource given that the resource material is brief.</td>
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</tr>
<tr>
<td>12</td>
<td>• All rotations are linked with my future job</td>
<td>• Some doctors were aggressive with students.</td>
<td>• Increase the clinical years and the subclinical years.</td>
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<td></td>
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<td></td>
<td>• Make some changes in the head of departments to</td>
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<td></td>
<td></td>
<td>have new ideas.</td>
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</tbody>
</table>
| 14     | • Only I liked medicine rotation because doctors spent with us long time in explaining & seeing Pts more than other rotations.  
• We didn’t get benefit from pediatric outpatient clinic=waste our time  
• Also in surgery we didn’t know exactly what happened in the theatre room. | • Weeks weren’t enough for each rotation, we didn’t learn much information- time spent with Dr only 3 hr per day | • To have lecture review about diseases and physical examination at 1st two weeks even if we have 2 lectures per day so we can build an idea of what we should know from the beginning & we spent our time in the following weeks focusing in achieving these targets and study what we learnt and review it before end of rotation and before exam  
• We need to spend more time with the Dr.  
• We need calls especially in pediatric and Obs and Gyne and Surgery.  
• Pediatric call= not benefit at all, only it waste our time  
• Medicine call= we need more call with Dr it was very useful.  
• Surgery and Obs and Gyne= it was useful but not all the time only for 10 times for example. |
| 15     | • Obs/Gyne: communication with doctors  
• Medicine: on call duties  
• Surgery: theatre.  
• Pediatrics: morning report session | • Obs/Gyne: communication with patients  
• Medicine: Doctor-student relationship  
• Surgery: instructors not always present  
• Pediatric: sessions are useless | • The communication between the university and the doctors should be more, they should know about everything in rotation in details (assessment, sessions, skills to learn, etc… |
| 16     | • The internal medicine rotation was very organized and it involved a lot of brain storming sessions, the pediatrics rotation tutors were punctual, physical examination skills were addressed thoroughly in Obs and Gyne. In the surgical rotations we visited the theatre. | • Internal medicine, the portfolio, in Obs and Gyne: the portfolio was lengthy.  
• Pediatrics: I got very rare cases that the doctors had told me I would not encounter in exams.  
• In Obs and Gyne: the tutors were not punctual there was conflict between doctors regarding certain topics that made me confused. | • A thorough explanation should be given in the internal medicine and Obs and Gyne dept. about the construction of the portfolio.  
• In pediatrics rare cases like (mucolipopoly sacchridosis) shouldn’t be put up for exams, in surgery the residents on call should be informed that the students are going to join them and they should be more welcoming. |
| 17     | • The way most important cases are discussed even if not seen. | • Doctors don’t work on each student to help improve them (instead we were looked out as a team)  
• Pushy personalities gain a recognition among doctors | • To allow more autonomy to students on doing things and having more clinical hands on exposure (more bed side teaching and a list of must see cases) |
<table>
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<th>What suggestion(s) do you have to improve these Rotations? (Briefly)</th>
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| 18     | • I liked the oncalls: very important and useful  
       • The pediatrics rotation was very organized. | • The surgical rotation was very unorganized  
       • The medical rotation was 7 weeks only!! We didn’t have enough time  
       • In Obs/Gyne rotation the lectures were unorganized we were waiting too long before the doctors come and sometimes they cancel the lectures without telling the students. | • In Surgery: need more organization  
       • Pediatric was fair and useful  
       • Gyne/Obs: we need to be informed about any update like if the doctor is busy we should know that the lecture is going to be postponed  
       • In medicine: our patch was unlucky due to the events, we only had 7 weeks in medicine and I don’t think I had enough time to absorb enough information |
| 19     | • In Gyne we didn’t have any chances with attending a delivery or to do PV examination. | | |
| 20     | • History taking and examination if under doctor supervision | • We didn’t have chance to see all types of patient’s complaints | • That if there’s rare cases or interesting cases there be a chance to see them under doctor supervision (not only by ourselves)  
       • Doctors help us to develop the clinical skills and especially examination more. |
| 21     | • Surgery: the ability to check patients and work as a member of a team  
       • Apply our knowledge on real cases | • The period of each rotation was not enough to fulfill our needs from it and to get more into it except for Gyne the period was more than enough | • Shorten Gyne rotation  
       • Elongate medicine and surgical rotation  
       • Regarding surgery: the students should be assigned to a Dr. for 2 consecutive weeks, rather being with 2 Doctors for 2 weeks |
| 22     | Surgery, Pediatrics | Medicine | Let all rotations of cardio be in BDF because teaching team in SMC is totally poor except Dr. Noor and Khadeeja.  
For Hematology: we gained “O” knowledge from doctor Fatheya.  
I think it’s better to have major and minor medicine, surgery together rather than having majors in year 5 and minors in year 6. |
| 23     | • Pediatrics was the most organized rotation  
       • Surgery need to be organized | • No time for teaching. All the doctors busy, I should learn everything by myself except the pediatrics, and they expect us to know everything even without teaching us (not fair!!) and all the things that are written in the log book we don’t do. | • Need good doctors and have time to teach not only theory but also clinical because clinical side is very poor. |
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<td>24</td>
<td>• We learned to communicate with real patients</td>
<td>• Some doctors did not attend at the schedule time</td>
<td>• Choose doctors who are interested in teaching students</td>
</tr>
<tr>
<td></td>
<td>• Encourage me to learn more since we in hospital</td>
<td>• In medical rotation some systems need more time to learn</td>
<td>• Doctors shall see the student and observe them when they do physical examination and taking history</td>
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<td>and see cases</td>
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<td></td>
<td>• Take experience from doctors</td>
<td></td>
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<tr>
<td>25</td>
<td>• The group work and the clinical round and bed side</td>
<td>• The lectures I think it’s waste of time, it’s</td>
<td>• We need a preparation period before the exam</td>
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<td></td>
<td>teaching</td>
<td>enough if the doctor explain everything during</td>
<td>• Break between each rotation</td>
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<td>the assigned hours &amp; if we need any more</td>
<td>• Better communication between the university and the hospital because we face many problems regarding this issue.</td>
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<td>questions or information we can go and ask and learn it</td>
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<td>26</td>
<td>• The rounds with doctors were really useful. The</td>
<td>• I disliked the disorganization and we lost time in</td>
<td>• Everything is good, keep it up, review sessions before the exam</td>
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<td></td>
<td>calls with the residents were useful too, the lectures</td>
<td>Gyne especially because so many times doctors</td>
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<td>were clear, exams were acceptable</td>
<td>are late, no one.</td>
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<tr>
<td>27</td>
<td>• I liked medicine and surgery the most, both were</td>
<td>• lectures should be on time and doctors should be</td>
<td>• Better communications with students, more team, organize the schedule, clarify the objects. I suggest extra sessions not as if we’ve to attend, like optional interactive session.</td>
</tr>
<tr>
<td></td>
<td>so organized and have clear objects and the team</td>
<td>available (delaying lectures is disturbing our time),</td>
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<td>during the rotation and calls were really good</td>
<td>especially when lectures delay to last week of rotation</td>
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<td></td>
<td>doctors should have only groups from year 5 to give</td>
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<td></td>
<td></td>
<td>them more time for teaching</td>
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<tr>
<td>28</td>
<td>• Medicine and surgery</td>
<td>• gyne</td>
<td>• lectures should be on time and doctors should be</td>
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<td></td>
<td>them more time for teaching</td>
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<tr>
<td>29</td>
<td>• help me in improving skills</td>
<td>• there is no different cases</td>
<td>• more clinical skills.</td>
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<td></td>
<td>• Let me do the things like put the IV.. etc.</td>
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<tr>
<td>30</td>
<td>• to help improve clinical skills</td>
<td>• we don’t see different types and cases</td>
<td>• do more clinical practice</td>
</tr>
<tr>
<td>31</td>
<td>• the clinical practice at hospital</td>
<td>• the lectures!! They were wasting of time, because we</td>
<td>• Concentrate on the clinical practice and spend more time at</td>
</tr>
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<td></td>
<td>• the communication with the patients</td>
<td>can learn by ourselves and then practice at the hospital.</td>
<td>the hospital with the doctors</td>
</tr>
<tr>
<td>32</td>
<td>• The doctors were very knowledgeable</td>
<td>• Surgery redid the exam for some students based on</td>
<td>• Have more autonomy to students to see patients</td>
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<tr>
<td></td>
<td></td>
<td>them getting “strict examiner”, while it should have</td>
<td>(more clinical hands and experience)</td>
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<td></td>
<td></td>
<td>been redone for all.</td>
<td>• Have smaller groups of students and doctors to pick up pushy and bossy personalities in the group</td>
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<td></td>
<td></td>
<td>Obstetrics and Gynecology added a mark in portfolios</td>
<td>• Outline to students what is exactly required from us, e.g.</td>
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<tr>
<td></td>
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<td>for some students (corrected by the same tutor not</td>
<td>a. We shouldn’t be asking how many stamps are needed for on calls</td>
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<td></td>
<td></td>
<td>others)</td>
<td>b. We shouldn’t be asking what the portfolio should include</td>
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<td>c. Main topics to be known by students</td>
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<td>ST. No</td>
<td>Open Questions</td>
<td>ST. No</td>
<td>Open Questions</td>
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<tr>
<td>33</td>
<td><strong>I really loved the bedside teaching part</strong></td>
<td>34</td>
<td><strong>I enjoyed the pediatrics and the gynecology. Doctors were enthusiastic and nice and teach very well</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Some doctors are fantastic and encourage the students and care about teaching</strong></td>
<td></td>
<td><strong>I disliked the surgical dept. secretary and doctors, they were rude with the students, did not provide a good environment to students</strong></td>
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<td></td>
<td><strong>What did you like most about these Rotations? (Briefly)</strong></td>
<td></td>
<td><strong>What did you dislike most about these Rotations? (Briefly)</strong></td>
</tr>
<tr>
<td>36</td>
<td><strong>Working in groups</strong>&lt;br&gt;<strong>It is more about how to connect previous knowledge with the new knowledge</strong></td>
<td>37</td>
<td><strong>Some great enthusiastic doctors who helped us a lot.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Ignorant doctors</strong>&lt;br&gt;<strong>Disorganized rotations</strong>&lt;br&gt;<strong>Unfair evaluation in clinical exam/unfair exam</strong></td>
<td></td>
<td><strong>Ignorant doctors</strong>&lt;br&gt;<strong>Disorganized rotations</strong>&lt;br&gt;<strong>Unfair exam/injustice in distributing examiners as some of them give very bad marks despite students good performance especially in medicine and surgery</strong></td>
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<td></td>
<td><strong>What suggestion(s) do you have to improve these Rotations? (Briefly)</strong></td>
<td></td>
<td><strong>What suggestion(s) do you have to improve these Rotations? (Briefly)</strong></td>
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<tr>
<td>38</td>
<td>-</td>
<td>39</td>
<td>-</td>
</tr>
<tr>
<td>40</td>
<td><strong>Medicine and surgery (OK)</strong></td>
<td>41</td>
<td><strong>The ability to check patients (mainly surgery) and some clinical skills</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Calls of pediatrics not beneficial</strong>&lt;br&gt;<strong>Marks of Obs. &amp; Gyne were unfair</strong></td>
<td></td>
<td><strong>Obs/Gyne: the clinical exam was bas, Dr was just asking about epidemiology!!</strong>&lt;br&gt;<strong>Some doctors in Gyne were not committed to their times</strong></td>
</tr>
<tr>
<td>42</td>
<td><strong>Communication with the patients and the doctors</strong></td>
<td></td>
<td><strong>Times. Some doctors did not respect the time, they came late and make us wait in the corridor for a long time</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Everything was perfect, keep it up</strong></td>
<td></td>
<td><strong>Bring doctors who are interested in teaching students.</strong></td>
</tr>
<tr>
<td>44</td>
<td>-</td>
<td>45</td>
<td>-</td>
</tr>
<tr>
<td>47</td>
<td><strong>Medicine: it was organized</strong>&lt;br&gt;<strong>Obs/Gyne: we had sessions in SMC and BDF</strong>&lt;br&gt;<strong>Pediatrics: tutors were enthusiastic about teaching</strong></td>
<td>48</td>
<td><strong>The clinical part</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Pediatrics: my clinical exam was irrelevant to what I studied and was given during the rotation</strong></td>
<td></td>
<td><strong>Deficient cases</strong></td>
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<tr>
<td>49</td>
<td><strong>On-calls duty</strong></td>
<td></td>
<td><strong>Unnecessary lectures, important things covered quickly not enough time.</strong></td>
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<td></td>
<td><strong>Give more time in important things and ignore the uncommon things</strong></td>
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<td>---------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 51     | • I liked how every rotation added to my knowledge in different fields and finally led to the integration of all information | • The time allocated to the internal medicine rotation was insufficient | • More time should be given to internal medicine and surgery; this time should be taken from gynecology and Obs.  
• Internal medicine and surgery should not be divided into minors and majors |
| 52     | • I liked the organized teaching system in the pediatric rotation | • I disliked the medicine rotation due to:  
1. Lack of organization  
2. Not specific about what we needed to study  
3. Doctors were not committed to explain the topics for us | • Doctors need to know what students need |
| 53     | • Most doctors of all fields were good in presentations and addressing the important topics | • Medicine rotation wasn’t organized especially the cardiology rotation | • Medicine doctors should be more keen in helping students especially cardiology |
| 54     | • Some doctors not just take us in the bedside teaching but also explain some important topics | • Some doctors didn’t mind about the students |  |
| 55     | • I like when the doctor discuss a case history then discuss the subject then we do the physical examination one by one and show us the mistakes if we do it in front of someone who is professional he will correct me  
4. The round. We don’t get benefit, we see patients but can’t know anything of it. If they let us go to take history it will be better because It’s his duty to do that but we don’t get any benefit from it | | • Revive the evaluation of doctors so you will know who is teaching us better  
• Give us a fixed time table it would be better  
• If we got more weeks in medicine, more than 10 weeks rotation in year 5 it would be much better, it’s not enough  
• Give us a text not to study it just to see our important target subject that any doctor can’t graduate without knowing these subjects from heart |
| 56     | • Pediatrics: working with children  
• Obs/Gyne: examination  
• Medicine: familiarize with some common diseases  
• Surgery: operating theatre | • Surgery: no physical examination  
• Obs/Gyne: didn’t learn a lot  
• Medicine: overload info within weeks | • Surgery: more examination  
• Obs/Gyne: more structured teaching  
• Medicine: if can expand teaching time  
• Pediatrics: brief teaching and approach to children |
| 57     | • Medicine rotation was the most useful rotation and we have the best doctors  
• Obs/Gyne portfolio and clinical exam evaluation were not fair  
• Surgery was not useful at all and doctors weren’t enthusiastic or cooperative about teaching and objects weren’t clear | | • Obs/Gyne should have a form for the portfolio evaluation and marks should be specifically arranged on each criterion. |
| 58     | • Pediatrics: good schedule and clear objectives and cooperative doctors  
• Medicine: excellent with great knowledge doctors and they have excellent residents | • Surgery: doctors were not cooperative and they don’t know what they are giving and in the exam they expect more than what they are giving | • Extend medical rotation for two weeks or more  
• Check the evaluation and listen to students!  
• Results should be conducted on the internet  
• Medicine: deficient physical examination and short period  
• Combine minor surgery with major surgery. |
<table>
<thead>
<tr>
<th>ST. No</th>
<th>What did you like most about these Rotations? (Briefly)</th>
<th>What did you dislike most about these Rotations? (Briefly)</th>
<th>What suggestion(s) do you have to improve these Rotations? (Briefly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>• Clinical encounter of medical problems</td>
<td>• Sometimes being ignored and not involved in the team during morning rounds</td>
<td>•</td>
</tr>
<tr>
<td>61</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>62</td>
<td>• Fine.</td>
<td>• Doctors not explain anything.</td>
<td>• More explanations.</td>
</tr>
<tr>
<td>63</td>
<td>-</td>
<td>•</td>
<td>• Listen to students during mid rotation meetings.</td>
</tr>
<tr>
<td>64</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>65</td>
<td>• Some instructors were really helpful and supportive.</td>
<td>• Sometimes we felt neglected and unwanted in some rotations.</td>
<td>• Put major and minor surgery as one rotation and give us more responsibilities.</td>
</tr>
<tr>
<td>66</td>
<td>• On-calls with assigned residents.</td>
<td>• Time spent on OBG and Pediatrics is too much and time spent in medicine is too little.</td>
<td>• Make medicine and surgery as a whole not majors and minors.</td>
</tr>
<tr>
<td>ST. No</td>
<td>Open Questions</td>
<td>Open Questions</td>
<td>Open Questions</td>
</tr>
<tr>
<td>--------</td>
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</tr>
<tr>
<td>1</td>
<td>Direct patient contact and bedside teaching.</td>
<td>Theoretical lectures.</td>
<td>More bedside teaching.</td>
</tr>
<tr>
<td>2</td>
<td>Doctors were helpful.</td>
<td>Shortage of time, I feel clinical years need to be more.</td>
<td>Cancel premedical year and add 1 year to clinical to have chance to repeat the rotation???? (handwriting not clear).</td>
</tr>
<tr>
<td>3</td>
<td>Group work.</td>
<td>Period of the rotation.</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Work as group lectures.</td>
<td>The time we spent with doctors who don’t like to teach.</td>
<td>Choose the doctors who are interested in teaching.</td>
</tr>
<tr>
<td>5</td>
<td>Bedside teaching.</td>
<td>Instructors not attending.</td>
<td>Smaller groups with each instructors.</td>
</tr>
<tr>
<td>6</td>
<td>The group working atmosphere</td>
<td>Some useless doctors.</td>
<td>Have better leaders.</td>
</tr>
<tr>
<td>7</td>
<td>-</td>
<td>Some doctors only gave us theoretical sessions without any contact with patient.</td>
<td>More contact with pt.</td>
</tr>
<tr>
<td>8</td>
<td>The tremendous amount of interaction that was the bases of teaching.</td>
<td>Minimal amount of practice and getting new skills.</td>
<td>Increasing bedside teaching.</td>
</tr>
<tr>
<td></td>
<td>Gathering exposed to all different kinds of medical problems in a brief time.</td>
<td>Theoretical teaching instead of bedside.</td>
<td>Offering opportunities to learn clinical skills.</td>
</tr>
<tr>
<td>9</td>
<td>-</td>
<td>Very minimal amount of clinical practice.</td>
<td>-</td>
</tr>
<tr>
<td>10</td>
<td>-</td>
<td>The duration of medicine 9 weeks not enough to study or to teach us the important topics.</td>
<td>-</td>
</tr>
<tr>
<td>11</td>
<td>Team work.</td>
<td>Bad behavior of some surgical doctors.</td>
<td>Listen to the students well.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unfortunately some students complained to the University about them, but still the University is dealing with such doctors.</td>
<td>Put a box specially for clinical students for complaints and suggestions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I don’t want to mention names. I am sure the University faculty know these doctors who have bad behavior and I hope they do something about them.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>The doctors were helpful and trying to teach us as much they can.</td>
<td>The duration of each rotation was not enough.</td>
<td>Clinical years should be more than 2 years.</td>
</tr>
<tr>
<td>13</td>
<td>The ability to interact with both patient and doctor.</td>
<td>The very poor attitude of some doctors and their lack of interest.</td>
<td>Increase the good doctors who went to teach not just get money.</td>
</tr>
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</tr>
<tr>
<td>14</td>
<td>• Remove first year from the first 4 years and make the hospital rotation 3 year minimum.</td>
<td>-</td>
<td>• More teaching in physical examination not combined with other lectures.</td>
</tr>
<tr>
<td>15</td>
<td>• Tutors were cooperative and residents as well.</td>
<td>• Clinics were sometime a waste of time.</td>
<td>• -</td>
</tr>
<tr>
<td>16</td>
<td>• Team work and new experience.</td>
<td>-</td>
<td></td>
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<tr>
<td>17</td>
<td></td>
<td></td>
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<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>-</td>
<td>• Some doctors do not come to give us a lecture or teach us in the rotation.</td>
<td>• Correct any mistakes which are made by students.</td>
</tr>
<tr>
<td>20</td>
<td>-</td>
<td>• The commitment of the doctors specially medicine.</td>
<td>• A new and well prepared lectures, not the same old one.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Recruiting new faculty and doctors.</td>
</tr>
<tr>
<td>21</td>
<td>• Ability to learn more and more.</td>
<td>• Duration of some rotations, specially medicine is too short (not enough to learn). Some doctors are not good with dealing with us.</td>
<td>• Increase the medicine rotation for a longer time.</td>
</tr>
<tr>
<td></td>
<td>• Specific doctor deal with us with respect.</td>
<td></td>
<td>• Doing quizzes between every rotation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Increase communication between student and doctor.</td>
</tr>
<tr>
<td>22</td>
<td>• The clinical exposure.</td>
<td>• The bad models among the instructors.</td>
<td>• Replace the bad models.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “Go and read” method.</td>
<td></td>
</tr>
</tbody>
</table>