Dear Jonathan

Please find following a revised report on the student survey of Rotations 3 and 4, Perinatal and Women’s Health, 2008.

The original report posted in November 2008 was found to be in error. The error was one made during scanning of Rotation 4. Dr Linda Klein, who began work at OME in December 2008, discovered that survey codes for questions 9a to 9q were entered in reverse order for Rotation 4 but not for Rotation 3. The result was a uniform low percentage correct on all items.

We sincerely apologise for this error. The evaluation unit has undertaken to revise its quality assurance mechanisms to ensure this does not happen again. Training in data quality is being instituted for staff members and the scanner is being checked for accuracy and consistency. We welcome questions regarding our data processing and will follow up on any questions that readers may have regarding the accuracy of results.

The revised results provide a broader spread of responses to the items. Some items now show a more positive response than previously indicated, while other items show a more negative response. These results now suggest that students are generally satisfied with many aspects of their teaching and learning in PWH, although there continue to be areas of considerable concern. Students have indicated areas where improvements could be made. The following report highlights these areas of concern.
We look forward to hearing your reply to their comments. The suggestions for improvement will be listed as Action Items on the USydMP website along with the evaluation of Perinatal and Women’s Health.

I am always happy to talk with you if you wish to discuss any aspect of this revised report.

With best wishes

Profession and Head, Evaluation Unit

Acknowledgements go to Pieta Joy, Dominique Briones, and Claire Johnson, Office of Assessment and Evaluation, and Karen Garlan, Lecturer Evaluation, for their assistance in compiling this report.
Overall, students are less satisfied with their teaching and learning in Perinatal and Women’s Health than with other rotations in Stage 4. Free text responses indicate that where regular timetabled teaching takes place, students learn a great deal and are extremely appreciative of the effort that tutors make. However, there are difficulties in accessing regular teaching in almost all aspects of the rotation. These difficulties are a major cause for concern.

Findings:

- High student response rate (98%) ensured that the survey was reliable.
- 73% of students agreed that they were able to build on prior knowledge.
- 67% of students agreed that clinical staff were supportive of their learning.
- Students reported clinics and tutorials with consultants as the most valuable learning experience at all clinical schools.
- Registrars and residents are responsible for the bulk of student teaching.
- 65% of students agreed that overall the rotation was a valuable learning experience.
- Neonatology was reported as a valuable learning experience at all but one of the clinical schools.
- Access to deliveries was a substantial problem. Although students who had the opportunity to witness and/or assist with delivery, learnt a great deal, others reported barriers to even witnessing deliveries. This is consistent with responses from the whole of Stage 4 (n=214) at PRINT Orientation in which 35% of graduating students confirmed they had either not seen a birth or had only seen one.

- Overall the figures indicate that fewer students (55 to 64%) agreed that the following contributed to their learning experience:
  - Appropriate workload
  - Discussion of patient management with clinical staff
  - Structured teaching program
  - Engagement with a variety of patients
  - Clinical setting conducive to learning
  - Opportunity to understand ethics in practice
  - Clear understanding of the objectives
  - Balance of challenge and support
• Far fewer students agreed (16% to 39%) that the following features of the rotation contributed to learning outcomes:

Useful web-based resources  
Active participation as a team member  
Helpful feedback on progress  
Value of EBM in clinical practice  
Opportunity to practise procedures  
Responsibility for clerking patients

• Students highlighted that the following aspects need improvement:

Clinical experience is poorly organised and lacks sufficient academic input.  
Access to patients is limited with no opportunity to clerk.  
There is little or no feedback on their performance.  
There is poor organisation and lack of structured teaching time.  
There needs to be better liaison with midwives to improve student access to deliveries  
A note of concern is that male students have been turned away from clinics and deliveries because of gender.

• Variation between hospitals is notable, with students from some hospitals showing low levels of agreement with aspects of the rotation that would have enhanced their learning experience.
Method
The survey Evaluation of Clinical Experiences in Rotation 3 was distributed to students in the Professorial Board Room, University of Sydney on Monday 14 July 2008. The survey for Rotation 4 was distributed on Monday 22 September in the Professorial Board Room, University of Sydney. The survey contained 12 questions in Rotation 3 and 10 questions in Rotation 4 (Question 4 and Question 12 were removed to avoid duplication).

Analysis
Student responses on Likert scales were analysed quantitatively, while qualitative responses to open-ended survey items were analysed according to common themes. An empirical decision was made to include all free text comments ≥ 5% (≥ six comments). In order to fulfil more stringent conditions for accuracy¹, results for Rotation 3 and 4 were combined and examined together. Similarity of free text responses for both rotations supports the overall conclusions.

Results
Response Rate
Rotation 3
Total number of students in PWH = 62.
Number of respondents n = 61 (98%)

Rotation 4
Total number of students in PWH = 62.
Number of respondents n = 61 (98%)

Overall response rate: 122/124 = 98%

Of these 122 responses
  • 40 (32%) were from Northern Clinical School
  • 35 (28%) were from Central Clinical School
  • 21 (17%) were from Nepean Clinical School
  • 20 (16%) were from Western Clinical School
  • 8 (6%) were from School of Rural Health
  • 4 (3%) did not identify their clinical school for this survey.

Five survey respondents were identified as having completed their attachment in at least two clinical attachment sites. For the purpose of this study, if a respondent chose more than one clinical attachment site, the respondents’ clinical school was identified as the main clinical school for that attachment site. For example, if a respondent chose RNSH and Hornsby Ku-ring-gai hospitals as their clinical attachment sites, the respondents’ main clinical attachment site for this question would be identified as Northern. Further,

due to the variation in responses, some clinical attachment sites were found to have smaller samples of respondents compared to others (e.g. Nepean: 21, Westmead: 20, SRH: 8).

Summary of Free Text Comments

Q7. What was the most valuable for your learning in this rotation?

- Students reported attending clinics and tutorials with consultants as the most valuable learning experience at all clinical schools. Where consultants gave a regular weekly tutorial (eg RNSH) this was especially noted and appreciated by students.
- Neonatology, particularly at RPA but with the exception of Nepean, was also reported as a valuable learning experience.
- Students who had the opportunity to attend labour ward and a delivery learnt a great deal but access to this experience is problematic.

Q8 What was the least valuable for your learning in this rotation?

- Students cited out of date PBLs, postnatal ward, unstructured teaching and time spent just hanging around (often for hours - and still not seeing a vaginal delivery) as the least valuable for their learning.
- Poor timetabling and scheduling of lectures and tutorials – constant clashes tutor 'no shows' was also listed as a problem.
- In many cases students are turned away by the midwives and there is clearly a problem in even witnessing deliveries.

NB: At the PRINT Orientation session held on 8 October 2008, students (n = 214) were asked how many had witnessed a vaginal delivery as this question had not been specifically asked in the survey.

17 reported not witnessing a delivery
57 reported witnessing only one
47 reported witnessing two
In summary, 35% of students had either not seen a birth or had only seen one.

Q10 How could this rotation be improved?

- Students reported that clinical experience is poorly organised and lacks sufficient academic input.
- Access to patients is limited with no opportunity to clerk.
- Students receive little or no feedback on their performance
- There is often poor organisation and lack of structured teaching time.
- There needs to be better liaison with midwives to improve student access to deliveries.
- A note of concern is that male students have been turned away from clinics, deliveries etc because of gender.
Summary of quantitative results

Part 1: Background Information

*Which people were most involved in your teaching? (Choose as many as applicable)*

![Bar chart showing the number of responses for different teaching influences.](image)

Number of responses: 314

Base (n): 122

![Bar chart showing the number of responses for different main clinical attachment sites.](image)

Base (n) = 122
Please specify the number of case presentations and/or patient discussions you had with clinical staff during this rotation.

Number of clinical presentations experienced

<table>
<thead>
<tr>
<th>Number of Presentations</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No answer</td>
<td>3%</td>
</tr>
<tr>
<td>None</td>
<td>4%</td>
</tr>
<tr>
<td>1-3</td>
<td>41%</td>
</tr>
<tr>
<td>4-9</td>
<td>28%</td>
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<tr>
<td>10-14</td>
<td>16%</td>
</tr>
<tr>
<td>15+</td>
<td>7%</td>
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</table>

Base (n) = 122

Main clinical attachment sites

<table>
<thead>
<tr>
<th>Site</th>
<th>No answer</th>
<th>15+</th>
<th>10-14</th>
<th>4-9</th>
<th>1-3</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>35</td>
<td>30</td>
<td>15</td>
<td>10</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>RPA</td>
<td>30</td>
<td>25</td>
<td>10</td>
<td>5</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Nepean</td>
<td>20</td>
<td>15</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Westmead</td>
<td>15</td>
<td>10</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>SRH</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Base (n) = 122
### Part 2: The Learning Experience

#### Distribution of overall responses to Part 2

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>No answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>p. I was able to build on my prior knowledge</td>
<td>73%</td>
<td>9%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>q. Overall, this was a valuable learning experience</td>
<td>65%</td>
<td>1%</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>a. My workload was appropriate</td>
<td>64%</td>
<td>8%</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td>e. I was given opportunities to discuss patient management with clinical staff</td>
<td>63%</td>
<td>11%</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>d. The structured teaching program was useful for my learning</td>
<td>63%</td>
<td>11%</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>m. I was given the opportunity to engage with a variety of patients and presenting problems</td>
<td>61%</td>
<td>13%</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>n. The atmosphere of the clinical setting was conducive to learning</td>
<td>58%</td>
<td>13%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>i. I developed a greater understanding of ethics in clinical practice</td>
<td>57%</td>
<td>13%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>o. I had a clear understanding of the objectives of the term</td>
<td>55%</td>
<td>13%</td>
<td>17%</td>
<td>15%</td>
</tr>
<tr>
<td>b. This rotation provided a good balance of challenge and support</td>
<td>55%</td>
<td>13%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>j. Web based resources associated with this rotation were useful for my learning</td>
<td>39%</td>
<td>29%</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>g. I was given the opportunity to actively participate as a member of the team</td>
<td>38%</td>
<td>26%</td>
<td>21%</td>
<td>15%</td>
</tr>
<tr>
<td>f. I received helpful feedback on my progress</td>
<td>29%</td>
<td>32%</td>
<td>24%</td>
<td>16%</td>
</tr>
<tr>
<td>h. This rotation gave me a deeper understanding of the value of EBM in clinical practice</td>
<td>28%</td>
<td>36%</td>
<td>21%</td>
<td>15%</td>
</tr>
<tr>
<td>l. I had sufficient opportunity to practise procedures</td>
<td>25%</td>
<td>43%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>k. I had responsibility for clerking patients</td>
<td>16%</td>
<td>53%</td>
<td>16%</td>
<td>16%</td>
</tr>
</tbody>
</table>
Distribution of student responses regarding their learning experience at each clinical school

Note that the following graphs are presented with clinical schools coded from A to E to ensure the anonymity of individual schools. Clinical schools are not presented in the same order as previous graphs or previous reports.

Q9p- “I was able to build on my prior knowledge”

<table>
<thead>
<tr>
<th>Main clinical attachment sites</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No answer</td>
<td>15%</td>
<td>10%</td>
<td>5%</td>
<td>14%</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Undecided</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>17%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Disagree</td>
<td>5%</td>
<td>10%</td>
<td>10%</td>
<td>3%</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td>Agree</td>
<td>75%</td>
<td>85%</td>
<td>81%</td>
<td>66%</td>
<td>63%</td>
<td>73%</td>
</tr>
</tbody>
</table>

Base (n): 122
Q9c- “Clinical staff were supportive of my learning”

Base (n): 122

Q9q- “Overall, this was a valuable learning experience”

Base (n): 122
Q9a- “My workload was appropriate”

Q9e- “I was given opportunities to discuss patient management with clinical staff”
Q9d- “The structured teaching program was useful for learning”

Base (n): 122

Q9m- “I was given the opportunity to engage with a variety of patients and presenting problems”

Base (n): 122
Q9n- “The atmosphere of the clinical setting was conducive to learning”

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>10%</td>
<td>10%</td>
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<td>16%</td>
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<td>10%</td>
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<tr>
<td>5%</td>
<td>5%</td>
<td>29%</td>
<td>23%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>70%</td>
<td>70%</td>
<td>48%</td>
<td>46%</td>
<td>63%</td>
<td>58%</td>
</tr>
</tbody>
</table>

Base (n): 122

Q9i- “I developed a greater understanding of ethics in clinical practice”

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>10%</td>
<td>10%</td>
<td>14%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>25%</td>
<td>15%</td>
<td>10%</td>
<td>9%</td>
<td>38%</td>
<td>15%</td>
</tr>
<tr>
<td>5%</td>
<td>20%</td>
<td>24%</td>
<td>17%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>55%</td>
<td>55%</td>
<td>57%</td>
<td>60%</td>
<td>50%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Base (n): 122
Q9o- “I had a clear understanding of the objectives of the term”

Q9b- “This rotation provided a good balance of challenge and support”
Q9j- “Web based resources associated with this rotation were useful for my learning”

![Chart showing responses to Q9j]

Base (n): 122

Q9g- “I was given the opportunity to actively participate as a member of the team”

![Chart showing responses to Q9g]

Base (n): 122
Q9f- “I received helpful feedback on my progress”

Base (n): 122

Q9h- “This rotation gave me a deeper understanding of the value of EBM in clinical practice”

Base (n): 122
Q9l- “I had sufficient opportunity to practise procedures”

Q9k- “I had responsibility for clerking patients”
EVALUATION OF CLINICAL EXPERIENCES IN ROTATIONS 2008 (July/September Survey 2008)

This form focuses specifically on your experience of the rotation you have just completed and how it contributed to your learning. All responses will remain confidential. You will need to complete this form at the conclusion of each rotation.

Please colour circles in fully. NOT LIKE THIS

PART 1: Background Information
1: What is your clinical school? 2. Which rotation are you evaluating? 3. Which rotation number was this?

- Concord
- Nepean
- Northern
- RPA
- Westmead

- Child and Adolescent Health
- Community
- Perinatal and Women’s Health
- Psychological and Addiction Medicine
- 1
- 2
- 3
- 4

4. Where did your complete your clinical attachment? (Choose as many as applicable)

- Children’s Hospital at Westmead
- Concord Hospital
- General Practice – rural *
- General Practice – urban *
- Hornsby Ku-ring-gai Hospital
- Nepean Hospital
- Other - Central Clinical School teaching sites *
- Other - Nepean Clinical School teaching sites *
- Other - Northern Clinical School teaching sites *
- Royal North Shore Hospital
- Royal Prince Alfred Hospital
- School of Rural Health - Dubbo
- School of Rural Health - Orange
- Westmead Hospital
- Overseas substitute rotation *

* IF OTHER, please specify where you completed this rotation:

5. Which people were most involved in your teaching? (Choose as many as applicable)

- Registrars
- Nurses
- Supervisors
- Consultants
- Surgeons
- Interns
- Residents
- Fellows
- Specialists
- Lecturers
- Clinical tutors
- Other – please specify:

6. Please specify the number of case presentations and/or patient discussions you had with clinical staff during this rotation.

- None
- 1-3
- 4-9
- 10-14
- 15+

Part 2: The Learning Experience
7. What was most valuable for your learning this rotation?

8. What was least valuable for your learning this rotation?
Please rate your agreement with the following statements to represent your overall impression with this rotation

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>My workload was appropriate</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>This rotation provided a good balance of challenge and support</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>Clinical staff were supportive of my learning</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>The structured teaching program was useful for my learning</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>I was given opportunities to discuss patient management with clinical staff</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>I received helpful feedback on my progress</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>I was given the opportunity to actively participate as a member of the team</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>This rotation gave me a deeper understanding of the value of EBM in clinical practice</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>I developed a greater understanding of ethics in clinical practice</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>Web based resources associated with this rotation were useful for my learning</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>I had responsibility for clerking patients</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>I had sufficient opportunity to practise procedures</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>I was given the opportunity to engage with a variety of patients and presenting problems</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>The atmosphere of the clinical setting was conducive to learning</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>I had a clear understanding of the objectives of the term</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>I was able to build on my prior knowledge</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td>Overall, this was a valuable learning experience</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

10. Please write any other comments/suggestions about this rotation