

CHAPTER V



DISCUSSION AND CONCLUSION

In this chapter, the following aspects of the investigation are presented :

- 1) discussion of the study result
- 2) conclusion
- 3) recommendation from the study
- 4) limitation of the study
- 5) recommendation for further research

1) Discussion of the study result

When compared the student score to the MPL, the score is lower than the MPL significantly in all objectives (table 3). This means that the student competency is lower than the minimum passing level. However, at the time of study, the student had not graduated yet. They were studying in the 5th year. This study is only the formative evaluation so we can not conclude that the students from this curriculum have low competency. But this undesirable result need more alert for improvement of the curriculum.

When compared the gap between score and MPL for each objectives, the gap for recall is wider than interpretation and problem solving (3.45, 2.62 and 1.33 respectively). It is possible that because the philosophy of this curriculum is emphasized on problem solving skill

since phase I and the students are used to practice problem solving test so that they can get higher score than the recall problem and interpretation.

Difficulty factor (DF) is represented for difficulty for each items from teachers' view points. From the result of the study (table 6), there is no significantly difference of DF between each objectives. This means that, from the teacher points of view, all the questions have the same level of difficulty. In contrast, from the students points of view that may represented by difficulty index (DI), the recall problems are more difficult than interpretation and problem solving significantly. (table 7)

The qualitative data from participant observation and in-depth interview revealed that all group of informants realized the important and usefulness of diagnostic test and feedback information for educational improvement. However, the test itself need improvement on the coverage of content and the representativeness for educational objectives. Time of testing is also an important factor for the result of diagnostic test. If the students are tested immediately after the course or during studying in that subject, it will diagnose the immediate effect of the course. If they are tested for a period of time after the course, it will diagnose the retention of knowledge after forgetting effect. This may be the reason why in this study the score from the recall problem is lower than interpretation and problem solving problems.

One of the complaints from both the students and the teachers of this curriculum is lack of basic science knowledge to use in clinical clerkship. Since one of the philosophy of the curriculum is "integration" clinical and preclinical sciences together since the beginning of the course, the basic science knowledge that the student have studied in phase I may less than in conventional curriculum.

The problem is that whether the things that they have learnt from phase I is enough for them to cope with the clinical problems. Is it possible for them to study more essential basic science during phase II and III? These all problems should be considered from the curriculum committee for improvement of the curriculum.

Although this curriculum is emphasized on self-directed learning skill but the students and the teachers both fell there is less time for SDL and students can not cover all the content from SDL so they try to combine teacher-directed learning method with SDL. This should be considered that whether it can be a constraint to develop self-directed learning skill in the students or not.

It is interesting that, from interview, many students showed low confidence in comprehensive examination but they said that they had enough confidence to cope with the patients problems. Is it possible that the students fell that the examination may test for factual recall much more than test for problem solving skill so they fell low confidence ?

Motivation and incentive for teaching are widely discussed among the faculty staffs and administrators. This

is one of the constraints for this curriculum and also for other medical curriculum. The problem need to be considered from the administrators both from CU and MSRTAF.

2) Conclusion

1. The result from diagnostic examination revealed that competency of the students in general surgery is still lower than the minimum passing level.

2. From teachers' view, each objective is equally difficult but from the students' view, the recall problems are more difficult than interpretation and problem solving.

3. The diagnostic examination with feedback information may be used as an instrument for educational improvement. However, coverage of content, validity of the test and timing for the test should be considered in the diagnostic result.

4. There may be some problems in present CTPB curriculum that might be identified from this study.

Those include

- Inadequacy of basic science knowledge
- Time limitation for self-directed learning
- Objective for comprehensive examination
- Motivation and incentive for teaching
- Collaboration effort from CU and MSRTAF

3) Recommendation from the study

1. Diagnostic examination with feedback information may be useful to diagnose students discrepancy and stimulate for educational improvement. It might be used for formative evaluation throughout the curriculum.

2. Not only the cognitive competency that might be diagnosed but also other competency such as skill and attitude should be evaluated. Instruments should be carefully developed to serve these purposes.

3. The appropriate proportion of each educational objectives, such as recall or interpretation or problem solving, should be considered in any examinations.

4. The strategic planning for educational improvement of present CTPB curriculum may include consideration for these topics :

- Inadequacy of basic science knowledge
- Time limitation for self-directed learning
- Objective for comprehensive examination
- Motivation and incentive for teaching
- Collaboration effort from CU and MSRTAF

4) Limitation of the study

1. Since the CTPB curriculum has been set up only 4 years and there are only 19 students for the first batch of students so there is limitation in number of cases.

2. Because the nature of qualitative research are descriptive and holistic, it takes time and a lot of efforts to cover all the aspects of the problem. It needs team of investigators and also need experiences in qualitative research.

5) Recommendation for further research

Other study about diagnostic examination and feedback information in the CTPB curriculum may include :

1. Study in other subjects eg. medicine, obstetric and gynecology etc.
2. Study for other objective domain eg. Psychomotor competency or Affective domain.
3. Comparative study between CTPB curriculum and conventional medical curriculum.

