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**Annex 6.1**

**Sample Student Questionnaire**

A self-administered written survey can be used to collect additional information from a sample of students in order to clarify or validate the findings of the situation analysis and interviews. In most cases, informal follow-up is sufficient to fill information gaps. However, if there is significant concern that the preliminary list of bottlenecks is biased, incorrect, or insufficient, the assessment team can choose to survey students. Remember that ethics clearance from the institution and informed consent from all participants are needed to conduct any survey. No names or personal identifiers should be recorded in the survey questionnaires.

**Adapting the Student Questionnaire**

When reviewing and adapting the sample student questionnaire, it is recommended to focus the questions on key areas of concern for the academic program(s) under review to keep the survey as short as possible. This will simplify both its administration and analysis. The adapted survey should be pretested prior to its use with a larger group of participants.

The survey should be adapted to reflect the program(s) under assessment; the thematic areas, attributes, and factors being assessed; the core facilities, infrastructure, materials, equipment, and competencies required for the program(s); and the terminology used by the educational institution.

**Programs**

Insert the names of the programs under assessment where relevant (e.g., question 1.1).

**Assessment areas**

Adapt the survey to the thematic areas, attributes, and factors that key stakeholders agreed to assess. If they decided to omit one or more of the nine thematic areas from the assessment, remove those areas from the questionnaire. If they decided to add or remove attributes or factors under a thematic area, revise the questions under that area to reflect the factors for which there is agreement (see Annex 1 for a list of thematic areas, attributes, and factors).

**Program requirements**

Adapt the survey to the core facilities, infrastructure, materials, equipment, and competencies required for the program(s). Review the example lists provided in the questionnaire, and revise them to reflect the actual resources needed. Align competencies with those expected from the program(s).

**Terminology**

Review the questionnaire and replace any questionable terms with those typically used in your context. For example, the term “institution” could be replaced by the term college, school, or other appropriate term. The team also could replace the phrase “academic programs under review” or “academic program under assessment” with the actual name of the program or programs under assessment.

**Administering the Student Questionnaire**

Identify a sample of students from the program or programs being assessed, with an equal ratio of male and female students, from all academic years of study. Typically, a purposive sample of approximately 40 students, comprising at least 10 students from each level of study (if possible 5 male and 5 female from each year of study) is sufficient.

To save time and ensure that a standardized approach is taken, it is recommended to administer the questionnaire to students in a group. To administer the questionnaire to a group of students:

* Find an appropriate place, such as an empty classroom, to gather a group of participating students.
* Ensure that all levels of study are represented in the group as equally as possible. For example, 10 students from year one, 10 from year two, 10 from year three, etc.
* To the extent possible, for each level/year of study, ensure that there are an equal proportion (50:50) of females and males who are given the questionnaire. For example, if there are 10 students who will fill in the questionnaire from the first-year class, then 5 should be male and 5 should be female.
* Introduce the purpose of the questionnaire and explain how the students should complete it. Distribute the questionnaire and an informed consent form to all participants.
* Read the informed consent form aloud and ask each student to fill in the informed consent form.
* Ask the students to hand in the consent form and questionnaire together once they finish filling it in.
* Stay available for the respondents as they individually fill in the consent form and questionnaire, in case they have any questions or doubts, and allow time for everyone to complete their own questionnaire.
* Once a questionnaire is completed, it must be checked before considering it valid. If mistakes are found that cannot be corrected, a new questionnaire must be administered to a new student. In checking the quality of a completed questionnaire, pay special attention to compliance with instructions (e.g., circle one option, circle all that apply). Check that written answers are legible and understandable.

Remember to complete the information at the beginning of each questionnaire.

* Assign a two-digit code to each institution.
* Number the questionnaires using a three-digit code. For example: 001, 002, 003, etc. Each questionnaire must have a unique number, which is irreplaceable.
* If a questionnaire is eliminated in the data editing process, do not use the number again.

**Sample Student Questionnaire**

**FOR USE BY SURVEY COORDINATOR ONLY**

|  |  |  |
| --- | --- | --- |
| Date (dd/mm/yy) | Institution code | Questionnaire number  (starting with 001) |
|  |  |  |

Please complete the following questionnaire. The purpose of this anonymous survey is to explore practices and needs related to your education.

We thank you for your participation.

**INSTRUCTIONS**

* Please answer the questions by yourself.
* Use blue or black ink.
* After each question, you will find suggestions in capital letters for ways of answering. For example, for some questions you should choose one option only (CIRCLE ONE ANSWER), and for others you may choose more than one response (CIRCLE MORE THAN ONE ANSWER IF NECESSARY) or (CIRCLE ALL THAT APPLY).
* Circle the number of your selected option. Circle the number for “Other” if you don't find your answer, and then write your answer on the dotted line.
* For easier understanding, USE CAPITAL LETTERS when you write an answer.
* When you finish, please give this questionnaire back to the person who gave it to you.
* Your answers are very important.

|  |
| --- |
| 1. **Information about You** |

1. Are you? (CIRCLE A SINGLE ANSWER)
2. Female
3. Male
4. What is your current program of study? (CIRCLE ONE ANSWER ONLY)
5. *[Insert Program 1 – Certificate, Diploma, or Degree]*
6. *[Insert Program 2 – Certificate, Diploma, or Degree]*
7. *[Insert Program 3 – Certificate, Diploma, or Degree]*
8. *[Insert Program 4 – Certificate, Diploma, or Degree]*
9. Other: (SPECIFY) .................................................................
10. Did you already have a certificate, diploma, degree, or other qualification before starting your current studies? (CIRCLE ONE ANSWER ONLY)
11. Yes
12. No

1.3.1 If yes, what degree or qualification did you have?

...............................................................................................................................

1. Does this program of study require you to retake courses that you already completed for a previous certificate, diploma, or degree? (CIRCLE ONE ANSWER)
   * 1. Yes
     2. No
     3. I don’t know
     4. I don’t have a previous certificate, diploma, or degree
2. In which year of the program are you currently enrolled? (CIRCLE ONE ANSWER ONLY)
3. First year
4. Second year
5. Third year
6. Fourth year
7. Fifth year
8. Other (SPECIFY): .................................................................
9. Since the time you began this program of study, have you ever attended a skills training session at a demonstration room or skills lab? (CIRCLE ONE ANSWER)
   * 1. Yes
     2. No
10. Since the time you began this program of study, have you ever attended a clinical training session at a hospital, clinic, or other health facility? (CIRCLE ONE ANSWER)
    * 1. Yes
      2. No

|  |
| --- |
| 1. **Student Information** |

* 1. Why did you choose this program of study? (CIRCLE ALL THAT APPLY)

1. I always wanted to do this.
2. I want to help others in need.
3. The career opportunities are good.
4. The professional development opportunities are good.
5. The pay is good.
6. The courses are easy.
7. My family encouraged me to do it.
8. Someone who works in health care encouraged me to do it.
9. I did not choose. I was assigned to this program.
10. I did not qualify for other programs of study.
11. Other (SPECIFY): ……………………………………………………

……………………………………………………………………….

* 1. Where did you live before starting this program of study? (CIRCLE A SINGLE ANSWER)

1. Urban area: city of 3,000 or more inhabitants
2. Rural area: farm area or small town of less than 3,000 inhabitants
3. Periurban area: within 20 kilometers of a city/urban area
4. Other (SPECIFY): .................................................................
   1. What is the highest level of education completed by your father and your mother? (CHECK ONE BOX FOR YOUR FATHER AND ONE FOR YOUR MOTHER)

| **Highest level of education completed** | Father | Mother |
| --- | --- | --- |
| 1. No formal school |  |  |
| 1. Primary school (from 1st to 6th grade) |  |  |
| 1. Secondary school (from 6th to 12th grade |  |  |
| 1. Technical or vocational school, such as a certificate or diploma |  |  |
| 1. University education, for example, a bachelor’s degree |  |  |
| 1. Postgraduate university education, for example, a master’s degree |  |  |
| 1. I don’t know |  |  |
| 1. Other (SPECIFY): |  |  |

* 1. Since beginning the program, have you repeated a course because you failed or did not complete the course the first time? (CIRCLE ONE ANSWER)

1. Yes
2. No
   1. Do you know of any students who left or dropped out of the program before completing their studies? (CIRCLE ONE ANSWER)
      1. Yes
      2. No

2.5.1 If yes, what are the main reasons why students leave or drop out before completing their studies? (CIRCLE ALL THAT APPLY)

1. Students lose interest in the program
2. Students get married
3. Students get pregnant or have babies
4. Families ask students to return home
5. Students become ill
6. The courses are too difficult
7. School costs are too high (e.g., fees, books, etc.)
8. There is too much information to cover in a short time
9. The school is too far from students’ homes
10. The living conditions at the school are too difficult
11. The school is too strict about regular attendance
12. I don’t know
13. Other (SPECIFY): ……………………………………………………

……………………………………………………………………….

* 1. What kinds of support are available at the school to keep students from leaving or dropping out of the program? (CIRCLE ALL THAT APPLY)

1. Student counseling
2. Financial assistance, for example, loans or scholarships
3. Student health services
4. Tutoring services
5. Flexible academic schedule for students with families or young children
6. Transportation
7. Housing
8. Peer support groups
9. Support for job search and/or placement
10. There are no support systems
11. Other (SPECIFY): ……………………………………………………

……………………………………………………………………….

2.6.1 Have you used any of these services? If yes, which ones?

...............................................................................................................................

* 1. To your knowledge, has anyone at your school been a victim of gender-based harassment or violence? (CIRCLE ONE)

1. Yes
2. No
   1. Does your school have a written sexual harassment policy?
3. Yes
4. No
5. I don’t know

|  |
| --- |
| 1. **Educators** |

* 1. In your opinion, are there enough of the right kinds of teachers—including clinical supervisors and preceptors—to provide the teaching and support needed to ensure student progress? (CIRCLE ONE)
     1. Yes
     2. No

3.1.1 Why? Please explain your answer.

...............................................................................................................................

……………………………………………………………………………………………

* 1. How would you rate the AVAILABILITY of the following kinds of teachers to assist you and respond to your questions both during and in between classes? (CHECK ONE BOX FOR EACH CATEGORY)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of educator or staff** | ***AVAILABILITY to Answer Questions*** | | | |
| Never available  0 | Seldom available  1 | Sometimes available  2 | Often available  3 |
| 1. Classroom teachers/instructors |  |  |  |  |
| 1. Demonstration room instructors |  |  |  |  |
| 1. Clinical preceptors or supervisors |  |  |  |  |
| 1. Counselors or advisors |  |  |  |  |
| 1. Librarians |  |  |  |  |
| 1. Computer/information technology technicians |  |  |  |  |

* 1. How would you rate the ability of your classroom and clinical instructors to use effective TEACHING methods that facilitate and support student learning? (CHECK ONE BOX FOR EACH CATEGORY)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of educator** | ***Quality of TEACHING Skills*** | | | |
| No opinion  0 | Needs improvement  1 | Adequate  2 | Good  3 |
| 1. Classroom teachers/instructors |  |  |  |  |
| 1. Demonstration room instructors |  |  |  |  |
| 1. Clinical preceptors or supervisors |  |  |  |  |

* 1. How would you rate the quality of the CLINICAL skills of your classroom and clinical instructors? (CHECK ONE BOX FOR EACH CATEGORY)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of educator** | ***Quality of CLINICAL Skills*** | | | |
| No opinion  0 | Needs improvement  1 | Adequate  2 | Good  3 |
| 1. Classroom teachers/instructors |  |  |  |  |
| 1. Demonstration room instructors |  |  |  |  |
| 1. Clinical preceptors or supervisors |  |  |  |  |

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| 1. **Facilities and Infrastructure** |

* 1. Is the infrastructure available to your program—including clinical and housing facilities—sufficient to provide the teaching and support needed to ensure student progress? (CIRCLE ONE ANSWER)

1. Yes
2. No

4.1.1 Why? Please explain your answer.

…………………………………………………………………………………….

…………………………………………………………………………………….

* 1. Are any of the facilities difficult for students or educators to access, because of inconvenient operating hours, long distances to the facilities, poor transportation, or other reasons? (CIRCLE ONE ANSWER)

1. Yes
2. No

4.2.1 If yes, briefly describe which facilities are difficult to access and why.

……………………………………………………………………………………..

……………………………………………………………………………………...

* 1. How would you rate the general condition of the following school facilities and infrastructure in relation to comfort, safety, space, ventilation, heating/cooling, water, and electricity? (CHECK ONE BOX FOR EACH TYPE OF INFRASTRUCTURE)

| **Type of infrastructure** | **Condition/Quality** | | | |
| --- | --- | --- | --- | --- |
| No opinion  0 | Not available  1 | Needs improvement  2 | Good condition  3 |
| 1. Classrooms/lecture rooms |  |  |  |  |
| 1. Skills labs/demonstration rooms/ simulation rooms |  |  |  |  |
| 1. Libraries or learning resource centers |  |  |  |  |
| 1. Computer rooms or labs |  |  |  |  |
| 1. Clinical laboratories |  |  |  |  |
| 1. Student housing/dormitories |  |  |  |  |
| 1. Student cafeteria/canteen |  |  |  |  |
| 1. Internet |  |  |  |  |
| 1. Study/meeting rooms for students |  |  |  |  |
| 1. Separate toilets for males and females |  |  |  |  |
| 1. Student transportation to clinical practice sites |  |  |  |  |
| 1. Health facilities used for clinical practice |  |  |  |  |
| 1. Break rooms for teachers |  |  |  |  |
| 1. Offices for teachers |  |  |  |  |
| 1. Other (specify) |  |  |  |  |

* 1. How would you rate the security at the school in terms of providing a safe environment 24 hours a day? (CIRCLE ONE ANSWER)

1. The school is secure. I always feel safe.
2. Moderately secure. I usually feel safe.
3. Not secure at all. I never feel safe.
4. I don’t know
   1. How often do you use a computer? (CIRCLE ONE ANSWER)
5. Every day
6. Several times per week
7. Less than one time per week
8. I do not use a computer
   1. Do you own a computer or laptop? (CIRCLE ONE ANSWER)
9. Yes
10. No
    1. Where do you access the Internet? (CIRCLE MORE THAN ONE ANSWER IF NECESSARY)
11. At home/residence
12. School library
13. School computer room
14. Internet café
15. Other (SPECIFY): ...........................................
16. I do not access the Internet

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| --- |
| 1. **Materials and Equipment** |

* 1. Are the materials and equipment available to your program sufficient to provide the teaching and support needed to ensure student progress? (CIRCLE ONE ANSWER)

1. Yes
2. No

5.1.1 Why? Please explain your answer.

………………………………………………………………………………..

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* 1. Does the library or learning resource center have a sufficient number of appropriate and up-to-date books, journals, and other learning materials? (CIRCLE ONE ANSWER)

1. Yes
2. No
3. There is no library or learning resource center at the school

5.2.1 If no, briefly describe what types of books or materials are needed.

………………………………………………………………………………

………………………………………………………………………………

* 1. How would you rate the availability and quality of the following learning materials and equipment for your program of study? (CHECK ONE BOX FOR AVAILABILITY AND ONE BOX FOR QUALITY)

| **Materials and equipment** | I don’t know  0 | **AVAILABILITY** | | **QUALITY** | |
| --- | --- | --- | --- | --- | --- |
| Not enough  1 | Enough  2 | Needs improvement  1 | Good condition  2 |
| 1. Up-to-date textbooks |  |  |  |  |  |
| 1. Up-to-date technical journals |  |  |  |  |  |
| 1. Computers |  |  |  |  |  |
| 1. Projectors |  |  |  |  |  |
| 1. Materials in the skills lab or demonstration room |  |  |  |  |  |
| 1. Anatomical models |  |  |  |  |  |
| 1. Simulators |  |  |  |  |  |
| 1. Diagnostic equipment |  |  |  |  |  |
| 1. Sphygmomanometers |  |  |  |  |  |
| 1. Stethoscopes |  |  |  |  |  |
| 1. Otoscopes |  |  |  |  |  |
| 1. Delivery kits |  |  |  |  |  |
| 1. Neonatal resuscitation kits |  |  |  |  |  |
| 1. Gloves |  |  |  |  |  |
| 1. Thermometers |  |  |  |  |  |
| 1. Weight scales |  |  |  |  |  |
| 1. Blood pressure cuffs |  |  |  |  |  |
| 1. Antiseptics |  |  |  |  |  |
| 1. Syringes, needles, and catheters |  |  |  |  |  |
| 1. Other (SPECIFY): |  |  |  |  |  |

|  |
| --- |
| 1. **Curriculum** |

* 1. How do you feel about your current program of study? (CIRCLE ONE ANSWER)

1. It’s very good
2. It’s average
3. It‘s poor
4. I would rather study something else
5. No opinion
6. Other (SPECIFY): ......................................................................
   1. In your opinion, how well are your studies preparing you for each of the following? (READ THE RESPONSES BELOW AND CHECK ONE BOX FOR EACH ROW)

| **The program is preparing me to…** | **Level of competence** | | | |
| --- | --- | --- | --- | --- |
| Not at all  0 | Poorly  1 | Somewhat  2 | Well  3 |
| 1. Work at a primary care clinic |  |  |  |  |
| 1. Work at a district or regional hospital |  |  |  |  |
| 1. Work in an outpatient ward or clinic |  |  |  |  |
| 1. Work in a maternity ward or clinic |  |  |  |  |
| 1. Work in an emergency ward or clinic |  |  |  |  |
| 1. Work in a team with other health care providers |  |  |  |  |
| 1. Work in a rural or underserved area |  |  |  |  |
| 1. Work with communities (e.g., community outreach) |  |  |  |  |
| 1. Provide relevant services that respond to local health needs using locally available resources |  |  |  |  |
| 1. Use information and communications technologies, such as computers and digital diagnostic tools |  |  |  |  |
| 1. Apply clinical reasoning, problem solving, and critical thinking skills |  |  |  |  |
| 1. Perform management and administrative tasks |  |  |  |  |
| 1. Advocate for improved clinical practice environments |  |  |  |  |
| 1. Keep up-to-date with new practices and service delivery guidelines |  |  |  |  |
| 1. Continue learning throughout my career through self-directed learning |  |  |  |  |
| 1. Conduct research |  |  |  |  |
| 1. Other (SPECIFY): |  |  |  |  |

* 1. Are the expected outcomes of your current program of study clearly defined? In other words, is it clear what you should know and be able to do at the end of the program? (CIRCLE ONE ANSWER)

1. Yes
2. No
3. I don’t know
   1. How often do your classes include the following learning approaches? (CHECK ONE BOX FOR EACH TYPE OF LEARNING APPROACH)

| **Types of learning approaches** | I don’t know  0 | Never  used  1 | Sometimes  used  2 | Frequently  used  3 |
| --- | --- | --- | --- | --- |
| 1. Lectures |  |  |  |  |
| 1. Live video conference lectures |  |  |  |  |
| 1. Video recorded lectures |  |  |  |  |
| 1. Problem-based learning |  |  |  |  |
| 1. Computer-based learning |  |  |  |  |
| 1. Competency-based learning |  |  |  |  |
| 1. Self-directed learning |  |  |  |  |
| 1. Small-group learning |  |  |  |  |
| 1. Peer learning |  |  |  |  |
| 1. Demonstrations by teachers |  |  |  |  |
| 1. Demonstrations by students |  |  |  |  |
| 1. Role plays |  |  |  |  |
| 1. Service learning projects |  |  |  |  |
| 1. Community service projects |  |  |  |  |
| 1. Inter-professional learning |  |  |  |  |
| 1. Clinical simulations |  |  |  |  |
| 1. Clinical cases with real patients |  |  |  |  |
| 1. Clinical cases with simulated patients |  |  |  |  |
| 1. Supervised practice |  |  |  |  |
| 1. Apprenticeship |  |  |  |  |
| 1. Mentoring |  |  |  |  |
| 1. Other (SPECIFY): |  |  |  |  |

* 1. How frequently do your classes include the following assessment approaches? (CHECK ONE BOX FOR EACH TYPE OF ASSESSMENT APPROACH)

| **Types of assessment approaches** | I don’t know  0 | Never  used  1 | Sometimes  used  2 | Frequently  used  3 |
| --- | --- | --- | --- | --- |
| 1. Written exams |  |  |  |  |
| 1. Oral exams |  |  |  |  |
| 1. Written assignments |  |  |  |  |
| 1. Reports |  |  |  |  |
| 1. Case studies |  |  |  |  |
| 1. Log books |  |  |  |  |
| 1. Observation and feedback to students during practical sessions |  |  |  |  |
| 1. Skills tests (e.g., objective structured clinical exams [OSCE]) |  |  |  |  |
| 1. Other (SPECIFY): |  |  |  |  |

* 1. How are the results of assessments used? (CIRCLE ALL THAT APPLY)

1. To assign grades
2. To decide if a student should progress to the next course or level of study
3. To give students specific feedback on areas where they need to improve
4. Other (SPECIFY):
   1. Do teachers at your school use information technologies such as computers, projectors, and videos? (CIRCLE ONE ANSWER)
5. Never
6. Sometimes
7. Frequently
8. I don’t know
   1. How has research been included in your studies? (CIRCLE MORE THAN ONE ANSWER IF NECESSARY)
9. I took a course on how to conduct research
10. I completed a research project
11. I have read and evaluated research reports
12. Research is not included in my program of study
13. I don’t know
14. Other (SPECIFY): ……………………………………………………

|  |
| --- |
| 1. **Clinical Practice** |

* 1. What is your opinion about the following aspects of clinical practice facilities? (CHECK ONE BOX FOR EACH ITEM)

| **Clinical practice facilities** | No opinion  0 | Not enough  1 | Enough  2 | Too many  3 |
| --- | --- | --- | --- | --- |
| 1. Number of clinical practice facilities |  |  |  |  |
| 1. Number of students assigned to a health facility at one time |  |  |  |  |
| 1. Average number or volume of patients at practice sites |  |  |  |  |
| 1. Number of hours spent at clinical practice sites |  |  |  |  |
| 1. Number of preceptors or supervisors available at clinical practice sites |  |  |  |  |
| 1. Opportunities to practice under supervision |  |  |  |  |

* 1. What is your opinion of the quality of the following aspects of clinical practice? (CHECK ONE BOX FOR EACH ITEM)

| **Clinical practice facilities** | No opinion  0 | Needs improvement  1 | Good  2 |
| --- | --- | --- | --- |
| 1. Variety of clinical practice facilities used (e.g., community clinics, district hospitals, reference hospitals) |  |  |  |
| 1. Distance to practice facilities |  |  |  |
| 1. Transportation to and from facilities |  |  |  |
| 1. Variety of patients at practice facilities |  |  |  |
| 1. Safety and security at clinical sites |  |  |  |
| 1. Quality of supervision at clinical practice facilities |  |  |  |
| 1. Quality of teaching at practice sites |  |  |  |
| 1. Quality of student assessment |  |  |  |
| 1. Alignment between classroom teaching and clinical training |  |  |  |
| 1. Availability of medical equipment and materials |  |  |  |

* 1. During your clinical practice sessions over the past year, approximately how many students were assigned to a clinical preceptor or supervisor, on average? (CIRCLE ONE ANSWER)

1. Fewer than 10 students per clinical preceptor or supervisor, on average
2. 11 to 20 students per preceptor or supervisor
3. 21 to 30 students
4. More than 30 students
5. I did not have clinical practice this year
6. I don’t know
   1. If you graduated today, do you feel confident in your ability to provide quality clinical care to patients? (CIRCLE ONE ANSWER)
7. Yes
8. No
9. I don’t know

7.4.1 Why? Explain your answer.

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***Thank you very much!***