Short Report: Employer ratings of graduates from a graduate entry, problem based medical program

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Introduction

Universities have traditionally sought to produce graduates who are knowledgeable and skilled in their field. In the twenty-first century universities are also under increasing pressure to support and enhance generic graduate attributes such as interpersonal skills and lifelong learning. Employers in particular value graduates who can communicate well, work in a team, and direct their own learning. Employers' views about the quality of graduates can provide valuable feedback to educational program designers (Teichler 2000).

In this article we report employers' ratings of desirable professional attributes in graduates of the four year, graduate entry problem based University of Sydney Medical Program (USydMP). We expected employers to rate USydMP graduates high in all areas related to the program goals, including clinical knowledge, communication and teamwork skills, professionalism and lifelong learning.

Method

Sample

USydMP graduates in their intern or first postgraduate year are allocated by ballot to 17 state metropolitan and major rural hospitals. Directors of Clinical Training (DCTs) (N=17) and Junior Medical Officer (JMO) managers (N=17) in allocation hospitals in 2002 and 2003 were eligible to participate.

The questionnaire

We initially conducted interviews with DCTs and JMO managers in 2001 (see Dean et al 2003 for details). From data collected in these interviews we developed a questionnaire about the qualities of interns that DCTs and JMO managers perceive as desirable. These qualities include graduates' ability to communicate well with everyone in the hospital, be good team members and be self directed in their learning. The questionnaire consists of 15 items rated on a five-point Likert scale (from 1 = strongly agree to 4 = strongly disagree and 5 = can’t decide). Item 15 asks employers about their overall satisfaction with the interns’ practice. Employers were instructed when completing the survey, to think overall about the

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interns at their hospital that year who had graduated from the USydMP (to facilitate this employers were provided with the names of USydMP graduates at their hospital in a covering letter).

**Procedure**

The questionnaire was mailed to DCTs and JMO managers in September 2002 and 2003, in the third term of the intern year. A stamped pre-addressed envelope was included for return of the questionnaire. Follow-up reminders were sent by email one month after each mail out.

**Results**

The response rate in 2002 was 79% (27/34) and in 2003 it was 82% (28/34). Frequencies of employers’ ratings of graduate attributes for 2002 and 2003 were summed and an average percentage calculated for each attribute across the two years. Figure 1 shows the variation in average percentages of employers’ ratings. There was 96% employer agreement (59% strongly agreed, 37% somewhat agreed) in 2002 and 100% employer agreement (67% strongly agreed, 33% somewhat agreed) in 2003 that USydMP graduates’ practice was satisfactory.

**Discussion**

This study investigated employers’ perceptions of the quality of graduates from a graduate entry, problem based program in their intern or first postgraduate year. Our results show that employers rate graduates from the USydMP highly for their caring behaviour, reliability, honesty, maturity and ability to communicate well with everyone in the hospital. Graduates were also rated highly for their teamwork skills.

Graduates appeared to be rated less highly for the quality of their clinical knowledge, knowledge of their roles, cultural sensitivity and ability to balance their work and lifestyle. However with regard to cultural sensitivity employers were more indecisive than for any other attribute. This finding may reflect difficulty involved in judging this attribute and/or the lack of opportunities to observe graduates interacting with patients and families from different cultures.

The finding that the graduates’ foundation of clinical knowledge is rated less highly (but is still high at 87%) was unexpected, and could reflect a mismatch between employers’ and medical program designers’ expectations of graduates’ levels of competence for certain clinical tasks. Opening a dialogue between employers and educational designers about graduates’ core clinical competencies could lead to improvements in the medical program.

Also somewhat unexpected was the employers’ lower rating of the graduates’ capacity to be self aware and self directed. Although there is some evidence that problem based programs foster self directed or self regulated learning skills, research on whether these skills transfer to professional practice is inconclusive (Schmidt 2000). As one employer commented, ‘I am not yet convinced that the self-directed learning method encouraged by PBL leads to SDL after graduation’.

A limitation of this study was the relatively small sample size of employers, and the small numbers of our graduates
at each hospital which they rated. However, as the response rates among employers were consistently high, and the employers represented all allocation hospitals in NSW, our findings are likely to be generalisable to other hospital employers. Overall our results suggest that graduate entry admission and an integrated, problem and practice based program taken as a whole can produce highly rated graduates. In the short term, employer as well as graduate feedback may be required to achieve effective alignment of admission criteria, program features and goals, and desirable graduate attributes.

References