

What academic advisors need to provide better student support – lessons from a Malaysian medical school

by
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Declaration

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

Background: Academic support programmes have an important part to play in addressing the needs of students experiencing difficulties. A quality assurance exercise by the national accreditation body highlighted the fact that academic staff involved in non-academic counselling had no prior training.

Aim: The aim of this study was to evaluate the academic advisor programme in a Malaysian medical school from the academic advisors' perspective in order to determine their understanding of their role, their experiences and needs.

Method: Focus group discussions (FGDs) involving 10 academic advisors were conducted using a semi-structured interview schedule.

Results: Study participants demonstrated some instinctive understanding of their role (especially as role models in their professional development) although they did not have clear guidelines. They strongly expressed a need for training in counselling skills and better administrative support. There was some reluctance to undertake the task of academic advising as there were no perceived rewards or incentives.

Conclusions: The training of academic advisors needs to be addressed in faculty development programmes. Strong institutional administrative support is important with efficient channels of communication to academic advisors on student performance and other relevant information. Teaching activities need due institutional recognition and reward.

INTRODUCTION

Studies have shown that weak students often continue with little guidance and feedback or specific educational interventions, and have ongoing difficulties (Cleland et al 2005, Mann 1992). Concerns are frequently not recorded formally, or addressed, and explicit feedback may not be provided due to clinical and time pressures on staff. Failing to provide feedback about poor performance precludes the student from reflecting on, and taking steps to address their learning needs.

Weak students are likely to become weak or incompetent doctors whose colleagues are left with the responsibilities of spotting dangers and reporting clinical errors and bad practice to the appropriate authorities (Challis et al 1999). Early interventions may help avoid or minimise such situations as well as enabling the individual to deal with adverse learning and behaviour patterns promptly, before these cause problems in clinical practice. Taking “a proactive approach in helping students develop the necessary skills that can prevent academic difficulties” by providing appropriate support student services is important (Paul et al 2009).

In the *Tomorrow's Doctors* document (GMC 2003), the General Medical Council provides recommendations for the framework that UK medical schools use to design detailed curricula and schemes of assessment, and set appropriate standards. The recommendations include the need for students to have “appropriate support for their academic and general welfare needs at all stages”, especially for students with problems. One way to address this is the provision of academic advisors.

The role of academic advisors has at times been broadly associated or compared with that of a mentor, small-group leader, preceptor, supervisor, or role model. These are all

“important roles that can facilitate the acquisition of practical knowledge” (Rose et al 2005). However, they are not necessarily synonymous.

The National Academic Advising Association (NACADA 2006) defines “academic advising, based in the teaching and learning mission of higher education” as “a series of intentional interactions with a curriculum, a pedagogy, and a set of student learning outcomes”. It “synthesizes and contextualizes students’ educational experiences within the frameworks of their aspirations, abilities and lives to extend learning beyond campus boundaries and timeframes.” In order for academic advising to function, NACADA stated that it has three components: curriculum (what advising deals with), pedagogy (how advising does what it does), and student learning outcomes (the result of academic advising).

The 2002 United Nations Educational, Scientific and Cultural Organization (UNESCO) document on ‘The Role of Student Affairs and Services in Higher Education’ serves as a practical manual detailing the developing, implementing and assessing of student affairs programmes and services. The purpose or functions of academic advising (or “educational counselling”) and activities that were considered typical are listed in Table 1. These can be modified or adapted to provide a framework for guidelines (Terms of Reference) for academic advisors according to individual institutional needs. In a similar vein, Standards and Guidelines for Academic Advising, developed by the Council for the Advancement of Standards in Higher Education (CAS) and endorsed by NACADA (White 2006), have been used principally “as a template for establishing or assessing an academic advising program on a campus or in a particular department”.

A survey conducted by Saks & Karl (2004) to determine the prevalence of academic support programmes in US and Canadian medical schools, found that “academic support is common, but has broad interpretation and services are varied”. Almost all of the schools surveyed provided academic support in the first two years.

In the University of Malaya, academic advisors appointed by the Dean and allocated students in the first (Phase I) or second (Phase II) year of the programme are expected to follow the students' progress for a year. These academic advisors are mostly basic scientists drawn mainly from the preclinical disciplines, as the students in the first two years of the medical programme are more familiar with the academic staff from these disciplines. Each academic advisor is randomly allocated approximately 20-24 students. A summary of the 5-year undergraduate medical programme is given in Table 2.

The only guidelines for academic advisors were written prior to 2005 by the Phase I Coordinator as informal guidelines. Although never formally endorsed they have been in use since then. Briefly, the guidelines state that the role of the academic advisor would be to "advise, assist and guide the students in undergoing their studies", and a list of tasks is provided. These include:

- To discuss the significance of the following aspects of the medical course:
 - (a) Choice of course
 - (b) Interest
 - (c) Motivation
 - (d) Requirements
 - (e) Language proficiency
- To identify major and potential problems, paying particular attention to unsatisfactory attitude and attendance, and poor academic performance.

Academic advisors are expected to meet with their students at least twice a year, and to provide written reports to the phase coordinator and the Deputy Dean for Undergraduate and Diploma programmes.

Following an accreditation visit by the national licensing agency in 2008, one area of concern expressed by the survey team was that academic staff had not been given any formal training in counselling skills. Furthermore, anecdotal evidence and the fact that there has been no formal evaluation of the academic advisor programme since implementation in 1998 provided the stimuli for this study.

The aim of this study was to evaluate the programme from the perspective of the academic advisors in order to determine their understanding of their role, their experiences and needs.

METHODS

Target Population and Sample Size

This study population involved the 20 Academic Advisors who were appointed for the 2009/2010 academic session for medical students in Phases I and II. Participation was voluntary. One Academic Advisor was a co-researcher in this study and therefore excluded from taking part.

The remaining 19 were invited to participate and informed consent was obtained from the ten who elected to attend the focus group discussions (FGDs). This included information on the study aim, the use of audiotaping in the FGDs for data collection, an assurance that participant anonymity would be maintained, and that institutional ethical approval had been granted.

Data Collection

This qualitative study used focus group discussions (FGDs) of 3 to 4 participants per focus group as the research methodology to explore the above mentioned issues, with the semi-structured interview schedule illustrated in Table 3. FGDs were used rather than individual interviews to allow participants to share experiences and to trigger concepts that may otherwise not emerge. Separate FGDs were conducted for Academic Advisors of Phase I and Phase II, as they would have more in common with regard to the disciplines they taught (Phase I core subjects being anatomy, biochemistry and physiology, and in Phase II, pathology, pharmacology, medical microbiology and parasitology) and also with regard to the issues and needs of the students in the phase they dealt with. Sampling was representative of these disciplines, but not explored further to ensure the preservation of participant anonymity.

The moderator of the FGDs, an experienced qualitative researcher, was the Academic Advisor who was a co-researcher. All the data collected remained anonymous and confidential. FGDs were audiotaped and the tapes transcribed verbatim. Transcripts of the FGDs were analysed applying principles of thematic analysis and using ATLAS.ti[®] 6.2.15 software.

Ethical approval was obtained from the University Malaya Medical Centre Ethics Committee in June 2010 (Ethics Committee/IRB Number: 794.74), and Stellenbosch University Health Research Ethics Committee (Ethics Committee Reference Number: N10/10/332) as part of the requirements for an MPhil in Health Sciences Education degree.

RESULTS

Characteristics of Participants

The participants are broadly representative of academic staff in the faculty in terms of age, gender, teaching experience and level of academic appointment. All 10 participants had been academic advisors at least once prior to the 2009/2010 academic session. Due to the nature of the small sample size, further details of the collected quantitative data are not addressed here as this would lead to a breach of participant anonymity.

Results of Qualitative Analysis

Four themes emerged that were similar in all the FGDs:

- The nature of the task (as perceived by the academic advisors)
- Desirable attributes
- Recruitment and employment issues
- Needs and suggestions for improvement

The nature of the task

Establishing good rapport with their individual groups of students was an important activity in the initial sessions.

[AA5]: "What I usually do is....a sort of ice breaking session and usually try to have some food as well, because that kind of relaxes people."

[AA2]: "The first day when I met them, I found out what their talents were. And they all had sing song session. They all started singing andthat is good."

Sessions varied considerably from fixed meetings in the department with their whole group of 20 to 24 students after formal classes, to more informal sessions:

[AA10]: "...I do different things. So the second time I took them bowling and all that. But for the first one, the first one I always feel that is nice to take them for a walk."

[AA1]: “We always have tea or coffee or something for them.”

The majority of experiences were of a positive nature, and the character of the individual group of students was a contributing factor to the experiences.

[AA4]: “For me, I like being an AA because I think we see the other point of view... I think it helps to understand their point of view better...sometimes you get feedback on your teaching, and teaching styles...”

The most common experience that all participants talked about was their role in providing advice or guidance for their students. They generally tended to provide support and reassurance and to help the students find their own solutions.

[AA9]: “ ...the AA role is more like a mentor and just to support.”

[AA6]: “I don’t give advice, I don’t give my opinion, I don’t impose ‘Oh, you must do this this this.’ No, no, no. ‘I ask you, so now we know your problem, so what do you think you can do to solve your problem?’...”

Other interpretations of their role included being a counsellor, and teaching students about their personal and professional development.

[AA3]: “I was thinking more, ah, the bigger picture about what...the beginnings of their trainings as doctor, how we can help them.....It’s not just to teach them how to avoid failures, but even to the fellow good students, in fact, to encourage all to stimulate interest in learning, you know. A lifetime of learning rather than just passing exams...they are preparing for a lifetime in career. They should always be learning...”

With regard to their Terms of Reference or Guidelines, academic advisors expressed variations of the following: [AA6]: “Never heard of it.”

[AA1]: “I only received a letter of appointment and the name of the students.”

“...And at one time, the letter of appointment was given to me after the Part A [= *first semester*] exam.”

[AA5]: “I can’t remember, is so unimpressable that I can’t remember what it is (*laughs*)”

Desireable attributes

Important attributes that needed to be considered for the selection or appointment of academic advisors included:

[AA 3]: “...genuine interest in the welfare of the students...”

and the ability to establish rapport with the students:

[AA 7]: “...I became closer to them as...each session develop...”

Approachability was also considered a strong attribute:

[AA6]: “The student can approach you any time or not...That’s important.”

Recruitment and employment issues

Opinions varied about selection criteria of academic advisors.

[AA9]: “Since the idea of AAs is less subject-related and more of someone to confide in, it makes sense to have everybody - all academic staff - involved in this.”

The issue of whether the selection of academic advisors should be voluntary or not was brought up in all three focus group discussions and participants were divided in their opinion.

[AA1]: “If you force then they won’t do their job.”

[AA6]: “And then usually in my department, the Head of Department will ask ‘Who wants to be AA?’...”

[AA2]: “Now there is no choice.”

[AA10]: “actually in our department it is voluntary...”

Some academic advisors who knew of colleagues with less positive experiences thought it might be due to the fact they had not volunteered, but were selected by their head of department.

The reluctance of some faculty to volunteer as academic advisor could be because there are no perceived rewards or incentives for this task. It was seen as extra to the expected duties of an academic faculty member, but did not count as part of the Key Performance Indicators (KPIs) which are used by the University for Annual Staff Appraisal, and also did not count towards criteria for promotion.

[AA1]: “Actually I suppose some of them do not want to be because I suppose they think that it doesn’t help, ah... okay, now a lot of KPI is one...”

“...being an academic advisor you are not even....rewarded, in a way...”

[AA5]: “... there are no points getting AA. Sometimes I must say that I am a bit, erm, disillusioned because, you know, whatever you do.....you don’t get points for this. Nobody knows what you are doing – only the students – and you are doing it out of the goodness of your heart. But who cares, it’s not going to make you professor, is it?”

Needs and suggestions for improvement

Two sub-themes related to needs emerged, namely, their training needs, and administrative support from the Office of the Dean. With regard to the former, there were “must-haves”, with strong responses for some form of training in counselling: [AA4]: “...at least the basics of counselling”

[AA8]: “I think like a counselling course would be an advantage...”

and some form of peer teaching:

[AA7]: “I think is good if someone who is new...should actually observe some session when a senior ah...AA with more experience is conducting his/her session, rather than straight away asking ‘Okay, you take up...’”

[AA5]: "...it'll be nice to hear from other people's experience..."

Other ideas for training – “nice-to-haves” – included critical thinking, problem solving, effective communication skills, and:

[AA3]: "...so maybe an understanding of how students learn...Maybe they are more visual and auditory and things like that..."

"It's not just to teach them how to avoid failures. But to even the good students, to, in fact, encourage all to stimulate interest in learning, you know. A lifetime of learning, rather than just passing exams."

They also expressed their limitations in what they could do, and the need to refer on to professional counsellors, psychiatrists or senior colleagues.

[AA6]: "You must know when to refer. Ah, that means you must know your border."

In terms of administrative support, participants wanted details of appropriate contacts for a variety of issues, often not necessarily related to academic matters, but more to pastoral care (such as accommodation and university fees). They also wanted to be kept up to date with any pertinent information relating to students' wellbeing, especially if students had been given long leave of absence. There were instances when academic advisors found this out indirectly through unofficial sources.

[AA4]: "I got one student who was absent for, like, 60% and then I was concerned...what happened to this girl.... The friends who also don't really know what's going on said 'I think she is sick or something'....I actually called up the Dean's Office and then I found out that she was actually given sick leave for one year, she was undergoing some heart surgery..."

Limited and late information about students' academic performances frustrated study participants. Furthermore, students are only given overall grades, not marks:

[AA3]: "...with regards to the exam results, of course...to release the results as soon as possible...because...once the results are delayed then students tend to lose interest..."

[AA7]: "Basically providing more information on the results."

[AA8]: "...I know the Faculty have a policy of not showing students marks and all that...but as long as we can see it and see what is wrong – you know, maybe the way they presented the idea or maybe they didn't label certain things – we can actually help them better..."

[AA5]: "...they don't know which [discipline] is the one that they are weak at and they have to repeat the whole, they don't know the individual marks."

Participants, on the whole, felt the first meeting between academic advisors and their students should be arranged formally by the Office of the Dean, and then subsequent meetings could be left to the academic advisors and the students to fix mutually. Several participants mentioned needing support in the form of reimbursement for refreshments consumed during their meetings

[AA5]: "...because I...honestly, I was using my own money ah...to...go for treats and what not..."

and also the provision of transport for arranged activities.

To address their perceived poor relationship with, and poor programme administration by the Office of the Dean, study participants recommended a regular meeting with the Dean or Deputy Dean for Undergraduate Programmes and other Academic Advisors, at least once per semester, to provide an opportunity for guidance and to bring up issues that may be common.

These academic advisors from Phases I and II who participated in this study thought that students in their clinical years should continue to have academic advisors:

[AA1]: “It should be the clinical year lecturers that become the AA...”

They were surprised that there was actually no provision for this, especially as they felt that students had even more problems during their clinical training years and that it was “critical” to have some continued means of identifying and providing support to students with difficulties. Study participants believed that academic advisors had an important part to play in the professional development of students as good role models, and clinicians would be in an ideal position to fulfil this role.

Lastly, study participants expressed a desire for feedback ([AA6]: “Ask the students – they will give you a frank opinion...”) but limited to [AA1] “the process, the system”, and not about individual academic advisors.

DISCUSSION

The attributes of academic advisors that were frequently mentioned by participants included approachability or forming a good rapport, and interest in student welfare. McLean’s study (2001) on the qualities attributed to an ideal educator by medical students found similar attributes of approachability, understanding or relating to students, helpfulness and friendliness, in addition to being a good communicator. These personal qualities “were more highly regarded than technical issues such as being punctual and having organised lectures.”

Malik’s study (2000) about student support schemes, such as one which allocated a personal tutor for groups of 8-10 students, found that “there appears to be an alarming tendency for students not to seek help from their tutors” when they were experiencing

problems with their academic studies. “Students were unlikely to seek help for personal problems, and if they did, it was most likely to be from a friend.” Malik concluded that the most important factor in the success of a student support scheme was the relationship formed between students and tutors, and that “taking part in social activities encourages the relationship to develop” in addition to addressing their academic problems. Some of the positive experiences of being an academic advisor that study participants recounted were connected to social activities such as walks in a park or spending time at a bowling alley, and meeting in more informal settings such as in a café over food and drink. This confirms previous work (Malik 2000, Cottrell et al 1994) that such activities would help to make the academic advisors more approachable.

Maudsley (2001) discusses the impact of role models and the learning environment among factors influencing student learning. These, together with planned and organised teaching, and structured experiences, are the essential elements of effective medical education, and they are interdependent and complementary. To be more effective, he argues that learning “must be undertaken in an environment that emphasises a spirit of enquiry, is supportive of student needs and aspirations, and is characterised by civility and sensitivity to cultural, ethnic and gender issues as they relate to students, teachers, colleagues, and, in the clinical setting, patients and their families.” McLean (2001) advocates that the teacher needs to become “a mentor and a friend”. Tomorrow’s Doctors (General Medical Council 2009) also addressed the importance of role models for doctors in contact with medical students “in developing appropriate behaviours towards patients, colleagues and others”. In commenting that it was their duty, as academic staff, to provide good role models for students especially with regard to their professional development, and that being academic advisors was one way of fulfilling this duty, participants were demonstrating an instinctive understanding of the role.

Although many studies have looked at the role of role models and mentors from the clinical perspective with the focus on attending physicians and clinical teachers (Kalén et al 2010, Wright & Carrese 2002, Wright & Carrese 2001, Basco & Reigart 2001, Elzubeir & Rizk 2001, Paukert & Richards 2000, Althouse et al 1999, Wright et al 1998), study participants felt that faculty in the preclinical phase also have an influential role to play in providing appropriate role modelling to students in their early impressionable years in the medical programme.

A lack of academic recognition in annual activity reviews and in promotion criteria for mentorship was noted by Straus et al (2009). This is echoed in the current study. In the University of Malaya, as in other universities, KPIs are linked to salary increases and promotion. For academic faculty, the criteria are heavily weighted towards research and publication (UM 2009a, UM 2009b) with little appreciation for educator activities. There is no clear faculty policy on the recognition of the role of academic advisors and it is left to individual departmental heads to incorporate it into KPIs at department level. Study participants cited this as a reason for reluctance to volunteer as academic advisors, as activities which do not have any incentives or rewards are unpopular.

It was clear from the participant responses that academic advisors had little recollection of the Terms of Reference or Guidelines, and briefing on their roles. Some activities or “tasks” are provided in the current UM documents, and reference is made to maintaining continuity in providing advice and guidance so that the University “Quality Assurance guidelines would be adhered to” but it is not clear what these are. There also has never been any structured training or faculty development programme for those selected. In order for academic advisors to fulfil their roles, they need to be clear about what these actual roles are, and the broad context in which they are working in this capacity.

The training needs of academic advisors would be tied in to the purpose of and their expected roles. Study participants strongly expressed a need for some form of training in counselling, based on their experiences as academic advisors in previous years. This echoes World Federation of Medical Education recommendations on Global Standards for Quality Improvement in Basic Medical Education (WFME 2003).

One suggestion for training was to have some form of peer teaching, by observation or sharing of experiences. The literature on peer teaching focuses especially on the medical student level (Durning & ten Cate, 2007), but the same principles could surely be applied with regard to teachers teaching fellow teachers.

Only one study participant expressed a desire to have some grounding in learning styles as a means of understanding the difficulties experienced by academically weak students, as well as encouraging all students to engage in lifelong learning skills. This was not mentioned by any of the other participants and could be due to the fact that faculty in general had no prior exposure to theories of education and adult learning, and therefore did not know that they did not know. This lends emphasis to the need for some form of orientation programme for academic advisors which would address principles of teaching and learning in order to achieve the standard required in Domain 6 of Tomorrow's Doctors (GMC 2009), on support and development of students, teachers and the local faculty.

Adults have special needs and requirements as learners, compared to children and teenagers (Lieb 1991). Understanding how adults learn best may help to make teaching more effective. Teachers also have to understand the learning styles and approaches of students in order to enable more effective learning to take place. Newble & Entwistle (1986) propose a structure for the design of learning skills courses with an emphasis on the process of learning. "Students would be taught to understand that the way they approached their study had a direct bearing on their short- and long-term success." The emphasis is on

medical educators to create appropriate learning environments and optimise learning by students. However, it appears the biggest deficiency in the creation of this environment is in the attitude of faculty, reflected in their role modelling.

The study participants who brought up the suggestion to ask students for evaluation and feedback on academic advisors clarified that this feedback should be on the process of academic advising, and not on individual advisors, as evaluation of the latter would not encourage faculty to volunteer for this undertaking. It also implied that faculty were not ready to participate in such evaluation feedback activities, which is incongruous with their giving feedback to students on their academic performance. This hesitancy or apprehension could be partly explained by the previous lack of exposure to faculty development training, and if some formal programme was established to redress this deficiency, in time, faculty should be more open to receiving individual feedback on their performance.

LIMITATIONS

Only 53% of eligible academic advisors participated in this study. Their views and opinions may not necessarily reflect the opinions of those who did not participate. Data saturation may therefore not have been reached. All the study participants know the principal researcher well, and this may have been a motivation for them to participate, but could also add bias if they knew the principal researcher's views. All activities were self-reported. Further studies are needed to validate the current findings, including investigating the perspectives of medical students to academic advisors.

CONCLUSIONS & RECOMMENDATIONS

The aim of this study to evaluate the programme from the academic advisors' perspective in order to determine their understanding of their role, their experiences and needs has been achieved. Detailed guidelines for academic advising should include a clearly stated overall aim and specific objectives. Students should continue to have academic advisors when they progressed into the clinical years of the MBBS programme, as there should be some continued means of identifying students with difficulties, and in providing support.

Selection of academic advisors should be done on the basis of their willingness and ability to be accessible to students, and this should be rewarded by offering recognition of this function in annual performance reviews. Teaching is a central activity in tertiary level institutions, and efforts made by teachers to enhance student learning should be given due appreciation and reward.

Faculty development is important for personal and professional development of faculty and in order for students to benefit from an enhanced learning environment. Institutions that are considering faculty development programmes should include orientation to the degree programme, principles of adult learning, learning theories and learning styles, counselling and communication skills, and how to teach study skills. Some of the skills required of academic advising may be best taught by means of peer teaching, pairing potential academic advisors with experienced colleagues to sit in on their scheduled session with their students, followed by a discussion of the process afterwards.

Strong administrative support is required, for academic advisors and faculty development programmes. Academic advisors need to be regularly kept up to date with important and relevant information relating to the students under their care. Regular meetings for all academic advisors with the academic administrators should discuss student needs and programme performance, and also serve as a platform for sharing of experiences as well as an opportunity to bring up issues that may be relevant to all for clarification.

In the “Standards for the Delivery of Teaching, Learning and Assessment” domain, Tomorrow’s Doctors (General Medical Council 2009) suggests criteria for the evaluation of support and development of students, teachers and local faculty. These can be used by an institution to measure the level of performance with regards to its academic advisor programme.

In conclusion, we present findings that the role of academic advisors needs to be acknowledged within faculty performance reviews. There needs to be delineation of the job and there needs to be appropriate training to perform these functions. Faculty administration needs to incorporate this activity into its overall student assessment and support strategy so that there is more effective communication about student needs and monitoring of the outcomes of the academic advisor programme. Appropriate support is an essential component in the process of students becoming professionals.

Declaration of interest

The authors report no declarations of interest.

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Practice Points

- Teaching activities, including academic advising, need due institutional recognition and rewards
- Faculty development needs to include training of academic advisors
- Training needs to address counselling skills
- Strong administrative liaison and support is required to ensure the success of an academic advising programme

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Purpose/Functions

1. To assist students in developing educational plans that are consistent with their life goals.
2. To provide students with accurate information about academic progression and degree requirements.
3. To assist students in understanding academic policies and procedures.
4. To help students access campus resources that will enhance their ability to be academically successful.
5. To assist students in overcoming educational and personal problems.
6. To identify systemic and personal conditions that may impede student academic achievement and developing appropriate interventions.
7. To review and use available data about students academic and educational needs, performance, aspirations and problems.
8. To increase student retention by providing a personal contact that students often need and request, thereby connecting them to the institution.

Typical Activities

1. Assisting students with decision-making and career direction.
2. Helping students understand and comply with institutional requirements.
3. Providing clear and accurate information regarding institutional policies, procedures and programmes.
4. Assisting students in the selection of courses and other educational experiences (e.g. internships, study abroad).
5. Referring students to appropriate resources, on and off campus.
6. Evaluating student progress towards established goals.
7. Collecting and distributing data regarding student needs, preferences and performance for use in refining or revising institutional/agency decisions, policies and procedures.
8. Interpreting various interest/ability inventories that provide students with information related to their career choices.
9. Utilizing a variety of supplemental systems such as online computer programmes to deliver advising information.

Table 1: Purpose/Functions and Typical Activities of Academic Advising (Educational Counselling) (UNESCO 2002)

Longitudinal Strand in Curriculum		SCIENTIFIC BASIS OF MEDICINE	DOCTOR, PATIENT, HEALTH & SOCIETY (DPHS) Module	PERSONAL & PROFESSIONAL DEVELOPMENT (PPD) Module
Phase of Study				
Phase I Normal Human Body & Its Function (1 Year) <i>Anatomy, Biochemistry & Physiology in Organ System Blocks</i>	Start  End	Core	<ul style="list-style-type: none"> • Community Medicine 	<ul style="list-style-type: none"> • Nursing Programme
Phase II Body's Reaction to Injury (1 Year) <i>Pathology, Pharmacology, Parasitology, Medical Microbiology & Social Preventive Medicine in Organ System Blocks</i>		And	<ul style="list-style-type: none"> • Behavioural Science • Communication Skills 	<ul style="list-style-type: none"> • Attitude, Character and Ethics (ACE) • Management
Phase III Practice-Based Medicine (3 Years) <i>Clinical-based disciplines in rotation</i>		Systems	<ul style="list-style-type: none"> • Community Family Case Studies (CFCS) 	<ul style="list-style-type: none"> • Electives

Table 2: A summary of the University of Malaya 5-year undergraduate medical programme by Phases and Longitudinal Strands

FGD Interview Schedule
(a) Experiences of being an Academic Advisor
(b) Terms of Reference (or Guidelines) for Academic Advisors <ul style="list-style-type: none">• “What do you understand by the Terms of References (TORs)?”• “What do you think of the role of an academic advisor is/includes?”
(c) Selection of Academic Advisors
(d) Preparation required [e.g. briefing by overall coordinator, any scheduled times for meetings during academic session, list of students – how far in advance etc. etc.]
(e) Training needs
(f) Ideas or suggestions for improvement

Table 3: Semi-structured FGD Interview Schedule used by experienced qualitative researcher