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Open learning systems for the continuing education of
professionals in Malaysia

Volume One (of two volumes)

Mogana Dhamotharan

As part of the requirement for the award
of the degree of Doctor of Philosophy at
the University of Glasgow

Department of Education

University of Glasgow

September 1988

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**Open learning systems for the continuing education of
professionals in Malaysia**

Mogana Dhamotharan

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SUMMARY

The present provision of continuing education for professionals in the form of periodicals, journals, seminars, conferences, talks and in-service programmes, do not always address specific needs and problems of individual professionals. On the basis that there are basically two types of needs involved in this case, for instance, national or managerial needs and the other being specific individual needs, the thesis has attempted to establish, **a priori**, the increasing need for professionals to keep up-to-date with developments and generally to ensure satisfactory standards of performance in practice, and that whilst the in-service and refresher courses provided by the government or central agency in Malaysia provides for the national or managerial needs, there still remains the specific individual needs, which may not be

included. In response to this gap in the provision for the continuing education of professionals in Malaysia, this thesis, provides the specifications for the provision of continuing education programmes for professionals in Malaysia. Two pilot project materials, one for Malaysian general practitioners in private practice, and the other for Malaysian primary school teachers of English, were implemented to test the criteria for the provision of continuing education for professionals in Malaysia. The criteria for continuing education programmes for professionals in Malaysia include:

- . Opening up new opportunities for learning for professionals.
- . Providing accessible provision which is convenient to use.
- . In response to specific needs of the professionals and the materials should be:-
 - (i) relevant;
 - (ii) beneficial in terms of return for time invested;
 - (iii) individualised in terms of needs and feedback;
 - (iv) self-assessed; and,
 - (v) reasonably priced.
- . Administrative and learner support should be available at the providing institutional level and also at the regional level and learner support should be made available in a variety of modes.
- . Professionals involved in continuing education programmes on non-credit basis, but the materials should allow for certification. There could be provision for assessment on credit basis, but this would be optional.
- . Publicity and information regarding the provision should reach the target population.

- . The provision should be collaborative between the providing agencies and institutions or other.

Although the pilot projects to test the criteria were implemented for doctors in the community and primary school teachers of English, there seem no reasons to suggest that the criteria for open learning systems for continuing education provision presented in this thesis could not be applied in other professions as well in Malaysia.

CHAPTER ONE

CHAPTER ONE

INTRODUCTION

Summary: Chapter one includes the aims of the study; the present state of the art of continuing education of professionals, particularly general practitioners in private practice, and primary school teachers of English in Malaysia; methodology used and the limitations of the study.

Background

Presently, the continuing education provision in Malaysia is primarily in the form of professional journals, newsletters, bulletins, conferences, seminars, symposiums and workshops. The national professional associations in Malaysia, for example, The Malaysian Medical Association, The Malaysian Architects Association, The Institution of Engineers Malaysia, The Malaysian Pharmaceutical Society and the Malaysian Association for Education, are responsible for the production and dissemination of their respective professional journals, newsletters and bulletins to their members. The professional associations also organise conferences, seminars, symposiums and workshops. The central

government, through its respective ministries, is also responsible for much of the continuing education provision for professionals in Malaysia. The Ministry of Education in Malaysia provides all in-service and other programmes for school teachers in the country. The Ministry of Health, Malaysia, conducts refresher courses and other in-service courses for doctors, nurses, midwives and public health officers.

As the Malaysian scenario unfolds itself, it is apparent that the government sector, being the primary employer of most professionals in the country is also a major provider of the continuing education provision.

Given that the continuing education provision in Malaysia is in response to the needs of the system, then, there still remains a chasm in the provision. This is because the needs of the system may not necessarily be the individual and specific needs of the professional. In which case, individuals' needs may remain and not be provided for by the continuing education provision. The individual professional's specific needs, and how these needs can be provided for, are the issues that underpin this thesis. The professions selected for this purpose are the medical profession and the teaching profession in Malaysia.

Introduction

Assuming that all professional education includes basic education, post-graduate education, and continuing education, in which case then continuing education is designed to augment the knowledge, skills and attitudes of professionals for the enhancement of professional practice, education, administration and research, to the end of improving quality of service to the public. Defined broadly, continuing education is a lifelong learning process that builds and modifies previously acquired knowledge, skills and attitudes. The structure and content of continuing education must be flexible in order to meet the practice needs and career goals of professionals.

The professions should admit that:

- . Continuing education is essential for maintaining competence in professional practice.

- . Faculties in universities, colleges and institutions providing professional education have a responsibility to assist students in conceptualising their chosen profession as a career that requires lifelong learning.

- . Continuing education is necessary for the personal growth and

professional maturity of the individual.

- . Continuing education should communicate concepts and theories and should facilitate their incorporation into practice.
- . Providers of continuing education should continually assess and periodically evaluate the effectiveness of educational offerings.
- . Providers of continuing education should assist in the field testing of knowledge and competence that may later be included in pre-service or post-graduate programmes.
- . Continuing education should utilise the theories of adult learning.

However, certain continuing needs of practising professionals are national in scope and can be met best by the central agency, for example, in the case of Malaysia, the respective government ministry. Such needs include knowledge of national legislation affecting professionals and trends in the professions that are common to individuals and groups of professionals. As a provider of continuing education, the central agency can also disseminate standards for professional practice and work toward their implementation.

Currently, the Ministry of Health in Malaysia is very concerned about the disease, AIDS. A great effort is made to inform and educate the public through the mass media, but professionals involved will have to be addressed. For instance, efforts have to be made to contact every doctor, especially those in private practice, for the dissemination of information as newer discoveries are made in the field for the detection of AIDS and follow-up management. In turn, medical schools will also have to include in their curriculum the subject of AIDS. This again does not remain confined to doctors, but involves social workers, educators, pharmacists and so on.

Furthermore, the Ministry of Health, for example, can help to improve and maintain standards of the doctors and those engaged in private practice, especially in the rural areas. Through distance learning continuing education provision, professionals can be helped to maintain professional standards in practice.

Nevertheless, the ultimate responsibility and accountability for continuing education to enhance professional practice rests with the individual professional. Many professionals practise in areas that are professionally or geographically isolated, however, making access to continuing education activities difficult. Furthermore, individuals learn in different ways (learning styles)

and at their own pace, and they learn those things that are of interest and relevance to them (learning needs). Individuals vary in motivation and readiness to learn. Thus, traditional methods of delivering continuing education, such as journals, conferences and workshops, may not be available and may not meet special learning needs or learning styles (Knowles and associates, 1984).

The questions that can be raised regarding needs are:

- . What are the needs of the profession?
- . What are the needs of the individual?
- . How similar or dissimilar are these needs?

The needs of the profession would include:-

- . mastery of theoretical knowledge;
- . capacity to solve problems;
- . use of practical knowledge;
- . self-enhancement; and,
- . a more sensitive awareness of ethical problems.

Having identified the needs, the respective Ministry or profession, for example, provides continuing education in those areas which the Ministry or profession has identified as requiring continuing education. The needs as identified by the Ministry or profession may not necessarily be regarded as relevant and

specific needs by the individual professional. Whilst providing for the needs of the profession, the specific needs of the individual may persist, thus creating a gap in the provision.

An example of this would be when the new primary school curriculum was introduced in Malaysian primary schools. The Ministry of Education, Malaysia, swung into action by conducting in-service programmes for selected primary school teachers in teaching the new primary school curriculum. In this case then, the national need was identified and provided for by the central agency, the Malaysian Ministry of Education.

However, how does the individual teacher cope with specific or particular problems peculiar to the individual that may arise in the classroom? Thus, those needs identified by the profession and provided for by the central agency may not have addressed the specific problems of the classroom teacher. Needless to say then that the existing continuing education provision in Malaysia is in response to national needs, which may not necessarily be the needs of the individual.

What are the needs of the individual? Who identifies these needs? How are these needs provided for?

Individual needs may be as varied and different as the number of individual professionals themselves. In the case of the classroom teacher in the Malaysian primary school, how are the problems that arise in the day-to-day business of teaching and learning solved? Obviously, the individual teacher tries to cope with the problems but who is to say that what the teacher is doing is the best solution in a given problem situation? Could there be other solutions to the same problem? If there are, how is the individual to know? Likewise, the same argument could be extended to other professionals as well. How do professionals like doctors, town planners, architects, and so on, cope with problems of an individual nature in practice? Presently, the Malaysian Architects Association is beginning to respond to such needs which the Association feels would help young architects, fresh in practice. Matters of building legislation, for example, are dealt with in one-day seminars.

Therefore, continuing education for professionals should be a response not only to the needs of the Ministry or professional body, but should also be in response to the needs of the individual, as identified by the individual professional. Here, there are two aspects to consider then. Firstly, the needs as identified by the Ministry or system and, secondly, the individual specific needs as identified by the individual professional.

These two aspects of needs could be met separately by the providing agency. The important thing is to recognise the issue that the system's needs are not necessarily the needs of the individual and that whilst the system provides for its priorities, there exists the individual's specific needs that have to be provided for by continuing education programmes.

The present state of the art in Malaysia: the background

Presently, continuing education provision for professionals in Malaysia exists in the form of seminars, workshops, conferences, short courses, symposiums, and also in the form of expensive printed literature disseminated to members of a profession, either by the respective professional bodies or associations or by private companies with vested interests. Professional journals and other periodicals too address subjects and topics within their own field of expertise. Therefore, given that continuing education of professionals in Malaysia is provided, vis-a-vis those mentioned above, it must be admitted that the continuing education provision for professionals is ad_hoc, except in the case of teaching, where in-service courses are considered as continuing education provision for teachers. However, whether in-service courses are sufficient provision of continuing education for teachers will be addressed later in this chapter.

Currently, the emphasis is to reaffirm professionalism in Malaysia. This is necessary because the concept of professionalism has been severely strained in recent years by economic and market forces. With an increased growth in professional membership, it is felt that professionalism cannot be completely taught in schools, for example, schools of medicine, architecture or in the universities and teacher training institutions. Therefore, it is necessary for the professions to X instil and nurture in the younger members the meaning of professionalism, for without professionalism, professionals will not be credible in the eyes of society. However, the emphasis on professionalism is not to protect professionals like doctors, architects, teachers and others; on the contrary, it is felt that the professionalism of doctors, architects and teachers will in fact protect patients, clients, pupils and end-users. It is therefore in the public interest, especially during uncertain times of deregistration, bankruptcies and failed institutions that the affirmation of the professional individual, be it the doctor, architect, teacher or other with competence, integrity and honesty, should be welcomed by society (Berita Akitek, August 1987).

In the wake of reaffirmation of professionalism, the Malaysian Architects Association has recently instituted a series of seminars and workshops as part of the proposed continuing education, under the heading 'Professional Development Seminar' (Malaysian Architects Association, 1988).

In the field of medicine, in 1987, the Ministry of Health in Malaysia set up a committee to look into the provision of continuing medical education (Malaysian Medical Association, 1987). The College of General Practitioners of Malaysia, which is essentially an academic body, is involved in continuing post-graduate education for medical practitioners (Balasundaram, 1987).

The Medical Faculty of the National University of Malaysia is currently investigating the possibility of establishing a continuing education provision for medical practitioners in the country. It is intended to operate as a team approach by incorporating expertise from outwith the National University of Malaysia as well (Dr. Saidi Hashim, 1987).

The Malaysian Architects Association is currently looking into the possibility of establishing in-house seminars on topics related to particular issues in practice.

Provision in the form of refresher courses and in-service courses exist for para-medical professionals like public health inspectors, health nursing staff and midwives. These are provided by the Ministry of Health, sometimes through the teaching hospitals of the Universities.

The Malaysian Professional Institute acts in the capacity of a hosting agency for seminars and talks for its respective professional member bodies. These are held on an ad_hoc basis by the professional member bodies and do not contribute to any form of systematised continuing education provision for its professionals.

As far as the teaching profession is concerned in Malaysia, the Ministry of Education undertakes the responsibility for providing in-service courses for teachers.

In the case of teachers in Malaysia who are employed in the government service, except for a small minority who are employed in the private schools, the in-service courses provided by the Ministry of Education, mainly address curricular issues within the fixed time and place framework.

If the current practices in in-service primary teacher education in Malaysia are examined, it becomes apparent that the central agency, the Ministry of Education of Malaysia, is responsible for the provision. In this case, the system's needs are provided for, but the issue arises as to whether the needs identified by the system are also the needs of the individual? What is felt to be a need by the system may not be a need of the individual. Therefore, are the specific needs of the individual professional provided for? A brief look at the current practices in in-service primary teacher education in Malaysia would show the present trends in the continuing education provision.

**Current practices in in-service primary teacher education
in Malaysia: an overview**

The Ministry of Education, Malaysia, is committed to the concept of continuing education for teachers with the expressed aim of assisting the teacher to keep abreast of developments in knowledge, methods and techniques in classroom instruction as well as in the various roles as a teacher. This is in line with the endeavour of the Ministry of Education, Malaysia, to uplift the academic qualifications, professional competence and dedication of teachers. This policy was endorsed by the Committee appointed by the Cabinet to study the implementation of the National Education

Policy, which recommended in its 1979 report that facilities for in-service teacher education should continue to be provided and improved (Cabinet Committee Education Report, 1979).

The survey of current practices in in-service primary teacher education finds evidence of concerted efforts on the part of agencies at the central level in the planning and organisation of in-service teacher education programmes. A central mechanism for the approval and financing of programmes through policy and implementation committees ensures that there is adequate administrative support for the implementation of these programmes. This is augmented by a network of supportive personnel at the state and district levels in the form of state subject supervisors and key personnel who assume much of the burden of local organisation. This supportive network is especially useful when there is a need to disseminate concepts, strategies and methodologies in a new curricular programme to practising teachers.

However, the weaknesses that have surfaced in planning and organisation are that, except in a very small number of programmes, personnel at the local level, especially course organisers, are not involved in the initial planning of courses or in design formulation. This has led, in many cases, to weaknesses

in course implementation such as shortfalls in the numbers of teachers reached, inadequate reporting on finance and expenditure and distortion or dilution in programme objectives. Therefore, in order to improve the planning process, it is felt that there should be greater decentralisation, with officers at the state level being encouraged to initiate training strategies and course designs and they should also be represented in the central planning team.

Selection procedures in the case of one-year supplementary courses for teachers, candidates are carefully sieved through various levels - the school, the State Education Department and the selection committee at the national level. For shorter courses, officers at the state level play an important part in the identification and selection of participants. It is claimed that this procedure appears, in the main, to be satisfactory as it ensures that the needs at the state and district levels are adequately met. Having said that, however, there have been complaints by course organisers that some participants in the shorter courses do not meet the agreed criteria. In addition, it has been pointed out that some teachers who have completed the training programme are not suitably utilised on their return to the school. According to the National Status Study, Malaysia (1981), in nearly all the programmes studied, there is no evidence

of a systematic needs assessment being carried out involving the teachers themselves, their head teachers, and planners at the state and national levels. It is therefore felt that the institution of a formal mechanism for the identification of training needs would further improve the selection procedure and provide the necessary data for a national training policy.

From the point of view of strategies, methods and techniques, many of the programmes are integral parts of various curriculum projects in which the primary objectives are to expose practising teachers to the concepts of the new curriculum as well as to provide guidance concerning new approaches and methodologies in the classroom. With these objectives in mind, a multi-tier strategy of training has been developed. Training courses are held at the national level for key personnel who, in turn, conduct courses at state and district levels for teachers. The key personnel strategy is generally regarded as an effective means of disseminating new concepts and teaching approaches to teachers in the field. However, the shortcomings of the key personnel strategy are that, at the state level, courses did not have enough audio-visual aids to help them in their presentation. In organising their courses, the key personnel suffered from a lack of expert knowledge, a lack of support services and a lack of funds. The key personnel often faced problems of absenteeism on

the part of some of the course participants who, due to lack of encouragement, incentives and rewards, were not really interested in the course.

There has been an attempt on the part of some programme planners to vary training strategies and approaches. The workshop and the professional job-attachment has been used to advantage in a few programmes. Some course organisers have also included elements of distance teaching in their training strategy through the use of radio and television as well as supplementary printed materials. The contact or face-to-face strategy of training, however, is still predominant. In most instances, this mode of training takes place during weekends or school vacations. While this has the advantage of tapping the expertise of course instructors during a period when they are free from their normal duties, the suggestion from some course organisers for a more sustained programme during term time also merits serious consideration. An alternative strategy that has perhaps not been adequately explored according to the National Status Study, Malaysia (1981), is the school-based in-service teacher education programme. The headteacher plays an important role in educational innovation. With adequate orientation in training methodology and the necessary professional and administrative support, the headteacher and the senior teachers could assume greater responsibility in the dissemination

and exchange of ideas and creating the right atmosphere for change in the school.

All full-time programmes as well as shorter programmes at the college and state level utilise experienced teacher educators such as college lecturers, professional officers from the Ministry of Education and state subject supervisors. In most of the programmes, key personnel form the vast majority of course instructors. The key personnel strategy has the advantage of utilising practising teachers as trainers and disseminators of new curricular materials. The key personnel bring with them experience and insights into actual problems and needs in the classroom. On the other hand, the inadequacy of the professional preparation of key personnel has been pointed out, which may be due to a number of reasons:-

- . the key personnel are not involved in the development of the curricular and the formation of the course design;
- . the rationale and objectives of the curriculum have not been adequately communicated to them; and,
- . the training programme for key personnel is too short and has not given due emphasis to the training methodologies that they could themselves adopt.

On the aspect of evaluation, the evaluation reports for a significant number of programmes have been disseminated and utilised by all levels of personnel involved to improve the design and implementation of future programmes. In the majority of cases, however, evaluation has been undertaken with the primary purpose of monitoring the implementation of the training programme itself. There have been fewer attempts to evaluate the programme in terms of its impact and effectiveness in the classroom (National Status Study, Malaysia, 1981).

Thus, the current practices in in-service primary teacher education in Malaysia clearly caters to needs, mainly curricular in nature, as identified by the Ministry of Education and aimed specifically to meet national interests. The characteristics that emerge from the current in-service programmes for primary school teachers are as follows:-

- . centrally planned, organised and implemented;
- . needs of the system provided for;
- . centrally funded;
- . participation is based on careful selection;
- . programmes are basically integral parts of various curriculum projects; and,
- . utilisation of key personnel strategy.

Therefore, it is quite evident that the present in-service programmes for primary school teachers in Malaysia are mainly concerned with national curricular needs and, as such, programmes are planned, organised and provided to meet those needs. Nevertheless, there remains a hiatus in such a provision in that, within this closed system, how are individual teacher needs and problems addressed?

**Present continuing education provision for doctors
in Malaysia - a brief look**

In the case of doctors in Malaysia, there are public sector medical practitioners and private sector medical practitioners. The public sector doctors are all employed by the government and come under the Ministry of Health in Malaysia. The Malaysian Medical Association is the national professional association for medical doctors.

The Ministry of Health in Malaysia is responsible for providing short courses, seminars, conferences and workshops for medical and health professionals in the country. The Ministry of Health provides for its priorities and these may meet the system's needs but not necessarily include or cover the individual professional's needs.

The Malaysian Medical Association helps to keep its members informed and continue their education through its monthly newsletter, produced to keep its members abreast of current health related issues. A quarterly medical journal is provided and medical programmes are regularly organised to enable its members to continue their education (Malaysian Medical Association, 1984).

The teaching hospitals and the medical schools in Malaysia also organise lunch hour talks, seminars, workshops, conferences and symposiums for medical and health practitioners in the country.

It becomes obvious that the providers of continuing education for medical practitioners have their priorities and these may not always provide solutions for an individual practitioner's specific needs and problems. The issue that rears its head again is that a gap is created when the system's needs are provided for and the specific needs of the individual are not met.

Thus, it is evident from the present state of the art in Malaysia that the form of continuing education provision for professionals has the following features:-

- . fixed time and place, thus making it virtually impossible for practitioners located away from such centres and for those in the rural areas to attend;
- . printed material in the form of journals and newsletters which include general interests without necessarily addressing particular or specific issues and interests of practitioners in the field; and,
- . centred around the capital city or the major towns and academic and professional institutions of the country, thereby alienating those practitioners in the rural areas of the country.

This thesis proposes to fill the gaps in the existing continuing education provision for professionals and to propose a continuing education programme for filling the gaps created by the profession when providing to meet its identified needs, thereby subsuming the needs of the individual. For this purpose, the thesis aims to investigate the response of Malaysian primary school teachers of English and doctors in the community to a distance learning, continuing education programme as stated in the aims of the study.

The aims of the study

The aims of the study primarily include the following:-

- . to investigate the response of Malaysian primary school teachers of English to a distance learning, continuing education programme;
- . to investigate the response of Malaysian doctors in private practice in the community to a distance learning, continuing education programme;
- . to investigate the extent to which the Scottish techniques employed in the Doctors' Project have to be adapted to the Malaysian situation;
- . to examine the concept that instrumentation alters orientation and the implications for the design of open learning materials; and,
- . on the basis of the above, to prepare a framework for costing of materials for continuing education for doctors in private practice in the community and primary school teachers of English in Malaysia.

Why teachers and doctors?

Teachers are selected because of the area of work of the researcher and due to the prevailing needs in this field of research in Malaysia. Outwith the teaching profession, the medical profession is included in this study. Since the inclusion of all the professions would be a mammoth task for a study of this nature, selection was therefore deemed necessary. Education and training, and continuing education lie at the core of all professions and, as such, it is primarily the continuing education provision of professionals that this study is attempting to establish. Therefore, the role of the educationists extends beyond the realms of mere matters of teaching and learning in the classroom to the application of such knowledge to teaching and learning in other areas of specialisation too. Therefore, the question of what is an educationist doing in Medicine, would seem naive.

When the issue is continuing education of professionals, continuing education could be provided by experts from within the profession or a team approach could be adopted, enlisting the expertise of educationists with an educational technology background.

It is with the latter, that is, team approach, that this study has attempted to include doctors in its remit. Furthermore, such a need has been expressed in conferences and seminars and this study would serve as a forerunner in response to such expressed needs in Malaysia.

Moreover, based on the attributes of a profession, that is: (1) systematic theory, (2) authority, (3) community sanction, (4) ethical codes, and (5) a culture (Greenwood, 1957), medicine can be described as being a typical profession. Both teachers and doctors affect society greatly and in this study the teachers sample includes primary school teachers of English and the doctors sample includes general practitioners in private practice in Malaysia.

Procedure

Teachers' project

This is a distance learning, continuing education programme for English language teachers in the Malaysian primary schools. A problem is presented in terms of classroom situations. There are six problems, each presenting different situations in the primary school English language classroom. Since the relegation of English to a second language status, the problems associated with the teaching and learning of English have been tremendous and will

be addressed in greater detail in chapter nine of the thesis. The six problems commonly associated with English language teaching in Malaysian schools are:-

- . The apathetic child.
- . The bilingual crisis. How to cope with it in the language classroom.
- . Pupil talk in the classroom. How I can make it more meaningful.
- . More interesting lessons: How?
- . How to cope with classroom discipline.
- . Each to his own needs. How to help every child learn language.

Each problem has a set of questions.. Participants are asked to indicate the solution of their choice and reply using the pre-paid envelope. They receive feedback on their choice with the next problem in the series.

At the end of the series, participants have to return one feedback questionnaire evaluating the series in the pre-paid envelope provided.

Participants

The participants include:-

- . sixty primary school teachers in the state of Selangor;
- . sixty primary school teachers in Wilayah Persekutuan; and,
- . sixty primary school teachers in the state of Kelantan.

Media

The media include:-

- . classroom management problems in the form of self-instructional modules;
- . individualised feedback; and,
- . distance learning mode.

Doctors' project

This is a distance learning, continuing education programme for doctors in the community. A case is presented in terms of extracts from a doctor's diary. There are six cases in the Doctors' Project. Each case presents a different problem. The six patient management problems include:

- . Management of an anaemic patient.
- . Management of a young diabetic patient.
- . Management of an osteoarthritic patient.
- . Management of a hypertensive patient.

- . Management of diabetes in an older patient.
- . Management of an asthmatic patient.

Primarily, these six management problems were selected on the basis of their occurrence in Malaysia that a general practitioner in private practice might very often encounter. The justification for the selection of the topics will be discussed in detail in chapter ten of the thesis.

Participants are asked to rate various management decisions. They then go on to compare their decisions with that of the expert's.

The participants get immediate feedback using the latent image processing pen that is provided. Participants have to return one feedback questionnaire in the pre-paid envelope at the end of the series.

Participants

Two hundred and fifty four general practitioners in private practice in Malaysia were selected for this study.

Media

The media include:-

- . patient management problems in the form of self-instructional modules;
- . latent image printing to provide immediate feedback; and,
- . distance learning mode.

Limitations of the study

All research studies have limitations, and this study is no exception. The limitations can be enumerated as follows:-

- . Time constraint is felt to be a major factor in this study. In the case of the teachers' diary, the project was implemented in Malaysia during the third school term. Having approximately twelve weeks to carry out the actual work appeared taxing to both parties involved, the teachers as well as the researcher.
- . No doubt all authorities concerned worked very efficiently, some valuable time was lost in sorting out the red-tape involved, all of which had to be done by the researcher in person upon returning home to implement the projects.

- . This study, being the first of its kind in Malaysia, needed much explaining to be provided, particularly to the teachers who felt that this was another 'imposed upon' task by 'us' the educationists. This in turn produced some negative attitude towards the project in certain quarters, which required further explanation and clarification.
- . In the case of the Doctors' Project, which was implemented through the College of General Practitioners of Malaysia based in Kuala Lumpur, the doctors' sample was drawn from the members of the College. This then excluded general practitioners in private practice who are not members of the College.

Conclusion

In conclusion, it can be said that the existing continuing education of professionals in Malaysia relies heavily upon the traditional methods such as conferences and workshops. Moreover, the continuing education needs are those identified by the profession, which may not necessarily reflect the specific needs felt by the individual professional.

CHAPTER TWO

CHAPTER TWO

NEED FOR CONTINUING EDUCATION IN THE PROFESSIONS

Summary: This chapter briefly discusses what is meant by a profession, by continuing education and finally by continuing education in the professions. A review of the published literature in the area supports the contention that there is a need for continuing education in the professions so that today's professionals can keep themselves up-to-date in order to practise competently.

Introduction

When no single course of action can resolve the difficulties encountered in the professional arenas of debate and conflict, a pivotal need is for every professional to be able to carry out the duties according to the highest possible standards of character and competence. One essential way to meet this need is for every practising professional to engage in lifelong study. When less formal means of learning did not suffice, the concept of continuing education for professionals evolved, and the term itself came into general usage late in the 1960s. At the beginning it was restricted to only a few devices and techniques,

for example, short courses, lecture series, or conferences, often housed in a residential setting. Gradually, however, the concept broadened to include all efforts to provide continuing learning for active professionals. Now, most of these activities take place in familiar settings: lecture halls or amphitheatres, university conference centres, hotel ballrooms, laboratories, clinics, libraries or in the comfort of the home. The materials and processes used may also be familiar, like books, journals, lectures, films, slides, manuals, demonstrations, and discussions, but newer devices and techniques are becoming more common. Among them are the telephone and radio networks; audio-tapes and videotapes; closed-circuit; open-circuit; and cable television; programmed instructional materials; computers; satellite transmissions; simulations of practice; videodiscs; and other inventions or processes that are still on the drawing board or are being field tested. New theories of learning and teaching are also being used as the bases for these programmes. Among them are ingeniously devised systems of self-directed study, mentoring, mastery learning, modularisation of instructional units, study leaves, techniques of intensive impact, and experiential learning (Houle, 1980).

Why do professionals need continuing education?

The Deputy Education Director (1) of the State of Selangor in Malaysia, Dr. Hanafi Mohamed Kamal, speaking at a forum on 'Excellence and the Teaching Profession' in November 1987 rapped teachers who lack initiative. He expressed regret over the decline in the standard of the teaching profession and hit out at the attitude of teachers who, after having taught for a long time, felt there was no need to plan out or have a teaching system. He added that some teachers lacked initiative to upgrade their profession, resulting in them not having a full understanding of the New Primary School Curriculum and Co-Curricular Development Centre concept (New Sunday Times, 1987).

This shows that, despite the efforts by the Ministry of Education in Malaysia to provide in-service programmes to keep the teachers informed of current developments in the field of education and to introduce new teaching and learning approaches to be used when implementing the New Primary School Curriculum and Co-Curricular Development Centre concept, there are teachers who lack the initiative. A possible explanation for the lack of initiative to upgrade their profession could be that the continuing education provision provided by the Ministry of Education is not necessarily addressing the specific needs of the individual teacher. Such national in-service programmes, whilst meeting the needs of the

Ministry of Education, may fail to respond to the specific needs of the teachers. It is all very well to call on practitioners, in this case teachers, to keep up with changes but the continuing education provision has to match such changes and provide for individual specific needs as well.

Such a call is evidenced when presenting a paper on 'Teacher Education in Training and Manpower Planning', Abu Hassan Ali, Assistant Director of the Teacher Training Division of the Education Ministry of Malaysia, said that teachers must also keep up with changes. A good teacher should not only have the ability to handle immediate management problems effectively but must also have the capacity to update himself continuously, adapt to changing situations and play new roles as the changes demand. A teacher who ceases to learn also ceases to be a teacher (New Straits Times, 1983).

In his speech at the presentation of teaching certificates to graduates of the Kota Baru Teachers Training College in Malaysia, the Director-General of Education, Datuk Haji Abdul Rahman Haji Arshad, told teachers to adopt a new approach in education to upgrade its standards and ensure professional growth in the field (New Straits Times, 1986).

John Pollock, the General Secretary of the Educational Institute of Scotland, said at the AGM of that body in June, 1982, that a problem existed with incompetent teachers but that it was small and should be put in perspective. Nevertheless, he proceeded to devote the rest of his address to proposals which would improve professional performance (Pollock, 1982).

Gerry Pritchard, then deputy head at Hayfield School, Birkenhead, emphasises that there is no place for the weak teacher in today's education system and adds that what was once a proud profession is now on the brink of becoming a music hall joke. He says that some teachers have simply gone stale and should be given the stark choice: 'get with it, or get out'. But he adds that the gutless parasites who live off the backs of competent teachers are quite prepared to allow sub-standard education for the children in their care. They show no interest in gaining further qualifications and many positively scoff at the idea of in-service training or educational innovations. According to Gerry Pritchard, teachers must agree to radical methods of appraisal and assessment if teachers are to be seen to put their own house in order. Only when teachers are made accountable for their actions will society begin to show confidence once more in the education Britain provides (Pritchard, 1987).

Other instances which definitely show the need for continuing education of professionals include the following:

Warren Burger, former Chief Justice of the United States, has been reported as saying that fifty percent of the lawyers who handle litigation are unfit to do so. Other authorities have been quoted as being of similar opinions. One judge said, 'You almost cringe up there on the bench', as he recounted the evidence of carelessness and incompetence that he was daily required to witness (Green, 1975).

In April, 1960, an amah employed in the Social Hygiene Clinic of Sultan Street, Kuala Lumpur, Malaysia, spoke to the staff nurse about an ulcer on her right ankle and swollen glands in her thigh. The nurse took her to Dr. Devadason who was then the medical officer in charge of the clinic. After the doctor had examined her, she was given an injection of procaine penicillin from which she died within an hour. The Judge, Ong J. found the doctor negligent, saying that where you get a situation which involves the use of some special skill or competence, the test is the standard of the ordinary skilled man exercising and professing the highest expert skill. A man need not possess the highest expert skill; it is well established law that it is sufficient if he exercises the ordinary skill of an ordinary competent man

exercising that particular art. Applying this test, it is plain that Dr. Devadason failed in his duty to make appropriate enquiry before causing the penicillin injection to be given, which it was admitted on the pleadings was the cause of the death of the deceased. Had an inquiry been made, he would undoubtedly have been made aware that in 1958, three years after the giving of the injection of which the nurse made mention, the deceased had been given another injection from which she suffered adverse reactions and which led to the endorsement on her out-patient card of the warning "Allergic to Penicillin" (Chin Keow v. Government of Malaysia & Anor., 1967, Mallal's Digest of Malaysian and Singapore Case Law, 1808-1976, pp. 1130-1131).

Research paper after research paper (Jang, 1971; Wertheimer et al., 1973; Watkins and Norwood, 1978; Shannon and Weinswig, 1978) have produced evidence that pharmacists perform inadequately when providing patients with advice about drug therapies.

An examination covering five essential fields of knowledge for male physical education teachers was administered by mail to the entire population (2,737 men) of high school physical education teachers in an American state. There was about a fifty percent response rate, and it seems fair to assume that this half were generally more alert and knowledgeable than the non-respondents.

Yet the percentage of those who did not meet the criteria of adequate knowledge set by the experts in the five areas were, 77, 77, 99, 89 and 94 (Lindsay et al., 1974).

With regard to the evidence instanced above, it would appear that the case for continuing education of professionals becomes self-evident. The members of the professions, regardless of whichever profession is taken as an example, would require continuing education provision. This is particularly so today for many reasons that can be advanced.

Firstly, the training of all professionals since World War II has become more and more academic and theoretical, a process acknowledged and accelerated in the United Kingdom by the expansion of higher education in the 1960s (Robbins Report, 1965). Professions which previously had prepared their own members for their professional duties have handed over most of this responsibility to university departments, for example, pharmacy and accountancy. The old apprenticeship system where the student spent years in practice, modelling his own performance on that of the apprenticeship master is gone. In its place have come not days and weeks in lecture halls and seminar rooms but months and years. In other words, a practice-related training has been replaced by a subject-centred education. The preparation of the

new professionals has become abstract-rich but concrete-poor. The comments of the critics are that today more continuing education provision for professionals is needed to ensure that the on-the-job performance is at least competent and satisfactory. Welsh and Gibson (1986), say that everyone knows that initial professional education in itself is not enough to maintain competence through one's working life.

It is estimated that USA industry spends more than forty billion dollars per year on continuing education, comparable to all the funds available to public and private universities together. In a fast changing technology-oriented world, it is easy to guess why. Continuing education of a nation's engineers, scientists and managers is the only way to maintain their technical vitality and hence the competitive edge which both companies and nations need to survive in that world (Longworth, PACE Secretariat, Universite of Paris Dauphine).

Secondly, innovations in terms of professional knowledge, techniques, skills and ideas are taking place so rapidly that today's professionals must have a systematic way of keeping abreast of these changes. This is particularly so in the scientific and technological professions. How does, say, the doctor, the engineer, the architect, ensure that he is conversant

with the most recent developments? No matter which profession is scrutinised, it becomes apparent that if the members have not concerned themselves with continuing professional development over the past five, ten or fifteen years, there is much of which they will not be aware and of which they ought to be aware if they claim to be competent at their work. For instance, one medical study found that less than 30 percent of general practitioners were aware of the landmark study demonstrating the value of photocoagulation for diabetic retinopathy, some 18 months after its publication (Stross and Harlan, 1979), and an even smaller percentage were able to answer correctly two test questions on the subject. Thus, the rapid increase in knowledge and technological development in all medical fields is considered to be the main factor motivating doctors to participate in continuing education activities in order to maintain professional competence and satisfy intellectual curiosity (Rosser, 1975; Long, 1969; Lewis and Hassanein, 1970; Eskin, 1981).

In a study which took place in the north-western region, eighteen clinical tutors were interviewed using a structured interview schedule. Very few of the clinical tutors were aware of the existence of the book **The Future General Practitioner - Learning and Teaching** (Samways, 1977).

In a project concerned with the clinical knowledge reported by general practitioners in relation to the diagnosis and management of seven common clinical conditions, many respondents failed to mention answers that were important. Some also gave unusual answers and some gave answers that were clearly wrong (Acheson and Henley, 1984).

In 1987, a Government White Paper proposed that high street pharmacists take on more responsibility for the general health of the community. **Self Health** has made three hundred and seventy-six anonymous visits to over two hundred pharmacies to see what kind of service they offer at present and found room for improvement. Too few pharmacists adhere to the guidance from their Pharmaceutical Society on responding to symptoms. Some need to question customers more closely, more need to advise customers to visit a doctor when appropriate and more need to discourage people from buying unnecessary and expensive medications (Self Health, 1988).

In June, 1979 the Pharmacy Board of Victoria, Australia, commissioned an independent survey of pharmacists to obtain objective information about professional competency in this field. The committee expressed concern about the ability and the willingness of some pharmacists to ascertain adequate information

about the patient's symptoms and medication. It was generally concluded that pharmacists needed to be alerted and educated to the fact that when advice is sought on any problem there is a special need to ascertain information about the following matters:

The duration and severity of symptoms.

Whether any medicines, either prescribed or non-prescribed, are being taken for the condition described or any other condition.

The current formula of any product being considered for recommendation by the pharmacist.

Any known or suspected drug sensitivity.

(Feehan, 1980).

To illustrate further would be to consider the number of drugs coming on the market.

One survey of all 1973 issues of a pharmacy publication reported that over 150 new brand name or generic equivalent prescription drug products had been introduced on the market during that one year and that over 400 older prescription and over-the-counter preparations had been discontinued (De Muth et al., 1976). Martindale's 1977 edition has 43,000 entries in comparison with the 34,000 of 1972 and the 32,000 of 1967.

However, not only have there been more drugs on the pharmacy shelves in the past few years, but also new types of drugs have altered medical treatment. The advent of beta-blockers has changed the lives of many suffering from certain cardiac conditions. The advent of H₂ antagonists has resulted in a decrease in surgery for those patients with stomach ulcers.

Bille and Fitzgibbons (1978), refer to professional work in terms of consultant renewal of knowledge and mention professional nurses in America, who not only have to keep up with the job but also have to keep up with the ever-expanding knowledge and technology. The suggestion is made that continuing education should be such that it aids the nurses to keep up.

A study carried out in Scotland, which looked at continuing professional education in chiropody by means of two questionnaire surveys, shows that not only was there a demand for continuing professional education, but also there was a wide gap between demand and the supply of opportunities for such continuing professional education. Eighty-three percent of the respondents considered there was a need for updating courses; 'courses' were placed first in response to a question asking the practitioners to rank a list of methods of updating professional knowledge (Tavener, 1984).

Thirdly, self-criticism of the status quo within the professions has increased. The public image of most professions is that the members go to extreme lengths to protect one another even when it is obvious that an error has been made. However, this self-satisfaction is normally superficial. Within most professions, critical thinking and thoughtful criticism of their own groups are commonplace, for example, medicine (Miller 1967 & 1976); in teaching (Honey, 1981); in pharmacy (Newcombe, 1984). Such voices are seldom silenced and, when reasoned and articulate, increase in number until the reforms they demand are granted. In this way, educational changes take place which influence the practices of the profession and do much to practitioners' ways and performances. Such professional self-criticism is today at a high level (Houle, 1980).

Fourthly, professionals are being subjected to a rising tide of criticism by members of the public and this, in turn, is causing them to look to their own performances and continuing professional development as a means of improving it. The consumers, the people served by professions, have become more and more active in protesting their incompetence, narrow practices, invasions of personal rights, exorbitant fees and so on. The consumer and anti-authority movements of recent years have not left the

professions unscathed (Oleson, 1979). No longer is the public assuming professional competence. Instead, people are demanding that professionals be held accountable for their actions (Kalman, 1979). Therefore, the professionals, in their turn, look to continuing education as a means of ensuring their competence and as a protection against consumer criticism. For the professions both consumer pressure and legal reviews have confirmed the basic nature of continuing education of professionals (Toombs; Lindsay, 1982).

This is evidenced in the case of Dr. Chew Chin Han, a private practitioner of General Clinic in Amoy Street, Singapore, who has been struck off the medical register for professional misconduct. The Singapore Medical Council found the general practitioner guilty of overcharging a woman patient through excessive treatment and prescriptions, administering drugs to her in a negligent manner by combining several drugs without justification, and managing her in a negligent manner by subjecting her to excessive consultations and performing unnecessary tests (The Straits Times, 1987).

It is also evidenced in the case of Dr. Ong Bak Hin, a registered medical practitioner practising in Malaya who performed an operation of abortion on a Chinese woman which caused her death.

He was convicted in the High Court at Malacca and sentenced to imprisonment. At a subsequent inquiry before the Disciplinary Committee of the General Medical Council in England, the Committee decided, based on the documentary evidence of the trial, that the doctor had been guilty of infamous conduct and that his name should be struck off the medical register (Ong Bak Hin v. General Medical Council, 1956, Mallal's Digest of Malaysian and Singapore Case Law 1808-1976, p.1130).

In another case of a civil suit between Folin Engineering and Construction Sdn. Bhd. and Leong Choo t/a Peng Seng Engineering Works and Leong Yong Fan @ Leong Yong Kang, Low Yong Sang @ Low Yong Seng t/a Syarikat Muhibbah Mechanical and Engineering, the Judge, Siti Norma Yaakob in passing judgement had rapped the Counsel for the third parties. She considered the Counsel's conduct was not only in bad taste but also most unethical of a professional and, regretfully, although he had sworn an affidavit, he himself had not appeared to explain his conduct but had left the matter of arguing the merits of the application to Mr. Andrew Ho who had, on more than one occasion, intimated that Mr. Leong (Counsel) can best explain the reason for his absence. Therefore, be that as it may, should the third parties be penalised for the unethical conduct of their Counsel? (High Court Malaya, 28th May 1985).

This was an application to set aside default judgement against third parties for non-compliance with time limitation - 0.35 r. 2 of the Rules of the High Court in Malaysia, 1980.

In a recent statement, the Human Factors in Reliability Group (HFRG) drew the attention of Ministers of Government, higher education establishments and engineering institutions in the United Kingdom to the need to improve communication between engineers and human factor specialists. According to the statement, all technological systems depend on human involvement and serve human needs. Recent technological disasters, such as Bhopal, Challenger, Chernobyl, and the Herald of Free Enterprise, mark the pre-eminence of human factors, human error, and management issues. Thus, the combined application of engineering knowledge and human factors knowledge is essential for the conception and development of successful equipment and systems. Most current engineering education does not provide for this, nor does the education of human factors specialists, psychologists and researchers prepare them well for interaction with engineers.

Thus, educational institutions should ensure that this gap between the professions is bridged by strongly encouraging courses which integrate human factors and conventional engineering. The need is for proper integration between the two branches: within

undergraduate, post-graduate and post-experience courses or continuing education programmes, and not merely as ancillary courses or conference papers. Engineers should have adequate opportunity to appreciate and discuss human factors problems and solutions, and human factors specialists should assimilate the methods and approaches of industry (HFRG, 1988).

Fifthly, mass media interest has ensured that the professions strive to maintain and improve their standards. Investigative journalism has a long tradition and as the professions have become more controversial and newsworthy so they have come under greater scrutiny from the media. Today, most national newspapers, daily and weekly, almost all responsible journals, the BBC and ITA have specialist reporters in most professional areas, for example, medicine, law and religion. Such an approach has highlighted the problems facing the professions. The account of the inadequacies of lawyers is given in the **Wall Street Journal** (Green, 1975). An even more powerful and sustained attack on the medical profession was mounted by the **New York Times** in January 1976 when five lengthy accounts were given on successive days focussing on:- the number and variety of incompetent doctors; the large amount of unnecessary surgery; the reluctance of physicians to criticise their colleagues; and the ways in which a patient can choose a doctor and evaluate the care given (Rensberger, 1976). Such

accounts have only served as 'eye-openers' within the professions and to stimulate action towards continuing professional development.

Sixthly, and lastly, professional bodies recognising the forces and pressures upon the professions, have moved quickly to ensure that their members are kept up-to-date with recent developments. In the United Kingdom, midwifery has a mandatory requirement for continuing education by its members. The Central Midwives Board has, since the 1930s, enforced a ruling that practising midwives must take a week's residential course every five years and that those midwives returning to the profession after an absence of six years or more must undergo a one month refresher course. Failure to observe these regulations leads to a midwife being removed from the register.

Besides midwifery, the government's programme for improving primary health care in the United Kingdom is spelt out in **Promoting Better Health**, a government White Paper presented to Parliament by the Secretaries of State of Social Services, Wales, Northern Ireland and Scotland by Command of Her Majesty in November, 1987 (HMSO, 1987). It says that in the comments on the Discussion Document there was wide agreement on the importance of continuing relevant medical education. The present post-graduate

training allowance has served a useful purpose in helping doctors to keep abreast of developments in knowledge and professional expertise, but it is only available to doctors in their first years of practice and therefore its value is restricted. Now that vocational training for principals in general practice is mandatory, the vocational training allowance is redundant and the Government proposes to abolish it. The Government will introduce a new post-graduate educational allowance in place of both these allowances. Doctors will qualify for the allowance if they maintain a regular programme of education and training throughout their careers. The Government will discuss with the profession the range and provision of approved training courses and distance learning. The emphasis here is on the continuing education of professionals.

The Government also considers that dentists in practice should undertake regular refresher training and it therefore supports the new vocational training arrangements for newly qualified dentists, agreed with the profession and coming into effect in 1988. It has also provided in England additional funds for the post-graduate training of experienced dentists, particularly those who do not normally attend post-graduate courses. The Government believes that many practitioners are still failing to update their knowledge and skills to the extent needed and that more needs to

be done. The Government will therefore be providing additional resources to expand the number of places in the vocational training scheme more quickly than is currently planned; to increase the funds available for post-graduate training courses; and, as an incentive to undertake essential training, will for the first time pay allowances to dentists to help offset income lost when they are absent from their practice attending certain approved training courses. The Government will also discuss with the profession ways of rewarding those who undertake post-graduate training which is necessary to update their knowledge and skills.

Similarly, the Government will in due course make funds available for pharmacy practice research. As the role of the pharmacist changes, new skills will be required and an ability to keep abreast with a rapidly expanding field of pharmaceutical knowledge. At an appropriate time, the Government will make available additional funds for continuing education and in-service training for pharmacists (HMSO, November 1987).

In Scotland, at a meeting of the Scottish Joint Negotiating Committee on 22 January 1987 the Teachers Side indicated their acceptance of the Recommendations contained in the Reports of the Working Parties lodged with the Scottish Joint Negotiating Committee on 19 December 1987. Schedule B in the **SE/40 Salaries**

and Conditions of Service Agreement, an agreement on revised conditions of service, says that an annual provision of an additional maximum of up to fifty hours within the working year of the teacher for planned activities related to the wider educational needs of the school, including, for example:-

- (a) curricular development;
- (b) in-service training;
- (c) inter-school liaison;
- (d) professional development (including on an individual basis); and,
- (e) participation in meetings with colleagues (e.g. staff and departmental meetings).

The plan of activities, taking into account the particular needs of the school, will be drawn up by the headteacher, in consultation with staff, within guidelines provided by the local authority and the timetable of activities for each school term will be published at least one week before the end of the preceding term wherever possible (Scottish Joint Negotiating Committee for Teaching Staff in School Education, 30 January 1987).

Albeit, not stated explicitly that planned activities is continuing education in this context, it however seems to indicate

a continuing education provision. Planned activities related to the wider educational needs of the school could be in the form of curricular development, in-service training, inter-school liaison, and participation in meetings with colleagues, for example, staff and departmental meetings. More specific individual needs could be met by the professional development, including on an individual basis, provision of the teachers' **Salaries and Conditions of Service Agreement** in Scotland.

The Royal Town Planning Institute, United Kingdom, has identified four main categories of continuing professional development for its members. Continuing professional development according to the Institute:-

- . is learned 'on the job' and is needed to undertake day-to-day work, for example, reading new circulars, government guidelines and technical journals;
- . is extra to this but is still related to day-to-day work, for example, learning how other authorities tackle particular issues which may involve systematic, in-depth updating on a specific topic such as retail warehousing;

- . helps individuals to keep in touch with wider planning issues which are not related to day-to-day work but are relevant to maintaining some breadth of competence, for example, for a rural local planner keeping up-to-date with development control legislation; and,
- . requires learning other skills outside 'professional' issues which are designed to help career progress, for example, management skills, financial and budgeting skills, negotiating or public speaking.

The Institute must assume that for those in employment, the employer is or should be responsible for the first category of continuing professional development. Therefore the Institute is primarily concerned with the last three categories:-

- . job related;
- . broad based; and,
- . new skills for career development (RTPI, 1987).

Although midwifery is the only profession in the United Kingdom with such compulsory emphasis on continuing education, every other profession - to varying degrees - encourages the involvement of its members. Admittedly in all these other professions continuing

education is voluntary but the pressures on members to involve themselves is considerable (Hamilton, 1985).

Thus, the reasons as discussed in the preceding pages are the six major factors demanding increasing practitioner participation in continuing education programmes and activities. However, individual factors affect individual professions and since the professions which will be investigated most closely in this thesis are teaching and community and family medicine, it would seem apposite to look more closely at the specific reasons why primary school teachers of English and general practitioners in private practice in Malaysia should engage in continuing education.

Involvement in continuing education is becoming more and more a part of the professionals' working lives. The changes taking place within the practice of the professions are now so rapid and so many that unless the professionals make a determined effort to keep up-to-date they will fall behind.

With more and more research in the area of teaching and learning resulting in new ideas and techniques that could be tried out in the classroom, just relying on in-service courses alone will not cater for the continuing education needs of teachers in Malaysia. It is true to say that some teachers reach retirement without ever

having attended any in-service programme. Doctors, on the other hand, tend to rely heavily on the literature they receive from their professional bodies and pharmaceutical companies. Attendance at meetings, seminars and conferences for general practitioners in the community in Malaysia is low.

An enquiry using a sample of one hundred and five general practitioners in the Trent region was carried out to study the enjoyment of professional role, practice skills and perceived obstacles to continuing education. Thirty-seven percent of the respondents said that their work was less than fully enjoyable and one in twenty found no enjoyment. Similarly, thirty percent were dissatisfied with their organisational skills. Half of the sample found difficulty in keeping up-to-date. Eighty-two percent had encountered obstacles to their continuing education, in particular lack of time, practice commitments and the need to preserve family life. Recommendations for an ideal system of continuing education included high acceptance of self-assessment exercises as a means of identifying areas of educational need (Pickup; Mee and Hedley, 1983).

Now, how does the general practitioner keep up-to-date with these innovations or alterations if he attends no meetings, if he goes to no courses, if he receives no literature? How does the teacher

keep up-to-date with educational innovations or changes without continuing education?

With the changing times, one of the new characteristics of a profession is that it recognises the need for its members to keep up-to-date with the knowledge, skills and so on needed to be more competent in their work. This means that there must be a commitment to continuing education. But have all professions recognised this and have the members acknowledged this? What is the attitude of teachers and general practitioners in Malaysia to this new practice of continuing education? Who would be the providers of continuing professional development? Discussion of these questions will be included in chapters nine and ten respectively in this study, but the more immediate concern of this chapter is with discussing what is continuing education in this context.

Mandatory continuing education

Before proceeding to discuss continuing education in the context of this study, a cursory glance at mandatory continuing education is deemed necessary to ascertain arguments for and against it. According to Libby et al. (1975), and Larocco and Polit (1978), mandatory continuing education is generally taken to mean that the professional must participate in a stipulated number of approved

courses over a specified period of time in order to remain on the register of his professional body.

The case for mandatory continuing education

At first glance, mandatory continuing education seems the simple and acceptable solution to the problem of how best to ensure that the professionals are left up-to-date and competent. Certainly, most professions in the United States thought so in the mid and late 1970s and many reasons were offered for their decisions to introduce continuing education as a compulsory requirement (Grussing, 1979).

- . Removal of disinterested and inactive members.
- . Public protection from professional laggards.
- . Self-assessment of learning needs by all professionals.
- . Improvement of professional status.
- . Increase in intra-professional contacts.
- . Potential source for new revenue.

In the United Kingdom, the Central Midwives Board is the only board which has mandatory continuing education requirements under an Act of Parliament. It is a registration body and insists that practising midwives take a week's registration course every five years and that those returning after a six year or longer absence from the profession must undergo a one month refresher course.

Other professional groups - accountants, surveyors and town planners - have continuing education requirements which cannot really be said to be mandatory in the sense that midwives have a mandatory requirement. In accountancy, the Institute of Chartered Accountants of England and Wales (ICA) has much the most sophisticated scheme. Members in private practice have to do an average of forty hours a year and the kind of continuing education is clearly defined. It must be relevant, structured and under appropriate control. The Institute of Chartered Accountants has a large educational department which runs courses, monitors others' courses and produces distance learning packages which often include videotapes. This scheme, however, only covers those who became members after June 1978, their membership being contingent upon their continuing education involvement. Those who qualified prior to June 1978 can do as little or as much continuing education as they so decide.

The Royal Institution of Chartered Surveyors (RICS) operates a similar scheme which applies only to all those who have become members from 1981 onwards. The requirement is twenty hours a year. Senior members, that is, those qualified before 1981, for whom there are no formal requirements, were asked to sign a declaration voluntarily to join this scheme. Few did so. The Royal Institution of Chartered Surveyors has also defined the

types of continuing education which meet their requirements and has a file on each member, detailing the continuing education activities in which they have participated. This seriousness is probably best described in an extract from the presidential address of Michael Clark, President of the Royal Institution of Chartered Surveyors:

"Continuing Professional Development becomes more crucial with the passing of each year and at the beginning of next decade will become compulsory for every member.

"Even now, those who ignore CPD do so at their own peril. The first reaction of so many people facing a setback is to apportion blame, to seek out someone, more often than not a professional adviser, to whom to attach liability. We must never be complacent about competence.

"The pace of discovery, of technology, of legislation is such that the surveyor who takes a voyage round the world cannot be certain that he is still totally competent to resume practice on his return without first taking steps to appraise himself of all that has taken place in his field of practice during his absence.

"It is said that old dogs cannot be taught new tricks. The longer we have been in practice, the harder it may be to keep abreast of developments but if we call ourselves Chartered Surveyors that is synonymous with competence and our personal responsibility.

"It is our duty continually to review the standards of competence to be expected, to help members to achieve those standards with the provision of the means of further education and information and then to monitor our success. As I have said, the incompetent surveyor, scarce though he may be, is a social danger."

(Clark, 1988, para. 1128)

The Royal Town Planning Institute (RTPI) launched its scheme in April 1984. It involves not just recent members but all members. The Code of Professional Conduct of RTPI has been altered to make explicit what was formerly implicit and the new wording places on members an obligation to maintain their professional competence. Like the Royal Institution of Chartered Surveyors, a record of details of each member's participation in continuing education is being kept.

In medicine the large National Health Service resources, the existence of post-graduate medical centres, the traditions of doctors upgrading their skill and competence by becoming members of one of the Royal Colleges and the frequently none too altruistic attentions of the pharmaceutical industry (Rawlins, 1984) ensure that most doctors receive some kind of continuing education although how satisfactory it is, is another matter. That there is concern regarding the need for continuing education in medicine there can be little doubt - witness the stringent self-enquiry instituted by the profession (Alment, 1976).

Though there is great concern regarding the need for continuing education in the professions, the question arises as to whether it should be made mandatory? The case against mandatory continuing education is a strong one. It is also quite practical and is

based upon the experiences of the professions in America over the last decade. Probably the most fundamental objection, however, is philosophical in that many disapprove of a learning process that is coercive or mandatory. There is widespread feeling that professionals have always attended to their own updating of skills and their own acquisition of knowledge necessary to their needs. Many consider that mandating the process simply creates resistance rather than change and that what is engendered is a 'credit-earning mentality' in which the acquisition of credits or the requisite number of hours, is the major concern of the participant in continuing education rather than the acquisition of knowledge.

According to Egdahl and Gertman (1977), there is little evidence to support the contention that formal continuing medical education course work either increases a physician's knowledge base or, more important, improves performance.

The following quotes are enlisted to strengthen the case against mandatory continuing education:

"Mandatory continuing education programs as they are now administered are predictable failures. They don't 'work'! Indeed they may be harmful. The vast majority of these programs represent a wasteful expenditure of academic resources and use up a commodity that health professionals hold most precious - time. The educational objectives of these programs are centred around improving the efficacy of the practitioner. Improved patient care arising from a change in the

behaviour of the practitioner is sought. Attainment of this goal has not been substantial in any meaningful objective evaluation research." (Libby et al., 1975, p.797).

"One of the effects of mandatory continuing education requirements may be a change in the motivational patterns of pharmacists, so they are more likely to participate in continuing education to fulfill continuing education requirements and less likely to participate to satisfy their curiosity and improve their competency. This suggests that even those pharmacists who, prior to the enactment of mandatory continuing education laws, participated from a competency/curiosity motivation from those who had to be forced to participate. Yet, one of the primary purposes proposed for the enactment of continuing education laws is the maintenance of professional competence. The decrease in the motivation to participate in continuing education to maintain one's competence leads the author to question how well continuing education laws have done in fulfilling their proposed outcome, maintenance of competence, especially in comparison to voluntary continuing education. Further, the change in motivational patterns poses another important question - could mandatory continuing education (by decreasing the competency motive) be detrimental to competence?" (Mergener, 1981, p.275).

Other objections to mandatory continuing education have been detailed in a number of American papers (Jessee, 1977; Talbott, 1979).

- . Commercialisation
- . Bureaucracy
- . Poor quality of continuing education provision
- . Waste of time and money
- . Faulty research base
- . Faulty understanding of the learning process

- . Issue of control
- . Attitudes

The more feasible approach then to the question of whether continuing education for professionals should be made mandatory would be that it is more necessary at this stage to try out a delivery system of continuing education for professionals that works before mandatory measures need to be considered. According to Bigge (1971), adults may be coerced into attendance but learning and subsequent application of knowledge may not be forced. Learning has more impact and its results are likely to be remembered longer when the motivation to know is voluntary and internal rather than imposed and external.

What is continuing education in this context?

As argued by Ludwig Wittgenstein, that in order to find out the meaning of a word or term one must examine firstly its use. 'The meaning is the use', Wittgenstein maintained (Wittgenstein, 1953). However, if this opinion is applied to the term 'continuing education', it could lead one into much confusion. There seems to be little agreement to what exactly 'continuing education' refers and the only common concept amongst all writers seeking a definition is that it involves post-school education (Hamilton, 1985). It has been said that continuing education is 'a

chameleon, its appearance changing with every observer' (Blaug and Mace, 1977). It has been noted that the adaptation of further and higher education to suit the needs of adults has been variously called 'continuing education', 'recurrent education', 'education permanente', 'lifelong education' and 'post-initial education' (Hoggart; Stephens; Taylor; Smethurst, 1982). Kallen noted that a striking lack of consistency in the use of the term over the past two decades and between spokesmen, not only in terms of the indiscriminate use of the various concepts 'recurrent', 'permanent', 'continuing', 'lifelong', but also in the use of the same concept (Kallen, 1979).

It must be pointed out at this stage that some of these phrases are associated with different policy aims. The OECD term 'recurrent education' was originally associated with two objectives:- to achieve a more equitable distribution of educational resources between the younger and older generations, and to reduce the gap between theory and practice, between students and workers. However, in later OECD reports, equality of educational and social opportunity gained priority over considerations of productivity and efficiency; the opportunity for active and creative participation in a decentralised and democratic society was stressed, in line with the Council of Europe's conception of the role of 'education permanente', and

UNESCO's view of the place of lifelong education'. By contrast, the term 'post-initial education' was designed simply to indicate the time at which the student enters higher and further education. The phrase 'adult education' has come to mean principally non-vocational provision, and in this sense 'adult education' is often contrasted with 'continuing education', by which is then meant vocational provision (Hoggart; Stephens; Taylor; Smethurst, 1982). "Continuing education should mean continuing self-education, not continued instruction." (Libby et al., 1975, p.797).

What is a profession?

Goodlad (1982), and Goodlad et al. (1983), say that most occupations commonly recognised as professions control access to information valuable to the public. Furthermore, the key professional tasks may well be those of diagnosing and prescribing in matters technical, particularly where specialists draw on a comprehensive body of theory and information, and a repertoire of skills, which transcend those available to their colleagues or clients, followed by communicating to people less well-informed than the professionals the areas of their choice.

Goodlad (1984), adds that the professional may then go on to

execute the wishes of the client, or collaborate with other professionals in, for example, the design of physical systems or devices; but this should not disguise the fact that the effective communication to non-specialists of complex information (with a view to pointing up choices) is a fundamental part of most professional work.

Therefore, according to Goodlad (1984), the control of knowledge (and, in consequence, education) is at the heart of the concept of a profession; because knowledge represents a form of power, professions are political phenomena.

From the difficulty of defining knowledge and the conditions through which specific social groups get control of its disposal stems the notorious difficulty in defining a profession (Wilensky, 1964).

What people perceive professionals to do may be as important as what they actually do - for example in ensuring a flow of recruits to the professions or in ensuring equitable treatment of professionals by those who pay for their services. The popular use of the word 'professional' may be some guide in this respect. Sometimes the word simply implies the world of work; for instance, a box of tissues in an office marked 'for professional

use' - meaning for use in the office rather than at home; or the sign on a shop 'shoes professionally mended', may simply mean 'competently' mended (Goodlad, 1984).

Cogan (1953, pp.48-49), provided this definition:

"A profession is a vocation whose practice is founded upon an understanding of the theoretical structure of some department of learning or science, and upon the abilities accompanying such understanding. This understanding and these abilities are applied to the vital practical affairs of man. The practice of the profession is modified by knowledge of a generalised nature and by the accumulated wisdom and experience of mankind, which serve to correct the errors of specialism. The profession, serving these vital needs of man, considers its first ethical imperative to be altruistic service to the client."

Friedson provides the following definition of professionalisation

"Professionalization might be defined as a process by which an organized occupation, usually but not always by making a claim to special esoteric competence and to concern for the quality of its work and its benefits to society, obtains the exclusive right to perform a particular kind of work, control training for and access to it, and control the right of determining and evaluating the way the work is performed."

(Freidson, 1973, p.22).

Moore (1970), said that special competence, implying complex formal education, is central to nearly all definitions of 'professional' and 'professionalization'.

Table 2.1 Professional characteristics

Professional characteristic	Houle (1980)	Hoyle (1974)	Engel and Hall (1973)	Greenwood (1966)	Cogan (1953)
Conceptual characteristic	x	x	x	x	x
Mastery of theoretical knowledge	x		x	x	x
Capacity to solve problems	x	x	x		x
Use of practical knowledge	x	x	x		x
Self-enhancement	x	x			
Formal training	x	x			x
Credentialing	x	x			
Creation of a sub-culture	x		x	x	x
Legal reinforcement	x				
Public acceptance	x	x		x	x
Ethical practice	x	x	x	x	x
Penalties	x				
Relations to other vocations	x		x	x	
Relations to users of service	x	x	x	x	x

Table 2.1 shows the professional characteristics as detailed by the following writers, Houle (1980), Hoyle (1974), Engel and Hall (1973), Greenwood (1966), and Cogan (1953). According to Houle (1980), in order to qualify as a profession, the members of that occupational group should display the fourteen characteristics as shown in Table 2.1.

Greenwood (1966), maintains that professions are distinguishable by possession of:-

- . a basis of systematic theory;
- . authority recognised by the clientele of the professional group;
- . broader community sanction and approval of this authority;
- . a code of ethics regulating relations of professional persons with clients and with colleagues; and,
- . a professional culture sustained by formal professional associations.

Engel and Hall (1973), refer to the evolving professional characteristics and say that the professions have shifted from the

traditional to a more modified mould. Instead of the isolated individual professional providing service, it is the team that provides service in the modified mould. Traditionally, knowledge from a single discipline was typically utilised but now knowledge from diverse fields is utilised. Renumeration, which was predominantly for the service, is replaced by a salary. In the modified mould there is increased opportunity for selfless service and also an increased opportunity for colleague evaluation of product. Finally, there is decreased privacy in client professional relationship.

Hoyle (1974), refers to extended professionalism as opposed to limited or restricted professionalism. With particular reference to the professionalism of teachers, Hoyle discusses the shifting trends in the teaching profession from restricted to extended professionalism. For instance, skills are no longer derived from experience alone, but from a mediation between experience and theory. In the extended model, the perspective of professionalism embraces the broader social context of education, instead of being limited to the immediate in time and place. Classroom events are perceived in relation to school policies and goals and not merely in isolation. Methods are no longer introspective but are compared with those of colleagues and with reports of practice. Moreover, value is now placed on professional collaboration rather

than on autonomy. There is high involvement in non-teaching professional activities, for example, teachers' centres, subject associations, research and so on, compared to the limited involvement in non-teaching activities in the restricted model. Infrequent reading of professional literature is replaced by regular reading of professional literature in the extended model. Involvement in in-service work is considerable and includes courses of a theoretical nature, whereas in the restricted model involvement in in-service work was limited and confined to practical courses. Finally, teaching is no longer seen as an intuitive activity but as a rational activity.

It emerges that professions are not static phenomena (Hamilton, 1985). It is evident that within the use of the term profession there are certain accepted concepts by everyone. Clearly, a profession is a superior type of occupation, a non-manual occupation that requires advanced education and training (Oakley, 1984). Accordingly, professions have a specific and exclusively-owned body of knowledge and expertise. Further, a profession organises itself and its members and controls itself by establishing standards of ethics, knowledge, skill and attitude for its licensed practitioners. If a person does not meet these standards the profession via its licensing body (for example, for medicine in Great Britain, the General Medical Council; in

Malaysia, the Malaysian Medical Council; for teaching in Scotland, the General Teaching Council) will not accept or continue to accept that person into its ranks. Thus, perhaps most significantly, a profession is recognised as such by its members and by society (Hamilton, 1985).

On the basis that a profession organises itself and its members and controls itself by establishing standards of ethics, knowledge, skills and attitudes for its licensed practitioners, it should also attempt to provide continuing education. Before proceeding to what is continuing education for professionals in this context then, the following is a list of professional associations in Malaysia which are affiliated with the Malaysian Professional Centre (Malaysian Professional Centre Information Book, 1986/87).

The Institution of Engineers Malaysia (IEM)

The Malaysian Medical Association (MMA)

The Malaysian Dental Association (MDA)

The Institiut Kimia Malaysia (IKM)

The Pertubuhan Akitek Malaysia (PAM)

The Malaysian Pharmaceutical Society (MPS)

The Association of Veterinary Surgeons Malaysia (AVSM)

The Institution of Surveyors Malaysia (ISM)

The Agriculture Institute of Malaysia (AIM)

The Malaysian Institute of Planners (MIP)
The Malaysian Association of Professional
Social Workers (MAPSW)
The Plastics and Rubber Institute (PRI)
The Institute of Public Relations Malaysia (IPRM)
The Malaysian Veterinary Association (MVA)
The Malaysian Society of Soil Science (MSSS)
The Institute of Foresters Malaysia (IFM)
The Chartered Institute of Building - Malaysia Centre (CIOB)
The Malaysian Institute of Food Technology (MIFT)

What is continuing education of professionals in this context?

Continuing education of professionals is a very broad term. It embraces not only the general practitioner casually looking at an article on "social situational stresses which lead to child abuse in Kuala Lumpur", in **The Family Practitioner** and the hospital doctor sitting in on a lunchtime seminar where a sales representative from one of the pharmaceutical firms eulogises about the benefits of the latest gastro-intestinal sedative, but also the lawyer participating in a weekend seminar to investigate the effects of EEC legislation on British immigration laws and the teacher attending a half-day course every Saturday for three months on how to teach the new Malaysian Primary School Curriculum.

Having noted the enveloping, encompassing, comprehensive nature of continuing education for professionals, one can already anticipate one of its possible weaknesses, namely, that it might too often and with too many, lack sufficient definition and structure (Hamilton, 1985).

Continuing education of professionals in this context is used to refer to all, or any, forms of systematic learning or professionally related topics by members of a profession, excepting those members of the profession engaged in full-time, professionally related education. Continuing education for professionals includes self-directed study and systematic information seeking from expert sources and from the media, as well as participation in informal discussion with individuals and groups, and also involvement in formal part-time or short-term educational programmes on a credit or non-credit basis, sponsored by educational and other organisations, any aspect of which relates to the professional activities of the professional(s) involved.

CHAPTER THREE

CHAPTER THREE

HOW DO YOU DETERMINE SPECIFIC NEEDS?

Summary: This chapter reviews the range of methodology for determining specific needs in the professions in general and in particular in the teaching and medical professions. This will provide a context for a discussion of methods of determining the continuing education needs for professions in Malaysia.

Introduction

It is the ideal of every profession, stated or implied in its code of ethics, that each professional should feel a deep and continuing concern that his or her own education be carried out at a high level throughout a lifetime of practice. The primary responsibility for learning should rest on the individual. Professionals must feel it with special urgency, for once they achieve their formal status, they are usually protected in it for life. They must try to learn from each new situation, no matter how familiar, by viewing it creatively and by collaborating with other professionals who are also trying to maintain the life and vitality of their thought and practice. Professionals must

participate in groups and associations that provide new ways to scrutinise and improve practice. They must remove themselves from their practice from time to time for intensive periods of study, thereby not merely acquiring new knowledge but also gaining a broader perspective so that, upon returning to service, they view matters in a new light. For those who cannot remove themselves from their practice, they can avail themselves of continuing education from a distance. In short, professionals must use every means of continuing education available so that their work retains the dedication, lucidity and freshness of its early years (Houle, 1980).

The need for professionals in this case teachers, to engage in continuing education is well stated by Gordon Kirk when he says:

"Initial teacher education, no matter how thorough and systematic, can never hope to prepare comprehensively for all the various demands that are to be encountered throughout a full teaching career. Inevitably, therefore, teachers will require opportunities for professional enrichment, for developing their skills and acquiring new ones, for revitalising the practice of their craft and for keeping abreast of developments in pedagogy and knowledge." (Kirk, 1988, p.45).

A profession has the collective responsibility to honour and foster this zest for learning in all its members from the time of initial selection through the formal period of preparation and

subsequently during all the years of practice. It has a similar obligation to help its members develop the ability to learn how to learn, through formal training, the setting of personal examples, and the provision of many alternative systems of education designed to be available and congenial to individuals who differ widely in their preferred learning styles. To quote Winston Churchill, "where my reason, imagination, or interest were not engaged I would not or could not learn." (Churchill, 1930, p.13). It should also be remembered that the goals of professional education, including those of continuing learning, should be concerned with the entire process of professionalisation.

According to Neufeld and Barrows,

"As a result of the knowledge explosion and technological revolution in the last half of this century, the rate of obsolescence of human beings has been increasing exponentially. In few areas of life has this obsolescence been more pronounced than in the medical professions. Doctors who know only what they knew when they got their M.Ds are obsolete within a few years; they must be skillful lifelong learners if they are to keep up to date. Accordingly, medical schools have been reevaluating the philosophy, curriculum, and techniques of medical education. They have been realizing that doctors must be taught as self-directed learners in medical school if they are to be lifelong learners." (Neufeld and Barrows, 1984, p.207).

Every person who practises a profession needs to understand the evolving nature of its central mission, to be aware of relevant new developments in its basic disciplines, to improve competence,

to use the theories and techniques of innovative practice, to apply the ethical principles required in a constantly changing work and social environment, to strengthen and sustain a responsibly coherent profession, to preserve an appropriate perspective on worklife and not be engulfed by it, to collaborate with members of other professions whose self-conceptions and ways of work are also continuously evolving, and to represent the profession responsibly in all relationships with the persons he or she serves.

The Royal Town Planning Institute continuing education development scheme, for example, applies to all corporate members and recommends a minimum of fifty hours continuing professional development over two years. The Continuing Professional Development Record Sheet is intended to continue to help members keep track of their Continuing Professional Development or CPD activity and may be useful:-

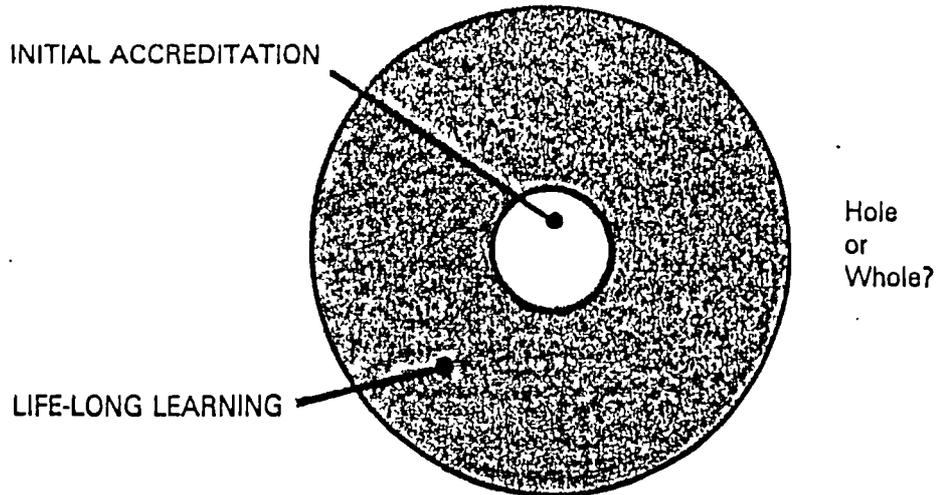
- . for updating curriculum vitae;
- . in preparing job applications;
- . for interviews - either for new jobs or for staff appraisal schemes in existing jobs; and,
- . for updating and reviewing Personal CPD Plans

The main characteristics of the current Royal Town Planning

Institute Continuing Professional Development scheme are that it is based on self assessment and is self regulated. This scheme recognises that no two members have the same job or personal circumstances, or career aspirations - so setting standard amounts of hours for Continuing Professional Development or standard topics would not be appropriate (Welsh, 1988).

If continuing education can be defined as a conscious effort to support and enhance lifelong learning, thus, for most professionals, the need for continuing or recurrent education is a fact of life now (Stretton, 1985).

THE DOUGHNUT



Source: Stretton, A. (1985) 'A Problem-based learning and the academic-practitioner gap'. In D. Boud (ed.), **Problem-Based Learning in Education for the Professions**. Sydney : Higher Education Research and Development Society of Australasia (HERDSA), p.62.

Stretton (1985), using the doughnut, illustrates the point that although most professionals can expect to practise for some forty years after graduation, tertiary education institutions appear to see only the hole (four years or more of undergraduate learning), and largely miss the whole, that is, the substance of the doughnut (the ongoing forty years' learning). Or putting it in the terminology of problem-based learning, they are absolutely failing to take a systematic or holistic view of professionals' learning and therefore educational needs.

The key factor in all this is knowledge obsolescence and ongoing needs for updating. An educationalist, Duke (1972), has expressed its consequences for initial accreditation as follows:

"When it is recognised how much of the information acquired by the science undergraduate in the early years of his course will be superseded by the time he has completed his doctorate, or both irrelevant and superseded after a few years in industrial employment in some specific branch of his subject, it becomes easier to abandon great wads of material at school and tertiary level." (Duke, 1972, p.33).

According to Stretton (1985), continuing education needs can be classified as follows:-

- . Refreshing : on the conventional wisdoms of the specialist discipline;
- . Updating : on new knowledge in the specialist discipline, and supporting discipline;
- . Broadening : into personal growth topics, including knowledge about society and its structure; and,
- . Diversifying : into new disciplines for undertaking broader or new responsibilities.

Continuing education for professionals differs from ordinary education in that it caters for those needs as identified by professionals themselves or by the professional bodies or by the society in which the profession serves. How can the specific needs be identified? There are a number of techniques which can be used to do this and they include the following: task analysis, Delphi technique/panel of experts, critical incident survey, behavioural event interview, interviews with recent graduates, a study of recent textbooks, a study of errors in practice and questioning.

Task Analysis

This is a generic name used for a whole range of procedures which are very similar to one another, for example, job, skill, topic and content analysis (Dobbert, 1975). At first sight, task analysis would appear to be the most logical way of determining the specific needs of any profession, and in particular of medicine and teaching. In the past it has been highly recommended as suitable for this task (United States Department of Labour, 1965). It would involve trained observers, notebooks at the ready, following a number of general practitioners or teachers around for a suitable period of time, for example, two weeks, and carefully recording what was being done. Interviews with the professionals would also take place in order to determine the areas of applied knowledge which are necessary in order to perform the activities observed. Emphasis on this technique has always been placed on the quality of the observers and in fact some writers have maintained that this role can only be performed properly by members of the professional group being analysed (Grussing, 1984).

What would result from a task analysis in general practice and in teaching would be a detailed description of the functions which constitute the practice. The activities observed and the reported areas of applied medical knowledge and pedagogic knowledge

relating to the activities would then be arranged into a logical sequence which would form the basis of a vocational training programme. This procedure has been used in many professions, for example, with paediatricians (Bergman et al., 1971), with paramedical groups (Decker, 1967), with pharmacists (Scala et al., 1967; Rodowskas and Gagnon, 1971).

However, it is now generally recognised that the attraction of this method is superficial.

Shortcomings of the task analysis method

- . Its major weakness is that it refers only to functional tasks and not to how best people perform them. For example, task analysis items in general practice might read 'checks the blood pressure', 'advises patient on....'. This in no way indicates what is involved in these tasks and what is needed to perform these activities well. It tells what is done but gives no indication of how it is done.

- . A second criticism has been that task analysis produces a mammoth list of what professionals do. The detail is immense but only of limited practical value, for example, lists of the forty-three discrete behaviours required in diagnosing a

complaint or the one thousand and one functions performed by a teacher.

- . A final criticism of the task analysis method is that it provides no indication as to which of the tasks are central and crucial to competent practice. In the end, one is left with literally hundreds upon hundreds of the activities that form a professional's day. Therefore, task analysis is unsufficiently selective. It has been said that the Praeto rule indicates that only a critical twenty percent of the functions a person performs on the job account for eighty percent of performance (Spencer, 1983). The remaining eighty percent of all professional activities are routine and do not distinguish the excellent professional from the good, bad or indifferent colleague. Task analysis lists do not identify the important functions from all the activities which constitute professional practice.

Therefore, it is quite evident from these shortcomings that, although the task analysis method will provide lists of the detailed activities which the professional in practice must be able to perform, it is not an ideal methodology for those whose ultimate aim is the determination of problem areas in the continuing education of a professional. Thus, the task

analysis method provides too much information that is not needed for developing problem-based programmes of continuing education for professionals.

Delphi technique/panel of experts

The Delphi technique is a methodology which relies on the judgement of a panel of experts or 'wise men' (Fivars and Gosnell, 1975). This is one of the most commonly and successfully used mechanisms for identifying professional behaviour/competencies (Spivey, 1971) and has been used frequently in curriculum planning (Miller, 1974).

The Delphi technique was originally developed at the RAND Corporation and the first published reference to it appeared in 1959 (Helmer and Rescher, 1959). Helmer and Rescher argued that the social sciences lacked the precise explanatory and predictive methodologies of the physical sciences. However, they believed that methodologies could be developed which would complement the quasi-laws or generalisations which did exist in the social sciences and thus provide explanatory and predictive procedures. They said that these new methodologies or procedures should be based on expert judgement because of the lack of explicitness of background information in the social sciences. Helmer and Rescher

maintained that experts had at their ready disposal a large store of (mostly inarticulated) background knowledge and a refined sensitivity to its relevance, and that through the intuitive application of this background information, experts were often able to produce trustworthy personal probabilities regarding hypotheses in (their) area of expertise.

The purpose of the Delphi technique was to produce a group agreement on issues where even experts were uncertain or in dispute. In brief, this strategy, when used in general practice, would involve the following. A panel of people considered expert in general practice and with a commitment to continuing education would be identified. The number of these 'wise men' can vary but past practice has shown that a minimum figure of twelve/thirteen is advisable (Dalkey, 1969; Jones, 1973; Hamilton, 1985).

These experts would be visited individually and asked to draw upon their knowledge and experience in order to complete the following tasks:-

- (i) to define the general areas of knowledge, skill and attitude necessary for the successful practice of general medicine;

- (ii) to identify the specific competencies required within these general areas; and,
- (iii) to provide an operational definition of these competencies.

However, in order to expedite this process, it is quite acceptable for the researcher to prepare an initial list of competencies to be left with the experts with instructions to delete or add to the list according to their professional opinions. It should also be noted that the third task is optional (Hamilton, 1985).

Once an expert completed his list of specific competencies, it would be returned to the researcher anonymously, for there is no need to know the identity of the sender. When all the lists had been received, they would then be studied and collated in order to produce a single compilation. This compilation would consist of all the items which had been included in any of the returned lists, that is, even if only one expert had entered a particular competency which none of the others had listed, it would be included in the composite document. However, beside all those competencies which had not received unanimous support from the experts and all the new ones suggested by the experts, an asterisk would be placed. These lists would then be sent to the experts

with the instructions this time that they refer only to the competencies asterisked and say, in one or two sentences, why in their opinion each of these competencies should be included or excluded from a final list of those competencies needed by the general practitioner in practice. In other words, the experts are also receiving feedback in that they get statistical and written comment on the earlier responses of the group as a whole. Similarly, in the case of teachers, a panel of people considered expert in teaching and with a commitment to continuing education would be identified and the procedure repeated.

Again, the responses of the experts would be returned anonymously to the researcher, who this time would consider these replies in company with a small group of practising general practitioners, probably no more than three in number. This group would decide, on the basis of the written comments from the experts, whether each particular competency under discussion should be included in the next composite list of competencies being drawn up.

This process of listing, distributing, replying and collating competencies could take place in an interactive fashion a further two or three times until a consensus among the experts is reached. At last a final list of competencies would be drawn up, based on the experts' opinions. This would be returned one last time to

the panel of experts with the instruction that they read through the list of competencies and indicate beside each one, using a five-point scale, how essential it is, in their opinion, that a general practitioner should possess that particular competency. Their responses would be analysed and the results obtained would indicate the principal competencies necessary in general practice. This, in turn, would form the basis of a continuing education programme.

Thus, the cardinal features of the Delphi method are quite apparent: the use of a panel of experts to reach a consensus on issues, or an issue, in dispute. Although the responses of the experts remain anonymous, suitable feedback ensures that the experts receive one another's views and, where necessary, the repeated use of iterative procedures enables the group to arrive at a consensus. It is a procedure which is now well-established and has been used successfully in many professions, for example, in paediatrics (Burg et al., 1976), in teaching (Dunham, 1971), in nursing (Lindeman, 1975), in pharmacy (Lowenthal, 1978; Smith et al., 1981; Atkinson and Hill, 1981), to determine the necessary professional competencies.

The worth of this method is almost universally accepted and it is generally regarded as a thorough methodology for identifying

professional competencies. However, it would be wrong to suggest that the Delphi method is above criticism. Those who are less enthusiastic than most about it believe it has three distinct limitations.

Limitations of the Delphi method

Firstly, it lacks supporting empirical data to show that the knowledge or skill competencies which panels identify are in fact related to on-the-job performance (Pottinger et al., 1980). An example which supports this point was the humanistic psychology courses which dominated training in American armed forces in the 1970s. Civilian academic management theories and strongly-held beliefs on the part of an influential group in the military led to the implementation of 'leadership' courses which prescribed and taught 'humanistic' communications techniques, yet there was no data to show that these techniques had anything to do with effective leadership in military organisation (Spencer, 1983).

Secondly, panels tend to identify the traditional competencies which sound fine and which are regarded as necessary for all successful professionals, for example, 'perseverance', 'moral courage'. But once again they may or may not be related to performance on the job. One study of Foreign Service Officers (FSOs) in the State Department of the United States found a panel

of experts in complete agreement that the ability to have good 'writing skills' was a competency required by all FSOs. However, closer study revealed that everyone had these and that this ability did not in fact differentiate the good FSO from the average performer. Eventually, long after the panel's work had been completed and put aside, it was found that what made the good FSO different was the ability to write with sensitivity on political issues (McClelland and Dailey, 1973). No expert had even hinted at this crucial ability.

Thirdly, the data that the panel of experts generate are often not sufficiently precise in behavioural terms to provide practical selection or training criteria, for example, it is difficult to define 'concern for people', in observable terms. How does one manifest concern? What does it mean in behavioural terms? It turns out that what has usually been identified as 'concern for people' affiliation motivation or the desire to establish close friendly relations with others has consistently been found to be negatively related to effective performance in managerial roles (McClelland and Burnham, 1976). Effective concern for people, at least for industrial and military leaders, has far more to do with skills like accurate empathy, that is, the ability to understand what others are saying, and charismatic leadership, that is, the

ability to empower others and make them feel more capable of solving their own problems (Spencer, 1979).

However, despite these limitations, it is quite evident that the panel of experts/Delphi technique has proved very successful with many professions in providing a comprehensive listing of the competencies required. Although it has weaknesses, its strengths far outweigh these and the professions cited earlier that have benefited from the use of this strategy stand as powerful witnesses to its worth in competency-based education.

Critical incident survey

The critical incident technique is a rather sophisticated method for collecting behavioural data about the ingredients of competent behaviour in a profession. It has been said that this strategy, when 'compared with other methods of performance evaluation, is a more objective and efficient method of determining performance effectiveness' (Ingalsbe and Spears, 1979) .

The origins of this technique lie in World War II. In 1941 the United States Army Air Force urgently needed to select, classify and train air crews in the shortest time possible. This job was given to John C. Flanagan and the members of the newly-established

Aviation Psychology Program. Flanagan was unimpressed by the available data on the reasons why pilots failed the training programmes. The records contained vague statements such as 'lack of inherent flying ability', 'unsuitable temperament', 'poor judgement' or 'lack of sufficient progress' (Flanagan, 1947). Flanagan considered such views singularly short on facts.

His response was to construct a short questionnaire and distribute it to instructors. The questions included:

Think of the last time you saw a trainee pilot do something that was ineffective.

What led up to this situation?

Exactly what did the man do?

Why was it ineffective?

These were the questions he and his colleagues asked of the instructors. They demanded answers based not on intuition or opinion but on fact. Next, Flanagan went and spoke with experienced pilots. He asked them why missions had failed or succeeded, what had led up to the critical situations, what the pilots had done and why their actions had been ineffective or effective. What Flanagan was doing was identifying those behaviours needed by pilots and thus preparing the basis for a

training programme designed to ensure that the pilots had the competencies necessary for their flying activities.

It was this direct, factual approach to gathering information which became known as the critical incident technique - a collection of information based on first-hand observation. Opinion, generalisations and personal judgement were reduced to a minimum. Flanagan wanted facts.

When the war ended many of the psychologists in the Aviation Psychology Program left with Flanagan to establish the American Institute for Research, a non-profit making scientific and educational organisation. By the Spring of 1947 two studies had been undertaken by the Institute (Gordon, 1947; Preston, 1948) in which the critical incident technique had been more formally developed and refined and also given its present name. As the years went by, Flanagan broadened his activities and wrote more about his work (Flanagan, 1954; Flanagan et al., 1963) and in time his technique became a standard research tool used by many professions to determine the competencies which their members required, for example, dentistry (Wagner, 1950), nursing (Bailey, 1956; Fivars and Gosnell, 1975), medicine (Miller, 1967; Sanazaro and Williamson, 1968), orthopaedic surgery (Blum and Fitzpatrick,

1965), child psychiatry (Berner, 1975), pharmacy (Wilson, 1971; Grussing et al., 1978).

What then is the way to conduct a critical incident in a profession like medicine and in particular general practice? Firstly, suitable individuals (not necessarily all general practitioners but nurses, pharmacists, members of the public, that is, people who have been professionally involved with the work of general practitioners) would be asked to describe incidents that had happened to them or that they had observed, which reflected good or bad general practice. The main concern here would be always with the incident, never with the individual, because it is not a witch-hunt nor the identification of incompetent practitioners (Hamilton, 1985).

By an incident is meant any observable activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act. To be critical, an incident must occur in a situation where the purpose of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning its effects (Flanagan, 1954).

Each incident or description gathered would include details of the setting in which the event took place, exactly what occurred, an account of the outcome, and why it was considered to be effective or ineffective practice. As the number of individually described incidents increased, what would happen would be that they would tend to fall into natural clusters and the areas of essential competence in general practice would begin to emerge.

However, the main shortcoming in this method is that the divisions of the incidents into clusters relies a great deal on subjectivity but one important test of the appropriateness of the categories being used would be to submit them to a small group of experts in the profession to make certain that the scheme is doing what the researcher wants it to do, that is, providing a description of the main areas of behaviour in the profession (Fivars and Gosnell, 1975). Ideally, the collection of incidents would continue until the additional of 100 new events fails to add more than one new category of behaviour (McGahie et al., 1978).

This technique has already been tried and proven in pharmacy. In 1971, Wilson reported on a survey of the nature and extent of community pharmacists' discussions with patients. By questionnaire and personal interview with a number of pharmacists, he noted seven hundred and sixty two incidents from which he

elicited twenty six competencies needed by pharmacists in this area of practice. However, he acknowledged that many of the incidents were not sufficiently detailed nor were they necessarily representative of all kinds of community pharmacy (Wilson, 1971). In a more recent study thirty four staff and practising pharmacists at the University of Minnesota identified over eight hundred critical incidents in pharmacy practice which were classified into forty eight competencies which were regarded as necessary in order to practice pharmacy competently (Grussing et al., 1978). A recent study in the United Kingdom identified the priority areas in the continuing education of community pharmacists by a competency-based approach (Hamilton, 1985).

Having undertaken a critical incident study of general practitioners what one would have at its conclusion would be not only details of where general practitioners see their activities as being most important, but one would have also a series of guidelines, predictors even, which would be used as the foundation stones in the construction of a continuing education programme to help all general practitioners maintain and improve their professional standards. Flanagan's technique has stood the test of time and is regarded as a sound methodology to determine competencies in any profession.

What then is the way to conduct a critical incident in a profession like teaching? Firstly, suitable individuals, for instance, teachers, head teachers, educationists, curriculum designers, education officers and parents would be asked to describe incidents that had happened to them or that they had observed, which reflected good or bad teaching. The main concern in this method would be always with the incident, never with the individual. Having undertaken a critical incident survey of teachers, what one would have at its conclusion would be not only details of where teachers see their activities as being most important but one would have also a series of guidelines, predictors even, which would be used as the basis in the construction of a continuing education programme to help all teachers maintain and improve their professional standards.

Behavioural event interview

The behavioural event interview is an adaptation of the critical incident technique to which it bears a close resemblance. This approach, developed by a psychology professor at Harvard University, David C. McClelland, and his colleagues at a Boston management consultancy firm McBer and Company, has been described only during the past decade (McClelland, 1976; McClelland and Boyatzis, 1980; Klemp and Spencer, 1980). The behavioural event

interview is a variant of Flanagan's strategy in that whereas Flanagan was concerned mainly with the details of the incident being told to him and less with who was doing the telling, McClelland insists on speaking with those at the top of their profession (he calls them 'star performers') in order to find out in detail everything that occurred during the most critical incidents of their professional careers.

If one was undertaking a series of behavioural event interviews in teaching, the first step would be to talk with a number of teachers and Heads in schools in order to identify fifteen to twenty teachers who are regarded by their peers as 'star performers'. This information would be elicited quite easily by asking the teachers to which of their colleagues they would go for professional advice. (Reviews, for example, Lewin and Zwany (1976), Kane and Lawler (1978), have indicated that peer ratings and supervisor nominations are valid yardsticks when no hard measures of performance effectiveness in a given job, for example, sales or profit data in industry, are available.) Those identified as star performers would then be interviewed in depth and asked to recount the most critical situations they had encountered in teaching and to provide a detailed description of these events. The kind of questions to be asked are:

What led up to the event?

Who was involved?

What did the teacher think, feel, wish at the time?

What did the teacher do and why?

How did it all turn out?

In other words, one is interested in the teachers' perceptions of the events and people involved, their thoughts, their feelings, their acts and the conclusion - all for future reference.

At the end of the interview the teacher would be asked the characteristics he or she thinks a person ought to have in order to be a good teacher. Therefore, what one would have acquired from discussions would be a delineation, both implicit and explicit, by the good teachers of the important skills and competencies needed in their profession. (In terms of continuing education programmes, a significant spin-off from these talks would be the identification of numerous situations and problems which could then be used as the basis for practical and relevant learning material, for example, simulation exercises, case studies.)

The second step would be to repeat this whole procedure with a similar number of teachers regarded as average performers.

The third and final step would be the analysis. This would involve subjecting the information, the data, gathered in the behavioural event interviews to rigorous study in order to identify the behaviours, skills and characteristics which distinguish the good from the average teacher. This is the most difficult and yet most creative part of the exercise. Two or more analysts would examine the data and attempt to extract and define those competencies which are present, or absent, in the interview records on good, as opposed to average, teachers. This is a highly complex task and the need here would be for skilled and trained analysts (Spencer, 1979) but the result should be a detailed or specific 'behavioural code book' which can be used in coding data from interviews with teachers. It is this code book, which describes the competencies that predict performance in teaching, that would provide the basis for any specific needs training in a continuing education programme for teachers.

The behavioural event interview, therefore, differs from the critical incident method in three ways.

- . Firstly, the interviewees are 'star' or 'average' (maybe even 'below average') performers. This is in order to highlight the competencies which the star performers need and use in practice for the emphasis in the interview is on identifying

the competencies the stars displayed in facing up to major problems.

- . Secondly, the interview identifies the thoughts, desires and intentions which accompanied a behaviour and not just the behaviour itself. What emerges therefore is not just the facts of the incident but a more thorough understanding of why the interviewee behaved in the way he or she did.

- . Finally, the data which are gathered from the interviews can be content-analysed for recurring themes, for example, knowledge of classroom management, teacher-learner interaction. This brings to the fore a collective picture of the competencies involved in competent teaching. (Schneider et al., 1981).

It must be noted that McClelland's ideas have, as yet, not been used by any profession as a basis for a continuing education programme. Indeed there has been very little objective study of his theories, almost all the writings on his work coming from the Boston firm, McBer and Company, where he is now based (Hamilton, 1985). However, the success of his approach is dependent upon the content analysis of the interview data, for what he is trying to do is to identify the characteristics that are essential to

professional success. The problem which has already been noted with McClelland's work (Benner, 1982) is that it places undue emphasis on determining personal attributes while little or no attention is given to the situational demands, resources, constraints that affect competence and performance.

Discussion

Before proceeding to discuss the other methods or avenues of determining specific needs or competencies in the professions, it is apparent from the literature presented that the Delphi method (panel of experts), the critical incident technique and the behavioural event interview are the strategies of most value in determining the specific needs required by a general practitioner or a teacher or a pharmacist in practice. However, there are other methods which could be used and will be discussed with reference to general practice and teaching.

Interviews with recent graduates

Two interviews would take place with recent graduates to identify the areas of practice in which they felt least confident. In medicine the student graduates with a medical degree and in teaching the student graduates with a degree, diploma or certificate in teaching. The medical graduate is then required to

spend a twelve months' preregistration period in one (or more) of the areas of medical practice. The interviews, therefore, would take place during this preregistration year. Teachers, however, are posted to schools on a probationary period before being confirmed in their posts, after two or three years.

The first interview would be conducted within a few weeks of the graduates starting their preregistration year and probationary year respectively. The aim would be to find out whether there was anything they had to learn since beginning employment which they thought they ought to have been taught beforehand and whether there were any areas of practice about which they felt uncertain. The second interview would occur towards the end of the preregistration year for doctors and towards the end of the probationary period for teachers. Similar questions would be asked of the same students to discover how successful their training had been in their eyes, how much they had had to learn on their own, and whether there remained any professional uncertainties in terms of knowledge, skill and techniques.

The advantage of this procedure is that it would help to determine, for any continuing education programme, areas requiring special attention in the early years of practice; and it would also provide useful information to the curriculum planners of the

undergraduate degree and other professional programmes. A study in paediatrics found that the topics towards which educational programmes are commonly addressed did not represent the principal problems that practitioners faced nor were opportunities provided for the young doctors to acquire the skills which they most needed (Bergman et al., 1966).

A study of recent textbooks

In order to get an indication of the continuing education needs of the professions or the particular professions concerned, the textbooks used in the teaching of these professional courses over the past 15 years would be examined. As in the case of the pharmaceutical sciences, one survey of all 1973 issues of a pharmacy publication reported that over 150 new brand name or generic-equivalent prescription drug products had been introduced on the market during that one year and that over 400 older prescription and over-the-counter preparations had been discontinued (De Muth et al., 1976); and that Martindale's 1977 edition has forty three thousand entries in comparison with the thirty four thousand of 1972 and the thirty two thousand of 1967. Therefore, a similar comparative study of the major textbooks used in the professional courses, is likely to identify recent changes which have taken place in professional practice. Further, the

outline degree syllabi over the past ten years from a sample of the medical schools and teacher training institutions would be collected in order to identify changes in concepts and techniques being taught to undergraduates and teacher trainees. The findings from such a literature survey would suggest a framework for continuing education courses since it would highlight areas which the graduates and trainees of ten or fifteen years ago could not have been expected to cover during their training.

Study of errors in practice

In medicine a study would be made of the mistakes which have occurred in the practice of medicine. Similarly, in teaching a study would be made of the mistakes which have occurred in the practice of teaching. Likewise, a study could be made of the mistakes which have occurred in the practice of the other professions. The investigation would rely entirely on documentary sources. The information gathered, which would refer to incidents not individuals, would be studied in order to ascertain whether any pattern could be determined, for example, the setting in which the mistake took place, the details surrounding the error, the type of mistake itself, the consequences. The identification of a pattern would provide evidence to indicate the value of continuing education in the areas noted. One such survey in medicine has

shown that human error was a factor in 65% - 87% of anaesthetic deaths and it suggested that studies of such errors can provide information for designing and evaluating changes in training methods (Cooper et al., 1978).

Questioning

Fabb (1981), asserts that questioning is the central act in identifying knowledge deficits and learning needs. Postman and Weingartner (1971), claim that the art and science of asking questions is the source of all knowledge. They go on to point out, however, that questions are the instruments of perception, and that the nature of the question, that is its form and assumptions, determines the nature of the answer. Questions can be relevant questions, questions generated by the learner, divergent questions and 'high standard' questions (Fabb, 1981). An example of 'high standard' questions according to Fabb is:

"Will the questions draw out skills, attitudes and values as well as factual knowledge?"

"Will the process of questioning encourage the learner to formulate his or her own questions and discover his or her own answers, thereby becoming a self-directed learner?"

"Will the questions help the learner to become a more effective, efficient and caring family doctor?"

If the answers to these questions are all "Yes", we will

have set a very high standard in medical education."
(Fabb, 1981, p.397).

Questioning can be used in the clinical setting as well as in the educational setting. Likewise, in teaching, questioning can be used in the practice setting as well as in the educational setting. According to Fabb (1981), that outside the clinical or practice environment, perhaps the most potent is the learning group. The Australian experience and that in the United Kingdom and North America, has demonstrated that this is the most effective learning environment outside the practice - providing the group is relatively small, somewhere between eight and fifteen members, relatively stable in membership and conducive to open, honest communication and the full participation of all its members and not dominated by the resource person. Such a group makes it possible to share individual problems and concerns, discuss issues of common interest, ask a variety of relevant questions and identify deficiencies and learning needs.

In conclusion, the three principles to use in identifying learning needs are (Fabb, 1981):

- . Define sharply what is known from what is not known.
- . Use questioning in all its forms to do this.
- . Select educational methods which use these principles, with special emphasis on:-
 - (a) the clinical or practice environment;
 - (b) the small learning group; and,
 - (c) self-assessment programmes.

Criteria level

Having established by one, or more, of the methods discussed the specific needs or competencies required by the professional in practice, the next step is to determine the criteria level of satisfactory performance for each of the competencies identified.

Two methods for doing this have been suggested.

- . Firstly, a task analysis of a group of general practitioners considered to be good professionals should be undertaken in order that what they do, that is, their performance activities, can be observed and noted. Their activities could then be compared and from this comparison a checklist detailing the precise behaviour expected of a good general practitioner could be compiled.

- . Secondly, a consensus approach could be used to determine what a panel of expert general practitioners consider the specific criteria level in each competency should be. It has been observed that this latter method is the quickest and most satisfying method although its major weakness is that it relies on experiential opinion rather than empirical data (Dobbert, 1975).

Assessment procedures

Assessment procedures are needed in order to determine those competencies or specific needs which must be stressed in a continuing education programme. They can identify deficiencies in practice and so set the stage for the development of relevant, quality continuing education courses and materials. Once problem areas have been located, it becomes possible to construct programmes that address the practitioner's needs. Continuing education programmes no longer would be developed randomly but could be assembled as a coherent approach to professionals' problems. Certainly the development of courses and materials would not be a simple task but the assurance that at least they would be focussed on relevant issues would be a major step that would lend credibility at grass roots' level (Queeney, 1981). It

is in this most positive way that assessment procedures can help provide continuing education courses to become more relevant and useful to the professional.

What kind of assessment procedures or tests should be used? Given that one is concerned with competent performance, and the eventual design of continuing education courses and materials, three points must be borne in mind.

- . A variety of assessment procedures should be used in order to provide a comprehensive assessment of competence in a profession. Competence contains an amalgam of knowledge, skills and attitudes, the three domains into which Bloom said educational objectives could be classified (Bloom, 1956). Clearly the kind of assessment procedures which offers the most valid test of a competency will be indicated by the nature of the competency itself but it is essential that the assessment procedures used reflect as closely as possible the performance situation. Accordingly, these procedures should cover, where necessary, the domains of knowledge, skills and attitudes.

Written tests can be used to assess the knowledge needed by the professional but they would include assessment not only

of the professional's recall of factual information but also of the ability to solve problems and evaluate situations. Also, a practical assessment will be needed for there are manipulative and social skills which are necessary for many competencies in the professions. Such a test is also advisable in order to assess attitudes and values, although, to an extent, this can be done in a written simulation.

- . If a variety of assessment procedures are vital in a competency-based programme, it is important that the assessment procedures must be objective if they are to be fair (Dobbert, 1975). The assessors must be called upon to make as few interpretations and value judgements as possible in their marking. The responses being looked for must be explicitly stated.

In this regard the tests must also be reliable, that is, they must be constructed so that the same response on every occasion is given the same rating by each assessor. Since even scientific instruments can give slightly different measurements on different occasions unless all factors, for example, temperature, pressure, are controlled, absolute reliability in behavioural assessment is rarely achieved.

What should be sought, therefore, is a reasonable level of reliability (Dunn and Harden, 1977).

Further, the tests must be valid, that is, they must measure what they are intended to measure. It may not prove practical, even possible, to design tests to measure every competency identified as needed by the professional, but it must be ensured that all the tests which are designed are valid.

Reliability and validity are linked in that validity cannot be expected where reliability is low. Conversely, high reliability is no guarantee of validity. It, therefore, is desirable to keep the need for validity at the forefront of one's mind during the preparation of the tests and, if necessary, compromise in favour of validity at the expense of total reliability.

- . Finally, the assessment procedures must be criterion-referenced rather than norm-referenced. Norm-referenced assessment is that in which a candidate's score is compared with those of the other candidates. From it one knows how 'bright' or 'dull' the candidate is in relation to his colleagues. The candidates as a group have a normative

function in determining the level and range of performance, and assessment procedures using this principle are accordingly termed norm-referenced (Pilliner, 1979). However, this kind of normative procedure reveals nothing directly about the performance, in absolute terms, of any candidate. All that it does is provide information relative to the other members of the group who may all be very able (or very competent) or who may all be very poor (or very incompetent). Norm-referenced procedures, therefore, are of limited use in competency-based continuing education for the best candidates in relative terms may be poor in absolute terms. Competency-based continuing education is concerned with whether candidates have reached predetermined standards of competence. Norm referenced assessment will not provide this information.

However, in 'criterion-referenced assessment', a phrase said by Brown (1980) to have been first used in 1962 by Glaser and Klaus, the candidates' scores are interpreted by rationally or empirically established standards of attainment rather than by comparisons with each other's ratings (Harden, 1979).

Brown's notion of criterion-referenced assessment is:

"Assessment that provides information about specific knowledge and abilities of pupils through their performances on various kinds of tasks that are interpretable in terms of what the pupils know or can do, without reference to the performance of others". (Brown, 1980, p.vii).

In other words, criterion-referenced testing is not about discriminating between one candidate and the next. Rather, its purpose is to provide information about what candidates have, or have not, achieved in a particular area of study or work. This, of course, is the ideal kind of assessment procedure for a competency-based study since it enables one to establish whether or not a candidate has reached a predetermined standard. From a study of the scores against each of the competencies, it is thus possible to determine which competencies need to be improved and must form the basis of an education programme. The advantages of criterion-referenced assessment to someone involved in the continuing education of general practitioners and teachers, indeed of any profession, are self-evident.

Having decided on the essential characteristics of assessment procedures to be used, what has now to be determined is which kinds of tests would be most suitable to employ with professionals. Some of the options worth considering are discussed below.

Essays

The value of literary compositions on a set topic is clearly very limited. Although it might just be argued that essays would show a doctor's or teacher's or pharmacist's powers of analysis or interpretation, it could not be maintained that the way a doctor or a pharmacist writes an essay reflects the way he would perform in practice. To use essays as a test of competency, or a number of competencies, say in medicine or in pharmacy, is to lay oneself open to the charge of employing invalid and unreliable assessment procedures. Although it is possible to mark essays in an objective fashion, even their most enthusiastic supporters could not describe them as the most objective of tests.

For these reasons the essay as an instrument to be used in the assessment of competencies must be regarded with extreme caution to be employed only for the most special of reasons.

Multiple-choice questions (MCQs)

Multiple-choice questions appear suitable for use in assessing competency in medicine, pharmacy, teaching and other professions. Their merits and demerits may have generated much debate in educational circles over the past fifty years, for example, Hartog and Rhodes (1935); Nunnally (1964); Anderson (1979); Pickering

(1979), but they are now accepted as valid assessment procedures and have been used in continuing education in most professions, for example, in medicine (Lennox et al., 1957); Hubbard and Clemans, 1961), where the MCQ examination is now incorporated in part one of the MRCP (Royal College of Physicians, Smith, 1982) and in the primary FRCS (Royal College of Physicians and Surgeons of Glasgow, 1969), in pharmacology (Perry, 1960), in biochemistry (Wills, 1963).

There are essentially two formats of multiple-choice questions. Both have a stem and one, or more than one, correct answers. In the first format the participant would be presented with a question and three, or four or five answers. The participant is asked to select from the possible answers the single correct answer. The second format would present the participant once again with a question and three, four or five answers. This time the participant would be asked to respond to all of the answers and say whether each one is true or false. In this format, however, more than one of the answers can be correct.

Multiple-choice questions, when properly designed, can be used to assess many, although not all, competencies needed by the practitioner. They test well in the cognitive domain, at least in the lower taxonomic levels, and are claimed to be 'the most

reliable, reproducible and internally consistent method we have of testing recall of factual knowledge' (Smart, 1976). But MCQs have also been successfully designed to test the understanding of basic facts, principles and concepts, the ability to understand and to interpret data, to solve relevant problems and to evaluate a situation (Owen, 1973; Fleming et al., 1976; Anderson, 1976 and 1979).

Written simulations

Another approach to be employed in assessing competency in an objectively-scored written test would be to use a written simulation, something of a compromise between a simulation exercise and a written exam, as a test. MCQs, as has been pointed out, can assess amongst other things, the recall of factual knowledge but they do not evaluate how a doctor or a pharmacist would assess a problem and reach decisions. What is needed, therefore, is a method of evaluation which closely approximates to the practice situation and gives the professional an issue of relevance and complexity to study in a structured manner and which allows the participant to make decisions which cannot be altered and for which the participant must accept responsibility.

Written simulations, pioneered in professional education by McGuire, Solomon, Bashook and others at the University of Illinois

Medical Centre, are designed to evaluate problem-solving skills in a practice context.

There are basically two types of written simulations based on a problem-centred approach.

Modified essay questions (MEQs)

The Royal College of General Practitioners has been credited with devising the first MEQs to be used in the United Kingdom (Knox, 1975). In 1965, an examination for membership of the Royal College was instituted and demands made that this exam should reflect the practice situation. The outcome was the construction of several problem-centred methods of assessment, among them the method which has come to be known as the modified essay question (Royal College of General Practitioners, 1971).

In the MEQ, a general practitioner would be given an initial amount of information about a patient, the kind of information the GP would be expected to have in practice. The GP would then be asked a series of open-ended questions to which the GP would construct answers which would be some way between a traditional short answer and a traditional essay. The GP would not have the answers suggested to him. The written answers would be assessed against a prepared consensus of expert opinion.

Then, regardless of the responses the participant has recorded in this first section, he would proceed to the next stage in which he would be given further information about this case, some of it relevant, some of it not so relevant. Once again, he would be asked some questions and again he would write his own answers. This pattern would repeat itself half-a-dozen, maybe more, times. In effect, the MEQ is a strategy which includes a series of open-ended questions about a developing situation in which the responses at each stage are relatively free.

Thus, in a MEQ, what would be provided by the general practitioner would be information not only about the actions he would take but also about the ways in which he decided upon these actions. The process, as well as the product, is being assessed.

Patient management problems (PMPs)

Patient management problems were first initiated by the military (Gagne, 1961) and then more fully developed in medicine by Christine McGuire at the University of Illinois (McGuire and Babbott, 1967), where much has been written on this strategy over the past fifteen years (McGuire and Wezemen, 1974; McGuire et al., 1976; McGuire, 1980). Harden (1983), has said that, 'in patient management problems the doctor or student is given

information about a patient and is required to make decisions in the simulated situation about further investigations and the patient's diagnosis and management'. The doctor, firstly, is presented with a case history, followed by a series of actions which serve as options, detailing how he might handle this problem. He is asked to comment on these options either by selecting the most appropriate course of action from the options listed or by grading each of the options on a five-point scale ranging from 1 for something that should definitely not be done or is incorrect to 5 for something that is essential to do or is correct (Harden et al., 1979). Comment is then available to the doctor on the actions for which he has opted by an erasure technique, for example, by scraping away a covering over the print on the paper, by using a red mask or a red felt tip pen with coloured scrambled print, or by using a latent image printing technique (Rogers et al., 1979). This will provide the doctor with information on his decisions, for example, their advisability, their consequences, and will direct him to another section of the problem where this process is repeated. So he continues to work his way through the problem until a solution is arrived at.

In patient management problems there are often many routes through the problem which allow an individualised approach and solution.

These different approaches provide opportunities for an individual to take an inappropriate line, possibly correct himself and change track, or pursue on line until an appropriate solution is arrived at. In terms of marking, each option within a problem is assigned a numerical value, determined by a panel of experts, as a basis for assessing an individual's performance.

The patient management problems differ from modified essay questions in that the respondent does not have to construct the responses himself, rather he responds to cues; and by the decisions he makes, he can determine his way through the problem with which he is faced; and the patient management problems can serve both as an assessment procedure and as a learning process.

Written simulations have been used successfully in medicine, for example, Demers, 1974; Biran et al., 1979; Harden et al., 1979; Rogers et al., 1979. They have also been employed to similar effect in nursing, dietetics and occupational therapy (Shannon, 1974), dentistry (Machen, 1974) and pharmacy (Bond and Angaran, 1978; Fielding and Page, 1978; Roffman et al., 1980). Their advantage is that they can simulate actual professional interactions between doctor, pharmacist, nurse and patient, and as such can therefore be used as an assessment strategy in a continuing education programme.

Objective structured practical examination (OSPE)

The multiple-choice questions and the written simulations can assess areas in the domains of knowledge and attitude. However, a suitable procedure for assessing practical skills has not yet been discussed. Practical and social skills are essential to all professionals. Therefore, there is a clear need for an instrument to test effectively such skills. Short and Tomlinson (1979), reported the need for an improved procedure which tested whether or not students had reached the required standard in laboratory work in physiology and pharmacology. It has also been observed that examiners for degrees in physics, although acknowledging that practical work was a very essential part of the course, were reluctant to give the practical aspect too much weight in marking because they doubted the reliability of the results of the practical assessments (Thompson, 1979).

However, the introduction and development of the objective structured practical examination in medicine in the mid-1970s remedied this deficiency (Harden et al., 1975). The OSPE was designed to assess the practical competence of professionals in the medical and paramedical fields. Devised by Harden, Dunn and others at the Centre for Medical Education at the University of Dundee, it combines a number of techniques used in assessment and

incorporates them in an examination which is aimed at testing practical skills reliably and validly and which teachers can adapt to meet their own needs. The OSPE is an eclectic approach in that it brings together several testing methods rather than initiates a new type of evaluation assessment. However, its originality lies in the fact that such a varied assessment technique is new in education, most current examinations being of a unitary nature, for example, all essay questions, all multiple-choice items (Hamilton, 1985).

This approach involves the student in the OSPE rotating round a series of stations, usually fourteen to twenty in number. At each station an aspect of competence in medical practice is assessed. At some stations - procedure stations - the student has to carry out an activity or practical procedure, for example, use an instrument, take a patient's history, conduct an examination. At these procedure stations where the method of carrying out the task has to be assessed, an examiner is present with a checklist and scoring card (the details of which are determined by a panel of experts) against which he marks the student's performance. At other stations - question stations - the student may be required to answer on paper open-ended or multiple-choice questions which may relate to the previous station.

The time allocated to each station is about four to five minutes. After each four minutes' period the student moves on to the next station in response to a given signal, for example, a buzzer or bell. Half a minute can be allowed for the change between the stations. With twenty stations, twenty students can be examined simultaneously and the examination can be completed in one hour, forty minutes. Therefore, a further twenty students can be examined later in the same morning. This number, of course, can be increased if the examination is duplicated or triplicated (Harden, 1979; Harden and Gleeson, 1979; Harden and Cairncross, 1980).

The OSPE has some very clear advantages and from a study of the literature it would appear that the most important of these indicate its suitability for use with the professions and, indeed, in all aspects of education. Its main advantages to continuing education of professionals are that:

- (a) The OSPE is a more valid examination since the exam can be designed to test competencies essential to practice, both in terms of functional knowledge and practical skills.
- (b) The OSPE is a more reliable examination since the use of a

checklist by the examiners and the use of multiple-choice questions ensures a greater degree of objectivity.

(c) The OSPE has a large number of stations (or items) which allows a large sample of the professional's skills to be tested.

(d) The OSPE can be used with considerable numbers of professionals/students.

Suggested strategy for Malaysia

In planning and providing continuing education programmes and activities for professionals in Malaysia, the first step must be to determine the professional needs and competencies by practitioners in the professions concerned. This can be done by one, or more, of a number of strategies - the Delphi method or panel of experts and the critical incident technique appearing the best-suited methods, although task analysis or a series of behavioural event interviews would be acceptable alternatives. Having delineated the needs and competencies, it becomes necessary to establish what is competent performance, in the case of competencies, in each of the competencies being assessed. This can be done satisfactorily by eliciting the standards of performance from a panel of experts in the professions concerned.

In order to assess how the professionals perform in each of the competencies and so determine those areas which should form the basis of any continuing education programme for practicing professionals, a number of assessment procedures can be used - multiple-choice questions, written simulations and an objective structured practical examination being the most suitable.

However, to date, such an investigation has not yet been undertaken in any profession in Malaysia. The question that remains to be asked is; can the theory be translated into reality? Will these paper ideas survive in the harsh world of professional practice? Nevertheless, this thesis, by proposing to investigate the possibility of using open learning systems, by utilising distance learning technique for continuing education of general practitioners in private practice and primary school teachers of English in Malaysia, has now set the wheels in motion for continuing education for professionals.

The following table (Table 3.1) presents a summary of the techniques for determining professional needs, advantages, limitations and assessment procedures.

Table 3.1

Technique	Advantage/s	Limitation/s	Assessment procedures
Task analysis	<ol style="list-style-type: none"> Determine the areas of applied knowledge which are necessary in order to perform the activities observed. 	<ol style="list-style-type: none"> Refers only to functional tasks and not to how best people perform them. Produces a mammoth list of what professionals do. Provides no indication as to which of the tasks are central and crucial to competent practice. 	<ol style="list-style-type: none"> Essays Multiple choice questions Written simulations Modified essay questions Patient management problems Objective structured practical examination
Delphi technique	<ol style="list-style-type: none"> The use of a panel of experts to reach a consensus on issues or issue in dispute. The worth of this method is almost universally accepted and it is generally regarded as a thorough methodology for identifying professional competencies. 	<ol style="list-style-type: none"> Lacks supporting empirical data to show that the knowledge or skill competencies which panels identify are in fact related to on-the-job performance. Panels tend to identify the traditional competencies. Data that the panel of experts generate are often not sufficiently precise in behavioural terms to provide training criteria. 	

Technique	Advantage/s	Limitation/s	Assessment procedures
Critical incident survey	<ol style="list-style-type: none"> 1. A rather sophisticated method of collecting behavioural data about the ingredients of competent behaviour in a profession. 2. When compared with other methods of performance, evaluation is a more objective and efficient method of determining performance effectiveness. 3. A direct factual approach to gathering information. 	<ol style="list-style-type: none"> 1. The division of the incident into clusters relies a great deal on subjectivity. 	
Behavioural event interview	<ol style="list-style-type: none"> 1. 'Star performers' are interviewed in order to find out in detail everything that occurred during the most critical incidents of their professional careers. 2. The interview identifies the thoughts, desires and intentions which accompanied a behaviour and not just the behaviour itself. 3. Data gathered can be content-analysed for recurring themes. 	<ol style="list-style-type: none"> 1. Places undue emphasis on determining personal attributes while little or not attention is given to situation demands, resources, constraints that affect competence and performance. 	

**Assessment
procedures**

Technique	Advantage /s	Limitation/s	Assessment procedures
Interviews with recent graduates	1. Help to determine for any continuing programme areas requiring special attention in the early years of practice.	1. First interview to be conducted within a few weeks of the graduates starting their preregistration year or probationary period would be too early for graduates to pin-point their uncertainties. Mid-way and towards the end of their year would be more useful.	
A study of recent textbooks	1. Identify recent changes which have taken place in professional practice.	1. In professions like medicine and pharmacy, for example, where the knowledge flow is so great, recent textbooks too could become out-of-date. In addition to a comparative study of the major textbooks, degree syllabi of professional schools, recent research findings have to be included.	
Study of errors in practice	1. The identification of a pattern would provide the value of continuing education in the areas noted.	1. Access to documentary sources could be a limitation.	

Technique	Advantage/s	Limitation/s	Assessment procedures
Questioning	<ol style="list-style-type: none"> 1. Central in identifying knowledge deficits and learning needs. 2. Helps define the known from the unknown. 	<ol style="list-style-type: none"> 1. Skill in questioning will be required to use certain types of question to stimulate the learner to generate further questions to define their learning needs. 	

CHAPTER FOUR

CHAPTER FOUR

WHAT IS OPEN LEARNING?

Summary: This chapter explains the **modus operandi** of the word open learning as used in the thesis and reviews the available literature. This chapter also includes a comparison of open and closed learning. A discussion of how instrumentation alters orientation and how the continuing educational needs of professions can be met by an open learning system.

"There is nothing more difficult to take in hand or more perilous to conduct or more uncertain in its success than to take the lead in the introduction of a new order of things." (Machiavelli, The Prince)

Introduction

According to **A Handbook for Action** (1987), there is no universally agreed definition of open learning. The essential idea, however, is that of opening up new opportunities for people to learn. The growing literature on open learning systems contains many complaints about the lack of unanimity on the terminology used in the field. This is especially true of the English speaking world

where each of the following terms is used extensively: correspondence study, home study, independent study, external studies and distance education.

Lewis and Spencer (1986), say:

"Open learning is a term used to describe courses flexibly designed to meet individual requirements. It is often applied to provision which tries to remove barriers that prevent attendances at more traditional courses, but it also suggests a learner-centred philosophy. Open-learning courses may be offered in a learning centre of some kind or most of the activity may be carried out away from such a centre (e.g., at home). In nearly every case, specially prepared or adapted materials are necessary." (Lewis and Spencer, 1986, p.9).

Gould (1973), says:

"This attitude puts the student first and the institution second, concentrates more on the former's need than the latter's convenience, encourages diversity of individual opportunity rather than uniform prescription, and de-emphasises time, space, and even course requirements in favour of competence and, where applicable, performance. It has concern for the learner of any age and circumstance, for the degree aspirant as well as the person who finds sufficient reward in enriching life through constant periodic or occasional study." (Gould, 1973, p.xv).

From the glossary of terms given on (p.7) of **A New Training Initiative**, by the Manpower Services Commission in July, 1984:

"Open learning : arrangements to enable people to learn at the time, place and pace which satisfies their circumstances and requirements. The emphasis is on opening up opportunities by overcoming barriers that result from geographical isolation, personal or work commitments or conventional course structures which have

often prevented people from gaining access to the training they need."

From a workshop run by the National Extension College:

"Learning which is delivered at a time and place and through media which suit the needs and circumstances of the learner rather than of the institution." (In Lewis and Spencer, 1986, p.12).

From a paper by John Coffey, "Open learning opportunities for mature students", in Working Paper 14, **Open Learning Systems for Mature Students**, by Charles Davies, Council for Educational Technology, 1977:

"An Open Learning System is one in which the restrictions placed on students are under constant review and removed wherever possible. It incorporates the widest range of teaching strategies, in particular those using independent and individualized learning." (Coffey, 1977, p.19)

Coffey (1977), describes open learning as having the following characteristics:-

- . there will be minimal restrictions on time or place of study;
- . there will be no group size requirement;
- . there will be provision to help financially disadvantaged students meet the cost of study;

- . there will be opportunities for students to select objectives and methods of study;
- . where courses continue to have objectives chosen by agencies other than the student, it will often be necessary to provide individualised 'link' material to bring student and course objectives in line, and bring student attainment to the necessary level;
- . there will be continuing efforts to remove or decrease restrictive aspects of assessment methods and course entry requirements; and,
- . there will be information and counselling services provided for potential students to know what is possible in order to take advantage of what is offered.

From an examination of the definitions of open learning systems, the following characteristics emerge:-

- . opening up new opportunities for people to learn;
- . removing barriers that prevent attendances at traditional courses, thereby creating more accessible provision; and,

- . adopting a learner-centred philosophy and delivering learning at a time, place and through media which suit the needs and circumstances of the learner rather than of the institution.

Thus, at this stage, the creating of access to learning opportunities is the primary concern of open learning systems. Having established one key factor of open learning systems, namely, access; what then would be open learning systems for continuing education of professionals?

Open learning systems for continuing education of professionals

Much of the available published literature on open learning systems focuses attention on courses aimed at either skills training or attaining further academic qualifications. An attempt is made here to present a revised version of Coffey's (1977), characteristics of an open learning system to establish a framework in terms of what an open learning system for continuing education of professionals would read:-

- . there will be minimal restrictions on time or place;
- . there will be no group size requirement as it will be individualised and tailored to meet the professionals' needs;

- . there will be provision to meet costs if the continuing education undertaken is to fulfill managerial requirements, that is, the employer pays or subsidises the costs;
- . there will be no provision to help financially if the continuing education undertaken is for the self-development of the professionals; and,
- . there will be opportunities for the professional to select objectives and methods of study.

An open learning system incorporates the widest range of teaching techniques, in particular those using distance, independent and individualised learning. This is achieved at the provider's level by sharing of information and expertise and the production and national dissemination of high quality materials. At the professionals' level it is assisted by the development of an information service and an increased and positive feedback system. The aim of an open system, in this instance, is to make available the access to professionals to continuing education opportunities, as the pressures for its need increases with the flow of information and differing needs.

It follows then, that to make available the access to professionals to continuing education provision, there has to be an administration to support the access in an open learning system. Before considering the aspect of administration, the questions that have to be addressed are, firstly, what is closed learning? Secondly, what is the open-closed learning continuum? Finally, where, along the open-closed learning continuum, does continuing education for professionals fit?

What is closed learning

As Coffey (1977), accurately points out that while there are exceptions, the existing system can only provide courses to those who accept a number of administrative and educational constraints, amongst which the following usually apply:-

- . the learner must attend in a specific place;
- . at definite times;
- . over a named period of time;
- . join a group of minimum size and in order to keep a class in being, the group must not fall below the minimum size; and,
- . must pay a certain amount towards the cost of the course.

Apart from these obvious limitations, there are more subtle educational constraints which are equally effective as barriers to educational opportunity. These include:-

- . the learner has to accept the sequence of teaching that is offered;
- . the learner has to accept the teaching strategy that suits the teacher;
- . he or she has to accept that he or she will have little opportunity to select the learning objectives which he or she wishes to work towards;
- . in many cases he or she will have to meet minimum entrance requirements which have little or no relevance to his or her personal learning objectives; and,
- . assessment methods are usually unrelated to the type of activity in which the learner will apply his or her newly acquired knowledge or skills.

Whether a learning system is open or closed depends on the absence or presence of restrictions imposed by the system which limit access to its provision. To make a system open, these limitations, as far as possible, have to be removed, or provision has to be made for learners to overcome them. The closed learning system raises the next question, which is, what is the open-closed learning continuum then? Table 4.1 presents the open-closed learning continuum as reproduced by Thorpe and Grugeon (1987, pp. 5-6), which was originally provided in Lewis and Spencer (1986, pp. 39-42).

Table 4.1 : The open-closed learning continuum

Basic Question	Closed	Aspects	Open
Who?	Scheme open to select groups only		Scheme open to all
	Set entry requirements e.g., traditional exam success		Self-assessment and diagnostic facilities
	Scheme not marketed		Extensive publicity, regularly updated information
Why?	Choice made by others, e.g. tutor, employer		Learner choice
	No counselling or guidance		Pre-entry counselling
What?	Entire syllabus set out in advance, e.g., by validating body; no choice possible within it.		Learner formulates own objectives and syllabus
	Limited to materials the tutor has produced		Uses wide range of materials drawn from many sources
	Whole course must be taken		Content tailored to need; individual learners can take different modules
	No guidance on selection of content		Guidance on selection of content
	Knowledge, facts, 'academic'		Experience, practice, feeling, attitude

	No recognition of past experience	Credit given for past experience
How?	Only one method/style provided for; little variation in learner activity	Choice of learning methods/styles; varied activities
	One route only through material	Choice of routes through material
	Package in one medium only	Package uses variety of media
Where?	One place (e.g. at work)	Learner chooses place (e.g. home, work, while travelling)
	Regular fixed attendance required	Learner can attend, or not - as desired
	Practical work requires fixed attendance	Practical work offered through kits and/or drop-in access and/or place of work itself
When?	Fixed starting date(s)	Start any time
	Learner placed by a fixed timetable	Learner decides place of work
	Fixed ending	End at any time
How is learner doing?	Externally mixed method of assessment, e.g. formal exam	Variety of assessment methods; learner choice of assessment methods; learner constructs method of assessment
	Normative assessment	Criteria/competency based assessment
	No feedback on performance	Frequent, full, ongoing feedback on performance, available as desired

	Assessment dates fixed and non-negotiable	Learner decides when to be assessed
	Assessment available only for whole course	Assessment available for each module
Who can help the learner?	No support outside course/package	Variety of possible kinds of support (e.g. advice, guidance, counselling)
	Only professional supporters (e.g. teachers) encouraged	Non-professional, as well as professional supporters; informal as well as formal support encouraged (e.g. mentor, family, friends)
	Support available only in one place, e.g. training centre	Support available in many places
	Support available in one mode only, e.g. face-to-face	Support available in a variety of modes, e.g. letter, telephone, face-to-face
What does it lead to?	One destination	Various possible destinations

Notes

- "1. It is possible to increase or to reduce the number of basic questions used to analyse a scheme.

2. It is also possible to increase or to reduce the number of aspects of each question. You can see, for example, that I have given two aspects for why? and six for what?

3. All schemes will, in practice, be open on some aspects and closed on others, either through choice or through lack of resources.
4. Some parts of a scheme, e.g., different modules or practical work, may be open to a different extent, or in different ways, from other parts of the same scheme."

The open-closed learning continuum raises the final question of where along this continuum does continuing education for professionals fit? With reference to the in-service teacher programmes provided by the Ministry of Education in Malaysia, which is referred to as continuing education provision, it is evident from the nature of the provision that it is nearer to the closed learning end of the continuum. To recapitulate, the main features of the existing in-service teacher programmes are as follows:-

- . centralised;
- . participants are carefully selected;
- . limited number can be catered for at any one time;
- . needs of the curriculum and the system are provided for;
- . fixed time and place framework; and,
- . utilisation of key personnel at the state level.

In the case of doctors in Malaysia, the proposal for a continuing education provision is currently 'on the drawing board', and as such the present thesis is timely and would be able to provide some guidelines. These guidelines would not only be useful for continuing education provision for teachers and doctors, but applicable to other professions as well.

Returning to the question of where does continuing education fit along the open-closed continuum, this can be answered by referring to Table 4.1 and addressing each basic question down the left column in turn.

Firstly, who? All the aspects at the open end of the continuum would apply.

Secondly, why? Learner choice and pre-entry counselling are necessary.

Thirdly, what? Since continuing education for professionals will be provided by the professions and the relevant bodies, care should be taken to provide for the individuals' needs. Such information can be gathered by utilising an appropriate strategy

for determining needs. Thus, the objectives and syllabus would be learner-centred.

Fourthly, how? Again, the open end of the continuum would apply.

Fifthly, where? The choice rests with the individual.

Sixthly, when? All three open end aspects apply.

Seventhly, how is the learner doing? It would again rest with the professions to provide a variety of self-assessment methods for the learner, based on the problem addressed. The remaining open end aspects would apply to continuing education for professionals.

Eighthly, who can help the learner? Would involve peer professionals, experts in the field, consultants and inter-disciplinary advice, depending on the nature of the problem. Support has to be available in many places and also given in a variety of modes.

Finally, what does it lead to? Would be multi-pronged in the case of a professional.

Thus, continuing education for professionals would fit the open

end of the learning continuum. However, the argument that open learning systems for continuing education of professionals would be difficult to deliver could be countered by enlisting the distance technique as a delivery mode for an open learning system. Therefore, access can be in the form of the distance mode.

The role of distance mode in open learning systems

Distance learning, initially was to fulfill the demands of correspondence courses and external examinations. However, more recently the role of distance learning was expanded to meet developmental needs such as:-

- . the demand for more open systems;
- . the rate of change requiring newer skills and information;
and,
- . the economic argument which made the provision of education from a distance cheaper and more viable.

This provision then, of education from a distance recruited the services of the print media, radio, television and the postal service to disseminate learning materials.

This thesis proposes to use the distance learning mode for providing open learning. It is essential therefore to establish that open learning can certainly be done at a distance. Thousands of Open University students work on their own and for most of the time they study, rarely attending any sort of live session. Also, thousands of correspondence students work on their own, periodically sending assignments for marking to distant tutors. What is important is that the environment and learning materials are causing effective learning to happen, whether or not the person is at a distance from the provider (Race, 1987).

Given that in this instance open learning is to occur at a distance, care should be taken to provide materials to meet the specific needs of the professional. The idea is that we should not attempt to do the same things in different ways - we should be doing different things (Dunn, 1984).

Since the concept of open learning and distance learning is learner-centred, whereas most existing provision is teacher/administrator/institution-centred, whatever future provision is made, it must be built on existing institutions and expertise (Coffey, 1977), which brings forth the issue of administration to support the access made available in an open learning system.

Open learning systems for continuing education of professionals - the way forward

There appear to be three administrative levels at which support arrangements are desirable: institutional, regional and national.

"It must be emphasised that these arrangements should be designed to support institutional effort, not control it." (Coffey, 1977, p.15).

Institutional

This level would be concerned with arrangements in and between colleges, universities and other agencies directly concerned with continuing education of professionals.

Information

Information about courses and publicity must be available where and when potential participants are likely to need it. Information about courses available locally or by some form of distance learning and information about costs, grants and the like would be necessary. This then presupposes contact with regional and national sources to maintain up-to-date information.

Counselling

It is one thing to provide information, it is quite another thing to help potential participants to understand it. To be helpful,

the counsellor must understand the potential participant's personal objectives for wanting to pursue a particular continuing education programme and background. The advice offered might include planning a preliminary and individualised course to prepare a participant for entry into a specific programme.

Teaching, tutoring and management of learning

The major difference between open learning systems and conventional systems is that participants in the open learning situation have different needs and more specific needs, identified by themselves. For example, in the case of the general practitioner in a rural area who wants specifically to bring his knowledge up-to-date on current management trends in diabetes mellitus. Here the professional has identified his specific needs and would therefore select the particular programme that is offered to meet his needs. Therefore, it follows that different management of learning is needed. But the different management of learning can be based on the same fundamental pedagogical principles that conventional education is based upon. In particular, there is the addition of distance learning and individualised learning techniques.

Writing course materials

The writing of course materials for use in distance learning and

individualised learning will be an additional role for some tutors for which some training and ongoing support will be required.

Cooperatives

In this case, two or more colleges and universities enter into an agreement to provide sections of courses seems a very reasonable way to spread the cost of course development.

Regional support

Information

Information to be accurate at the local level needs regional and national coordination and updating. A regional information centre would collect and collate local information about professionals' needs and feed a national centre which would in turn collate information from regional sources and supply comprehensive and accurate information to institutions. Information about available courses, courses in preparation or planning stages, and about particular types of consultancy help available in a region would be collected. A bank of learning materials would also be maintained.

Skills training and consultancy

Skills training and consultancy will be needed by colleges and tutors undertaking new roles. The help needed will be of two

kinds: advice about changes in administration to accommodate new kinds of participant enrolment and course structure; and training for tutors in counselling, tutoring distance learning courses and development of individualised and distance learning material. A regional organisation would be able to respond quickly to local need and draw upon expertise throughout a region or, when necessary, from other regions.

Printing and publishing

This is an activity which requires a great deal of expertise and access to development funds. For open learning, it is necessary to ensure production of high quality materials. Few institutions are sufficiently endowed with the technical, financial and human resources to undertake this without some external support. However, there is an enormous amount of expertise and equipment spread about in colleges and universities. Some sort of regional coordination and access to development capital could well provide the type of service required. The funding would be in the form of risk capital, and refundable from sales.

National support

There is a host of activities necessary to the long-term development of an open learning system. The efforts of individual institutions require some kind of coordination at national level

for the benefit of all.

Information

Information about courses has to be constantly reviewed and brought up-to-date so that local centres can be kept aware of what is available.

Information about course development

It is essential so as to avoid overlap and duplication of expensive development effort. A central information agency would also be able to monitor demand for new courses and alert course developers to emerging needs.

Information about consultants and experts

This could be provided from a register maintained centrally and based on information supplied from regional centres. Medium and long term evaluation of advice, or other help provided, could be built into the system.

Research

Research into professional needs, learning habits and administrative problems are areas where central coordination would ensure good coverage and avoid unnecessary duplication.

Liaison

Liaison with national and international bodies to represent the interests of professionals could help modify some of the restrictions which may be found in national syllabuses.

Conferences and publications

These would be essential to keep professionals informed of developments.

Policy changes

Policy changes may be needed to enable institutions and staff to respond to new demands and opportunities.

Checklist of criteria for materials to be used in continuing education provision for professionals

The following checklist presents the main criteria for consideration when providing continuing education for professionals:-

- . convenience;
- . competitive;
- . concise;
- . relevance;

- . individualised;
- . self-assessment;
- . areas of speculation;
- . systematic;
- . flexible; and,
- . inexpensive.

(Hamilton, 1985; Dunn and Hamilton, 1985).

Convenience

The provision must be convenient for professionals to use in practice. It is not that professionals are disinterested in continuing education and have rejected it (Walker and Lowenthal, 1981). It is that existing arrangements are not sufficiently convenient for them to undertake continuing education at the times scheduled. The indications are that people often prefer to study at home or at work during the times most convenient to them (Glatter and Wedell, 1971; McIntosh et al., 1976). This would indicate that distance learning should be used as a major strategy in continuing education for professionals. However, the worth of direct learning that takes place at professional meetings, seminars and courses cannot be denied. But, if there is going to be a course, then the return to the professional attending the course has to be much greater than at present, otherwise he will not make an effort to attend. What any professional is looking

for is the maximum return for the minimum effort (Dunn and Hamilton, 1985).

As Fox and West (1983), in their paper on 'Developing medical student competence in lifelong learning: the contract learning approach', say:

"In spite of the medical needs of large patient populations, doctors must find ways and means to learn continuously; to update and expand their knowledge and skills in light of new advances in medical science. Because time is scarce, practising doctors must be skilled at learning efficiently and effectively throughout their careers. Although many opportunities are available to doctors to attend and participate in formal continuing medical-education activities such as rounds, conferences, and correspondence courses, these opportunities often conflict with the practice schedule and patient care. In addition, the axiom, 'Let the Buyer Beware', applies to the choice doctors must make regarding which programmes to attend. Finally, individual needs, learning styles and interests further complicate engaging in lifelong learning."

(Fox and West, 1983, p.247).

Competitive

Visibility is credibility (Dunn, 1980). The professional is willing and eager to learn but what he hears and what he sees will affect his learning and influence his participation. Therefore, any materials used, be they as courses or for distance learning distribution, should be competitively packaged and attractive. Professionals, and particularly those in the medical and para-medical world, are used to receiving information which is attractively designed and pleasant to look at and read. Any continuing education provision must compete on those standards (Dunn and Hamilton, 1985). Experience with educational materials has shown that the student reacts favourably to material which is well presented and visually attractive (Netter, 1967).

Concise

Information given to professionals must always be concise without being succinct. Most people retain small amounts of information much better than large continuous infusions. Therefore, there is little value in the use of closely-typed booklets containing a plethora of detailed information (Dunn and Hamilton, 1985).

Continuing medical education has devised some ingenious ways round this problem (Rawlins, 1983; Dunn, 1986).

Relevance

Above all else, continuing education for professionals must be relevant and perceived by the participants as relevant. It must be goal-oriented (Houle, 1961), for adults learn more effectively when they perceive that what they are learning is relevant to their own purpose (Price, 1967; Rogers, 1969). Courses which are highly relevant to practice situations get good attendance figures (Sortair et al., 1967). Courses must be relevant to practice. The professional must recognise that what is being offered relates directly to what he does and will improve his professional performance. The successful work conference demands problems rather than topics, be dealt with and that these problems be those seen by the delegates as their problems (Bradford, 1948).

As David McNamara, a lecturer in a university department of education, who spent a sabbatical year teaching in a primary school, subsequently wrote:

"I have always been fascinated by the problems involved in theorizing about and researching into education. Thus I was taken aback by my reaction to these activities when I returned to the classroom. Once working again as a teacher I lost all desire to keep up to date with the literature. This was not because my

mind went soggy or because I became involved in the minutiae of day to day problems. It was simply that the world of academic journals seemed completely irrelevant to classroom life. Inherent in the nature of social science and educational research is a propensity to generalize and develop second order distractions from the concreteness of particular examples. In addition, such activities are conducted in an ambience of intellectual detachment and scepticism. But as a teacher I had to act in particular and concrete situations and, moreover, be committed to and believe in what I was doing."
(McNamara, 1976, p.155).

Individualised

It is evident from the research which has been done into continuing education of professionals that the education needs of professionals vary from individual to individual. The 1967 survey of two thousand, six hundred Californian doctors revealed that their perceived needs were different from one township to another (Anonymous, 1969).

The need for an individual approach must be extended to the teaching process. Individual feedback of an encouraging personal nature has been recognised by researchers (Evered and Williams, 1980; Stoane et al., 1982), as being an important factor in continuing education of professionals and in distance learning it is also recognised that two-way communication is a vital part of the success of a programme (Holmberg, 1977; Kulhavy, 1977).

Self-assessment

All provision should include an element of self-assessment which allows the individual professional to recognise what he does not know but needs to know and immediately points him in the direction of where his need can be met. The need for feedback, particularly in a self-assessment format, has long been recognised as an essential aspect of continuing education of professionals (Mueller, 1970; Linn et al., 1975; Harden et al., 1979; Marshall and Fabb, 1981; Harden, 1983). It has proved to be particularly appealing to doctors and pharmacists since mistakes are made in private and the learning process is non-threatening (Rogers et al, 1980).

Areas of speculation

Continuing education of professionals, like all education, deals with mastery learning - knowledge and skills which have to be mastered. Indeed, the emphasis is placed on mastery learning. However, successful continuing education provision must also include the areas of speculation - the so-called 'grey areas' of professional practice where it is not so much a case of doing something that is either correct or incorrect but that different courses of actions might be successful for different people (Dunn and Hamilton, 1985). One of the characteristics of the professional man is the number of value judgements which he is

required to make daily (Houle, 1980) and continuing education must take account of this and concentrate upon these 'grey areas'.

Systematic

One of the major criticisms of most professional continuing education provision is that it is haphazard and opportunistic. There appears often to be no systematic coverage of any area. Courses and meetings offer topics which appear to have little relationship, one to another. Continuing education provision must be systematic in its coverage and the use of the results from a competence-based study within a profession will provide the basis for a structured programme built around the competencies needed within the profession (Dunn and Hamilton, 1985).

Flexible

The methods used in continuing education of professionals must be flexible. The survey of two thousand, six hundred Californian doctors (Anonymous, 1969), revealed that a wide variety of opinions existed as to the most interesting choice of methods. Ear, nose and throat specialists liked three to six month courses almost as much as short symposia, orthopaedic specialists had a broader tolerance for most methods than other groups, and anaesthesiologists were particularly fond of tape-recorded digests of research. Another research group reported that fewer older

doctors appear likely to participate in a distance learning, continuing education programme based on patient management problems. They opined that one of the reasons for this was that older doctors prefer more conventional methods of updating (Stoane et al, 1982).

However, one of the major criticisms of present mandatory continuing education methods has been that too traditional an approach has been undertaken (Talbot, 1979). Lectures, talks and seminars certainly remain the norm, with little account being taken of the fact that effective individual learning can be achieved by a host of different ways - visual as opposed to aural, discussion groups as opposed to lectures, active as opposed to passive and multi-media approach.

To overcome these problems and meet the criticisms, continuing education provision needs to have a flexible approach. As with the need for convenience in continuing education provision, distance learning would appear a solution to this problem. Flexible methods of continuing education provision which allow the professional to learn at his own pace, in his own home or practice without having to travel distances, for example, by using printed material, audio courses, multi-media kits and so on, have been

shown to be successful (Arndt and Weinswig, 1974; Harden et al., 1979).

Thus, as more and more people are now continuing to study because they want to, and are enrolling in ever-increasing numbers with institutions such as the Open University, which provide flexible, student-centred courses of the type that they can fit into their normal lives without undue disruption, the provision of flexible, student-centred continuing education courses will become one of the growth industries of the 1980s and 1990s (Percival and Ellington, 1984).

Inexpensive

All surveys of non-participation in continuing education of professionals reveal that expense is one of the main factors influencing attendance. There is little doubt that continuing education of professionals is an expensive business. One estimate of the total cost of two hundred surgical courses given in the United States in 1976-77 is US\$ 18.8 million (Greenberg et al., 1977). Another author estimated the annual investment in continuing medical education at US\$ 1.9 billion during 1974 (Miller, 1974). In the United Kingdom the Council for Educational Technology has stated the cost of an in-service training programme

for a six hour course for one hundred and sixty students to be UK £51.00 a teacher (Neville et al., 1982).

Clearly, most participants at continuing education sessions do not contribute anything like these sums from their own pockets but it is equally evident that expense can be a factor inhibiting individual attendance and preventing professional bodies, institutions and associations from setting up courses. Therefore, how can continuing education provision for professionals become less expensive? Once again, distance learning offers a solution. There is abundant evidence that this is a less expensive kind of continuing education provision (Holmberg, 1981). How inexpensive it can be is dependent on many variables, for example, the number of participants using the course, the type of materials and the provision for feedback. Very sophisticated systems could incur higher costs per student than direct learning. However, there is no doubt that distance learning is a low-cost option and until the costs of continuing education provision seem low to the participants, it is unlikely that the present 'take-up' rates under the voluntary systems of today will ever soar.

CHAPTER FIVE

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CASE STUDIES IN DISTANCE LEARNING

Summary: This chapter includes a description of selected institutions engaged in and providing open learning opportunities via the distance learning mode in the United Kingdom and abroad, in order to establish the main criteria necessary for such provision.

Introduction

The case studies in this chapter reflect the use of the distance learning delivery mode to provide access to learning opportunities. The case studies include the Open University; the Council for Educational Technology supported schemes; British Telecom's External Student Scheme; the Doncaster Assisted Private Study Course in Quarrying; and the Open Tech Programme. The Scottish examples selected include, Adults Working with Young People; Diploma in Educational Technology: Dundee College of Education; FlexiStudy; SCOTEC Higher Certificate in Library and Information Science: Napier College of Technology; and, BTEC Telford College.

The case studies from abroad include those from Canada, Australia and South East Asia. The Canadian models are:- Athabasca University, Alberta; Open Learning Institute of British Columbia; and, examples from Ontario. The Australian case study includes Deakin University. Finally, the South East Asian case studies include the Sukhothai Thammathirat Open University in Thailand and a glimpse of the off-campus academic programme of the University Science Malaysia and a private establishment, DISTED, also operating in Malaysia.

Why were these case studies chosen?

Although there are many examples of distance learning, the case studies included in this chapter reflect a variety of different models where the distance delivery mode has created access and opened up opportunities for learning. The examples represent local-based as well as distant-based schemes.

Moreover, the educational and training links with the United Kingdom presents a situation where British models are highly ranked in Malaysia. In addition, examples from 'nearer home' are also preferred. As Parkins (1985), reporting on the "Malay open university to resolve job crisis", says:

"The Malaysian government's decision to set up the special OU committee comes after making a lengthy study

of the open universities of other countries, which included sending its own educationalists to Britain, Canada, Australia, Indonesia, Thailand and elsewhere, to find out how it's done. The British and Thai models received most attention, but sources say the Thai model is favoured because it is less expensive and has been successfully operating in an Asian environment."

(Parkins, 1985, p.11)

More importantly, the purpose of including the selected case studies in this chapter, is to establish the various elements involved in providing such provision and to select and use those that would be useful to continuing education provision for professionals.

Criteria checklist in retrospect

Before attempting to describe the selected case studies in the light of the criteria for providing open learning via the distance learning mode, it would be of assistance at this point to recapitulate the criteria that would form the framework against which the case studies would be described.

The criteria include:-

1. Opening up new opportunities
2. Accessible provision
 - (i) Convenient
3. In response to specific learner needs
 - (i) Relevant
 - (ii) Individualised
 - (iii) Self-assessed
4. Administrative support at institutional, regional and national levels.
 - (i) Learner support available in a variety of modes
5. Learner involved in formal part-time or short-term educational programme on a credit or non-credit basis
6. Publicity

The case studies in this chapter reflect the requirements of continuing education or training for jobs and certification.

The Open University

The Open University has led by example. It developed the 'course team' as a means of producing high quality learning material. It created a regional structure to allow its students access to local tutors and counsellors. It brought the concept of counselling

into correspondence study. Its students have been more influential than its own academics in spreading open learning. Thus, the Open University brought respectability to open learning (Lewis and Spencer, 1986).

Origins

The Open University was established by Royal Charter in 1969 as an independent and autonomous institution authorised to confer its own degrees. It provides a second chance to adults who have not received higher education, and has also developed an extensive continuing education programme. The first students were enrolled in 1971.

Students

Applicants for undergraduate courses do not require formal qualifications but must be at least 18 years old.

Courses

The University's three programmes of study are:-

- (i) undergraduate (B.A.) programme where there were over one hundred and thirty course options, including many multi-disciplinary lower-level courses in 1984 for instance;

- (ii) postgraduate programme which includes the B.Phil., M.Phil., M.A. in Education, and Ph.D. degrees are primarily research-based but some taught Masters courses now operate; and,

- (iii) associate student programme with more than one hundred and fifty courses, most full-length but some short, are offered. Subject areas include: community education, in-service teacher training, health and social welfare, technological updating and management education.

Six credits are required for a B.A., eight for a B.A. (Hons.). A full credit is awarded on successful completion of a one-year course comprising thirty-two units of work, each unit requiring twelve to fifteen hours of study. Half-credit courses require completion of sixteen units of work over one year. Students can obtain a maximum of two credits per year.

Media and methods

The principal teaching medium is the printed correspondence text, supplemented by television, radio, audio cassettes, audio discs, slides and home experimental kits. Lending services are operated for audio cassettes of radio programmes and video cassettes of television programmes. Tutorial assistance and counselling are

offered through a system of around two hundred and sixty study centres throughout the Open University's thirteen regions in the United Kingdom. A residential summer school of one week duration is compulsory in some courses. The principal use of computer assisted learning is for the teaching of programming. Other major areas of use include computer-based tutorials for difficult concepts, learning about standard database and statistical packages for mathematics and the social sciences and the use of simulations in science and technology (O'Shea and Scanlon, 1984).

Assessment

Self-assessment questions are included in all correspondence texts. Tutor-marked and computer-marked assignments form the continuous assessment element in most courses, but some courses contain an assessed project element. The award of a credit is dependent upon the student's performance in continuous assessment and in the three-hour end-of-course examination; the weighting is roughly 50:50.

Control and institutional research

Academic control: Courses Committee considers all course proposals in the context of the University's academic plan. Formal academic approval rests with the Academic Board and Senate.

Quality control: Most evaluation within the Open University is carried out by one of the following:-

- (i) permanent, specialising evaluating groups;
- (ii) course teams;
- (iii) permanent committees and boards involving staff from different parts of the University; and,
- (iv) individuals undertaking projects.

Finance

The Open University is financed directly by the Department of Education and Science. The Centre for Continuing Education is required to be self-financing from student fees and from sponsoring funds (Harry and Raggatt, 1984).

Thus, in the case of the Open University, all the criteria set out earlier apply.

The Council for Educational Technology supported schemes

The very success of the Open University gave rise to a major problem, as it brought to light more needs than it could possibly satisfy and education and training institutions wanted to offer their own versions of open learning. They were starting from a different position, with existing staff and structures. The

question was, how could the education and training system offer open learning to new groups of students?

The solution was provided by The Council for Educational Technology, which identified these issues in the mid-1970s and open learning began a new phase of development (Lewis and Spencer, 1986).

Davies (1977), in the Council for Educational Technology Working Paper 14 surveyed the models of openness that existed in the early 1970s which were often small developments, barely noticed outside their own locality or industry.

- . Courses like that run by Doncaster College of Technology for quarry workers.
- . Distant learning schemes, like the Scottish Business Education Council or SCOTBEC scheme for those living in the Highlands and Islands of Scotland.
- . Private sector training schools in typing.
- . Learning workshops similar to the Bradford Maths Workshop.

- . 'Learning by appointment' centres, often in colleges of further education.

Such schemes differed from the Open University in several ways.

Generally they:-

- . were small-scale;
- . had been developed to meet very specific needs;
- . included more sharply focused learning objectives;
- . offered a choice of modules; and,
- . allowed learners to start at more or less any time.

The Council for Educational Technology, through its Open Learning Systems programme, fostered these developments. It grouped the schemes it supported into three, based on the location of learners relative to the institution. These were institution based/workshop, local or distant schemes.

The classification was first developed by Spencer (1980), in the Council for Educational Technology Working Paper 19, **Thinking About Open Learning Systems**, (pp. 31-32).

The Council for Educational Technology supported schemes, though on a smaller scale, possess all the criteria listed, except for

learner support at national level where schemes are institutional-based or local-based.

British Telecom's External Student Scheme

The British Telecom's External Student Scheme serves the needs of over four thousand and five hundred students (Blakey, 1984). The scheme provides the students with distance-learning packages and tutorial support which give a route to qualifications based on the Technician Education Council's (now Business and Technician Education Council's) award in telecommunications at certificate level.

The typical TEC programme, as outlined in the 'College Submission', provides 'phase tests' as well as 'end-of-unit' testing. There is no provision for students who are prepared to work alone from textbooks or any other source, as some tutor contact is required by the TEC regulations.

Although the TEC policy document of 1974 declared that distant learners would be catered for, interest in their fate was slow to develop until British Telecom made their urgent need known to TEC. A steering group representing colleges, the Open University, the Council for Educational Technology and British Telecom's Education

and Training Division undertook the task of establishing the ground rules that early progress could be made to ensure continuity of opportunity for BT's staff.

British Telecom's contact with others interested in distance learning extended beyond the Steering Group and the colleges that now offer a scheme strictly to the BT pattern. Within British Telecom there have been discussions about the future of the scheme. Although there is no restriction now on the use of packages, it is likely that future changes will open up the use of BT's material to a much wider range of students, possibly by putting the management and future upkeep of the courses in the hands of another agent (Blakey, 1984).

The British Telecom's external student is involved in a formal part-time educational programme on a credit basis. The learner in this case is supported by formal tutorials and does not have a variety of learner-support modes.

Doncaster Assisted Private Study Course in Quarrying

The Doncaster Assisted Private Study Course in Quarrying (DAPS) was designed to prepare mature quarry personnel in widely scattered locations for the professional examinations of the

Institute of Quarrying. The students usually fall within an age group of twenty to fifty, with academic qualifications ranging from CSE to a higher degree, and with a considerable variation in experience (Arthur, 1984). Initiated at a time when open learning was just making an appearance at Milton Keynes in 1971, Mike Arthur was appointed in charge of the DAPS section of Doncaster Metropolitan Institute of Higher Learning (DMIHE).

The course material is almost entirely in print, supplemented by a few cassette recordings. Student-support systems are in the form of tutorials, telephone and personalised mail links. Four weekend tutorials a year provide valuable face-to-face contact between students and tutors, and between fellow students. Those who have reached the professional examination at the end of the course have achieved an average pass rate of seventy per cent, almost double the success rate of candidates before the course went into business. (Arthur, 1984).

The Doncaster Assisted Private Study Course in Quarrying is another example of where the learner is engaged in formal part-time educational provision on a credit basis.

The Open Tech Programme

The collaborative nature of schemes such as FlexiStudy attracted the Manpower Services Commission when it considered its own entry into open learning in the early 1980s. Significantly, it chose a very decentralised model, with funding dispersed to products of widely different kinds, based in institutions of many different types. 'Collaboration', 'cooperation', 'sharing' were key words. The Open Tech Programme has introduced some new emphases to open learning. These include:-

- . funding 'delivery' projects, to take existing learning material and use this as the base for meeting the needs of local industrial and commercial training;
- . establishing 'practical training facilities' to overcome the problem of providing hands-on experience;
- . encouraging some centres to produce open-learning materials to a very high standard of presentation;
- . encouraging providers to make materials available in very small chunks;

- . a relative unconcern with formal accreditation, and consequent pressure on the validating bodies such as the Business and Technician Education Council to relax their regulations;
- . a focus on high technology delivery and communications media;
- . an emphasis on marketing and self-sustainability (Open Tech projects are expected to earn income in order to survive after a limited period of grant aid); and,
- . establishing support projects such as the Materials and Resources Information Service (MARIS) to serve open learning generally and to spread openness throughout the United Kingdom's system of education and training. The MSC had identified from the start the need to encourage organisations to buy 'off the shelf'. MARIS was one of the earliest projects to be commissioned. Run, since 1982, by the National Extension College in England and Wales and the Scottish Council for Educational Technology in Scotland, MARIS-NET provides instant access to information on over 8000 packages suitable for use in open learning. The Open Tech

Training Support Unit (OTTSU), and the Scottish Open Tech Training Support Unit (SCOTTTSU), are organisations which provide useful sources of publications, advice and information on open learning.

According to Lewis (1987), in "Open learning in industry":

"For the first time in open learning government funding - via the MSC - encouraged industry to look at its own needs and to meet these either itself or through collaborative open learning arrangements with education providers. Open Tech thus adjusted the focus of open learning to include not only individual development but also the developmental needs of organisations. Packages were produced in a wide variety of media, and support and management systems showed a similar diversity. Similar developments resulted from PICKUP (Professional and Industrial Up-dating), the parallel DES initiative.

By 1986 open learning had established a firm hold in training. The extent of this was apparent at the April 1986 SPRING OPEN exhibition and conferences - the first of its kind in Britain and attended by over 3500 trainers and managers in two days.

The MSC has also contributed to the growth of open learning by a carefully managed public relations campaign. Three promotional videos, together with printed case studies and glossy brochures aimed at senior managers, have given open learning an image it would not have been able to establish as quickly by any other means."

(Lewis, 1987, p.87).

The Open Tech learning package

Previously, the Open Tech packages were overwhelmingly print-based. However, funding has been allocated to developments in new media, such as, computer-based training (CBT) and interactive video.

Curricula has been broken down to chunks smaller than before, allowing the learner to study something meaningful in a short space of time, such as half an hour for example.

There has also been a move to making courses more modular. This enables students to study just the material they need, rather than having to take a total package, and learners can often combine modules over a period of time to acquire a qualification.

A new feature is the content of the training packages and the outcomes to which they lead. There is increased emphasis on material that will affect learners' practice, produce changed behaviour and show immediate results (Lewis, 1987).

Furthermore, organisations like the MARIS and MARIS-NET now see the logic of checking carefully to see whether existing materials can be bought in. There is a greater interest also in adapting other peoples' materials so that they fit a particular company's image. Adaptation can include:-

- . using an existing package with updating/errata;
- . reprinting an existing package with the company logo;

- . adding 'bolt-on' elements such as a practical activities booklet, a supporter's handbook, computer-marked tests, a glossary of terms; and,
- . adding a study guide which directs learners to key parts of the package or to different parts of several different packages, which themselves remain unaltered (Lewis, 1987).

Some materials producers - such as the National Extension College and Henley Distance Learning Ltd. - offer adaptations and customisation of their packages at all these levels.

In the case of the Open Tech Programme, all the criteria listed apply. Table 5.1 summarises some types of projects funded by the Open Tech.

Table 5.1

Type of project	Purpose
Materials production	To produce open learning materials (and, in some cases, also to deliver them)
Delivery	To market existing open learning packages and to offer tailored support (e.g. tutorials, consultancy)
Practical training facility	To provide access to up-to-date hardware on a flexible basis
Support	To back-up all the above (e.g. by maintaining a central record of open learning packages, by research into aspects of open learning, by consultancy (MARIS))

Source: Lewis, R. (1987) Open Learning in industry. In Thorpe, M. and Grugeon, D. Ed., **Open Learning for Adults**. Essex: Longman, p.86.

In Scotland, little research has been undertaken which takes account of the large number of developments in Open Learning in recent years. Nevertheless, according to Ian Collie, Chairman of the Scottish Committee on Open Learning, the survey undertaken by Togneri (1985), is a valuable contribution to an expanding library which documents experience and practice in Open Learning where many surveys have examined aspects of the "system" in depth. The

survey is said to be unique in that it looks into the system from the learner's end by charting the experience of students through a number of key areas such as pre-enrolment guidance, counselling, tutorial support, delivery of materials, general information and so on. Therefore, in taking that perspective, the survey undertakes an exercise which should be studied by everyone engaged in designing or providing educational opportunity whatever the system.

The institutions chosen to reflect the variety of different models of open learning systems utilising the distance learning delivery mode include, a Community Education Course; a Diploma Course; FlexiStudy; and, an Open Tech Course.

Adults Working with Young People

This course was designed for adults working with young people in the Clydeside district in Lanarkshire. Due to the geographical remoteness and size of the area (450 square miles) it was felt that there was the need for a flexible approach to training. The eight unit course was planned, written and tutored by the Senior Community Education Worker and the Lanark Community Education Area team. Individual face-to-face tutorials as well as telephone tuition was available. Two residential weekends were a vital

component of the course as this allowed for experiential training in group work.

In this case, the learner support was regional and the course was on a credit basis.

Diploma in Educational Technology: Dundee College of Education

The distance learning mode of this course began in January 1978. The course is offered to teachers, lecturers and trainers in any subject at any level. The course not only attracts students from all over the United Kingdom but from overseas as well. It takes between two and three years to complete, with about thirty new students enrolling each year. The course has the following elements:-

- . packages of learning materials sent out by post;
- . intensive college blocks which are week-long sessions, including practical work, seminars and so on;
- . and, continuous assessment by assignments and by a project relevant to the student's job.

In this course, support for the student is recognised. Each student is allocated a general tutor who follows the progress throughout and several tutors who mark the work. Tutorial support

from the college is by post and telephone and most of the contact is via the course secretary, course organiser and tutors in an effort to personalise the service.

The Diploma in Educational Technology offered by the Dundee College of Education possesses all the criteria in the checklist and is offered overseas as well.

FlexiStudy

FlexiStudy provision is comparatively recent in Scotland. It was established in Telford College in 1980 and Glenrothes and Buckhaven Technical College and Perth College in 1982.

There are features common to the systems. The schemes are all operated from specially designed learning units with administrative backup. A wide range of Scottish Certificate of Education (SCE) subjects at "O" and "H" grade, preparatory Open University courses and basic computer programming is on offer. Learning materials are usually, though not exclusively, developed in the college. Students study at home, though there is regular contact with the college by tutorials (monthly or six weekly) and telephone. Each student is assigned a tutor who marks and comments on the work.

The FlexiStudy provision has institutional and regional support and the learner is involved in a credit course.

**SCOTEC Higher Certificate in Library and Information Science:
Napier College of Technology**

The distance learning mode of this two-year course started in March 1983. College staff wrote the course modules which cover subjects like Information Retrieval, Storage and Dissemination. Five projects, designed to allow students to apply theoretical knowledge to practical situations in their own library, are an important element in the course. In each year of the course there is a compulsory one week in-college summer school. This allows students to cover areas of practical work which would be difficult at a distance and allows students to work together and share their experience of the course. A system of support is built into the course. Each student is allocated an individual tutor from the college staff. There is also the facility to contact the writer of each part of the course about specific problems (Togneri, 1985).

The Scottish Vocational Education Council (SCOTVEC), formed on 29 March 1985 by the merger of SCOTBEC and SCOTEC, is the principal

examining body in further education for the technical, business and related sectors of employment in Scotland (British Qualifications, 1987).

The SCOTEC Higher Certificate in Library and Information Science offered by the Napier College of Technology is another example of a distance learning mode where learners work for certification. Learner support is on a tutor-learner basis with provision for contact with the writer of each part of the course about specific problems.

BTEC Certificate in Refrigeration and Air Conditioning

Engineering : Telford College

Telford College is the Scottish Agency for this Open Tech Programme which is organised from Humberside College of Further Education. The programme of study is job-related and is designed for employees working in refrigeration and allied industries. For a full certificate, a student is required to pass fifteen units, each unit involving about sixty hours of study. It is recommended that students take no more than three units per year. Some units require college attendance for practical work. Telford College provides a full day at college approximately every six weeks and a tutor who is available for telephone tuition. Written assignments

and phase tests are marked at Humber side. The Business and Technician Education Council (BTEC) Certificate in Refrigeration and Air Conditioning Engineering course has recently started at Telford.

The BTEC Certificate in Refrigeration and Air Conditioning Engineering offered by the Telford College is an Open Tech Programme and the learner is on a course for certification. Learner support is offered at the institutional and regional levels.

Case studies from abroad

The following selected case studies include models from Canada, Australia and South East Asia.

Liz Burge (1987), who is Head of the Instructional Resources Development Unit at the Ontario Institute for Studies in Education, provides a flavour of how Open Learning is developing in Canada.

Athabasca University - Alberta

In its Mission Statement, Athabasca University states unequivocally that it "is dedicated to the removal of barriers

that traditionally restrict access to and success in university-level studies and to increasing equality of educational opportunity for all adult Canadians regardless of their geographical location and prior academic credentials." To this end, the University developed a distance system designed to provide maximum flexibility for its adult students.

Besides the establishment of a Centre for Distance Education to be engaged in research and development work to provide consultative services in instructional design and distance education both internally and externally, Athabasca University has also sought outside funding to enable it to offer a variety of programs on-site to native peoples in northern Alberta. The Academic Computing Unit is actively engaged in the development of computer assisted learning courses and significant progress has been made in developing computer assisted learning technology for course delivery applications. A computer conferencing system has been established and made available for student use in a variety of courses. It is hoped that computer assisted learning will serve to break down some of the isolation experienced by students during home study, will improve turn-around times for assignments and exams, provide more immediate feedback to students and be cost effective.

Athabasca University is also moving into the area of continuing, non-credit education though initially at least, all activity in this area must be done on a cost recovery basis. Athabasca University is co-operating with the Alberta Teachers' Association and the Council for School Administrators in the development of a pilot project to provide professional in-service training for school principals.

British Columbia

A system for integrated programming and innovative delivery is British Columbia's solution to the difficulties posed by rugged geography and scattered population. After ten years on expansion of open learning, a new agency, the Open Learning Authority, is being created to assist and coordinate the present rich array of programmes delivered province-wide by public post-secondary institutions. Together, the Open Learning Institute and the Knowledge Network present an integrated program approach, combining an educational institution with adult basic education, business, technical, industrial, vocational, community interest and degree programmes, and an educational telecommunications agency with facilities for satellite broadcasting, teleconferencing and other applications of electronic communications.

Open access to all levels of the system is available through distance study for those unable or unwilling to attend classes. British Columbia's open learning system is committed to innovation to meet student needs. This innovation occurs in both programme development and delivery. Television, teleconferencing, computer conferencing and narrow band technologies serve to integrate both existing and emerging print, audio, video and data transmission services. Practical work may be conducted in regional colleges, industries and public facilities such as hospitals. Two special projects are the Discovery Training Network, designed to provide employment-related training, and the Working Network, designed to help the unemployed rejoin the economy.

Ontario

The Ontario Ministry of Colleges and Universities is the prime mover in establishing the Continuing Education Review Project, Ontario Colleges' Distance Education Task Group and the Northern Ontario Distance Education Access Network. The Continuing Education Review Project was established in the fall of 1984 to review the issues and trends in continuing education in Ontario, as they affected colleges, universities and school boards. The project report makes some strong recommendations about distance education for consideration by the Ontario government which

include the setting up of separate distance education networks for colleges and universities, that a distance education consortium of colleges be established, that college-level continuing education be funded regardless of the mode of delivery, and that funding and research incentives be made available to support studies of innovative applications of technology in instructional delivery.

The Ontario Colleges' Distance Education Task Group, a Task Group of Ontario College Educators developed cooperative projects related to distance education. A survey conducted in 1985 revealed that fifteen of the twenty-two Ontario Colleges of Applied Arts and Technology had or planned some activity in distance education, so cooperation seemed essential. Joint planning is being carried on around a number of projects, for example, the publication of a calendar/catalogue of all college course offerings in the province, the development of a consortium to jointly sponsor videoconferences.

In October 1986, the Ontario Ministry of Colleges and Universities announced the establishment of the Northern Ontario Distance Education Access Network to stimulate the further development of distance education. The network is to consist of community access points throughout Northern Ontario, with two regional coordinating centres. Each community access point will be equipped with

appropriate hardware and software to support a wide range of distance learning. The equipment may include teleconferencing facilities, microcomputers satellite receiving dishes, video and audio recorders and other types of audiovisual equipment.

The Independent Learning Centre (ILC) is a branch of the Ontario Ministry of Education. It provides distance education programmes at the elementary and secondary level of over ninety thousand students, approximately eighty percent of whom are adults. For many years the Centre's materials have been used by northern schools to assist them in offering a broad base of educational programmes. These materials have largely been used in an independent study environment, with communication almost entirely by mail.

The Canadian examples in this case meet the criteria of opening up new opportunities and providing access in response to learner needs, with the administrative support at institutional and regional levels. Learner support is also attempted in a variety of modes, with learners involved in credit-based courses. However, Athabasca University is also moving into the area of continuing, non-credit education on a cost recovery basis.

Open Learning and Distance Education in Australia

According to Meacham (1987), open learning is comparatively new but distance education in Australia is incredibly diverse, being offered in many States, at many levels and in many forms, beginning at the Primary level with programmes of the School of the Air.

While a highly developed system of distance education dates from the early years of this century, the vast majority of offerings do not constitute 'Open Learning' insofar as they are fairly prescriptive programmes leading to recognised academic awards. Their prime aim is to provide hitherto disadvantaged students with the opportunity to study a large range of formal courses which would not otherwise be available to a clientele severely restricted by location, finance, time and qualifications. In general, goals such as flexibility and student-centredness are not vigorously pursued, with the good intentions of androgogy being abandoned in the face of financial, political and institutional reality.

However, some notable exceptions exist, in particular the Adult or Continuing Education Departments of Higher Education Institutions which organise non-credit courses responsive to industrial and

individual needs. Here can be found an openness and flexibility often absent from the formal system.

Even though true open learning is not highly developed in Australia, one could still study credit courses ranging from Oenology to Social Welfare without leaving home and work. The lack of choice in terms of individualised learning is in part compensated for by the immense range of courses, which ensure professional and personal needs and interests can be met.

Learning Network is a recent development which provides access to airtime for television delivery of educational, training, and information programmes on Australian television. The service intends to provide courses for credit, personal and professional development.

"Talking to New England", by the University of New England in a joint project with Radio Station 2 SER-FM has developed an effective model for educational talkback programming, which was recognised in 1987 major international broadcast awards. "Talking to New England" was judged by the 1987 PRATER panel as being the best programme on Australian public community radio. The award recognises an innovative approach to educational broadcasting

which increases access to educational opportunities to all Australians (OLS News, September 1987).

The programme consists of a half-hour pre-recorded radio lecture followed by a half-hour talkback session during which students and general listeners can phone in to discuss the topic with the lecturer. The programme links external students in main population centres with their lecturers on campus in Armidale, New South Wales. Students who live outside the present broadcast area receive a cassette of the programme and talkback session. This 'on-air' classroom has brought external students closer together and helped to create a community feeling among students.

Other examples of open learning initiatives include Open Learning and Water Engineering and Queensland Railways Open Learning Initiatives. In the case of Open Learning and Water Engineering, the Southern Cross Corporation has made a major investment by replacing its traditional centralised training system, with an open learning system based on distance learning to cater for the training needs of personnel in its sales and service branches, which employ more than three hundred people at centres throughout Australia, New Zealand, Papua New Guinea and Fiji.

The manufacturing branch of the Corporation designs and produces a wide variety of water supply equipment, including pumps and windmills, for both rural and industrial applications. The distance learning course is aimed at the training of technical sales and representatives, who are faced with the complex task of analysing customer needs, matching these with appropriate design specifications, and subsequently costing the installation of complete water supply systems. The overall training programme consists of ten separate courses, covering such topics as Engineering Materials, Water Sources, Hydraulics, Centrifugal Pumps and Irrigation. The instructional materials are primarily print-based, but also include samples of engineering materials, a working model of a windmill and a series of videotapes.

An interesting feature of the training was the Corporation management's decision to allow categories of staff other than trainee sales representatives to enrol in the programme. As a result, clerical staff, truck drivers and senior executives, have all participated successfully in the programme. Evaluation of the initiative demonstrated that higher levels of competence were achieved, while training costs were reduced by seventy-two percent. Training systems based on distance learning techniques were found to offer a cost-effective means of satisfying the education and training needs of this example of a large industrial

and commercial organisation, employing networks of personnel distributed over large geographical areas.

Finally, a case study of an open university in Australia is Deakin University.

Deakin University

Origins

Deakin University was established by Act of Parliament of Victoria on 10 December, 1974. It grew out of discussions in the early 1970s about a fourth University for Victoria (the three already in existence, Melbourne, Monash and La Trobe were in Melbourne, the state capital) and an Open University for Australia.

It was formed by amalgamating the Gordon Institute of Technology and the State College of Victoria at Geelong, a Teachers' College. It was conceived originally as being responsible for providing University level distance education (synonymously referred to as external studies or off-campus studies) mainly for the states of Victoria, South Australia and Tasmania and to act as a regional University for the Geelong environs as Deakin is the only institution of higher education in the area.

Students

The first distance students enrolled in 1978. Students enrol in one of three groups:

Normal: This includes students who have successfully completed either Higher School Certificate (HSC) or the Tertiary Orientation Programme (TOP).

Advanced standing: This group has students with exemptions granted for recognised previous tertiary studies.

Special: Mature age students who have not completed secondary education and other students not included in the above groups such as complementary enrolments by students enrolled at other Universities who wish to study individual subjects with Deakin.

For off-campus, open entry applies only to BA (Humanities) and BA (Social Sciences).

Courses

A full range is offered on-campus by the six schools which are Humanities, Education, Science, Social Science, Management and Engineering and Architecture.

Courses offered off campus include a Master of Business Administration; Diploma; Bachelor's and Masters courses in Education; Bachelors courses in Humanities and Social Sciences and a Graduate Diploma in Computing.

Distinctively innovatory courses are the Master of Business Administration (MBA) and Graduate Diplomas of Computing. Deakin was the only University in the world to offer an MBA which could be completed entirely by distance studies. Since October 1983, the University of Strathclyde, Glasgow, Scotland, also offers a distance learning MBA. Deakin and Strathclyde, with British Council assistance, have developed an academic link and interchange scheme and are collaborating closely in the development of distance learning MBA course materials. The Graduate Diploma of Computing overcomes the problem often faced by science and technology courses of how to incorporate practical, hands-on experience in distance courses. The hardware, in the form of a home microcomputer, is linked to the University's mainframe computer by acoustic coupler and the teaching is conducted, in part, by electronic mail.

Media and methods

Heavy reliance is placed on print (study guides and readers) although audio-cassettes and video cassettes are used. About one hundred new audio programmes are produced each year and between eight and twelve video programmes. Microcomputer programmes are prepared for the MBA and Graduate Diploma of Computing. Electronic mail is used heavily in the Graduate Diploma of Computing. Courses are produced by course teams composed of teaching staff, instructional designers, editors, graphic designers and media staff.

Counselling and tutorial student support services are provided. There is a network of study centres in Victoria.

Assessment

A variety of forms are used. Continuous self-assessment activities are included in the study guides. Formal assessment includes assignments and end of semester examination.

Government and Administration

This is based on the two committees, Council and Academic Board. All other committees report to either Council or Academic Board.

Until July 1982, Deakin had a Centre for Educational Services (CES) which was a separate division responsible for the special needs of off-campus students. The CES functions were redistributed after mid 1982 and were integrated with on campus administration. The rationale was that as sixty percent of Deakin's students are off-campus students, it did not make sense that they should be administered by an offshoot of the main administration. The Distance Education Unit (DEU) which is an academic unit, was formed by grouping the instructional designers working with the course team. The DEU is dedicated to providing advice to course teams on instructional design and to teaching, research and consultancy in distance education.

Control and institutional research

Responsibility for quality control rests with the Dean of Schools who will institute such evaluation studies as deemed to be necessary. Deans usually delegate this responsibility to course team chairpersons. Course team chairpersons of distance education courses are responsible for the academic quality of courses, the educational effectiveness of the course as a distance education programme, and for producing the course on time, within the budget and within the length stipulations. Evaluation studies are also undertaken by the Distance Education Unit in collaboration with either the Schools or Administration.

Finance

Funds are provided by the Commonwealth Government of Australia as provided for by the Commonwealth Tertiary Education Assistance Act. It is estimated that more than fifty percent of total annual expenditure is spent on teaching and research (Northcott, 1984).

Open learning through the distance technique in Australia is rather varied. Learners are primarily engaged in formal part-time credit-based courses, although exceptions exist in non-credit courses responsive to industrial and individual needs, for example, the initiative by the Southern Cross Corporation. Deakin University is an example where university level education is provided through distance means in Australia.

The case studies from South East Asia include Thailand's Sukhothai Thammathirat Open University, the Off-Campus Academic Programme of The University Science Malaysia and DISTED in Malaysia.

Sukhothai Thammathirat Open University

In response to individual and societal needs Sukhothai Thammathirat Open University holds to the principle of life-long education and aims to develop the quality of life of people by

increasing the level of knowledge of working people and expanding the educational opportunities for school graduates. The University has done this by establishing a system using correspondence, radio broadcasts, television, and other methods that enable students to study on their own without having to enter a classroom. It provides regional and local study centres giving study facilities for students in all Thailand's provinces.

In addition to degree programmes, Sukhothai Thammathirat Open University offers Personnel Development or Certificate Programmes with other agencies to upgrade qualifications and level of competence of their personnel.

Continuing Education or Certificate of Achievement Programmes are offered in various study areas (regardless of age, education or qualifications) in order to improve the life quality and career prospects of the student. Associate Student Programmes with other agencies aim at the career development of working people.

The University has also established cooperation networks with organisations and educational institutions all over the world.

Sukhothai Thammathirat Open University follows an integrated approach to course development in that material is brought

together in the form of an instruction set which is called a 'course block'. Each course block is a complete entity in itself, is worth at least six university credits and is divided into fifteen units, each of which requires approximately twelve hours of study time.

The University Educational Broadcasting Production Centre produces all the radio and television programmes used in the University's distance education programmes and is capable of producing ten thousand radio programmes and two thousand television programmes each year; a production level which meets all the needs of the University. It is also a radio and television production centre for other educational institutions and for government agencies.

The University Press prints all educational materials and documents. Computer assisted instruction is expanding by the use of Videotex Integrated Teaching and Learning (VITAL) to prepare courseware for Science and Society, Statistics and Business Economics and Mathematics and Social Science. Eventually there will be computer assisted instruction in Administrative, Services and Education areas. Package modules are also produced for outside institutions.

Sukhothai Thammathirat Open University is playing a leading role in the development of distance education and has been assigned by UNESCO as a lead institution in the co-ordination of activities among open universities in the Asia and Pacific region (OLS News, December 1987). The Sukhothai Thammathirat Open University meets all the criteria, except that the programmes are offered on a credit basis, either degree or certificate level.

The Off-Campus Academic Programme of The University

Science Malaysia

The Off-Campus Academic Programme started in 1971 as a small experimental programme, which is the only Distance Education Programme conducted by a local institution of tertiary education in Malaysia. It is now a confirmed aspect of the University Science Malaysia's teaching and learning activities. There are currently ninety-two courses on offer in the off-campus programme, of which fifty are in fact science.

The selection and admission of students is carefully controlled. This includes men and women who are above twenty-three years of age and who possess full entry requirements to universities in the Malaysian context, which is an equivalent to two 'A' levels and five or six 'O' levels. However, one exception to this rule is admission to a remedial Science Foundation Course meant for

Malaysian Malay students, with lower age and academic qualifications.

Students can read for B.Sc., B.Hum. and B.Soc.Sc. degrees and part of the graduation requirement is a one year compulsory residence as an on-campus student. One hundred and twenty credit units are needed to graduate and at least ninety of these are expected to be in the off-campus programme. It takes students a minimum of six years to graduate.

All science students, in their distance education mode, are required to attend tutorials and labs in their tutorial centres. The laboratory courses are run by tutors and, besides the mandatory tutorials and labs, the science students are also required to attend a three-week intensive residential course at the main campus. Here they are engaged in face-to-face learning under the guidance of their course lecturers and conduct additional labs.

The courseware is supported by a system of ten study centres throughout the country where students receive library, mentor, counselling and proctoring assistance.

The off-campus programme is staffed by a director in charge of a full academic and support staff who write, develop, evaluate and counsel. Where necessary, staff from the six University faculties can be called upon, as are the Print and Educational Technology centres. The programme is funded by the Ministry of Education.

The Off-Campus Academic Programme of the University Science Malaysia offers degree programmes using the distance learning mode. Although, the off-campus programme provides an opportunity for men and women above twenty-three years of age with the necessary entry requirements, the access to a remedial science foundation course is restricted to Malaysian Malay students with lower age and academic qualifications.

DISTED

A relatively new private sector establishment in Malaysia is DISTED or DISTance Educational Systems. This is a unique support system for open learning in Malaysia; a simple concept based on the alternative mode of education and training that has gained respect and recognition the world over in recent years, that is, self learning via DISTance Educational Systems. More and more institutions, especially those in English speaking countries are

creating programmes and consequent opportunities for distance and independent learning, which are also extended to clients overseas.

It appeared to the people who started DISTED that there was a great demand for tertiary education in the region and particularly in Malaysia and that there were overseas institutions which seemed to have the means to satisfy this demand through their distance education programmes. DISTED Services was formed to match supply with demand by establishing a viable, creditable, effective and concerned educational support agency that enables Malaysians to establish formal links with accredited universities and institutions overseas, reading for their chosen degrees via the distance learning mode.

Briefly, among the objectives of DISTED are:-

- . the establishment of legal linkages with accredited institutions in Australia, Canada, United Kingdom and the United States of America for the provision of appropriate basic and advanced degree or diploma programmes based on self-instructional techniques; and,
- . provide support services through the establishment and maintenance of regional centres or units which will

facilitate the organising of small group discussions or workshops or seminars, provide greater access to the services of the company, develop effective channels of communication between the clients and management team.

Institutions offering programmes through the DISTED Services include Warranambool Institute of Advanced Education (WIAE) in Victoria, Australia, Murdoch University of Australia and the Open Learning Institute of British Columbia in Canada (OLS News, December 1987).

DISTED Services is an example of a private enterprise in Malaysia, to act as a channel through which those who can benefit, avail themselves of the services. Through the distance learning mode students can work for their degrees with the institutions overseas.

Summary

The following table presents the criteria checklist and the selected case studies in this chapter.

Lessons learnt

A brief glance at Table 5.2 suggests that the case studies in open learning via the distance mode have the following characteristics:-

- . a focus on the learner's own purposes and on helping the learner to articulate these at every stage (they are often practical, problem or task-centred);
- . a commitment to helping the learner to acquire independence and autonomy;
- . a focus on the learner's own environment and experience - domestic, social and communal and work-based - and on its potential for learning;
- . the belief that the learner is self-directed, that individual learning styles need to be respected and used, that learning involves the whole person;
- . the use of professionals to facilitate learning (rather than to teach), and to mobilise the learners themselves, for example, into self-help groups;

- . the use of objectives to underpin course planning;
 - . the use of frequent assessment, chiefly to help the learner to achieve his objectives and to monitor his progress;
 - . the use of new technology to bridge the distance between learner and provider;
- (Lewis and Spencer, 1986); and,
- . the collaborative nature of the providing agencies and institutions.

Thus, the examples in this chapter are concerned primarily with offering credit-based programmes in education and training via the distance learning mode. Chapter six includes examples for continuing professional development and using the criteria checklist, the selected examples in professional development will be described.

CHAPTER SIX

CHAPTER SIX

CASE STUDIES IN CONTINUING PROFESSIONAL DEVELOPMENT

Summary: This chapter describes selected examples of continuing professional development modules in Medicine and Teaching. An effort is also made to include examples from Management Education, Law and Pharmacy.

Introduction

Although there may be much in the form of printed material, for example, professional journals and periodicals, considered to be contributing to the continuing educational needs of professionals, there are fewer modules or packs specifically designed to meet such needs. Furthermore, open and distance-based continuing professional development modules are relatively new in the field.

The remit of this chapter is to describe selected case studies which include a number of innovatory programmes of continuing education for general practitioners which have been developed over the past twelve years at the Centre for Medical Education, University of Dundee; Open University courses for doctors and

health professionals; teacher training packs by the Open University; open and distance learning packages prepared for management education developed at the School of Management and Organisation Sciences, University of Lancaster; continuing professional development for lawyers launched by the Teeside Polytechnic; the Leicester Pharmacy Project by the Leicester Polytechnic School of Pharmacy; and, the PSGB Distance Learning Project produced by the Pharmaceutical Practice Group and the National Extension College.

Why were these examples in continuing professional development selected?

As described in the previous chapter, the case studies deal primarily with offering education and training provision for certification through the distance learning mode. The case studies in this chapter deal primarily with offering continuing education for professionals via the distance mode. The examples from medicine, teaching, management education, law and pharmacy would then provide the guidelines for prescribing a specifications checklist for the proposed continuing education for general practitioners and primary school teachers of English in Malaysia, as well as to be able to generalise for the other professions.

The examples in this chapter also show the gradual shift from credit-based courses to non-credit courses and where accreditation is optional in some cases. Therefore, an assignment for accreditation can be built into the package, providing the participant with a choice.

Criteria checklist

The criteria checklist against which the selected examples will be described include the following:-

1. Opening up new opportunities
2. Accessible provision
 - (i) Convenient
3. In response to specific professional needs
 - (i) Relevant
 - (ii) Individualised
 - (iii) Self-assessed
4. Administrative support at institutional, regional and national levels.
 - (i) Professional support available in a variety of modes
5. Professional involved in formal part-time or short-term educational programme on a credit or non-credit basis.
6. Publicity

Projects on continuing education for general practitioners

Dunn (1986), in his paper on "Twelve Years Experience" or "What We Learned the Hard Way", presents the CRISIS elements for designing continuing education materials which include:-

- . certification;
- . relevance;
- . individualisation in terms of where and when to learn;
- . self-assessment;
- . individualisation in terms of needs; and,
- . speculation.

Certification is when a general practitioner is looking for some systematic coverage and certification in terms of this is what he needs to know and know this and you are a competent practitioner.

Relevance is when the materials are relevant to practice. The project team at the Centre for Medical Education, University of Dundee, adopted a problem-oriented approach, where there is interaction between theory and practice.

Individualisation in terms of where and when to learn, means that the materials must be convenient to use. Thus, whenever possible, the general practitioner can use the materials at home and that face-to-face contact with peers and experts at a providing centre

can be justified in terms of participating in discussion, or having specific needs fulfilled.

Self-assessment should allow the general practitioner to assess his own competence and decide for himself his own needs.

Individualisation in terms of needs, acknowledges that individual needs are different and the provision must allow the practitioner to identify his needs through self-assessment and to be immediately pointed to how these needs might be fulfilled. In other words, the practitioner must be able to get into the materials in different ways.

Speculation is when an object of mastery and a focus for speculation are distinguished. With an object of mastery, there are correct answers and experts tend to focus on these, whereas, practitioners also want to discuss the more speculative areas, to hear from the expert, but also to hear from their peers and to go on to make up their own minds. Practitioners want to deal with the grey areas of practice (Dunn, 1986).

The CRISIS elements which come after twelve years experience, are claimed by the project team at the Centre for Medical Education, University of Dundee, to be effective in producing continuing

education materials for general practitioners.

The following projects in continuing education for general practitioners will be described in the light of the criteria checklist in general, as well as using the CRISIS elements.

Project: Self evaluation in post-graduate medical education

Description of materials

This was a distance learning programme in six parts. An initial patient management problem was mailed to the doctors and the doctors decided on courses of action and recorded these by ticking a checklist. Doctors mailed back their choices, which were consolidated into a general pattern of response which was commented upon by:-

- . an interdisciplinary panel of 'experts';
 - . a panel of general practitioners; and,
- was mailed back to all participants with part two of the problem.

Participants

Thirty thousand hospital doctors and general practitioners in the United Kingdom and Ireland participated in this project. The materials were subsequently translated into Dutch and used in the Netherlands.

Media

Print

Delivered by mail.

Special features

A prize was awarded at each stage to the participant who had made the best decisions in the opinion of the panel of experts. A 'limited-edition print' was sent to all doctors who had completed the course of six parts.

Educational issues

- . The use of patient management problems as a learning tool in continuing medical education.

- . The use of distance learning techniques in continuing medical education.

Conclusions

- . The patient management problems were a useful tool in continuing medical education.

- . Distance learning techniques were acceptable to the profession.

- . Prizes were not necessary to gain participation.

Problems identified

- . There was the need for more immediate feedback as the given eight weeks was too long.
- . The options were being presented as a long checklist which tended to prompt the participants.
- . The spreading of a single case over several parts meant that the earlier parts got lost and could not be referred to later on.
- . Although designed to be used individually, the material was being used in groups and the format was not suitable for that activity.

Availability

The materials have all been used and the project was not repeated (Dunn, 1986).

Sponsor

Boots Pharmaceutical Company.

Project: IF (Instant Feedback)

Description of materials

This was a distance learning provision in six parts. It was a series of six patient management problems covering a variety of medical topics which were the subject of discussion and debate.

Each of the problems was mailed separately to general practitioners at his home. He responded by rating various courses of action. Immediate feedback was obtained using latent image printing techniques. Further feedback was available by telephone (listening to a pre-recorded message by the expert) or by sending for a further information sheet which contained extended comment by the expert and by a fellow general practitioner.

Participants

Twenty-four thousand general practitioners in the United Kingdom and Ireland were involved. The material was sent unsolicited. An evaluation study suggested that forty-eight percent of the doctors had used the materials in some way. The series was subsequently translated into Norwegian.

Media

Distance learning by post

Print

Latent image printing - the message was hidden and was only exposed when the paper was treated with a special pen.

Special features

- . There were no prizes.
- . The materials carried advertisements.

Educational issues

- . Through the use of a 1-5 rating scale where 5 (you must not do) and 1 (you must do), enabled the project team to focus on what definitely not to do, and to deal with some of the grey areas of medicine, for example, managing a bereaved family.
- . Peer comparison was introduced with one hundred 'good' general practitioners, as well as with a hospital expert.

Conclusions

- . The 1-5 rating scale offered considerable advantages in that it allowed the project team to deal with topics which were 'object of mastery' (there were right answers and wrong answers) and the speculative areas (the 2, 3 and 4 ratings).

- . The latent image printing was a success in providing instant feedback.
- . The participants liked the different levels of feedback within their own context and their own needs.
- . Participants liked the juxtaposition of comparison with peers, one hundred 'good' general practitioners and the hospital expert.
- . The telephone feedback was not a great success.

Problems identified

- . It was difficult to build a time sequence into the problems without sequence prompting the participants.
- . The project team had not properly identified the role of the telephone in the total delivery system.
- . The standard feedback messages did not always meet the full needs of individuals.

Availability

A twenty-four thousand print run has all been distributed. However, the material has been adapted for presentation by micro-computer to small groups and is currently available (Dunn, 1986).

Sponsor

G.D. Searle and Company Limited.

Project: Learning at Home**Description of materials**

This was a series of forty-six separate units covering six areas of medicine. A problem appeared regularly in each issue of the journals **Update** and **Hospital Update**.

There was immediate feedback which was provided through the use of scrambled print and a masking device.

Participants

The participants were the regular readers of **Update** and **Hospital Update**.

Media

The units occupied a specific section of the journals.

Special features

Immediate feedback was provided. The feedback was overprinted with jumbled text in a different colour, red overprinted on black. This overprinting masked the answer and the answer was revealed when viewed through a red transparent filter mask.

Educational issues

- . An investigation of providing cheaper ways of immediate feedback than through latent image printing.
- . The presentation of a continuing medical education programme in a medical journal.

Conclusions

- . The scrambled print masking technique was an effective method of providing immediate feedback. It was cheaper than latent image printing. However, people tended to lose the masks. The project team concluded that if there was a choice, to use latent image printing and use the scrambled text technique only if finance dictated a low budget activity.
- . It is realistic to think in terms of a regular continuing education feature as a component of a monthly journal.

Problems identified

The participants were now talking in terms of a more systematic approach to the coverage of areas rather than the somewhat haphazard approach the project team adopted up till now.

Availability

The units are available in the issues of the journals (Dunn, 1986).

Sponsor

Update Publications Limited.

Project: Doctors Diary**Description of materials**

This is a distance learning, continuing education programme. A case is presented in terms of an extract from a doctor's diary. The participants are asked to compare their management with that of the doctor at various points in time.

The participants responded on a pre-paid card, posted it to the Centre and received more individualised feedback. There were four cases in the series.

cases in the series.

Participants

Five thousand general practitioners participated in this project.

Media

Print

By post

The project team were looking for a low cost, low technology approach.

Speical features

No advertisements were included in the material. The project team were subsequently criticised for this. The project team found that they have had very much less criticism of material which actually carries advertisements.

Educational issues

- . The diary format allows for the extension of a case over a period of time, to allow for dealing with a 'chronic' problem.

- . An attempt to increase the amount of individualisation of the feedback to the participant.

- . The use of the diary format to explore the grey areas of general practice.
- . The project team also raised the question of the possibility of using these techniques to get into the business of attitudes.

Conclusions

- . The diary format allowed the project team to develop issues that could not be developed in other formats.
- . The increasing individualisation of the feedback was welcomed.
- . The grey areas of medicine do attract considerable interest, simply because they are very often concerned with attitudes.
- . The diary format is a valid low cost approach.

Problems identified

- . The project was not financed for an evaluation. However, opportunistic evaluation data suggested that the materials were having an impact on attitudes. It was found that one doctor felt so strongly that she wrote to say that Dr. MacKay

(diarist) should be disciplined for his action on a specific case. The project team regarded this as success.

- . The feedback is still somewhat 'wooden' and contrived. There is a need to strive for more personalisation to go down the individualised feedback road.

Availability

Five thousand sets of problems were circulated (Dunn, 1986).

Sponsor

Pharmacia Limited.

Project: Medaymaxims

Description of materials

This is a series of messages illustrated by cartoons and packaged in the form of a daily calendar and memo pad. The pads were presented as two six-monthly issues. The messages from the subject expert covered issues regarded as of practical importance to the general practitioner and were succinct.

Doctors wishing further information about the message could telephone a special number for a pre-recorded explanation. A permanent recording of the support information was also available in print or tape cassette on request.

Participants

The materials were distributed to five thousand general practitioners.

Media

Print

Follow-up telephone, tape and text.

Special features

- . The introduction of humour through cartoons.
- . Challenging snappy thoughts.
- . The project team attempted systematic coverage. Twenty-six areas of medicine were recognised and had two weeks, that is, ten messages in each.

Educational issues

- . What sort of worthwhile continuing education provision could be provided in twenty words a day throughout the year?

- . Humour is difficult to use in continuing education - because everyone has a different sense of humour and should it be tried?

Conclusions

- . In terms of independent comment in the literature, this project was widely acclaimed, partly because of the humour.
- . Humour can be used successfully.
- . Worthwhile educational messages can be found which fits the format and which are ignored, or at least neglected, in other formats.

Availability

The memo pads were available for two years via the sponsor (Dunn, 1986).

Sponsor

E. Squibb Limited.

Project: What everyone should know about Cardiac Dysrhythmias

Description of materials

General practitioners require a sound knowledge of the diagnosis and treatment of cardiac dysrhythmias and this course was designed to meet these needs. It consisted of a book of 'core text material' and a set of eighteen patient management problems. The problems were designed to allow the reader to work through them either on his own, with a trainee or a colleague. Decisions with regard to diagnosis, further investigation and management could be made either by first reading the text or trying the problems and referring to the 'text' when necessary.

Participants

General practitioners.

Junior hospital doctors rotating into cardiac units.

Senior nursing staff in cardiac units.

Media

Print. Two volumes of (1) Theory, (2) Patient Management Problems.

The theory was presented in terms of:-

- . descriptions of dysrhythmias;
- . treatments;

- . presenting features; and,
- . background information.

The text was designed so that the reader could begin with any of these sections.

Special features

- . The problems were presented in such a way that they could be used individually or in small groups.
- . There was constant cross reference from the problems to the theory. As someone works through a problem and discovers something he does not know but needs to know, he can look it up immediately.
- . The designs of the core text allowed the reader to approach the content in a number of different ways.

Educational issues

- . The presentation of theory in terms of individual approaches to learning.
- . The presentation of theory and problems to meet the needs of a team approach to care.

- . Systematic coverage of an area.

Conclusions

- . The design did allow individual approaches to tackling the theory.
- . The design did meet the needs of self-assessment.
- . The general practitioners welcomed the certification element.
- . The project team did not succeed in collecting any useful information on the team approach.

Availability

Initially two thousand were produced and were made available to general practitioners. The project was successful in that the material was taken up by a commercial publisher.

Sponsor

G.D. Searle and Company.

Project: Malignant Melanoma**Description of materials**

A distance learning educational package was designed to heighten general practitioners' awareness of the increasing problem of malignant melanoma and improve their decision-making skills with regard to the referral of patients for hospital admission.

The package consisted of an introductory leaflet, a short booklet on malignant melanoma and look-alike lesions and a series of sixteen case studies.

Participants

General practitioners.

Media

Latent image printing was used to provide immediate feedback on problems and cross reference to the booklet.

Distance learning.

Special features

The project does not have a commercial sponsor and funds have been provided for a full evaluation by The Cancer Research Campaign which is a United Kingdom charitable trust.

Educational issues

Does continuing education truly have an impact on practice? Hard evidence is difficult to find. In this on-going project, the project team hope to find hard evidence. The project has experimental groups who get the programme and control groups who do not. The referral data on pigmented lesions in terms of letters of referral, what is referred and the thickness of lesions on referral, are being collected before and after the distribution of the package for both the experimental and the control groups.

Conclusions

- . The evaluation of this project is ongoing.

- . The project team believe that in this project they have made their most sophisticated use of print and latent image in the design of the materials.

Availability

Currently, the programme is only available to one thousand general practitioners in Newcastle and Dundee, who are part of the experimental groups (Dunn, 1986).

Sponsor

The Cancer Research Campaign - a United Kingdom charitable trust.

**Project: Clinical Assessment for Systematic
Education (CASE)**

Description of materials

The CASE programme was initiated by the Royal College of General Practitioners as a distance learning systematic programme for doctors. A series of twenty booklets covering most aspects of general practice has been produced at regular intervals over a period of three years. General practitioners working with college faculties throughout the United Kingdom have produced the clinical material for these units.

Each booklet contains patient management problems, up-to-date core information, sources of further information and a self test. The doctors are asked to rate a number of management decisions. Their ratings are then compared with those of fifty general practitioner colleagues and a subject specialist.

Participants

Ten thousand general practitioners throughout the United Kingdom and Ireland who are members of the Royal College of General Practitioners.

Media

Print

A computerised feedback system is also used for some of the units.

Special features

This is an attempt at a systematic programme of updating a general practitioner in a three-year cycle.

Educational issues

- . What is the role of course participants in the production of a continuing education programme? In this series one group is responsible for each of the units.

- . What are the logistics of a regular updating programme mailed monthly to ten thousand doctors with individualised feedback?

- . What is involved in actually having the professional body as a partner in the provision?

Conclusions

The project is ongoing. However, already negotiations have begun to establish a unit which would have as its sole task the continuing education provision of general practitioners along the lines of this project, which indicates some measure of success.

Problems identified

The project team are continually refining the techniques of working with different groups of doctors in the development of material. It is admitted that the project team have not got it right yet, but are a lot better than when they first started (Dunn, 1986).

Availability

The material is available on request from the Royal College of General Practitioners.

Sponsors

The Royal College of General Practitioners and Glaxo Limited.

Open University courses for doctors and health professionals

The Open University produced its first course for doctors on **Topics in Drug Therapy** in 1982.

Description of materials

This is a distance learning pack for doctors, produced by the Open University for the Council for Postgraduate Medical Education in England and Wales. The student pack contains a workbook, supplementary readings and an audiotape.

The self-study workbook is the main teaching text, containing three modules.

Module 1 : Problems and Issues in Drug Therapy

This provides an introduction to the course; the use of drugs in general; the pros and cons of the generic prescription; the factors that influence a patient's response to a drug; drug interactions; and prescribing for the elderly.

Module 2 : Anxiety and Benzodiazepines

This module deals with the general management of anxiety and with the specific use of benzodiazepines.

Module 3 : Antibiotics: Practice and Policy

This unit concerns the use of antibiotics in the management of infections, particularly those of the urinary tract.

At intervals there are self-assessment questions to check understanding of the principles discussed. The teaching centres around clinical case studies.

There is also a tutor pack which consists of sixty-seven minutes of VHS videotape divided into five sections, around each of which

a one hour to one and a half hour group session can be built, plus two copies of Tutor Notes outlining a strategy for group activities. As the video features patients and doctors, its use is restricted to approved professional groups of medical staff - doctors, certain categories of nursing staff and pharmacists who specialise in drugs, their administration and control - for use under supervision in hospitals, clinics and medical centres (The Open University, 1982).

Participants

Doctors in the United Kingdom.

Media

Print

Audiotape and Videotape

Distance learning.

Educational issues

Patients consult their doctors for two main reasons - to find out what is wrong with them and to get advice on how to deal with it. The doctor thus aims to provide both diagnosis and treatment. Diagnosis is a fundamental and necessary step in determining treatment but it is not an end in itself. Treatment is the main objective, and may consist of advice, a medicine, surgery or other

non-drug treatment or indeed any combination of these. Of all treatment methods available to doctors, drug therapy is undoubtedly the most common.

Doctors must be able to prescribe the most suitable drug. It is important that any new drug, whose value has been adequately proven, is applied as quickly and as widely as possible; but it is equally important to avoid the over-enthusiastic, widespread use of new drugs before their value and their dangers have been fully evaluated.

Therefore, doctors need to have ready access to reliable and objective material on drug therapy that brings their knowledge up-to-date, as an alternative source of information to that provided by pharmaceutical companies. **Topics in Drug Therapy** has been produced to fulfil this urgent need by the Open University in collaboration with the Council for Postgraduate Medical Education in England and Wales.

The materials aim to make doctors more aware of their reasons for prescribing drugs, and the choices open to them in so doing. Doctors are encouraged to ask themselves questions such as, "need I prescribe?", "in what form shall I prescribe the drug?" or "how shall I monitor the treatment?" The student pack is self-standing

so that it can be studied by busy doctors who are unable to spare the time to attend group sessions (Open University, 1982).

Availability

The student pack is available free to National Health Service (NHS) doctors in England and Wales either through their local clinical tutor or via The Learning Materials Service Office at the Open University. NHS doctors in Scotland and Northern Ireland, doctors in the British armed forces, doctors in private practice, University departments and pharmacists should write to the Learning Materials Service Office, Open University, asking for price details.

The tutor pack has been distributed free to post-graduate Deans in England and Wales for locally run courses.

Sponsor

Topics in Drug Therapy has been funded by the Department of Health and Social Security.

The Open University Department of Health and Social Welfare in association with the Health Education Council (1987), developed the education for a health project called **Coronary Heart Disease:**

Reducing the Risk.

Description of materials

The individual study pack is made up of the workbook, the course reader, the activity booklet and the audio cassette. The group study pack contains all the components of the individual pack plus a video cassette and group discussion notes.

The workbook is the main study text for the course. It refers the reader to activities to complete in the Activity Booklet and to background reading in the Course Reader. All participants are encouraged to start with chapters 1 and 2, but after that alternative routes as suggested could be followed in the sequence that most interests the reader.

The Course Reader contains both previously published and specially commissioned articles and provides:-

- . key research papers on both establishing the risk factors and the effectiveness of interventions to reduce these risks;
- . conference and expert committees' recommendations;
- . articles which develop the concepts underlying the approaches to coronary heart disease risk reduction;

- . accounts of existing screening schemes and larger community-based interventions; and,
- . articles which suggest strategies for risk factor assessment and management.

The Activity Booklet is half empty for the reader to note down his findings, reactions and plans as he works through the guided activities.

The audio cassette allows the listener to hear patients' experiences of coronary heart disease and to their attitudes and beliefs concerning the cause of coronary heart disease and what might be done to minimise the risks. Listeners will also hear health professionals discussing their attitudes and approaches to this type of preventive work.

The video cassette in the group study pack focuses, first, on risk assessment and then on risk management. It uses real health professionals and actors who specialise in playing patients for medical education purposes. The video is aimed to help the participant become more aware of what is going on between the health worker and the patients and how increased awareness of how

one responds to patients is part of the necessary skills for this work.

The group study notes provide guidance for:-

- . a group with an appointed leader or a self-help group using the video;
- . how the viewing may be set within an appropriate background both in its relevance to the other course materials and to the expectations of the viewers;
- . how the actual viewing may be structured so that viewing is interactive rather than passive; and,
- . how the subsequent discussion, which is likely to be quite lively, can be drawn together into a personally relevant learning experience for each viewer.

Participants

This course is for all members of the primary health care team who are already or may become involved in putting this commitment - to reduce the toll of coronary health disease - into action.

Educational issues

This course aims to help the user:-

- . become well informed about the issues involved in coronary heart disease risk reduction so that one can make a case for the necessary resources and inform one's patients;
- . review evidence for the risk factors for coronary heart disease and the effectiveness of interventions to lower them;
- . examine existing screening schemes, and initiate and maintain a scheme suitable for one's practice;
- . develop one's approach to risk assessment and management and the special records such work requires; and,
- . make use of community resources to support one's primary health care work and consider the opportunities one has to contribute to wider community-based health promotion initiatives.

Thus, this course was chosen to be the first of a series called 'Education for health', for in-service training for health professionals working in the primary health care field.

A number of experts from coronary heart disease research and from risk management at practice level have contributed to the development of the course. In addition to an External Assessor who commented on the academic content of the course, the materials were fully tested in their draft form with over fifty developmental testers who have a wide range of experience of screening for coronary heart disease risk factors and health education work. Their comments, worked examples of the activities, anecdotes and case studies were used in writing the final version of the course.

**Lessons learnt from the projects in continuing
education for general practitioners**

The projects described affirm the need to consider the CRISIS elements when designing and producing materials for continuing education of general practitioners. The various projects also serve as resource materials for the proposed continuing education of professionals in Malaysia.

In addition to meeting the criteria checklist, the projects for professional continuing development show the need for certification rather than accreditation, which can be an in-built

component if desired.

**Continuing professional development in education:
language, reading and communication for teachers**

The two examples in this area include the Open University distance learning study packs on **Children, Language and Literature** and **Every Child's Language: An In-Service Pack for Primary Teachers**.

Every Child's Language: An In-Service Pack for Primary Teachers study pack is intended to help primary teachers be better informed about children's language, and about the policy and practice of other teachers. The material in the pack is suitable as the basis of a one or two term in-service course for practising teachers. The materials have been developed by the Open University in co-operation with many leading figures in the fields of education and language and in close collaboration with practising teachers. The pack contains:

- . Up-to-date articles on specific aspects of language, including communication in the classroom, literacy, bilingualism and the assessment of language.

- . Case studies, written by practising teachers from all over Britain, describing a wide variety of teaching approaches and activities.
- . Activities to help teachers individually or in groups explore particular aspects of language and classroom practice.
- . An audio cassette illustrating the language repertoire of primary school children in Britain.
- . An information guide with details of useful sources and resources in the field of language in primary education (The Open University, 1987).

Children, Language and Literature pack has been designed for teachers to help them develop their work with children and literature in the classroom. One can work through the pack at one's own pace and any practising teacher could easily complete the work in no longer than one school term. The pack can be used either by a group of teachers, for example, as the basis for an LEA (Local Education Authority) in-service course, or by individuals working on their own. The pack is equivalent in

length to four Open University course units, and could act as the basis for a teacher's eight-week in-service course.

The pack includes:

- . Activities and case studies to help teachers evaluate and develop their own work with literature in school.
- . Specially written articles by children's book experts on important areas in children's literature, literature and language development, poetry, myths and legends, literature and social values, drama and the novel, literature and early reading, oral language and literature.
- . Practical suggestions for organising literature resources in the school.
- . An up-to-date information guide about sources, resources, bibliographies and useful addresses and organisations in the world of children's literature. This is the fullest guide of its kind available, and has been highly commended by teachers.
- . A C60 cassette, which gives examples of story-telling;

dramatic improvisation by pupils, based on a novel; oral literature created and performed by children from Brixton, London; children's playground rhymes and games (The Open University, 1987).

These two examples for the continuing education of teachers meet the criteria checklist and have a credit basis built into the packs. Teachers could work at their own pace at home.

Examples in management education

The following are examples in management education developed by the School of Management and Organisational Sciences, University of Lancaster and the Centre for the Study of Management Learning, University of Lancaster. The study is of two open and distance learning packages for Management Education.

Description of packages

Package A comprises five modules, a case study and a trainers' guide. It is assumed that the package will provide one hundred hours of study and all five modules are text based. Three of them are supported by videos, along with the trainers' guide and the case study. The case study is supported by audio tape. Included with the introductory module are a glossary of terms and a diagnostic pack to enable individual learners to identify gaps in

their knowledge of the topics covered by the package. In addition, there is a supplementary pack available to anyone who needs to develop their numeracy skills in order to attain the appropriate level for one of the modules. Three case studies are offered covering a public sector organisation, a private company, and a small business. The purchaser opts for the most appropriate case.

At the time of the research, no tutoring, assessment, or accreditation was offered with the package. Each individual purchaser registers as a learner with the producers and is thus entitled to use a telephone support line.

It was found that eleven of the people the project team spoke to were not using the package in its stand-alone form. They were registered with the producers as learners on a management course. Package A was one of four packages when the learners opted to study in between residential periods. They had access to tutors and other students. They could also opt to do an assignment which had been set by the tutors, based on a package, if they wanted accreditation.

Package B is one of a series of separate open and distance learning packages which cover a range of management skills. Each

package is designed to stand alone and to cover a specific skill area of management. It is assumed that a package will provide approximately twelve hours of study time. Package B is text based and is supplemented by a case study exercise whose purpose is to enable the transfer of learning to practice. The case study is delivered through text and audio tape. No tutorial support, assessment or accreditation is provided by the producers and neither do students register with them.

Both Package A and Package B can be described as open and distance learning packages in so far as they are designed to stand alone with no necessary tutorial support, deadlines, assessment or accreditation. They are designed to be used at the time, place and pace of the individual learners and there are no explicitly stated entry qualifications for students of these packages.

Participants

Open-ended interviews were conducted with thirty-three people who had studied either one of the packages. One hundred and thirteen people were also interviewed who had some other involvement with the packages such as introducing them to their organisation, or delivering them regionally. The striking finding was that out of two hundred and thirty people in one particular organisation who had received Package A, only thirteen people had actually

undertaken it as learners. Similarly, out of fifty-five people contacted for Package B, only eight learners could be traced. Twelve other people who had registered to study Package A were spoken to, thus making a total of thirty-three learners for both packages. Furthermore, of the thirty-three learners, only eleven had completed their studies, with eight intending to do so. The other fourteen had either not started or had dropped out mid-way.

Questions?

- . Why have so few people studied these packages so far?
- . Is it because potential learners never got to hear about them?
- . Is it because they were put off even before they got started?
- . Is it because they were not supported enough once they had started?

The answers possibly lie in the successes and failures of these packages. The following factors seem to contribute towards enabling the individual to maintain commitment and motivation to complete an open and distance learning package:

- . Clear learner purpose(s) in undertaking the study.
- . The appropriateness of the method to the learner's preferred style of learning/studying.

- . The quality of the materials.
- . The regular availability of space and time in which to study.

- . Formal structures of support such as deadlines, meetings, assignments and so on.

- . Access to support from other people.
- . Circumstances conducive to study.

On the other hand, the following factors were identified as having had some negative impact on learners' commitment to start and to maintain study of an open and distance learning package.

- . Low initial commitment.
- . Low relevance and inappropriate level of the materials.
- . Unfavourable attitude and associations with training.
- . Access to alternative forms of learning.
- . Lack of routine time, space and facilities.
- . Lack of feedback and support.
- . Unfavourable domestic circumstance.
- . Lack of opportunity to apply what one is learning.

Conclusions

To summarise, it seems that people were most committed to studying from materials which take the learner and their experience and

work context seriously, through a professional presentation and design which consistently and clearly addresses the topic in such a way that it is grounded in practice, through real examples and exercises. Learners do not want to feel duped, they want to see explicit information about the level, content and method of the package so that they can make informed choices about whether to persevere with the package or not.

Furthermore, there needs to be a match between the individual learner and firstly, the method of open and distance learning, and secondly, the particular package, for the study to be successful.

The match needs to take place at various levels:

- . The method needs to be appropriate to the learners' preferred learning styles, to their attitudes to training and development and to their circumstances.

- . The level and content of the package need to be relevant to learners' purposes, needs and interests.

- . The activities and exercises in the materials need to be achievable and doable within the constraints of the learners' roles and responsibilities at work and in terms of the content of the materials.

Most learners need support for their learning both in the form of pre-planned structures such as deadlines and assignments, and in the form of support from other people. Routine time and space to study and access to relevant equipment are also essential (Mann et al., 1987).

Sponsor

Open Tech Unit of the Manpower Services Commission.

Continuing professional development for lawyers

Lawyers are to be helped to keep up-to-date in new developments in European Community law and other legal issues as part of the DES PICKUP updating programme.

With funding from PICKUP, Teeside Polytechnic has launched three continuing training manuals covering:-

Continuing Education for Solicitors in European Community Law;
European Community Law for Managers; and,
The Legal Context of Family Conciliation.

The manuals are being produced to help universities and polytechnics to run updating courses for solicitors, particularly

those newly qualified who, since 1985, have had to undertake compulsory continuing education as a condition of continued practice.

There are about eight thousand solicitors at present on the Law Society's roll who are affected by this requirement, a further two thousand and seven hundred being added each year (CPDC Newsletter, July 1988).

Though relatively new, this updating programme for lawyers provides an opportunity for learning. Learner support is institutional-based in line with the compulsory continuing education requirement for continued practice of solicitors who qualified since 1985.

Continuing education for pharmacists

Project: Leicester Pharmacy Project

The Leicester Scheme uses distance-teaching to provide continuing education for pharmacists. In three years, ten books have been produced - four on the subject of disease of the lungs, five dealing with the cardiovascular system and one on skin. The books are offered on sale. Purchasers read them and then send back their answers to associated questions. These are marked and

specimen answers sent back. A formal dated credit is awarded for each subject area studied satisfactorily (Westwood, 1984).

Learner support is available through personal letters and telephone. Study days are also available in association with the booklets on the respiratory tract at a number of centres in the Trent Region. The study days were to give learners a chance to discuss the written material, to explore their own further needs and to carry out some practical work that would otherwise not be possible.

The Leicester Scheme is a flexible means by which pharmacists can keep their knowledge up-to-date. Participants can begin when and where they like and take as long as they like over learning material.

The Leicester Pharmacy Project modules were among the first in the field to use distance-based learning for continuing education of pharmacists.

Project: PSGB Distance Learning Project

The Pharmaceutical Society of Great Britain distance learning project materials were produced by the Pharmacy Practice Group and the National Extension College.

Consisting of three modules and an audio cassette, several subjects were included, for example, diarrhoea, constipation, chronic respiratory disease, cough, skin rashes, nausea and vomiting, pneumatic diseases, first aid in the pharmacy, the cardiovascular system, feeling run-down, cystitis, baby problems, headaches, hayfever and indigestion.

The materials were designed for self-study, with interactive and motivational features. Based on issues relevant to current pharmacy practice, the materials were case-study oriented, with a learning support system.

Learner support developed by the National Extension College include study circles and telephone tutors, available to the participating pharmacist. The modules could be used for group study or meetings where some of the issues raised could be discussed.

According to Morley et al. (1987), the project materials meet all the requirements of the CRISIS list.

The way forward

From the case studies presented in this chapter, it becomes evident that the criteria for providing continuing education for professionals would have to consider the following:-

- . Opening up new opportunities of learning for professionals;
- . Providing accessible provision which is convenient to use;
- . In response to specific professional needs and the materials should be relevant, individualised and allow for self-assessment;
- . Administrative support at the providing institution level, at regional level and also national level and made available in a variety of modes;
- . Professional involved in continuing education programmes on a credit or non-credit basis, but the materials should allow for certification in terms of this is what the professional needs to know;

- . Publicity and information of the provision to reach the desired target population; and,

- . Collaborative nature of the providing agencies and institutions.

These criteria now pave the way for prescribing specifications for providing continuing education for professionals in Malaysia.

CHAPTER SEVEN

CHAPTER SEVEN

SPECIFICATIONS FOR MALAYSIA

Summary: This chapter discusses the criteria for continuing education programmes for professionals in Malaysia.

Background: The Malaysian context

Malaysia includes the Malay Peninsula which consists of the states of Perlis, Kedah, Penang, Perak, Selangor, Negori Sembilan, Malacca, Johore, Pahang, Trengganu and Kelantan as well as Sabah, Sarawak and the Federal Administered territories. Peninsular Malaysia, covering 131,587 square kilometres is bordered at the north by Thailand while Sabah and Sarawak, together about 196,847 square kilometres, have their frontiers with Indonesia's Kalimantan. The two regions are separated by about 530 kilometres of the South China Sea.

During the 19th century the Malay Peninsula began to experience intense political and economic pressures from Europe; as did the territories of Sabah and Sarawak. As the British political influence spread, the territories in this region attracted foreign investment and immigrant labour. The expansion of the tin

industry by the British attracted the Chinese immigrants to the Malay Peninsula in large numbers. The growth of the rubber industry during the twentieth century had also resulted in an influx of Indian immigrants. These events changed the demographic pattern and gave rise to the existing plural society, comprising of three major ethnic groups, namely the Malays, the Chinese and the Indians. However, development in Sabah and Sarawak were comparatively slow.

The rapid industrial revolution and the advent of the motor car and other transport vehicles in the early 20th century resulted in the opening of lowland areas for the large scale cultivation of rubber and food crops. These activities were carried out with the introduction of immigrant labour from Java and South India. The intensive mining of tin and the extensive cultivation of rubber with immigrant labour brought major political, social and economic changes. However, the outbreak of the Pacific War in 1941 disrupted the British occupation of the Malay Peninsula, Sabah and Sarawak. From 1941 to 1945 these territories were occupied by the Japanese.

During the rapid advent of economic activities, much was happening in the Malay Peninsula and less in Sabah and Sarawak. Separated from the Malay Peninsula by the South China Sea further

hampered the growth and development activities. The strategic location of the Malay Peninsula further enhanced its growth when compared to Sabah and Sarawak.

The population of Malaysia in 1982 was about 14.16 million of which 83% live in Peninsular Malaysia, 7.8% in Sabah and 9.2% in Sarawak. The Bumiputras (Malays and other indigenous groups) constitute 56.22% of the population, the Chinese 33.13%, the Indians 8.59% and Others 2.06% (Education in Malaysia, 1985).

With the growth and development centres around the capital and the major towns in the states of Peninsular Malaysia, most of the resources are also available in these areas. The growth pattern thus favoured some states and major towns while others got left behind. The west coast of Peninsular Malaysia experienced accelerated growth and the east coast states lagged behind. Except for the few major towns in Sabah and Sarawak, the rest of the vast terrain remained underdeveloped. Thus, in the light of the geographical, economic and educational distribution of resources in Malaysia, the distance learning mode has come to assume a definite role in the provision of continuing education for professionals.

As professionals, especially primary school teachers and general

practitioners in private practice are scattered all over the country and in Sabah and Sarawak, the distance learning mode is one solution for providing access to continuing education to these professionals. Since the providing agencies would be located in and around the major towns, professionals in semi-urban, rural and remote areas can be reached via the distance mode.

Introduction:

The preceding three chapters have provided some bases for arriving at the specifications for Malaysia in this section. The selected case studies in providing open learning via the distance mode provide some insight into the important criteria for such provision. Whether for purely credit earning purposes or for updating knowledge for more informed practice, the case studies described in chapters five and six respectively, provide certain bases that underpin the provision of continuing education in the professions.

The important criteria that surfaced again and again in the selected case studies described in chapters five and six, where open learning systems via the distance learning mode have been made available and accessible, for purposes of accreditation or

for continuing education for professional development, include the following:

- . The opening up of new opportunities for learning.
- . The provision of access which, in turn, is convenient to use.
- . The provision has been in response to specific needs of the learner and the materials used were:-
 - (i) relevant;
 - (ii) individualised; and,
 - (iii) self-assessed.
- . The provision of administrative and learner support at various levels, for example, institutional level, regional level and national level, and also made available in a variety of modes.
- . The provision for learners to be involved in continuing education programmes on a credit or non-credit basis.
- . The provision of publicity and information regarding the continuing education programmes.

- . The collaborative nature of the providing agencies and institutions.

Having arrived at these specifications, gleaned from the selected case studies, the criteria for continuing education for professionals in Malaysia can now be specified in the light of the above. However, before proceeding to discuss the specifications for continuing education provision for professionals in Malaysia, it would help to recapitulate at this point, as to why professionals choose to enter a lifelong education process and the purposes of continuing education provision.

The probable reasons as to why professionals choose to engage in a lifelong education process would be that:-

- . practicing professionals enter a voluntary lifelong learning process seeking the information and skills that they need;
- . continuing education participants learn to satisfy discrete professional needs based on practice characteristics and identified deficiencies in their past educational experiences;

- . practicing professionals have extensive practical experience that forms the basis for new learning;
- . professionals, to a certain extent, are relearning or updating previously acquired skills;
- . adult learners, because of their problem-centred needs, require that learning be immediately applicable; and,
- . professionals can determine their own learning needs and the manner in which they will be met (Adelson and Cochran, 1982).

The purposes of continuing education for professionals should be:-

- . to review knowledge, skills, and attitudes already acquired in undergraduate and vocational training, eliminating those which are obsolete, while retaining those which are still valuable;
- . to help the professional to discover his deficiencies and to deal with the difficulties which he already recognises in his own work, by sharing experiences with his colleagues, for

example, in the case of a doctor, both medical and non-medical.

- . to help the professional to recognise and apply new evidence and ideas, using the experience of professional practice as a basis for their evaluation and application. By giving as well as receiving training in this way, he will be enabled to develop new competencies and learn new roles effectively; and,
- . to help the professional's capacity to think creatively and to appraise his own work critically, by means of education and research activities (Leeuwenhorst European Working Party, 1980).

The kind of continuing education proposed for professionals should therefore take into consideration criteria that would as far as possible reflect the purposes and needs.

Opening up new opportunities for learning for professionals in Malaysia

As stated in the opening chapter of this thesis, continuing education for professionals in Malaysia still relies heavily on

the traditional forms, for example, periodicals, conferences, talks and in-service courses in the case of teachers. The question is, is this enough? With the rapid flow of information and new ideas, professionals need to keep abreast of and pace, with such innovations. Thus, new opportunities for learning for professionals should be provided in the form of continuing education which is open to professionals who wish to participate and benefit from it.

Providing accessible provision which is convenient to use

Having opened up new opportunities for learning, such provision should be accessible to professionals in the country, especially so, to those in the rural areas. To make the provision convenient to use, the distance mode, as a delivery system could be enlisted into service.

The continuing education provision for professionals must be convenient in practice. What any professional is looking for is the maximum return for the minimum effort (Dunn and Hamilton, 1985). The indications are that people often prefer to study at home or at work during the times most convenient to them (Glatter and Wedell, 1971; McIntosh et al., 1976). Distance learning should be used as a major strategy in continuing education of professionals, and the materials should be packaged such that they

are convenient to carry and use in practice and to be filed for future retrieval, when necessary.

In response to specific needs of the professionals where the materials should be relevant, individualised and self-assessed.

Relevant

The continuing education provision for professionals should be relevant as well as beneficial in terms of return for time invested. The evidence included here presents these two aspects.

Continuing education for professionals should be relevant and perceived by the participants as relevant. As Eskin (1981), points out that educational research has identified that an adult learns only things that are important and relevant; that he learns best by being actively involved in identifying his own learning needs and in designing educational programmes to correct deficiencies. Eskin (1981), goes on to say that doctors spend a great deal of time in attending a variety of continuing education activities and if these are to prove of worth in improving the quality of health care and ultimately in promoting the health status of the community, then it is important that those involved in developing continuing education take account both of the forces motivating doctors to participate in continuing education

programmes and the educational principles in relation to adult learners. At present it appears that doctors are motivated by a need to keep up-to-date with new knowledge. Investigation and evaluation indicate that transmission of knowledge does not guarantee learning in the sense of change of practice. Improved delivery of care and better health depend, among other things, on the way in which physicians practise their professional skills. If learning is to take place, then educators concerned with continuing medical education development must relate motivation to methods appropriate to adult learning and provide doctors with opportunities to improve their competence, integrating new knowledge within the total approach. A more fundamental and far reaching step is for educators to incorporate their activities into the total health system so that educational activities are designed as part of a total health promoting effort (Eskin, 1981).

The Leeuwenhorst European Working Party Report (1980), on continuing education and general practitioners says:

"Like others, doctors see, hear and build upon mainly what they know already and can already do; what they bring to a learning situation, therefore, will largely determine what they take from it. Because of this and because they are likely to retain only what they can use, it is crucial that continuing education should be as relevant as possible to their work; teaching has to help them to widen, enrich and sometimes change knowledge, skills and attitudes which are already within them. Totally new concepts or knowledge will be

introduced most successfully if the doctor can see that it relates to those which he already possesses."

(Leeuwenhorst European Working Party Report on "Continuing education and general practitioners", pp. 572-573).

Probably the letter by an architect on "CPD against the grain", echoes much in favour for continuing education which should be about realism. John Weller in July 1987 wrote this:

"Continuing professional development (CPD) is about realism, not about architecture as a way of life. Each of us have not more than 1725 hours of work per annum (without illness) and, at most, not more than 345 hours (one day/week) should be unpaid work. This must include all administration, PR, abortive work, committees and so on, as well as CPD. The latter includes reading the AJ and other technical literature, and our ubiquitous research.

Formalised CPD (AJ 1.7.87, p.9), however desirable, must relate to that 345 hours and will diminish natural CPD. The issue is when will it become counter-productive? I cannot afford to learn skills which do not enhance my interests or the needs of my clients. I fear that formal CPD might go against my grain.

CPD, however, should not be for 'general practitioner' architects : it should relate to specialists - a branch of which would be for rural building, a mere twig for farm buildings. In all professions, skills narrow as we grow older. We must not squander our 345 hours of unpaid work. Of course, we are not all hard-headed about time's use. But the principle is for real and CPD must be realistic."

(The Architects' Journal, 15 July 1987, p.21).

Sever et al. (1971), in their study of general practitioners in the Northampton area found that relevance of the meetings to work in general practice was a prime consideration.

Albeit examples from general practice and architecture have been quoted, the same is true for teachers. From the feedback comments of the selected primary school teachers of English in Malaysia, it can be generalised that the kind of continuing education that would interest and motivate teachers to participate has to be relevant to practice.

Individualised

As stated in chapter four, it is evident from the research which has been done into continuing education for professionals, that the education needs of professionals vary from individual to individual. The 1967 survey of two thousand, six hundred Californian doctors revealed that their perceived needs were different from one township to another (Anonymous, 1969).

Individual feedback of an encouraging personal nature should be an important consideration in continuing education for professionals and in distance learning. Moreover, it is important to recognise the need for a two-way communication provision as part of a

continuing education programme for professionals. Thus, the continuing education programmes for professionals should be individualised in terms of needs and feedback.

Self-assessed

All continuing education provision for professionals should include an element of self-assessment which allows the individual professional to recognise what he does not know but needs to know and immediately points him in the direction of where his need can be met. The need for feedback, particularly in a self-assessment format, has long been recognised as an essential aspect of continuing education for professionals (Mueller, 1970; Linn et al., 1975; Harden et al., 1979; Marshall and Fabb, 1981; Harden, 1983).

Administrative and learner support should be made available at different levels and in a variety of modes respectively.

Continuing education provision for professionals should make available administrative and participant or learner support at various levels, for instance, at the institutional level, if the providing agency is based at a university faculty or professional body. Participants should have easy access to such support and to

have their queries attended to or be pointed in the direction where assistance could be obtained.

At the regional level, such support could be arranged through a regional body or organisation, for learners who are dispersed and located in rural areas.

Learner support should also be provided in a variety of modes, for example, through telephone, personalised mail, and face-to-face contact whenever necessary.

Relationship with users

This relationship needs to be helpful and informative. It needs to be based on a serious commitment to satisfying the user's needs and on a concern for and understanding of continuing education values.

Supporting the users

It is in the best interests of the provider of continuing education for professionals that the users or participants use the materials as effectively as possible - either as an individual or as small groups (Mann; Binsted; Reynolds and Snell, 1987).

Knox (1979), says that all categories of practitioners engaged in continuing education would benefit from three broad areas of proficiency: a comprehensive perspective on the field, an understanding of adults as learners, and personal qualities such as effective interpersonal relations. A comprehensive perspective on the field includes attention to types of providers, relationships between the agency and parent organisation, societal influences such as trends and issues, and resource identification including literature, money and people.

An understanding of adults as learners includes attention to both development and learning. Generalisations about adult development are especially useful to providers in relation to role performance, change events, information seeking, and self-concept. Generalisations about adult learning are especially useful to providers in relation to ability, meaning, adjustment, pacing, interference, reinforcement, and feedback.

Important personal qualities of effective practitioners include commitment, interpersonal effectiveness, and the desire to improve performance. Professional values include a commitment to the broad field of continuing education. Interpersonal effectiveness includes winning co-operation on which so much of practitioner

effectiveness depends. An innovative approach to practice includes attention to creativity and problem solving (Knox, 1979).

Professionals involved in continuing education programmes on non-credit basis and provision for credit earning being optional.

The continuing education provision for professionals in Malaysia should be provided on a non-credit basis, but as far as possible, the materials should allow for certification in terms of, this is what the professional needs to know, know this and you are a competent professional (Dunn, 1986).

A non-credit system of provision is more desirable in this case, as the aim of the continuing education is to meet the more specific needs of the individual professional and to improve practice on an ongoing basis. However, there could be a provision for including some form of credit-earning assessment, which could be optional.

Continuing education programmes for professionals in Malaysia, provided on a non-credit basis would resemble that provided by the Centre for Medical Education, University of Dundee, as described in chapter six.

The provision for including some form of credit earning assessment could be built into certain programmes, whereby participating general practitioners could earn units towards one of the certificate or diploma courses offered by the College of General Practitioners of Malaysia. However, it is more important at this stage to plan and provide continuing education for the professional development of practitioners in Malaysia.

Publicity

It is important to cover the following points in publicity material in order to make it as informative and helpful as possible:-

- . the purpose and content of the package;
- . the scope and flexibility of the materials; and,
- . what needs to be done to ensure the most effective use of the package - either by an individual or by a group of practitioners.

Sample materials

It is important to make available samples of the different packages produced so that potential participants can assess their suitability for particular needs in terms of relevance and return for time invested.

In the absence of samples, self-assessment forms for the various packages could be mailed to professionals, requesting them to assess themselves by doing the self-assessment exercise, and then to decide for themselves whether they would need to follow a particular programme or not.

Collaboration between providing agencies and institutions or other

It is important for the providing agency or institution to collaborate with one another, so that the available expertise and resources could be utilised for providing continuing education for professionals in Malaysia. Presently, expertise and resources for professions, for example, medicine and teaching in Malaysia, are centralised as well as decentralised. Therefore, collaboration between the providing agency and the institutions or resources centres is important for the continuing education of professionals.

Criteria for future continuing education provision for professionals in Malaysia

- . Opening up new opportunities for learning for professionals.
- . Providing accessible provision which is convenient to use.

- . In response to specific needs of the professionals and the materials should be:-
 - (i) relevant;
 - (ii) beneficial in terms of return for time invested
 - (iii) individualised in terms of needs and feedback; and,
 - (iv) self-assessed.

- . Administrative and learner support should be available at the providing institutional level and also at the regional level. Learner support should be made available in a variety of modes.

- . Professionals involved in continuing education programmes on non-credit basis, but the materials should allow for certification in terms of, this is what the professional needs to know. There could be provision for assessment on credit basis, but this would be optional.

- . Publicity and information regarding the provision should reach the target population.

- . The provision should be collaborative between the providing agencies and institutions or other.

Thus, having specified the criteria for providing continuing education for professionals in Malaysia, the next chapter includes a discussion of the design of the doctors' project materials and the teachers' project materials, used as pilot materials, to obtain the response of doctors in the community and primary school teachers of English in Malaysia to such provision.

CHAPTER EIGHT

CHAPTER EIGHT

DESIGN AND IMPLEMENTATION OF MATERIALS FOR THE PILOT PROJECTS

Summary: This chapter includes a discussion of the design of materials for the pilot projects in the light of the specifications. The implementation procedures for the teachers' pilot project and the doctors' pilot project are also included.

The pilot projects

The pilot projects: the teachers' project and the doctors' project, were implemented to a selected sample of primary school English language teachers and general practitioners in the community in Malaysia to test their reactions and responses to such a provision.

Although the teachers' project materials and the doctors' project materials are two separate and two different sets of materials, designed for two separate and different professionals, the materials in both projects were designed to the same criteria specified for providing continuing education for professionals in Malaysia.

Why two pilot projects?

The two pilot projects were implemented for the following reasons:

- . Continuing education provision for professionals in this thesis is extended to not only the teaching profession but also the medical profession.

- . To obtain the reactions and responses of primary school teachers and general practitioners in the community in Malaysia, to such a provision.

- . To test the specifications for continuing education provision for professionals in Malaysia using the teachers' project materials and the doctors' project materials, so as to be able to generalise the specifications for other professions as well.

Sampling procedure

Teachers' pilot project

Step 1

About one hundred and eighty primary school teachers of English were required for the pilot project. One hundred and eighty sets of material for the teachers pilot project had been produced, the maximum number for the funds available. Further, owing to the limitation of time available to implement the pilot project and

collect the data, the number of primary schools to be included in the pilot study had to be a manageable number, which could be handled by a single researcher.

Moreover, the pilot project was to be carried out from mid-July to the first week of November, during the summer vacation months and a little over, for the researcher, which in turn would be the third and final term of school for schools in Malaysia. Being the third term from mid-August to mid-November schools are busy with end of year examinations and so on, and the teachers are equally pushed for time. Therefore, a manageable number would enable the researcher to make follow-up visits and contact the schools involved more easily. So the objective was to have teachers grouped in a relatively small number of schools.

Step 2

Since the primary schools in the different states in Malaysia are administered by the State Education Departments, which in turn are responsible to the Ministry of Education of Malaysia. Thus, schools will have to be selected from the states and the necessary approval to carry out the pilot project has to be requested from the Ministry of Education and the State Education Departments.

Therefore, if all the thirteen states in Malaysia were to be selected, it would involve much bureaucracy and make it very difficult to manage by a single researcher. Moreover, travel to all the states and primary schools would involve more time than available to implement the teachers' pilot project and collect the data. Furthermore, funds were limited and did not allow for such a large-scale operation at this stage.

Thus, for the purpose of the teachers' pilot project, two states and the federal territory of Kuala Lumpur (Wilayah Persekutuan), were chosen. The states were Kelantan on the east coast of Malaysia, Selangor and Wilayah Persekutuan, on the west coast of Malaysia. The reason for the choice of Kelantan was its geographical distance from the central capital of Kuala Lumpur. The state of Selangor was chosen for its proximity to the central capital, and the capital of Malaysia, Kuala Lumpur itself. Since there were one hundred and eighty sets of material, the choice to use sixty sets in each state was arrived at by simple arithmetic calculation, that is, $180 \div 3 = 60$ per state.

Although the total number of primary schools in Kelantan, Selangor and Wilayah Persekutuan vary as shown in the table below, the decision was arbitrary to evenly divide the sets of material to sixty per state.

State	Total number of primary schools
Kelantan	359
Selangor	448
Wilayah Persekutuan	143

Step 3

Having decided upon the states to be included in the teachers' pilot study, the primary schools in each state had to be selected. The number of primary schools involved in the study in each state would depend upon the number of teachers of English in each school, as sixty primary school teachers of English in each state were required to participate in the pilot project.

Step 4

The list of all primary schools was obtained from the Faculty of Education, University of Malaya, in Kuala Lumpur. As shown earlier in the table, the list included three hundred and fifty-nine primary schools in Kelantan, four hundred and forty-eight primary schools in Selangor and one hundred and forty-three primary schools in Wilayah Persekutuan. The list, however, did

not include the number of teachers in each primary school or the number of teachers of English in each primary school.

Step 5

As the number of teachers of English in each primary school was not known, about twenty primary schools in each state were arbitrarily selected from within the capital towns in each state and the towns away from the capital town in each state, a maximum distance of about forty miles. Twenty primary schools in each state were selected, in the hope that there would be at least about three teachers of English in each primary school (20 x 3 = 60), which would then provide the sixty teachers required in each state.

This decision was necessary at this stage to request for approval from both the Ministry of Education and the State Education Departments. The primary schools to be included in the pilot study had to be identified at this stage as it was a requirement by the approving bodies in Malaysia. Once official approval was granted to carry out the pilot study, the State Education Departments would on their part send an official circular to the primary schools included in the list, informing the headteachers of the intended pilot study.

A safety measure had to be included, that, if sixty teachers of English were not available from the twenty primary schools selected, then, more primary schools would be included; but, if the number of teachers of English was obtained using less than twenty primary schools included in the original list, the remaining primary schools would not be used. Thus, the number of primary schools included in the original list used to request for approval was as follows:

State	Number of primary schools
Kelantan	20
Selangor	20
Wilayah Persekutuan	20

Step 6

Once the approval to carry out the pilot study was received from the Ministry of Education and the State Education Departments, the visits were made to the primary schools in each state and all the teachers of English in each primary school were contacted. Some primary schools had ten teachers of English and some as few as only two and in one case, only one.

Visits to primary schools in Kelantan

In the state of Kelantan, when fifty-four sets of the material were distributed in ten primary schools in the capital town of Kota Baru, it was decided to stop using more primary schools in Kota Baru, so that, at least one primary school in the towns away from the capital town would be used to obtain the required number of sixty teachers of English in total. This decision to distribute the remaining six sets of material in primary schools away from the capital town was also to be in line with Step 5 of the sampling procedure. Furthermore, although a very small number was to be included from the towns away from the capital town, it would provide an opportunity for teachers of English in schools away from Kota Baru to participate in the pilot project.

One primary school in the towns of Pasir Mas, Machang and Pasir Puteh with the largest pupil enrolment figure was selected, as this would ensure that there would be at least more than two teachers of English in each primary school. Since six sets of material remained, two teachers of English in each primary school were required ($6 \div 3 = 2$). Two teachers of English in each primary school were then contacted in the towns of Pasir Mas, Machang and Pasir Puteh and the remaining sets of material distributed, two per primary school per town. Thus, sixty primary schools teachers of English in thirteen primary schools were

involved in the pilot study.

Visits to primary schools in Selangor

In Selangor, the primary schools selected were in four towns, the capital town of Shah Alam, Petaling Jaya, Klang and Banting. Originally, it was intended to distribute about fifteen sets of material in the primary schools in each town. In the town of Petaling Jaya, the three primary schools visited had nineteen teachers of English. In Shah Alam, there were thirteen teachers of English in three primary schools visited.

In Klang, there were twenty-three teachers of English in three primary schools visited.

In Banting, only one primary school was visited and three teachers of English were contacted. Only one school could be visited in Banting as the sets of material were exhausted by now. This was caused by the headteachers in the other two primary schools visited in Selangor, who wanted a set of the material for themselves. Thus, fifty-eight teachers of English in ten primary schools were involved in the pilot study in the state of Selangor.

Visits to primary schools in Wilayah Persekutuan

In Wilayah Persekutuan, the eleven primary schools visited had a total of fifty-nine teachers of English. Again, one headteacher of a primary school in Kuala Lumpur, wanted a set of the material for himself.

Finally, the number of primary schools and the number of teachers of English in each state was as follows:

State	Number of primary schools	Number of participants
Kelantan	13	60
Selangor	10	58
Wilayah Persekutuan	11	59

Total	34	177

The sample used in the teachers' pilot study would therefore be biased in favour of manageability and the findings would reflect more the opinions and reactions of teachers of English in the selected primary schools to a distance learning continuing education provision.

Doctors' pilot project

Step 1

The College of General Practitioners of Malaysia in Kuala Lumpur was contacted for the purpose of enlisting the co-operation of the College in the doctors' pilot project. The College was asked to provide access to its members list, so that general practitioners in private practice in Malaysia could be selected for the pilot project.

Step 2

About three hundred sets of the doctors' pilot project material had been produced, the maximum number for the funds available. Since the doctors' pilot study had to be implemented and the data collected within a specified time frame, the number of participants had to be a manageable number for one researcher to handle.

Step 3

The College of General Practitioners of Malaysia sent a list of two hundred and sixty names of general practitioners in private practice in Malaysia. These general practitioners in private practice in Malaysia were used in a survey carried out by the College to assess one of the short courses for updating purposes

conducted by the College. The same list of members was utilised for the doctors' pilot study as it included members in all the states of Malaysia and it was moreover, a manageable number. However, upon checking, it was found that there was double counting and some names had been repeated. Therefore, the corrected list had a final count of two hundred and fifty-four general practitioners in private practice in Malaysia, six less than on the list provided by the College of General Practitioners of Malaysia.

It must be stated that, although none of the above steps had to do with any sampling procedure, the choice of general practitioners in private practice in Malaysia was based on the following reasons:-

- . a manageable number not exceeding three hundred doctors in private practice, as the number of sets of material was a determinant;
- . the list provided by the College was used as an incidental sample; and,
- . the time factor, the manpower factor and the funding factor did not allow for a bigger study to be carried out at this stage.

The doctors' sample in this case would be biased in favour of manageability and might reflect more the opinions and reactions of those participants who were included in the survey conducted by the College and those general practitioners in private practice in Malaysia, who are more favourably disposed to courses on updating offered by the College.

Teachers' Project : Introduction

Before discussing the teachers' project materials in the light of the specifications, the following letter written by a teacher, highlights some of the needs of English language teachers addressed in this study. The letter entitled, "Teaching English is more difficult today", was published in the Malaysian **New**

Straits Times of November 1987 (New Straits Times, November 10, 1987, p.12).

"The system of education in Malaysia has changed tremendously and in the modern society today, great emphasis is placed on academic qualifications. The success of an individual depends greatly on the individual's academic qualifications.

Due to this, the teacher has been given a very prominent and important role in society.

The teacher finds himself very much in the spotlight and the task that has been placed on him is very demanding, for which he must pool all his resources.

The difficulty of this task is especially felt by English language teachers who have to work against many odds and disadvantages.

The biggest obstacle that the English language teacher has to overcome is the lack of motivation on the part of pupils themselves to study the language.

The reasons for this are many. Bahasa Malaysia or the national language has taken the place of English as the official national language of the country.

English has lost its role as the medium of communication and instruction. English is no longer used at official functions and in government departments. Thus, the lack of usage has also indirectly caused the standard of English to fall.

Moreover, although English is taught in schools today, it is not a compulsory subject in major examinations in the country.

Therefore, pupils tend to regard it as a subject of secondary importance. Many pupils feel that a good command of English is only important and necessary for those who wish to further their studies overseas or in institutions of higher learning in the country. A vast majority of pupils, especially those from the rural areas and from poor families, do not envisage their

future in such terms. Many of them would be satisfied with a job after passing their Sijil Pelajaran Malaysia, the "O Levels" equivalent in Malaysia. Such pupils therefore lack the motivation to learn the language.

The English language teacher, apart from having to cope with this lack of motivation among pupils, has also to contend with other handicaps. One such handicap is that many schools, especially vernacular schools and rural schools, lack resources for teaching English.

The teacher, in trying to interest and motivate pupils to study the English language, has to resort to all possible skills and imagination to make lessons interesting. In order to carry this out, the teacher needs the use of resources such as libraries and audio visual materials. Some vernacular schools do not have even a radio or a television set. How are the English language teachers in such schools to use the television and radio programmes for their lessons?

Looking at all the problems that the English language teacher has to face, it is no wonder that the standard of English has dropped considerably in national schools and tremendously in national-type primary schools.

The Government realises the seriousness of the problem and has taken some very positive steps to remedy the situation.

One such solution is the 3-R system. This system gives the child opportunities to expand the imagination and master the three basic subjects, that is, reading, writing and arithmetic.

The English syllabus has been overhauled and the new syllabus focuses on the usage of English in communication. This enables pupils to use the language in simple, everyday situations in which they can also get practice outside school.

In order that English language teaching keeps pace with new developments, the teacher has to be more resourceful. The teacher has to be more creative and imaginative, and be able to establish a good teacher-pupil relationship with the pupils.

The teacher must be dedicated to his profession and

willing to sacrifice his time. It appears that the English language teachers in the 1980s are a new breed who have to be dedicated and resourceful, and who can overcome difficulties through their own sound knowledge and mastery of English and of the methods of teaching it. The English language teachers in the 1980s and onwards face interesting new challenges. The training programmes in the colleges and the in-service and language programmes are attempting to face these challenges.

However, the real challenge lies with the teacher himself or herself. It is the individual teacher who must assess his tasks and equip himself with the ability to fulfil them."

Assuming that the present provision does not cater for individual teacher needs, a continuing education provision for teachers needs to be established. This study serves as a forerunner in an attempt to pilot such a provision, starting with English language teachers in some selected primary schools in the country.

Selection of the primary school

Primary schools from three states in Malaysia were selected for the purpose of this study. The states included, Kelantan, Selangor and Wilayah Persekutuan (Appendix 22). The state of Kelantan, on the east coast of the country, was primarily selected because of its distance from the central capital, whereas, Selangor and Wilayah Persekutuan on the west coast, are more centrally located.

A total of thirty-four primary schools, from three states in Malaysia, were involved in the pilot project and from each state there were a number of 'sekolah rendah kebangsaan' and 'sekolah kebangsaan'. The 'sekolah rendah kebangsaan' were previously English-medium primary schools and the 'sekolah kebangsaan' were Malay-medium primary schools under the old system. Of the thirteen primary schools in Kelantan, ten schools are in the capital town of Kota Baru and the remaining three are located in towns away from the capital of the state. They are located in Pasir Mas, Machang and Pasir Puteh. Sixty English language teachers participated in the project in Kelantan.

The ten primary schools in the state of Selangor are located in Petaling Jaya, Shah Alam, Klang and Banting. Fifty-five English language teachers participated in the project in Selangor.

The eleven primary schools in Wilayah Persekutuan are located in Kuala Lumpur. Fifty-nine English language teachers participated in the project in Wilayah Persekutuan.

The names of schools and participants are detailed in Appendices 8, 9 and 10 respectively.

Selection of topics

The topics selected to be included in the modules were on the basis of possible problems that could be encountered by English language teachers in primary schools at present in Malaysia. The problems, however, are not only specific to primary schools in the country, but also experienced at the secondary levels. Six topics were selected, and they include the following:

- . The apathetic child.

- . The bilingual crisis: How to cope with it in the language classroom.

- . Pupil talk in the classroom: How I can make it more meaningful.

- . More interesting lessons: How?

- . How to cope with classroom discipline.

- . Each to his own needs: How to help every child learn language.

The topics were selected to reflect everyday common problems to which teachers would be interested in seeking solutions. These

problems were then designed into modules for the English language teacher.

Designing the modules

The modules were designed using a diary format. Each module handled the problem over a number of days in the week. All the situations were centred around the English language teacher and the pupils in a particular classroom. Each module, therefore, was a problem-oriented presentation.

Multiple choice questions were included at the end of each presentation. A reply form was included, which was a detached sheet where participants could write in their answers or choice to the questions posed at the end of each module. The reply form was to be returned to the researcher in a reply paid envelope.

Feedback comments were prepared for the multiple choices of each question. Upon receipt of the reply form from the participant, the feedback comments for the module were despatched.

A colour scheme for printing the series was used, so as to easily differentiate module one from two and so on. It followed on that the module, reply form and the feedback comments would be all in the same coloured paper.

Why the diary format?

The diary format was selected for the teachers' project for the following reasons:

- . It allowed for the extension of a classroom situation over a period of time, for example, in module one of the teacher's diary, the apathetic pupil, a 'chronic' problem in the class, is seen for a whole school week. Likewise, the other problems in the teachers' project materials are extended over a period, except in the case of teacher's diary three, where a single classroom situation is used.

- . The diary format allowed for exploring of the grey areas of English language teaching, where there may not necessarily be one way of solving a problem. As each individual teacher would handle a problem differently in a given situation in the classroom, the materials were designed to give the teacher an opportunity, where a number of management decisions could have been taken. In module five of the series, on discipline, the teacher has a number of choices open to him. Responses to this would reflect the teacher's own attitude, whether he is an authoritarian or he chooses to be permissive. The diary format allows for this sort of presentation and teachers are keen to know what the expert or

their peers would have to say to different ways of handling a given situation in the classroom.

- . To increase the amount of individualisation of the feedback to the participant. The diary format allowed for feedback for all the questions and the answer choices provided. This way, the feedback booklet with individualised feedback comments, provided solutions to all the questions and answer choices and the participant could not only get comments for his answer choice but for all others as well and it was left up to the individual participant to refer to the other solutions if he so wanted to.

- . As a low cost approach. The materials for the teachers' project had to be designed and developed with a very small budget allocated. Thus, the best solution to provide what was intended, using a low cost approach, was in the form of the diary format. Requiring printing and reproducing facilities, the materials were quite easily produced. The materials were developed in Scotland and printed in Malaysia.

Discussion of the teachers' project materials in the light of the specifications

Criterion 1: Opening up new opportunities for learning for professionals.

A provision of this nature would be the first of its kind for primary school teachers of English in Malaysia. The existing in-service and other short language courses for teachers provided by the Ministry of Education, is based on a selection procedure and is not open to all who would want to benefit from it. The present provision in continuing education for primary school teachers of English would be opening up the provision to all primary school teachers of English who wish to participate, thus, making available new opportunities for continuing education for teachers in Malaysia.

Criterion 2: Providing accessible provision which is convenient to use.

The teachers' project materials were designed as distance based learning modules, which would be convenient to use in the home or at the place of work.

Criterion 3: In response to specific needs of the professionals and the materials should be: relevant; beneficial in terms of return for time invested; individualised in terms of needs and feedback; and, self-assessed.

The topics selected for inclusion in the project materials were specific problems that concern every English language teacher in the primary schools in Malaysia.

The topics were all relevant to English language teaching and learning and language classroom management in Malaysian primary schools.

The teacher's diaries were designed to tackle specific problems in the classroom and were individualised modules with easy to follow instructions at the beginning of each module. Feedback for each module was provided once the reply form was received from the participant in this project. In this case, feedback provided was feedback comments that were prepared in advance on a "you were asked", "comments", "your choice" and "our choice". Thus, each teacher received feedback comments for all the multiple choice question answer choices. However, the participant was instructed to refer to the feedback comments that corresponded to his choice of answer.

The teachers' project materials contained self-assessment questions at the end of each module. The teacher was instructed to read through the module, attempt the self-assessment questions

at the end and then was invited to obtain feedback by sending off the reply form, duly filled, in the pre-paid addressed envelope provided.

Criterion 4: Administrative and learner support should be available at the providing institutional level and also at the regional level and learner support should be made available in a variety of modes.

The teachers' project was implemented in two states in Malaysia, Kelantan, Selangor and the federal territory of Wilayah Persekutan. Central as well as state permission was granted for the implementation of the project. Appendices 13, 14, 15 and 16 include the correspondence that ensued between the researcher, the central body in charge and the state departments of education. The relevant governmental bodies were sent a complete set of the teachers' project materials, which comprised of the introductory letter to all participants, informing them of the project, what it is all about and the media used, the six classroom management challenges, complete with reply form and feedback comments, feedback questionnaire and the teachers' project information sheet. The teachers' project information sheet was prepared to inform users, as well as others interested to know about the project, what it was about, the classroom problems included, the

self-assessment procedure, participants involved and the media used. Appendix 20 includes the teachers' project information sheet. The state departments of education, in turn, informed the head of each school selected to participate, of the project.

All other administrative and learner support was provided from the institutional level, being from the Faculty of Education, University of Malaya.

Learner support was provided via two main modes, through telephone contact and mail. Face-to-face contact was available more for teachers in Selangor and Wilayah Persekutuan. After the initial personal contact with the heads and teachers in Kelantan, all further contact was established either by telephone or through letters.

Regional level administrative and learner support was not provided for the duration of this project.

Criterion 5: Professionals involved in continuing education programmes on non-credit basis, but the materials should allow for certification. There could be provision for assessment on credit basis, but this would be optional.

The teachers' project materials were designed for continuing education provision for teachers on a non-credit basis. As the main aim of this thesis is to advocate continuing education provision for professionals for professional development and for the continuance of informed and improved practice, the element of credit earning is not of such importance in this provision. Certification has been allowed for, as the feedback comments were derived from published sources and the participants also had access to contact the researcher at the Faculty of Education, University of Malaya, in Kuala Lumpur during the period the project was being implemented.

Criterion 6: Publicity and information regarding the provision should reach the target population.

The participants in the teachers' project were only aware of the project once they were contacted. Much explaining had to be done as this was the first time that they were countenancing such a provision.

Criterion 7: The provision should be collaborative between the providing agencies and institutions or other.

In the case of the teachers' project, collaboration was not possible, owing to the time factor involved and, moreover, the materials were developed in Scotland.

Implementation of the project

The project was implemented in stages. On the first visit to the selected primary school, the Head was met and explained to about the project. The English language teachers were then met and the project and procedure were explained and discussed.

The modules were sent in pairs to teachers in Kelantan and Selangor. Participants were given a week in which to reply. Owing to time constraints, participants in Kuala Lumpur were given three modules to be completed in two weeks.

After the first visit to Kelantan, all material was subsequently sent by post to the participants. Visits were made to the schools in Selangor and Kuala Lumpur, to collect the replies and distribute the feedback comments and the next set of modules in the series.

The implementation procedure of the project was as follows:

- Stage One : Modules 1 and 2.
- Stage Two : Receive reply forms.

- Stage Three : Feedback comments for Modules 1 and 2,
plus Modules 3 and 4.
- Stage Four : Receive reply forms.
- Stage Five : Feedback comments for Modules 3 and 4,
plus Modules 5 and 6.
- Stage Six : Receive reply forms.
- Stage Seven : Feedback comments for Modules 5 and 6,
plus one feedback questionnaire.
- Stage Eight : Receive feedback questionnaires.

Finally, some selected participants in Selangor and Kuala Lumpur were interviewed to further elicit their views on the project.

The interviews

The participants in two primary schools were interviewed. The teachers from Sekolah Kebangsaan Klang in Selangor and the teachers from Sekolah Rendah Kebangsaan La Salle Dua in Wilayah Persekutuan.

Issues arising from the participants' own feedback questionnaire and in general were discussed in an interview cum discussion session.

Doctors' Project: Introduction

When Professor T.J. Danaraj (New Straits Times, November 6, 1987) delivered the 7th Tun (Dr.) Ismail Oration at the 21st Malaysia-Singapore Congress of Medicine at the Putra World Trade Centre, he had this to say, which formed a part of his thought-provoking speech.

"Medicine taught me several things. I shall mention only two: it taught me humility, the width, the breadth and the depth of medicine I still have to reach after 50 years. How right Osler was when he said that the medical course was not one of years, but a life course. If I rode on the wave of a crest, swelling and with pride in my correct diagnosis, in time I would make a mistake and fall on my face.

. I tell students that when you are right 60 per cent of the time you are a satisfactory doctor, 70 per cent you are a good doctor, 80 per cent you are a top diagnostician and if you claim 100 per cent correctness, then you must be a liar."

As already stated earlier in the thesis, continuing education for doctors in Malaysia is new and the Malaysian Medical Association, as recently as last year, set up a committee to look into the matter. The College of General Practitioners of Malaysia is essentially an academic body providing postgraduate courses for doctors in general practice. The medical faculties in the three Malaysian universities provide undergraduate and postgraduate medical education. The forms of continuing education for doctors

are through medical journals, periodicals, books and medical literature disseminated by pharmaceutical companies. Seminars, conferences and medical meetings and talks also form part of the continuing education. However, owing to the nature of general practice, many, especially those in the rural areas, find it difficult or impossible to attend. Moreover, medical talks, seminars and conferences are mainly organised by the teaching hospitals, medical departments in the universities or professional bodies located in capital towns, whereby access to these becomes an obstacle for general practitioners in rural areas. Therefore, opportunity and easy access to avail themselves of the existing continuing education provision in the form of seminars, conferences and medical talks and meetings, are the stumbling blocks to the Malaysian general practitioners, particularly in small towns and rural areas.

With this scenario as the backdrop to the current situation in Malaysia with regard to continuing education for general practitioners, the present pilot project serves as a forerunner in that direction. It is hoped that through distance learning techniques, the materials could be sent to all general practitioners, both in urban and rural areas in Malaysia.

Design

A series of six patient management challenges or modules were designed for this purpose. The doctor's diary format was adopted and a case was presented in terms of extracts from a doctor's diary. There were six cases in the Doctors' Project. Each case presented a different problem. The six patient management problems included:-

- . Management of an anaemic patient;
- . Management of a young diabetic patient;
- . Management of an osteoarthritic patient;
- . Management of a hypertensive patient;
- . Management of diabetes in an older patient; and,
- . Management of an asthmatic patient.

The participants were asked to rate various management decisions. They then went on to compare their decisions with that of the expert's.

The participants got immediate feedback using the latent image processing pen that was provided. Participants had to return one feedback questionnaire in the pre-paid envelope at the end of the series.

Selection of patient management problems

The six patient management problems were selected in consultation with a hospital specialist from Malaysia, who was then temporarily attached to the Royal Infirmary in Glasgow.

It was decided on the basis that the following patient management problems were common in everyday general practice in Malaysia.

The patient management problems included:-

- . Management of an anaemic patient;
- . Management of a young diabetic patient;
- . Management of an osteoarthritic patient;
- . Management of a hypertensive patient;
- . Management of diabetes in an older patient; and,
- . Management of an asthmatic patient.

Apart from managing other minor and major complaints, general practitioners in the community in Malaysia have to manage the above mentioned problems, according to the specialist from Malaysia.

Thus, these six patient management problems were selected and the materials were designed to provide continuing education for general practitioners in the community, in the doctors' pilot project.

Audience

Two hundred and fifty-four members of the College of General Practitioners of Malaysia participated in the pilot project. The members were from all the states in Malaysia and also included a few in Singapore. All the College members from the state of Kelantan were included in the project. The reason that underpinned this decision was that doctors in rural areas of Kelantan could be rather isolated from the activities at the centre of the country. Although there is a teaching hospital in Kelantan, it is nearer the capital town and doctors in the areas away from the capital town and the centre could still be isolated. The list of doctors to whom the materials were sent to in the project is included, according to the States in Malaysia, in Appendix 11.

Media

The media utilised in this project included:-

Patient management problems;

Latent image printing to provide instant feedback; and

Distant learning.

The patient management challenges used in the Doctors' Project are included in Appendix 2. The patient management modules were

developed with the assistance of W.R. Dunn; T.S. Murray and Aziz Baba.

Why the diary format was used

The diary format was used for the following reasons:-

- . the diary format allowed a case to be extended over a period of time to deal with a problem. For example, in the case of patient management challenge one, which deals with the management of an anaemic patient, the patient is dealt with over a period of time, during which time several problems present and the general practitioner has to make management decisions at the various stages; and,
- . the use of the diary format to explore the grey areas of general practice.

Why latent image technique was used to provide instant feedback

Although a more expensive technique to use, the latent image process provided immediate feedback. This technique was used only for the expert's ratings and feedback comments in the doctors' diaries. Using a special latent image processing pen to reveal the hidden ratings and comments, participants received instant feedback.

It was felt that immediate feedback was important in the case of the patient management problems, whereby general practitioners did not have to wait for feedback. One solution to providing instant feedback was to use the latent image technique.

Discussion of the doctors' project materials in the light of the specifications

Criterion 1: Opening up new opportunities for learning for professionals.

This series in continuing education for general practitioners in the community would be the first project of its kind to be piloted in Malaysia. Thus, besides being a pioneer effort, the project has also paved the way for new continuing education opportunities for doctors in Malaysia.

Criterion 2: Providing accessible provision which is convenient to use.

The series in continuing education for general practitioners in the community are distance based and besides providing easy access, the series are also convenient to use.

General practitioners could use the series in the convenience of their own homes or surgeries and get immediate feedback by using the latent image processing pen.

Criterion 3: In response to specific needs of the professionals and the materials should be: relevant; beneficial in terms of return for time invested; individualised in terms of needs and feedback; and, self-assessed.

The doctors' project series were developed in consultation with a hospital specialist from the University Science Malaysia, and the topics selected were deemed to be of specific concern to general practitioners in private practice in Malaysia.

The topics were developed as patient management problems using the diary format and were given a local flavour. The problems were all relevant to practice in Malaysia and planned to be beneficial in terms of return for time invested.

The series were individualised and feedback was to be immediate. This was achieved by using the latent image technique. By providing the general practitioner with a latent image processing pen, he could then go on to get instant feedback for the questions.

The series had self-assessment questions, thus, having gone through each patient management problem, the general practitioner could test himself by attempting the self-assessment questions. General practitioners were asked to rate, on a given 5-1 rating scale of "must do" to "must not do". They could then compare their own rating with that of the expert's and proceed to obtain feedback immediately, using the latent image processing pen.

Criterion 4: Administrative and learner support should be available at the providing institutional level and also at the regional level, with learner support made available in a variety of modes.

The doctors' project was implemented through the College of General Practitioners of Malaysia, as the materials were sent to general practitioners in private practice, who are also members of the College. Secretarial assistance was available, during office hours, for participants who had queries and they could also ring or write to the researcher on any matter arising related to the series.

Learner support for this project regarding queries about the materials was available, either through the telephone or mail. However, expert support was not available for the duration of this project.

Administrative and learner support was not available at the regional level for purposes of this project. The project was administered from the centre and participants could contact the centre by phone or by writing to the centre.

The centre in this case, being the College of General Practitioners of Malaysia located in Kuala Lumpur. Appendix 22 provides a map of Malaysia and Appendix 11 shows the list of general practitioners according to State in Malaysia, to whom the materials were sent.

Criterion 5: Professionals involved in continuing education programmes on a non-credit basis, but the materials should allow for certification. There could be provision for assessment on some credit-basis, but this would be optional.

The series of patient management challenges to general practitioners were primarily for continuing education and professional development of the professionals concerned. Thus, the series were designed as non-credit based continuing education provision.

Criterion 6: Publicity and information regarding the provision should reach the target population.

An information sheet was prepared for the doctors' project. It included information about the project, the topics included, the audience it was intended for and the media used. Information was also provided about the self-assessment questions and that participants had to complete a feedback questionnaire at the end of the project. Appendix 21 includes the doctors' project information sheet.

The information sheet was prepared well in advance and sent to the Chairman of the College of General Practitioners of Malaysia and the Dean of the Medical Faculty of the University Science Malaysia. As originally planned, the College of General Practitioners was to provide the members list and the University Science Malaysia, Medical Faculty branch in the State of Kelantan was to help implement the project in Kelantan only. However, owing to the small number of College members in Kelantan, the project was implemented through the College to randomly selected members of the College throughout the country. Appendix 11 includes the list of general practitioners according to state in Malaysia.

An introductory letter, together with the first two patient management problems, were sent to the selected general

practitioners in the project. A reply slip was also included to ensure that participants received the materials.

Criterion 7: The provision should be collaborative between the providing agencies and institutions or other.

In the case of this project, there was to some extent, collaboration between the researcher, College of General Practitioners of Malaysia, the hospital specialist from the University Science Malaysia and expert input from Glasgow.

Implementation of the Doctors' Project

The implementation and completion of this project was all through distance means. The College of General Practitioners of Malaysia provided the secretarial assistance in implementing the project and also in collecting the returned feedback questionnaires.

Once the number of participants were randomly selected from the College of General Practitioners of Malaysia membership list, the secretarial assistants were instructed to implement the modules in stages.

Stage One

Modules 1 and 2, together with a covering letter, the latent image processing pen, the doctors' project information sheet (Appendix

21) and a reply slip to say that the participants had received the material, were sent by registered post to all two hundred and fifty four general practitioners in private practice in Malaysia. In actual fact, two hundred and sixty names were included. However, upon checking, it was found that double counting in certain cases had occurred and the final list consisted of six names less. Many of the participants returned the yellow reply slip to say that they were in receipt of the material posted out to them. Some complained of missing items and these were immediately seen to. Others telephoned the College secretary to either inform her of receipt of the contents of the first mailing or to request for the missing items. Many participants also telephoned to enquire about how to use the pen and some wanted to know whether they could retain the modules and so on. Probably the most hilarious incident was when some very upset and worried sounding participants called to say, "How is it that they have been sent pens that do not write?" The latent image processing pens, as explained in their covering letters, were not meant to write with, but to be used to shade over the feedback comments in the modules to obtain immediate feedback as the print emerges. As the latent image technique was relatively new, many took sometime before getting used to using the pen.

Stage Two

Two weeks later, Modules 3 and 4 were posted to the participants.

Stage Three

In the final stage, Modules 5 and 6 and the feedback questionnaire and a pre-paid envelope were sent to the participants. The feedback questionnaire used is included in Appendix 4. The participants were reminded to return the feedback questionnaire at the earliest possible. However, the response rate was slower than anticipated and a reminder had to be sent. The participants who had not returned the feedback questionnaire were also contacted by telephone. Finally, ninety-one participants returned their feedback questionnaire.

Summary

The teachers' project and the doctors' project pilot materials were designed using the following specifications for providing continuing education programmes for professionals in Malaysia, and this chapter has explained how the materials meet the criteria.

- . Opening up new opportunities for learning for professionals.
- . Providing accessible provision which is convenient to use.
- . In response to specific needs of the professionals

and the materials should be:-

- (i) relevant;

- (ii) beneficial in terms of return for time invested;
 - (iii) individualised in terms of needs and feedback; and,
 - (iv) self-assessed.
-
- . Administrative and learner support should be available at the providing institutional level and also at the regional level. Learner support should be made available in a variety of modes.
 - . Professionals involved in continuing education programmes on non-credit basis, but the materials should allow for certification in terms of, this is what the professional needs to know. There could be provision for assessment on credit basis, but this would be optional.
 - . Publicity and information regarding the provision should reach the target population.
 - . The provision should be collaborative between the providing agencies and institutions or other.

The pilot projects were then implemented to selected primary school teachers of English and general practitioners in the community in Malaysia.

The findings from the feedback questionnaire used in the teachers' project will be discussed in chapter nine and the findings from the feedback questionnaire used in the doctors' project will be discussed in chapter ten.

CHAPTER NINE

CHAPTER NINE

REPORT ON THE FINDINGS OF THE PILOT PROJECT: TEACHERS' STUDY

Summary This chapter includes a report of the findings of the teachers' project implemented in Malaysia.

Introduction

To recapitulate, the teachers' project materials, consisting of six classroom management challenges, included the following:

The apathetic child.

The bilingual crisis: How to cope with it in the language classroom.

Pupil talk in the classroom: How I can make it more meaningful.

More interesting lessons: How?

How to cope with classroom discipline.

Each to his own needs: How to help every child learn language.

These materials were designed to meet the following specifications:

- . Opening up new opportunities for learning for professionals.
- . Providing accessible provision which is convenient to use.
- . In response to specific needs of the professionals, the materials should be:-
 - (i) relevant;
 - (ii) beneficial in terms of return for time invested;
 - (iii) individualised in terms of needs and feedback; and,
 - (iv) self-assessed.

- . Administrative and learner support should be available at the providing institutional level and also at the regional level. Learner support should be made available in a variety of modes.

- . Professionals involved in continuing education programmes on non-credit basis, but the materials should allow for certification in terms of, this is what the professional needs to know. There could be provision for assessment on credit basis, but this would be optional.

- . Publicity and information regarding the provision should reach the target population.

- . The provision should be collaborative between the providing agencies and institutions or other.

The implementation of the pilot project for the primary school English language teachers in Malaysia took place from mid-July to early November, 1987. The materials were sent to primary school teachers of English in Kelantan, Selangor and Wilayah Persekutuan. At the end of the project, participants' reactions and responses to the materials were gathered using a feedback questionnaire.

The feedback questionnaire for teachers: design

A short feedback questionnaire was designed to elicit the primary school English language teachers' responses to the materials, which consisted of the six classroom management challenges.

The feedback questionnaire for teachers included the following aspects:

A covering note: This consisted of a short letter and instructions to the participants, and also to thank them for their cooperation.

Background information: Participants were requested to write their name, sex, age and the number of years of teaching experience since qualifying.

Question one: Participants were asked to rate the usefulness of the series of classroom management challenges on a five-point scale ranging from "very useful" to "not useful at all".

Question two: This question was on how much time, on average, the participants took to complete one module in the series. They were asked whether it took them "less than one hour", "one hour", "more than one hour" or "other".

Question three: Participants were asked whether they discussed the modules with their colleagues and to say, "yes", "no" or "sometimes".

Question four: Leading on from question three, the participants were asked whether they found discussing the modules with their colleagues useful and were asked to reply, "yes" or "no".

The second part of question four requested those participants who replied "yes" to the first part of the question to write in their

comments as to how was discussing the modules with their colleagues useful.

Question five: This question again had two parts to it and the first part was to know whether the classroom management challenges had caused any change in the participants' classroom management practices. Participants were asked to reply, "yes", "no" or "don't know".

The second part of the same question was, "if yes, in what way?" Participants had to write in their replies to this section of question five.

Question six: Participants were asked if they would like more of such series and to reply "yes" or "no".

Question seven: In this question, participants were asked to give some suggestions of topics to be considered for future programmes.

Question eight: The participants were asked to say how many in-service courses, language courses or other, they had attended and to also state the duration of the courses attended.

Question nine: This question was on how the participants coped with their continuing education at present, whether it was through "journals", "seminars", "conferences", "in-service courses" or "other".

Question ten: Participants were asked to say as to how the classroom management challenges compared with the type of continuing education they had experienced in the past. Three aspects were included and they were: "relevance to classroom teaching", "effective in terms of time spent" and "overall effectiveness". The participants were asked to rate for these three aspects whether the classroom management challenges were "better", "as good", or "not as good", as what they had experienced in the past.

Question eleven: There were two parts to this question and the first was to find out whether the participants were willing to pay for such series in continuing education in the future and to reply, "yes", "no" or "not sure".

The next part of the question was to know as to how much, in Malaysian dollars, the participants were willing to pay for each module, if they were willing to pay.

Question twelve: The participants were asked to indicate the aspects of the series of classroom management challenges they found most useful and also to comment on why they found them so. The aspects included: "content", "layout and presentation", "length of each challenge", "multiple choice of questions", "feedback comments", "other".

Question thirteen: This time, participants were given the same set of aspects as in question twelve, but, were asked to say which they found least useful and to write in their comments.

Question fourteen: Finally, participants were requested to write in their suggestions for the improvement of the classroom management challenges.

A small-scale piloting of material was carried out with ten M.Ed. students in the Department of Education, University of Glasgow in March 1986. The classroom management challenge on the apathetic child was piloted in Glasgow.

Step 1

The ten participants were presented with the introductory letter, the module and the reply slip and were given two weeks to return the reply slip.

Step 2

Once the reply slips with their choice of answers were received, the feedback comments were given to the participants with a very short feedback questionnaire to be filled in and returned. The feedback questionnaire was to request participants to say how the module could be improved.

Step 3

Once the feedback questionnaire was received, each participant was contacted individually to discuss the comments.

Step 4

The individual comments were then collated and a summary sheet of participants' comments was prepared. This was circulated to all ten participants and they were asked to respond within a given time period to any of the summary points they disagreed with. This way, participants who could not be brought together for a group discussion had the chance to know what their peers had said about the pilot module.

Step 5

The feedback received was positive and the participants found it a useful exercise.

The interviews

Interviews were carried out in two primary schools, one in Selangor and the other in Wilayah Persekutuan, to discuss the responses based on the feedback questionnaire to teachers.

Fourteen teachers were contacted for the interviews cum discussion session. The primary schools selected in this case consisted of a 'sekolah rendah kebangsaan' and a 'sekolah kebangsaan'. The school in Selangor was Sekolah Kebangsaan Klang, which had eight participants and the school in Wilayah Persekutuan was Sekolah Rendah Kebangsaan La Salle Brickfields Dua, which had six participants.

The primary reason for selecting these two schools was that the participants could all be contacted at the same time. The other primary schools in the study had the participants in two sessions, which meant that some were teaching in the morning and others were teaching in the afternoon session. The difficulty was of bringing them together, as it was meant to be a group interview cum discussion. On that basis, the two primary schools were selected and the interview cum discussion was carried out.

Interview procedure

Teachers' interview

Fourteen teachers were contacted in two primary schools, one in Selangor and the other in Wilayah Persekutuan.

There were eight participants in Sekolah Kebangsaan Klang and each teacher was contacted individually as well as in a group. Similarly, the six teachers in Sekolah Rendah Kebangsaan La Salle Brickfields Dua, were contacted individually as well as in a group situation.

The interviews consisted of going over the participants' responses to the feedback questionnaire, item by item, and discussing issues which were controversial and had elicited a negative response from the participants.

Step 1

Using the returned feedback questionnaire as the basis for the interview, each teacher was interviewed individually. Each item in feedback questionnaire was discussed, paying more attention to the controversial issue, that is, when the individual teacher found the module "useful" but had replied "no" to future programmes of a similar kind. Participants were also asked about ways to improve the provision of continuing education using the distance mode.

Step 2

A group discussion was then held in the conference room in the respective schools, and this time participants were able to talk to each other and to the interviewer. The items in the feedback questionnaire were used as the basis for the discussion session and the teachers were able to voice their ideas and opinions as a group.

Step 3

Notes were made as the interview cum discussion progressed and these points were quickly summarised and checked with the participants to ensure that their views were correctly recorded.

What the interview cum discussion sessions were about

The participants' feedback questionnaires formed the basis of the interview cum discussion sessions. Each question in the feedback questionnaire was raised and their feedback comments were referred to in the discussion. Particular attention was paid to contradictory answers, for example, when participants had found the classroom management series "useful" or "very useful", but, said that they would not like more of such series in the future.

When asked whether their replies and the points raised at the interview cum discussion session would be valid for the way their peers in other schools felt, there was an unanimous agreement to the suggestion. They repeatedly added that they had nothing against the series, but were discouraged by the workload they had to carry and also of no incentives provided for the improvement of performance by the Malaysian Ministry of Education.

The responses at the interview cum discussion sessions are included, wherever relevant, in the discussion of the replies to the feedback questionnaire that follows.

Each interview cum discussion session lasted for about two hours.

Report on the findings of the feedback questionnaire

The report on the findings of the feedback questionnaire is presented by providing the background information of the participants included in this study, followed by an item by item analysis of the feedback questionnaire and comments.

Data are presented in the form of frequencies and percentages for each question, following the order as in the feedback questionnaire.

Background information

Table 9.1 shows the number of schools in the project by state. There was a total of thirty-four primary schools, out of which twenty-two were the national type English medium primary schools under the old system and twelve were national type Malay medium primary schools previously.

Table 9.1

State	Number of primary schools	Number of SRK	Number of SK
Kelantan	13	9	4
Selangor	10	7	3
Wilayah Persekutuan	11	6	5

TOTAL	34	22	12

SRK : Sekolah Kendah Kebangsaan (Previously National Type English Medium Primary Schools)

SK : Sekolah Kebangsaan (Previously National Type Malay Medium Primary Schools)

Respondents by sex and state

Sixty primary school English language teachers, in thirteen schools, were contacted in the state of Kelantan to participate in the project. Forty-seven teachers successfully completed the set of six modules and returned the feedback questionnaire. Of the respondents from Kelantan, five were males and the remaining forty-two were females. The respondents from Kelantan accounted

for about twenty-nine percent of the total number of respondents in the project.

Fifty-eight primary school English language teachers, in ten schools, were contacted in the state of Selangor to participate in the project. Fifty-five teachers successfully completed the set of six modules and returned the feedback questionnaire. There were six male respondents and forty-nine female respondents from Selangor. About thirty-four percent of the total respondents were from the state of Selangor.

In the federal territory of Wilayah Persekutuan or Kuala Lumpur, fifty-nine primary school English language teachers, in eleven schools, were contacted to participate in the project. All fifty-nine teachers successfully completed the set of six modules and returned the feedback questionnaire. Of the total respondents from Kuala Lumpur, seventeen were males and forty-two were females. The respondents from Kuala Lumpur accounted for thirty-six percent of the total number of respondents in the project.

Table 9.2 shows the respondents by sex, state and total. There were one hundred and sixty-one teachers in total, who participated in the project from Kelantan, Selangor and Kuala Lumpur.

Table 9.2

State	Male	Female	Total	Percentage
Kelantan	5	42	47	29.1
Selangor	6	49	55	34.3
Wilayah Persekutuan	17	42	59	36.6
TOTAL	28 (17.4%)	133 (82.6%)	161 (100%)	100.0

Age

Table 9.3 shows the age groupings of the respondents in the project. About twenty-seven percent of the participants fall within the 20 to 30 years age group. Twenty-five percent of the participants are between 31 to 40 years. Approximately forty percent of the respondents are between 41 to 50 years of age. The majority of the teachers participating in this project fall within this age range. Slightly under four percent are 51 to 55 years of age. About another four percent did not respond to this question.

Table 9.3

Age (in years)	Frequency	Percentage
20-25	15	9.3
26-30	29	18.0
31-35	18	11.2
36-40	23	14.3
41-45	41	25.5
46-50	23	14.3
51-55	6	3.7
No response	6	3.7
TOTAL	161	100.0

Years of teaching experience

From Table 9.4 it is evident that about forty-three percent of the total number of respondents have from below 5 years to 15 years of teaching experience. The majority of the participants in the project, that is, about fifty percent have between 16 to 30 years of teaching experience. Under one percent of the participants have between 31-35 years of teaching experience. About six percent did not reply to this question.

Table 9.4

Years of teaching experience	Frequency	Percentage
Below 5 years	20	12.4
5 - 10 years	41	25.5
11 - 15 years	8	5.0
16 - 20 years	33	20.5
21 - 25 years	28	17.4
26 - 30 years	20	12.4
31 - 35 years	1	0.6
No response	10	6.2
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TOTAL	161	100.0
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Question 1

How would you rate the usefulness of the series of classroom management challenges that you have just completed?

Rating	Frequency	Percentage
Very useful	31	19.2
Useful	83	51.6
Quite useful	41	25.5
Not very useful	5	3.1
Not useful at all	1	0.6

TOTAL	161	100.0

Comments

Nineteen percent of the participants rated the series of classroom management challenges as being "very useful". About fifty-two percent stated that the series of six modules were "useful". Twenty-five percent of the teachers stated that they found the series "quite useful" and only under one percent found the series of classroom management challenges to be "not useful at all".

Question 2

On an average, how much time did it take you to complete one module in the series?

	Frequency	Percentage
Less than one hour	115	71.4
One hour	31	19.3
More than one hour	5	3.1
Other: 15-30 minutes	10	6.2

TOTAL	161	100.0

Comments

Over seventy-one percent of the participants took less than one hour to complete one module in the series of classroom management challenges. There were about six percent who completed one module from within 15 to 30 minutes. About nineteen percent of the total number of participants completed one module in the series in an hour. Only three percent required more than one hour to complete a module in the series. On the whole, the majority of the participants were able to complete one module in the series within less than an hour.

Question 3

Did you discuss the modules with your colleagues?

	Frequency	Percentage
Yes	15	9.4
No	87	54.0
Sometimes	58	36.0
No response	1	0.6
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TOTAL	161	100.0
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Comments

About forty-five percent of the participants replied in the positive to this question of whether they discussed the modules with their colleagues. Fifty-four percent of the participants did not discuss the modules with their colleagues.

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Question 4(a)

Did you find discussing the modules with your colleagues useful?

	Frequency	Percentage
Yes	72	44.7
No	57	35.4
No response	32	19.9
<hr/>		
TOTAL	161	100.0
<hr/>		

Comments

Those who discussed the modules with their colleagues found it useful. About forty-five percent stated that they found discussing the modules with their colleagues useful. Twenty percent of the participants did not respond to this question.

Question 4(b)

If yes, comment on how it was useful.

State	Number of respondents	Percentage
Kelantan	22	13.7
Selangor	17	10.6
Wilayah Persekutuan	16	9.9
<hr/>		
TOTAL	55	34.2
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Comments

Only fifty-five respondents, about thirty-four percent of the total, wrote in their comments to this question. The comments have been summarised here and the following are the ways in which the respondents found discussing the modules with their colleagues was useful.

- . The discussion helped to obtain various ideas from colleagues to solve problems in the classroom.
- . Interaction between colleagues improved.
- . The discussion helped to understand better the situations presented in the modules and to cope with similar problems that arose in the classroom.
- . The discussion also helped to think about the problems.
- . Gained new ideas and techniques from peers.

Question 5(a)

Did it cause you to change your classroom practice?

	Frequency	Percentage
Yes	60	37.3
No	85	52.8
Don't know	16	9.9
<hr/>		
TOTAL	161	100.0
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Comments

Thirty-seven percent of the total number of participants replied saying that the series of classroom management challenges did cause them to change their classroom practice. About ten percent were unsure as to whether there was any change in their classroom practice. Almost fifty-three percent said that there was no change in their classroom practice. However, those who replied "no" to this question said that it was too soon to tell and that they had not encountered similar situations as to those included in the series of modules.

Question 5(b)

If yes, in what way?

State	Number of respondents	Percentage
Kelantan	21	13.0
Selangor	7	4.4
Wilayah Persekutuan	9	5.6

TOTAL	37	23.0

Comments

Only twenty-three percent of the total number of participants replied to this question. The participants found the following to be the ways in which they found the series of classroom management

challenges to have changed their classroom practice.

- . The feedback comments helped to be more aware of the problems in the classroom.
- . Be less authoritarian and become more tolerant.
- . Be more aware of pupils' problems.
- . Establish better rapport with the pupils.
- . Classroom management better planned and executed.
- . Group work was tried out.

It is interesting to note some of the **verbatim** comments made by the participants when replying to this part of the question.

"I have come to the conclusion that I need to have a closer relationship with my pupils. My interaction with them needs to be improved and my class management has to be more carefully planned and executed."

"We gained a lot. Reading and discussing the modules helped us to renew our teaching techniques.

We were exposed to the recent teaching techniques.

Most of us think that we know a lot about teaching. We take things for granted. Actually we know less."

"It made me see the classroom problems in a different light. It also helped me to be patient and to find out the pupils' individual problems and help them. It also helped me to do group work with those who were weak in English."

"The problems are common in rural schools, including mine at present. Your feedback helped me to cope with my teaching lessons. Thank you." (Teacher from a rural school).

"I was more sympathetic with the pupils' problems and willing to give more assistance to them. I take the slow learners and give them more oral work."

"How to teach a mixed ability group of pupils, provide relevant remedial teaching, maintaining discipline in the classroom and how to teach oral English."

"I have rearranged the class so that the weaker ones are taught and given work which is appropriate for their level."

"There are pupils like Ramlee in every class that I go to. I try to be more patient with them after answering your modules. I only wish I could have more time with them."

"It made me realise that I should plan my classroom management bearing in mind the needs of the different groups of pupils in one class."

Question 6

Would you like more of such series?

	Frequency	Percentage
Yes	77	47.8
No	80	49.7
No response	4	2.5
<hr/>		
TOTAL	161	100.0
<hr/>		

Comments

Almost forty-eight percent of the participants said that they would like more of such series on classroom management challenges. Just over two percent made no response to this question. However, almost fifty percent of the participants replied that they would not like more of such modules.

To follow up on some of the issues that surfaced from the teachers' responses to the questions, two interviews were conducted with the participants in two schools, one in Selangor and another in Kuala Lumpur. The teachers interviewed in Selangor were from Sekolah Kebangsaan Klang, where all the participants were interviewed and a group discussion followed. The primary school in Kuala Lumpur was Sekolah Rendah Kebangsaan La Salle Brickfields Dua. Similarly, an interview cum group discussion was held and the participants talked freely about their response to the project. As time was a limiting factor in this project, only participants in two schools could be interviewed.

When questioned as to why it is that when they found it useful, they would not now like more of such series, the participants interviewed said that they had a very heavy workload and such "extra work" only burdened them further.

The participants interviewed also complained of large class sizes and the difficulty of teaching English to sometimes totally disinterested pupils, but primarily blamed the heavy workload for not wanting any "extra work" to their already tight schedule.

The impression that came across during the face-to-face interviews was that, "we have been ignored for so long, and now why should we

bother". This was more the attitude of those teachers who were nearing the retirement age and some blatantly admitted to "marking time".

Probably sensing the burnout amongst school teachers, the political secretary to Penang Chief Minister, Dr. Koh Tsu Koon, stressed the need for teachers to have, among other things, teaching skills, a positive attitude, commitment and dedication towards their profession. He said that to achieve excellence, the teacher-pupil ratio in class as well as salaries and promotions should be taken into consideration (New Sunday Times, November 1, 1987).

Question 7

If you would like more of such series, could you kindly give some suggestions of topics to be considered for future programmes.

State	Number of respondents	Percentage
Kelantan	16	9.9
Selangor	23	14.3
Wilayah Persekutuan	13	8.1
<hr/>		
TOTAL	52	32.3
<hr/>		

Comments

Thirty-two percent of the total number of participants replied to this question by writing in their suggestions of topics to be included for future programmes. After summarising their suggestions, the following list of topics emerged.

Suggested topics

- . Techniques in teaching English in the New Primary School Curriculum.
- . Teaching weak and indifferent pupils English.
- . How to help a very weak pupil to learn language in a mixed ability classroom?
- . Oral English lessons.
- . English is not my favourite subject - why?
- . Pupils play in the classroom - how I can make it a language game?
- . How to cope with the slow learner?
- . Large class sizes, 45-50 pupils - how to cope?
- . Classroom management in the New Primary School Curriculum.
- . Discipline.
- . How to select suitable audio visual aids and reading material?
- . Better teacher-pupil relationship.

- . Interesting teaching methods for the weaker pupils.
- . Remedial and enrichment activities for rural schools.
- . Groupwork.

Question 8

How many in-service courses or language courses have you attended?

	Frequency	Percentage
In-Service course (1 day - 6 months)	94	58.4
Language course (1 - 14 days)	60	37.3
Other: British Council Seminars (1 - 2 days)	28	17.4

Kelantan	Frequency	Percentage
In-Service course (1 day - 6 months)	30	63.8
Language course (1 - 14 days)	19	40.4
Other	10	21.3

Selangor	Frequency	Percentage
In-Service course (3 days - 3 months)	35	63.6
Language course (1 day - 3 months)	18	32.7
Other	8	14.5

Wilayah Persekutuan	Frequency	Percentage
In-Service course (3 days - 3 weeks)	29	49.2
Language course (1 week - 3 months)	23	39.0
Other	6	10.2

Comments

From the table for overall figures, it appears that the majority of the total number of participants have attended in-service courses ranging from one day to six months for some. Fifty-eight percent of the total number of respondents have attended an in-service course.

Thirty-seven percent of the total number of participants have attended language courses, again ranging from one day to fourteen days.

About seventeen percent of the total number of participants stated that they have attended the British Council seminars for language teachers, ranging from one day to two days.

The figures for the state of Kelantan show that almost sixty-four percent have attended in-service courses lasting from one day to

six months. Forty percent of the total number of participants from Kelantan have attended language courses ranging from one day to fourteen days. About twenty-one percent of the total number of participants from Kelantan said that they have attended other courses.

Of the total number of participants from the state of Selangor, almost sixty-four percent have attended in-service courses, lasting from three days to three months. Another thirty-three percent of the total number of participants from Selangor have attended language courses ranging from one day to three months. About fourteen percent said that they have attended other courses.

The figures for Kuala Lumpur or Wilayah Persekutuan show that forty-nine percent of the total number of participants have attended in-service courses from three days to three weeks. Thirty-nine percent of the total number of participants from Kuala Lumpur have attended language courses lasting from one week to three months. About ten percent of the total mentioned other.

In the face-to-face interview with some of the participants, it emerged that though they had attended one form of in-service programme or the other, they found the programmes "boring", "unchallenging" and "uninteresting". Their main complaint was

that the in-service and language programmes that they have attended failed to address their specific problems which they encountered upon returning to the reality of their classrooms. Their motivation waned when there was no follow-up and contact with the providers of the programmes.

The participants interviewed expressed a desire to attend seminars, conferences and have a link with a providing agency as part of their continuing education. Some wanted case studies and actual problems to work with and arrive at solutions in a group.

Question 9

How do you cope with your continuing education at present?

	Frequency	Percentage
Journals	48	29.8
Seminars	21	13.0
Conferences	1	0.6
In-Service courses	118	73.3
Other: Books, Newspapers Television	18	11.2

Kelantan	Frequency	Percentage
Journals	15	32.0
Seminars	8	17.0
Conferences	0	0.0
In-Service courses	31	66.0
Other	3	6.4

Selangor	Frequency	Percentage
Journals	23	42.0
Seminars	8	14.5
Conferences	1	2.0
In-Service courses	43	78.2
Other	13	23.6

Wilayah Persekutuan	Frequency	Percentage
Journals	10	17.0
Seminars	5	8.5
Conferences	0	0.0
In-Service courses	44	74.6
Other	2	3.4

Comments

It is evident from the data for this question that the in-service

course is the chief form of continuing education provision for most of the participants in the project. The figures for the individual states and Kuala Lumpur further reaffirm this. The in-service course is followed by journals as being another means of keeping abreast. It is evident that seminars and conferences have a very low priority for the participants in the project as ways of coping with continuing education.

Question 10

How do the series of classroom management challenges that you have just recently completed compare with the type of continuing education you have experienced in the past?

Comments

Participants were requested to respond to three aspects of the series of classroom management challenges and comment on how the series that they have recently completed compare with the type of continuing education they have experienced in the past. The three aspects were, relevance to classroom practice, effective in terms of time spent and overall effectiveness. Except for a minority of the total number of participants who found the series not as good as what they have experienced in the past, the majority were satisfied with the series and said that the series were better, if not as good as what they have experienced in the past.

Aspects	Classroom management challenges Better than what you have experienced in the past		Classroom management challenges As Good as what you have experienced in the past		Classroom management challenges Not As Good as what you have experienced in the past		No Response		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Relevance to classroom teaching	34	21.1	85	52.8	12	7.5	30	18.6	161	100.0
Effective in terms of time spent	38	23.6	66	41.0	21	13.0	36	22.4	161	100.0
Overall effectiveness	38	23.6	67	41.6	20	12.4	36	22.4	161	100.0

Question 11(a)

Would you be willing to pay for such Series in Continuing Education in the future?

	Frequency	Percentage
Yes	23	14.3
No	79	49.1
Not sure	52	32.3
No response	7	4.3
<hr/>		
TOTAL	161	100.0
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Comments

To the question on payment, forty-nine percent of the total number of participants said that they were unwilling to pay for such series in continuing education in future. Only fourteen percent of the participants were willing to pay, whilst thirty-two percent were not sure. Participants who were interviewed felt that it was the responsibility of the providers to provide teachers with such provision free-of-charge. The attitude expressed was, 'since "they" want us to improve, then "they" should provide it'. The "they" in this case referred to the Ministry of Education in Malaysia.

Question 11(b)

If yes, how much would you be willing to pay for each module?
(Answer in Malaysian dollars).

	Frequency	Percentage
Response	15	9.3
No response	146	90.7
<hr/>		
TOTAL	161	100.0
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Comments

Respondents who replied to this question quoted a sum of M\$1.00 to M\$5.00 as being the cost they would be willing to pay for each module. Respondents from Selangor and Wilayah Persekutuan would be willing to pay M\$1.00 to M\$2.00 and the respondents from Kelantan quoted between M\$3.00 to M\$5.00.

Question 12

Indicate those aspects of the Series that you found most useful and comment on why they were most useful?

	Frequency	Percentage
Content	61	37.9
Layout and presentation	52	32.3
Length of each challenge	20	12.4
Multiple choice questions	55	34.2
Feedback comments	117	72.7
Other	2	1.2

Comments

Although the participants in the project found the aspects of the series like content, multiple choice questions and the layout and presentation most useful, most of the total number of participants found the feedback comments most useful in the series of classroom management challenges.

The comments given by those who replied to this part of the question have been summarised as follows:

	Frequency	Percentage
Response	96	59.6
No response	65	40.4
<hr/>		
TOTAL	161	100.0
<hr/>		

Content: Practical, interesting, useful, relevant, good, and very good.

Layout and presentation: Good.

Length of each module: Good, and appropriate.

Multiple choice questions: Useful, and good.

Feedback comments: Logical and very helpful, very well done, excellent, good, relevant, very useful, useful, very good, and interesting.

Question 13

Indicate those aspects of the Series that you found least useful and comment on why they were so?

	Frequency	Percentage
Content	9	5.6
Layout and presentation	7	4.3
Length of each challenge	18	11.2
Multiple choice questions	15	9.3
Feedback comments	2	1.2
Other	1	0.6

Comments

Eleven percent of the total number of participants found the length of each challenge least useful. Nine percent of the total number of participants said that the multiple choice questions were the least useful. However, of the number of participants who wrote in to this part of the question made the following comments.

	Frequency	Percentage
Response	35	21.7
No response	126	78.3

TOTAL	161	100.0

Content: Too long, and not relevant to East Coast schools.

Layout and presentation: More details

Length of each module: Too short

Multiple choice questions: More questions, restrictive, more distractors, and choice limited.

Feedback comments: Too long.

Question 14

What suggestions would you make for the improvement of the Series?

	Frequency	Percentage
Response	69	42.9
No response	92	57.1

TOTAL	161	100.0

Comments

Almost forty-three percent of the total number of participants responded to this question by writing in their suggestions for the improvement of the Series. The **verbatim** comments of some of the participants reflects the suggestions made by those who replied to this question.

"More multiple choice questions. A longer layout and presentation. More feedback comments."

"I think the series is already good because it is presented in a simple way and very easy to understand."

"Perhaps you should give another choice (Choice D/E

leave it blank) for some teachers who might have some ideas of their own for tackling the situations/questions given in the multiple choice questions or even to give their suggestions."

"The series is very good as it is new. You can improve it by dealing with other classroom situations, like how to deal with absent pupils, with those who do not do their homework and those who have bad writing. The multiple choice questions are good, the only way you can improve it is by adding more of these type of questions."

"I suggest the series should also involve the problems of teaching English in the lower primary classes such as in Standards one, two and three."

"If possible, the feedback comments should be only for the choice of the answers by the participants."

"Make the series into a journal that should be read by the English language teachers and given free to the schools."

"More time be given to answer the given questions. With school work to attend to, found it a bit difficult to go through at ease. Could have spent more time."

"The modules/challenges were presented very well. I enjoyed doing them."

"Challenges should reflect more classroom problems faced by teachers, especially in rural areas."

"I would suggest classroom situations be presented in full."

"Bearing in mind the classroom situations, I suppose the above aspects were just fine. The whole series would have been very challenging to the younger teachers but not so the older teachers. Over the years they have already arrived at 'good classroom management'."

"Your Series are interesting. You might be able to help us to raise the standard of English in our Malaysian schools."

"Give tips on organising group work, especially for an

overcrowded classroom."

"Should get more teachers involved in the Series."

"It is well prepared."

"Nil. - Very good as it is."

Summary

Having presented the data and comments for the items included in the teachers' feedback questionnaire for the teachers' pilot project materials, the total picture can now be examined to see the link of the specifications with the feedback from the participants in the study. This would then indicate as to where the specifications for materials would have to be modified, if necessary.

On the whole, participants in this study found the classroom management series useful and their comments on the various aspects of the series also indicate that these series have opened up a new continuing education opportunity for primary school teachers of English in Malaysia. However, comments made by those participants who found the different aspects of the series to be least useful would be given due consideration when designing future programmes. A more detailed discussion of this will be included in chapter eleven of this thesis.

Responses to question nine in the feedback questionnaire also indicate that the participants rely heavily on in-service courses for their continuing education.

As a distance based continuing education provision for primary school English language teachers, the series were convenient to use as this **verbatim** comment would imply:

"Have more series of this type."

When asked in terms of relevance to practice, effective in terms of time spent and overall effectiveness, most of the participants in this study felt that the series were better or as good as what they had experienced in the past. However, in relation to the third criterion of the materials specifications checklist, modifications would have to be incorporated, in providing more rural examples or more urban examples and catering for other classroom situations and also for very experienced and older teachers.

Table 9.5

Questions in Module 1: The Apathetic Child Age in years		Q.1 *(C)	Q.2 *(B)	Q.3 *(A)	Q.4 *(C)	Q.5 *(C)
20 - 30	(N = 44 27.3%)	C = 15 (9.4%) B = 29 (18.0%)	B = 31 (19.3%) A = 7 (4.3%) C = 6 (3.8%)	A = 43 (26.7%) D = 1 (0.6%)	C = 41 (25.5%) A = 2 (1.2%) D = 1 (0.6%)	C = 29 (18.0%) A = 5 (3.1%) B = 2 (1.2%) D = 8 (5.0%)
31 - 40	(N = 42 26.1%)	C = 15 (9.4%) A = 1 (0.6%) B = 26 (16.1)	B = 36 (22.4%) A = 4 (2.5%) C = 2 (1.2%)	A = 41 (25.5%) D = 1 (0.6%)	C = 37 (23.0%) A = 3 (1.9%) B = 1 (0.6%) D = 1 (0.6%)	C = 21 (13.0%) A = 16 (10.0%) D = 5 (3.1%)
41 - 50	(N = 69 42.9%)	C = 28 (17.4%) A = 1 (0.6%) B = 39 (24.2%) D = 1 (0.6%)	B = 51 (31.7%) A = 7 (4.3%) C = 10 (6.2%) D = 1 (0.6%)	A = 60 (37.3%) E = 9 (5.6%)	C = 57 (35.4%) A = 5 (3.1%) B = 1 (0.6%) D = 5 (3.1%) None = 1 (0.6%)	C = 48 (29.9%) A = 15 (9.3%) B = 2 (1.2%) D = 4 (2.5%)
51 - 55	(N = 6 3.7%)	C = 1 (0.6%) B = 5 (3.1%)	B = 3 (1.9%) C = 2 (1.2%) D = 1 (0.6%)	A = 6 (3.7%)	C = 6 (3.8%)	C = 4 (2.5%) A = 2 (1.2%)
Total	(N = 161 100.0%)	161 (100.0%)	161 (100.0%)	161 (100.0%)	161 (100.0%)	161 (100.0%)

* Preferred choice of answer to the questions set in the module on: The Apathetic Child.

With reference to the data presented in Table 9.5, showing the respondents by age and their response to the questions in the first module of the classroom management series, it appears that except in one instance, their choice of answers match the preferred choice.

Participants differ significantly in their choice of answer to question one in the first module. The question is as follows: "On Monday when Ramlee answered in the vernacular what do you consider should have been the teacher's reaction?"

- A To have ignored his response completely.
- B Supplied the English version.
- C Accepted the vernacular form and encouraged him to go on.
- D Reprimanded him for not knowing the English version.

The majority in all the age groups have chosen "B" as their answer, saying that the English version should be supplied.

Another interesting observation is the participants' response to question five in the same module. Although the majority went along with the preferred choice of answer, ten percent in the 31-40 years age group and nine percent in the 41-50 years age group preferred to provide immediate correction when necessary.

Based on module one of the classroom management challenges it appears that the age factor of the participants in this project has not affected their choice of answers significantly.

Thus, it must be acknowledged that when designing modules of this type for future continuing education programmes, careful attention should be paid to the multiple choice distractors, taking into consideration the age group of the target population.

The pattern of response from participants to questions in the other five modules used in the teachers' pilot study also showed no significant variation between age and choice of answer.

The participants also mentioned more face-to-face contact with peers and experts in a seminar or discussion situation to be incorporated. More attention would have to be paid to criterion four of the materials specifications checklist when providing programmes in the future.

As this was a first pilot project of its kind to be implemented for randomly selected teachers of English in primary schools in Malaysia, more publicity was necessary.

CHAPTER TEN

CHAPTER TEN

REPORT ON THE FINDINGS OF THE PILOT PROJECT: DOCTORS' STUDY

Summary: This chapter includes a report of the findings of the doctors' project implemented in Malaysia.

Introduction

To recapitulate, the doctors' project materials consist of six patient management challenges, which include the following:

- Management of an anaemic patient.
- Management of a young diabetic patient.
- Management of an osteoarthritic patient.
- Management of diabetes in an older patient.
- Management of an asthmatic patient.
- Management of a hypertensive patient.

The patient management challenges were designed to meet the following specifications:

- . Opening up new opportunities for learning for professionals.
- . Providing accessible provision which is convenient to use.
- . In response to specific needs of the professionals and the materials should be:-
 - (i) relevant;
 - (ii) beneficial in terms of return for time invested;
 - (iii) individualised in terms of needs and feedback; and,
 - (iv) self-assessed.
- . Administrative and learner support should be available at the providing institutional level and also at the regional level. Learner support should be made available in a variety of modes.
- . Professionals involved in continuing education programmes on non-credit basis, but the materials should allow for certification in terms of, this is what the professional needs to know. There could be provision for assessment on credit basis, but this would be optional.
- . Publicity and information regarding the provision should reach the target population.

- . The provision should be collaborative between the providing agencies and institutions or other.

The implementation of the pilot project for the general practitioners in private practice in Malaysia was carried out from mid-July to early November of 1987. The materials were sent to two hundred and fifty-four general practitioners in private practice in Malaysia. At the end of the pilot project, participants' reactions and responses to the materials were gathered using a feedback questionnaire.

The feedback questionnaire for doctors : design

A short feedback questionnaire was designed to gather the doctors' responses to the six patient management challenges that they had completed.

The feedback questionnaire for doctors included the following aspects:

A covering note: This consisted of a short letter and instructions to the participants, and also to thank them for their time and co-operation.

Background information: Doctors were requested to write in their name, sex, age and the number of years working experience since qualifying.

Question one: Participants were asked to rate the usefulness of the series of patient management challenges on a five-point scale, ranging from "very useful", "useful", "quite useful", "not very useful" and "not useful at all".

Question two: Participants were asked whether the series of patient management challenges had caused any change in their own patient management practice, and to reply, "yes", "no" or "don't know".

The second part of the same question was, if the participants had replied "yes" to the first part of the question, to say in what way had their own patient management practice changed.

Question three: Participants were asked how much time, on an average, did it take them to complete one module in the series. Participants had to say whether it took them "less than half an hour", "half an hour", "more than half an hour", "one hour" or "other" and to specify.

Question four: The participants were asked whether they would like more of such series and to reply "yes" or "no".

Question five: Participants were requested to suggest topics to be considered for future continuing education programmes for general practitioners.

Question six: Participants were asked to state the number of medical meetings they had been to in the last year.

Question seven: The participants were asked to indicate the type of medical meetings they had attended in the last year, whether these had been "medical seminars", "medical conferences", "medical talks", "medical professional body meetings" or "other" and to specify.

Question eight: Participants were asked to say how they coped with their continuing medical education at present, whether through "medical journals and periodicals", "medical professional body meetings", "medical seminars", "medical conferences" or "other" and to specify.

Question nine: Participants were asked to say how the series of patient management challenges compared with the type of continuing

medical education that they had experienced in the past for the following aspects, "relevance to practice", "effective in terms of time spent" and "overall effectiveness". Participants were asked whether these three aspects of the patient management challenges were "better", "as good" or "not as good", as what they had experienced in the past.

Question ten: The participants were asked whether they would be willing to pay for such series in continuing medical education in the future.

The second part of the question was on how much, in Malaysian dollars, would they be willing to pay for each patient management challenge.

Question eleven: This question asked the participants to indicate those aspects of the patient management challenges that they found most useful and to comment on why they found them so. The aspects included: "content", "layout and presentation", "length of each challenge", "latent image technique", "multiple choice questions", "expert's ratings", "feedback comments" and "other".

Question twelve: This time, participants were given the same set of aspects as in question eleven, but, were asked to say which

they found least useful and to write in their comments.

Question thirteen: Finally, participants were requested to write in their suggestions for the improvement of the patient management challenges.

The response rate

It must be pointed out that the low response was a little disappointing. However, it was considered a good response rate by the College of General Practitioners of Malaysia as, according to the College, general practitioners in private practice normally make very poor respondents to postal questionnaires. As Pickup et al. (1983), say:

"Research concerned with continuing education presents a number of difficulties, not the least being low response rates to postal questionnaires."

(Pickup, et al. 1983, p.489).

The time factor was another limitation in this study and the general practitioners included in this study could not be contacted individually. However, when a few general practitioners in the states of Penang and Kedah were contacted by phone, by the researcher, the following is an extract of the telephone conversation that ensued:

Researcher:

Participant: "Oh, I forget about that, was I supposed to send anything back? I'll look for it and send it back, okay?"

Another example of an extract from a telephone conversation with a participant went:

Researcher: "I am calling regarding"

Participant: "The patient management series that you sent us were good. Oh, the questionnaire, I'll return it to you soon. Thank you."

These examples have been quoted here, to show that some of the participants didn't seem to realise the importance of returning the feedback questionnaire, which to the researcher is a vital tool. However, it must be reiterated that as time was a limitation, the data for the doctors' pilot project have been tabulated based on the number of returned feedback questionnaires, and the comments and conclusions would be based on these.

Thus, the opportunistic evaluation data used in this study would, to a great extent, also help to reflect the non-respondents' reactions and responses to the pilot project materials. As the ninety-one returned feedback questionnaires were from all the states in Malaysia except Singapore, the comments and conclusions

arrived at using the data obtained would be valid and reliable. It must also be stated that two replies were received from Singapore saying that the participants were overseas at that time.

Report on the findings of the feedback questionnaire

The report on the findings of the feedback questionnaire is presented by providing the background information of the participants in this study, followed by an item by item analysis of the feedback questionnaire and comments.

Data are presented in the form of frequencies and percentages for each question, following the order as in the feedback questionnaire.

Background information

Sex

Table 10.1 shows the respondents in this pilot project by sex. Out of the total of ninety-one participants, seventy-eight or almost eighty-six percent were males and just twelve or thirteen percent were females. Just one participant did not provide this information.

Table 10.1

Sex

Sex	Frequency	Percentage
Male	78	85.7
Female	12	13.2
No Response	1	1.1
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TOTAL	91	100.0
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Age

Table 10.2 shows the respondents by age. Almost seventy-five percent of the total number of participants fall within the 30-45 years age range. About eighteen percent of the participants fall within the 46-50 years age group, and the remaining five percent are above 60 years of age.

It is normal for Malaysians who go on to become doctors to work with the government service for a few years before getting into private practice on their own or with partners. Thus, general practitioners in private practice would be in their late twenties or early thirties. What is important here is that, by and large, general practitioners in private practice in Malaysia have in front of them almost another thirty to forty years of practice before they finally retire. Therefore, here is a target population which would require continuing education provision to keep abreast of new knowledge and information. As the sample in

this pilot project already shows, the majority of those who returned the feedback questionnaire fall within the 30-45 years age group, with fewer further down the age scale.

Table 10.2

Age

Age in years	Frequency	Percentage
30-35	14	15.4
36-40	34	37.4
41-45	20	22.0
46-50	7	7.6
51-55	7	7.6
56-60	3	3.3
61-65	5	5.5
No response	1	1.2

TOTAL	91	100.0

Years of working experience

Table 10.3 shows the years of working experience of the respondents in the pilot project. Seventy-nine percent of the total number of participants have from 6-20 years of working experience since qualifying. About eight percent have 21-30 years of working experience and almost ten percent of the total number of respondents have 31-40 years of working experience as doctors. Just three percent did not provide this information.

Table 10.3

Years of Experience

Years of experience	Frequency	Percentage
6-10	28	30.8
11-20	44	48.4
21-30	7	7.6
31-40	9	9.9
No response	3	3.3
<hr/>		
TOTAL	91	100.0
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Question 1

How would you rate the usefulness of the series of patient management challenges that you have just completed?

	Frequency	Percentage
Very useful	27	29.7
Useful	38	41.6
Quite useful	18	19.8
Not very useful	5	5.5
Not very useful at all	1	1.2
No response	2	2.2
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TOTAL	91	100.0
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Comments

The participants in Question 1 of the feedback questionnaire were asked to rate the usefulness of the series of the patient management challenges that they had completed as being "very useful", "useful", "quite useful", "not very useful", or "not useful at all". Seventy-one percent of the total number of participants rated the series of patient management challenges used in the project as being "very useful" to "useful". Almost twenty percent of the participants said that the series were "quite useful". Only about seven percent found the series not useful.

It must be added that those who returned the feedback questionnaire found the patient management challenges useful. Although the other general practitioners to whom the patient management challenges were sent to did not return the feedback questionnaire on time, it does not necessarily mean that they did not find the patient management challenges useful. Owing to the constraint of time factor in this case, individual general practitioners could not be contacted to obtain their feedback questionnaire, as they were widely scattered all over the country. However, future projects of this kind would have the advantage of having more time and resources to contact each individual participant included in the study.

Question 2(a)

Did it cause you to change your patient management practice?

	Frequency	Percentage
Yes	28	30.8
No	53	58.2
Don't know	9	9.8
No response	1	1.2

TOTAL	91	100.0

Comments

Participants were asked to say whether the series of patient management challenges caused any changes in their patient management practice. Almost thirty-one percent of the total number of participants replied "yes" to this part of the question. About ten percent were uncertain or replied "don't know", and fifty-eight percent replied "no". Those who replied "no" did add that it was "too early to tell" and some stated that they had not encountered similar cases in the practice within the time period in question.

Question 2(b) in the doctors' feedback questionnaire also requested the participants to state the changes in their patient management practice if they had replied "yes" to the first part of the question.

Question 2(b)

If yes, in what way?

	Frequency	Percentage
Response	26	28.6
No response	65	71.4
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TOTAL	91	100.0
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Comments

About twenty-nine percent of the total number of participants replied to this part of the question by writing in their comments to say how the patient management series they had completed caused a change in their patient management practice. The comments have been summarised here as follows:

- . Fewer referrals.
- . Better patient management.
- . New knowledge and methodology.
- . Priorities adjusted.
- . Prescriptions.

The following **verbatim** comments made by the general practitioners participating in this project sheds more light on the points summarised above.

"In terms of patients referral, I normally do not do or wait for lab. results or investigations. I now tend to do the basic before sending."

"From the exercise, I would be less likely to refer the patient for hospitalisation or the specialist but to undertake the management of the patient myself. Previously, I would tend to refer new cases of young diabetics for stabilisation in the hospitals."

"I am more prepared to manage the 'serious' cases myself and I am less inclined to refer them to hospitals straight away as before."

"1. Certain finer points regarding courses of action to be taken when patients present with problems that do not respond to treatment on first visit."

"2. Side effects of certain drugs."

"Firstly, it needs to be mentioned that general practice may be efficient in managing acute episode of illnesses. But for chronic illnesses which require multiple visits and changes in management at that point in time is according to patient's condition, then, I feel we may be inadequate in these areas. What can be more useful than have a team of experts in the background to provide general guidelines to management of conditions like diabetes, asthma, etc."

"I found the fact about the giving of haematinics to an actively bleeding peptic ulcer case (of course with adequate covering with ulcer treatment) particularly useful. This answer (+ some others) really made clear some confusions which I had come across and they represented some problems as GPs really see it."

"The module regarding childhood asthma wherein the child presents with persistent nocturnal cough but no wheezing at all."

"My management has not totally changed. Just being modified in some ways, e.g. as I read I can pass on more useful practical advice to the patient."

"To think of as many possibilities and complications before start of management of patient."

"By learning about some of my "mistakes" when checking with the hidden answers."

"In prescriptions, since there seems to be some changes."

Finally, the following frank admission probably best reflects the need for continuing education of professionals.

"I tend to be more careful. I am convinced there are a lot more things to learn."

Question 3

On an average, how much time did it take you to complete one module in the series?

	Frequency	Percentage
Less than half and hour	58	63.7
Half an hour	26	28.6
More than half an hour	7	7.7
One hour	0	-
Other	0	-

TOTAL	91	100.0

Comments

To the question on how much time it took the participants to complete one module in the series, the majority, almost sixty-four percent of the total number of participants, said that it took them less than half an hour. About twenty-nine percent completed

one module in half an hour and just about eight percent required more than half an hour to complete one module.

Question 4

Would you like more of such series?

	Frequency	Percentage
Yes	81	89.0
No	8	8.8
No response	2	2.2
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TOTAL	91	100.0
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Comments

An overwhelming majority of the general practitioners participating in the project, eighty-nine percent, replied "yes", they would like more series like the patient management challenges that they had completed in the project. About nine percent were not interested and two percent did not respond to this question.

It was very encouraging to note the general practitioners' enthusiasm in this pilot study. From those who returned the feedback questionnaire and had completed the series of patient management challenges, there seems to be a very positive attitude towards continuing education provision among the practitioners. This point is further expressed by their response to suggesting

topics to be included in future programmes.

Question 5

If you would like more of such series, could you kindly give some suggestions of topics to be considered for future programmes?

	Frequency	Percentage
Response	76	83.5
No response	15	16.6
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TOTAL	91	100.0
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Comments

An overwhelming majority, eighty-three percent of the total number of participants, wrote in their suggestions of topics to be included in future programmes. The list of suggested topics is as follows:

Management of angina
Management of gout
Management of renal disease
Management of hepatitis A and B
Management of psychiatric problems
Management of gynaecological problems
Management of an epileptic child
Management of some complications of pregnancy
Dermatology - eczema
Sexually-transmitted diseases - especially family aspects and problems that may arise from it, including medico-legal - divorce.
Headache
Fits
Chest pain
Cough
Diarrhoea/vomiting
Loss of weight

Backache
Vaginal discharge
Arrhythmias
Menstrual disorders
Cancer
Terminally ill
Infertility
Management of the threat of a malpractice suit
Death while treating a CHD case
Severe allergic disabling reaction to drugs
Myocardial ischaemia
Anxiety and depression
Management of venereal disease
Recognition of aids
Family planning
Paediatric problems
Common ENT problems in general practice
Eye problems encountered and treated in general practice
Minor sports injuries
Childhood infections

Some participants' **verbatim** comments to this question include the following:

"All topics that are very relevant to good and safe general practice."

"Management of various aspects, e.g. skin problems (though this would be difficult without appropriate colour pictures), emotional disorders, e.g. grief, depression, schizophrenia - neurological disorders, e.g. giddiness, dementia."

"The series dealt with "single problems". Future series should include "multiple problems". Cases should have gross biochemical/clinical signs to challenge the diagnostic and management skills of the doctor. The objective should be to upgrade the GP's role and capability in the long run."

Question 6

Think of last year and state how many medical meetings did you go to?

Number of medical meetings attended in 1986	Frequency	Percentage
3-10	67	73.6
11-20	17	18.7
21-30	3	3.3
None	4	4.4
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TOTAL	91	100.0
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Comments

When the participants were asked to state the number of medical meetings that they had attended in the last year, the majority, almost seventy-four percent, stated that they had attended between 3 - 10 medical meetings. Almost nineteen percent of the participants had attended between 11 - 20 medical meetings in the last year. Just three percent had attended between 21 - 30 medical meetings in one year. However, there were four percent of the total number of participants who had not attended any medical meetings at all in the last year.

Except for a very small percentage of those who returned the completed feedback questionnaire who had not attended medical

meetings in 1986, the rest of the general practitioners in the pilot study had attended medical meetings. Again, it can be said that the general practitioners in this pilot project seem to have a commitment to keeping themselves informed and abreast of changes as most of them had attended medical talks, followed by medical seminars and medical professional body meetings.

Question 7

Could you indicate the type of medical meetings you attended during last year?

Type of medical meetings attended in 1986	Frequency	Percentage
Medical seminar	58	63.7
Medical conference	31	34.1
Medical talks	87	95.6
Medical professional body meetings	46	50.5
Other	13	14.3

Comments

Participants were asked to indicate the type of medical meetings they had attended during the last year. Almost sixty-four percent of the total number of participants had attended medical seminars. Thirty-four percent of the total number of participants had gone to medical conferences. The most popular type of medical meeting attended by the participants in this project appears to be medical

talks. Almost ninety-six percent attended medical talks during last year. Just under fifty-one percent of the participants in this project had attended medical professional body meetings in the last year. Fourteen percent of participants stated "other", without specifying the type of medical meetings they had been to during the last year.

Medical talks seem to be most popular with general practitioners in private practice in Malaysia, probably owing to the specific topics addressed and also the time factor involved. General practitioners probably prefer to get away from their practice for short periods of time rather than be away for any length of time as it would not only interfere with their surgery times, but also incur the need to engage and brief locums to stand in for them in their absence.

Question 8

How do you cope with your continuing medical education at present?

	Frequency	Percentage
Medical journals and periodicals	90	98.9
Medical professional body meetings	48	52.7

Medical seminars	63	69.2
Medical conferences	35	38.5
Other: CGPM courses, medical books and medical talks	28	30.8

Comments

To the question as to how they cope with their continuing medical education at present, the majority of participants in this project, almost ninety-nine percent, rely on medical journals and periodicals. Sixty-nine percent of the participants depend on medical seminars for their continuing medical education. Almost fifty-three percent go to medical professional body meetings. About thirty-nine percent attend medical conferences as part of their continuing medical education effort. Slightly less than thirty-one percent of the participants in the project stated "other" and specified it to include the College of General Practitioners of Malaysia (CGPM) courses, medical books and medical talks.

The most popular form of coping with their continuing education is through medical journals and periodicals. This could be because journals and periodicals are delivered at the door, which is most convenient. Whilst general practitioners in this pilot study are keen on continuing education, they also seem to prefer the most convenient form.

Aspects	Patient management challenges <u>Better</u> than what you have experienced in the past		Patient management challenges <u>As Good</u> as what you have experienced in the past		Patient management challenges <u>Not As Good</u> as what you have experienced in the past		Total	Percentage
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage		
Relevance to practice	46	50.5	36	39.6	9	9.9	91	100.0
Effective in terms of time spent	47	51.6	39	42.9	5	5.5	91	100.0
Overall effectiveness	36	39.6	45	49.5	10	10.9	91	100.0

Question 9

How do the series of patient management challenges that you have just recently completed compare with the type of continuing medical education you have experienced in the past?

Comments

With reference to the table for Question 9, the participants were asked to consider three aspects, "relevance to practice", "effective in terms of time spent", and "overall effectiveness", and to say whether the patient management challenges were "better", "as good", or "not as good" as what the participants had experienced in the past. Almost fifty-one percent of the total number of participants found the patient management challenges in terms of "relevance to practice" "better" than what they had experienced in the past. About forty percent said that in terms of relevance to practice the series were "as good" as what they had experienced in the past. Only about ten percent said that the series were "not as good" as what they had experienced in the past, in terms of relevance to practice.

When considering the aspect on how "effective in terms of time spent", almost fifty-two percent stated that the series of patient management challenges were "better" than what they had experienced

in the past. About forty-three percent of the total number of participants said that in terms of time spent, the series were "as good" as what they had experienced in the past. Only five percent found the series "not as good" as what they had experienced in the past in terms of time spent.

To the question of "overall effectiveness", approximately forty percent of the total number of participants stated that the series of patient management challenges were "better" than what they had experienced in the past. Just under fifty percent of the participants indicated that the series were "as good" as what they had experienced in the past. Only about eleven percent said that the series were "not as good" as what they had experienced in the past in terms of overall effectiveness.

Question 10(a)

Would you be willing to pay for such Series in Continuing Medical Education in the future?

	Frequency	Percentage
Yes	46	50.5
No	19	20.9
Not sure	26	28.6
<hr style="border-top: 1px dashed black;"/>		
TOTAL	91	100.0
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Comments

When the participants in the project were asked whether they would be willing to pay for such Series in Continuing Medical Education in the future, almost fifty-one percent said "yes" and about twenty-nine percent were "not sure". Almost twenty-one percent of the participants replied "no" to this question.

Question 10(b)

If yes, how much would you be willing to pay for each patient management challenge? (Answer in Malaysian dollars please).

	Frequency	Percentage
Response	47	51.6
No response	44	48.4

TOTAL	91	100.0

Comments

Almost fifty-two percent of the total number of participants replied to this question by quoting an amount they were willing to pay for each module. Most of the respondents said between one dollar to five dollars. Some were willing to pay from ten dollars to twenty dollars for the series of six modules. Others failed to quote an amount and mentioned a "reasonable rate", leaving it to the providers of continuing medical education to decide. One of

the participants had this to say:

"I'm sorry this is difficult to answer. Cost would include physical cost of production as well as cost of professional service."

On the other hand, there were participants who felt that the College of General Practitioners of Malaysia should provide such Series "free of charge" to all its members and only charge its non-members.

Question 11

Indicate those aspects of the Series that you found most useful and comment on why they were most useful.

Aspects of the Series	Frequency	Percentage
Content	56	61.5
Layout and presentation	46	50.5
Length of each challenge	33	36.3
Latent image technique	46	50.5
Multiple choice questions	35	38.5
Expert's ratings	47	51.6
Feedback comments	54	59.3
Other	0	-

Comments

The participants' comments have been summarised under each aspect of the Series as follows:

Content: Relevant, useful, practical, interesting, challenging, and good.

Layout and presentation: Satisfactory, useful, fair, good, and interesting.

Length of each challenge: Reasonable, fair, and good.

Latent image technique: Unique, fast, excellent, immediate, fair, and good.

Multiple choice questions: Good, useful, and fair.

Expert's ratings: Reasonable, useful, and fair.

Feedback comments: Useful, and good.

Question 12

Indicate those aspects of the Series that you found least useful and comment on why they were so.

Aspects of the Series	Frequency	Percentage
Content	4	4.4
Layout and presentation	8	8.8
Length of each challenge	6	6.6
Latent image technique	6	6.6
Multiple choice questions	13	14.3
Expert's ratings	19	20.9
Feedback comments	9	9.9
Other	0	-

Comments

The comments made by the participants replying to this part of the feedback questionnaire have been summarised as follows:

Content: Too short and more details required.

Layout and presentation: More details preferred.

Length of each challenge: Too short, and too long.

Latent image technique: Tedious.

Multiple choice questions: Have 1-3 rating scale instead of 1-5 or just "yes" and "no".

Expert's ratings: Some ratings are debatable, disagree with expert and would like to discuss ratings, and ratings sometimes too high or too low.

Feedback comments: More details required.

Question 13

What suggestions would you make for the improvement of the Series?

	Frequency	Percentage
Response	59	64.8
No response	32	35.2
<hr/>		
TOTAL	91	100.0
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Comments

Almost sixty-five percent of the total number of participants responded to this last question by writing in their suggestions for the improvement of the Series. The comments can be broadly categorised into comments on specific aspects, comments on

suggestions for provision to be able to consult the experts or expert, and comments on its usefulness and need for the continuation of the provision. The following **verbatim** comments have been included to highlight some of the aspects that have been mentioned under the broad categories.

"Provide a wider coverage of topics. Specific treatment (re. drugs) were given for certain management. Alternative drug treatment/regimen would be of advantage. Series rating answers can be confusing at times, i.e. 1-5. Better and more specific rating answers would be an advantage."

"Along with long medical management problems, there should be short cases like ECG and X-ray interpretation, and medical quiz that presents practical clinical problems."

"Each block of presentation should be followed by relevant question, so to avoid bias when answering questions which at the last block stated the diagnosis. The question must be presented in such a way that while reading the presentation, the readers can imagine or feel the situation as in their practice. Please include the practical point that the most common mistake done by the G.P. which the expert feels can be prevented."

"Under feedback comments:

More details on treatment:

- (a) standard treatment in GP context;
- (b) alternative treatment especially on use of alternative drugs and regimen in GP context; and,
- (c) hospital regimen."

"Have it on a regular basis. Subject matter to have more depth as the present series seem to be very superficial. Highlight the recent trends in patient management. Could try a series on patient management with MCQ type of questions, where one topic is discussed in detail, with answers supplied the following week."

"The whole story of the case should not be revealed at the beginning, the picture to be presented in stages as the case develops. I also suggest that one case be sent to us for comment every 10 days."

"In its present form and if cost is at its minimum then I suggest we keep it at that."

"A scale to indicate where you stand in the ladder of medical knowledge and practice. With some form of grading and assessment, we can know whether we should read up more to improve ourselves."

"To some extent, I disagreed with the expert ratings on the management steps of disease in the order of priorities/rating. This is because each patient, though may have the same disease may be managed differently according to his/her specific situation. Therefore, I feel questions set should be based broadly more on principles of medical practice rather than on specific steps to be taken. The personal history, family history and social history should be more thorough and complete to allow a fair evaluation of a patient and his management in proper perspective."

"Content should not be too lengthy. Too wide a choice for answers, i.e. 1 to 5, maybe 1 to 3 would be better."

"Inclusion of speciality topics like ophthalmology, ENT, skin and STD, etc. which a GP can also treat. More detailed discussion of the management, especially the use of the newer available drugs."

"Involve good GP teachers in planning the series."

"Better presentation so that each issue can be easily filed and referred to in the future for revision. Psychological and emotional aspects of patient management must also be included and assessed. Short and very practical notes and MCQs on each subject reviewed should be included. Please do away with latent image technique. While remaining basic, practical and relevant, recent advances should not be left out, especially in the field of therapeutics and management and diagnosis."

"Improvement will mean more expenditure. Incorporate photographs and x-rays where relevant. Compile into a

book form like the 'Check Program' of the RACGP. Get more genuine cases (Malaysian/Singapore). Perhaps the college members can contribute to a council in charge of this and the council can then modify the case. The college should also include some sections on practical tips in patient management."

"A final summary or a flow chart could be given at the end of each topic - regarding the correct line of investigation and treatment."

"In general, I find this system of continued medical education very useful as one can refresh one's memory quickly without much time spent on reference. If the price is right and topics suitable, I strongly feel that it would be beneficial.

Suggestions:

- more topics to be covered, including all disciplines
- more detail
- more questions for self assessment, including pharmacology."

"The topics cover management of common problems in general practice but the content of each presentation could be made wider.

Like Modified Essay with problem solving material the presentation serves to test one's choice at each step. One essential restraint in proper self-assessment here is not to read through the whole first before answering. I found it effective to answer each set of questions before reading the subsequent story in boxes.

Why not put the questions at the end of each box of narrative? Perhaps then each part will be compact so that you read subsequent parts only after answering previous parts.

Diagnostic problems are also very suitable for this type of assessment. A combination of diagnostic and management problems will be just great.

I find this easier and more effective than the Problem Management module of the FRACGP examination of the RACGP, which is too time consuming. I am aware the cost of printing erasable material is high but perhaps this could be brought down to a reasonable level.

Page 5 and Page 1 may be dispensed with and the instructions given separately for the whole course. The size of the Diary may also be reduced so as to include each set of questions in one page.

Marks can be allotted for each response to the questions and a total will put the reader in his proper place. If he puts choice 5 instead of 1, perhaps a minus mark is fair. If his choice is the same as the expert's, maximum credit is given."

(Sixty-one year old practitioner with thirty-six years of experience).

"If only arrangements could be made whereby we could consult with the expert's opinions with him by phone or by correspondence. The process of answering the modules then becomes more dynamic with greater involvement from both sides - it becomes more stimulating."

"Participants' ratings should be collected on a form and compared with expert's ratings so that any difference can be noted and reasons found. I don't agree with some of the expert's ratings.

Instructions need not be repeated for each challenge.

Management of presenting symptoms would be more useful than diagnostic topics. After all, a GP's challenge would be more in making the correct diagnosis to prevent symptomatic treatment of cases. Once a diagnosis is known, proper management is not too difficult."

"These Series are very good, and if standards are kept up, they will be very useful. Suggest that subject matter must be geared to general practice with emphasis on the many problems of general practice.

High powered but rare subjects, while impressive and interesting, but which have no relevance to general practice should be avoided."

"Congratulations and this is helpful in keeping up with the 'latest' hospital management."

"Series is already excellent and interesting."

"Like I said before - probably a few of the questions need an answer closer to the correct one so one can choose the closest appropriate management. I guess that's all I really have to say as I found the Series very useful indeed."

"The Series is good enough as it is. No better suggestions to improve it. Will send in suggestions if there is any that I can think of anytime later.

Thank you for sending the Series."

"The patient management challenges have been quite unique to me - and I find them very useful.

Hope you would send more topics - and I feel they are fairly good and may not need much improvement. Thanks."

"With private hospitals opening their doors to GPs, more of them can now do what they have learned and trained for when they were in government hospitals/teaching hospitals. Many of them have specialist type of training, e.g. neurology, haematology and can therefore be capable of doing more than some of their counterparts.

The Series as part of a CME for doctors can be of help by being more challenging. Perhaps a complete CME programme for all doctors can be planned."

"On the whole, a very useful aid in continuing medical education. Should be very popular among GPs if the price is right."

Summary

Having presented the data and comments for the items included in the doctors' feedback questionnaire for the doctors' pilot project materials, the total picture can now be examined to see the link with the specifications. This, in turn, would indicate as to

where the specifications for materials would have to be modified, if necessary.

The doctors' pilot project materials have opened up a new opportunity for learning for general practitioners in Malaysia as this particular comment illustrates:

"The patient management challenges - have been quite unique to me - and I find them very useful."

Feedback to question eight in the doctors' study feedback questionnaire shows that, for those who responded, continuing medical education is mainly through medical journals and periodicals, medical seminars, medical professional body meetings, medical conferences and other. For example, medical books, medical talks and short courses offered by the College of General Practitioners of Malaysia.

Thus, the patient management series provides accessible provision, which is convenient to use, as it is distance-based, as well as opening up a new opportunity for learning for general practitioners in private practice in Malaysia.

In terms of relevance and usefulness, the participants in this study found the materials useful and the majority wanted more of

such programmes. Participants were also satisfied with the patient management challenges in terms of relevance to practice, effective in terms of time spent and overall effectiveness. However, participants' comments and suggestions for improvement of the patient management series would be considered for future programmes.

The participants also expressed their desire to consult with the expert on controversial issues, as this comment expresses:

"If only arrangements could be made whereby we could consult with the Expert's opinions with him by phone or by correspondence. The process of answering the modules then becomes more dynamic with greater involvement from both sides - it becomes more stimulating."

As it was the first time that such a pilot project was implemented for general practitioners in private practice in Malaysia, more publicity and information could have been provided.

CHAPTER ELEVEN

CHAPTER ELEVEN

OPEN LEARNING SYSTEMS FOR THE CONTINUING EDUCATION OF PROFESSIONALS IN MALAYSIA: AN OVERALL DISCUSSION

Summary: In this chapter the various parts of this thesis are brought together and an overall discussion is included.

Introduction:

"We are convinced that unsubstantiated assertions are not, in themselves, inappropriate in a scientific study. In any complex field, where many questions remain unresolved, the accumulated insight of an experienced worker frequently merits recording when no documentation can be given. However, the author who values his reputation for objectivity will take pains to warn the reader, frequently and repetitiously, whenever an unsubstantiated conclusion is being represented and will choose his words with the greatest care."

(Cochran et al., 1953, p.673).

The problem which has formed the cornerstone of this research was spelled out in the opening chapters of this thesis, that there is a need for continuing education provision for professionals in Malaysia, and apart from traditional methods of keeping themselves abreast of recent developments in their respective fields, continuing education provision for professionals is new. This research proposed a set of specifications for consideration when

providing continuing education programmes for professionals.

The literature study established the need for continuing education for professionals and helped to propose the following specifications for providing continuing education programmes for professionals in Malaysia:

- . Opening up new opportunities for learning for professionals.
- . Providing accessible provision which is convenient to use.
- . In response to specific needs of the professionals and the materials should be:-
 - (i) relevant;
 - (ii) beneficial in terms of return for time invested;
 - (iii) individualised in terms of needs and feedback; and,
 - (iv) self-assessed.
- . Administrative and learner support should be available at the providing institutional level and also at the regional level. Learner support should be made available in a variety of modes.
- . Professionals involved in continuing education programmes on non-credit basis, but the materials should allow for certification in terms of, this is what the professional

needs to know. There could be provision for assessment on credit basis, but this would be optional.

- . Publicity and information regarding the provision should reach the target population.
- . The provision should be collaborative between the providing agencies and institutions or other.

Two pilot project materials were then designed and implemented in Malaysia to test the specifications and also to obtain participants' reactions and responses to such provision in continuing education for professionals. The teachers' pilot project (as described in chapter nine) aimed to investigate the response of Malaysian primary school teachers of English to a distance learning, continuing education programme. The doctors' pilot project (as described in chapter ten) aimed to investigate the response of Malaysian general practitioners in private practice to a distance learning, continuing education programme. The findings of the pilot projects, which have been presented in

the preceding chapters, must now be gathered together in a final framework.

Comments

Four points must be made initially.

Firstly, although many of the conclusions reached can be justified by the feedback data obtained in this study, the opinions have not been restricted solely to those which can be statistically substantiated. Although, to have done so would certainly have lessened the risk of criticism, but at the same time it would have limited the fullest contribution being made in that, as research progresses, so ideas and theories develop which cannot be fully substantiated. As Hamilton (1985) opines, that failure to present these ideas and failure to acknowledge them as being no more than ideas is to 'sin by silence'.

Secondly, the concept of continuing education provision on the basis as proposed by this study is new in Malaysia. As already mentioned and pointed out before in this study, traditional forms of continuing education exist in the professions in Malaysia, but not in the form as proposed by this thesis.

Thirdly, it must be reiterated that the Ministry of Education of Malaysia provides in-service courses, refresher courses and other

short courses for teachers, but these are courses planned and provided to meet the needs of the Ministry of Education more than the specific needs of the individual teachers. Similarly, the Ministry of Health of Malaysia provides short courses, workshops and seminars for its medical and health professionals, to provide for its needs. This thesis primarily addresses the need to provide for the more specific needs of individual professionals and proposes a set of criteria for providing continuing education programmes for professionals in Malaysia.

Fourthly, the suggestions contained within this chapter are those which could be affected with minimal costs. To keep costs to a minimum and to reach practitioners in rural areas, a distance mode is suggested.

Discussion

The aim of this discussion is to draw together the main aspects and findings of this study. In the main, the majority of the teachers who participated in the project found the classroom management series useful. The problems selected to be included in the classroom management series were those that would be encountered in the ordinary classroom in the Malaysian context by English language teachers. The problems were specific to a language classroom and were individualised. On the whole, the

majority of respondents found the problems to be relevant in terms of classroom management.

Paradoxically, though the participants in the Teachers' Project admitted the usefulness of the continuing education programme, nearly fifty percent in turn said that they would not like more of such series. When followed up with a face-to-face interview with the teachers, the reasons for their negative response became apparent. Based upon their reaction, it could be conjectured that somehow the teachers interviewed do not seem to have a commitment to continuing education programmes. They seem to think that the College training that they have received is sufficient to last them through their entire career. Professional development is not taken as an individual effort but entrusted to the Ministry of Education to provide. In the absence of which no real effort is made on the part of the individual. The over-reliance on government provision, for example, in-service courses or language courses and so on seem to be the only forms of continuing education for the primary school teachers. However, not every teacher gets a chance to attend these programmes because of the limited capacity of such programmes. Teachers who participated in this project forwarded several reasons for their reluctance in wanting more of the classroom management series as part of their continuing education programme, although they found the series

useful. They viewed the series as "extra work" to their already heavy workload. They were rather unanimous in saying that they carried a prohibitive workload which discouraged them from wanting to do anything "extra" as they put it. Large class sizes, apathetic pupils, especially to English language, and other school duties, were factors for not wanting "more" work. However, if their participation in such continuing education programmes resulted in promotion or a salary increment then the participants were more willing to participate. Ironically, the teachers who labelled their pupils as being apathetic to learning and learning English in particular, themselves were apathetic to the idea of continuing education programmes.

Teachers approaching retirement in three to five years' time were least interested in such programmes and were quite content to simply "mark time". Thus, it leads one to conclude that teachers have to be told of the importance of continuing education during their initial training and for the provision to exist and function effectively. Effective publicity is required to inform teachers in service of what continuing education is about and the nearest resource centre or person to contact once the provision is established.

The kind of continuing education programmes to be provided for primary school teachers of English will have to take into consideration all the criteria specified for such provision in Malaysia. The continuing education provision for teachers should also attempt to provide group sessions regionally and nationally. Teachers desire to have peer consensus on certain controversial issues and prefer workshops and discussion groups, as pointed out by those who were interviewed. It was also unravelled from the interviews and comments from the participants, their hesitancy to try innovative teaching and learning techniques not approved by an expert in education or told to them during their training, for fear of doing the wrong thing. There tends to be some sort of complacency and a tendency to do things when so instructed to. In short, self initiative seems to be lacking.

Teachers in this pilot project are also very reluctant to want to pay for their continuing education. Almost fifty percent of the participants replied that they were unwilling to pay for such programmes in the future. Whilst many of the participants were uncertain about paying, only a small number were willing to pay. The idea of paying for their own continuing education came as a surprise to many teachers. The explanation for such an attitude probably lies in the fact that up to date continuing education programmes, other than in-service courses which the Ministry of

Education calls continuing education, do not exist. These in-service courses are provided by the Ministry of Education and teachers who get selected to go on these courses are normally away from their school duties, paid an allowance and are entitled to claim travel expenses as well. Thus, teachers tend to expect from the government, and find it rather strange that they should now have to pay or are asked to pay for their continuing education programmes.

It is interesting to note that over fifty percent of the participants in the study did not discuss the modules with their colleagues. They wanted more time and blamed it on the pressure they were under to complete the modules. However, there were many who complained of the amount of time given to complete the modules. Under such circumstances, future continuing education programmes should be flexible in terms of time. That way, an individual who works at a faster pace has an opportunity to carry on at that pace and is not held up by any fixed time limit.

Continuing education provision should also include group exercises, where teachers are asked to work in pairs or in small groups of three to four. Well over forty percent of the participants found discussing the modules with their colleagues useful and indicated that such discussions helped them to improve

peer interaction. Group interaction or peer discussion also helped them to pool their ideas together to solve problems that arose in the classroom, besides getting an insight into how their peers handled similar problems.

The classroom management series had affected some change in classroom practice for about thirty-seven percent of the participants. This is discussed and **verbatim** comments included (as in question 5(b) of chapter nine) in the thesis.

The participants felt that the classroom management series presented to them in this study were effective in terms of time spent and in terms of overall effectiveness were rated as being satisfactory. Continuing education programmes have to be relevant, effective and convenient, which makes continuing education by distance learning all the more attractive in Malaysia.

The cost of continuing education provision, which participants have to pay for is another important consideration. The teachers in this study who were willing to pay had quoted a figure of one to five dollars per module. Continuing education programmes for teachers will have to be inexpensive so as to attract participation.

The broad conclusions from the teachers' pilot project can be summarised as follows:

- . Continuing education programmes based on distance learning are useful.
- . Continuing education programmes have to be relevant, beneficial in terms of time invested, individualised, self-assessed, backed by learner and administrative support.
- . The concept of continuing education for professionals requires more publicity in Malaysia.
- . Teachers could be motivated to participate in continuing education programmes through subsidies, for instance, where the Ministry of Education, on its part, subsidises part of the cost.
- . Continuing education provision through distance learning should also include a component of face-to-face interaction provision for participants to provide them with an opportunity of meeting and discussing with their peers.

The general practitioners in this study found the series of patient management challenges presented to them through distance learning useful. About thirty-one percent of the participants in this study also reported a change in their patient management practice (as in questions 2(a) and 2(b) of the doctors' pilot project). Those who replied no change in their patient management added that it was too early to tell or that at the time that they were returning the feedback questionnaire, they had not noticed any change or that they had not had patients come into their surgeries with similar complaints or complications as in the cases included in the patient management challenges.

It can also be concluded from this pilot project that the general practitioners who participated would like more of patient management challenges in the future, thus more readily subscribing to the idea of continuing education in their field. An overwhelming majority of those who participated in the project wanted it to be continued. This is further evidenced by the number of participants who wrote in suggestions of topics that they would like to see included in future programmes of continuing education. Nearly eighty-four percent of the participants suggested topics and these have been included in the previous chapter (as in question 5 of the doctors' pilot project). As one respondent put it, it appears that general practitioners are

interested in "all topics that are very relevant to good and safe general practice".

The majority of general practitioners in this pilot project attended between three to ten medical meetings in the year 1986. However, there were a few who did not attend any medical meetings at all in 1986. The majority of the doctors had attended medical talks in that year. About sixty-four percent had gone to medical seminars and fifty percent had attended the medical professional body meetings. Thirty four percent of doctors in the pilot project had attended medical conferences in the same year. One possible conclusion from the attendance pattern is that time is a major criterion. Medical talks are more popular for they do not consume much time away from the practice. Moreover, these talks are either lunch time talks or held in the evenings, which is convenient for general practitioners to attend. Thus, the convenience criterion emerges as general practitioners find it difficult to get away from their practice for long periods. Those in the rural areas would find it even more difficult to get away from their practice. Therefore, continuing education programmes will have to be brought to them, and the solution is distance based continuing education provision.

Data from the feedback questionnaires show that the majority of participants in the doctors' pilot project cope with their continuing medical education through medical journals and periodicals. Sixty-nine percent of the doctors attend medical seminars as part of their continuing education. About thirty-nine percent of the participants attend medical conferences and thirty-one percent attend medical talks, read medical books or pursue the courses organised by the College of General Practitioners of Malaysia.

The patient management challenges used in the project were accepted as being relevant to practice by the participants. The participants were also satisfied with the series in terms of time spent and their overall effectiveness. Thus, three aspects were mentioned in response to this section (as in question 9 of the doctors' pilot project), relevance to practice, effective in terms of time spent and overall effectiveness. For future continuing education programmes to be successful they should take into consideration the criteria presented for providing such programmes in Malaysia.

General practitioners in this pilot project were just as cautious about paying for their continuing education programmes. However, about fifty-one percent of the participants were willing to pay

and nearly twenty-nine percent were not sure. The respondents who were willing to pay do realise that such programmes could be expensive and had quoted a "reasonable cost" as their response. There were participants who felt that the College of General Practitioners of Malaysia should provide such programmes in continuing education "free of charge" to its members and charge all its non-members. The conclusion that can be drawn from it all is that, for continuing education programmes to attract participation, they will have to be 'reasonably priced'.

General practitioners in this pilot project would like to have a provision whereby they can get in touch with experts or facilitators to discuss controversial aspects, when they arise, in the patient management series. In this particular case, some of the participants who disagreed with the expert's ratings wished to have a channel through which to discuss with the expert or experts their ratings. Continuing education programmes which are distance based should also provide a channel for communication, through telephone or for personal contact with a resource person nearest to the participant.

The broad conclusions from the doctors' pilot project can be summarised as follows:

- . Continuing education provision for general practitioners in Malaysia should take into consideration all the criteria proposed for providing continuing education programmes in this study.
- . Continuing education programmes to reach all general practitioners, especially those in the rural areas, will have to be distance based in Malaysia.
- . Continuing education programmes for general practitioners in Malaysia should include channels for communication with the experts or the resource persons.

It must be pointed out here that these criteria need not only apply specifically for future continuing education programmes for primary school teachers of English and general practitioners in the community. These criteria could be modified and used for planning continuing education programmes for the other professions in Malaysia. On the other hand, where already existing continuing education programmes for professionals have to be selected and adapted for use, the following guidelines could apply:

- . Have sample packages been piloted with participants in order to find out which is most appropriate in terms of:-

- level;
 - relevance;
 - needs and purposes;
 - participant interest; and,
 - learning styles.
-
- . Has subject expert advice been given?

 - . Have experts been consulted about their views on the package's relevance and effectiveness?

 - . Have the packages been worked through by the implementers?

 - . Have the findings been checked to see if the materials:-
 - are complete;
 - are consistent;
 - are clear;
 - are unrepentive;
 - explicitly address the participant;
 - are relevant;
 - are flexible;
 - are not too long;
 - are inexpensive; and,
 - are grounded in reality.

CHAPTER TWELVE

CHAPTER TWELVE

CONCLUSIONS AND RECOMMENDATIONS

Summary: In this chapter the main conclusions are drawn and recommendations for action are made.

Conclusions

The aim of this study has been to establish the need for continuing education provision for professionals in Malaysia and to propose a set of criteria to be used when providing such provision. Against this background, two pilot projects were designed and implemented in Malaysia to test the criteria for such provision. Distance based continuing education pilot projects for primary school teachers of English and for general practitioners in private practice in Malaysia were implemented. It is hoped that the underpinning principles that emerge from this study could be applied, not only to primary school teachers of English and to general practitioners in private practice in Malaysia, but to other professional groups as well. Thus, the conclusions are written with teachers and general practitioners in particular, as well as other professionals, in mind.

Open learning systems for the continuing education of professionals in Malaysia should:

- . Open up new opportunities for learning for professionals.
- . Provide an accessible provision which is convenient to use.
- . Be in response to specific needs of the professionals, and the materials should be:-
 - (i) relevant;
 - (ii) beneficial in terms of return for time invested;
 - (iii) individualised in terms of needs and feedback;
 - (iv) self-assessed; and,
 - (v) reasonably priced.
- . Provide administrative and learner support at the providing institutional level and also at the regional level and learner support should be made available in a variety of modes.
- . Provide continuing education programmes for professionals on non-credit basis, but the materials should allow for certification in terms of, this is what the professional needs to know. There could be provision for assessment on credit basis, but this would be optional.

- . Provide publicity and information regarding the provision to the target population.
- . Provide in collaboration between the providing agencies and institutions or other.

Recommendations

'You see things; and you say, "Why?" But I dream things that never were; and I say, "Why not?"'

(George Bernard Shaw, 1921, p.5).

The recommendations which are made in the succeeding paragraphs have not been placed in order of priority but follow a pattern of thought. Firstly, they relate to the kind of continuing education for professionals which should be made available. The success of continuing education as measured by participation rates depends on the methods used as much as the content delivered. Secondly, the possible providers of continuing education programmes for professionals in Malaysia are suggested. Finally, other general ideas that would be of assistance are detailed and related continuing research for the future are also included.

These are the recommendations:

1. The continuing education provision in future should be

dependent upon programmes/materials/courses satisfying the criteria established as necessary for successful continuing education for professionals.

2. Continuing education for professionals should be both subject-centred approach and performance-based model. It is recognised that some professionals, particularly older practitioners, may prefer their continuing education in the traditional manner, that is subject-centred, content-heavy and lecture delivery, but the advantages to the professional of performance-based education, for example, its relevance to practice must also be emphasised. Thus, these must be instituted in the preparation of continuing education programmes/courses/materials for most practitioners are likely to find such activities/facilities of practical benefit to them in their practice.
3. Continuing education programme materials should be based on a problem-oriented model. These could be based on written simulations consisting of patient management problems or classroom management problems or be problem-oriented modules and distance based. Such materials, properly designed, should meet the criteria for successful continuing education programmes for professionals. Through distance based

continuing education materials, all professionals, especially those in the rural areas, could be reached and motivated to participate. In this case, the material goes to the professional, instead of the professional having to seek the material.

4. The need of continuing education must be emphasised at the stage of professional preparation. Particularly in the case of teachers, where it is a taken for granted attitude that the Ministry of Education will provide continuing education in the form of in-service courses. Professionals have to be responsible for their continuing education for personal and professional development and to fulfil specific individual needs.
5. Mandatory continuing education for professionals should only be considered under very exceptional circumstances. Although all professionals are responsible to keep themselves informed and abreast of changes in their own field of specialisation through continuing education, which in a sense makes it a 'mandatory' responsibility. Mandatory continuing education for professionals under very exceptional circumstances would apply when there are national, governmental changes or new introductions within a profession, whereby all professionals

involved have to learn about the new changes or introductions. However, in the light of unfavourable evidence in support of mandatory continuing education for professionals, continuing education should be on a voluntary basis in Malaysia, except under special circumstances.

6. Consideration should be given to supporting the quarterly publication of a short review journal containing solely evaluative coverage of recent papers on important developments, research findings, changing trends and so on, relating to teaching and medicine. There is certainly a clear need to ensure that teachers and general practitioners and other professionals be kept up-to-date with new knowledge required in practice. Therefore, a journal containing coverage of such new knowledge useful in practice would be effective to practitioners.
7. Continuing education provision for teachers in Malaysia should be subsidised by the Ministry of Education to encourage participation.
8. Continuing education provision should be a team approach as expertise could be drawn upon from the universities, government departments, teacher training colleges,

professional bodies and the private sector to plan and design continuing education programmes/courses/materials. Existing resources and expertise should be utilised wherever possible, so as to keep costs low, especially during times of financial difficulty and stringent cutbacks.

9. Continuing education programmes should also have educationists' input. Continuing education provision for professionals should have the input of educationists, particularly educational technologists, where possible. Educationists and educational technologists could participate in the capacity of programme consultants.
10. Continuing education programmes for professionals in Malaysia could also seek funding from private and external sources. At a time of economic slow down, funding for such provision could be sought from private companies and firms, as well as from external sources, for example, world organisations and research bodies.

Summary

The ten recommendations detailed above may not necessarily be the ideal recommendations. However, they provide a way forward. It is time that continuing education provision for professionals in

Malaysia be established and it is hoped that this study, the first in the field, will help set the wheels of continuing education in motion. Thus, having started the section on recommendations with the words of George Bernard Shaw, it would be fitting to conclude with a stanza from Robert Frost (Hamilton, 1973, p.130).

"The woods are lovely, dark and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep."

Directions for future research

The present study has just about opened the book and flipped the first page into continuing education for professionals in Malaysia. The scope and potential for future research are great and many and necessary for the benefit of professionals in practice. Future research in continuing education for professionals in Malaysia could concentrate on the following aspects, which would form the necessary continuing database for future programmes and a resource base for designers, implementers and policy makers.

- . Specific needs analysis of individual professionals using any or a combination of the following procedures. The merits and demerits of these procedures are discussed in chapter three of the thesis. These techniques include, task analysis, delphi/panel of experts, critical incident survey, behavioural event interview, interviews with recent

graduates, a study of recent textbooks, a study of errors in practice and interviews with practitioners.

- . Study of new trends and changing emphasis in the professions which would facilitate the planning and design of continuing education programmes to meet the specific needs of professionals.
- . Use of computers in the form of computer aided learning or computer aided instruction or computer based learning for continuing education of professionals in Malaysia.
- . A study of open and distance learning methods and techniques which would be cost effective for use in continuing education provision.
- . Low-cost materials for continuing education of professionals which would be useful, especially during economic stringency and cutbacks.

Framework for costing

The following costing framework is an attempt to provide an approximate costing of materials for continuing education for doctors in private practice in the community and primary school teachers in Malaysia.

Based on the examples of materials used in the pilot projects in the teachers' study and doctors' study, the following forms a guideline for future programmes. As instrumentation alters orientation and cost, the per unit cost would depend on the sophistication of the material used.

Teachers' Project

The costing for the teachers' material for 180 teachers using the print method per module would be approximately:-

Cost of paper	M\$	300.00
Plate making	M\$	200.00
Labour costs	M\$	300.00
Other	M\$	200.00
Total	M\$	1,000.00
Ministry of Education		
subsidy	M\$	3.50
Cost per unit per teacher	M\$	2.00

Given that ten thousand teachers were to be sent the teachers' material, the cost per module would be approximately:-

Cost of paper	M\$ 6,000.00
Labour costs	M\$ 3,000.00
Other	M\$ 1,000.00
Total	M\$10,000.00

Cost per unit per teacher M\$ 1.00

Doctors project

The costing of the six patient management series for the doctors' material for 250 general practitioners in private practice, using the latent image technique would be:-

Cost of production of materials in Scotland	M\$ 4,500.00
Cost of six units per doctor	M\$ 18.00

However, if only the print method is used, the cost per six modules would be:-

Cost of paper	M\$ 2,000.00
Cost of plate making	M\$ 500.00
Labour costs	M\$ 300.00
Other	M\$ 200.00
Total	M\$ 3,000.00

Cost of six units per doctor M\$ 12.00

However, if three thousand general practitioners were to be sent the doctors' material, using the print method only, the cost per six modules would be approximately:-

Cost of paper	M\$ 6,000.00
Labour costs	M\$ 3,000.00
Other	M\$ 1,000.00
Total	M\$10,000.00

Cost per six units per doctor M\$ 3.33

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Open learning systems for the continuing education of
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Volume Two (of two volumes)

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APPENDIX 1

Teachers' project materials



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July, 1987

Dear Teacher,

Open Learning Systems for Continuing Education of
Professionals in Malaysia.

Project: Teacher's Diary.

This is a distance learning, continuing education programme for English language teachers in the Malaysian primary schools. A problem is presented in terms of classroom situations. There are six problems, each presenting different situations in the primary school English language classroom. The six problems commonly associated with English language teaching in Malaysian schools are:-

- * The apathetic child.
- * The bilingual crisis: How to cope with it in the language classroom.
- * Pupil talk in the classroom: How I can make it more meaningful.
- * More interesting lessons: How?
- * How to cope with classroom discipline.
- * Each to his own needs: How to help every child learn language.

Each problem has a set of questions. You are requested to indicate the solution of your choice and reply using the stamped addressed envelope provided. You will receive feedback on your choice with the next problem in the series.

At the end of the series, you have to return one feedback questionnaire evaluating the series in the stamped addressed envelope provided.

Participants

- 80 Primary school teachers in Selangor.
- 80 Primary school teachers in Wilayah Persekutuan.
- 80 Primary school teachers in Kelantan.

Media

Classroom management problems.
Individualised feedback.
Distance learning.

I will be most grateful for your co-operation in this project about a very important part of continuing education for professional development.

Thank you for your help.

Yours sincerely,



Mrs. Mogana Dhamotharan
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Faculty of Education
University of Malaya
59100 Kuala Lumpur.
Tel: 03-572433

TEACHER'S DIARY

1

The Apathetic Child

A Series of Classroom Management Challenges for English Language
Teachers in Malaysian Primary Schools

HOW TO USE THIS CHALLENGE

Each classroom management challenge for the English Language teacher consists of situations and is followed by a set of questions and a number of possible management decisions.

Read through the situations in the diary and proceed to attempt the set of questions that follow. You could then tick on your own copy the management decision of your choice from the possible management decisions suggested.

TO GET FEEDBACK

To obtain feedback on your choice of management decisions, please indicate your answers to the questions posed in this module by filling in the appropriate letter in the boxes provided on the reply form and return it immediately in the stamped addressed envelope enclosed.

Whichever management decision you chose you will receive a letter in which the authors will compare their answers to the questions with your own. You will also receive the next problem in the series with the feedback.

TO OBTAIN MORE INFORMATION

If you wish to contact me about any aspect of the modules, you can telephone and leave your name and telephone number to be contacted. The number to call is:

03 - 572433 or write to: Mrs. M. Dhamotharan
Faculty of Education
University of Malaya
59100 Kuala Lumpur.

WOULD YOU HELP US?

Please attempt each module within one week and return the reply form as soon as possible. This is to enable the completion of all the six modules in the series within a limited period of six weeks.

Background

The class in this case study is Standard Six Yellow typical of many urban, semi-urban or rural schools. Pupils vary along the mixed ability continuum and are generally below average or low achievers, about forty to forty-five to a class. English, now taught as a second language, for communicative competence, occupies five slots in the time-table for the week. A major part of a teacher's burden, especially in an English language class is the apathetic pupil, who, on the surface may appear to reject the language. Our present excursion spans all five days of the week, which then gives us a chance to observe the teacher and the pupils interact.

Thorn in the teacher's flesh

The apathetic child

Monday morning:First period:7.30am-8.10am

(This period is sacrificed when the school assembly falls on a Monday morning,much to the delight and satisfaction of the class.The policy of the school is to have the assembly on different days of the week throughout the year.However,at least five to ten minutes are lost every morning,given to main hall assembly and then marching off to their respective classrooms after the ritual of first bell and second bell.

The class finally settles down as soon as Miss Lee walks in.She announces to the waiting class that today they are going to describe some pictures using adjectives or describing words learnt in the previous lesson.

Teacher: (Holds up a picture of the national flower and tells her class that they now have to describe this picture to a foreign friend or pen-pal).

Class in chorus,which is a common habit respond "flower."

Teacher: One at a time please,I have told you so many times in the past that I do not want chorus answers.
(Very slowly a couple of hands go up).Yes Sarina?

Sarina: Quickly rises and says,"It is a flower."

Teacher: Yes,we all know that it is a flower,but what about the flower,Sarina?

Sarina: Red flower.

Teacher: Very good,sit down Sarina.Now,let me see,you Ramlee,hope you haven't a sore throat this morning.

Ramlee: (Stands up slowly and without looking up,begins to mutter).

Teacher: (Impatiently)Speak up Ramlee and look at me when you answer,how many times have I told you that?

Ramlee: (Still looking down and fidgeting with his pencil slowly says,"bunga raya."

Teacher: In English Ramlee,speak in English,what is it in English?

Ramlee: Bunga raya.

Teacher: Sit down Ramlee and listen carefully.(Turns and calls a very anxious and excited pupil,who just cannot wait to answer.)Yes,Kumar?

Kumar: (Looking very gleeful at being given a chance to answer,literally shoots up)."It is a hibiscus flower teacher,"and is about to say more but is interrupted by the teacher.

Teacher: Yes,yes very good,now you Ramlee,what did Kumar say just now?

Ramlee: (Stirs very slowly and drags himself up and does not look up__silence.His peers try to prompt and it is obvious that Ramlee is desperately trying to move his head right and left in the hope of picking up the promptings from his friends,but is unsuccessful).

Teacher: You can remain standing for the rest of the period Ramlee.(The teacher now begins to continue the lesson with the responsive pupils,keeping an eye on the time and concludes the lesson by assigning the class some written work and also informs them to bring their favourite object to describe for the next day's lesson.

Tuesday:9.30-10.10am (Period before recess)

Change of periods and teachers always means a few minutes of stolen pleasure,when the class is noisy and rowdy.The scene in Standard Six Yellow is one of excitement and curiosity,where the pupils are busy showing off to one another the objects they have brought along for the day's lesson.Ramlee has a pocket knife with him..

Teacher: All right class,place your objects on the table and when I call on you to answer,hold up the object for the rest of the class to see and then you can describe the object to the whole class.(Teacher begins to look around the class this time giving the impression that she is going to call on anyone to answer.There is silence and classroom tension).Let me see,okay Ramlee,you try first.

Ramlee: Head cast down murmurs to himself.

Teacher: Say it loudly Ramlee.What about the pocket knife?Go on,describe it.Who gave you the pocket knife?You should not bring a pocket knife to school,you know?

Ramlee: (Looks down and is quiet).

Teacher: Okay Ramlee,I just don't know how else I can make you talk or help you learn English,you can just keep standing with your head down.(Suddenly remembering she continues)Are you hungry Ramlee?Recess is only fifteen minutes away,probably you are thinking about the food in the canteen and that is why you cannot concentrate on the lesson?(There are giggles from the rest of the class).

Wednesday: Last period (the worst time of day) 12.30-1.10pm

From experience the teacher feels that to keep them restrained, giving them written work is one solution. She enters the class and it is common to find pupils packing up thus giving the impression that it is the end of their school day.

Teacher: Take out your exercise books and do the written work from page 32 of your Workbook.
(The class heaves and sighs and very lazily begin to settle down to do their work).
I want you to pass up your books at the end of the lesson and those of you who have not finished will have to stay back and finish it before I let you go home. Put up your hand if you do not know or understand and I will come round to help you.
(She then begins to walk round the class to give individual help to those who need it. She spots Ramlee and gang not having begun their work and gravitates towards them).

Teacher: Yes you lot, where are your exercise books?

Chorus reply: Forget to bring.

Teacher: One day you will forget to bring yourselves. All right then, do your work on a piece of paper today and make sure you write your names on the sheet of paper before you pass up.
(Moves on to Ling Ling, who has put her hand up).

After a few minutes, the teacher heads towards Ramlee on seeing him not doing his work. When she is spotted, his neighbour tries to warn him but immediately pretends to mind his business when she is near enough.

Teacher: Ramlee, why aren't you doing your work?

Ramlee: (Still at first, then mutters).
Tak faham.

Teacher: What do you mean? What do you understand then? If you can't do this, what can you do? Sit down and finish your work now. I want your work before you go home, otherwise I am going to send you to see the Headmaster.

Thursday: 11.10-11.50am

Teacher: Take out your textbooks and open to page 35. What are you doing behind there? Why are you sharing?

Mat: Ramlee never bring book teacher!

Teacher: How many of you have not brought your books today?
("The regulars" raise their hands and are told to share).

Reading comprehension very easily bores the class and pupils are quickly distracted, thus sustaining their attention is a big task for the teacher. She looks around and catches Mat and Ramlee talking during the lesson. Furious now, she literally screams.

Teacher: Get out of the class Ramlee! Stand outside that door until the bell rings, do you hear?

Friday:11.50-12.30pm(A very difficult time of day)

Teacher: Now let me see if you all can still remember describing words.
(This time she holds up a cartoon strip of a kampung scene from Lat's book.It soon sends the class into raptures as they recognise the source and the cartoonist).
Describe the picture and use as many adjectives as you know or can remember.What do you see?Do you see many things?

Class in chorus reply,"Yes".

Teacher: One by one,describe what you see in the picture.

It is now Ramlee's turn.

Teacher: Come on Ramlee,quickly,so that the others can have a chance too.

Ramlee: (Very slowly gets to his feet and hesitates).
Big basikal.House big and flower red.

Teacher: You mean bicycle,say bicycle,all together now.
(Makes the whole class repeat after her and then proceeds to write on the chalkboard.She corrects the expressions and makes them all repeat the corrected expressions.

RAMLEE

Miss Lee interacted with Ramlee during the course of the week in certain ways.

1. On Monday, when Ramlee answered in the vernacular, what do you consider should have been the teacher's reaction?

- A. To have ignored his response completely.
- B. Supplied the English version.
- C. Accepted the vernacular form and encouraged him to go on.
- D. Reprimanded him for not knowing the English version.

2. During the lesson on Tuesday, Miss Lee should have.....

A. passed a remark about the pocket knife.

B. given Ramlee more understanding and encouragement.

C. not called on him to answer.

D. sent him to see the Senior Assistant

3. When Ramlee confessed that he did not know how to do the written work on Wednesday, the teacher reacted angrily, and expected him to sit down and finish his work. She could have.....

- A. been more approachable and given Ramlee individual attention.
- B. sent him out of the class.
- C. asked him to remain standing for the rest of the period.
- D. threatened to send him to see the Headmaster.
- E. requested Ramlee's parents to come to the school to discuss the matter.

4. On Thursday Miss Lee punished Ramlee by sending him out of the class. Under similar circumstances what would you do?

A. Tell Ramlee to leave the class.

B. Ignore Ramlee and Mat.

C. Request for silence in the class.

D. Carry on regardless of the classroom situation and work with the better pupils.

5. Again on Friday Miss Lee took certain courses of action during the lesson. Which of the following do you think she should have done?

A. To provide immediate correction.

B. To hear Ramlee out first.

C. To listen and even prompt him to encourage further response.

D. To be particular at this stage about how it is said, rather than what is being said.

REPLY FORM

To obtain feedback on your choice of management decisions, please indicate your answers to the questions posed in this module by filling in the appropriate letter in the boxes below and return it IMMEDIATELY in the stamped addressed envelope provided.

<u>QUESTION</u>	<u>ANSWER</u>
1	
2	
2 (a)	
2 (b)	
3	
3 (a)	
3 (b)	
4	
5	
6	
7	
8 (a)	
8 (b)	

← Insert A, B, C, D or E.

(BLOCK CAPITALS)

NAME

ADDRESS

.....

..... POSTCODE

SIGNED DATE

FEEDBACK

YOU WERE ASKED	COMMENTS
1. On Monday when Ramlee answered in the vernacular what do you consider should have been the teacher's reactions?	
A. To have ignored his response completely.	Your choice The aim is not to alienate the child from a form of language with which he has grown up and which serves him efficiently in the speech community of his neighbourhood.
B. Supplied the English version	It may help the learner but it can also inhibit him from proceeding. Under such circumstances you have to be tactful not to "put off" the learner. It also depends on the personality of the learner, if he is one who can accept immediate correction and carry on, then you may choose this method.
C. Accepted the vernacular form and encouraged him to go on.	Our choice Our view is that to encourage communication the learner should be given an opportunity to express himself. Therefore, it is more important that the learner is encouraged to communicate.
D. Reprimanded him for not knowing the English version.	If Ramlee had known the English version he would not have answered in the vernacular. A reprimand for not knowing the English version might inhibit Ramlee from trying in future.

YOU WERE ASKED	COMMENTS
1. On Monday when Ramlee answered in the vernacular what do you consider should have been the teacher's reactions?	
A. To have ignored his response completely.	The aim is not to alienate the child from a form of language with which he has grown up and which serves him efficiently in the speech community of his neighbourhood.
B. Supplied the English version.	Your choice
	The danger here is that the learner may feel inhibited from proceeding. Ramlee needs to be encouraged and made to feel confident before immediate correction can work.
C. Accepted the vernacular form and encouraged him to go on.	Our Choice
	We feel that to encourage communication the learner should be given an opportunity to express himself. Therefore, it is more important that the learner is encouraged to communicate.
D. Reprimanded him for not knowing the English version.	If Ramlee had known the English version he would not have answered in the vernacular. A reprimand might inhibit Ramlee from trying in future.

YOU WERE ASKED	COMMENTS
1. On Monday when Ramlee answered in the vernacular what do you consider should have been the teacher's reactions?	
A. To have ignored his response completely.	The aim is not to alienate the child from a form of language with which he has grown up and which serves him efficiently in the speech community of his neighbourhood.
B. Supplied the English version	Under such circumstances you have to be tactful not to "put off" the learner. It also depends on the personality and attitude of the learner, if he is one who can accept immediate corrections and carry on, then you may choose this method.
C. Accepted the vernacular form and encouraged him to go on.	<p>Your choice Like you, we too feel that to encourage communication the learner should be given an opportunity to express himself, as in the case of Ramlee.</p> <p>Our choice Therefore, it is more important that the learner is encouraged to communicate.</p>
D. Reprimanded him for not knowing the English version.	If Ramlee had known the English version he would not have answered in the vernacular. A reprimand for not knowing the English version might inhibit Ramlee from trying in future.

YOU WERE ASKED	COMMENTS	
1. On Monday when Ramlee answered in the vernacular what do you consider should have been the teacher's reactions?		
A. To have ignored his response completely.	The aim is not to alienate Ramlee from a form of language with which he has grown up and which serves him efficiently in the speech community of his neighbourhood.	
B. Supplied the English version.	Under such circumstances you have to be tactful not to "put off" the learner. It also depends on the personality and attitude of the learner, if he is one who can accept immediate corrections and carry on, then you may choose to do this.	
C. Accepted the vernacular form and encouraged him to go on.	Our choice	We think that the aim is to encourage communication and Ramlee should be given an opportunity to express himself. Therefore, it is more important that Ramlee is encouraged to communicate.
D. Reprimanded him for not knowing the English version	Your choice	We disagree with your choice of action here. If Ramlee had known the English version, he would not have answered in the vernacular. A reprimand, we feel, might only inhibit Ramlee from attempting in future.

YOU WERE ASKED	COMMENTS
2. During the lesson on Tuesday, Miss Lee should have	
A. passed a remark about the pocket knife	<p>Your choice</p> <p>We disagree with you that it was necessary for Miss Lee to have passed a remark. She could have talked to Ramlee privately about the "right" and "wrong" of bringing certain objects to school. It is more necessary to establish a rapport with Ramlee and such remarks could only foster a rift in teacher-pupil relationship.</p>
B. given Ramlee more understanding and encouragement	<p>Our choice</p> <p>We think that Ramlee needs to be treated with respect, as a person and as an individual. It would be better to rise to the occasion and blend the situation or circumstance into the lesson by trying not to alienate any learner. Miss Lee could have encouraged Ramlee to communicate rather than admonishing him for bringing a pocket knife into the classroom. It is important that Ramlee be allowed to explain, which he tried, but failed to get the pronunciation correct. However, instead of intervening for the traditional correction of how it is said, Ramlee could have been allowed to respond spontaneously.</p>
C. not called on him to answer	<p>More often than not this is one way of executing the lesson more satisfactorily in the classroom. The weaker learners are left alone and the lesson proceeds with "teaching at" the better pupils in the class. However attractive and easy solution this may seem under normal circumstances, it is the responsibility of the teacher to teach every pupil in the class.</p>

YOU WERE ASKED	COMMENTS
2. During the lesson on Tuesday, Miss Lee should have	
D. sent him to see the Senior Assistant.	This action on Miss Lee's part is not going to solve anything. It would be better for Miss Lee to talk to Ramlee herself, as she is his teacher. The Senior Assistant in this case would probably send Ramlee back to the class after giving him a warning about his behaviour in class.

YOU WERE ASKED	COMMENTS
2. During the lesson on Tuesday, Miss Lee should have	
A. passed a remark about the pocket knife	The remark was unnecessary and Miss Lee could have talked to Ramlee privately about the "right" and "wrong" of bringing certain objects to school. It is more necessary to establish a rapport with Ramlee and such remarks could only foster a rift in teacher-pupil relationship.
B. given Ramlee more understanding and encouragement	<p>Your choice We too feel that Ramlee needs to be treated with respect, as a person and as an individual. It would be better to rise to the occasion and blend the situation or circumstance into the lesson by trying not to distance any learner. Miss Lee could have encouraged Ramlee to communicate rather than admonish him for bringing a pocket knife into the classroom. It is important that Ramlee is allowed to say what it is, which he attempted, but did not get the pronunciation correct. However, instead of intervening for the traditional correction of how it is said, allow Ramlee to respond spontaneously.</p> <p>Our choice</p>
C. not called on him to answer	More often than not this is one way of executing the lesson more satisfactorily in the classroom. The weaker learners are left alone and the lesson proceeds with "teaching at" the better pupils in the class. However attractive and easy solution this may seem under normal circumstances, it is the responsibility of the teacher to teach every pupil in the class.

2B (continued)

YOU WERE ASKED	COMMENTS
D. sent him to see the Senior Assistant	This course of action on Miss Lee's part is not going to solve anything. It would be better for Miss Lee to talk to Ramlee herself as she is his teacher. The Senior Assistant would probably send Ramlee back to the class after giving him a warning about his behaviour in class.

YOU WERE ASKED	COMMENTS
2. During the lesson on Tuesday, Miss Lee should have	
A. passed a remark about the pocket knife	The remark was unnecessary and Miss Lee could have talked to Ramlee privately about the "right" and "wrong" of bringing certain objects to school. It is more necessary to establish a rapport with Ramlee and such remarks could only foster a rift in teacher-pupil relationship.
B. given Ramlee more understanding and encouragement	Our choice We feel that Ramlee needs to be treated with respect, as a person and as an individual. It would be better to rise to the occasion and blend the situation or circumstance into the lesson by trying not to distance any learner. Miss Lee could have encouraged Ramlee to communicate rather than admonish him for bringing a pocket knife into the classroom. It is important that Ramlee is allowed to say what it is, which he attempted, but did not get the pronunciation correct. However, instead of intervening for the traditional correction of how it is said, allow Ramlee to respond spontaneously.
C. not called on him to answer	Your choice We disagree with you here that Miss Lee should not have called on Ramlee to answer. Although more often than not this is one way of carrying out the lesson more satisfactorily (for the teacher) in the classroom, the weaker learners are left alone and the lesson proceeds with teaching the better pupils in the class. However attractive and easy solution this may seem under normal circumstances, it is the responsibility of the teacher to teach every pupil in the class.

2C (continued)

YOU WERE ASKED	COMMENTS
2. During the lesson on Tuesday, Miss Lee should have	
D. sent him to see the Senior Assistant	This action on Miss Lee's part is not going to solve anything. It would be better for Miss Lee to talk to Ramlee herself, as she is his teacher. The Senior Assistant in this case would have probably sent Ramlee back to the class after giving him a warning about his behaviour in class.

YOUR WERE ASKED	COMMENTS
2. During the lesson on Tuesday, Miss Lee should have ..	
A. passed a remark about the pocket knife	The remark was unnecessary and Miss Lee could have talked to Ramlee privately about the "right" and "wrong" of bringing certain objects to school. It is more necessary to establish a rapport with Ramlee and such remarks could only foster a rift in teacher-pupil relationship.
B. given Ramlee more understanding and encouragement	Our choice We think that Ramlee needs to be treated with respect, as a person and as an individual. It would be better to rise to the occasion and blend the situation or circumstance into the lesson by trying not to alienate any learner. Miss Lee could have encouraged Ramlee to communicate rather than admonish him for bringing a pocket knife into the classroom. It is important that Ramlee be allowed to explain, which he tried, but failed to get the pronunciation correct. However, instead of intervening for the traditional correction of how it is said, Ramlee could have been allowed to repond spontaneously.
C. not called on him to answer	More often than not this is one way of executing the lesson more satisfactorily in the classroom. The weaker learners are left alone and the lesson proceeds with "teaching at" the better pupils in the class. However attractive and easy solution this may seem under normal circumstances, it is the responsibility of the teacher to teach every pupil in the class.

2D (continued)

YOU WERE ASKED	COMMENTS
2. During the lesson on Tuesday, Miss Lee should have	
D. sent him to see the Senior Assistant	Your choice We differ with you in this case, as this course of action on Miss Lee's part would not solve the problem. It would be better for Miss Lee to talk to Ramlee herself, as she is his teacher. The Senior Assistant in this case, would probably send Ramlee back to the class after giving him a warning about his behaviour in class.

YOU WERE ASKED	COMMENTS
<p>3. When Ramlee confessed that he did not know how to do the written work on Wednesday, the teacher reacted angrily, and expected him to sit down and finish his work. She could have</p>	
<p>A. been more approachable and given Ramlee individual attention</p>	<p>Your choice Our choice Like you, we too feel that Ramlee needs the teacher's reassurance and individual attention. It is better to try and help him before calling in his parents. Probably his parents will not be in a position to help and he will have to get the teacher's help or help from his siblings who may be in a higher form in the same school.</p>
<p>B. sent him out of the class</p>	<p>This course of action on Miss Lee's part will not help to solve the problem.</p>
<p>C. asked him to remain standing for the rest of the period</p>	<p>Again, this type of punishment will not help Ramlee at all and it might even make him withdraw further from learning the second language.</p>
<p>D. threatened to send him to see the Headmaster</p>	<p>This would be more like passing on the responsibility to another authority in the school. Ramlee's poor performance could be discussed with the Headmaster in the school but it is up to the teacher to endeavour to help Ramlee. Therefore, by sending him to see the Headmaster will only be driving the wedge further into the already weak teacher-pupil relationship.</p>
<p>E. requested Ramlee's parents to come to the school to discuss the matter</p>	<p>It would be better if the teacher tries to help him in class.</p>

YOU WERE ASKED	COMMENTS
<p>3. When Ramlee confessed that he did not know how to do the written work on Wednesday, the teacher reacted angrily, and expected him to sit down and finish his work. She could have</p>	
<p>A. been more approachable and given Ramlee individual attention</p>	<p>Our choice We think that Ramlee needs the teacher's reassurance and individual attention. It is better to try and help him before calling in his parents. Probably his parents will not be in a position to do very much and he will have to get the teacher's help or help from his siblings who may be in a higher form in the same school.</p>
<p>B. sent him out of the class</p>	<p>Your choice We disagree with you that this course of action should be followed. It does happen at times but the teacher is not trying to solve anything by taking this course of action.</p>
<p>C. asked him to remain standing for the rest of the period</p>	<p>Again, this type of punishment will not help Ramlee at all and it might even make him withdraw further from learning the second language.</p>
<p>D. threatened to send him to see the Headmaster</p>	<p>This would be more like passing on the responsibility to another authority in the school. Ramlee's poor performance could be discussed with the Headmaster in the school but it is up to the teacher to endeavour to help Ramlee. Therefore, by sending him to see the Headmaster will only be driving the wedge further into the already weak teacher-pupil relationship.</p>
<p>E. requested Ramlee's parents to come to the school to discuss the matter</p>	<p>It would be better if the teacher tries to help him in class.</p>

YOU WERE ASKED	COMMENTS
<p>3. When Ramlee confessed that he did not know how to do the written work on Wednesday, the teacher reacted angrily, and expected him to sit down and finish his work. She could have</p>	
<p>A. been more approachable and given Ramlee individual attention</p>	<p>Our choice We think that Ramlee needs the teacher's reassurance and individual attention. It is better to try and help him before calling in his parents. Probably his parents will not be in a position to do very much and he will have to get the teacher's help or help from his siblings who may be in a higher form in the same school.</p>
<p>B. sent him out of the class</p>	<p>This course of action on Miss Lee's part will not help to solve the problem.</p>
<p>C. asked him to remain standing for the rest of the period</p>	<p>Your choice We disagree with you here that this type of punishment will help Ramlee. It might just make him withdraw further from even attempting to learn the second language.</p>
<p>D. threatened to send him to see the Headmaster</p>	<p>This would be more like passing on the responsibility to another authority in the school. Ramlee's poor performance could be discussed with the Headmaster in the school but it is up to the teacher to endeavour to help Ramlee. Therefore, by sending him to see the Headmaster will only be driving the wedge further into the already weak teacher-pupil relationship.</p>
<p>E. requested Ramlee's parents to come to the school to discuss the matter</p>	<p>It would be better if the teacher tries to help him in class.</p>

YOU WERE ASKED	COMMENTS
<p>3. When Ramlee confessed that he did not know how to do the written work on Wednesday, the teacher reacted angrily, and expected him to sit down and finish his work. She could have</p>	
<p>A. been more approachable and given Ramlee individual attention</p>	<p>Our choice We think that Ramlee needs the teacher's reassurance and individual attention. It is better to try and help him before calling in his parents. Probably his parents will not be in a position to do very much and he will have to get the teacher's help or help from his siblings who may be in a higher form in the same school.</p>
<p>B. sent him out of the class</p>	<p>This course of action on Miss Lee's part will not help to solve the problem.</p>
<p>C. asked him to remain standing for the rest of the period</p>	<p>Again, this type of punishment will not help Ramlee at all and it might even make him withdraw further from learning the second language.</p>
<p>D. threatened to send him to see the Headmaster</p>	<p>Your choice We disagree with you that the teacher should have resorted to this course of action. It would be like passing on the responsibility to another authority in the school. Ramlee's poor classroom performance could be discussed with the Head in the school, but it is up to the teacher to endeavour to help Ramlee. Therefore, by sending him to see the Head will only be driving the wedge further into the already weak teacher-pupil relationship.</p>
<p>E. requested Ramlee's parents to come to the school to discuss the matter</p>	<p>It would be better if the teacher tries to help him in class.</p>

YOU WERE ASKED	COMMENTS
<p>3. When Ramlee confessed that he did not know how to do the written work on Wednesday, the teacher reacted angrily, and expected him to sit down and finish the work. She could have</p>	
<p>A. been more approachable and given Ramlee individual attention Our choice</p>	<p>We think that Ramlee needs the teacher's reassurance and individual attention. It is better to try and help him before calling in his parents. Probably his parents will not be in a position to do very much and he will have to get the teacher's help or help from his siblings who may be in a higher form in the same school.</p>
<p>B. sent him out of the class</p>	<p>This course of action on Miss Lee's part will not help to solve the problem.</p>
<p>C. asked him to remain standing for the rest of the period</p>	<p>Again, this type of punishment will not help Ramlee at all and it might even make him withdraw further from learning the second language.</p>
<p>D. threatened to send him to see the Headmaster</p>	<p>This would be more like passing on the responsibility to another authority in the school. Ramlee's poor performance could be discussed with the Headmaster in the school but it is up to the teacher to endeavour to help Ramlee. Therefore, by sending him to see the Headmaster will only be driving the wedge further into the already weak teacher-pupil relationship.</p>
<p>E. requested Ramlee's parents to come to the school to discuss the matter Your choice</p>	<p>It would be better if the teacher tries to help him in class.</p>

YOU WERE ASKED	COMMENTS
4. On Thursday Miss Lee punished Ramlee by sending him out of the class. Under similar circumstances, what would you do?	
A. Tell Ramlee to leave the class	Your choice By taking this kind of punitive action you will not be really addressing the problem.
B. Ignore Ramlee and Mat	If you choose to ignore Ramlee and Mat and continue with the lesson it might distract and anger you and eventually disrupt the lesson on the whole. It is more important here to maintain class control.
C. Request for silence in the class	Our choice We feel that sometimes a more subtle approach works better than a direct admonishment. In this case since only Mat and Ramlee were caught talking during the lesson, even eye contact may at times work. However, a broad hint like "could we have some silence please", can alert everyone and especially so the guilty ones.
D. Carry on regardless of the classroom situation and work with the better pupils	Classroom control is important and you have to ensure that it prevails. Every pupil has to be given a chance and the weaker ones should not be ignored for the benefit of the better pupils.

-
4. On Thursday Miss Lee punished Ramlee by sending him out of the class. Under similar circumstances, what would you do?
-

YOU WERE ASKED	COMMENTS
A. Tell Ramlee to leave the class	By taking this punitive action you will not be really addressing the problem.
B. Ignore Ramlee and Mat Your choice	We disagree with you that this would be an appropriate course of action. If you choose to ignore Ramlee and Mat and continue with the lesson it might distract and anger you and finally disrupt the lesson on the whole. It is more important here to maintain class control.
C. Request for silence in the class Our choice	We feel that sometimes a more subtle approach works better than a direct admonishment. In this case since only Mat and Ramlee were caught talking during the lesson, even eye contact may at times work. However, a broad hint like "could we have some silence please", can alert everyone and especially so the guilty ones.
D. Carry on regardless of the classroom situation and work with the better pupils	Classroom control is important and you have to ensure that it prevails. Every pupil has to be given a chance and the weaker ones should not be ignored for the benefit of the better pupils.

YOU WERE ASKED	COMMENTS
<p>4. On Thursday Miss Lee punished Ramlee by sending him out of the class. Under similar circumstances, what would you do?</p>	
<p>A. Tell Ramlee to leave the class</p>	<p>By taking this punitive action, you will not be really addressing the problem.</p>
<p>B. Ignore Ramlee and Mat</p>	<p>If you choose to ignore Ramlee and Mat and continue with the lesson it might distract and anger you and eventually disrupt the lesson on the whole. It is more important here to maintain class control.</p>
<p>C. Request for silence in the class</p>	<p>Your choice Our choice</p> <p>Like you, we too feel that sometimes a more subtle approach works better than a direct admonishment. In this case since only Mat and Ramlee were caught talking during the lesson, even eye contact may at times work. However, a broad hint like "could we have some silence please", can alert everyone and especially so the guilty ones.</p>
<p>D. Carry on regardless of the classroom situation and work with the better pupils</p>	<p>Classroom control is important and you have to ensure that it prevails. Every pupil has to be given a chance and the weaker ones should not be ignored for the benefit of the better pupils.</p>

YOU WERE ASKED	COMMENTS	
4. On Thursday Miss Lee punished Ramlee by sending him out of the class. Under similar circumstances, what would you do?		
A. Tell Ramlee to leave the class	By taking this punitive action you will not be really addressing the problem.	
B. Ignore Ramlee and Mat.	If you choose to ignore Ramlee and Mat and continue with the lesson it might distract and anger you and eventually disrupt the lesson on the whole. It is more important here to maintain class control.	
C. Request for silence in the class	Our choice	We feel that sometimes a more subtle approach works better than a direct admonishment. In this case since only Mat and Ramlee were caught talking during the lesson, even eye contact may at times work. However, a broad hint like "could we have some silence please", can alert everyone and especially so the guilty ones.
D. Carry on regardless of the classroom situation and work with the better pupils	Your choice	We disagree with you that this would be an appropriate thing to do. However tempting this course of action may appear, classroom control is important and you have to ensure that it prevails. Every pupil has to be given a chance and the weaker or slower pupils should not be ignored for the benefit of the better pupils.

YOU WERE ASKED	COMMENTS
<p>5. Again on Friday Miss Lee took certain courses of action during the lesson. Which one of the following do you think she should have taken?</p>	
<p>A. To provide immediate correction</p>	<p>Your choice</p> <p>We disagree with you that Miss Lee should have taken this particular course of action. Deciding when and how to intervene to help pupils with errors they are making is problematic. Decisions you make will be governed by your understanding of the pupil's feelings, your relationship with him, his experience with English and his age. Different decisions will be made for different pupils. It is important to recognise and note that the school-aged child's semantic and grammatical systems may not be equivalent to those of an adult. Errors may occur within the learning of English and learners may make their own adjustments as they become more familiar and confident with the language. However, the extent to which they are making their own adjustments will need monitoring. Errors of direct translation from one's vernacular into the language being learnt is also common in a bilingual situation. Nervousness and lack of confidence may also cause errors to occur. Better results could be obtained if you talk privately with Ramlee and help him understand the meaning of what he is trying to convey.</p>
<p>B. To hear Ramlee out</p>	<p>Simply giving him a hearing will not help him correct his errors. It has to be followed up by remedial work.</p>
<p>C. To listen and even prompt him to encourage further response</p>	<p>Our choice</p> <p>We think that Ramlee is obviously making an attempt here and instead of immediate correction and chorus repetition Miss Lee could allow him to use the language first. She could then follow this up with individual remedial work.</p>

YOU WERE ASKED	COMMENTS
5. Again on Friday, Miss Lee took certain courses of action during the lesson. Which one of the following do you think she should have taken?	
D. To be particular at this stage about how it is said, rather than what is being said	At this stage, "the what" is probably more important than "the how". Once Ramlee is more familiar and confident and is able to respond voluntarily, the details can be pursued.

YOU WERE ASKED	COMMENTS	
5. Again on Friday, Miss Lee took certain courses of action during the lesson. Which one of the following do you think she should have taken?		
A. To provide immediate correction	Deciding when and how to intervene to help pupils with errors they are making is problematic. Decisions you make will be governed by your understanding of the pupil's feelings, your relationship with him, his experience with English and his age. Different decisions will be made for different pupils. It is important to recognise and note that the school-aged child's semantic and grammatical systems may not be equivalent to those of an adult. Errors may occur within the learning of English and learners may make their own adjustments as they become more familiar and confident with the language. However, the extent to which they are making their own adjustments will need monitoring. Errors of direct translation from one's vernacular into the language being learnt is also common in a bilingual situation. Nervousness and lack of confidence may also cause errors to occur. Better results could be obtained if you talk privately with Ramlee and help him understand the meaning of what he is trying to convey.	
B. To hear Ramlee out	Your choice	We disagree with you that Ramlee should just be heard out. Simply giving him a hearing will not help him correct his errors. It has to be followed up by remedial work.
C. To listen and even prompt him to encourage further response	Our choice	We think that Ramlee is obviously making an attempt here and instead of immediate correction and chorus repetition Miss Lee could allow him to use the language first. She could then follow this up with individual remedial work.
D. To be particular at this stage about how it is said, rather than what is being said.		At this stage, "the what" is probably more important than "the how". Once Ramlee is more familiar and confident and is able to respond voluntarily, the details can be pursued.

YOU WERE ASKED	COMMENTS	
5. Again on Friday, Miss Lee took certain courses of action during the lesson. Which one of the following do you think she should have taken?		
A. To provide immediate correction	Deciding when and how to intervene to help pupils with errors they are making is problematic. Decisions you make will be governed by your understanding of the pupil's feelings, your relationship with him, his experience with English and his age. Different decisions will be made for different pupils. It is important to recognise and note that the school-aged child's semantic and grammatical systems may not be equivalent to those of an adult. Errors may occur within the learning of English and learners may make their own adjustments as they become more familiar and confident with the language. However, the extent to which they are making their own adjustments will need monitoring. Errors of direct translation from one's vernacular into the language being learnt is also common in a bilingual situation. Nervousness and lack of confidence may also cause errors to occur. Better results could be obtained if you talk privately with Ramlee and help him understand the meaning of what he is trying to convey.	
B. To hear Ramlee out	Simply giving him a hearing will not help him correct his errors. It has to be followed up by remedial work.	
C. To listen and even prompt him to encourage further response	Your choice Our choice	We certainly agree with you that Ramlee is obviously making an attempt here and instead of immediate correction and chorus repetition, Miss Lee could allow him to communicate and encourage him to use the language first. Miss Lee could follow this up with individual remedial work.
D. To be particular at this stage about how it is said, rather than what is being said.	At this stage, "the what" is probably more important than "the how". Once Ramlee is more familiar and confident and is able to respond voluntarily, the details can be pursued.	

YOU WERE ASKED	COMMENTS	
<p>5. Again on Friday, Miss Lee took certain courses of action during the lesson. Which one of the following do you think she should have taken?</p>		
<p>A. To provide immediate correction</p>	<p>Deciding when and how to intervene to help pupils with errors they are making is problematic. Decisions you make will be governed by your understanding of the pupil's feelings, your relationship with him, his experience with English and his age. Different decisions will be made for different pupils. It is important to recognise and note that the school-aged child's semantic and grammatical systems may not be equivalent to those of an adult. Errors may occur within the learning of English and learners may make their own adjustments as they become more familiar and confident with the language. However, the extent to which they are making their own adjustments will need monitoring. Errors of direct translation from one's vernacular into the language being learnt is also common in a bilingual situation. Nervousness and lack of confidence may also cause errors to occur. Better results could be obtained if you talk privately with Ramlee and help him understand the meaning of what he is trying to convey.</p>	
<p>B. To hear Ramlee out</p>	<p>Simply giving him a hearing will not help him correct his errors. It has to be followed up by remedial work.</p>	
<p>C. To listen and even prompt him to encourage further response</p>	<p>Our choice</p>	<p>We think that Ramlee is obviously making an attempt here and instead of immediate correction and chorus repetition Miss Lee could allow him to use the language first. She could then follow this up with individual remedial work.</p>
<p>D. To be particular at this stage about how it is said, rather than what is being said</p>	<p>Your choice</p>	<p>We disagree with you that at this stage "the how" is more important than "the what". "The what" is probably more important and once Ramlee is more familiar and confident and is able to respond voluntarily, the details can be pursued.</p>

TEACHER'S DIARY

2

The Bilingual Crisis:How to Cope With it in the Language Classroom

**A Series of Classroom Management Challenges for English Language
Teachers in Malaysian Primary Schools**

HOW TO USE THIS CHALLENGE

Each classroom management challenge for the English Language teacher consists of situations and is followed by a set of questions and a number of possible management decisions.

Read through the situations in the diary and proceed to attempt the set of questions that follow. You could then tick on your own copy the management decision of your choice from the possible management decisions suggested.

TO GET FEEDBACK

To obtain feedback on your choice of management decisions, please indicate your answers to the questions posed in this module by filling in the appropriate letter in the boxes provided on the reply form and return it immediately in the stamped addressed envelope enclosed.

Whichever management decision you chose you will receive a letter in which the authors will compare their answers to the questions with your own. You will also receive the next problem in the series with the feedback.

TO OBTAIN MORE INFORMATION

If you wish to contact me about any aspect of the modules, you can telephone and leave your name and telephone number to be contacted. The number to call is:

03 - 572433 or write to: Mrs. M. Dhamotharan
Faculty of Education
University of Malaya
59100 Kuala Lumpur.

WOULD YOU HELP US?

Please attempt each module within one week and return the reply form as soon as possible. This is to enable the completion of all the six modules in the series within a limited period of six weeks.

The Bilingual Crisis : How to cope with it in the
language classroom

Background

According to the Malaysian primary school English language syllabus, a pupil completing primary level education should be able to use the English language competently, both, in the written and spoken forms to communicate nationally and internationally.

However, to most pupils the only time they are exposed to the use of the English language is during the class period, lasting forty minutes, five times a week. The rest of the school time is spent learning in the mainstream language, which is Bahasa Malaysia.

The primary teacher has to cope with multiracial and multilingual classroom situations where pupils' experiences are diverse. The teacher who could hail from any one of the racial groups in the country has to now cut across the various racial and lingual boundaries to help the pupils acquire English. Therefore, how can the teacher hope to cope?

Who are the Malaysian bilingual children?

Ramlee

Ramlee speaks Malay at home. He also uses Malay with his peers. He has had little or no exposure to English even during his kindergarten days. Ramlee attends religious classes and is learning to read the Koran in Arabic.

Ling Ling

Ling Ling is a Chinese and speaks Hokkien at home. She speaks Malay with her Malay and Indian friends in school. Her English is very weak and she rarely uses English except during the English lessons.

Appu

Appu speaks Tamil at home and uses Malay with his peers in school. When his new Chinese neighbours moved in, he started to pick up Hokkien and can now fluently communicate with his Chinese friends in Hokkien. English is what he learns in school and gets help from his older sister with his homework.

Harjit Kaur

Harjit speaks Punjabi at home and is also ably conversant in Malay and Tamil for she lives in a mixed neighbourhood. She goes to Mr. Singh's house every Saturday morning for about an hour to attend Punjabi language classes with other Sikh children.

Karim

Karim's father is an Indian-Muslim and his mother is a Malay. Karim speaks Malay at home and also attends Koranic classes where he is learning Arabic. His only exposure to English is in school.

Situation 1

Before the bell rings for school to start on a Monday morning the scene is one of chaos and in the midst of it all a group of children are busy chatting.

Karim: Hey, you see spy filem?

Ramlee: Apa?

Ling Ling: Kalim say, you see spy?

Ramlee: No lah!

Karim: Alamak! Best-lah!

Appu: Tell me, tell me, what?

Harjit: My father no let me see like that picture all.

Then the bell goes and the normal scramble begins, falling into neat rows according to their classes and marching off to their respective classrooms.

Situation 2

Ramlee, Ling Ling, Appu, Harjit and Karim are all eleven years old. They are in Standard Five Yellow which is a mixed ability class. The teacher is Cik Salmah and the English lesson has just started.

Cik Salmah: Have you all brought your books today?

Class in chorus: Yes teacher.

Cik Salmah: Tell me the story of Pa Din. Who is going to try?
Yes Appu.

Appu: (He has not finished reading the story but with the hope that the teacher will ask someone else to continue, volunteers to narrate the bit he knows).

Teacher, Pa Din old man, poor, catch fish and mati.

Cik Salmah: Then....

Karim: Teacher, no, he no die, Appu cerita wrong! I, I teacher!

Cik Salmah: All right Karim, you can try now.

Karim: Pa Din poor fisherman.

Cik Salmah: Yes, good Karim, go on.

Karim: Pa Din sixty years old and still working for family. One day, his perahu go upside-down in big sea and Pa Din drown.

Cik Salmah: Very good Karim, now can you try Ling Ling, what happened after Pa Din died.

Ling Ling: (Has great difficulty with pronouncing the letter 'r').
Pa Din vely good man teacher. He no money, he die, he wife and anak-anak nobody look after one. They go to lich blother Pa Din but wife blother halau them. Again they go kampung and wife Pa Din glow vegetables for sell and got money. The children glow, glow big and take care of ibu.

Cik Salmah: Yes, good Ling Ling. Now tell us Harjit, did you like the story?

Harjit: No good teacher, very sad one lah.
Afterwards I like, they rich again ah!

Cik Salmah: Yes, what do you think Ramlee?

Ramlee: Pa Din macam Pa Bong saya cikgu. He die in water also lah.
I suka cerita itu Cik Salmah, very much.

Situation 3

It is recess now and they chat while they chomp their food.

Ling Ling: What you eat Haljit?

Harjit: My mother make chapati in the morning time for me.

Ramlee: Tengok.

Appu: Wow! Very nice ah?

Karim: I bring nasi lemak today.

1. In situation 1, Ramlee, Ling Ling, Appu, Harjit and Karim are engaged in a short peer conversation. How would you describe the language used?
Would you say that it is

- A. acceptable English
- B. poor English
- C. bilingual

2. In the second situation Cik Salmah, the teacher, is trying to get the pupils to tell the story which they have already read. She could have helped the pupils by

- A. listening without intervening to correct.
- B. correcting their errors instantly.
- C. leading the narration with flashcards of pictures, words and sentence patterns.

3. (a) Situation 3 presents a scene during recess and you hear Ramlee, Ling Ling, Appu, Harjit and Karim. Given pupils with similar language difficulties what would you consider as a short-term solution?

- A. Acknowledging the problem but doing nothing about it.
- B. Waiting for your colleagues to make the first move.
- C. These are problems you cannot do much to solve due to the pupils' indifference.
- D. Understanding the difficulties and providing the necessary support in the language classroom.

3. (b) Given pupils with similar language difficulties as in the third situation, what would you consider as the long-term solution?

- A. More TESL in-service programmes provided by the Ministry of Education.
- B. Ignoring the crisis as English is no longer compulsory for purposes of certification.
- C. Consider the importance of language acquisition at the primary level and seek better approaches through team effort.

REPLY FORM

To obtain feedback on your choice of management decisions, please indicate your answers to the questions posed in this module by filling in the appropriate letter in the boxes below and return it IMMEDIATELY in the stamped addressed envelope provided.

<u>QUESTION</u>	<u>ANSWER</u>
1	
2	
2 (a)	
2 (b)	
3	
3 (a)	
3 (b)	
4	
5	
6	
7	
8 (a)	
8 (b)	

← Insert A, B, C, D or E.

(BLOCK CAPITALS)

NAME

ADDRESS

.....

..... POSTCODE

SIGNED DATE

FEEDBACK

YOU WERE ASKED	COMMENTS
<p>1. In Situation 1, Ramlee, Ling Ling, Appu, Harjit and Karim are engaged in a short peer conversation. How would you describe the language used? Would you say that it is</p>	
<p>A. acceptable English. Your choice</p>	<p>We disagree with you that it can be described as acceptable English if we take into consideration the rules of standard English; although it certainly is a variety of spoken English in Malaysia. The meaning of what is being communicated may be comprehended, however, grammatically it is not correct.</p>
<p>B. poor English.</p>	<p>It is poor English. However, the children are making an attempt to communicate with each other and no doubt the English used is poor, we do find that some meaning is being conveyed. We find that the children are using direct translations and switching between languages. This is a common occurrence among bilingual users, therefore, it is important for the teacher to detect its occurrence and provide sufficient practice to correct the usage.</p>
<p>C. bilingual. Our choice</p>	<p>We think that the language used is bilingual. The children are switching between English and Bahasa Malaysia in the given situation. This, however, is a very common occurrence in our schools and classrooms. Once the teacher can recognise this as a bilingual problem, then the necessary steps can be taken to try and help. Instead of dismissing it as poor or incorrect English and attempting to teach the correct rules of language, the teacher would be able to help more by accepting and allowing the children to use the language and providing support for correction.</p>

YOU WERE ASKED	COMMENTS
<p>1. In Situation 1, Ramlee, Ling Ling, Appu, Harjit and Karim are engaged in a short peer conversation. How would you describe the language used? Would you say that it is</p>	
<p>A. acceptable English.</p>	<p>It certainly is a variety of spoken English in Malaysia, but it is far from being acceptable English if we take into consideration the rules of standard English. The meaning may be understood, however, grammatically it is not correct.</p>
<p>B. poor English. Your choice</p>	<p>The children are making an attempt to communicate with each other and although the English used is poor, we do find that some meaning is being conveyed. We find that the children are using direct translations and switching between languages. This is a common occurrence among bilingual users.</p>
<p>C. bilingual. Our choice</p>	<p>We think that the language used is bilingual. The children are switching between English and Bahasa Malaysia in the given situation. This, however, is a very common occurrence in our schools and classrooms. Once the teacher can recognise this as a bilingual problem, then the necessary steps can be taken to try and help. Instead of dismissing it as poor or incorrect English and attempting to teach the correct rules of language, the teacher would be able to help more by accepting and allowing the children to use the language and providing support for correction.</p>

YOU WERE ASKED	COMMENTS			
<p>1. In Situation 1, Ramlee, Ling Ling, Appu, Harjit and Karim are engaged in a short peer conversation. How would you describe the language used? Would you say that it is</p>				
<p>A. acceptable English.</p>	<p>It certainly is a variety of spoken English in Malaysia, but it is far from being acceptable English if we take into consideration the rules of standard English. The meaning may be understood, however, grammatically it is not correct.</p>			
<p>B. poor English.</p>	<p>It is poor English. However the children are making an attempt to communicate with each other and no doubt the English used is poor, we do find that some meaning is being conveyed. We find that the children are using direct translations and switching between languages. This is a common occurrence among bilingual users, therefore, it is important for the teacher to detect its occurrence and provide sufficient practice to correct the usage.</p>			
<p>C. bilingual.</p>	<table border="0"> <tr> <td data-bbox="604 1391 791 1422">Your choice</td> <td data-bbox="855 1391 1418 1975" rowspan="2"> <p>Like you, we too think that the language used is bilingual. The children are switching between English and Bahasa Malaysia in the given situation. This, however, is a very common occurrence in our schools and classrooms. Once the teacher can recognise this as a bilingual problem, then the necessary steps can be taken to try and help. Instead of dismissing it as poor or incorrect English and attempting to teach the rules of language, the teacher would be able to help more by accepting and allowing the children to use the language and providing support for correction.</p> </td> </tr> <tr> <td data-bbox="604 1491 775 1523">Our choice</td> </tr> </table>	Your choice	<p>Like you, we too think that the language used is bilingual. The children are switching between English and Bahasa Malaysia in the given situation. This, however, is a very common occurrence in our schools and classrooms. Once the teacher can recognise this as a bilingual problem, then the necessary steps can be taken to try and help. Instead of dismissing it as poor or incorrect English and attempting to teach the rules of language, the teacher would be able to help more by accepting and allowing the children to use the language and providing support for correction.</p>	Our choice
Your choice	<p>Like you, we too think that the language used is bilingual. The children are switching between English and Bahasa Malaysia in the given situation. This, however, is a very common occurrence in our schools and classrooms. Once the teacher can recognise this as a bilingual problem, then the necessary steps can be taken to try and help. Instead of dismissing it as poor or incorrect English and attempting to teach the rules of language, the teacher would be able to help more by accepting and allowing the children to use the language and providing support for correction.</p>			
Our choice				

YOUR WERE ASKED	COMMENTS
<p>2. In the second situation Cik Salmah, the teacher, is trying to get the pupils to tell the story which they have already read. She could have helped the pupils by ...</p>	
<p>A. listening without intervening to correct.</p>	<p>Your choice We disagree with you that Cik Salmah could have helped the pupils by following this course of action. The pupils fail to get the correct reinforcement needed if it continues.</p>
<p>B. correcting their errors instantly.</p>	<p>If this occurs, then there arises a tendency for a number of things to happen, for instance, the pupils may become less willing to volunteer to answer for fear of committing errors and looking foolish in the eyes of their peers when corrected. Again, this depends on individual pupils, some are more resilient than others and the teacher's approach is normally governed by the rapport with the pupils. The other thing that tends to happen with providing immediate correction is a tendency to digress and more time than allocated is spent on it. Pupils also tend to become bored and this then defeats the purpose. Therefore, given such a situation, it would be better to prepare and support the pupils to respond.</p>
<p>C. leading the narration with flashcards of pictures, words and sentence patterns.</p>	<p>Our choice We feel that the best solution in the given case is providing the necessary support so as to yield better results. The teacher could, with the help of flashcards and the chalkboard, lead the narration initially and then allow the pupils to try on their own once they are more confident of the vocabulary and sentence patterns to use. Flashcards could be used as constant reminders for those weaker pupils who have difficulty in expressing themselves.</p>

YOUR WERE ASKED	COMMENTS
<p>2. In the second situation Cik Salmah, the teacher, is trying to get the pupils to tell the story which they have already read. She could have helped the pupils by ...</p>	
<p>A. listening without intervening to correct.</p>	<p>If it continues, the pupils fail to get the correct reinforcement. This form of approach is advisable to get the pupils to communicate and once the teacher has assessed their difficulties and errors, something more needs to be done about it.</p>
<p>B. correcting their errors instantly. Your choice</p>	<p>Cik Salmah would not have helped the pupils very much by correcting their errors instantly.</p>
<p>C. leading the narration with flashcards of pictures, words and sentence patterns. Our choice</p>	<p>We feel that the best solution in the given case is providing the necessary support so as to yield better results. The teacher could, with the help of flashcards and the chalkboard, lead the narration initially and then allow the pupils to try on their own once they are more confident of the vocabulary and sentence patterns to use. Flashcards could be used as constant reminders for those weaker pupils who have difficulty in expressing themselves.</p>

YOUR WERE ASKED	COMMENTS
<p>2. In the second situation Cik Salmah, the teacher, is trying to get the pupils to tell the story which they have already read. She could have helped the pupils by ...</p>	
<p>A. listening without intervening to correct.</p>	<p>If it continues, the pupils fail to get the correct reinforcement. This form of approach is advisable to get the pupils to communicate and once the teacher has assessed their difficulties and errors, something more needs to be done about it.</p>
<p>B. correcting their errors instantly.</p>	<p>If this occurs, then there arises a tendency for a number of things to happen, for instance, the pupils may become less willing to volunteer to answer for fear of committing errors and looking foolish in the eyes of their peers when corrected. Again, this depends on individual pupils, some are more resilient than others and the teacher's approach is normally governed by the rapport with the pupils. The other thing that tends to happen with providing immediate correction is a tendency to digress and more time than allocated is spent on it. Pupils also tend to become bored and this then defeats the purpose. Therefore, given such a situation, it would be better to prepare and support the pupils to respond.</p>
<p>C. leading the narration with flashcards of pictures, words and sentence patterns.</p>	<p>Your choice Our choice</p> <p>We feel that the best solution in the given case is providing the necessary support so as to yield better results. The teacher could, with the help of flashcards and the chalkboard, lead the narration initially and then allow the pupils to try on their own once they are more confident of the vocabulary and sentence patterns to use. Flashcards could be used as constant reminders for those weaker pupils who have difficulty in expressing themselves.</p>

3(a)A

YOU WERE ASKED	COMMENTS
3(a) Situation 3 presents a scene during recess and you hear Ramlee, Ling Ling, Appu, Harjit and Karim. Given pupils with similar language difficulties, what would you consider as a short-term solution?	
A. Acknowledging the problem but doing nothing about it.	Your choice This sort of attitude is not going to help.
B. Waiting for your colleague to make the first move.	Waiting for others to make the first move may never happen, therefore, the responsibility lies with the individual teacher. Sometimes there is a tendency to seek the approval of colleagues and at other times a fear of being labelled as "too hardworking" or "showing off". This feeling of uncertainty and at the same time wanting to be 'in group' may cause a dilemma. However, bearing in mind that pupils' interests must come first, the teacher has to strive to make that first move even if no one else is trying.
C. These are problems you cannot do much to solve due to the pupils' indifference.	This is one way of escaping from actually facing the problem. The teacher could have tried a number of times but with very little success. Therefore, the teacher concludes, or based on the opinions of colleagues, gives up saying that it was tried and the pupils are to be blamed for their lack of positive response.
D. Understanding the difficulties and providing the necessary support in the language classroom.	Our choice We think that this would be the most feasible short-term measure given such a situation. The teacher has to try to identify and understand the pupils' difficulties and instead of throwing them into the deep end, expecting them to cope, the teacher could provide the necessary support in the form of relevant and practical audio-visual aids and other resource materials available.

3(a)B

YOU WERE ASKED	COMMENTS
3(a) Situation 3 presents a scene during recess and you hear Ramlee, Ling Ling, Appu, Harjit and Karim. Given pupils with similar language difficulties, what would you consider as a short-term solution?	
A. Acknowledging the problem but doing nothing about it.	This sort of attitude is not going to help. There are many of us today who are fully aware of the serious problem, but content to merely acknowledge it and not do anything much about it.
B. Waiting for your colleagues to make the first move.	Your choice Waiting for colleagues to make the first move is not going to help. The responsibility lies with the individual teacher to make that first move even if no one else is trying.
C. These are problems you cannot do much to solve due to the pupils' indifference.	This is one way of escaping from actually facing the problem. The teacher could have tried a number of times but with very little success. Therefore, the teacher concludes, or based on the opinions of colleagues, gives up saying that it was tried and the pupils are to be blamed for their lack of positive response.
D. Understanding the difficulties and providing the necessary support in the language classroom.	Our choice We think that this would be the most feasible short-term measure given such a situation. The teacher has to try to identify and understand the pupils' difficulties and instead of throwing them into the deep end, expecting them to cope, the teacher could provide the necessary support in the form of relevant and practical audio-visual aids and other resource materials available.

3(a)C

YOU WERE ASKED	COMMENTS
3(a) Situation 3 presents a scene during recess and you hear Ramlee, Ling Ling, Appu, Harjit and Karim. Given pupils with similar language difficulties, what would you consider as a short-term solution?	
A. Acknowledging the problem but doing nothing about it.	This sort of attitude is not going to help. There are many of us today who are fully aware of the serious problem, but content to merely acknowledge it and not do anything much about it.
B. Waiting for your colleague to make the first move.	Waiting for others to make the first move may never happen, therefore, the responsibility lies with the individual teacher. Sometimes there is a tendency to seek the approval of colleagues and at other times a fear of being labelled as "too hardworking" or "showing off". This feeling of uncertainty and at the same time wanting to be 'in group' may cause a dilemma. However, bearing in mind that pupils' interests must come first, the teacher has to strive to make that first move even if no one else is trying.
C. There are problems you cannot do much	Your choice We do not think that these are problems that the teacher cannot do much about, due to the pupils' apathy.
D. Understanding the difficulties and providing the necessary support in the language classroom.	Our choice We think that this would be the most feasible short-term measure given such a situation. The teacher has to try to identify and understand the pupils' difficulties and instead of throwing them into the deep end, expecting them to cope, the teacher could provide the necessary support in the form of relevant and practical audio-visual aids and other resource materials available.

3(a)D

YOU WERE ASKED		COMMENTS
<hr/>		
3(a)	Situation 3 presents a scene during recess and you hear Ramlee, Ling Ling, Appu, Harjit and Karim. Given pupils with similar language difficulties, what would you consider as a short-term solution?	
<hr/>		
A.	Acknowledging the problem but doing nothing about it.	This sort of attitude is not going to help. There are many of us today who are fully aware of the serious problem, but content to merely acknowledge it and not do anything much about it.
<hr/>		
B.	Waiting for your colleagues to make the first move.	Waiting for colleagues to make the first move is not going to help. The responsibility lies with the individual teacher to make that first move even if no one else is trying.
<hr/>		
C.	These are problems you cannot do much to solve due to the pupils' indifference.	This is one way of escaping from actually facing the problem. The teacher could have tried a number of times but with very little success. Therefore, the teacher concludes, or based on the opinions of colleagues, gives up saying that it was tried and the pupils are to be blamed for their lack of positive response.
<hr/>		
D.	Understanding the difficulties and providing the necessary support in the language classroom	Your choice Our choice
		We certainly agree with you that this would be the most feasible short-term measure given such a situation. The teacher has to try to identify and understand the pupils' difficulties and instead of throwing them into the deep end, expecting them to cope, the teacher could provide the necessary support in the form of relevant and practical audio-visual aids and other resource materials available.

3(b)A

YOU WERE ASKED	COMMENTS
3(b) Given pupils with similar language difficulties as in the third situation, what would you consider as the long-term solution?	
A. More TESL in-service programmes provided by the Ministry of Education.	Your choice This may not be the long-term solution to the problem. TESL in-service programmes provided by the Ministry of Education mainly address the more current trends and issues of teaching English as a second language in our schools. The concern here should be less with the theories, and directed more towards seeking solutions to old, new and persisting problems in the language classroom.
B: Ignoring the crisis as English is no longer compulsory for purposes of certification.	This is not a long-term solution at all, although this negative attitude in many cases is shared by both teachers and pupils alike.
C. Consider the importance of language acquisition at the primary level and seek better approaches through team effort.	Our choice We think that the best possible long-term solution in this particular case would be through team teaching or corporate effort. More language resource materials and small group work are necessary at the very beginning to encourage the learning of English.

3(b)B

YOU WERE ASKED	COMMENTS
3(b) Given pupils with similar language difficulties as in the third situation, what would you consider as the long-term solution?	
A. More TESL in-service programmes provided by the Ministry of Education.	This may not be the long-term solution to the problem. TESL in-service programmes provided by the Ministry of Education mainly address the more current trends and issues of teaching English as a second language in our schools. The concern here should be less with the theories, and directed more towards seeking solutions to old, new and persisting problems in the language classroom.
B. Ignoring the crisis as English is no longer compulsory for purposes of certification.	Your choice This is not a long-term solution at all. It would be wrong to say that since English is no longer compulsory for purposes of certification, it can be treated less seriously.
C. Consider the importance of language acquisition at the primary level and seek better approaches through team effort.	Our choice We think that the best possible long-term solution in this particular case would be through team teaching or corporate effort. More language resource materials and small group work are necessary at the very beginning to encourage the learning of English.

3(t) C

YOU WERE ASKED	COMMENTS
3(b) Given pupils with similar language difficulties as in the third situation, what would you consider as the long-term solution?	
A. More TESL in-service programmes provided by the Ministry of Education.	This may not be the long-term solution to the problem. TESL in-service programmes provided by the Ministry of Education mainly address the more current trends and issues of teaching English as a second language in our schools. The concern here should be less with the theories, and directed more towards seeking solutions to old, new and persisting problems in the language classroom.
B. Ignoring the crisis as English is no longer compulsory for purposes of certification.	This is not a long-term solution at all. It would be wrong to say that since English is no longer compulsory for purposes of certification, it can be treated less seriously.
C. Consider the importance of language acquisition at the primary level and seek better approaches through team effort.	Your choice Our choice Like you, we too consider this as the best possible long-term solution in this particular case. More could probably be achieved through team teaching or corporate effort. More language resource materials and small group work are necessary at the very beginning to encourage the learning of English.

TEACHER'S DIARY

3

Pupil Talk in the Classroom: How I can Make it More Meaningful

A Series of Classroom Management Challenges for English Language
Teachers in Malaysian Primary Schools

HOW TO USE THIS CHALLENGE

Each classroom management challenge for the English Language teacher consists of situations and is followed by a set of questions and a number of possible management decisions.

Read through the situations in the diary and proceed to attempt the set of questions that follow. You could then tick on your own copy the management decision of your choice from the possible management decisions suggested.

TO GET FEEDBACK

To obtain feedback on your choice of management decisions, please indicate your answers to the questions posed in this module by filling in the appropriate letter in the boxes provided on the reply form and return it immediately in the stamped addressed envelope enclosed.

Whichever management decision you chose you will receive a letter in which the authors will compare their answers to the questions with your own. You will also receive the next problem in the series with the feedback.

TO OBTAIN MORE INFORMATION

If you wish to contact me about any aspect of the modules, you can telephone and leave your name and telephone number to be contacted. The number to call is:

03 - 572433 or write to: Mrs. M. Dhamotharan
Faculty of Education
University of Malaya
59100 Kuala Lumpur.

WOULD YOU HELP US?

Please attempt each module within one week and return the reply form as soon as possible. This is to enable the completion of all the six modules in the series within a limited period of six weeks.

Pupil Talk in the classroom : How I can make it more
meaningful

Background

Much of the pupil's own experiences are wasted as the teacher attempts to impose the curriculum and syllabus specifications in an artificial set-up. Instead, language lessons could be made more meaningful by drawing on pupil's own experiences and through that exposing them to communication.

Class: Standard Five Yellow.

Day: Friday

Lesson: English

Time: 8.20 a.m. - 9.40 a.m. (double period).

Teacher: We are going to read about the festivals in our country today. Take out your Readers and turn to page 23. I am going to read now and I want you all to listen and follow very carefully, for we are going to talk about it afterwards.

(The teacher begins to read and after a few minutes stops).

What did I tell you earlier Appu? Do not talk when I am reading. What do you have to say to Karim that cannot wait?

Appu: Sorry teacher, I call Karim to come to my house when Deepavali time.

Teacher: Sit down now and listen.

(She continues to read the passage about Hari Raya, Chinese New Year, Deepavali and Christmas).

What do you do before you celebrate Hari Raya?

Yes, Harjit.

Harjit: The people puasa teacher.

Teacher: Harjit said, 'the people puasa'. Who are the people and what do you mean by puasa?

Appu: The Islam people puasa.

Teacher: Islam is the religion, like Hinduism, Christianity, Taosim and Buddhism. (Before she can say anymore Susy answers).

Susy: Muslim teacher, Hindu, Christian and Chinese people.

Teacher: Very good Susy, Muslims embrace Islam, Hindus follow Hinduism, Christians embrace Christianity and Chinese follow Taosim. Who then celebrate Hari Raya?

Ling Ling: Muslims.

Teacher: Yes, Muslims celebrate Hari Raya.

What is puasa?

(There is absolute silence and the pupils wait in anticipation of being told).

Well, when we say puasa we mean fasting. For how long do the Muslims fast?

Karim: One month teacher.

Teacher: Yes, they fast for one month.

Do all the Muslims in this class fast?

Chorus: Yes teacher (emphatic yes).

Teacher: Ramlee what do you do during Hari Raya?

Ramlee: (Beaming). I got baju baru, shoe and my father give money. I go to so many house Hari Raya time and I best.

Teacher: Tell the class Harjit, what does Ramlee do during Hari Raya?

Harjit: He wear new dress and shoes. His father give him money and he go to many house during Hari Raya. He enjoy one you know.

Susy: (Giggling) Ramlee wear new dress teacher? Only girl wear dress, not boy!

(The others begin to giggle as well).

Teacher: All right, girls wear dresses and boys wear.....

Appu: Seluar and shirt.

Harjit: Trouser and shirt.

Tina: Pants.

Teacher: Yes, boys wear pants or trousers, but girls do wear pants or trousers too, don't they?

Class: Yes teacher.

Tina: Girls can wear dresses and trousers.

Teacher: You are right. Now, let us move on to Chinese New Year.

(The teacher continues in this way and gets the class to talk about the other festivals that they celebrate in the country. She also writes new and difficult words on the board).

Now I want you to take out your exercise books and write five sentences about the festival that you celebrate. Put up your hand if you want me to come and help you.

1. During the lesson there is digression when Harjit mentions 'dress'. The teacher could have

- A. provided immediate correction and carried on with the lesson.
- B. led the interaction in the way she did.
- C. ignored that bit and carried on.

2 (a) In the given situation does the teacher use pupil talk advantageously?

- A. No.
- B. Yes.
- C. Not sure.

2 (b) How then would you say that the teacher managed to use pupil talk advantageously?

- A. By imposing her views all the time.
- B. By leading and intervening enough to make the interaction more meaningful.
- C. By digressing.

3. To make pupil talk more meaningful in the classroom the teacher can.....

- A. adhere rigidly to the content of the lesson all the way.
- B. call on those pupils who make fewer errors and those who can answer fluently.
- C. accept the pupil responses and lead the interactions appropriately in order to make those responses relevant and meaningful.
- D. express his or her own opinions and carry on with the lesson.

REPLY FORM

To obtain feedback on your choice of management decisions, please indicate your answers to the questions posed in this module by filling in the appropriate letter in the boxes below and return it IMMEDIATELY in the stamped addressed envelope provided.

<u>QUESTION</u>	<u>ANSWER</u>
1	
2	
2 (a)	
2 (b)	
3	
3 (a)	
3 (b)	
4	
5	
6	
7	
8 (a)	
8 (b)	

← Insert A, B, C, D or E.

(BLOCK CAPITALS)

NAME

ADDRESS

.....

..... POSTCODE

SIGNED DATE

FEEDBACK

YOU WERE ASKED	COMMENTS
1. During the lesson there is digression when Harjit mentions "dress". The teacher could have	
A. provided immediate correction and carried on with the lesson.	Your choice If the teacher had provided immediate correction at the specific time in question, then the interaction that ensued would not have occurred. Harjit Kaur, being a girl, had immediately translated what Ramlee said "baju baru" to mean dress (familiar to herself).
E. led the interaction in the way she did.	Our choice We think that the teacher handled the situation very well. In the given situation, it was the best way to deal with the interaction.
C. ignored that bit and carried on.	Very often it happens that as teachers we somehow fail to take intelligent advantage of pupil talk and comments in the process of classroom interaction. Sometimes digressing from the main topic means extra time and may even be unnecessary. However, if the teacher had decided to ignore that bit and carried on, then valuable and meaningful interaction would have been lost in the given situation. It was deftly dealt with by the teacher without any over-indulging.

YOU WERE ASKED	COMMENTS
1. During the lesson there is digression when Harjit mentions "dress". The teacher could have	
A. provided immediate correction and carried on with the lesson.	If the teacher had provided immediate correction at the specific time in question, then the interaction that ensued would not have occurred. Harjit Kaur, being a girl, had immediately translated what Ramlee said "baju baru", to mean dress (familiar to herself). No doubt there was digression, it was positively enforced by the teacher creating further dialogue and interaction without wasting too much time.
E. led the interaction in the way she did.	<p>Your choice</p> <p>Our choice</p> <p>Like you, we too think that the teacher handled the situation very well. In the given situation, it was the best way to deal with the interaction.</p>
C. ignored that bit and carried on.	Very often it happens that as teachers we somehow fail to take intelligent advantage of pupil talk and comments in the process of classroom interaction. Sometimes digressing from the main topic means extra time and may even be unnecessary. However, if the teacher had decided to ignore that bit and carried on, then valuable and meaningful interaction would have been lost in the given situation. It was deftly dealt with by the teacher without any over-indulging.

YOU WERE ASKED	COMMENTS
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A. provided immediate correction and carried on with the lesson.	If the teacher had provided immediate correction at the specific time in question, then the interaction that ensued would not have occurred. Harjit Kaur, being a girl, had immediately translated what Ramlee said "baju baru", to mean dress (familiar to herself). No doubt there was digression, it was positively enforced by the teacher creating further dialogue and interaction without wasting too much time.
B. led the interaction in the way she did.	Our choice We think that the teacher handled the situation very well. In the given situation, it was the best way to deal with the interaction.
C. ignored that bit.	Your choice Very often it happens that as teachers we somehow fail to take intelligent advantage of pupil talk and comments in the process of classroom interaction. No doubt, digressing from the main topic means extra time and sometimes may be unnecessary. However, in the given situation, if the teacher had ignored that bit and carried on, then some valuable and meaningful interaction would have been lost.

2(a)

YOU WERE ASKED

COMMENTS

2(a) In the given situation
does the teacher use
pupil talk advantageously?

A. No

B. Yes

Our choice

2(b)A

YOU WERE ASKED	COMMENTS
2(b) How then would you say that the teacher managed to use pupil talk advantageously?	
A. By imposing her views all the time.	Your choice The teacher was not imposing her views all the time. On the contrary, she was getting the pupils to respond.
B. By leading and intervening enough to make the interaction more meaningful.	Our choice We think that this is how the teacher managed to use pupil talk advantageously. She was leading the interaction by posing relevant questions and getting the pupils to communicate. Even when there was slight digression she intervened enough to round-off and then quickly moved on to the next bit.
C. By digressing.	The teacher did not digress unnecessarily. She only allowed digression when it was relevant to the interaction and without too much delay the discussion was guided back to the main topic.

2(b)B

YOU WERE ASKED	COMMENTS
2(b) How then would you say that the teacher managed to use pupil talk advantageously?	
A. By imposing her views all the time.	The teacher was not imposing her views all the time, instead she was getting the pupils to respond.
B. By leading and intervening enough to make the interaction more meaningful.	Your choice Our choice We too think that this is how the teacher managed to use pupil talk advantageously. She was leading the interaction by posing relevant questions and getting the pupils to communicate. Even when there was slight digression, she intervened enough to round-off and then quickly moved on to the next bit.
C. By digressing.	The teacher did not digress unnecessarily. She only allowed digression when it was relevant to the interaction and without too much delay the discussion was guided back to the main topic.

2(b)C

YOU WERE ASKED	COMMENTS
2(b) How then would you say that the teacher managed to use pupil talk advantageously?	
A. By imposing her views all the time.	The teacher was not imposing her views all the time, instead she was getting the pupils to respond.
E. By leading and intervening enough to make the interaction more meaningful.	Our choice We think that this is how the teacher managed to use pupil talk advantageously. She was leading the interaction by posing relevant questions and getting the pupils to communicate. Even when there was slight digression she intervened enough to round-off and then quickly moved on to the next bit.
C. By digressing.	Your choice She only allowed digression when it was relevant to the interaction and without too much delay the discussion was guided back to the main topic.

YOU WERE ASKED	COMMENTS
3. To make pupil talk more meaningful in the classroom, the teacher can	
A. adhere rigidly to the content of the lesson all the way.	Your choice We do not agree with the idea of adhering rigidly to the content of the lesson all the way. The teacher has to be able to exercise flexibility and quickly 'cash in on' ideas and comments that pupils forward in any interactive situation. This way the pupil feels that something worthwhile is contributed to the lesson and it also encourages other pupils to communicate their ideas. However, if something totally irrelevant is raised, then the teacher can quickly deal with it in a polite manner and carry on.
B. call on those pupils who make fewer errors and those who can answer fluently.	This will defeat the purpose of teaching and learning in a large classroom. We do not teach only the better pupils in a class. Every pupil has to be given an opportunity in a language classroom.
C. accept the pupil responses and lead the interaction appropriately in order to make those responses relevant and meaningful.	Our choice We think that this approach is most acceptable. Pupils should be encouraged to communicate and if the teacher appears to dismiss pupil talk as being either flippant or frivolous, the pupils tend to withdraw from responding voluntarily. It is more important to accept pupils' responses and encourage participation.
D. express his or her own opinions and carry on with the lesson.	The teacher should not only express his or her own opinions but give pupils' opinions due respect as well.

YOU WERE ASKED	COMMENTS
3. To make pupil talk more meaningful in the classroom, the teacher can	
A. adhere rigidly to the content of the lesson all the way.	The teacher has to be able to exercise flexibility and quickly 'cash in on' ideas and comments that pupils forward in any interactive situation. This way the pupil feels that something worthwhile is contributed to the lesson and it also encourages other pupils to communicate their ideas. However, if something totally irrelevant is raised, then the teacher can quickly deal with it in a polite manner and carry on.
B. call on those pupils who make fewer errors and those who can answer fluently.	Your choice This course of action will not help in a language classroom. Every child has to be given an opportunity to learn.
C. accept the pupil responses and lead the interaction appropriately in order to make those responses relevant and meaningful.	Our choice We think that this approach is most acceptable. Pupils should be encouraged to communicate and if the teacher appears to dismiss pupil talk as being either flippant or frivolous, the pupils tend to withdraw from responding voluntarily. It is more important to accept pupils' responses and encourage participation.
D. express his or her own opinions and carry on with the lesson.	The teacher should not only express his or her own opinions but give pupils' opinions due respect as well.

YOU WERE ASKED	COMMENTS
3. To make pupil talk more meaningful in the classroom, the teacher can	
A. adhere rigidly to the content of the lesson all the way.	The teacher has to be able to exercise flexibility and quickly 'cash in on' ideas and comments that pupils forward in any interactive situation. This way the pupil feels that something worthwhile is contributed to the lesson and it also encourages other pupils to communicate their ideas. However, if something totally irrelevant is raised, then the teacher can quickly deal with it in a polite manner and carry on.
B. call on those pupils who make fewer errors and those who can answer fluently,	This will defeat the purpose of teaching and learning in a language classroom. We do not teach only the better pupils in a class. Every pupil has to be given an opportunity in a language classroom.
C. accept the pupil responses and lead the interaction appropriately in order to make those responses relevant and meaningful.	<p>Your choice</p> <p>Our choice</p> <p>We too feel that this approach is most acceptable. Pupils should be encouraged to communicate and if the teacher appears to dismiss pupil talk as being either flippant or frivolous, the pupils tend to withdraw from responding voluntarily. It is more important to accept pupils' responses and encourage participation.</p>
D. express his or her own opinions and carry on with the lesson.	The teacher should not only express his or her own opinions but give pupils' opinions due respect as well.

YOU WERE ASKED	COMMENTS
3. To make pupil talk more meaningful in the classroom, the teacher can	
A. adhere rigidly to the content of the lesson all the way.	The teacher has to be able to exercise flexibility and quickly 'cash in on' ideas and comments that pupils forward in any interactive situation. This way the pupil feels that something worthwhile is contributed to the lesson and it also encourages other pupils to communicate their ideas. However, if something totally irrelevant is raised, then the teacher can quickly deal with it in a polite manner and carry on.
B. call on those pupils who make fewer errors and those who can answer fluently.	This will defeat the purpose of teaching and learning in a language classroom. We do not teach only the better pupils in a class. Every pupil has to be given an opportunity in a language classroom.
C. accept the pupil responses and lead the interaction appropriately in order to make those responses relevant and meaningful.	Our choice We think that this approach is most acceptable. Pupils should be encouraged to communicate and if the teacher appears to dismiss pupil talk as being either flippant or frivolous, the pupils tend to withdraw from responding voluntarily. It is more important to accept pupils' responses and encourage participation.
D. express his or her own opinions and carry on with the lesson.	Your choice The teacher cannot help to make pupil talk more meaningful in class by simply expressing his or her opinions and carrying on with the lesson. No doubt a teacher should express opinions but at the same time acknowledge pupils' opinions as well and encourage pupils to express their opinions, without imposing one's own on theirs.

TEACHER'S DIARY

4

More Interesting Lessons: How?

A Series of Classroom Management Challenges for English Language
Teachers in Malaysian Primary Schools

HOW TO USE THIS CHALLENGE

Each classroom management challenge for the English Language teacher consists of situations and is followed by a set of questions and a number of possible management decisions.

Read through the situations in the diary and proceed to attempt the set of questions that follow. You could then tick on your own copy the management decision of your choice from the possible management decisions suggested.

TO GET FEEDBACK

To obtain feedback on your choice of management decisions, please indicate your answers to the questions posed in this module by filling in the appropriate letter in the boxes provided on the reply form and return it immediately in the stamped addressed envelope enclosed.

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TO OBTAIN MORE INFORMATION

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03 - 572433 or write to: Mrs. M. Dhamotharan
Faculty of Education
University of Malaya
59100 Kuala Lumpur.

WOULD YOU HELP US?

Please attempt each module within one week and return the reply form as soon as possible. This is to enable the completion of all the six modules in the series within a limited period of six weeks.

More interesting lessons : How?

Background

Language lessons could be made interesting by using AVA meaningful to pupils. Where pupils cannot experience real situations then the outside world can be brought into the classrooms. More resources is the solution, in the absence of which teachers can innovate to provide richer experiences.

Scenario of Primary School 'X'

Primary School 'X' is located on the periphery of a small town. The school caters for semi-urban and rural pupils. Apart from providing the basic facilities, this school lacks the more sophisticated audio-visual aids and equipment. There is a biscuit factory in the vicinity and the zoo is just three miles away.

Scene 1 : Standard 6 Yellow (mixed ability class)

Teacher: Take out your Readers class and let us continue from where we stopped yesterday. Can you read for me, you, yes you, Hamid.

Hamid: (Stands up and begins to mutter).

Teacher interrupts: Read Hamid, open your mouth and say the words loudly for all to hear.
(Hamid continues half muttering and manages a full paragraph).

Teacher: All right, you next Saleha.

Saleha: (Stammers away through half a paragraph, when she is abruptly stopped).

Teacher: Continue from there Krishna.

(This way it continues and the short story is about a poor man and how he is trying to eke out a living to support his family).

Scene 2 : Standard Six Yellow

Teacher: This story is about animals and I want you all to read it first silently to yourselves.

(After a few minutes).

Now who wants to read to the class?

(Just one hand goes up).

Yes Devi.

Devi: (Reads through the whole short story).

Teacher: Have you all seen a lion?

Class: (Mixed replies, some say yes, others no and a few just stare).

Teacher: What does a lion look like? Yes Jalil.

Jalil: Bad animal teacher.

Teacher: You mean a lion is a fierce animal, don't you?

Jalil: Yes.

Teacher: Where can you find lions?

Class: (In chorus) Jungle!

Teacher: Not all together, what have I told you. Yes Devi.

Devi: In Africa.

Teacher: Yes.

(The comprehension questions and answers continue in this way for the period).

Scene 3 : Standard Six Yellow
Writing Exercise.

Teacher: Take out your exercise books for writing and write for me two sentences about each picture that I put up on the chalkboard yesterday. We did oral work in class yesterday and today I want you to do written work. How many pictures did you see yesterday?

Class: (chorus answer) Four teacher.

Teacher: Very good. I do not have those pictures for you to see today as Miss Lee is using them for her lesson. I am sure you can still remember, after all it was only yesterday. Now open your exercise books, write today's date, draw your margins and begin your work.

(The pictures showed scenes of pineapple canning in a local factory).

Scene 4 : Standard Six Yellow.

Teacher: Good morning class and have you all brought the things I had asked you to bring for the lesson today?

Class: (In chorus) Yes teacher.

Teacher: Good. Take out the stamps, envelopes and writing paper. I will put the letter format up on the chalkboard and I want you all to write a letter to your best friend.

(The class has already covered the letter format in previous lessons and now they are actually writing a letter. The teacher provides the letter format and the class get down to doing the task.

Ten minutes before the lesson is up, the teacher stops them and instructs them to end their letters. The teacher then tells the class to write the address on the envelope, stick the stamps on and seal the envelopes with the letter enclosed).

Teacher: What do you do now Kamal?

Kamal: Post.

Teacher: Yes, where will you post it? Anybody?

Su Kim: Post Office.

Teacher: Yes, you can go to the Post Office and drop it into the letter-box or even post it by dropping it into the red post boxes that you see along the road. All right, that is all for today.

(Just then the bell goes for recess).

Scene 5 : Standard Six Yellow.

Teacher: Today I want you all to write five sentences about a thing you like most. Take out your exercise books and begin your work. I want your books at the end of the lesson.

Pupil A: (Raises her hand for the teacher's help).
I cannot do. I don't know what to write.

Teacher: Anything you like most, is that too difficult?

Pupil B: Teacher, I don't know how!

Teacher: I cannot do your work for you, you know?

(The period continues in this way with many pupils expressing difficulty in doing the task).

1. The reading session in Scene 1 could have been more interesting if the teacher had
- A. read the story herself.
- B. called on the better pupils to read.
- C. prepared the class by writing the more difficult words on the chalkboard and discussing the meanings and pronunciation and wherever relevant and possible embellishing with visuals.
- D. asked the class to do silent reading and then followed it up with oral comprehension.

2. In Scene 2 how could the teacher have made the story more relevant and interesting?
- A. By showing the class pictures of the animals.
 - B. By making a reference to their local zoo and actually arranging a class visit to the zoo.
 - C. By asking the class to watch nature programmes on television.

3 (a) Do you agree with the teacher's technique in Scene 3?

- A. Yes
- B. No.
- C. Not sure.

3 (b) Since the topic was pineapple canning in a local factory, the class would have benefitted more if the teacher had followed up by

- A. making them describe the pictures used.
- B. taking them on a visit to the biscuit factory to show them the processes involved.
- C. bringing to class a can of diced pineapple.

4. In Scene 4 Standard Six Yellow carried out a task in class.
How else could you have handled that lesson?
- A. In a similar fashion.
 - B. Taken the whole class out to post their letters.
 - C. Planned the lesson such to provide more realistic and practical experiences through role play.

5. The teacher in Scene 5

could have

- A. discussed further and provided visual and vocabulary support.
- B. read out examples of work.
- C. just left the pupils to carry on, on their own.

REPLY FORM

To obtain feedback on your choice of management decisions, please indicate your answers to the questions posed in this module by filling in the appropriate letter in the boxes below and return it IMMEDIATELY in the stamped addressed envelope provided.

<u>QUESTION</u>	<u>ANSWER</u>
1	
2	
2 (a)	
2 (b)	
3	
3 (a)	
3 (b)	
4	
5	
6	
7	
8 (a)	
8 (b)	

← Insert A, B, C, D or E.

(BLOCK CAPITALS)

NAME

ADDRESS

.....

..... POSTCODE

SIGNED DATE

FEEDBACK

YOU WERE ASKED	COMMENTS
1. The reading session in Scene 1 could have been more interesting if the teacher had	
A. read the story herself. Your choice	We disagree with you that in Scene 1 it could have been more interesting if the teacher had read the story herself. It certainly would have been interesting for the teacher concerned! However, this is neither the idea nor the intention of the exercise, is it? Unfortunately, very often it happens in the class, when the teacher reads aloud and then follows it up with comprehension questions, which can be very boring.
B. called on the better pupils to read.	This would only be interesting for those better pupils in the class. What about the rest? What chance do they get? In a mixed ability class the teacher has to ensure that as far as possible every pupil is helped and encouraged, not just the few better pupils.
C. prepared the class by writing the more difficult words on the chalkboard and discussing the meaning and pronunciation and, wherever relevant and possible, embellishing with visuals. Our choice	We think that this was necessary and the teacher should have provided the relevant support for the exercise. Teachers could cooperate and share the task of collecting or preparing resource materials, so that no individual teacher is burdened with the responsibility, thus helping to make their lessons more interesting.
D. asked the class to do silent reading and then followed it up with oral comprehension.	This reading comprehension method could be used once all the pupils are more confident of working on their own. In the given situation, the class certainly needs more guidance and help before they can be expected to work independently.

YOU WERE ASKED	COMMENTS
1. The reading session in Scene 1 could have been more interesting if the teacher had	
A. read the story herself.	It would have been interesting for the teacher! However, very often this happens in the class when the teacher reads aloud and then follows it up with comprehension questions which can be very boring.
B. called on the better pupils to read.	Your choice- We do not agree with you here as it would only benefit the better pupils. What about the rest? What chance do they get? In a mixed ability class the teacher has to ensure that as far as possible, every pupil is helped and encouraged, not just the few better ones.
C. prepared the class by writing the more difficult words on the chalkboard and discussing the meaning and pronunciation and, wherever relevant and possible, embellishing with visuals.	Our choice We think that this was necessary and the teacher should have provided the relevant support for the exercise. Teachers could cooperate and share the task of collecting or preparing resource materials, so that no individual teacher is burdened with the responsibility, thus helping to make their lessons more interesting.
D. asked the class to do silent reading and then followed it up with oral comprehension.	This reading comprehension method could be used once all the pupils are more confident of working on their own. In the given situation, the class certainly needs more guidance and help before they can be expected to work independently.

YOU WERE ASKED	COMMENTS
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A. read the story herself,	It would have been interesting for the teacher! However, very often this happens in the class when the teacher reads aloud and then follows it up with comprehension questions which can be very boring.
B. called on the better pupils to read.	This would only be interesting for those better pupils in the class. What about the rest? What chance do they get? In a mixed ability class the teacher has to ensure that as far as possible every pupil is helped and encouraged, not just the few better pupils.
C. prepared the class by writing the more difficult words on the chalkboard and discussing the meanings and pronunciation, and whenever relevant and possible, embellishing with visuals.	Your choice Our choice Like you, we too think that this was necessary and the teacher should have provided the relevant support for the exercise. Teachers could cooperate and share the task of collecting or preparing resource materials, so that no individual teacher is burdened with the responsibility, thus helping to make their lessons more interesting.
D. asked the class to do silent reading and then followed it up with oral comprehension.	This reading comprehension method could be used once all the pupils are more confident of working on their own. In the given situation, the class certainly needs more guidance and help before they can be expected to work independently.

YOU WERE ASKED	COMMENTS	
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A. read the story herself.	It would have been interesting for the teacher! However, very often this happens in the class when the teacher reads aloud and then follows it up with comprehension questions which can be very boring.	
B. called on the better pupils to read.	This would only be interesting for those better pupils in the class. What about the rest? What chance do they get? In a mixed ability class the teacher has to ensure that as far as possible every pupil is helped and encouraged, not just the few better pupils.	
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D. asked the class to do silent reading and then followed it up with oral comprehension.	Your choice	We do not agree with your choice. In the given situation, the class needs guidance and help before they can be expected to work independently.

YOUR WERE ASKED	COMMENTS
2. In Scene 2 how could the teacher have made the story more relevant and interesting?	
A. By showing the pictures of the animals.	Your choice It may help to an extent if the book does not contain all the illustrations. However, there is a better solution, particularly because of the location of the school.
B. By making a reference to their local zoo and actually arranging a class visit to the zoo.	Our choice We think that in the given situation this is the best solution since the zoo is just three miles away from the school. The teacher could have related the story to the outside world around them and in addition to visuals, arranged a visit to the zoo. Learning becomes more meaningful and interesting in this way. However, it cannot be so for all learning experiences, but wherever possible, teachers should utilise the resources in the environment as well.
C. By asking the class to watch nature programmes on television.	No doubt this is making effective use of the television in one way, it is not always that good documentary and nature programmes are screened. However, it is useful for the teacher to inform the class of such useful television programmes to view or the teacher could record it and show it using the VCR.

YOUR WERE ASKED	COMMENTS
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A. By showing the pictures of the animals.	It may help to an extent if the book does not contain all the illustrations. However, there is a better solution, particularly because of the location of the school.
B. By making a reference to their local zoo and actually arranging a class visit to the zoo.	Your choice Our choice Yes, we too think that in the given situation this is the best solution since the zoo is just three miles away from the school. The teacher could have related the story to the outside world around them and in addition to visuals, arranged a visit to the zoo. Learning becomes more meaningful and interesting in this way. However, it cannot be so for all learning experiences, but wherever possible, teachers should utilise the resources in the environment as well.
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C. By asking the class to watch nature programmes on television.	Your choice No doubt this is making effective use of the television in one way, it is not always that good documentary and nature programmes are screened.

3(a)

YOU WERE ASKED	COMMENTS
3(a) Do you agree with the teacher's technique in Scene 3?	
A. Yes	We think not, and would say that it is a very poor teaching strategy.
B. No	We certainly agree, for a written exercise based on visuals would not be so meaningful without the visuals. Therefore, the teacher should have had the pictures with her for that lesson or some other piece of work could have been assigned for the day.

3(b)A

YOU WERE ASKED	COMMENTS
3(b) Since the topic was pineapple canning in a local factory, the class would have benefitted more if the teacher had followed up by	
A. making them describe the pictures used.	Your choice This is what the teacher did in the given situation. It certainly is one method but not necessarily the best. The teacher could use the biscuit factory in the vicinity to greater advantage.
B. taking them on a visit to the biscuit factory to show them the processes involved.	Our choice Since the biscuit factory happens to be in the vicinity and the pupils could walk to it, the teacher could provide a very useful experience by arranging a visit. The pupils could see the processes involved and then even compare biscuit-making to pineapple canning. Wherever possible, it would be advisable to utilise the resources available in the immediate environment. Therefore, in the given situation, this would be the best choice.
C. bringing to class a can of diced pineapple.	Apart from showing to the class what a can of diced pineapple looks like, it does not provide a learning experience.

3(b)B

YOU WERE ASKED	COMMENTS
3(b) Since the topic was pineapple canning in a local factory, the class would have benefitted more if the teacher had followed up by	
A. making them describe the pictures used.	This is what the teacher did in the given situation. It certainly is one method but not necessarily the best. The teacher could use the biscuit factory in the vicinity to greater advantage.
B. taking them on a visit to the biscuit factory to show them the processes involved. Our choice	Since the biscuit factory happens to be in the vicinity and the pupils could walk to it, the teacher could provide a very useful experience by arranging a visit. The pupils could see the processes involved and then even compare biscuit making to pineapple canning. Wherever possible, it would be advisable to utilise the resources available in the immediate environment. Therefore, like you, we too think that in the given situation this would be the best choice.
C. bringing to class a can of diced pineapple. Your choice	Apart from showing to the class what a can of diced pineapple looks like, it does not provide a learning experience.

3(b)C

YOU WERE ASKED	COMMENTS
3(b) Since the topic was pineapple canning in a local factory, the class would have benefitted more if the teacher had followed up by	
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C. bringing to class a can of diced pineapple.	Your choice Apart from showing to the class what a can of diced pineapple looks like, it does not provide a learning experience.

YOU WERE ASKED	COMMENTS
4. In Scene 4 Standard Six Yellow carried out a task in class. How else could the teacher have handled that lesson?	
A. In a similar fashion. Your choice	Well, the teacher did try her best, making the class write a letter and then actually getting it ready for posting. Since they have learnt to write letters, the teacher could have endeavoured to provide other forms of relevant experiences through group work. Therefore, we think that this is not the best solution in this case.
B. Taken the whole class out to post their letters.	It would be quite futile going to the post office just to post their letters. Unless the teacher has other reasons, a trip to the post office is unnecessary. It would be useful if the pupils have to register letters, post parcels or open a post office savings account. However, all these experiences can be provided in the classroom through role playing.
C. Planned the lesson such to provide more realistic experiences through role play. Our choice	We think this is what the teacher should have done. Through group work and role play, the class could have achieved much more. The teacher could have selected a number of tasks, for instance, registering a letter, posting a parcel and starting a post office savings account; provided the necessary materials or asked the pupils to bring their own and got them to work in groups. Each group could have then role played their task to the class. This way, the pupils would have covered more in class.

YOU WERE ASKED	COMMENTS
4. In Scene 4 Standard Six Yellow carried out a task in class. How else could the teacher have handled that lesson?	
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C. Planned the lesson such to provide more realistic experiences through role play.	<p>Your choice</p> <p>Our choice</p> <p>Like you, we too think this is what the teacher should have done. Through group work and role play, the class could have achieved much more. The teacher could have selected a number of tasks, for instance, registering a letter, posting a parcel and starting a post office savings account; provided the necessary materials or asked the pupils to bring their own and got them to work in groups. Each group could have then role played their task to the class. This way, the pupils would have covered more in class.</p>

YOU WERE ASKED	COMMENTS
5. The teacher in Scene 5 could have	
A. discussed further and provided visual and vocabulary support.	<p>Your choice We agree with you that the teacher should have discussed further and provided visual and vocabulary support. The teacher could have brought in a few samples and got the class to describe them. At the same time the teacher could have written the words and some sentence patterns on the chalkboard. The pupils could have been given a choice to either describe one of the samples used or to have written about something of their own choice.</p> <p>Our choice</p>
B. read out examples of work.	<p>Reading out examples of work does help but not necessarily the weaker pupils. What is more important is to provide practice for the whole class before they begin a new task.</p>
C. just left the pupils to carry on, on their own.	<p>This would not have helped to achieve the aim of the exercise. Pupils would have been more confused than confident of what to do and, except for a few, the rest would have had difficulties.</p>

YOU WERE ASKED	COMMENTS
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B. read out examples of work.	Your choice Reading out examples of work does help but not necessarily the weaker pupils. What is more important is to provide practice for the whole class before they begin a new task.
C. just left the pupils to carry on, on their own.	This would not have helped to achieve the aim of the exercise. Pupils would have been more confused than confident of what to do and, except for a few, the rest would have had difficulties.

YOU WERE ASKED	COMMENTS
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B. read out examples of work.	<p>Reading out examples of work does help but not necessarily the weaker pupils. What is more important is to provide practice for the whole class before they begin a new task.</p>
C. just left the pupils to carry on, on their own.	<p>Your choice</p> <p>This would not have helped to achieve the aim of the exercise. Pupils would have been more confused than confident of what to do and, except for a few, the rest would have had difficulties.</p>

TEACHER'S DIARY

5

How to Cope with Classroom Discipline

A Series of Classroom Management Challenges for English Language
Teachers in Malaysian Primary Schools

HOW TO USE THIS CHALLENGE

Each classroom management challenge for the English Language teacher consists of situations and is followed by a set of questions and a number of possible management decisions.

Read through the situations in the diary and proceed to attempt the set of questions that follow. You could then tick on your own copy the management decision of your choice from the possible management decisions suggested.

TO GET FEEDBACK

To obtain feedback on your choice of management decisions, please indicate your answers to the questions posed in this module by filling in the appropriate letter in the boxes provided on the reply form and return it immediately in the stamped addressed envelope enclosed.

Whichever management decision you chose you will receive a letter in which the authors will compare their answers to the questions with your own. You will also receive the next problem in the series with the feedback.

TO OBTAIN MORE INFORMATION

If you wish to contact me about any aspect of the modules, you can telephone and leave your name and telephone number to be contacted. The number to call is:

03 - 572433 or write to: Mrs. M. Dhamotharan
Faculty of Education
University of Malaya
59100 Kuala Lumpur.

WOULD YOU HELP US?

Please attempt each module within one week and return the reply form as soon as possible. This is to enable the completion of all the six modules in the series within a limited period of six weeks.

How to cope with classroom discipline ?

Background

Language lessons could be made interesting by using AVA meaningful to pupils. Where pupils cannot experience real situations then the outside world can be brought into the classrooms. More resources is the solution, in the absence of which teachers can innovate to provide richer experiences.

Scene 1 : Staffroom of a Primary School.

Mr. Lingam: I hear that you have been given 5E for this year. I must wish you good luck Lim.

Mr. Lim: What about 5E, that everyone seems to shrug? Since I have just been posted to this school, do tell me about this class that I have been given.

Encik Selamat: That is why you have got 5E this year, because you just arrived and wait till you go into that wretched class!

Mr. Lingam: Selamat knows you see, he had 5E when they were 4E, last year, and oh boy! he almost went crazy.

Mr. Lee: Why?

Encik Selamat: In short, that is not a class, they are a bunch of rowdies, stupid and lazy and furthermore little thugs in the making. Let us change the subject now, I don't want to put you off before you have even started.

Mr. Lim: Oh no! Thank you for telling me, at least I can prepare myself to face the lot.

Encik Selamat: Don't let them bully you, those little monsters! A very firm hand right from the beginning and don't spare the blighters. Strict disciplining is what they need and don't ever give them any face or else you will have them climbing all over you. Right, let us go for some coffee and nasi lemak.

Mr. Lim: All right, let us, and as you were saying

(Mr. Lee tries to find out as much as possible about 5E, a class 'written off' by most teachers in that school. He feels that, since it is the voice of experience advising him, he had better listen carefully and arm himself to handle the situation).

Scene 2 :

5E: An English Lesson

Mr. Lim walks briskly into the class, leaves his things on the teacher's table and returns to the centre in front of the class.

As it is expected of the class pupils to rise and wish the teacher, Mr. Lim is quite astonished to find only half standing, some rather lazily dragging themselves up and a few still sitting.

Class Monitor: (Sergeant-like) Class stand!
Good morning teacher!

Class: (Repeat in chorus after the monitor). Good morning Teacher!
(Mr. Lim observes that, those who were sitting had only half risen and two were still sitting).

Mr. Lee: Will all of you stand up? Now, good morning class.

Class: (chorus) Good morning Teacher.

Teacher: Sit down now and take out your textbooks.
(Mr. Lim heaves a sigh of relief and thinks to himself, 'well so far so good'. He then spots a book flying across the room and immediately responds).
What is happening? Who threw that book? Come on now, I want to know who threw that book?
(There is a hush and everyone looks down).
Was it you, you behind there?

The voice from behind: No teacher.

Teacher: Do you know who threw it then?

Voice: No teacher.

Teacher: I am going to wait till the one who did it owns up.
(There is silence and nobody stirs).
All right then, I am going to keep this book locked up in my drawer and when you are ready to own up, whoever it is, can come to me before the lesson begins in class tomorrow.
I do not want to see it happen again.
Turn to page 5 and let us do that exercise in class.
I only asked you to turn to page 5 and nobody gave you* permission to talk. Will you stop that, you two behind there?

Pupil A: He teacher, he very bad one, take my book.

Teacher: Where is your book? Stand up when I talk to you.

Pupil B: (Drags himself up and looks at Mr. Lim defiantly).
Not bring.

Teacher: 'Not bring', what do you mean by 'not bring'? Why did you not bring your book?

Pupil B: Forget.

Teacher: Go over to the next class and tell Cik Leela that Mr. Lim sent you to borrow a copy of the English textbook and that it will be returned after this lesson. Quickly, go now.
(Pupil B goes out of the classroom. After ten minutes Pupil B does not return. Mr. Lim halts the lesson and asks).
Where is he? Why is he taking so long?

Pupil C: Ali like that one teacher, he never come back, he go to canteen.

Teacher: I want you to continue with the exercise on your own and I do not want to hear any noise. Monitor, make sure that no one talks.

Monitor: Yes teacher.

(The teacher quickly slips out of the class and heads for the canteen).

Teacher: What are you doing here? Why are you not back in the class? Where is the book?

Pupil B (Ali): No book

Teacher: Get back to the class at once.

(Back in the class there is pandemonium)

Teacher: Keep quiet! Get back to your places you three over there. (Looking in the direction of Ali who has returned to his seat). You can sit there for the rest of the period and do nothing if you like. Now, where did we stop?.....

Scene 3 : 5E English lesson in progress

Teacher: Will you stop talking and listen! We are going to play a game now and here is what you have to do.

(The moment Mr. Lim mentioned 'we are going to play a game', there is an uproar of excitement in the class and once again everyone is talking)

Teacher: Class do you understand English? Keep quiet! How many times have I to warn you that you are making too much noise. You are the only class which makes the most noise. If you continue in this manner I am going to get the discipline master.

(The class quieten down and appear to listen.)

Now, as I was saying, we are going to play a word game.....

Voice: (Suddenly shouts) What game?

(There are giggles and titters).

Teacher: Who was it that so rudely interrupted what I was saying? Stand up, or I will not get the discipline master this time, but the Headmaster!

(There is pin-drop silence for a second and again the noisy chatter begins. Mr. Lim is by now very annoyed and is fighting hard to maintain his cool).

Who was it that shouted? All right class, you lot are simply impossible! I am going to wait for the culprit to own up, otherwise I am not going to continue with the lesson.

(There is some chatter at the back of the class).

Why can't you keep quiet for even a short while? You lot are shameless and impossible!

Kai Seng: He shout teacher. (Points to Rahim).

Teacher: Stand up Rahim. Don't you have any manners? Do not sit down until I tell you to do so, do you understand?

(Rahim merely nods).

(The teacher then carries on with the lesson, very often interrupting to maintain silence and order).

Scene 4: 5E

Teacher: Take back your exercise books and do exercise 5 on page 14.
I want to see Ali, Rahim, Ramu, Chee Seng and Anwar.
(The pupils slowly come up to the teacher's table).
Why is it that you five do not do any written work?
Ali, you tell me first.

Ali: Don know.

Teacher: Ramu

Ramu: Hard.

Teacher: Rahim

Rahim: (Does not talk and has his head cast downwards).

Teacher: You, Chee Seng?

Chee Seng: No time

Teacher: Oh! is that so? You Anwar?

Anwar: Don like.

Teacher: Right then, take your blank exercise books and follow me,
you are going to see the Headmaster.

Monitor, make sure that the rest do their work silently
until I return.

Scene 5

Mr. Lim enters Standard 5E looking very stern and annoyed.

Teacher: Good morning class.

Class in semi-chorus: Good morning Teacher.

Teacher: What is the matter with you this morning? Stand up all of you and say it again, this time, all together.

(The class repeat the greeting).

Sit down and take out your Readers.

(Mr. Lim now spots some movement and he sees Ali moving up to Rahim, Anwar moving back to share with Ramu and Chee Seng walking around).

Teacher: What are you doing Chee Seng?

Chee Seng: No book teacher, share, share can ah?

Teacher: No, you are not going to share with anybody. Stand outside the class.

What about you, Ali and Anwar?

Ali and Anwar: (Reply together) Want to share.

Teacher: Where are your books?

Ali and Anwar: (Again reply together) Forget bring, sorry-lah teacher.

Teacher: Just get out of the class the two of you! You can join your friend, Chee Seng.

(The teacher now continues with the lesson. Suddenly he hears voices outside. Stops the lessons and goes out to investigate. He catches the three having a little chit-chat session, outside the classroom). How dare you! I did not send you out to talk. Get back in and remain standing in front of the class for the rest of the period.

1. From Scene 1 you gather that Mr. Lim has only recently arrived in that school. If you were posted to a new school, what would you do if you found yourself in a similar staff room situation as Mr. Lim?
 - A. Try and find out all you can about the class you have been given from your peers.
 - B. Be non-committal and wait till you find out for yourself without any preconceived notions.
 - C. Avoid the conversation altogether.

2. Judging from Mr. Lim's attitude in Scene 1, would you say that it had an effect on his approach towards Standard 5E afterwards?

A. Yes

B. No

C. Not sure

3. How would you describe Mr. Lim's approach towards 5E in Scene 2?
- A. Unfriendly for a new teacher
 - B. Appropriate as he was already warned to be careful.
 - C. Cautious and alert for fear of losing class control.
 - D. Detached and business-like.
 - E. Ineffective.

4. In Scene 2 when Ali did not return with the book, Mr. Lim took a certain course of action. He should have also

A. talked to Ali privately after the lesson

B sent Ali off to see the Discipline Master

C. made Ali write lines in the class

D. reprimanded Ali in the canteen itself.

5. In Scene 3 Mr. Lim admonishes the class and Rahim. He could have...
- A. identified the troublemakers and talked to them individually in private.
 - B. brought in the Discipline Master.
 - C. made them all stand and remain so for the whole period.
 - D. attempted to gain their co-operation and attention from the beginning.

6. In Scene 4 Mr. Lim takes Ali, Rahim, Ramu, Chee Seng and Anwar to see the Headmaster. What would you have done?
- A. The same as Mr. Lim.
 - B. Punish the five by making them remain in after school to do their work.
 - C. 'Write them off' and leave them to their own devices and ensure that they do not disturb the others who want to learn.
 - D. Find out their individual problems and help them.

7. In Scene 5 Mr. Lim reacts angrily to the situation. He could have ...
- A. carried on with the lesson and then asked the three pupils to see him.
 - B. just made them stand up for the whole period.
 - C. made them write lines.

8(a). Judging from Mr. Lim's attitude towards 5E and his methods of handling the classroom situations you could summatively say that he has decided to adopt _____ approach.

A. a permissive

B. an authoritarian

C. an apathetic

D. a tyrannical

8(b) In this case then, has Mr. Lim achieved in handling the discipline problems of .5E?

A. Yes

B. No

C. Not sure

REPLY FORM

To obtain feedback on your choice of management decisions, please indicate your answers to the questions posed in this module by filling in the appropriate letter in the boxes below and return it IMMEDIATELY in the stamped addressed envelope provided.

<u>QUESTION</u>	<u>ANSWER</u>
1	
2	
2(a)	
2(b)	
3	
3(a)	
3(b)	
4	
5	
6	
7	
8(a)	
8(b)	

← Insert A, B, C, D or E.

(BLOCK CAPITALS)

NAME

ADDRESS

.....

..... POSTCODE

SIGNED DATE

FEEDBACK

YOU WERE ASKED	COMMENTS
<p>1. From Scene 1 you gather that Mr. Lim has only recently arrived in that school. If you were posted to a new school what would you do if you found yourself in a similar staff room situation as Mr. Lim?</p>	
<p>A. Try and find out all you can from your peers about the class you have been given.</p>	<p>Your choice This is exactly what Mr. Lim did in the given situation. However, it would be better to wait until you get to know the class without any preconceived notions.</p>
<p>P. Be non-committal and wait till you find out for yourself without any preconceived notions.</p>	<p>Our choice We feel that this is the best solution. Even if peers only intend to help, it is always better to be non-committal until you establish a rapport with your class.</p>
<p>C. Avoid the conversation all together.</p>	<p>This is not going to help in any way. Your peers might even mistake you as being anti-social and there is no use preaching against it either; just listen, after all, it does not cost you anything.</p>

YOU WERE ASKED	COMMENTS
<p>1. From Scene 1 you gather that Mr. Lim has only recently arrived in that school. If you were posted to a new school what would you do if you found yourself in a similar staff room situation as Mr. Lim?</p>	
<p>A. Try and find out all you can from your peers about the class you have been given.</p>	<p>This is exactly what Mr. Lim did in the given situation. However, it would be better to wait until you get to know the class without any preconceived notions.</p>
<p>B. Be non-committal and wait till you find out for yourself without any preconceived notions.</p>	<p>Your choice Our choice Like you, we too feel that this is the best solution. Even if peers only intend to help, it is always better to be non-committal until you establish a rapport with your class.</p>
<p>C. Avoid the conversation all together.</p>	<p>This is not going to help in any way. Your peers might even mistake you as being anti-social and there is no use preaching against it either; just listen, after all, it does not cost you anything.</p>

YOU WERE ASKED	COMMENTS
<p>1. From Scene 1 you gather that Mr. Lim has only recently arrived in that school. If you were posted to a new school what would you do if you found yourself in a similar staff room situation as Mr. Lim?</p>	
<p>A. Try and find out all you can from your peers about the class you have been given.</p>	<p>This is exactly what Mr. Lim did in the given situation. However, it would be better to wait until you get to know the class without any preconceived notions.</p>
<p>B. Be non-committal and wait till you find out for yourself without any preconceived notions.</p>	<p>Our choice We feel that this is the best solution. Even if peers only intend to help, it is always better to be non-committal until you establish a rapport with your class.</p>
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YOU WERE ASKED	COMMENTS
2. Judging from Mr. Lim's attitude in Scene 1, would you say that it had an effect on his approach towards Standard 5E afterwards?	
A. Yes	Our choice
	We certainly think it had a tremendous effect on Mr. Lim's approach towards Standard 5E.
B. No	It is quite evident from Scene 1 that Mr. Lim is very anxious and his attitude to the class afterwards only confirms his attempts at trying to instil discipline via the hard line approach.

YOU WERE ASKED	COMMENTS
3. How would you describe Mr. Lim's approach towards 5E in Scene 2?	
A. Unfriendly for a new teacher. Your choice	Mr. Lim was unfriendly for a new teacher. He could have introduced himself and loosened up a little and got to know the class at their first meeting.
B. Appropriate as he was already warned to be careful.	We would say that Mr. Lim was certainly not being appropriate; in fact he had allowed the fore-warnings to get the better of him.
C. Cautious and alert for fear of losing class control. Our choice	We think that Mr. Lim was being cautious and alert for fear of losing class control. In his anxiety to maintain discipline, he was acting more on his pre-conceived notions rather than handling the problems as they arose.
D. Detached and business-like.	He was to a great extent rather detached and business-like which in turn made him unfriendly for a new teacher.

YOU WERE ASKED	COMMENTS
3. How would you describe Mr. Lim's approach towards 5E in Scene 2?	
A. Unfriendly for a new teacher.	Mr. Lim was unfriendly for a new teacher. He could have introduced himself and loosened up a little and got to know the class at their first meeting.
B. Appropriate as he was already warned to be careful. Your choice	We would say that Mr. Lim was certainly not being appropriate; in fact he had allowed the fore-warnings to get the better of him.
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B. Appropriate as he was already warned to be careful.	We would say that Mr. Lim was certainly not being appropriate; in fact he had allowed the fore-warnings to get the better of him.	
C. Cautious and alert for fear of losing class control.	Your choice Our choice	We certainly agree with you here that Mr. Lim was being cautious and alert for fear of losing class control. In his anxiety to maintain discipline, he was acting more on his preconceived notions rather than handling the problems as they arose.
D. Detached and business-like.	He was to a great extent rather detached and business-like which in turn made him unfriendly for a new teacher.	

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YOU WERE ASKED	COMMENTS
4. In Scene 2 when Ali did not return with the book Mr. Lim took a certain course of action. He should have also	
A. talked to Ali privately after the lesson.	<p>Your choice We too think that Mr. Lim should have talked to Ali privately after the lesson. He could have in this way slowly got to the bottom of the problem rather than through more direct confrontation.</p> <p>Our choice</p>
B. sent Ali off to see the Discipline Master.	Mr. Lim would not have solved the problem by bringing in the Discipline Master; he would only further alienate Ali.
C. made Ali write lines in the class.	We are of the opinion that this is a rather meaningless form of punishment for any misdemeanour in the class.
D. reprimanded Ali in the canteen itself.	If Mr. Lim had resorted to this form of action it would not have helped the situation either. Ali would have felt more humiliated and small as there would have been an audience in the canteen and he could have become defiant.

YOU WERE ASKED	COMMENTS
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A. talked to Ali privately after the lesson.	Our choice We think that Mr. Lim should have talked to Ali privately after the lesson. He could have in this way slowly got to the bottom of the problem rather than through more direct confrontation.
B. sent Ali off to see the Discipline Master.	Your choice. Mr. Lim would not have solved the problem by bringing in the Discipline Master; he would only further alienate Ali.
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YOU WERE ASKED	COMMENTS
5. In Scene 3 Mr. Lim admonishes the class and Rahim. He could have	
A. identified the trouble- makers and talked to them individually in private. Your choice	This would be something that Mr. Lim could do after the lesson. However, in this particular instance it was more necessary for him to have their attention.
B. brought in the Discipline Master.	It was not going to help either as the class would probably be quiet for the period that the Discipline Master was talking to them and again give the same trouble to Mr. Lim. He cannot all the time seek the assistance of someone else.
C. made them all stand and remain so for the whole period.	Punishment of this sort might only help them to resent Mr. Lim more. Mr. Lim has to strike a rapport and get the class to co-operate.
. attempted to gain their co-operation and attention from the beginning. Our choice	We feel that Mr. Lim should have attempted to gain their co-operation and attention from the very start. He should have by now also assessed the type of activity that would help get them settled and started. Once Mr. Lim has gained their co-operation then he could gradually introduce activities like games and group work.

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YOU WERE ASKED	COMMENTS
6. In Scene 4 Mr. Lim takes Ali, Rahim, Ramu, Chee Seng and Anwar to see the Headmaster. What would you have done?	
A. The same as Mr. Lim. Your choice	Well, it would not have helped very much as the Headmaster would probably reprimand them and threaten to inform their parents if it was repeated.
B. Punish the five by making them remain in after school to do their work.	If they have not done any written work, then something must be basically wrong. Instead of taking punitive steps immediately, it would be more important to establish the reasons for their attitude and to try and take the necessary steps.
C. 'Write them off' and leave them to their own devices and ensure that they do not disturb the others who want to learn.	They could probably be victims of such an attitude on the part of their previous teachers. Therefore, this is surely not the solution to their problem.
D. Find out their individual problems and help them.	Our choice
	We say that the teacher should find out from them individually and then set about seeking ways of helping them. Basically, the pupils have difficulty and their reactions could merely be a defence mechanism.

YOU WERE ASKED	COMMENTS
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D. Find out their individual problems and help them.	<p>Your choice</p> <p>Our choice</p> <p>We too feel that the teacher should find out from them individually and then set about seeking ways of helping them. Basically, the pupils have difficulty and their reaction could merely be a defence mechanism.</p>

YOU WERE ASKED	COMMENTS
7. In Scene 5 Mr. Lim reacts angrily to the situation. He could have	
A. carried on with the lesson and then asked the three pupils to see him.	<p>Your choice We too feel that this would have been the best thing for Mr. Lim to have done in the given situation. He could have allowed the pupils to share that time and seen them after the lesson to warn them not to repeat. Even difficult pupils respond to concern and the fact that they are treated as individuals.</p> <p>Our choice</p>
E. just made them stand up for the whole period.	<p>It would have been to no avail. The pupils would not have gained anything from the lesson and would only be falling further behind the rest of the class.</p>
C. made them write lines.	<p>This sort of punishment does not do much to help solve the problem. It is more just a waste of pupil time.</p>

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A. carried on with the lesson and then asked the three pupils to see him.	Our choice This would have been the best thing for Mr. Lim to have done in the given situation. He could have allowed the pupils to share that time and seen them after the lesson to warn them not to repeat. Even difficult pupils respond to concern and the fact that they are treated as individuals.
B. just made them stand up for the whole period.	Your choice It would have been to no avail. The pupils would not have gained anything from the lesson and would only be falling further behind the rest of the class.
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8(a)A

YOU WERE ASKED	COMMENTS
8(a) Judging from Mr. Lim's attitude towards 5E and his methods of handling the classroom situations, you could summatively say that he has decided to adopt _____ approach.	
A. a permissive	Your choice We would say that he has gone in for a more hardline approach.
B. an authoritarian	Our choice We think that Mr. Lim has certainly adopted an authoritarian approach.
C. an apathetic	We do not think that Mr. Lim is being apathetic, he is very concerned but too anxious to impose discipline on the class.
D. a tyrannical	He is not a tyrant in this case.

8(a)B

YOU WERE ASKED	COMMENTS
8(a) Judging from Mr. Lim's attitude towards 5E and his methods of handling the classroom situations, you could summatively say that he has decided to adopt _____ approach.	
A. a permissive	We would say that he has gone in for a more hardline approach.
B. an authoritarian	Your choice Our choice
C. an apathetic	We do not think that Mr. Lim is being apathetic, he is very concerned but too anxious to impose discipline on the class.
D. a tyrannical	He is not a tyrant in this case.

8(a)c

YOU WERE ASKED	COMMENTS
8(a) Judging from Mr. Lim's attitude towards 5E and his methods of handling the classroom situations, you could summatively say that he has decided to adopt _____ approach.	
A. a permissive	We would say that he has gone in for a more hardline approach.
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C. an apathetic Your choice	We do not think that Mr. Lim is being apathetic, he is very concerned but too anxious to impose discipline on the class.
D. a tyrannical	He is not a tyrant in this case.

8(a)D

YOU WERE ASKED	COMMENTS
8(a) Judging from Mr. Lim's attitude towards 5E and his methods of handling the classroom situations, you could summatively say that he has decided to adopt _____ approach.	
A. a permissive	We would say that he has gone in for a more hardline approach.
B. an authoritarian	<i>Our choice</i>
—	<i>We think that Mr. Lim has certainly adopted an authoritarian approach.</i>
C. an apathetic	We do not think that Mr. Lim is being apathetic, he is very concerned but too anxious to impose discipline on the class.
D. a tyrannical	<i>Your choice</i>
	He is not a tyrant in this case.

8(b)

YOU WERE ASKED	COMMENTS
8(b) In this case then, has Mr. Lim achieved in handling the discipline problems of 5E?	
A. Yes	Mr. Lim has not been successful. He has failed to understand the class and paid more attention to being an unsuccessful disciplinarian.
B. No	Our choice
	We certainly think that Mr. Lim has failed to handle the discipline problems of 5E.

TEACHER'S DIARY

6

Each to His Own Needs: How to Help Every Child Learn Language

**A Series of Classroom Management Challenges for English Language
Teachers in Malaysian Primary Schools**

HOW TO USE THIS CHALLENGE

Each classroom management challenge for the English Language teacher consists of situations and is followed by a set of questions and a number of possible management decisions.

Read through the situations in the diary and proceed to attempt the set of questions that follow. You could then tick on your own copy the management decision of your choice from the possible management decisions suggested.

TO GET FEEDBACK

To obtain feedback on your choice of management decisions, please indicate your answers to the questions posed in this module by filling in the appropriate letter in the boxes provided on the reply form and return it immediately in the stamped addressed envelope enclosed.

Whichever management decision you chose you will receive a letter in which the authors will compare their answers to the questions with your own. You will also receive the next problem in the series with the feedback.

TO OBTAIN MORE INFORMATION

If you wish to contact me about any aspect of the modules, you can telephone and leave your name and telephone number to be contacted. The number to call is:

03 - 572433 or write to: Mrs. M. Dhamotharan
Faculty of Education
University of Malaya
59100 Kuala Lumpur.

WOULD YOU HELP US?

Please attempt each module within one week and return the reply form as soon as possible. This is to enable the completion of all the six modules in the series within a limited period of six weeks.

Each to his own needs:how to help every child
learn language

Background

Language lessons could be made interesting by using AVA meaningful to pupils. Where pupils cannot experience real situations then the outside world can be brought into the classrooms. More resources is the solution, in the absence of which teachers can innovate to provide richer experiences.

Class: Standard Five Yellow
Present: 35
Absent: 5
Day: Monday
Lesson: English
Time: 8.20 a.m. - 9.00 a.m.

Teacher: Good morning class.

Class in chorus: (Sing song tone) Good morning teacher.

Teacher: Why are so many absent today?

The class reply together, 'don't know teacher'; and someone shouts out 'sick teacher'.

Teacher: Well, before we read about Ramlah's house in the kampong, who wants to describe his or her house to the class? Hands up please. Yes Ling Ling, you first then.

Ling Ling: Teacher, my house in Jalan Masjid. It not very big, not very small. It make wood one and got up and down.

Teacher: Ling Ling, do you mean upstairs and downstairs?

Ling Ling: Yes teacher, upstairs also got, downstairs also got, two got. My house got garden also. I like my house very much.

Teacher: Yes Ling Ling that was a good attempt but you do not say

(The teacher corrects Ling Ling's errors and tells her not to make those errors again).

Ling Ling: Yes teacher.

Teacher: ·Sit down Ling Ling, who wants to try next?

(Nobody volunteers this time and after a short pause the teacher calls on Rosy).

Class: Standard Five Yellow
Present: 40
Absent: -
Day: Tuesday
Lesson: English
Time: 8.20 a.m. - 9.00 a.m.

Teacher: (Passing out exercise books)
Just look at the rubbish that some of you have written for me. I want all of you who have corrections to do to begin now and after that, do the exercise on page 23 of your Workbooks. There are many of you in whose exercise books I have written 'See me'; now will all the 'see me' people come up to the front one by one. Okay, you first Ramlee.

(The following is Ramlee's written work and the correction marks are those of the teacher).

My Friend

See me! | Friend I Karim. He I friend Kami suka main bola sepak. Karim tall
He I taller Like I bigger brother and I love very much. Karim best
friend best.

Teacher: Just look at your work Ramlee! I do not know what is it that you are trying to say? Why do you use Bahasa when you have to write in English? Rubbish! You have written just rubbish. Now let me read sentence by sentence.

(The teacher corrects sentence by sentence and instructs Ramlee to return to his seat and to rewrite it into his exercise book neatly, as corrections).

Teacher: Come on, who is next?

(This way the teacher does corrections with the 'see me' cases and rushes through before the bell rings for change of period).

Class: Standard Five Yellow

Present: 38

Absent: 2

Day: Wednesday

Lesson: English

Time: 8.20 a.m. - 9.00 a.m.

Teacher: Good morning class and today we are going to listen to some of your read out aloud to the whole class your letters. Some of the letters are very interesting and after you have listened to Appu, Su Leng and Karim, we will do the corrections in class. Appu, read your letter loudly and slowly to the class; come up here and face the class.

Appu: (Reads out his letter to the class).

To, My
Dearest uncle and ainty

2/4/86

How are you both over there? And we miss you both. And I got my result. I got 6A 1B 2C. I'm very sorry because I got 2 C. But eventhough I got two c but I got 6A. Well my studies are good isn't it. But till standard one to standard four my result are good. How is London over there. I hope you like it. I'm sorry because I forgot about ainty. "Hello" ainty. You now something I have a picture of you both. Auncle you are very handsome and ainty you are very pretty. I'm sorry if my handwriting not nice. My father has not stop smoking. And ainty are you the same or.....? I mean like are you gone thinner or fatter or the same. I think you have gone thinner, because its very cold there. But the food over there is very heavy. Ainty I think it very hard to find vegetarian food. I don't know because you are there not me you know I don't know. Well, I think thats enaught for today. Because next time I can write something if I write here all then I can't write there anymore. But love is love.

FROM: YOUR LOUEN6

2/4/86

To My Dearest Uncle and Aunty

How are you both over there? And we miss you both. And I got my result. I got 6A 1B 2C. I'm very sorry because I got 2C. But even though I got two C but I got 6A. Well my studies are good isn't it. But till standard one to standard four my result are good. How is London over there. I hope you like it. I'm sorry because I forgot about aunty. "Hello" aunty.

You now something I have a picture of you both. Ancler you are very handsome and aunty you are very pretty. Im sorry if my handwriting not nice. My father has not stop smokking. And aunty are you the same or....? I mean are you gone thinner or fatter or the same. I think you have gone thinner, because its very cold there. But the foods over there is very heavy. Aunty I think it very hard to find vegetarian food. I don know because you are there not me you know I don't know. Well, I think thats enaught for today. Because next time I can write something if I write here all then I can't write there anymore. But love is love.

From your lovenng

Teacher:

Now that you all have listened to your friends read their letters out to you, let us begin the corrections.

(She corrects the common errors and writes them on the chalkboard and then instructs them to do their own corrections while she walks round to give individual help).

Class: Standard Five Yellow
Present: 39
Absent: 1
Day: Thursday
Lesson: English
Time: 8.20 a.m. - 9.00 a.m.

Teacher: Class, it is story time now and you all wanted ghost stories. Well I hope that you have your stories ready and let us begin with Harjit. Harjit come up to the front of the class so that all can hear and see you.

Harjit: (Approaches very slowly and appears rather hesitant too).

Teacher: Come on Harjit, don't take all day.

Harjit: Teacher, my story not very nice one lah. I tak boleh cerita dalam Bahasa Inggeris-lah teacher.

Teacher: Try Harjit

Harjit: Little, little can tapi susah-lah! Night time come teacher and pontianak come out. Wahid walking in the kampong land and suddenly pontianak lompat on him and kill him. Like this way much people die one and oneday best bomoh come to kampong to kill pontianak. He kill pontianak and every people in the kampong happy one.

Teacher: It was a good attempt Harjit and not let us hear your story Susy.

Class: Standard Five Yellow
Present: 37
Absent: 3
Day: Friday
Lesson: English
Time: 8.20 a.m. - 9.00 a.m.

Teacher: We continue with our story time today and it is now Karim's turn to tell us a story.

Karim: This story best one teacher. I see television picture and very frighten one. This man ah, he can tukar one you know? One time he people than he jadi anjing liar. Like this, he kill so many people in night. Oneday, a Sains man come over from outside and he try to catch this killer man. He wait inside house and when he come in he got gun and shoot him die.

Teacher: Yes, now it is your turn.....

(This way the period ends).

1. At the end of the week you realize that you have pupils with varying degrees of difficulties in the language classroom.

Given the following categories, how would you rate the following pupils: Ramlee, Ling Ling, Appu, Harjit and Karim?

	Category	Name of Pupil/Pupils
A.	Irremediable	
B.	Very weak (remediable)	
C.	Weak	
D.	Fair	
E.	Good	

3. Ramlee, on the other hand, required more attention and it could be in the form of
- A. individualised instruction
 - B. more homework
 - C. constant reprimands about his poor performance in English
 - D. special group work for Ramlee and others with similar needs.

4. How can the pupils be helped to learn English?
- A. In a class of that size with one teacher
 - B. Through team teaching
 - C. With special or remedial instruction in small groups
 - D. Longer English periods.

REPLY FORM

To obtain feedback on your choice of management decisions, please indicate your answers to the questions posed in this module by filling in the appropriate letter in the boxes below and return it IMMEDIATELY in the stamped addressed envelope provided.

<u>QUESTION</u>	<u>ANSWER</u>
1	
2	
2(a)	
2(b)	
3	
3(a)	
3(b)	
4	
5	
6	
7	
8(a)	
8(b)	

← Insert A, B, C, D or E.

(BLOCK CAPITALS)

NAME

ADDRESS

.....

..... POSTCODE

SIGNED DATE

FEEDBACK

1

Category	Name of Pupil/Pupils
Irremediable	
Very weak (remediable)	Ramlee
Weak	Ling Ling, Harjit
Fair	Appu, Karim
Good	

Based on the classroom situations given, the five pupils fall within the 'very weak' but remediable to 'fair' categories.

Although Ramlee is very weak, he is redeemable.

Ling Ling and Harjit are weak, whereas Karim and Appu are more proficient.

The point here is that the performance and proficiency of the pupils vary, therefore, their needs are also different. Once it is recognised that there are pupils in the class with varying needs, the teacher can then plan the teaching strategies accordingly.

YOUR WERE ASKED	COMMENTS
2. Ling Ling could be helped by _____ on the part of the teacher.	
A. constant correction Your choice	We feel that just providing constant correction in the class is not sufficient for pupils who have similar difficulties. In the given situation, the teacher does provide correction. However, we feel it is not going to be effective as Ling Ling is not going to get enough practice nor follow-up.
B. providing the necessary vocabulary and sentence structures Our choice	We feel that this is the best solution, given a similar situation. The teacher can practise some sentence patterns with the class and also provide vocabulary on the chalkboard or in the form of pictures and flashcards. Weaker pupils tend to respond better with visual stimulation.
C. not calling on her to answer	We would say that this is not a solution and it could even make matters worse. Some pupils might recall not having answered in class not more than a number of times all through their school days.

YOUR WERE ASKED	COMMENTS
2. Ling Ling could be helped by _____ on the part of the teacher.	
A. constant correction	We feel that just providing constant correction in the class is not sufficient for pupils who have similar difficulties. In the given situation, the teacher does provide correction. However, we feel it is not going to be effective as Ling Ling is not going to get enough practice nor follow-up.
B. providing the necessary vocabulary and sentence	<p>Your choice</p> <p>Our choice</p> <p>Like you, we too feel that this is the best solution given a similar situation. The teacher can practise some sentence patterns with the class and also provide vocabulary on the chalkboard or in the form of pictures and flash-cards. Weaker pupils tend to respond better with visual stimulation.</p>
C. not calling on her to answer	We would say that this is not a solution and it could even make matters worse. Some pupils might recall not having answered in class not more than a number of times all through their school days.

YOUR WERE ASKED	COMMENTS
2. Ling Ling could be helped by _____ on the part of the teacher.	
A. constant correction	We feel that just providing constant correction in the class is not sufficient for pupils who have similar difficulties. In the given situation, the teacher does provide correction. However, we feel it is not going to be effective as Ling Ling is not going to get enough practice nor follow-up.
B. providing the necessary vocabulary and sentence structures	Our choice We feel that this is the best solution, given a similar situation. The teacher can practise some sentence patterns with the class and also provide vocabulary on the chalkboard or in the form of pictures and flashcards. Weaker pupils tend to respond better with visual stimulation.
C. not calling on her to answer	Your choice We would say that this is not a solution and it could even make matters worse. Some pupils might recall not having answered in class not more than a number of times all through their school days.

YOU WERE ASKED	COMMENTS
3. Ramlee, on the other hand, requires more attention and it could be in the form of	
A. individualised instruction.	Your choice Ideally, this could be the solution in the given case. However, you can give Ramlee and others with similar difficulties graded work to be completed at home. The graded work can be set by you, depending on their needs. Apart from this forming the written work, what is more immediate and necessary is tackling the problem in class as well. Therefore, we should think that this forms part of the solution only.
B. more homework.	Giving Ramlee more homework is not really going to help. The homework set for the rest may not be appropriate for Ramlee. Therefore, the teacher could assess Ramlee's needs and try to remedy that instead of loading him with homework which he might either not do or copy from his friends.
C. constant reprimands.	This might only help to alienate him further and create an instant dislike for English. What is required is not the constant reminder of his poor performance but more concrete help to improve his weaknesses.
D. special group work for Ramlee and others with similar needs.	Our choice We feel that this is a more realistic solution to the problem. The teacher has to spend time in the class working in small groups with pupils who have similar difficulties as Ramlee. Graded individualised instruction can be used as follow-up in such cases.

YOU WERE ASKED	COMMENTS
3. Ramlee, on the other hand, requires more attention and it could be in the form of	
A. individualised instruction.	Ideally, this could be the solution in the given case. However, you can give Ramlee and others with similar difficulties graded work to be completed at home. The graded work can be set by you, depending on their needs. Apart from this forming the written work, what is more immediate and necessary is tackling the problem in class as well. Therefore, we should think that this forms part of the solution only.
B. more homework.	Your choice
	Giving Ramlee more homework is not really going to help. The homework set for the rest may not be appropriate for Ramlee. Therefore, the teacher could assess Ramlee's needs and try to remedy that instead of loading him with homework which he might either not do or copy from his friends.
C. constant reprimands.	
	This might only help to alienate him further and create an instant dislike for English. What is required is not the constant reminder of his poor performance but more concrete help to improve his weaknesses.
D. special group work for Ramlee and others with similar needs.	Our choice
	We feel that this is a more realistic solution to the problem. The teacher has to spend time in the class working in small groups with pupils who have similar difficulties as Ramlee. Graded individualised instruction can be used as follow-up in such cases.

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A. individualised instruction.	Ideally, this could be the solution in the given case. However, you can give Ramlee and others with similar difficulties graded work to be completed at home. The graded work can be set by you, depending on their needs. Apart from this forming the written work, what is more immediate and necessary is tackling the problem in class as well. Therefore, we should think that this forms part of the solution only.
B. more homework.	Giving Ramlee more homework is not really going to help. The homework set for the rest may not be appropriate for Ramlee. Therefore, the teacher could assess Ramlee's needs and try to remedy that instead of loading him with homework which he might either not do or copy from his friends.
C. constant reprimands. Your choice	This might only help to alienate him further and create an instant dislike for English. What is required is not the constant reminder of his poor performance but more concrete help to improve his weaknesses.
D. special group work for Ramlee and others with similar needs.	Our choice We feel that this is a more realistic solution to the problem. The teacher has to spend time in the class working in small groups with pupils who have similar difficulties as Ramlee. Graded individualised instruction can be used as follow-up in such cases.

YOU WERE ASKED	COMMENTS
4. How can the pupils be helped to learn English?	
A. In a class of that size with one teacher.	Your choice This is not the solution as the class sizes are far too big for effective teaching and learning and particularly when the pupils are very weak in English. One teacher to 40 or 45 pupils makes the teacher's task almost impossible and the primary years are very important for a sound foundation in language acquisition.
B. Through team teaching.	Team or corporate teaching could be the ultimate solution. However, in the absence of team teaching, the teacher could try out group work.
C. With special or remedial instruction in small groups.	Our choice Under the present circumstances this could be a more immediate solution in our classrooms. Special or remedial instruction in small groups helps the pupils with their difficulties.
D. Longer English periods.	In this particular instance longer English periods may not really help. It is more urgent to recognise the problems and find appropriate teaching strategies to solve these. More English periods could be included in the timetable and eventually forty minute periods could be extended to an hour.

YOU WERE ASKED	COMMENTS
4. How can the pupils be helped to learn English?	
A. In a class of that size with one teacher.	This is not the solution as the class sizes are far too big for effective teaching and learning and particularly when the pupils are very weak in English. One teacher to 40 or 45 pupils makes the teacher's task almost impossible and the primary years are very important for a sound foundation in language acquisition.
B. Through team teaching. Your choice	Team or corporate teaching could be the ultimate solution. However, in the absence of team teaching, the teacher could try out group work.
C. With special or remedial instruction in small groups. Our choice	Under the present circumstances this could be a more immediate solution in our classrooms. Special or remedial instruction in small groups helps the pupils with their difficulties.
D. Longer English periods.	In this particular instance longer English periods may not really help. It is more urgent to recognise the problems and find appropriate teaching strategies to solve these. More English periods could be included in the timetable and eventually forty minute periods could be extended to an hour.

YOU WERE ASKED	COMMENTS
4. How can the pupils be helped to learn English?	
A. In a class of that size with one teacher.	This is not the solution as the class sizes are far too big for effective teaching and learning and particularly when the pupils are very weak in English. One teacher to 40 or 45 pupils makes the teacher's task almost impossible and the primary years are very important for a sound foundation in language acquisition.
B. Through team teaching.	Team or corporate teaching could be the ultimate solution. However, in the absence of team teaching, the teacher could try out group work.
C. With special or remedial instruction in small groups. Our choice	Under the present circumstances this could be a more immediate solution in our classrooms. Special or remedial instruction in small groups helps the pupils with their difficulties.
D. Longer English periods. Your choice	In this particular instance longer English periods may not really help. It is more urgent to recognise the problems and find appropriate teaching strategies to solve these. More English periods could be included in the timetable and eventually forty minute periods could be extended to an hour.

APPENDIX 2

Doctors' project materials



COLLEGE OF GENERAL PRACTITIONERS OF MALAYSIA

Room 6 & 7, 5th Floor, MMA House, 124, Jalan Pahang,
Kuala Lumpur 02-14, Malaysia. Tel: 985206

Your Ref:

July, 1987

Our Ref:

Date19.....

Dear Doctor,

Open Learning Systems for Continuing Education of Professionals in Malaysia.

Project: Doctor's Diary.

This is a distance learning continuing education programme for doctors in the community. A case is presented in terms of extracts from a doctor's diary. There are six cases in the Doctors' Project. Each case presents a different problem. The six patient management problems include:-

- * Management of an anaemic patient.
- * Management of a young diabetic patient.
- * Management of an osteoarthritic patient.
- * Management of a hypertensive patient.
- * Management of diabetes in an older patient.
- * Management of an asthmatic patient.

You are asked to rate various management decisions. You then go on to compare your decisions with that of an expert.

You get immediate feedback using the latent image processing pen that is provided. You have to return one feedback questionnaire in the stamped addressed envelope provided at the end of the series.

Participants

200 General Practitioners in Selangor and Wilayah Persekutuan.
100 General Practitioners in Kelantan.

Your address, among many others, was chosen in a random way from the list of members provided by the College of General Practitioners of Malaysia.

Media

Patient management problems.
Latent image printing to provide immediate feedback.
Distance learning.

- 2 -

I will be most grateful for your co-operation in this project about a very important part of continuing education for professional development. I should also like to take this opportunity to kindly request you to take great care of the one latent image processing pen provided for the completion of the six modules in the series.

If you wish to contact me about any aspect of the project, you can telephone and leave your name and telephone number to be contacted. The number to call is:

03-985206 or write to Mrs. M. Dhamotharan
c/o Dr. M.K. Rajakumar,
College of General Practitioners of
Malaysia,
5th Floor, MMA House,
124 Jalan Pahang,
53000 Kuala Lumpur.

Thank you for your help.

Yours sincerely,



Mrs. Mogana Dhamotharan
Lecturer
Faculty of Education
University of Malaya
59100 Kuala Lumpur.

DOCTOR'S DIARY

A SERIES OF PATIENT MANAGEMENT
CHALLENGES TO GENERAL PRACTITIONERS

1 MANAGEMENT OF AN ANAEMIC PATIENT

if YOU WANT TO COMPARE YOUR
MANAGEMENT WITH A
HOSPITAL DOCTOR

THIS CHALLENGE GIVES YOU
THE OPPORTUNITY

A SERIES OF PATIENT
MANAGEMENT CHALLENGES TO
GENERAL PRACTITIONERS FOR THE
CONTINUING EDUCATION OF
PROFESSIONALS IN MALAYSIA.

Friday 26th May

A 66 year old retired police officer comes in with complaint of shortness of breath on exertion and general malaise for the past six months. He says that his family and close friends are very concerned about his increasing paleness in recent weeks. He denies any symptoms of dyspepsia but admits that he has been off his food and may have lost some weight recently. There is no change in his bowel habit or bleeding per rectum.

He also complains of intermittent pains and swelling affecting both knees and has been taking aspirin regularly. Otherwise he has no other past medical history of significance. He is a life long heavy smoker and takes strong black coffee. He has alcohol on social occasions.

On examination you find him clinically anaemic. Otherwise, he appears well. His BP is 160/90 and he is not in cardiac failure. His abdomen feels soft with minimal epigastric tenderness but no masses are palpable.

You diagnose anaemia, probably secondary to occult gastrointestinal blood loss resulting from aspirin induced gastric erosions.

You ask him to stop taking aspirin and prescribe iron supplements. You also take blood to check his full blood count.

Tuesday 30th May

There is a telephone call from Mrs Rahman at 8 a.m. She asks for you and is told that you are on holiday and will only be back on Monday 5th June. She sounds desperate and says that she needs a doctor at once to call at her home for her husband has fainted at the breakfast table. He has revived slowly but is now extremely pale and too weak to move.

The receptionist contacts your locum at once and gives the details.

The locum arrives at Mr Rahman's residence at 8.45 a.m. He finds the retired police officer looking very pale and exhausted. Mr Rahman tries to stand up to greet the locum but slumps back into his chair, unsteady on his legs without support. He complains of severe abdominal pains and diarrhoea during the night making him utterly exhausted and faint by morning. "Maybe it is my wife's sambal chili padi", he jests softly. The Rahmans are fond of spicy chilly hot food.

The locum prescribes some anti-diarrhoea tablets and gives Mr Rahman an injection to ease the pain.

Monday 5th June

Another desperate telephone call from Mrs Rahman asking for you and is told that you are on emergency leave today and will be back tomorrow. Mrs Rahman says that her husband's condition has not improved. She is seriously considering getting the bomoh her friend has recommended. She adds that the particular bomoh is well reputed in the area and known to have cured many ailments. She is also worried about the cost of getting the bomoh to come and treat her husband and whether she should wait to consult you first.

She affirms that Mr Rahman is continuing his course of medication and makes an appointment for him to see you tomorrow.

Tuesday 6th June

Mr Rahman is your first patient. There is no improvement. You are now concerned that he is continuing to lose out. His recent full blood count showed a moderately severe anaemia with iron haemoglobin 8g/dl. You arrange for a Barium meal XR at the private XR Clinic.

Meanwhile he is to continue his previous prescription and to see you in a week's time for the XR report.

Tuesday 13th June

The Barium meal XR was reported as showing an acute ulcer on the lesser curve of the stomach. In view of the Barium meal findings, you prescribe Cimetidine and ask him to continue taking his iron.

Saturday 1st July

Mr Rahman is admitted as an emergency to the General Hospital with haematemesis and at laparotomy an inoperable carcinoma of stomach is found.

REMEMBER THE RATING!
 5 = MUST DO
 1 = MUST NOT DO

1. As well as stopping Aspirin on Friday 26th May, Dr. Dass could have advised strongly Mr. Rahman on each of the following. Grade your response on the 5 to 1 scale to indicate if you would have offered advice.

	Your Rating	Expert's Rating	Comment
(A) Diet			
(B) Smoking			
(C) Weight			
(D) Blood Pressure			

2. When Dr. Dass was on leave the locum attended to Mr. Rahman on Tuesday 30th May. Mrs. Rahman telephoned on Monday 5th June and complained of no improvement in Mr. Rahman's condition. She was seriously considering taking Mr. Rahman to see a bomoh recommended by her friend. How would you have managed the situation?

(A) Asked her to calm down and wait for Dr. Dass's return.			
(B) Explained to her what could have caused Mr. Rahman to faint and that she could have helped by giving him less spicy and chilly hot food until he got better.			
(C) Told her that everything was under control.			
(D) Told her not to see the bomoh and to have more faith in the medication.			

3. In view of Mr. Rahman's blood count which showed a moderately severe anaemia with iron haemoglobin 8g/dl, Dr. Dass arranged for a Barium meal XR and continued the iron supplements. How would you have managed the patient?

(A) As above			
(B) Sent the patient for specialist attention.			
(C) Increased the iron supplement.			
(D) Got him admitted in hospital for a blood transfusion.			

4. In view of the Barium meal findings Cimetidine was prescribed and Mr. Rahman had to continue taking his iron at home. What course of action would you have initiated at that point?

(A) Got him admitted.			
(B) Advised him on his diet.			
(C) Prescribed antacids.			
(D) Monitored him more closely.			

5. In the management of gastric ulcers in general, which of the following would you advise?

(A) Hospitalisation for bed rest being beneficial.			
(B) Diet.			
(C) Stop Smoking.			
(D) Ulcer healing rate of 50% on 8 weeks of Cimetidine possible.			

HOW TO USE THIS MODULE

Each patient challenge consists of background details about the patient and a number of possible management decisions. You have the opportunity to rate each of the listed management decisions on a 5-1 scale. You can then compare your rating of the listed management decisions with the ratings of the expert. Instant feedback is also given for each management decision.

READ THE DOCTOR'S DIARY PROBLEM AND PROCEED TO THE QUESTIONS. RATE THE MANAGEMENT DECISIONS ON THE FOLLOWING 5-1 SCALE:

- 5 = MUST DO
- 4 = SHOULD DO
- 3 = PERHAPS
- 2 = SHOULD NOT DO
- 1 = MUST NOT DO

TO GET INSTANT FEEDBACK

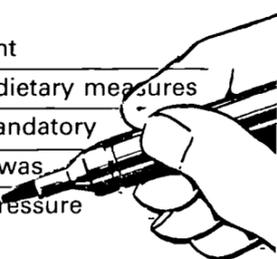
Directly opposite each choice is a 'comment' section. Here you can compare your own ratings with the expert's ratings and get some comments as well.

To see these items of information, simply colour over the area with the special pen and the information will appear.

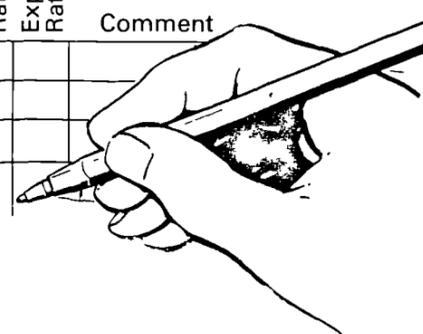
Here you can compare your own ratings with:

And you can read

Advice	Your Rating	Expert's Rating	Comment
Diet	4	5	Careful dietary measures
Smoking	4	5	As a mandatory
Weight	2	1	Weight was
Blood Pressure	2	1	Blood pressure



	Your Rating	Expert's Rating	Comment
Diet	4		
Smoking	4		
Weight	2		
Blood Pressure	2		



Each of the listed possibilities should be examined in turn and judged as an independent decision. You are not asked to put them in a rank order. You might, for example, wish to rate all the listed possibilities as '5'.

REMEMBER:

THE SPECIAL PEN PROVIDED IS TO BE USED AND KEPT CAREFULLY FOR THE OTHER MODULES IN THIS SERIES.

WOULD YOU HELP?

To be able to evaluate this series of problems, it would help if you would complete and return the feedback questionnaire in the reply-paid envelope at the end of the series.

Responsible for the development of this challenge were:

Mr W. R. DUNN — SENIOR LECTURER, DEPARTMENT OF EDUCATION, GLASGOW UNIVERSITY
 Dr. T. S. MURRAY — SENIOR LECTURER IN GENERAL PRACTICE, GLASGOW
 Dr. ABDUL AZIZ BABA — DEPARTMENT OF MEDICINE, HOSPITAL UNIVERSITI SAINS MALAYSIA
 Mrs M. DHAMOTHARAN — FACULTY OF EDUCATION, UNIVERSITY OF MALAYA, KUALA LUMPUR

Doctor's Diary 1 : Management of an Anaemic Patient

1. As well as stopping Aspirin on Friday 26th May, Dr. Dass could have advised strongly Mr. Rahman on each of the following. Grade your responses on the 5 to 1 scale to indicate if you would have offered advice.

	Your Rating	Expert's Rating	Comment
(A) Diet		5	Careful dietary measures required, for example, reduction of protein is mandatory.
(B) Smoking		5	As a mandatory health measure.
(C) Weight		1	Weight was not a problem in Mr. Rahman's case.
(D) Blood Pressure		1	Blood pressure was under control.

2. When Dr. Dass was on leave the locum attended to Mr. Rahman on Tuesday 30th May. Mrs. Rahman telephoned on Monday 5th June and complained of no improvement in Mr. Rahman's condition. She was seriously considering taking Mr. Rahman to see a bomoh recommended by her friend. How would you have managed the situation?

(A) Asked her to calm down and wait for Dr. Dass's return.		1	Was not going to help much as she was rather distraught and wanted action.
(B) Explained to her what could have caused Mr. Rahman to faint and that she could have helped by giving him less spicy and chilly hot food until he got better.		5	An informed relative/spouse could be more helpful.

- (C) Told her that everything was under control. 2 This may be an easy way out of explaining. It is better to state the facts and leave it at that.
- (D) Told her not to see the bomoh and to have more faith in the medication. 4 She could have been advised thus as her course of action could have only complicated matters further for the patient.
3. In view of Mr. Rahman's blood count which showed moderately severe anaemia with iron haemoglobin 8g/dl, Dr. Dass arranged for a Barium meal XR and continued the iron supplements. How would you have managed the patient?
- (A) As above. 5 It was appropriate to have arranged a Barium meal XR and continued the iron supplements.
- (B) Sent the patient for specialist attention. 3 Could have followed this course of action, however it was probably better to have done the Barium meal XR first.
- (C) Increased the iron supplement. 4 The iron supplements could have been increased at that stage.
- (D) Got him admitted in hospital for a blood transfusion. 1 This course of action was certainly not necessary in Mr. Rahman's case as the blood loss was not too serious that a blood transfusion was required.
4. In view of the Barium meal findings, Cimetidine was prescribed and Mr. Rahman had to continue taking his iron at home. What course of action would you have initiated at that point?
- (A) Got him admitted. 5 When the Barium meal XR was reported as showing an acute ulcer on the lesser curve of the stomach Mr. Rahman should have been admitted to hospital.

(B) Advised him on his diet.

4

Dietary measures were necessary in Mr. Rahman's case as well. Smoking had to be stopped. Alcohol had to go and chilly hot food had to be replaced.

(C) Prescribed antacids.

3

Could have been possible and would have been much cheaper depending on the case history of the patient.

(D) Monitored him more closely.

4

It was very necessary at that stage to have monitored Mr. Rahman's condition rather closely in case of any complications.

5. **In the management of gastric ulcers in general, which of the following would you advise?**

(A) Hospitalisation for bed rest being beneficial.

2

Patients with very severe gastric ulcers could be hospitalised for bed rest and observation where necessary.

(B) Diet

5

It has been said that a suitable diet should be mechanically and chemically non-irritating and should consist of small frequent meals.

(C) Stop Smoking.

5

Mandatory health measure as there is evidence that stopping smoking accelerates the healing of gastric ulcers.

(D) Ulcer healing rate of 50% on 8 weeks of Cimetidine possible.

2

80% on 8 weeks of Cimetidine is possible.

DOCTOR'S DIARY

**A SERIES OF PATIENT MANAGEMENT
CHALLENGES TO GENERAL PRACTITIONERS**

2 **MANAGEMENT OF A YOUNG DIABETIC PATIENT**

if **YOU WANT TO COMPARE YOUR
MANAGEMENT WITH A
HOSPITAL DOCTOR**

**THIS CHALLENGE GIVES YOU
THE OPPORTUNITY**

**A SERIES OF PATIENT
MANAGEMENT CHALLENGES TO
GENERAL PRACTITIONERS FOR THE
CONTINUING EDUCATION OF
PROFESSIONALS IN MALAYSIA.**

The First Visit

Name: Wendy Tan Mai Sung

Age: 24 years

Occupation: Clerk

Wendy consults you with complaints of lethargy and weight loss of two stones over the past three months. On further questioning, she admits to symptoms of thirst and passing large amounts of urine over the previous six weeks.

She is otherwise well with no significant past medical history. She smokes around twenty cigarettes a day and does not take alcohol. There is no family history of diabetes.

Physical examination apart from showing evidence of weight loss is unremarkable. She is not clinically dehydrated and her breath does not smell of ketones.

However, you suspect diabetes and perform urinalysis which shows 2+ glycosuria and 1+ ketones. You are now confident of the diagnosis of diabetes.

You prescribe an oral hypoglycaemic agent in the form of Glibenclamide and arrange for her to attend the Diabetic Clinic at the local general hospital in two weeks' time.

Three days later

Wendy is admitted to the General Hospital in a semi-comatose state. Examination and investigations reveal severe diabetic decompensation with marked dehydration and ketoacidosis. She improves with rehydration with intravenous fluids and intravenous insulin infusion.

Two weeks later

Wendy is eventually discharged on twice daily subcutaneous insulin.

Several months later

You get a telephone call from Wendy who complains of a bad attack of cold. She also says that she is feeling nauseous and has vomited several times. She wants your advice about her insulin dosage.

You tell her what to do and also ask her to call you back the following day to report on her condition.

REMEMBER THE RATING!

5 = MUST DO
 1 = MUST NOT DO

1. When Miss Wendy Tan consulted Dr. Majid on the first visit he diagnosed diabetes. What would you do in these circumstances? Grade the following possible courses of action.

	Your Rating	Expert's Rating	Comment
(A) A Blood Test			
(B) Refer her to the hospital to be admitted for observation.			
(C) Advise her on her diet.			
(D) Arrange for her to attend the Diabetic Clinic immediately.			

2. Three days later Miss Wendy Tan was admitted to the General Hospital in a semi-comatose state suffering from severe diabetic decompensation with marked dehydration and ketoacidosis. This could have been prevented had Dr. Majid

(A) referred her to the hospital for admission three days ago.			
(B) started her on Glibenclamide 20 mg. daily instead of 10 mg.			
(C) started her on insulin at the onset.			

3. Upon discharge who should have done the follow-up in Miss Wendy Tan's case?

(A) Hospital.			
(B) Own G.P.			
(C) No follow-up if diabetic condition was satisfactory.			

4. Several months later Dr. Majid received a telephone call from Miss Wendy Tan who complained about a cold and nausea and added that she had vomited a number of times. She wanted his advice about her insulin dosage.

(A) To reduce insulin intake if unable to eat or retain food.			
(B) To take carbohydrate rich fluids if unable to take solids.			
(C) To present herself to casualty for immediate admission.			
(D) To come to the surgery.			

5. You can confidently diagnose diabetes mellitus in:

(A) Presence of heavy glycosuria.			
(B) Dextrostix done at random showing a blood sugar of 10 mmol/l.			
(C) Fasting blood sugar of 11 mmol/l.			
(D) Symptoms of thirst with polyuria with strong family history of diabetes.			

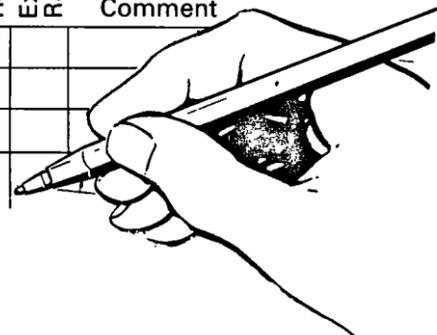
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- 4 = SHOULD DO
- 3 = PERHAPS
- 2 = SHOULD NOT DO
- 1 = MUST NOT DO

	Your Rating	Expert's Rating	Comment
Diet	4		
Smoking	4		
Weight	2		
Blood Pressure	2		



Each of the listed possibilities should be examined in turn and judged as an independent decision. You are not asked to put them in a rank order. You might, for example, wish to rate all the listed possibilities as '5'.

TO GET INSTANT FEEDBACK

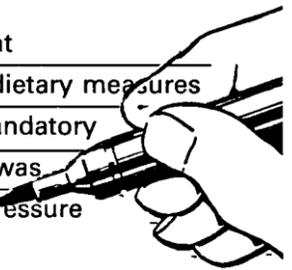
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Advice	Your Rating	Expert's Rating	Comment
Diet	4	5	Careful dietary measures
Smoking	4	5	As a mandatory
Weight	2	1	Weight was
Blood Pressure	2	1	Blood pressure



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Doctor's Diary 2 : Management of a Young Diabetic Patient

1. When Miss Wendy Tan consulted Dr. Majid on the first visit he diagnosed diabetes. What would you do in these circumstances? Grade the following possible courses of action.

	Your Rating	Expert's Rating	Comment
(A) A blood test.		5	In the individual case when the classical symptoms present, the diagnosis may then be confirmed by a random blood sugar greater than 13.9 mmol/l (250 mg/100 ml)
(B) Refer her to the hospital to be admitted for observation.		2	Hospitalisation for observation would be necessary when complications are suspected. Miss Wendy Tan's condition needed monitoring and could have been achieved by her GP without hospitalisation.
(C) Advise her on her diet.		5	Diet is mandatory in cases of diabetes.
(D) Arrange for her to attend the Diabetic Clinic immediately.		2	The Diabetic Clinic was not necessary at this stage because treatment just commenced.

2. Three days later Miss Wendy Tan was admitted to the General Hospital in a semi-comatose state suffering from severe diabetic decompensation with marked dehydration and ketoacidosis. This could have been prevented had Dr. Majid...

(A) referred her to the hospital for admission three days ago.

(B) started her on Glibenclamide 20 mg. daily instead of 10 mg.

(C) started her on insulin at the onset.

3. Upon discharge who should have done the follow-up in Miss Wendy Tan's case?

(A) Hospital

(B) Own G.P.

4 Hospitalisation would have certainly helped prevent at this stage Miss Wendy Tan's condition.

1 Oral hypoglycaemic agent in the form of Glibenclamide is usually prescribed for older patients. With the presence of ketones insulin becomes mandatory.

5 It is usually insulin in younger patients and certainly in Miss Wendy Tan's case.

2 Hospitals in general find it difficult to cope with the type of services required in follow-up cases, thus many hospitals arrange diabetic clinics.

5 The patient's own G.P. would be in the best position to provide the necessary follow-up in cases of diabetes.

(C) No follow-up if diabetic condition was satisfactory.

1

Diabetics should be seen at regular intervals for the remainder of their lives. The object of these visits is to check the degree of control and if necessary to make appropriate alterations in treatment and to watch for any complications.

4. Several months later Dr. Majid received a telephone call from Miss Wendy Tan who complained about a cold and nausea and added that she had vomited a number of times. She wanted his advice about her insulin dosage.

(A) To reduce insulin intake if unable to eat or retain food.

1

Insulin intake was not to be tampered with. The patient had to continue the insulin as before. If anything, insulin is increased at this time.

(B) To take carbohydrate rich fluids if unable to take solids.

5

Carbohydrate rich fluids, for example, unsweetened barley drink could be advised and insulin to be complied with as usual.

(C) To present herself to casualty for immediate admission.

2

Hospital admission was not necessary in Miss Wendy Tan's case.

(D) To come to the surgery.

2

In Miss Wendy Tan's case she was advised what to do and she had to present herself if her condition showed no improvement.

5. You can confidently diagnose diabetes mellitus in:

- | | | |
|--|---|---|
| (A) Presence of heavy glycosuria. | 4 | In the presence of both ketonuria and glycosuria, the diagnosis of diabetes is practically certain. |
| (B) Dextrostix done at random showing a blood sugar of 10 mmol/l. | 3 | It may not be a very reliable method of diagnosing diabetes as certain temporary diet imbalances might indicate a misleading diagnosis. |
| (C) Fasting blood sugar of 11 mmol/l. | 5 | It is a positive indication of diabetes mellitus. |
| (D) Symptoms of thirst with polyuria with strong family history of diabetes. | 4 | The symptoms of thirst, polyuria, nocturia, pruritis, vulvae or balanitis are symptoms in the presentation of diabetes. |

DOCTOR'S DIARY

A SERIES OF PATIENT MANAGEMENT
CHALLENGES TO GENERAL PRACTITIONERS

3 MANAGEMENT OF AN OSTEOARTHRITIC PATIENT

if YOU WANT TO COMPARE YOUR
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Friday 9th May

Mrs Samy, a 76 year old housewife consults you with complaints of multiple joint pains. She has had the pains for several years now.

On further questioning, the joints affected are the small joints of her hands especially over the distal interphalangeal joints, hips and knees. Although she has had the joint pains for several years, it is only during the past three months that she has been troubled with the joint pains in her hands affecting her ability to do household chores like washing and cleaning. The joint pains tend to be worse at the end of the day and there is no history of morning stiffness.

She says that six years ago she was diagnosed to have gastric ulcer and this was treated with a course of Cimetidine.

She has had no dyspepsia until recently when she started taking Aspirin for her joint pains. She has no other significant past medical history and apart from Aspirin, is not on any other medication.

On examination she is moderately overweight but otherwise appears well. Examination of her cardio respiratory and abdominal system are normal. Inspection of her hands reveals some swelling around the distal interphalangeal joints with tenderness on palpation. Some of the joints also appear slightly inflamed. Hip movements are full with slight pain at the extremes of movement. Her knees are slightly swollen with pain and crepitus on movement.

You diagnose primary osteoarthritis. Although there is evidence of some inflammation in her hands, you exclude rheumatoid arthritis, as mild inflammation can also occur in osteoarthritis.

In view of the history of recent dyspepsia and past history of peptic ulcer, you ask her to stop Aspirin and prescribe her Ibuprofen 200mg TID.

Friday 16th May

8.00 a.m.

You receive a telephone call from Mrs Samy's daughter, who says that her mother has been having severe joint pains all through the night and this morning there is marked swelling on her hands and knees. Mrs Samy had to be assisted to use the toilet and seems to be constipated as well.

You tell Mrs Samy's daughter that you will make a house call to see her mother at 10.30 a.m.

10.30 a.m.

You examine Mrs Samy and advise her to continue taking Ibuprofen 200mg TID as prescribed.

You also advise her to increase the roughage content in her diet by including more fresh fruits and vegetables. You prescribe a dose of hydrophilic colloid sufficient to ensure a normal bowel movement.

Tuesday 20th May

Mrs Samy returns complaining that she is not feeling any better and that she still gets dyspepsia.

You now change her prescription to Naproxen.

Tuesday 3rd June

Mrs Samy comes in for her routine check-up. She complains of pain in her knees, adding that she now finds it difficult to walk even short distances around the shopping complex for instance. She also has great difficulty trying to sit on the floor in her prayer room and needs to hold on to some support when she gets up.

You reassure her that she should take it easy and ask her to continue with Naproxen and to come back and see you in a month's time.

Thursday 3rd July

When Mrs Samy returns for her check-up you notice immediately that she appears to have put on weight.

She still complains of pain in her hands and knees.

On examination you confirm that she has put on weight and her knees appear slightly swollen.

You ask her to continue with Naproxen and to also watch her weight. You ask her to return for her check-up in a month's time.

REMEMBER THE RATING!
 5 = MUST DO
 1 = MUST NOT DO

1. As well as prescribing Ibuprofen 200 mg. TID, Dr. Lee should have at that stage . . .

	Your Rating	Expert's Rating	Comment
(A) advised her not to do heavy housework.			
(B) advised on diet and weight control.			
(C) arranged for an XR of her affected joints.			
(D) taken blood to check for her rheumatoid factor.			

2. When Mrs. Samy's daughter telephoned Dr. Lee about her mother's condition, Dr. Lee took certain courses of action. How would you have managed the patient?

(A) The same as Dr. Lee.			
(B) Listened and prescribed over the phone.			
(C) Advised Mrs. Samy's daughter to bring her mother to the Surgery.			

3. Dr. Lee changed Mrs. Samy's prescription to Naproxen when her complaints persisted. What course of action would you have initiated?

(A) The same as Dr. Lee.			
(B) Referred Mrs. Samy for specialist attention.			
(C) Doubled the dose of Ibuprofen to 400 mg TID.			
(D) Referred her to the hospital for hydrotherapy.			

4. How would you grade the importance of the following factors in Mrs. Samy's history suggestive that she was not suffering from rheumatoid arthritis?

(A) Absence of morning stiffness.			
(B) Distribution of joint pains.			
(C) Absence of constitutional symptoms.			
(D) Her age.			

5. On 3rd July Mrs. Samy was asked to watch her weight, continue with Naproxen and to come for monthly check-ups. How would you have managed the case?

(A) The same as above.			
(B) Arranged a Barium meal before prescribing Ibuprofen.			
(C) Used Indomethacin instead of Ibuprofen and Naproxen.			
(D) Referred her to the Specialist.			

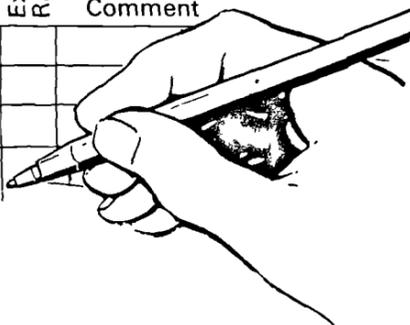
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- 2 = SHOULD NOT DO
- 1 = MUST NOT DO

	Your Rating	Expert's Rating	Comment
Diet	4		
Smoking	4		
Weight	2		
Blood Pressure	2		



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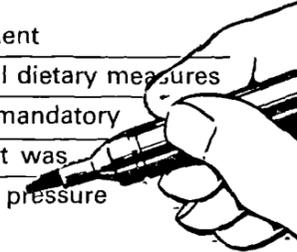
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Diet	4	5	Careful dietary measures
Smoking	4	5	As a mandatory
Weight	2	1	Weight was
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Doctor's Diary 3 : Management of an Osteoarthritic Patient

1. As well as prescribing Ibuprofen 200 mg. TID, Dr. Lee should have at that stage....

	Your Rating	Expert's Rating	Comment
(A) advised her not to do heavy housework.		4	The pathological changes in osteo-arthrosis are irreversible, but much may still be done to alleviate symptoms, especially in the early stages of the disease and if undue stresses and strains can be removed from the affected joints by a change of occupation or transfer to lighter work.
(B) advised on diet and weight control.		5	Weight loss is advisable in obese patients with osteoarthrosis.
(C) arranged for an XR of her affected joints.		3	Could be done especially in cases where complications are suspected.
(D) taken blood to check for her rheumatoid factor.		3	Could be done in cases where rheumatoid factor is feared. However, in Mrs. Samy's case it was unnecessary as her condition was diagnosed to be osteo-arthrosis.

2. When Mrs. Samy's daughter telephoned Dr. Lee about her mother's condition, Dr. Lee took certain courses of action. How would you have managed the patient?

(A) The same as Dr. Lee.

4

Under the given circumstances, it was best to make a house call to see the patient.

(B) Listened and prescribed over the phone.

2

This is something that general practitioners should not do in practice as inappropriate prescribing can result.

(C) Advised Mrs. Samy's daughter to bring her mother to the Surgery.

2

As Mrs. Samy was not very able to get around, it would have been inappropriate to have advised her to come to the Surgery.

3. Dr. Lee changed Mrs. Samy's prescription when the complaints persisted. What course of action would you have initiated?

(A) The same as Dr. Lee.

5

It was appropriate at that stage to change Mrs. Samy's prescription as Ibuprofen can be irritant to the gastrointestinal tract. Naproxen relieves pain, reduces inflammation and eases joint stiffness without causing gastric bleeding.

(B) Referred Mrs. Samy for specialist attention.

3

Could have been done considering her age but since her condition was under control, specialist attention was unnecessary.

(C) Doubled the dose of Ibuprofen to 400 mg. TID.

(D) Referred her to the hospital for hydrotherapy.

4. How would you grade the importance of the following factors in Mrs. Samy's history suggestive that she was not suffering from rheumatoid arthritis?

(A) Absence of morning stiffness.

(B) Distribution of joint pains.

2

There is a preference to begin with a propionic acid derivative if Aspirin is not tolerated. However, the side effects of Ibuprofen include occasional dyspepsia and GI haemorrhage.

3

Hydrotherapy is a useful palliative measure in the treatment of osteo-arthrosis.

4

Initially pain may be experienced only on movement of joints, but rest pain and especially early morning stiffness are characteristic features of all kinds of active inflammatory arthritis and Mrs. Samy reported no evidence of this.

5

In a typical case the small joints of the fingers and toes are the first to be affected. Swelling of the proximal, but not the distal interphalangeal joints gives the fingers a 'spindled' appearance. The disease spreads to involve the wrists, elbows and shoulders in the upper limbs, knees, ankles, subtalar and midtarsal joints in the feet. Hip joints in severe cases, neck pain and stiffness from cervical spine involvement is common.

DOCTOR'S DIARY

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4 MANAGEMENT OF DIABETES IN AN OLDER PATIENT

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Friday 5th December

Mrs Lingam, a 55 year old pensioner, consults you complaining of pruritis vulvae. She has had this for several months but was too embarrassed to see a doctor until she was persuaded to do so by her daughter. She has previously been well and denies any symptoms of excessive thirst or polyuria.

On examination she is moderately obese but otherwise appears well. Examination of her external genitalia shows no abnormality. You check her urine and find moderate amounts of glucose in her urine.

You tell her that she has sugar in the urine and that this is the cause of her pruritis.

You advise her to start a sugar free diet and ask her to see you in a couple of months' time.

Wednesday 8th April

Mrs Lingam returns four months later. This time she admits to symptoms of thirst and polyuria and that her pruritis is no better. Mrs Lingam also admits that she has not been altogether strict with her diet and to allay her thirst she has been drinking large amounts of sugar cane juice.

Urinalysis once again shows heavy glycosuria.

You start her on Glibenclamide and arrange for review in one month's time.

One month later

Mrs Lingam returns for review. She feels somewhat better but now complains of slight blurring of vision.

You test her visual acuity and find this to be normal. You also establish that her fundi are normal. You reassure her that her eyes are fine and ask her to continue with Glibenclamide and return for monthly reviews.

1. When Mrs. Lingam first consulted Dr. Ruby Nair on Friday, 5th December, she was advised to start a sugar free diet and return in a couple of months' time. What course of action would you have initiated?

	Your Rating	Expert's Rating	Comment
(A) The same as Dr. Ruby Nair.			
(B) Done a blood test.			
(C) Started her on Glibenclamide.			

2. Mrs. Lingam was advised to start a sugar free diet on Friday, 5th December. Dr. Ruby Nair could have taken additional courses of action at that stage. How would you grade the following courses of action?

(A) Suggested some diets to follow.			
(B) Explained about diabetes and the importance of closely controlling blood sugar.			
(C) Advised her of emergency procedures in diabetic care — when she or her family should contact you urgently.			

3. When Mrs. Lingam returned four months later Dr. Ruby Nair started her on Glibenclamide and arranged for review in one month's time. How would you have managed the case?

(A) Stressed dietary measures rather than starting Mrs. Lingam on Glibenclamide.			
(B) Arranged for review in one month's time.			
(C) Examined Mrs. Lingam at that stage for possible complications.			

4. When Mrs. Lingam returned for review she complained of slight blurring of vision. What course of action would you have initiated?

(A) The same as Dr. Ruby Nair.			
(B) Examined Mrs. Lingam for other possible diabetic complications.			
(C) Referred Mrs. Lingam to the specialist.			

5. How would you grade the importance of the following factors in the management of diabetes mellitus?

(A) Diet.			
(B) Home monitoring.			
(C) Medication.			

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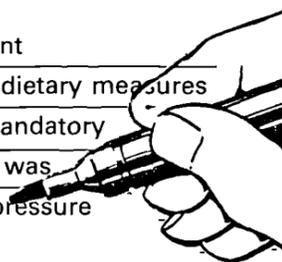
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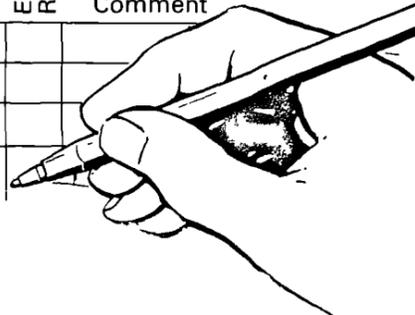
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Smoking	4		
Weight	2		
Blood Pressure	2		



Each of the listed possibilities should be examined in turn and judged as an independent decision. You are not asked to put them in a rank order. You might, for example, wish to rate all the listed possibilities as '5'.

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Doctor's Diary 4 : Management of Diabetes in an Older Patient

1. When Mrs. Lingam first consulted Dr. Ruby Nair on Friday, 5th December, she was advised to start a sugar free diet and return in a couple of months' time. What course of action would you have initiated?

	Your Rating	Expert's Rating	Comment
(A) The same as Dr. Ruby Nair.		2	A couple of months was too long. Mrs. Lingam should have been asked to return in one month's time at the latest.
(B) Done a blood test.		5	This would have been the most accurate way of assessing blood sugar.
(C) Started her on Glibenclamide.		2	Possible course of action if the blood sugar was known or established on that visit.
2. Mrs. Lingam was advised to start a sugar free diet on Friday, 5th December. Dr. Ruby Nair could have taken additional courses of action at that stage. How would you grade the following courses of action?			
(A) Suggested some diets to follow.		4	In most cases patients need more concrete advice and it would have helped Mrs. Lingam had Dr. Ruby Nair suggested some diets to choose from. Patients feel more encouraged when they sense concern, especially from their GPs.

(B) Explained about diabetes and the importance of closely controlling blood sugar.

(C) Advised her of emergency procedures in diabetic care - when she or her family should contact you urgently.

3. When Mrs. Lingam returned four months later Dr. Ruby Nair started her on Glibenclamide and arranged for review in one month's time. How would you have managed the case?

(A) Stressed dietary measures rather than starting Mrs. Lingam on Glibenclamide.

(B) Arranged for review in one month's time.

(C) Examined Mrs. Lingam at that stage for possible complications.

3 Communicating and informing the patient helps the patient to understand the condition better.

3 Sometimes a major part of the treatment lies in the amount of concern shown for patients by their doctors. Patients feel safe in the knowledge that they can always contact you or the surgery desk when a problem should arise.

3 Dietary measures are mandatory in treating diabetes. However, the presence of heavy glycosuria led to the commencement of treatment.

1 Mrs. Lingam should have been recalled for review in a week's time rather than a month later.

3 It would have been advisable to have examined Mrs. Lingam for complications at that stage, for example, cataract, diabetic ketoacidosis, vascular disorders, diabetic nephropathy, diabetic retinopathy, diabetic neuropathy and infections.

4. When Mrs. Lingam returned for review she complained of slight blurring of vision. What course of action would you have initiated?

(A) The same as Dr. Ruby Nair.

(B) Examined Mrs. Lingam for other possible diabetic complications.

(C) Referred Mrs. Lingam to the Specialist.

5. How would you grade the importance of the following factors in the management of diabetes mellitus?

(A) Diet.

(B) Home monitoring.

(C) Medication.

5 Mrs. Lingam's visual acuity was normal. Her fundi were also found to be normal.

4 Since Mrs. Lingam had complained of pruritis as well as a slight blurring of vision, it would have been advisable to have examined her for other complications as well.

2 It was not necessary in Mrs. Lingam's case.

5 There are three methods of treatment and each involves an obligation for the patient to adhere to a dietary regimen for the remainder of his/her life.
Diet alone
Diet and oral hypoglycaemic drugs
Diet and insulin.

4 Highly preferred form. However, owing to the shortage of doctors at present, patients have to present themselves at the Surgery.

5 Medication and dietary measures are the forms of treatment for diabetes mellitus.

DOCTOR'S DIARY

A SERIES OF PATIENT MANAGEMENT
CHALLENGES TO GENERAL PRACTITIONERS

5 MANAGEMENT OF AN ASTHMATIC PATIENT

if YOU WANT TO COMPARE YOUR
MANAGEMENT WITH A
HOSPITAL DOCTOR

THIS CHALLENGE GIVES YOU
THE OPPORTUNITY

**A SERIES OF PATIENT
MANAGEMENT CHALLENGES TO
GENERAL PRACTITIONERS FOR THE
CONTINUING EDUCATION OF
PROFESSIONALS IN MALAYSIA.**

Friday 3rd October

Peter Ho, aged 10, is brought by his parents to see you at your clinic. He has been having a dry cough for the past 2-3 months. The cough tends to be especially worse at night and as a result Peter has been sleeping poorly. Mr and Mrs Ho assure you that Peter has previously been well and on second thoughts Mrs Ho quickly hastens to add that as a toddler Peter was bothered by episodic breathlessness and wheezing which was labelled by the Casualty doctor at the local General Hospital as 'wheezing bronchitis'. Peter's parents also state that he is an intelligent child and has been doing very well at school, although lately he has had to be absent from school as a result of his nocturnal cough.

On examination, Peter appears healthy and examination of his chest is clear with no evidence of bronchospasm.

You are reassured by the normal clinical examination and inform Peter's parents that the trouble is probably recurrent chest infection. You prescribe a cough mixture and a 5 day course of Ampicillin.

Two weeks later

Mrs Ho returns with Peter. Peter is no better, in fact he has developed intermittent wheezing as well. His school teacher remarked that Peter tends to be wheezy and breathless during his PE period. As his chest is clear on examination, you are reluctant to make a diagnosis of asthma. Partly to satisfy Peter's mother's anxiety, you arrange for a CXR (chest XR) at the local private XR clinic.

Three days later

Mrs Ho returns with Peter for the CXR report. This was reported as showing several areas of infection in both bases of lung. In view of this CXR report, you refer Peter to the local General Hospital for admission and treatment of his probable pneumonia.

The following day

At the hospital Peter is seen by the Paediatrician who diagnoses bronchial asthma. Peter's chest XR abnormalities were felt to be due to lung collapse rather than pneumonia.

One week later

After a week in hospital Peter is discharged on salbutamol inhaler to be used as necessary for wheezing.

REMEMBER THE RATING!

5 = MUST DO
 1 = MUST NOT DO

1. When Peter's parents consulted Dr. Osman, he prescribed a cough mixture and a 5 day course of Ampicillin. How would you have managed the case?

	Your Rating	Expert's Rating	Comment
(A) The same as Dr. Osman.			
(B) Treated Peter for asthma.			
(C) Got Peter admitted for observation.			

2. When Mrs. Ho returned with Peter two weeks later, Dr. Osman arranged for a chest XR at the local private XR clinic. What course of action would you have initiated?

(A) Advised Mrs. Ho on the type of food for Peter.			
(B) The same as Dr. Osman.			
(C) Given a letter addressed to the PE teacher requesting that Peter Ho be excused from future PE lessons for medical reasons.			
(D) Prescribed more cough mixture.			

3. In view of Peter's chest XR, Dr. Osman referred him to the local General Hospital for admission and treatment of his probable pneumonia. How would you have managed the case?

(A) The same as Dr. Osman.			
(B) Referred Peter Ho to the Paediatrician at the local General Hospital at the onset.			
(C) Reassured Peter's mother that his condition was not serious.			

4. At the General Hospital Peter was seen by the Paediatrician who diagnosed bronchial asthma. However, Dr. Osman failed to make a similar diagnosis at the onset owing to . . .

(A) the misconception that a clear chest on examination ruled out asthma.			
(B) the chest XR report.			
(C) the reluctance on the part of many General Practitioners to diagnose as asthma in general and in children.			

5. In the management of asthma, which one of the following could sometimes be the sole presentation of asthma?

(A) Nocturnal cough.			
(B) Wheezing and breathlessness.			
(C) Recurrent infections.			
(D) Chest pain.			

HOW TO USE THIS MODULE

Each patient challenge consists of background details about the patient and a number of possible management decisions. You have the opportunity to rate each of the listed management decisions on a 5-1 scale. You can then compare your rating of the listed management decisions with the ratings of the expert. Instant feedback is also given for each management decision.

READ THE DOCTOR'S DIARY PROBLEM AND PROCEED TO THE QUESTIONS. RATE THE MANAGEMENT DECISIONS ON THE FOLLOWING 5-1 SCALE:

- 5 = MUST DO
- 4 = SHOULD DO
- 3 = PERHAPS
- 2 = SHOULD NOT DO
- 1 = MUST NOT DO

TO GET INSTANT FEEDBACK

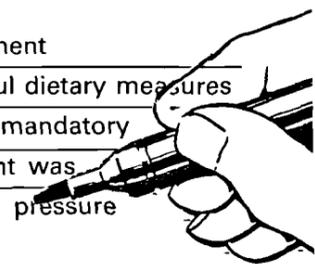
Directly opposite each choice is a 'comment' section. Here you can compare your own ratings with the expert's ratings and get some comments as well.

To see these items of information, simply colour over the area with the special pen and the information will appear.

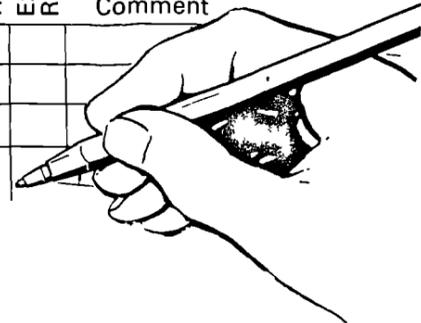
Here you can compare your own ratings with:

And you can read

Advice	Your Rating	Expert's Rating	Comment
Diet	4	5	Careful dietary measures
Smoking	4	5	As a mandatory
Weight	2	1	Weight was
Blood Pressure	2	1	Blood pressure



	Your Rating	Expert's Rating	Comment
Diet	4		
Smoking	4		
Weight	2		
Blood Pressure	2		



Each of the listed possibilities should be examined in turn and judged as an independent decision. You are not asked to put them in a rank order. You might, for example, wish to rate all the listed possibilities as '5'.

REMEMBER:

THE SPECIAL PEN PROVIDED IS TO BE USED AND KEPT CAREFULLY FOR THE OTHER MODULES IN THIS SERIES.

WOULD YOU HELP?

To be able to evaluate this series of problems, it would help if you would complete and return the feedback questionnaire in the reply-paid envelope at the end of the series.

Responsible for the development of this challenge were:
 Mr W. R. DUNN — SENIOR LECTURER, DEPARTMENT OF EDUCATION, GLASGOW UNIVERSITY
 Dr. T. S. MURRAY — SENIOR LECTURER IN GENERAL PRACTICE, GLASGOW
 Dr. ABDUL AZIZ BABA — DEPARTMENT OF MEDICINE, HOSPITAL UNIVERSITI SAINS MALAYSIA
 Mrs M. DHAMOTHARAN — FACULTY OF EDUCATION, UNIVERSITY OF MALAYA, KUALA LUMPUR

Doctor's Diary 5 : Management of an Asthmatic Patient

1. When Peter's parents consulted Dr. Osman, he prescribed a cough mixture and a 5 day course of Ampicillin. How would you have managed the case?

	Your Rating	Expert's Rating	Comment
(A) The same as Dr. Osman.		4	Since probable recurrent chest infection was diagnosed, a cough mixture and antibiotics were prescribed at that stage.
(B) Treated Peter for asthma.		3	Considered asthma as a possibility at that stage and recalled Peter after a week for further examination and a chest XR to be positive.
(C) Got Peter admitted for observation.		2	It was not necessary at that stage.
2. When Mrs. Ho returned with Peter two weeks later, Dr. Osman arranged for a chest XR at the local private XR clinic. What course of action would you have initiated?			
(A) Advised Mrs. Ho on the type of food for Peter.		3	Sometimes, although much less frequently, ingested allergens derived from certain foods such as fish, eggs, milk, yeasts and wheat presumably promote bronchial constriction and an inflammatory reaction of an allergic type in the bronchial mucosa.

- (B) The same as Dr. Osman. 4 At that stage a chest XR was necessary to ascertain Peter's condition.
- (C) Given a letter addressed to the PE teacher requesting that Peter Ho be excused from future PE lessons for medical reasons. 2 Strenuous exertion can also provoke an asthmatic attack in predisposed individuals, particularly children. On the other hand, breathing and postural exercises are necessary to prevent chest deformity and defective posture. Peter's PE lessons were not to be discontinued.
- (D) Prescribed more cough mixture. 2 Cough mixture is a symptomatic therapy and not effective in Peter's case.
3. In view of Peter's chest XR, Dr. Osman referred him to the local General Hospital for admission and treatment of his probable pneumonia. How would you have managed the case?
- (A) The same as Dr. Osman. 5 At that stage Peter required hospitalisation without further delay.
- (B) Referred Peter Ho to the Paediatrician at the local General Hospital at the onset. 4 It was not necessary at that stage.
- (C) Reassured Peter's mother that his condition was not serious. 1 Least appropriate course of action on a general practitioner's part in Peter's case.

4. At the General Hospital Peter was seen by the Paediatrician who diagnosed bronchial asthma. However, Dr. Osman failed to make a similar diagnosis at the onset owing to...

(A) the misconception that a clear chest on examination ruled out asthma.

(B) the chest XR report.

(C) the reluctance on the part of many General Practitioners to diagnose as asthma in general and in children.

5. In the management of asthma, which one of the following could sometimes be the sole presentation of asthma?

(A) Nocturnal cough.

4 Between paroxysms there are usually no abnormal physical signs except in chronic asthma. The chief clinical features include nocturnal cough, wheezing and breathlessness.

4 The chest XR showed several areas of infection in both bases of lung which to Dr. Osman was being indicative of probable pneumonia.

3 Possibly the social stigma attached to asthma deters General Practitioners and generally makes them exceedingly cautious when diagnosing as asthma.

5 Cough is the most frequent of all respiratory symptoms. It may be paroxysmal, ineffectual and exhausting, as in some cases of chronic bronchitis and asthma. Generally it is worse at night or on waking.

(B) Wheezing and breathlessness.

4 In all forms of generalised obstructive airway disease, particularly bronchial asthma, they are usually conspicuous symptoms.

(C) Recurrent infections.

3 Regardless of whether asthma occurs in atopic or non-atopic individuals, the symptoms are often aggravated by non-specific factors, as bronchial irritation, acrid fumes and cold air, bacterial infection in the respiratory tract and emotional stress.

(D) Chest pain.

2 Broadly speaking, there are two types of chest pain associated with respiratory disease: central retrosternal pain caused by inflammation of the trachea. Lateral chest pain caused by inflammation of the pleura.

DOCTOR'S DIARY

A SERIES OF PATIENT MANAGEMENT
CHALLENGES TO GENERAL PRACTITIONERS

6 MANAGEMENT OF A HYPERTENSIVE PATIENT

if YOU WANT TO COMPARE YOUR
MANAGEMENT WITH A
HOSPITAL DOCTOR

THIS CHALLENGE GIVES YOU
THE OPPORTUNITY

**A SERIES OF PATIENT
MANAGEMENT CHALLENGES TO
GENERAL PRACTITIONERS FOR THE
CONTINUING EDUCATION OF
PROFESSIONALS IN MALAYSIA.**

Friday 29th August

Mr Lim, a 49 year old accountant, consults you for a check-up. He does not offer any specific complaints but on further questioning he admits to symptoms of breathlessness on exertion and morning cough which he quickly tries to attribute to smoking forty cigarettes daily for the past twenty-five years. Otherwise, he has previously been well and apart from the occasional Aspirin for headaches, was not on any regular medication.

On examination, he is moderately obese with a weight of 170 pounds and height 5 feet 6 inches. Pulse rate 80/min regular and his BP is elevated at 165/105. There is no evidence of cardiac failure clinically and examination of his chest is normal apart from occasional expiratory rhonchi.

Urinalysis shows 1+ proteinuria but is otherwise normal with no glycosuria.

You reassure Mr Lim that his physical condition is satisfactory and that there is no evidence of any serious illness. You advise him to stop or reduce his smoking and arrange review in one week to re-check his blood pressure.

Friday 5th September

You find that Mr Lim's BP is still elevated at 165/105. You commence treatment with a beta blocker in the form of Propranolol 40mg QID. Mr Lim is asked to return for further review in two weeks' time.

You also inform Mr Lim that the beta blocker Propranolol has side-effects. You explain to Mr Lim that many patients have no side-effects, but minor gastric disturbance, persistent tiredness, bad dreams, hallucinations and cold hands are some of the recognised complications of the drug. You ask him to report back to you of any side-effects he experiences when he returns for review.

Friday 19th September

You find that Mr Lim's BP has fallen to 150/95 but he then complains of tiredness and progressive breathlessness on exertion since he commenced treatment.

Examination of his chest reveals evidence of moderate bronchospasm. You reassure him that his complaints are side effects of his treatment. Propranolol is stopped and Bendrofluazide started instead. Mr Lim is asked to return for a check-up in two weeks' time.

Friday 3rd October

You find that Mr Lim's BP control on Bendrofluazide is satisfactory with readings of 140-150/90-95.

REMEMBER THE RATING!
 5 = MUST DO
 1 = MUST NOT DO

1. Grade the following courses of action in the initial management of Mr. Lim.

	Your Rating	Expert's Rating	Comment
(A) Advised him to reduce or stop his smoking.			
(B) Advised him on his diet and weight.			
(C) Prescribed Propranolol.			
(D) Referred him for admission.			

2. When Mr. Lim's BP was still elevated at 165/105, treatment was commenced with a beta blocker Propranolol 40 mg QID. How would you have managed the patient?

(A) As above.			
(B) Commenced treatment with Hydralazine.			
(C) Advised losing weight before commencing treatment.			
(D) Arranged for further review before treatment.			

3. On 19th September Propranolol was stopped and Bendrofluazide started instead. How would you have managed the case?

(A) As above.			
(B) Continued with Propranolol.			
(C) Arranged for hospital admission.			
(D) Substituted Propranolol with a cardio-selective beta blocker such as Metoprolol.			

4. When Mr. Lim's BP control on Bendrofluazide was satisfactory with readings of 140-150/90-95; what follow-up course of action should have been initiated?

(A) A monthly check-up.			
(B) Added potassium supplements to prevent diuretic induced hypokalaemia.			
(C) Ensured compliance with Bendrofluazide even though he felt well.			

5. Grade the likelihood of the following in a young man with good long term reduction of BP 170/110.

(A) Major stroke.			
(B) Renal failure.			
(C) Cardiac failure.			
(D) Myocardial infarction.			

HOW TO USE THIS MODULE

Each patient challenge consists of background details about the patient and a number of possible management decisions. You have the opportunity to rate each of the listed management decisions on a 5-1 scale. You can then compare your rating of the listed management decisions with the ratings of the expert. Instant feedback is also given for each management decision.

READ THE DOCTOR'S DAILY PROBLEM AND PROCEED TO THE QUESTIONS RATE THE MANAGEMENT DECISIONS ON THE FOLLOWING 5-1 SCALE

- 5 = MUST DO
- 4 = SHOULD DO
- 3 = PERHAPS
- 2 = SHOULD NOT DO
- 1 = MUST NOT DO

TO GET INSTANT FEEDBACK

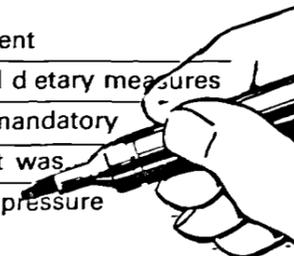
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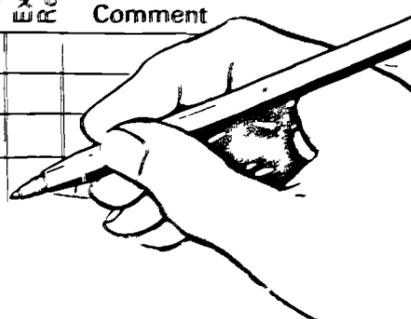
Here you can compare your own ratings with:

And you can read

Advice	Your Rating	Expert's Rating	Comment
Diet	4	5	Careful dietary measures
Smoking	4	5	As a mandatory
Weight	2	1	Weight was
Blood Pressure	2	1	Blood pressure



	Your Rating	Expert's Rating	Comment
Diet	4		
Smoking	4		
Weight	2		
Blood Pressure	2		



Each of the listed possibilities should be examined in turn and judged as an independent decision. You are not asked to put them in a rank order. You might, for example, wish to rate all the listed possibilities as '5'.

REMEMBER:

THE SPECIAL PEN PROVIDED IS TO BE USED AND KEPT CAREFULLY FOR THE OTHER MODULES IN THIS SERIES.

WOULD YOU HELP?

To be able to evaluate this series of problems, it would help if you would complete and return the feedback questionnaire in the reply-paid envelope at the end of the series.

Responsible for the development of this challenge were:

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Doctor's Diary 6 : Management of a Hypertensive Patient

1. Grade the following courses of action in the initial management of Mr. Lim.

	Your Rating	Expert's Rating	Comment
(A) Advised him to reduce or stop his smoking.		5	The effects of cigarette smoking and hypertension on cardiovascular morbidity are additive, and smoking must be discouraged.
(B) Advised him on his diet and weight.		5	Very low sodium diets may reduce blood pressure, but there is little evidence that more socially acceptable diets will do this consistently. Hypertensive obese patients often find that their blood pressure improves when they lose weight.
(C) Prescribed Propranolol.		1	It was too early to have prescribed Propranolol for Mr. Lim. He had to be observed for a week at the most before treatment commenced.
(D) Referred him for admission.		2	Admission was not necessary unless other complications were suspected.
2. When Mr. Lim's BP was still elevated at 165/105, treatment was commenced with a beta blocker Propranolol 40 mg. QID. How would you have managed the patient?			
(A) As above.		5	Propranolol is effective and reliable, but its dose has to be adjusted to the individual's needs.

5. (a) Did it cause you to change your classroom management practice?

Yes

No

Don't know

5. (b) If yes, in what way?

6. Would you like more of such series?

Yes

No

9. How do you cope with your continuing education at present?

Journals

Seminars

Conferences

In-Service courses

Other (please specify)

11. (b) If yes, how much would you be willing to pay for each module?
(Answer in Malaysian dollars please).

12. Indicate those aspects of the Series that you found most useful and
comment on why they were most useful?

Indicate with a tick in this column	Aspects of the Series	Comment
	Content	
	Layout and presentation	
	Length of each challenge	
	Multiple choice questions	
	Feedback comments	
	Other (please specify)	

APPENDIX 4

Feedback questionnaire for doctors

Feedback Questionnaire

Doctor's Diary

Name:

Sex:

Age:

Number of years of working experience since qualifying:

1. How would you rate the usefulness of the series of patient management challenges that you have just completed?

- Very useful
- Useful
- Quite useful
- Not very useful
- Not useful at all

2 (a) Did it cause you to change your patient management practice?

- Yes
- No
- Don't know

2 (b) If yes, in what way?

3. On an average how much time did it take you to complete one module in the series?

Less than half an hour

Half an hour

More than half an hour

One hour

Other (please specify)

4. Would you like more of such series?

Yes

No

5. If you would like more of such series could you kindly give some suggestions of topics to be considered for future programmes?

6. Think of last year and state how many medical meetings did you go to?

7. Could you indicate the type of medical meetings you attended during last year?

Medical seminar

Medical conference

Medical talks

Medical professional body meetings

Other (please specify)

8. How do you cope with your continuing medical education at present?

Medical journals and periodicals

Medical professional body meetings

Medical seminars

Medical conferences

9. How do the series of patient management challenges that you have just recently completed compare with the type of continuing medical education you have experienced in the past?

Aspects to be considered	Patient management challenges <u>Better</u> than what you have experienced in the past.	Patient management challenges <u>As Good</u> as what you have experienced in the past.	Patient management challenges <u>Not as Good</u> as what you have experienced in the past.
Relevance to practice			
Effective in terms of time spent			
Overall effectiveness			

10 (a) Would you be willing to pay for such Series in Continuing Medical Education in the future?

Yes

No

Not sure

10 (b) If yes, how much would you be willing to pay for each patient management challenge? (Answer in Malaysian dollars please).

11. Indicate those aspects of the Series that you found most useful and comment on why they were most useful.

Indicate with a tick in this column	Aspects of the Series	Comment
	Content	
	Layout and Presentation	
	Length of each challenge	
	Latent image technique	
	Multiple choice questions	
	Expert's ratings	
	Feedback comments	

12. Indicate those aspects of the Series that you found least useful and comment on why they were so?

Indicate where appropriate	Aspect of the Series	Comment
	Content	
	Layout and Presentation	
	Length of each challenge	
	Latent image technique	
	Multiple choice questions	
	Expert's ratings	
	Feedback comments	
	Other (please specify)	

13. What suggestions would you make for the improvement of the Series?

APPENDIX 5

List of schools in the state of Kelantan

Kelantan

1. Sekolah Rendah Kebangsaan Ismail Petra
Kompleks Sekolah-sekolah
Wakaf Mek Zainab
15300 Kota Baharu.
2. Sekolah Kebangsaan Bidang Garong
Kompleks Sekolah-sekolah
15300 Kota Bharu.
3. Sekolah Rendah Kebangsaan Zainab (2)
Jalan Telipot
15050 Kota Bharu.
4. Sekolah Rendah Kebangsaan Sultan Ismail (Tiga)
Batu 2¹/₄, Jalan Kuala Krai
15150 Kota Bharu.
5. Sekolah Rendah Kebangsaan Kota
Jalan Salor
15100 Kota Bharu.
6. Sekolah Kebangsaan Kota
Jalan Salor
15100 Kota Bharu.
7. Sekolah Rendah Kebangsaan Islah
Jalan Hospital
15200 Kota Bharu.
8. Sekolah Kebangsaan Kubang Kerian
16150 Kota Baharu.
9. Sekolah Kebangsaan Demit
16150 Kota Bharu.
10. Sekolah Rendah Dato' Hashim
Pengkalan Chepa
16100 Kota Bharu.
11. Sekolah Rendah Kebangsaan Sultan Ibrahim (2)
17000 Pasir Mas
Kelantan.
12. Sekolah Rendah Kebangsaan Hamzah
18500 Machang
Kelantan.
13. Sekolah Rendah Kebangsaan Kamil (1)
16800 Pasir Puteh
Kelantan.

APPENDIX 6

List of schools in the state of Selangor

Selangor Darul Ehsan

Sekolah Rendah Kebangsaan Assunta (Dua)
Jalan Assunta
46050 Petaling Jaya
Selangor.

Sekolah Rendah Kebangsaan Assunta Satu
Jalan Assunta
46050 Petaling Jaya
Selangor.

Sekolah Rendah Kebangsaan
Damansara Jaya
Jalan SS 22/48
47400 Petaling Jaya.

Sekolah Kebangsaan Subang
Pejabat Pos Batu Tiga
40000 Shah Alam
Selangor.

Sekolah Rendah Kebangsaan Taman Sri Muda
Seksyen 25
40000 Shah Alam
Selangor.

Sekolah Rendah Kebangsaan Raja Muda
Seksyen 4
Shah Alam
Selangor.

Sekolah Kebangsaan Klang
Jalan Dato' Hamzah
41000 Klang.

Sekolah Rendah Kebangsaan Taman Klang Jaya
Jalan Langat
41200 Klang.

Sekolah Kebangsaan Bandar
Pejabat Pos Banting
42700 Kuala Langat
Selangor.

Sekolah Rendah Kebangsaan Methodist (Perempuan)
Jalan Raya Barat
41000 Klang.

APPENDIX 7

**List of schools in the Federal Territory
of Wilayah Persekutuan**

Wilayah Persekutuan

Sekolah Rendah Kebangsaan La Salle Satu
Jalan Brickfields
50470 Kuala Lumpur

Sekolah Rendah Kebangsaan Brickfields (Satu)
Jalan Sultan Abdul Samad
50470 Kuala Lumpur

Sekolah Rendah Kebangsaan St. John (Dua)
Jalan Bukit Nanas
50250 Kuala Lumpur

Sekolah Rendah Datok Keramat (Satu)
Kampung Datok Keramat
54000 Kuala Lumpur

Sekolah Rendah Kebangsaan Bukit Damansara
Jalan Beringin
50490 Kuala Lumpur

Sekolah Kebangsaan Taman Lucky
Jalan Chanderai
Bangsar
59100 Kuala Lumpur

Sekolah Kebangsaan Bukit Bandaraya
Jalan Bangkung
Bukit Bandaraya
Bangsar
59100 Kuala Lumpur

Sekolah Rendah Kebangsaan La Salle Brickfields Dua
Jalan Tun Sambanthan
50470 Kuala Lumpur

Sekolah Rendah Jenis Kebangsaan (Tamil) Vivekananda
No. 4 Jalan Vivekananda
Brickfields
50470 Kuala Lumpur

Sekolah Rendah Jenis Kebangsaan (Cina) St. Teresa
Jalan Abdul Samad
Brickfields
50470 Kuala Lumpur

Sekolah Rendah Kebangsaan Convent Satu
Bukit Nanas
Jalan Bukit Nanas
50250 Kuala Lumpur

APPENDIX 8

**List of teacher participants from the
State of Kelantan**

List of Participants/Teachers in Kelantan

School	Name	M1	M2	Ret.	F1	F2	M3	M4	Ret.	F3	F4	M5	M6	Ret.	F5	F6	FQ	Ret.	I
Sek. Ren. Keb. Ismail Petra	1. Cheng Chan Ming		X						X						X				X
	2. Shirley Yeoh Paik Chooi		X						X						X				X
	3. Rosnah Abu		X						X						X				X
	4. Phang Soon Lye		X						X						X				X
	5. Zuraida Hj Zulkifli		-						-						-				-
	6. Long Chin Lian		X						X						X				X
	7. Sy. Norziah Syed Ali		X						X						X				X
	8. Tuan Zainab Engku Ismail		X						X						-				X
	9. Nik Shukriah N. Mat		-							X					X				X
	10. Roseni Ismail		X							X					X				-
Sek. Keb. Padang Garong	1. Pn. Azizah binte Jaafar		X						X						X				X
	2. Pn. Fatimah bt Tambi		-						-						X				X
	3. Cik Rashidah binte Yusof		X						X						X				X
	4. Cik Maheran binte Yusof		X						X						X				X
	5. Miss Koh Bee Lai		X						X						X				X
Sek. Ren. Keb. Zainab (2)	1. Noor Zebar bt Johan Noor		X						X						X				-
	2. Yong Ah Kau		X						X						X				X
Sek. Ren. Keb. Ismail (Tiga)	1. Pn. Hajjah Fuziah bt. Hj. Mohd. Tahir		X						X						X				X
	2. Wan Anisah bt Hj. Wan Abdullah		X						X						-				X

School	Name	M1	M2	Ret.	F1	F2	M3	M4	Ret.	F3	F4	M5	M6	Ret.	F5	F6	FQ	Ret.
Sek. Ren. Keb. Kota	1. Pn. Shariah Mohamed		X						X					X				X
	2. Pn. Jawahir Ahmad		X						X					X				X
	3. Pn. Kartini Abdulllah		X						X					X				X
	4. Pn. Siti Nor Rani Mohamed		X						X					X				X
	5. Pn. Suriani bt. Sulaiman		X						X					X				X
	6. Pn. Hjj. Kamsiah Md. Jani		X						X					-				X
Sek. Keb. Kota	1. Wong Lai Moon		X						X					X				X
	2. Habsah Ab. Rahman		X						X					-				X
	3. W. Fatimah Ab. Manaf		X						X					X				X
	4. Noriah Mohd Noor		X						X					X				X
	5. Hj. Ismail Hj. Salleh		X						X					X				X
	6. Hang Jong Kwang		X						X					X				X
Sek. Ren. Keb. Islah	1. Pn. Padmini		X						X					X				X
	2. Hjj. Sokme Samdin		X						X					X				X
	3. Hjj. Azimah Samad		X						X					X				X
	4. Lim Yee Jou		X						X					X				X
	5. Chua Geok Sim		-						M3					X				X
	6. Norzihan Hussin		X						X					X				X
	7. Aishah Md. Zain		X						X					X				X
Sek. Keb. Kubang Kerian	1. Asiah Che Mahmood		X						X					X				X
	2. B. Manonmany		X						X					X				X
	3. Vasantha Devi		-						-					X				-
	4. Hj. W. Bidah Sulaiman		X						X					X				-
	5. Hj. Kalthom Ismail		X						X					X				X
	6. Hj. Roshidah bt. Hj. Hassan		X						X					X				-
	7. Siti Jamilah Mohd. Nor		X						X					X				-

School	Name	M1	M2	Ret.	F1	F2	M3	M4	Ret.	F3	F4	M5	M6	Ret.	F5	F6	FQ	Ret.	F
Sek. Keb. Demit	1. Noorelita bt. Ayoub		x						x						x				-
	2. Nik Kamariah bt Nik Mustafar		x						x						-				-
	3. Hjj. Hamidah bt. Awang Mat		x						x						x				-
	4. Hjj. Hanifah bt. Omar		x						x						x				-
	5. Zaidah bt. Ab. Kadir		x						x						x				x
Sek. Ren. Dato Hashim	1. Pn. Minah Zainab bt Che Mat		x						x						x				x
	2. Pn. Azizah Mohamed		x						x						x				x
	3. Pn. Noor Azian Mohd. Noor		x						x						x				x
	4. Tg. Juhan Ariffin Tg. Yussof		x						x						x				-
Sek. Ren. Keb. Sultan Ibrahim (2)	1. Fauzian Mohamad		x						-						x				x
	2. Hamilah bt. Noh		-						-						-				-
Sek. Ren. Keb. Hamzah	1. Pn. Nik Ishah Nik Mahmood		x						x						x				x
	2. Pn. Sansidar bt Hj. Mohamed		x						x						x				x
Sek. Ren. Keb. Kamil (1)	1. Pn. Wan Besah bt Wan Junch		x						x						x				x
	2. Mr. Ong Peng Siang		x						x						x				x

APPENDIX 9

**List of teacher participants from the
State of Selangor**

List of Participants/Teachers in Selangor

School	Name	M1, M2	RET.	F1, F2, M3, M4	RET.	F3, F4, M5, M6	RET.	F5, F6, FQ	RET.	FQ
Sek. Ren. Keb. Assunta (Dua)	1. Pn. Sakina Bee Abd. Karim	x			x		x		x	x
	2. Pn. Somaskanthan	x			x		x		x	x
	3. Pn. Yew Kim San	x			x		x		x	x
	4. Pn. Norine Syed Hassan	x			x		x		x	x
Sek. Ren. Keb. Assunta (Satu)	1. Miss Wong Chow Har	x			x		x		x	x
	2. Mrs. G. Rai	x			x		x		x	x
	3. Mrs. Chandra	x			x		x		x	x
	4. Mrs. K. Balagopal	x			x		x		x	x
	5. Mrs. R. Siva	x			x		x		x	x
Sek. Ren. Keb. Damansara Jaya	1. Pn. Tai Say Ann	x			x		x		x	x
	2. Pn. H. Pathmathan	x			x		x		x	x
	3. Pn. Low Keong Ee	x			x		x		x	x
	4. Pn. Balasingam	x			x		x		x	x
	5. Pn. R. Singam	x			x		x		x	x
	6. Pn. Too Heng Lim	x			x		x		x	x
	7. Pn. Franklin	x			x		x		x	x
	8. Pn. Tin Lin Pin	x			x		x		x	x
	9. Mrs. Hon Kang Tong	x			x		x		x	x
	10. Mrs. Foo Tek Kuang	x			x		x		x	x

School	Name	M1, M2	RET.	F1, F2, M3, M4	RET.	F3, F4, M5, M6	RET.	F5, F6, FQ	RET. FC
Sek. Keb. Subang	1. Tan Kim Luan		X		X		X		X
	2. Nor Ahawati Haji Jaafar		X		X		X		X
	3. Henry D'Silva		X		X		X		X
	4. Cheng Boon Kiang		X		X		X		X
	5. Nor Azlini bt Aminuddin		X		X		X		X
Sek. Ren. Keb. Taman Sri Aman	1. Pn. I.D. Rajagopal		X		X		X		X
	2. Pn. Norizan A. Razak		X		X		X		X
Sek. Ren. Keb. Raja Muda	1. Cik Khor Siew Lan		X		X		X		X
	2. Pn. Raja Zaleha Raja A. Rahim		X		X		X		X
	3. Pn. Fatimah Abd. Hamid		X		X		X		X
	4. Pn. Sarojini		X		X		X		X
	5. Pn. Jaezah		X		X		X		X
	6. Pn. Tang Kin Oon		X		X		X		X
Sek. Keb. Klang	1. Cik Hasnita Ab. Malek		X		X		X		X
	2. Sharon Veronica a/p E. Perera		X		X		X		X
	3. En. K.S. Anandam		X		X		X		X
	4. En. Chin Kok Siew		X		X		X		X
	5. Pn. Salmah Sharif		X		X		X		X
	6. En. Dennis Segayam		X		X		X		X
	7. Pn. Gan Bon Hua		X		X		X		X
	8. Pn. Fauziah Mahmood		X		X		X		X

School	Name	M1,M2	RET.	F1,F2,M3,M4	RET.	F3,F4,M5,M6	RET.	F5,F6,FQ	RET
Sek. Ren. Keb. Methodist (P)	1. Pn. I. Sivarajah		X		X		X		X
	2. Pn. E. George Ponniah		X		X		X		X
	3. Cik Chandradevi Chelliah		X		X		X		X
	4. Pn. Lee Wah		X		X		X		X
	5. Pn. S. Singarajah		X		X		X		X
	6. Pn. G. Venugopalan		X		X		X		X
	7. Cik T. Jayaletchumy		X		X		X		X
	8. Pn. C. Yogandran		X		X		X		X
	9. Pn. J.S. Macintyre		X		X		X		-
	10. Pn. S. Chandy		X		X		X		X
Sek. Ren. Keb. Taman Klang Jaya	1. Pn. L. Namasivayam		X		X		X		X
	2. En. Santhiramoganan		X		X		X		X
	3. Pn. Yong Yoke Lim		X		X		X		X
	4. Pn. Pathumapathy		X		X		X		X
	5. Pn. Olga Suppiah		X		X		X		X
Sek. Keb. Bandar	1. Pn. Zaharah bt Abd. Samad		X		X		X		-
	2. Pn. Saratha		X		X		X		X
	3. En. Chelliah		X		X		X		-

APPENDIX 10

**List of teacher participants from the
Federal Territory of Wilayah Persekutuan**

List of Participants/Teachers in Wilayah Persekutuan

School	Name	M1, M2, M3	RET.	F1, F2, F3, M4, M5, M6	RET.	F4, F5, F6, FQ	RET.
Sek Ren. Keb. Bukit Damansara	1. En. Kwong Sea Hung		x		x		x
	2. Pn. Hjj. Mahani Wahid		x		x		x
	3. Pn. Hjj. Latifah		x		x		x
	4. Pn. Chew Ah Boon		x		x		x
Sek. Keb. Taman Lucky	1. Lau Siew Ting		x		x		x
	2. Pn. Valerie Liew Voon Fee		x		x		x
	3. Pn. Esther Abrahams		x		x		x
	4. Pn. Lee Lim Huat		x		x		x
	5. Loh Chan		x		x		x
	6. A.D. Jacobs		x		x		x
Sek. Keb. Bukit Bandaraya	1. En. Lam Kam Seng		x		x		x
Sek. Ren. Keb. La Salle Brick- fields (Dua)	1. Pn. Jamilah Itam		x		x		x
	2. Pn. Harbajan Singh		x		x		x
	3. Pn. Foong Yook Seng		x		x		x
	4. En. Maniwanan		x		x		x
	5. En. Kua Beng Hock		x		x		x
	6. Pn. S. Paranchothy		x		x		x

School	Name	M1, M2, M3	RET.	F1, F2, F3, M4, M5, M6	RET.	F4, F5, F6, FQ	RET.	FQ
Sek. Ren.	1. Pn. P. Ragupathy		x		x		x	x
Jenis	2. Pn. Rajan		x		x		x	x
Keb. (T)								
Viveka-								
nanda								
Sek. Ren.	1. Pn. Seit Pung Sang		x		x		x	x
Keb.	2. Cik Jeyaledchumy		x		x		x	x
Convent	3. Cik Siti Sapiah		x		x		x	x
Satu	4. Pn. Zaliha Haroon		x		x		x	x
Bukit	5. Pn. Murbiah Md. Yusoff		x		x		x	x
Nanas	6. Cik Ng Poh Bee		x		x		x	x
	7. Pn. Chwee Peng Keong		x		x		x	x
Sek. Ren.	1. Chew Swee Foong		x		x		x	x
Jenis	2. Tay Beh Yen		x		x		x	x
Keb. (C)	3. Danny Tan Chwee Liang		x		x		x	x
St. Teresa								
Sek. Ren.	1. Tan Pui Ling		x		x		x	x
Keb. La	2. Lim See Seng		x		x		x	x
Salle	3. Liew Sow Yee		x		x		x	x
Satu	4. Chiam Hung Sing		x		x		x	x
	5. Cik Rubee Ariam		x		x		x	x
	6. Pn. S. Gnanasegaran		x		x		x	x

School	Name	M1, M2, M3	RET.	F1, F2, F3, M4, M5, M6	RET.	F4, F5, F6, FQ	RET.
Sek. Ren. Keb. Brick-fields (Satu)	1. Pn. Thavan		X		X		FQ X
	2. Pn. Joan de Padua		X		X		X
	3. Pn. Bhaskaran		X		X		X
	4. Cik Wong Choi Peng		X		X		X
Sek. Ren. Keb. St. John (Dua)	1. Baljeet Kaur		X		X		X
	2. En. Chow Kim Fong		X		X		X
	3. Pn. P. Maharajah		X		X		X
	4. En. Kok Ah Fook		X		X		X
	5. Pn. B. Joachim		X		X		X
	6. Pn. Betty Lim		X		X		X
	7. Pn. Kamariah Malek		X		X		X
	8. Pn. Shamsiah Lazim		X		X		X
	9. Pn. Paridah Ibrahim		X		X		X
	10. Pn. Benito Alcantara		X		X		X
	11. Vincent Paul Fermz		X		X		X
	12. Ricky Eu		X		X		X
	13. Maurice Toi		X		X		X
	14. N. Muthusamy		X		X		X
Sek. Keb. Datok Keramat (Satu)	1. Tn. Hj. Abd. Aziz		X		X		X
	2. Pn. Anom Jalal		X		X		X
	3. Pn. Hasnah Manan		X		X		X
	4. En. Choong Yan Chon		X		X		X
	5. En. Yap Tian Choy		X		X		X
	6. Pn. Mahizun Ahmad		X		X		X

APPENDIX 11

**List of general practitioners according
to state in Malaysia**

Names and addresses of general practitioners in the study
to whom the continuing education materials were sent.

KUALA LUMPUR

Dr. Choo Kooi Fook (F.69)
52 Batu Village
5th Miles Jalan Ipoh
51200 Kuala Lumpur.

Dr. Kok Kai Yan (F.45)
99 Jalan Ipoh
51200 Kuala Lumpur.

Dr. Grace Chen Chow Wei (F.222)
175 Jalan Pudu
55100 Kuala Lumpur.

Dr. Teh Kein Seng (F.200)
Klinik Teh
24, Jalan Sungei Besi
57100 Kuala Lumpur.

Dr. J.B. Ponampalam (F.85)
20A Jalan Vivekanda
(Mezz. floor)
Brickfields
50470 Kuala Lumpur.

Dr. Wong Keat Hong (F.62)
3434 Jalan Jinjang
Jinjang North
52000 Kuala Lumpur.

Dr. E.A. Stoner (F.251)
Klinik Selayang
11 Jalan Sembilan
Selayang Baru
68100 Batu Caves
Kuala Lumpur.

Dr. R. Balakrishnan (F. 285)
492 Jalan Ipoh
51200 Kuala Lumpur.

Dr. Chong Yew Chong (F.28)
454 Jalan Pudu
55100 Kuala Lumpur.

Dr. Goh Chin Siew (F.47)
Kumpulan Medic
Lot 1, 13th floor
Jalan Raja Laut
50350 Kuala Lumpur.

Dr. Khoo Kahim Loporte (F.31)
24 Persiaran Beringin
Damansara Heights
50490 Kuala Lumpur.

Dr. Leong Shik Cheong (F.128)
464 Jalan Pahang
53000 Kuala Lumpur.

Dr. S.P. Singam (F.117)
Dispensari Singam
365 Jalan Ipoh
51200 Kuala Lumpur.

Dr. Lee Hoo Teong (F.198)
56 Jalan Sungei Besi
57100 Kuala Lumpur.

Dr. S.S. Sundram (F.187)
73 Leboh Ampang
50100 Kuala Lumpur.

Dr. M.K. Rajakumar (F.238)
38 Jalan Loke Yew
55200 Kuala Lumpur.

Dr. Tho Yow Cheong (F.202)
3436-A Jinjang North
Jinjang
52000 Kuala Lumpur.

Dr. Wong Ket Keong (F.184)
338 Jalan Pahang
53000 Kuala Lumpur.

Dr. L.S. Sodhy (F.274)
18A Crescent Court
Off Jalan Brickfields
50470 Kuala Lumpur.

Dr. Ruby bt. Abd. Majeed (F.40)
Lot 211, Tingkat 2
Kompleks Dayabumi
Jalan Hishammudin
50050 Kuala Lumpur.

Dr. Stephen Ashok Appaduray (D.355)
Klinik Tan & Appaduray
Lot SF011 2nd Floor
Bukit Bintang Plaza
Jalan Bukit Bintang
55100 Kuala Lumpur.

Dr. Mohammed Mukhyuddin bin
Sarawani (A.607)
47-A, Taman Keramat
P.O. Jalan Gurney
Kuala Lumpur.

Dr. Kandasamy Suppaya (F.340)
80 Jalan Haji Hussein
50300 Kuala Lumpur.

Dr. Wong Fook Thiam (D.362)
23 Lengkok Zaaba Satu
Taman Tun Dr. Ismail
60000 Kuala Lumpur.

Dr. Frank Tan Eng Huat (F.12)
Ghee Hong Building (2nd Floor)
47 Jalan Ampang
50450 Kuala Lumpur.

Dr. R. Sasidharan (D.377)
38 Lorong Maarof
Bangsar Park
59000 Kuala Lumpur.

Dr. Abed Onn (.550)
c/o Young, Newton & Partners
4, Jalan Ampang
50450 Kuala Lumpur.

Dr. Anthony Wong (A.485)
137, Jln. Athinahapan Satu
Taman Tun Dr. Ismail
60000 Kuala Lumpur.

Dr. Amarjit Singh Gill (O.584)
21 Jalan Vethavanam
Batu 3³/₄ Jalan Ipoh
51200 Kuala Lumpur.

Dr. Wong Wai Fong (A.601)
Klinik Ng & Lee
57K Jalan Serai
Off Jalan Klang
58000 Kuala Lumpur.

Dr. Geeta Pillai (A.645)
Drs. Young, Newton & Partners
2nd Floor, Bangunan Kuwasa
Jalan Raja Laut
50350 Kuala Lumpur.

Dr. Doshi Ila Hemendra (O.624)
94, Taman Zaaba
Taman Tun Dr. Ismail
60000 Kuala Lumpur.

Dr. Chong Kie Kie (O.544)
Kumpulan Medic
Lot 1, 13th Floor
Bangunan Kuwasa
Jalan Raja Laut
50350 Kuala Lumpur.

Dr. Jeannie Ng Sum (A.334)
69 Jalan Ampang
50450 Kuala Lumpur.

Dr. Sharnjit Singh (0.533)
179 Jalan Genting Klang
53300 Kuala Lumpur.

Dr. Margaret Yoong Chai Choo (0.547)
Young, Newton and Partners
4 Jalan Ampang
50450 Kuala Lumpur.

Dr. M.S. Balajeyagaran (0.565)
No.6 Jalan Enam
Taman Seputeh
58000 Kuala Lumpur.

Dr. Suriana Hanur Harith (0.575)
No.19, Jalan Tunku
Bukit Tunku
50480 Kuala Lumpur.

Dr. Hashim bin Noh (0.583)
Drs. Young, Newton & Partners
4 Jalan Ampang
50450 Kuala Lumpur.

Dr. M. Nadarajah s/o S. Murugasu
Klinik Murugasu
No.29 Jln. Tun Mohd. Fuad Tiga
Taman Tun Dr. Ismail
60000 Kuala Lumpur.

Dr. Thurairaju s/o S. Krishna
(0.651)
Klinik Raj & Rakan Rakan
778 Jalan Sentul
51000 Kuala Lumpur.

Dr. S. Ram Naidu (0.654)
Klinik Melawati
9143 Jalan Bandar Empat
Taman Melawati
53100 Kuala Lumpur.

Dr. Inderjit Singh Ludher (0.668)
88, Jln. Nyaman Satu
Bukit Indah
Kuala Lumpur.

Dr. Clifford Peters (0.666)
45 Jln. Chow Kit
50350 Kuala Lumpur.

Dr. Jeswender Singh (A.758)
3-28 A, Jalan Udang Siar
Taman Sri Segambut
52000 Kuala Lumpur.

Dr. Sasidharan Balakrishnan Nair (A.662)
Hospital Joa
19 Km. Gombak
53100 Kuala Lumpur.

Dr. Khin May Than @ Dr. Rabiah
Gullum Rahman (A.702)
No.33, Taman Desaminang Gombak
68100 Kuala Lumpur.

Dr. Lim Heng Hong (D.694)
15, Jalan Bangsar
59200 Kuala Lumpur.

Dr. Wong Siew Fang (0.704)
346, Jalan Pudu
55100 Kuala Lumpur.

Dr. S. Ramachandran (O.641)
118, Jalan Imbi
55100 Kuala Lumpur.

Dr. Tee Lian Kim (F.194)
Dr. Young, Newton & Partners
4 Jalan Ampang
50450 Kuala Lumpur.

Dr. Hamidah binti Abdul Karim (A.661)
Flat 8F Komsis Perubatan U.K.M.
Jalan Temerloh
532000 Kuala Lumpur.

Dr. Hammidah bt. Abdul Majeed (O.698)
38, Jln. Tun Mohd. Fuad
Taman Tun Dr. Ismail
60000 Kuala Lumpur.

Dr. Sannasy Aplanaido (A.626)
A & E Department
P.O. Box 206 Gombak
Pusat Pakar Tawakal
Jalan Pahang
53000 Kuala Lumpur.

PETALING JAYA

Dr. Stephen Dorairaj (D.344)
3 SS 22a/1
Damansara Jaya
47400 Petaling Jaya.

Dr. Shanta Oommen (0.609)
No.7, Section 16/3B
Petaling Jaya
Selangor.

Dr. Peter Tang (D.379)
48 Jalan Sultan
46000 Petaling Jaya.

Dr. Hamidah Ismail (0.530)
No.1, Jln. Beta SS 21/6
47400 Petaling Jaya
Selangor.

Dr. Ng Eng Khiam (0.506)
No.42 SS2/66
47300 Petaling Jaya.

Dr. Vimala Devi Muthurthamby
Klinik Leela Ratos
86 Jalan Othman
Petaling Jaya.

Dr. Chin Kon Yoon (F.133)
52, Jalan Othman
Petaling Jaya
Selangor.

Dr. Ong See Cheen (0.617)
27, Jalan SS 22/39
Petaling Jaya
Selangor.

Dr. Lum Siew Heng (A.596)
27, Jln. SS 22/4, Damansara Utama
47400 Petaling Jaya
Selangor.

Dr. Ling Ching Peng (0.714)
29, Jalan 20/2
46300 Petaling Jaya.

Dr. Lim Poh Ann (0.738)
47, Jalan SS2/43
47300 Petaling Jaya
Selangor.

Dr. Yoong Meow Nyan (F 35)
20 Jalan 14/14
Off Jalan Semangat
46990 Petaling Jaya.

Dr. Loh Tak Seng (F.2211)
5 Jalan SS 2/37
47300 Petaling Jaya.

Dr. Foo Chee Shean (A.692)
72, Jalan 14/5
46100 Petaling Jaya
Selangor Darul Ehsan.

Dr. Teh Shok Kooi (0.700)
Klinik Teh
106, SS 21/35, Damansara Utama
47400 Petaling Jaya, Selangor Darul Ehsan.

JOHORE

Dr. Tan Chow Wei (D.590)
41 Jalan Ibrahim
Johore Bahru
80000 Johore.

Dr. Ling Yok Sik (A.527)
23 Jln. Dato Rauf
86000 Kluang
Johore.

Dr. Ng Ah Choo (F.356)
38 Jalan Genuang
Segamat
85000 Johore.

Dr. N. Sivalingam (D.388)
63 Taman Ria
Jalan Salleh
84000 Muar
Johor.

Dr. Chooi Sooi Lang (F.107)
11, Jalan Ismail
86000 Kluang
Johore.

Dr. Tay Soat Hoon (F.174)
3-3 Jalan Mohd Akil
Batu Pahat
83000 Johore.

Dr. Ng Kian Seng (F.313)
118 Jalan Mersing
Kluang
86000 Johore.

Dr. Tan Kien Huat (0.465)
Klinik K.H. Tan
115 Jalan Harimau Tarum
Century Garden
80250 Johore Bahru.

Dr. James Lew Fong How (F.293)
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APPENDIX 12

**Letters to the Chairman of the College of General
Practitioners of Malaysia**

UNIVERSITY OF GLASGOW

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THE UNIVERSITY,
GLASGOW, G12 8QQ

6 February 1987

Dr. K. Rajakumar
Chairman
Council Of College Of General Practitioners
c/o Malaysian Medical Association Building
Jalan Pahang
Kuala Lumpur
Malaysia

Dear Dr. Rajakumar,

It was suggested that I should contact you regarding my PhD project and some possible funding by Prof. Mahmud Mohd Nor, Dean, Faculty of Medicine, U.K.M. and Assoc. Prof. Sharifah Hapsah Syed Hassan, Medical Education Unit, Faculty of Medicine, U.K.M. during their recent visit to the University of Glasgow and to other universities in the United Kingdom.

I am a lecturer with the Faculty of Education, University of Malaya and am currently working on my doctoral programme in the University of Glasgow. My research topic is:

Open Learning Systems For The Continuing Education Of Professionals In Malaysia.

For the purpose of my doctoral thesis I am developing open learning materials for continuing professional education or development in the medical profession and the teaching profession.

A meeting was arranged by the Glasgow University authorities for Prof. Mahmud and Assoc. Prof. Sharifah to meet with Mr. W. R. Dunn and myself to discuss continuing medical education in general and my project in particular. The Malaysian visitors were rather surprised and impressed that a fellow Malaysian is already researching in the area of continuing professional education and is studying the medical and teaching professions in Malaysia. Special concern was shown for the Doctors' Project and the importance of its need at the present time in Malaysia was discussed. To the question of possible funding, it was suggested that U.K.M. would try to assist. However, both Prof. Mahmud and Assoc. Prof. Sharifah were very insistent that the body to contact in Malaysia would be the Malaysian College of General Practitioners for some positive funding.

At the present stage I have developed the learning modules and these will be very soon going to the designers and printers. I am using a technique called the latent image printing for the Doctors' Project and this is a relatively new technique in the field. We have a printer in Scotland who has available the ink and technical know-how for printing the modules to be used in the pilot study.

The following intends to provide a brief description of the doctors' modules to be used in the study.

Project: Doctors Diary

Description

This is a distance learning, continuing education programme for physicians in the community. A case is presented in terms of extracts from a doctor's diary. There are six cases in the Doctors' Project. Each case presents a different problem and participants are asked to compare their management with that of the experts.

The participants get immediate feedback using the latent image processing pen that is provided with each module. Participants have to return the feedback questionnaire in the pre-paid envelope.

Audience

100 general practitioners in Kelantan and Penang.

Media

Patient management problems.

Latent image printing to provide immediate feedback.

Distance learning.

Educational Issues

1. The diary format allows a case to extend over a period of time.
2. The use of latent image printing for feedback allows immediate feedback to the participant.

The modules were developed with the assistance of Dr. Aziz Baba, Faculty of Medicine, U.S.M. Kota Baru, Dr. Stuart Murray, Adviser in General Practice, Postgraduate Medical Education, University of Glasgow, Scotland and my doctoral programme supervisor, Mr. W.R. Dunn who is Honorary Consultant, Centre for Medical Education, Ninewells Hospital, Dundee, Scotland. Mr. W.R. Dunn is also Consultant to major Swedish project on continuing education for Swedish pharmacists. The Swedes will also be using the same printer in Scotland for their project. If my project findings are encouraging, we can then proceed to get a Malaysian printer to undertake latent image printing for future projects in Malaysia. The main thing from the printer's point of view is purchasing the latent image printing ink in bulk each time it is required for a job. Nevertheless, my supervisor and I are confident that the Malaysian participants involved in the pilot study will find the latent image technique an interesting and rewarding experience. The latent image technique is very popular in the U.K. and in instances where it has been used, has attracted high participation rates.

Mr. W. R. Dunn is well known to the Medical School in U.S.A., Penang and also to Prof. Ahmad and Assoc. Prof. Sharifah of U.K.A., Kuala Lumpur. I am also enclosing a copy of the paper that Mr. W. R. Dunn presented at a recent Conference in the U.S.A. It clearly outlines the kind of work he has been involved in, in the field of continuing medical education.

With this introduction, I wish to now direct your attention to the role of the Malaysian College of General Practitioners in the project. I seek your cooperation in three main areas.

1. I would value the involvement of the Malaysian College of General Practitioners in the study. Obviously, I shall be sending you all draft material for your perusal.
2. I wish to request access to the mailing list of members of the College.
3. I wish to request the consideration of some financial assistance for the project by the Malaysian College of General Practitioners.

The University of Glasgow is paying UK£500.00 towards the cost of printing materials for the Teachers' Project.

Universiti Sains Malaysia is paying M\$1800.00 towards postage, photocopying and some secretarial assistance.

However, there still remains the cost of materials for the Doctors' Project, my travel expenses and subsistence and accommodation expenses during the field trips. I would truly value the financial assistance by the College for the remaining expenses attached. I await your response at your earliest convenience and would appreciate your cooperation and assistance.

Thanking you.

Yours sincerely,



Mrs Mogana Dhamotharan
Department of Education
University of Glasgow
63 Hillhead Street
Glasgow G12 8QQ
Scotland
United Kingdom

COST OF MATERIALS

<u>Item</u>	<u>Cost</u>
I. 6x200 modules using latent image printing	UK£1500.00
<u>Total</u>	<u>UK£1500.00</u>

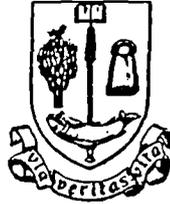
TRAVEL AND SUBSISTENCE ALLOWANCE

<u>Item</u>	<u>Cost</u>
I. Trip from Glasgow-Malaysia -Glasgow to set up procedures in May 1987	UK£545.00
2. Internal travel from K.L. - Kelantan - K.L. and K.L. - Penang - K.L.	UK£100.00
3. Other internal travel	UK£100.00
<u>Total</u>	<u>UK£745.00</u>

OTHER

<u>Item</u>	<u>Cost</u>
I. Subsistence allowance @ UK£20.00 per day for 14 days	UK£280.00
2. Accomodation allowance in Kelantan and Penang @ UK£30.00 per day for 14 days	UK£420.00
<u>Total</u>	<u>UK£700.00</u>

GRAND TOTAL UK£2945.00



TEL: 041-339 8855
EXT.

THE UNIVERSITY,
GLASGOW, G12 8QQ

31 March 1987

Dr. A.K. Rajakumar
Chairman of Council
College of General Practitioners of Malaysia
Room 6 & 7
5th Floor 41A House
124 Jalan Pahang
53000 Kuala Lumpur
Malaysia.

Dear Dr. Rajakumar,

Proposal for College participation in a pilot study in continuing education for General Practitioners in Malaysia.

Attached is a leaflet describing the project, for which I seek College cooperation. I would propose cooperation in the following ways:-

The College would act as the base from which the modules will be disseminated to the General Practitioners in Selangor and Wilayah Persekutuan.

The Medical Faculty of the Universiti Sains Malaysia in Kota Baru will be the base from which the modules will be disseminated to the General Practitioners in Kelantan.

For the purpose of mailing the modules to General Practitioners in Kelantan, access to the mailing list of members of the College based in Kelantan is requested.

The covering letter telling the General Practitioners about the project as well as the covering letter for the one feedback questionnaire to be administered to the participants in Selangor and Wilayah Persekutuan at the end of the series would be from the College, using the College letterhead.

The feedback questionnaire to be returned in pre-paid envelopes would be addressed to Dr. A.K. Rajakumar, Chairman of Council, College of General Practitioners of Malaysia, Room 6 & 7, 5th Floor 41A House, 124 Jalan Pahang, 53000 Kuala Lumpur. This again would apply to only those participants in Selangor and Wilayah Persekutuan. I shall then collect the returned feedback questionnaires from the College at the end of the project.

I shall be in Kuala Lumpur on 13th July 1987 and shall contact the College with the material to be sent to General Practitioners in Selangor and Wilayah Persekutuan. I shall have with me the series of six modules, printed and ready for the first in the series to be sent out to the General Practitioners. I shall also have with me the masters of the introductory letter and the feedback questionnaire to be used in the project. It is intended that the College letterhead paper be used for the introductory letter and that the College letterhead paper be also used for the covering letter of the feedback questionnaire.

It would be much appreciated if the College could undertake to provide the necessary photocopying facilities for the following:-

1. Introductory letter, using the College letterhead paper, to the General Practitioners in Selangor and Wilayah Persekutuan telling them about the project and asking them if they were willing to participate.
2. Covering letter using the College letterhead paper, of the one feedback questionnaire used in the project.
3. Duplication of the one feedback questionnaire used in the project for General Practitioners in Selangor and Wilayah Persekutuan.

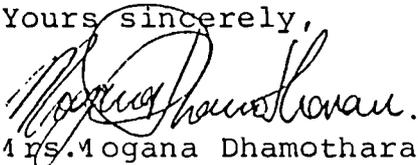
Furthermore, the College is kindly requested to provide the necessary stationery in the form of paper for duplication, letterhead paper, envelopes, self-adhesive address labels and postage stamps for the mailing of the six series of modules and also the feedback questionnaire with a pre-paid envelope provided for participants to reply to the College. Some secretarial assistance will be required for mailing the modules out at the appropriate intervals and typing of addresses of the respective General Practitioners in Selangor and Wilayah Persekutuan selected to participate in the project.

The modules will be sent out at the rate of one module per week and at the end of the series, it will be followed up by the feedback questionnaire.

I wish to thank you for your assistance and cooperation and for the participation of the College in this project.

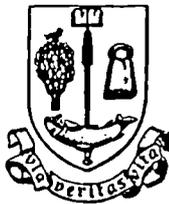
Thanking you, I await your reply.

Yours sincerely,



Mrs. Mogana Dhamotharan
Department of Education
University of Glasgow
63 Hillhead Street
Glasgow G12 8QQ
Scotland.

UNIVERSITY OF GLASGOW



TEL: 041-339 8855
EXT.

THE UNIVERSITY,
GLASGOW, G12 8QQ

21st April 1987.

Dr.M.K.Rajakumar
Chairman Of Council
College Of General Practitioners Of Malaysia
Room 6 & 7
5th Floor MMA House
124 Jalan Pahang
53000 Kuala Lumpur
Malaysia.

Dear Dr.Rajakumar,

Thank you for your letter dated 7th April 1987.I wish to draw your attention to my letter to you dated 6th February 1987 in which I have stated that for the purpose of my doctoral thesis I am carrying out this study on continuing education for professionals in Malaysia.

Apart from there being a need to develop continuing programmes in Malaysia for doctors,particularly doctors in the rural areas; the purpose of this study is also to investigate the appropriateness of the distance learning approach to the Malaysian situation with a pilot study using some of the techniques developed in Scotland.

The study will aim to investigate the administrative and logistical problems of implementing the pilot programme.

On the basis of the above,to prepare a plan for a costed programme of continuing education for doctors in the community in Malaysia.

Thanking you.

Yours sincerely,



Mrs. Mogana Dhamotharan

Department Of Education

University Of Glasgow

63 Hillhead Street

Glasgow G12 8QQ

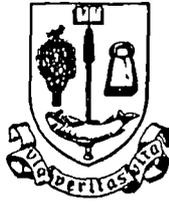
Scotland.

APPENDIX 13

**Translation of letter sent to the Educational Planning and
Research Division of the Ministry of Education of Malaysia**

UNIVERSITY OF GLASGOW

TEL: 041-339 8855
EXT.



THE UNIVERSITY,
GLASGOW, G12 8QQ

17hb 4arch 1987

Pengarah
Bah.Perancangan & Penyelidikan Pelajaran
(Unit Data)
Kementerian Pelajaran Malaysia
Paras 3 Blok J
Pusat Bandar Damansara
Kuala Lumpur

Tuan,

Permohonan untuk menjalankan penyelidikan di sekolah rendah di negeri
Selangor, Wilayah Persekutuan dan Kelantan

Saya adalah seorang pensyarah Fakulti Pendidikan, Universiti Malaya, Kuala Lumpur yang sedang mengikuti kursus PhD di University Glasgow di bawah skim cuti belajar.

Tajuk penyelidikan saya ialah:

Open learning systems for continuing education of professionals in Malaysia.

Kumpulan professional yang saya akan mengkaji terdiri daripada guru di sekolah rendah dan doktor (general practitioner).

Bahan-bahan yang akan digunakan dalam penyelidikan tersebut untuk guru-guru di sekolah rendah merupakan modul-modul 'problem-solving' yang digunakan mengikut method 'distance learning.'

Bahan-bahan ini disediakan khas untuk guru-guru di sekolah rendah yang mengajar bahasa Inggeris sebab modul-modul adalah 'problem-solving' dalam bidang pengajaran dan pembelajaran bahasa Inggeris.

Saya akan menjalankan penyelidikan ini daripada bulan Julai hingga bulan Oktober 1987 dan saya telah kembali ke Malaysia pada 7hb Julai 1987.

Dengan segala hormatnya saya ingin memohon kebenaran daripada bahagian tuan untuk menjalankan penyelidikan tersebut. Jika saya memerlukan surat kebenaran daripada tuan, tolong memberikan kebenaran dengan secepat mungkin. Jika saya harus memohon dalam borang tertentu tolong arahkan pihak bahagian tuan menghantar borang-borang tersebut kepada saya dengan secepat mungkin.

Saya berharap bahawa tuan akan mengambil tindakan sewajarnya dengan secepat mungkin.

Sekian, terima kasih.

Yang Benar,

Mogana Dhamotharan
Puan Mogana Dhamotharan
Department Of Education
University Of Glasgow
63 Hillhead Street
Glasgow G12 8QQ
Scotland

17th March 1987

Director
Educational Planning and
Research Division
Ministry of Education of Malaysia
Level 3, Block J
Damansara Town Centre
Kuala Lumpur.

Sir,

**Request for permission to conduct a study in selected
primary schools in the States of Selangor, Wilayah
Persekutuan and Kelantan**

I am a lecturer with the Faculty of Education, University of Malaya, Kuala Lumpur, and I am presently pursuing a Ph.D. at the University of Glasgow, Scotland, under the study leave scheme.

My research topic is:-

Open learning systems for continuing education of professionals in Malaysia.

The professionals in this study include teachers of English in primary schools and general practitioners.

The study will be based on distance learning techniques, utilising problem-oriented materials.

I intend to conduct the study from July to October 1987. I shall be returning to Malaysia on 7th July 1987.

I should be grateful if you could kindly give me a letter of permission to carry out my study at your earliest convenience.

Thanking you.

Yours sincerely,

Mrs. Mogana Dhamotharan
Department of Education
University of Glasgow
63 Hillhead Street
Glasgow G12 8QQ
Scotland.

APPENDIX 14

**Translation of letter sent to the Director of Education
for the State of Kelantan**

**FAKULTI PENDIDIKAN
UNIVERSITI MALAYA**

Lembah Pantai
KUALA LUMPUR 22-11
MALAYSIA



ALAMAT KAWAT: UNIVSEL
TELEFON: 572433
572693
572921

Bil. Kami:

18hb Julai 1987

Kepada,

Pengarah
Jabatan Pelajaran Negeri
Kelantan

Melalui

Ketua
Jabatan Pedagogi dan Psikologi Pendidikan
Fakulti Pendidikan, Universiti Malaya

[Handwritten Signature]
Ketua
Jabatan Pedagogi dan Psikologi Pendidikan
Fakulti Pendidikan, Universiti Malaya

Permohonan untuk menjalankan penyelidikan di sekolah rendah di negeri Kelantan

Adalah saya dengan hormatnya memohon kebenaran untuk menjalankan penyelidikan tersebut di negeri Kelantan.

Bersama-sama ini disertakan lampiran-lampiran seperti berikut:-

- Lampiran A - Cadangan penyelidikan;
- Lampiran B - Module yang digunakan dalam projek ini;
- Lampiran C - Soalselidik;
- Lampiran D - Senarai nama sekolah rendah;
- Lampiran E - Sampel penyelidikan;
- Lampiran F - Surat kebenaran daripada Bahagian Perancangan dan Penyelidikan Pelajaran;
- Lampiran G - Information sheet;
- Lampiran H - Research questions;
- Lampiran I - Schedule of work.

Sukacita jika pihak tuan akan meluluskan permohonan ini dengan secepat mungkin kerana masa untuk menjalankan projek tersebut terhad.

Sekian, terima kasih.

Yang benar,



Puan Mogana Dhamotharan
Pensyarah
Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur

18th July 1987

Director
Department of Education
Kelantan

Through:

Head
Department of Pedagogy and
Psychological Studies
Faculty of Education
University of Malaya
Kuala Lumpur

Sir,

**Request for permission to conduct a study in
primary schools in Kelantan**

I wish to request your permission to conduct a study in primary schools
in Kelantan.

Enclosed are the following:

- Enclosure A - Research proposal
- Enclosure B - Set of modules used in this project
- Enclosure C - Questionnaire
- Enclosure D - List of selected primary schools in Kelantan
- Enclosure E - Research sample
- Enclosure F - Letter of permission from the Educational Planning
and Research Division of the Ministry of Education
- Enclosure G - Information sheet
- Enclosure H - Research questions
- Enclosure I - Schedule of work

I should be most grateful if you could kindly approve my request at
your earliest convenience because of the limited time available to
conduct this study.

Thanking you.

Yours sincerely,

Mrs. Mogana Dhamotharan
Lecturer
Faculty of Education
University of Malaya
59100 Kuala Lumpur.

APPENDIX 15

**Translation of letter sent to the Director of Education
for the State of Selangor**

**FAKULTI PENDIDIKAN
UNIVERSITI MALAYA**

Lembah Pantai
KUALA LUMPUR 22-11
MALAYSIA



ALAMAT KAWAT: UNIVSEL
TELEFON: 572433
572693
572921

BII. Kami:

18hb Julai 1987

Kepada,

Pengarah
Jabatan Pelajaran Negeri
Selangor

Melalui

Ketua
Jabatan Pedagogi dan Psikologi Pendidikan,
Fakulti Pendidikan, Universiti Malaya

Ketua
Jabatan Pedagogi & Psikologi Pendidikan
Fakulti Pendidikan
Universiti Malaya

Permohonan untuk menjalankan penyelidikan di sekolah rendah di negeri
Selangor

Adalah saya dengan hormatnya memohon kebenaran untuk menjalankan penyelidikan tersebut di negeri Selangor.

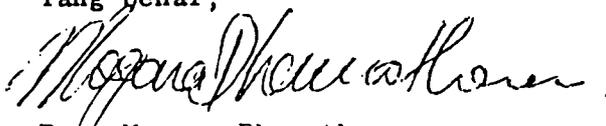
Bersama-sama ini disertakan lampiran-lampiran seperti berikut:-

- Lampiran A - Cadangan penyelidikan;
- Lampiran B - Module yang digunakan dalam projek ini;
- Lampiran C - Soalselidik;
- Lampiran D - Senarai nama sekolah rendah;
- Lampiran E - Sampel penyelidikan;
- Lampiran F - Surat kebenaran daripada Bahagian Perancangan dan Penyelidikan Pelajaran;
- Lampiran G - Information sheet;
- Lampiran H - Research questions;
- Lampiran I - Schedule of work.

Sukacita jika pihak tuan akan meluluskan permohonan ini dengan secepat mungkin kerana masa untuk menjalankan projek tersebut terhad.

Sekian, terima kasih.

Yang benar,



Puan Mogana Dhamotharan
Pensyarah
Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur

18th July 1987

Director
Department of Education
Selangor

Through:

Head
Department of Pedagogy and
Psychological Studies
Faculty of Education
University of Malaya
Kuala Lumpur

Sir,

**Request for permission to conduct a study in
primary schools in Selangor**

I wish to request your permission to conduct a study in primary schools
in Selangor.

Enclosed are the following:

Enclosure A	-	Research proposal
Enclosure B	-	Set of modules used in this project
Enclosure C	-	Questionnaire
Enclosure D	-	List of selected primary schools in Selangor
Enclosure E	-	Research sample
Enclosure F	-	Letter of permission from the Educational Planning and Research Division of the Ministry of Education
Enclosure G	-	Information sheet
Enclosure H	-	Research questions
Enclosure I	-	Schedule of work

I should be most grateful if you could kindly approve my request at
your earliest convenience because of the limited time available to
conduct this study.

Thanking you.

Yours sincerely,

Mrs. Mogana Dhamotharan
Lecturer
Faculty of Education
University of Malaya
59100 Kuala Lumpur.

APPENDIX 16

**Translation of letter sent of the Director of
Education for Wilayah Persekutuan**

**FAKULTI PENDIDIKAN
UNIVERSITI MALAYA**

Lembah Pantai
KUALA LUMPUR 22-11
MALAYSIA



ALAMAT KAWAT: UNIVSEL
TELEFON: 572433
572693
572921

Bil. Kami:

18hb Julai 1987

Kepada,

Pengarah
Jabatan Pelajaran
Wilayah Persekutuan

Melalui

Ketua
Jabatan Pedagogi dan Psikologi Pendidikan
Fakulti Pendidikan, Universiti Malaya


Ketua
Jabatan Pedagogi & Psikologi Pendidikan
Fakulti Pendidikan
Universiti Malaya

Permohonan untuk menjalankan penyelidikan di sekolah rendah di
Wilayah Persekutuan

Adalah saya dengan hormatnya memohon kebenaran untuk menjalankan
penyelidikan tersebut di Wilayah Persekutuan.

Bersama-sama ini disertakan lampiran-lampiran seperti berikut:-

- Lampiran A - Cadangan penyelidikan;
- Lampiran B - Module yang digunakan dalam projek ini;
- Lampiran C - Soalselidik;
- Lampiran D - Senarai nama sekolah rendah;
- Lampiran E - Sampel penyelidikan;
- Lampiran F - Surat kebenaran daripada Bahagian Perancangan dan Penyelidikan Pelajaran;
- Lampiran G - Information sheet;
- Lampiran H - Research questions;
- Lampiran I - Schedule of work.

Sukacita jika pihak tuan akan meluluskan permohonan ini dengan secepat mungkin kerana masa untuk menjalankan projek tersebut terhad.

Sekian, terima kasih.

Yang benar,



Puan Mogana Dhamotharan
Pensyarah
Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur

18th July 1987

Director
Department of Education
Wilayah Persekutuan

Through:

Head
Department of Pedagogy and
Psychological Studies
Faculty of Education
University of Malaya
Kuala Lumpur

Sir,

**Request for permission to conduct a study in
primary schools in Wilayah Persekutuan**

I wish to request your permission to conduct a study in primary schools
in Kelantan.

Enclosed are the following:

Enclosure A	-	Research proposal
Enclosure B	-	Set of modules used in this project
Enclosure C	-	Questionnaire
Enclosure D	-	List of selected primary schools in Wilayah Persekutuan
Enclosure E	-	Research sample
Enclosure F	-	Letter of permission from the Educational Planning and Research Division of the Ministry of Education
Enclosure G	-	Information sheet
Enclosure H	-	Research questions
Enclosure I	-	Schedule of work

I should be most grateful if you could kindly approve my request at
your earliest convenience because of the limited time available to
conduct this study.

Thanking you.

Yours sincerely,

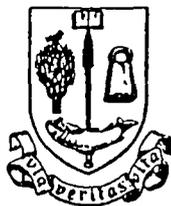
Mrs. Mogana Dhamotharan
Lecturer
Faculty of Education
University of Malaya
59100 Kuala Lumpur.

APPENDIX 17

**Letter to the Dean of the Medical Faculty of
Universiti Sains Malaysia in Penang**

UNIVERSITY OF GLASGOW

TEL: 041-339 8855
EXT.



THE UNIVERSITY,
GLASGOW, G12 8QQ

10 March 1987

Dr Mohammed Roslani Abdul Majid
Dean
School of Medical Sciences
Universiti Sains Malaysia
Penang

Dear Dr Roslani,

I should like to thank you for your support of the project on continuing education for community doctors in Kelantan. I also wish to thank the Research Committee for approving M\$1800.00 to cover secretarial, photocopying and postage costs.

I shall be in Malaysia in July and I have already sent to Dr Aziz a detailed time table of dates.

Mr W.R. Dunn has also written to you requesting help with accommodation for me in Kota Baru. We would certainly appreciate your help in this matter.

Thanking you.

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'Mona Dhamotharan'.

Mrs Mona Dhamotharan
Department of Education
University of Glasgow
63 Hillhead Street
Glasgow G12 8QQ
Scotland
United Kingdom

APPENDIX 18

**List of persons contacted in conjunction
with the study**

En. Abu Bakar bin Don
Ketua Penolong Pengarah
Bahagian Pendidikan Guru
Kementerian Pendidikan Malaysia
Kuala Lumpur

Tn. Hj. Abd. Ghaffar bin Hj. Yusoff
Senior Assistant
SRK Dato' Hashim
Kelantan

Mr. Anthony M. Xavier
Senior Assistant
SRK St. John (Dua)
Kuala Lumpur

En. Arshad bin Rajah
Senior Assistant
SRK Raja Muda
Shah Alam
Selangor

Dr. Aziz Baba
Faculty of Medicine
University Sains Malaysia
Kelantan

Miss Chua
Executive Director
Balai Ikhtisas Malaysia

Pn. Faridah Bt. Abu Hassan
Education Officer
EPRD
Ministry of Education of Malaysia
Kuala Lumpur

Hj. Ghazali bin Hj. Siling
Senior Assistant
SK Kota
Kelantan

Miss Glennis Tavener
Glasgow School of Chiropody
Scotland

Dr. Hanafi Kamal
Selangor Education Department
Kuala Lumpur

Mrs. Helen Chong
College of General Practitioners
of Malaysia
Kuala Lumpur

En. Mahsan bin Hj. Ismail
Clerk
SK Klang
Selangor

Hj. Mohammed bin Yasok
Senior Assistant
SK Padang Garong
Kelantan

Dr. Mohammad Roslani Abdul
Majid
Dean
School of Medical Sciences
Universiti Sains Malaysia
Penang

Dr. T.S. Murray
Adviser in General Practice
Postgraduate Medical Education
University of Glasgow
Scotland

Mr. Nigel Paine
Assistant Director
Learning Systems Unit
Scottish Council for
Educational Technology
Glasgow

Mr. N. Nithiyanthan
Research Officer
Malaysian Medical Association
Kuala Lumpur

En. Nordin bin Siran
Senior Assistant
SRK Damansara Jaya
Petaling Jaya
Selangor

Dr. M.K. Rajakumar
College of General Practitioners
of Malaysia
Kuala Lumpur

Dr. Ronnie Carr
Staff Tutor
School of Education
The Open University
Glasgow
Scotland

Miss Jennifer Laidlaw
Centre for Medical Education
University of Dundee
Ninewells Hospital
Dundee
Scotland

Mrs. Jodhy Agamutu
Faculty of Medicine
University of Malaya
Kuala Lumpur

Mr. Kenneth Winter
MTM
Perth
Scotland

Mr. Kwong Sea Hung
Senior Assistant
SRK Bukit Damansara
Kuala Lumpur

Pn. Siti Norhayati Ab. Majid
Clerk
SRK Kota
Kelantan

Che Wan Teh Aminah
Bahagian Latihan Guru
Kementerian Pendidikan Malaysia
Kuala Lumpur

En. Wan Yazid bin Wan Ab. Rahman
Unit Perhubungan & Pendaftaran
Jabatan Pendidikan
Kelantan

En. Zahari
EPRD
Ministry of Education
Kuala Lumpur

En. Zakaria bin Mohamed
Senior Assistant
SRK Kota
Kelantan

APPENDIX 19

Translation of letter sent to the Head of each primary school
in the project in Kelantan, Selangor and Wilayah Persekutuan

Translation of letter sent to the Head of each primary school in Kelantan.

Sir,

Open Learning Systems for Continuing Education of Professionals in Malaysia (Teacher's Diary)

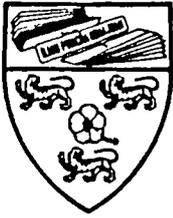
I wish to thank you and the teachers participating in this project for the kind co-operation.

I enclose a copy of the letter of permission to conduct the study from the Kelantan State Department of Education and the list of primary schools participating in the project for record purposes.

Thanking you.

Yours sincerely,

Mrs. Mogana Dhamotharan
Lecturer
Faculty of Education
University of Malaya
59100 Kuala Lumpur



Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur, Malaysia.

TEL: 7572433
TELEX: unimal MA 37453

Faculty of Education, University of Malaya, 59100 Kuala Lumpur.

29hb. Julai 1987

Haji Zulkifli Yusoff AK
Guru Besar
Sekolah Rendah Keb. Ismail Petra
Kompleks Sekolah-Sekolah
Wakaf Mek Zainab
15300 Kota Bharu
Kelantan.

Tuan,

Open Learning Systems for Continuing Education of
Professionals in Malaysia

Dengan hormatnya saya ingin mengucapkan terima kasih ke atas segala pertolongan dan kerjasama tuan dan guru-guru dalam penyelidikan tersebut.

Bersama-sama ini saya sertakan surat kebenaran daripada Jabatan Pelajaran Negeri Kelantan dan Senarai sekolah rendah yang terlibat dalam kajian tersebut untuk rekod dan fail tuan.

Sekian, terima kasih.

Yang benar,

(Puan Mogana Dhamotharan)
Pensyarah
Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur.



Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur, Malaysia.

TEL: 7572433
TELEX: unimal MA 37453

Faculty of Education, University of Malaya, 59100 Kuala Lumpur.

29hb. Julai 1987

Haji Omar bin Haji Ismail
Guru Besar
Sekolah Kebangsaan Padang Garong
Kompleks Sekolah-Sekolah
15300 Kota Bharu
Kelantan.

Tuan,

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29hb. Julai 1987

Encik Wan Mohd. Saidi b. Wan Mustapha
Guru Besar
SRK Sultan Ismail (Tiga)
Batu 2½, Jalan Kuala Krai
15150 Kota Bharu
Kelantan.

Tuan,

Open Learning Systems for Continuing Education of
Professionals in Malaysia

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29hb. Julai 1987

Puan Hajjah Shaidah Bahar Rasip
Guru Besar
Sekolah Rendah Kebangsaan Zainab (2)
Jalan Telipot
15050 Kota Bharu
Kelantan.

Tuan,

Open Learning Systems for Continuing Education of
Professionals in Malaysia

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59100 Kuala Lumpur, Malaysia.

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29hb. Julai 1987

Tuan Hj. Ismail bin Haji Abdul Manaf
Guru Besar
Sekolah Rendah Kebangsaan Kota
Jalan Salor
15100 Kota Bharu
Kelantan.

Tuan,

Open Learning Systems for Continuing Education of
Professionals in Malaysia

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29hb. Julai 1987

Haji Yusoff bin Haji Ismail
Guru Besar
Sekolah Kebangsaan Kota
Jalan Salor
15100 Kota Bharu
Kelantan

Tuan,

Open Learning Systems for Continuing Education of
Professionals in Malaysia

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29hb. Julai 1987

Haji Alias Harun
Guru Besar
Sekolah Rendah Kebangsaan Islah
Jalan Hospital
15200 Kota Bharu
Kelantan.

Tuan,

Open Learning Systems for Continuing Education of
Professionals in Malaysia

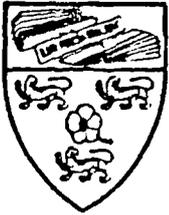
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29hb. Julai 1987

Encik Mahinder Singh
Guru Besar
Sekolah Kebangsaan Kubang Kerian
16150 Kota Bharu
Kelantan.

Tuan,

Open Learning Systems for Continuing Education of
Professionals in Malaysia

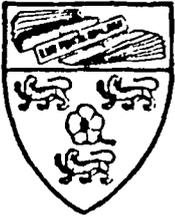
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59100 Kuala Lumpur, Malaysia.**

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29hb. Julai 1987

Tuan Haji Hussain bin Mohamed
Guru Besar
Sekolah Kebangsaan Demit
16150 Kota Bharu
Kelantan.

Tuan,

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Professionals in Malaysia

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29hb. Julai 1987

Encik Nik Abdullah bin Nik Mahmood
Guru Besar
Sekolah Rendah Dato' Hashim
Pengkalan Chepa
16100 Kota Bharu
Kelantan.

Tuan,

Open Learning Systems for Continuing Education of
Professionals in Malaysia

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29hb. Julai 1987

Encik Sulaiman bin Ibrahim
Guru Besar
Sekolah Rendah Kebangsaan Sultan Ibrahim (2)
17000 Pasir Mas
Kelantan.

Tuan,

Open Learning Systems for Continuing Education of
Professionals in Malaysia

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29hb. Julai 1987

Encik Ibrahim bin Ngah P.B.
Guru Besar
Sekolah Rendah Kebangsaan Hamzah
18500 Machang
Kelantan.

Tuan,

Open Learning Systems for Continuing Education of
Professionals in Malaysia

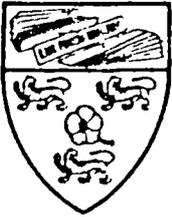
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59100 Kuala Lumpur.



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Universiti Malaya
59100 Kuala Lumpur, Malaysia.

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29hb. Julai 1987

Haji Ismail bin Haji Abdul Rahman
Sekolah Rendah Kebangsaan Kamil (1)
16800 Pasir Puteh
Kelantan.

Tuan,

Open Learning Systems for Continuing Education of
Professionals in Malaysia

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Yang benar,

(Puan Mogana Dhamotharan)
Pensyarah
Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur.

Translation of letter sent to the Head of each primary school in Selangor.

Sir/Madam,

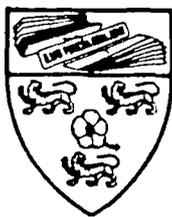
**Open Learning Systems for Continuing Education of Professionals
in Malaysia (Teacher's Diary)**

I wish to thank you for all your kind assistance and co-operation.

Thanking you.

Yours sincerely,

Mrs. Mogana Dhamothara
Lecturer
Faculty of Education
University of Malaya
59100 Kuala Lumpur



Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur, Malaysia.

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21hb Ogos 1987

Puan Hjh. Siti Hendon bt. Abdullah
Guru Besar
Sekolah Ren. Keb. Damansara Jaya
Jalan SS 22/48
47400 Petaling Jaya.

(U.P.: Encik Nordin b. Siran, Guru Penolong Kanan)

Puan Hjh. Siti Hendon bt. Abdullah,

Open Learning Systems for Continuing Education of
Professionals In Malaysia (Teacher's Diary)

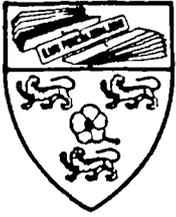
Dengan hormatnya saya ingin mengucapkan terima kasih untuk segala
pertolongan dan kerjasama dalam penyelidikan tersebut.

Sekian, terima kasih.

Yang benar,

Puan Mogana Dhamotharan
Pensyarah
Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur.

DM/za



Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur, Malaysia.

TEL: 7572433
TELEX: unimal MA 37453

Faculty of Education, University of Malaya, 59100 Kuala Lumpur.

21hb Ogos 1987

Sr. Assunta Therese
Guru Besar
Sekolah Ren. Keb. Assunta Satu
46050 Petaling Jaya
Selangor.

Sr. Assunta Therese,

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Professionals In Malaysia (Teacher's Diary)

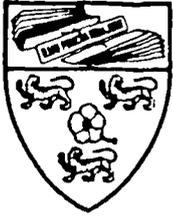
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Puan Mogana Dhamotharan
Penysrah
Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur.

DM/za



Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur, Malaysia.

TEL: 7572433
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Faculty of Education, University of Malaya, 59100 Kuala Lumpur.

21hb Ogos 1987

Cik Lucy Chow
Guru Besar
Sekolah Ren. Keb. Assunta (Dua)
Jalan Assunta
46050 Petaling Jaya
Selangor.

Cik Lucy Chow,

Open Learning Systems for Continuing Education of
Professionals In Malaysia (Teacher's Diary)

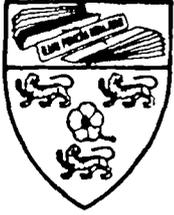
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Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur.

DM/za



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Universiti Malaya
59100 Kuala Lumpur, Malaysia.

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21hb Ogos 1987

Encik Harun Bin Abu Kassim
Guru Besar
Sekolah Kebangsaan Subang
Pejabar Pos Batu Tiga
40000 Shah Alam
Selangor.

Tuan,

Open Learning Systems for Continuing Education of
Professionals In Malaysia (Teacher's Diary)

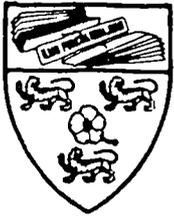
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59100 Kuala Lumpur.

DM/za



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59100 Kuala Lumpur, Malaysia.

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21hb Ogos 1987

Encik Amran A. Hamid
Guru Besar
Sekolah Ren. Keb. Taman Sri Muda
Seksyen 25
40000 Shah Alam
Selangor.

Tuan,

Open Learning Systems for Continuing Education of
Professionals In Malaysia (Teacher's Diary)

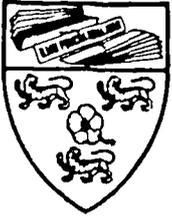
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DM/za



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Universiti Malaya
59100 Kuala Lumpur, Malaysia.

TEL: 7572433
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Faculty of Education, University of Malaya, 59100 Kuala Lumpur.

11hb Ogos 1987

Encik Yahya B. Abdul Rashid
Guru Besar
Sekolah Ren. Keb. Raja Muda
Leksyen 4
Tanjong Alam
Kuala Lumpur.

U.P. : Encik Arshad B. Rejab, Guru Penolong Kanan)

Tuan,

Open Learning Systems for Continuing Education of
Professionals In Malaysia (Teacher's Diary)

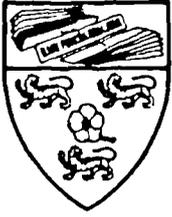
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Sejakian, terima kasih.

Salam benar,

Tuan Mogana Dhamotharan
Penyarah
Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur.

M/za



Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur, Malaysia.

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TELEX: unimal MA 37453

Faculty of Education, University of Malaya, 59100 Kuala Lumpur.

21hb Ogos 1987

Encik Mohd Baki b. Hj. Mohd Tahir
Guru Besar
Sekolah Keb., Klang
Jalan Dato' Hamzah
41000 Klang
Selangor.

Tuan,

Open Learning Systems for Continuing Education of
Professionals In Malaysia (Teacher's Diary)

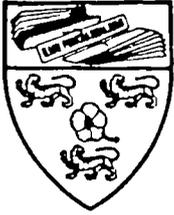
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21hb Ogos 1987

Cik R. Sundram
Guru Besar
Sekolah Ren. Keb. Methodist (Perempuan)
Jalan Raya Barat
41000 Klang
Selangor.

(U.P.: Puan S. Chandy, Guru Penolong Kanan)

Cik R. Sundram,

Open Learning Systems for Continuing Education of
Professionals In Malaysia (Teacher's Diary)

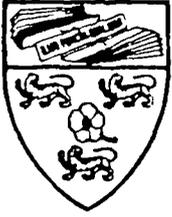
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21hb Ogos 1987

Encik Ismail bin Bakar
Guru Besar
Sekolah Ren. Keb. Taman Klang Jaya
Jalan Langat
41200 Klang
Selangor.

Tuan,

Open Learning Systems for Continuing Education of
Professionals In Malaysia (Teacher's Diary)

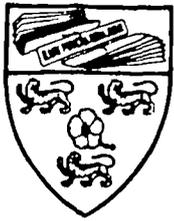
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21hb Ogos 1987

Encik Abd. Kahar b. Yusof
Guru Besar
Sekolah Keb. Bandar
Pejabat Pos Banting
42700 Kuala Langat
Selangor.

Tuan,

Open Learning Systems for Continuing Education of
Professionals In Malaysia (Teacher's Diary)

Dengan hormatnya saya ingin mengucapkan terima kasih untuk segala
pertolongan dan kerjasama dalam penyelidikan tersebut.

Sekian, terima kasih.

Yang benar,

Puan Mogana Dhamotharan
Pensyarah
Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur.

DM/za

Translation of letter sent to the Head of each primary school in Wilayah Persekutuan.

Sir/Madam,

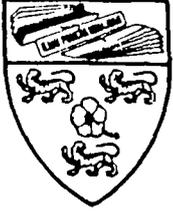
**Open Learning Systems for Continuing Education of Professionals
in Malaysia (Teacher's Diary)**

I wish to thank you for all your kind assistance and co-operation during the implementation of the above named project.

Thanking you.

Yours sincerely,

Mrs. Mogana Dhamotharan
Lecturer
Faculty of Education
University of Malaya
59100 Kuala Lumpur



Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur, Malaysia.

TEL: 7572433
TELEX: unimal MA 37453

Faculty of Education, University of Malaya, 59100 Kuala Lumpur.

9th September, 1987

En. Louis Danasamy
Guru Besar
SRK La Salle (1) Brickfields
50470 Kuala Lumpur

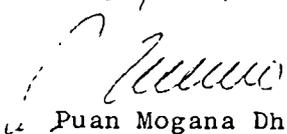
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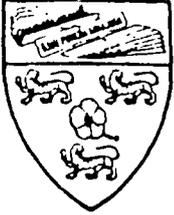
Open Learning Systems For Continuing Education of
Professionals In Malaysia (Teacher's Diary)

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Pensyarah
Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur



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9hb September, 1987

En. Yap Yin Fatt
Guru Besar
SRK Brickfields (Satu)
Jalan Sultan Abdul Samad
50470 Kuala Lumpur

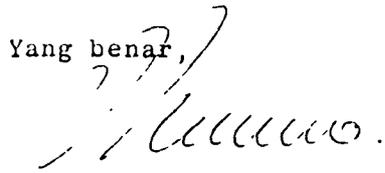
Tuan,

Open Learning Systems For Continuing Education of
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9hb September, 1987

En. Hew Weng Kong
Guru Besar
SRK St. John (Dua)
Jalan Bukit Nanas
50250 Kuala Lumpur

Tuan,

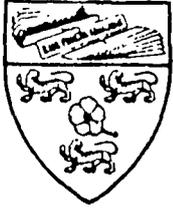
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Universiti Malaya
59100 Kuala Lumpur



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9hb September, 1987

Haji Mohd. Saad Yusof
Guru Besar
SK Datok Keramat (Satu)
Kampung Datok Keramat
54000 Kuala Lumpur

Tuan,

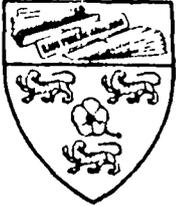
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9hb September, 1987

Tuan Haji Hassan Haji Mohamed
Guru Besar
SRK Bukit Damansara
Jalan Beringin
50490 Kuala Lumpur

U.P.: En. Kwong Sea Hung, Guru Penolong Kanan

Tuan,

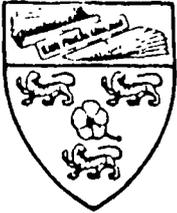
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9hb September, 1987

En. Mohd. Nordin Ahmad
Guru Besar
SK Taman Lucky
Bangsar
59100 Kuala Lumpur

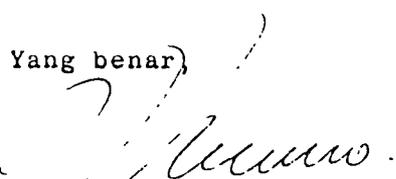
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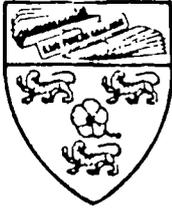
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9hb September, 1987

En. Khalid Ngah Lebar
Guru Besar
SK Bukit Bandaraya
Jalan Bangkung
Bukit Bandaraya
Bangsar
59100 Kuala Lumpur

Tuan,

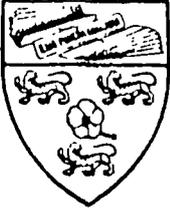
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Yang benar,)


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9hb September, 1987

En. L.A. Fernandez
Guru Besar
SRK La Salle Brickfields Dua
Jalan Tun Sambanthan
50470 Kuala Lumpur

Tuan,

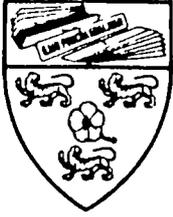
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9hb September, 1987

En. V. Subramaniam
Guru Besar
SRJK (T) Vivekananda
Jalan Tun Sambanthan
50470 Kuala Lumpur

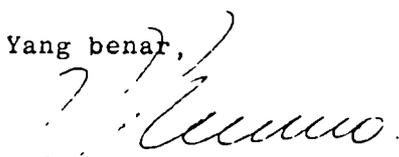
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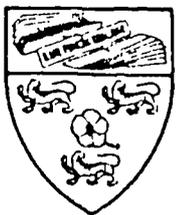
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Sekian, terima kasih.

Yang benar,


Puan Mogana Dhamotharan
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9hb September, 1987

Puan Rosie Low Eng Leong
Guru Besar
SRK Convent Satu
Bukit Nanas
Jalan Bukit Nanas
50250 Kuala Lumpur

Puan,

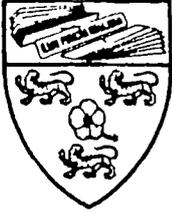
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9hb September, 1987

Sr. Bridget
Guru Besar
SRJK (C) St. Teresa
Jalan Abdul Samad
Brickfields
50470 Kuala Lumpur

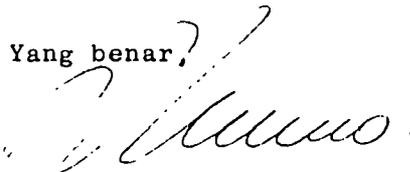
Puan,

Open Learning Systems For Continuing Education of
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Sekian, terima kasih.

Yang benar,


Puan Mogana Dhamotharan
Pensyarah
Fakulti Pendidikan
Universiti Malaya
59100 Kuala Lumpur

APPENDIX 20

Teachers' project information sheet

UNIVERSITY OF GLASGOW

The University,
Glasgow G12 8QQ

Information Sheet

Title of Research: Open learning systems for continuing education of professionals in Malaysia.

Project : Teacher's Diary

Description

This is a distance learning, continuing education programme for English language teachers in the Malaysian primary schools. A problem is presented in terms of classroom situations. There are six problems, each presenting different situations in the primary school English language classroom. The six problems commonly associated with English language teaching in Malaysian schools are:-

- * The apathetic child.
- * The bilingual crisis: How to cope with it in the language classroom.
- * Pupil talk in the classroom: How I can make it more meaningful.
- * More interesting lessons: How?
- * How to cope with classroom discipline.
- * Each to his own needs: How to help every child learn language.

Each problem has a set of questions. Participants are asked to indicate the solution of their choice and reply using the pre-paid card. They receive feedback on their choice with the next problem in the series.

At the end of the series, participants have to return one feedback questionnaire evaluating the series in the pre-paid envelope provided.

Audience

60 Primary school teachers in Selangor
60 Primary school teachers in Wilayah Persekutuan
60 Primary school teachers in Kelantan

Media

Classroom management problems
Individualised feedback
Distance learning

The modules were developed with the assistance of:-

Mr. W.R. Dunn, Doctoral Programme Supervisor and Senior Lecturer,
Department of Education, University of Glasgow, Scotland.

APPENDIX 21

Doctors' project information sheet

UNIVERSITY OF GLASGOW

The University,
Glasgow G12 8QQ

Information sheet

Title of Research: Open learning systems for continuing education of professionals in Malaysia.

Project: Doctor's Diary

Description

This is a distance learning, continuing education programme for doctors in the community. A case is presented in terms of extracts from a doctor's diary. There are six cases in the Doctors' Project. Each case presents a different problem. The six patient management problems include:

- * Management of an anaemic patient
- * Management of a young diabetic patient
- * Management of an osteoarthritic patient
- * Management of a hypertensive patient
- * Management of diabetes in an older patient
- * Management of an asthmatic patient

Participants are asked to rate various management decisions. They then go on to compare their decisions with that of the experts.

The participants get immediate feedback using the latent image processing pen that is provided. Participants have to return one feedback questionnaire in the pre-paid envelope at the end of the series.

Audience

254 General Practitioners in private practice in Malaysia.

Media

Patient management problems
Latent image printing to provide immediate feedback
Distance learning

The modules were developed with the assistance of the following:

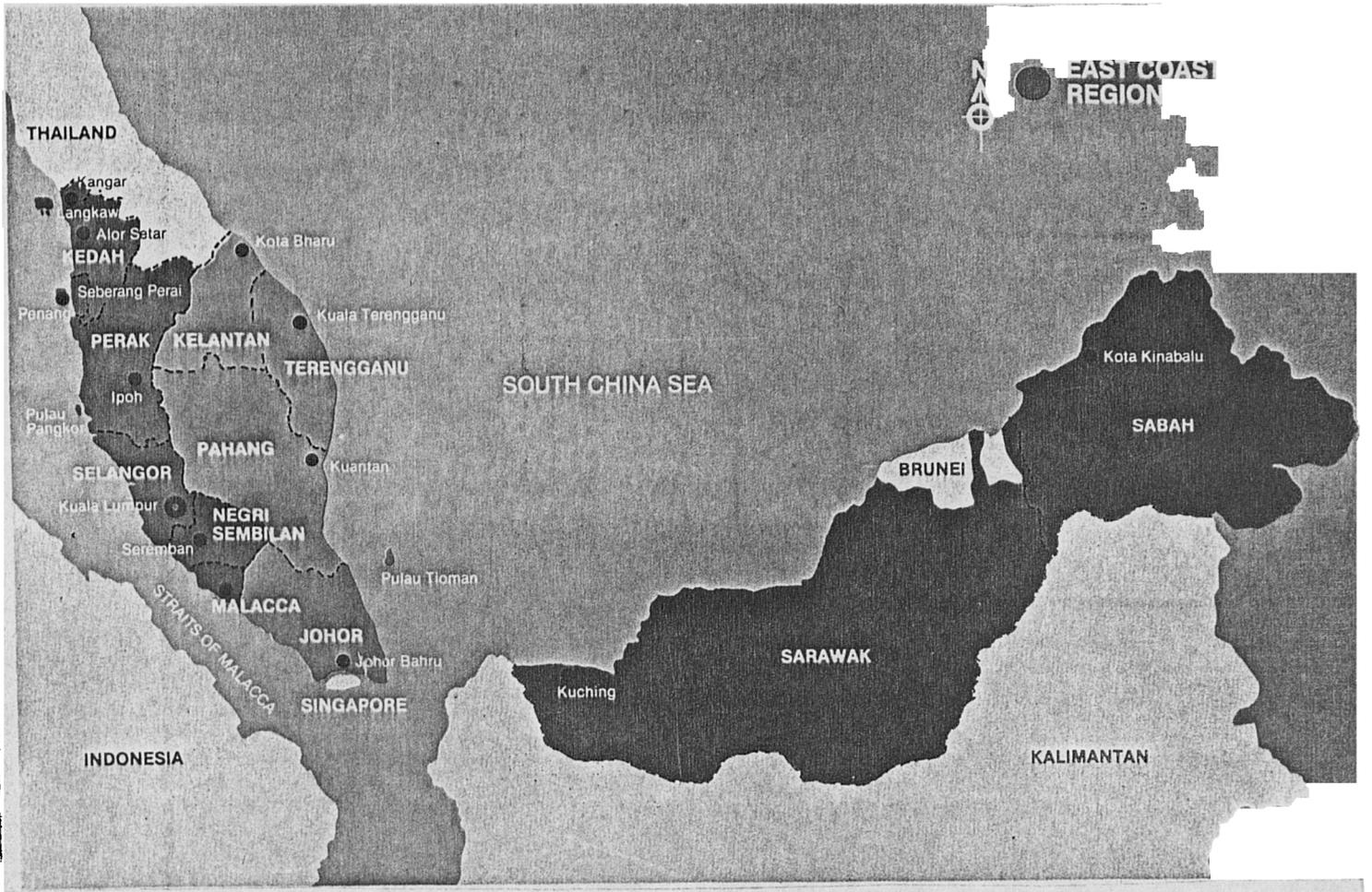
Mr. W.R. Dunn, Doctoral Programme Supervisor and Honorary Consultant, Centre for Medical Education, Ninewells Hospital, Dundee, Scotland.

Dr. T.S. Murray, Adviser in General Practice, Postgraduate Medical Education, University of Glasgow, Scotland.

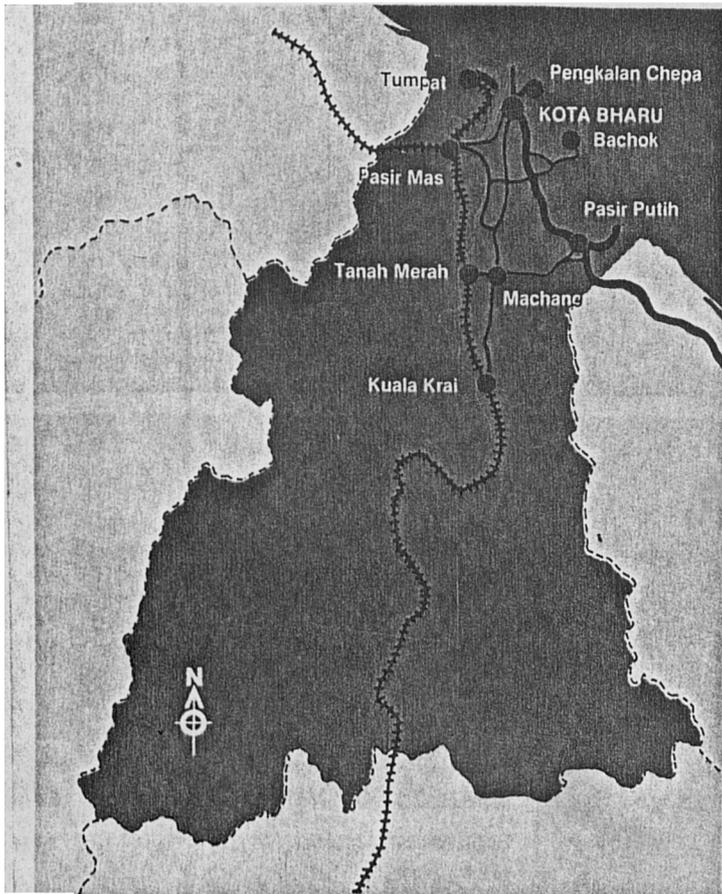
Dr. Aziz Baba, Faculty of Medicine, Universiti Sains Malaysia, Kota Baru, Kelantan.

APPENDIX 22

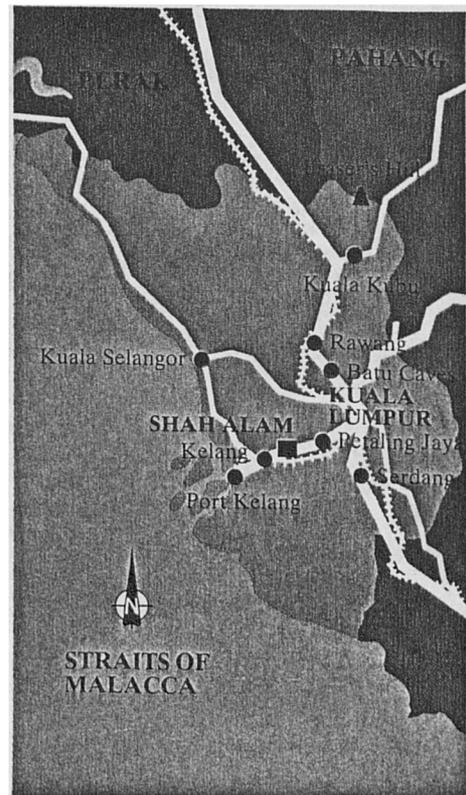
Map of Malaysia



MALAYSIA



KELANTAN



SELANGOR and
KUALA LUMPUR