

QUALITY

Malaysian Journal of Quality Vol.1

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Advantage And Customer
Satisfaction? A Strategic
Management Perspective

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Organization In UiTM: An
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Malaysian Journal of Quality

Edited by Assoc. Prof. Dr Roziyah Mohd Janor
Assoc. Prof. Dr Mohd Ismail Ramli
Assoc. Prof. Dr Wan Jaafar Wan Endut

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Malaysian Journal of Quality

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Institute of Quality and Knowledge Advancement (InQKA)

Level 4, Block 11, Intekma Resort & Convention Centre
Persiaran Raja Muda, Section 7, 40000 Shah Alam, Selangor
T: 603 5522 5411 F: 603 5522 5414 E: inka@salam.uitm.edu.my

Printed by: **N-Rin Marketing & Services**

313, Block 3, Shop Apartment Anggerik Indah
Section 16, 40200 Shah Alam, Selangor
T/F: 603 5518 4802

ISSN 1823-7347

Malaysian Journal of Quality

Number 1 ■ 2005

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EDITORIAL

This inaugural issue of the Malaysian Journal of Quality focuses on the theme, "Quality Initiative: From Strategy to Implementation". We are pleased to report that we received a number of excellent papers for this inaugural issue. Hence, we are publishing the papers in two parts: Part I in December 2005 (English) and Part II in February 2006 (Malay). The journal envisions to be an official platform for documenting any quality initiatives that has proven workable and of value to any organisational community or society at large. The journal will provide opportunities for academicians and professionals from various fields to interact via published work with members inside and outside their own particular disciplines.

This issue contains seven papers, all from academics from various local universities, but their papers represent findings from study done both inside and outside of universities. The first paper looks at whether quality differentiation strategies gives impact on companies competitive advantage and its' customer satisfaction. The second author proposed an alternative way of building a learning organisation by providing a case study done in a local university. While the third paper provides a finding from a case study that promotes the idea that diverse cognitive ability amongst its executive results in better financial performance.

In focusing on the theme of quality initiatives in the university environment, the following four papers revolves around issues on how to improve teaching, learning and management system in universities. The fourth paper touches on the idea of higher education as a service and it defines the concept of an excellent lecturer from students' perspectives by comparing findings from a university in the United Kingdom to that in Malaysia. It reveals that the most important attributes of an excellent lecturer are competence, communication, reliability, responsiveness, and understanding. The fifth paper shares a modest way of monitoring and improving student performance in a Medical program that includes student feedback, examination performance and question analysis. The sixth paper critically looks at various methods of teaching law and its contending issue between teaching law to non-law students and teaching full fledged law students, where the author concludes that there is no superior method of teaching law but suggests that the effective teaching method rests more on the self of the lecturer rather than the method and his/her ability to create balance between fulfilling the need to pass exams and to develop legal skills. Finally the seventh paper documents a roadmap that consists of nine steps that a faculty has undertaken in implementing the ISO 9001:2000 guidelines in improving its management system.

We hope that this issue of the Malaysian Journal of Quality will be useful in efforts to better understand how quality initiatives can promote impeccable improvement in any organisational setting.

Roziah Mohd Janor

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Editors

HOW STUDENT FEEDBACK RESULTED IN MARKED IMPROVEMENT IN EXAMINATION PERFORMANCE OF THE PIONEER BATCH OF UITM MEDICAL STUDENTS

**Edariah Abu Bakar, Adlina Suleiman, Mohd Iskandar Nik Jaafar,
Mohd Hamim Rajikin, Hakimi Zainal Abidin,
Othman Mansor and Abdul Rahim Mohd Nor**

ABSTRACT. Universiti Teknologi MARA is a young university with lofty ideals to be among the best as a world class institution of higher learning. The Medical Faculty is still an infant, being born recently in June 2003 when the first batch of 20 students began their 5-year medical program at the Jalan Othman Campus in Petaling Jaya. Being pioneers, we had to struggle against all odds, especially in terms of infrastructure and staff shortage. So despite their high CGPA score in the Matriculation examination, students' performance in the First Continuous Assessment was a dismal 65% failure rate. Analysis of the data from their performance in each paper and their feedback identified the problems as: 1) non-conducive learning and examination situations, 2) inadequate time for the essays and practical examinations, 3) unclear labeling of some practical specimens, and 4) inadequate mastery of English. Recommendations were made to address the problems. The interventions instituted resulted in tremendous improvement with 100% pass rate in the Second Continuous Assessment and the First Professional Examination. In the medical program, student feedback, examination performance and question analyses are adopted as routine monitoring and continuing improvement tools in student assessment, on top of the thorough vetting of questions, in line with ISO and international accreditation requirements

KEYWORDS student feedback, examination performance, continuing improvement.

INTRODUCTION

The Faculty of Medicine and Health Sciences in UiTM was approved by the Ministry of Education to be established in 2003. The first batch of 20 students began their 5-year medical program (MD 220) on 3rd June 2003 at the historical Jalan Othman Campus in Petaling Jaya. The approved program was based on Universiti Sains Malaysia's (USM's) integrated, student-centered curriculum, with problem-based learning (PBL), which was modified a little to suit the situation and needs of the new faculty, as well as those of the National Accreditation Board (LAN) on Quality Assurance (QA) as spelt out in the Kod Amalan Jaminan Kualiti IPTA di Malaysia. This document is based on current international standards to maximise quality in medical education. In medical education, the World Federation for Medical Education (WFME) has produced International Guidelines on Quality in Medical Education, which has a regional equivalent in the WHO Western Pacific Regional Office (WPRO). The Faculty has complied with the basic standard in student assessment by having defined and stated the assessment methods used, including the criteria for passing examinations. The Faculty is also pursuing global quality goals for quality development by docu-

menting the reliability and validity of assessment methods, and subjecting the program to on-going evaluation as a means of achieving quality improvement (Wagner, 1999). One of the strategies in the pursuit of continuing improvement is by instituting corrective measures to the problems and deficiencies identified via student feedback and other means. For this purpose, the Faculty has established a Medical Education R&D Unit (MERDU) to spearhead research and development in medical education, as well as teacher training in the various educational skills, and student development. One of the critical functions of MERDU is to facilitate the achievement of the highest quality possible in medical education by monitoring and maintaining the quality in all teaching-learning activities including student assessment. Quality improvement in higher education involves the transformation of current practice and is seen to be in the best interests of all staff and students (Sachs, 1994). Student feedback, examination performance and question analyses are adopted as a routine continuing improvement tool, on top of thorough planning and vetting of questions, in line with ISO practice, and global and national accreditation standards.

The Year 1 assessment in the UiTM medical program comprises 3 examinations namely the First Continuous Assessment (CA1 – 20%), the Second Continuous Assessment (CA2 – 20%), and the First Professional Examination (PRO1 – 60%). The 3 major subjects (anatomy, physiology and biochemistry) are tested in a system-based, comprehensive approach for all the 3 examinations. CA1 comprises 3 papers, namely:

- 1) Essay-Type Questions (ETQ) - 45%
- 2) Multiple Choice Questions (MCQ) - 45%
- 3) Objective Structured Practical Examination (OSPE - 10%; only in anatomy; conducted at another nearby university)

THE PROBLEM

Being pioneers in a new faculty, the students (and staff) had to struggle against the usual teething problems faced by many medical schools in the form of inadequate infrastructure, staffing and teaching-learning materials, and the students' inadequate mastery of English, which is the medium of instruction for all programs in UiTM. This difficult learning situation was further compounded by the noise of renovation of the old buildings, and the students' flagging energy due to sleep deprivation, having to start their daily journey from the Shah Alam Campus during the wee hours of the morning to the Jalan Othman Campus in Petaling Jaya.

Despite the students' high Matriculation CGPA of at least 3.80, their performance in CA1 was a dismal 65% failure rate, with no Grade A, and only 5% B. (See also

Table 1: Pass: Fail Rate in CA 1, Year 1, MD 220, 2003/04 Session

Performance		CA 1
Pass	(%)	35
Fail	(%)	65
Total		100

Table 1 and 2).

POSTMORTEM OF THE FIRST CONTINUOUS ASSESSMENT

Methodology

The whole examination was scrutinized by processing data from the examination results and student feedback. In the Medical Faculty, the quality of every teaching-learning activity and product (including examinations) is monitored by conducting routine surveys using simple Likert Scale Rating Q-forms designed to suit the needs of each activity or product. To ensure high returns, the survey was conducted as soon as the examination was over. The data collected was processed, and were aggregated into 3 responses to reflect: 1) agreement (agree + strongly agree), 2) neutrality N for non-response, not sure or no opinion, and 3) disagreement (disagree + strongly disagree) to statements asserted about the examination paper and process. The findings were presented to the Quality Committee for further action, and later to the students as a 'feedback on feedback' as was done by the University of Sydney to explain why some of their suggestions could not be implemented (Hendry, 2001), and to keep them informed of developments and progress.

Findings

All students responded to the survey. This excellent response (100%) was achieved by getting the students to fill out the questionnaires immediately after the examination was over. The initial poor student performance in CA1 is shown in Table 1 as THE

Table 2: Failure Rates by Papers in CA 1, MD 220, 2003/04 Session

Question Papers	CA 1	CA 2	PRO 1
Multiple Choice Questions / MCQ (%)	40	-	-
Essay-Type Questions / ETQ (%)	60	-	-
Practical Exam / OSPE* (%)	75	-	-

* involves only Anatomy

Table 3: Failure Rates by Subjects in ETQ in CA 1, MD 220, 03/04 Session

Subject Components of ETQ Paper	CA 1	CA 2	PRO 1
Anatomy (%)	80	-	-
Biochemistry (%)	75	-	-
Physiology (%)	45	-	-

problem is the high failure rate of 65%. Analyses of their performance in each paper are as shown in Tables 2 and 3, highlighting the poor performance in OSPE (75% failures) and ETQ (60% failures), especially in anatomy and biochemistry.

The written feedback reveals that the vast majority (80-95%) of the students thought that the questions were clear, fair and in line with the learning objectives of Year 1 (Tables 4, 5). Some of the comments include the confusing nature of the questions where they could not understand the language and suggested that easier words or simpler sentences be used. This could be due to their inadequate mastery of English.

A rather high proportion of students found the time given to be inadequate, especially for OSPE (45%) and ETQ (30%) where they had insufficient time to study the specimens given, and to plan and draft their essays (Tables 4, 5). This could account for their poor performance in these 2 papers. As gleaned from the students' comments, the reason for the insufficient time in OSPE could be due to the fact that some stations asked too many questions. More than half the class (55%) could not agree that the specimens given were clear, pointing out that some specimens were difficult to handle as the pins securing them moved easily, and the specimen labels could not be clearly seen. The implementation of this practical examination was also thought to be less smooth com-

Table 4: Student Feedback on ETQ in CA 1, MD 220, 2003/04 Session

Assertions on ETQ	Agree	Not Sure	Disagree
Questions fair - in line with objectives (%)	80	20	0
Questions - clear (%)	90	10	0
Time given - adequate (%)	40	30	30
Implementation - smooth (%)	90	10	0

Table 5: Student Feedback on OSPE in CA 1, MD 220, 2003/04 Session

Assertions on OSPE	Agree	Not Sure	Disagree
Questions fair - in line with objectives (%)	80	20	0
Questions - clear (%)	95	0	5
Specimens - clear (%)	45	35	20
Time given - adequate (%)	35	20	45
Implementation - smooth (%)	70	25	5

pared to the two theory papers. This could be due to the alien venue in another local university where thorough preparation of the seating layout was not possible, making it a little crowded, hampering student movement from station to station.

Analysis of the data from their performance in each paper in CA1 and their feedback pointed to the following problems: 1) non-conducive learning and examination situations for example, noisy renovations; inadequate mastery of English to really understand their text books and the questions posed; insufficient sleep from traveling too early from Shah Alam to avoid traffic jams, and the non-conducive, crowded OSPE venue at another university; 2) inadequate time for essays (ETQ) and practicals (OSPE), 3) unclear labeling of some practical specimens, and 4) lack of exposure to examination situations.

THE INTERVENTION

Recommendations were made to address the problems. The interventions instituted were multiprong and included: 1) speeding up renovation works to enable lectures to be conducted in peace and to have our own venue for practicals; 2) relocating the students to a nearby apartment block where they did not have to sacrifice their sleep to beat the traffic jam; 3) giving more time for ETQs, and reducing the number of questions in OSPE; 4) ensuring clearer labels and better securing system for specimens, 5)

special English classes facilitated by several medical lecturers on a voluntary basis; and 7) counseling and mentoring by mentors.

THE OUTCOME

These interventions, coupled with the fact that the students already had the advantage of one examination experience, resulted in tremendous improvement with 100% pass rate in the Second Continuous Assessment, with better grades (Tables 6, 7). The accompanying euphoria in both lecturers and students turned to ecstasy when the then Deputy Vice Chancellor of Academic Affairs, Professor Dato' Dr Ahmad Zainuddin, sent congratulatory letters to all 20 students. This morale-boosting gesture of appreciation probably contributed to their continuing high performance in the First

Table 6: Pass: Fail Rate in the Year 1 Exams, MD 220, 2003/04 Session

Performance	CA 1	CA 2	PRO 1
Fail / F (%)	65	0	0
Pass / A, B, C (%)	35	100	100
Total	100	100	100

Table 7: Improvement in Grades in the Year 1 Exams, MD 220, 2003/04 Session

Performance	CA 1	CA 2	PRO 1
Grade A (%)	0	15	10
Grade B (%)	5	40	40
Grade C (%)	30	45	50
Grade F (%)	65	0	0
Total	100	100	100

CONCLUSION

The improvement achieved in student performance shows that routine student feedback on every examination is an exercise worth implementing. Routine data collection will provide the rationale needed for instituting changes in the assessment system for continuing improvement, in line with evidence-based practice in Medicine and quality standards of the ISO and international accreditation bodies such as the World Federation of Medical Education.

Professional Examination.

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