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Opinions of advisors and medical students on implementation of advisory system, Faculty of Medicine, Chulalongkorn University, Academic Year 2000

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Kiattinart S, Paisuntornsug T. Opinions of advisors and medical students on implementation of advisory system, Faculty of Medicine, Chulalongkorn University, Academic Year 2000. Chula Med J 2002 Nov; 46(11): 863 - 81

Objective : *To study opinions of advisors and medical students on the implementation of advisory system of Faculty of Medicine, Chulalongkorn University, in the Academic Year 2000.*

Design : *Survey study.*

Methods : *The population of this study was 125 advisors and 349 medical students (30% of the total number of medical students from the 1st to the 6th years) of the Academic Year 2000, the Faculty of Medicine, Chulalongkorn University. They were sampled by random sampling. The tools for investigation were two corresponding questionnaires: one for the advisors and the other for their students. Each questionnaire was divided into 3 parts: Part I was concerning the status and their general opinions on the advisory task; Part II was concerning the advisor's attitude and characteristics; and Part III, contained problems and suggestions regarding the advisory task. To analyze the data, SPSS V.8.0 for Windows was used for frequency, percentage, mean and standard deviation for the checklist and rating scale questions and the content analysis was used for the open-ended questions.*

Results : *61.8% of the advisors of the Academic Year 2000 of the Faculty of Medicine, Chulalongkorn University served their advisory duty for the first time; 56.6%*

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were assigned by their Head Department. In spite of this, they still had positive attitude toward being advisors. 69.7% of them agreed that every instructor should also serve as an advisor. According to medical students, their advisors were of good personality. But, 67.6% of them never consulted their advisors. The advisors were ranked as the last person they would seek for consultation. However, student felt that they still need advisors as they were essential for learning at the Faculty but every instructor did not have to serve as advisor. According to their reasons, ideal advisors should be endowed with good personality, favorable age and maturity, as well as ability to supervise, and being easy to approach. They should also be skilled in organizing time, being available when needed and have good attitude to professional traits. Both the advisors and advisees agreed that the system should be voluntary, starting from the assignment of advisors to their new students at the beginning of each year. Main problems of the advisory task were addressed as follows: time constraint between advisors and advisees; the advisory task was not counted as a workload, and the activities that foster the relationship between advisors and advisees were not organized. Both the advisors and their students should conduct the advisor evaluation.

Conclusion : *Advisors had good attitude towards their jobs. And medical students had highly level of impression of the characteristics of their advisors. On the contrary, advisors were the last persons students consulted. Most advisors agreed that every instructors should serve the job because of their duty, whereas most medical students did not agree so. Both advisors and students suggested the use of "volunteer system " first in their advisory job for new students. The main problems of the advisory task were; the time constraint between the advisors and advisees, the advisory task was not counted as the workload and the activities that foster relationship between the advisors and advisees were not organized. Both the advisors and their students should conduct the advisor evaluation.*

Key words : *Advisory task, Advisor, Medical students, Chulalongkorn University.*

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เสาวรส เกียรตินาถ, ธนภัทร ไผ่สุนทรสุข. ความคิดเห็นของอาจารย์ที่ปรึกษาและนิสิตที่มีต่อระบบอาจารย์ที่ปรึกษา ของคณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย ปีการศึกษา 2543. จุฬาลงกรณ์เวชสาร 2545 พ.ย; 46(11): 863 - 81

วัตถุประสงค์ : เพื่อศึกษาความคิดเห็นของอาจารย์ที่ปรึกษาและนิสิตที่มีต่อระบบอาจารย์ที่ปรึกษาของคณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย ปีการศึกษา 2543

รูปแบบการศึกษา : การศึกษาเชิงสำรวจ

วิธีการศึกษา : ประชากรที่ใช้ในการศึกษา คือ อาจารย์ที่ปรึกษาทั้งหมด จำนวน 125 คน และสุ่มกลุ่มตัวอย่างแบบง่ายจากนิสิตแพทย์ชั้นปีที่ 1 - 6 ปีการศึกษา 2543 ร้อยละ 30 ของนิสิตแต่ละชั้นปี คิดเป็นจำนวนรวม 349 คน เครื่องมือที่ใช้ คือ แบบสอบถามสำหรับอาจารย์ที่ปรึกษาและแบบสอบถามสำหรับนิสิต ซึ่งแบ่งเป็น 3 ส่วน คือ ส่วนที่ 1 สอบถามสถานภาพ และความคิดเห็นโดยทั่วไปต่องานอาจารย์ที่ปรึกษา ส่วนที่ 2 เป็นแบบประเมินทัศนคติในการเป็นอาจารย์ที่ปรึกษา และ การประเมินคุณลักษณะของอาจารย์ที่ปรึกษา และ ส่วนที่ 3 สอบถามปัญหาอุปสรรค และข้อเสนอแนะต่องานอาจารย์ที่ปรึกษา การวิเคราะห์ข้อมูลจากแบบสอบถามปลายเปิดใช้การแจกแจงความถี่ หา ค่าร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน โดยใช้โปรแกรม SPSS V.8.0 for Windows ส่วนแบบสอบถามปลายเปิด ใช้วิธีวิเคราะห์เนื้อหา

ผลการศึกษา : 61.8 % ของอาจารย์ที่ปรึกษาในปีการศึกษา 2543 ของคณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย ปฏิบัติหน้าที่เป็นอาจารย์ที่ปรึกษาครั้งแรก โดยอาจารย์ 56.6% ได้รับมอบหมายจากหัวหน้าภาควิชา ผลการประเมินทัศนคติของอาจารย์ที่ปรึกษา พบว่าอาจารย์ที่ปรึกษามีทัศนคติในทางบวกต่อการเป็นอาจารย์ที่ปรึกษา อาจารย์ที่ปรึกษาร้อยละ 69.7 เห็นว่าอาจารย์ทุกคนควรเป็นอาจารย์ที่ปรึกษาเนื่องจากเป็นหน้าที่ ในส่วนความคิดเห็นของนิสิตปรากฏว่าอาจารย์ที่ปรึกษามีคุณลักษณะทุกด้านอยู่ในระดับดี แต่ 67.6% ของนิสิตไม่เคยขอคำปรึกษาจากอาจารย์ที่ปรึกษา และอาจารย์ที่ปรึกษาจะเป็นบุคคลที่นิสิตขอรับคำปรึกษาในลำดับสุดท้าย อย่างไรก็ตาม อาจารย์ที่ปรึกษา ยังคงมีความสำคัญและจำเป็นสำหรับการเรียนในคณะแพทยศาสตร์ แต่นิสิตไม่เห็นด้วยว่า อาจารย์ทุกคนจำเป็นต้องเป็นอาจารย์ที่ปรึกษา คุณลักษณะของอาจารย์ที่ปรึกษาที่พึงประสงค์ของนิสิต ได้แก่ มีบุคลิกภาพดี

มีวิทยุติและวุฒิภาวะเหมาะสม มีความสามารถในการให้คำแนะนำปรึกษา เข้าพบได้สะดวก บริหารจัดการเวลาได้ดี พร้อมให้นิสิตพบได้ทุกเมื่อ และมีทัศนคติที่ดีต่อวิชาชีพ ทั้งอาจารย์ที่ปรึกษาและนิสิตเห็นด้วยว่า ควรใช้ระบบสมัครใจ เป็นลำดับแรกในการจัดอาจารย์ที่ปรึกษาสำหรับนิสิตใหม่ ปัญหาสำคัญสำหรับการดำเนินงานอาจารย์ที่ปรึกษา คือ เวลาว่างที่จำกัดและไม่ตรงกันระหว่างอาจารย์ที่ปรึกษาและนิสิต งานอาจารย์ที่ปรึกษามีได้นำมาคำนวณเป็นภาระงาน และไม่มีการจัดกิจกรรมที่เสริมสร้างความสัมพันธ์ระหว่างอาจารย์ที่ปรึกษากับนิสิต และควรมีการประเมินอาจารย์ที่ปรึกษาทั้งจากอาจารย์ที่ปรึกษาเองและจากนิสิต

สรุป

: อาจารย์ที่ปรึกษาของคณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัยมีทัศนคติที่ดีต่อการเป็นอาจารย์ที่ปรึกษาและนิสิตแพทย์ประเมินคุณลักษณะของอาจารย์ที่ปรึกษาในระดับดี แต่อาจารย์ที่ปรึกษาจะเป็นบุคคลสุดท้ายที่นิสิตจะขอรับคำปรึกษา ความคิดเห็นของอาจารย์ที่ปรึกษาส่วนใหญ่เห็นว่าอาจารย์ทุกคนควรเป็นอาจารย์ที่ปรึกษา ในขณะที่นิสิตส่วนใหญ่ไม่เห็นด้วย นอกจากนี้ทั้งอาจารย์ที่ปรึกษาและนิสิตเสนอแนะว่า ควรใช้ระบบสมัครใจเป็นลำดับแรกในการจัดอาจารย์ที่ปรึกษาให้นิสิตใหม่ ปัญหาหลักของงานอาจารย์ที่ปรึกษา คือ เวลาที่จำกัดระหว่างอาจารย์ที่ปรึกษา และนิสิต งานอาจารย์ที่ปรึกษามีได้รับการนำไปคำนวณเป็นภาระงาน และ ไม่มีการจัดกิจกรรมเสริมสร้างความสัมพันธ์ระหว่างอาจารย์ที่ปรึกษากับนิสิต ควรมีการประเมิน อาจารย์ที่ปรึกษาทั้งจากตัวอาจารย์ที่ปรึกษาเองและจากนิสิต

คำสำคัญ

: งานอาจารย์ที่ปรึกษา, อาจารย์ที่ปรึกษา, นิสิตแพทย์, จุฬาลงกรณ์มหาวิทยาลัย

The main goal of every institute of higher education is to educate or to produce perfect graduates who are endowed with good knowledge, skills and morality. Many researchers insisted that students could be trained in various aspects while they are studying in the institute of higher education.⁽¹⁾ The instructors are important factors in the process. A duty of an instructor that the Ministry of the University Affairs has specified is to give advice to students. Thus, to serve as an advisor was an important task for instructors teaching in institutions of higher education.⁽²⁾ From a report of Alexander Astin, it was found that students who had a chance to talk and participated in social activities and had a close relationship with instructors would adjust themselves better and study better.⁽¹⁾

In order to help an advisor to serve the duty more efficiently, many institutes of higher education in Thailand have developed advisory system with the following purposes, namely ⁽²⁾ :

1. To give advice on academic affairs,

curriculum, registration, methods of learning, evaluation to students.

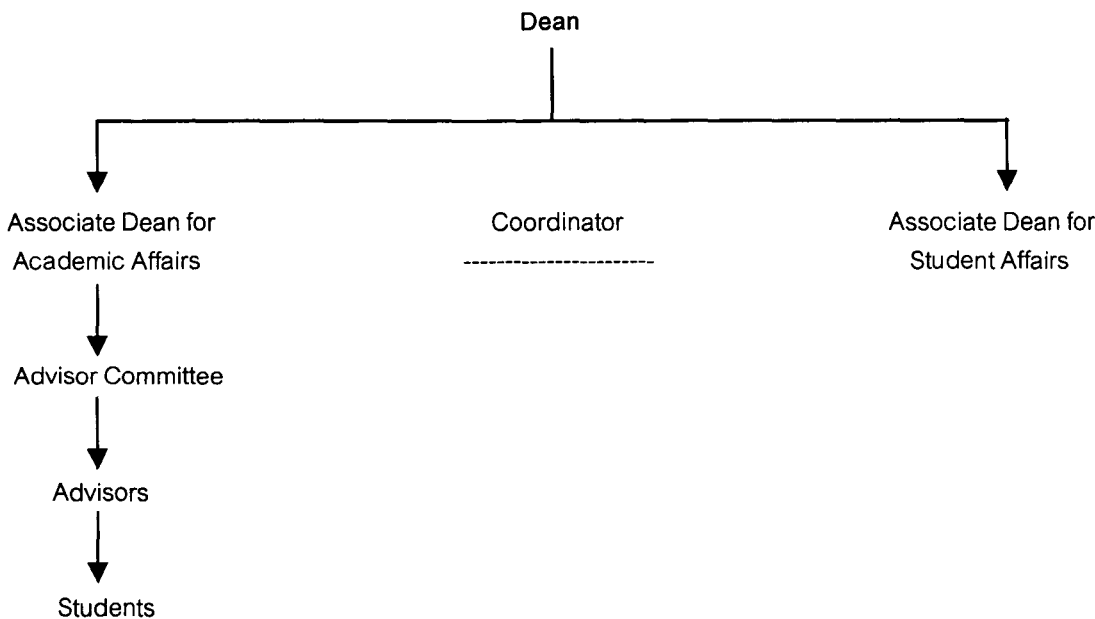
2. To give advice on rules and regulations of the Faculty including various services and welfare provided for students.

3. To serve as counselors for students: to listen all the students' problems and walk them through their difficulties.

4. To take part in the development of students' personalities to be perfect graduates with academic and professional knowledge, intelligence and emotional maturity.

5. To foster good relationship and understanding between students and the faculty staff.

As for the Faculty of Medicine, Chulalongkorn University, the advisory system has been implemented since the Academic Year 1977.⁽³⁾ At present, the structure of the advisory system is not different from that of other faculties of Chulalongkorn University, that is : ⁽¹⁾



Every academic year, the Division of Academic Affairs requests the faculty departments to assign instructors to serve as advisors for new medical students based on first-come-first serve principle. One advisor is usually assigned to take care of 10 – 12 medical students for 6 years or until their graduation (except for students in certain special projects that they have advisors from their affiliated hospitals to take care of them up to their 6th year) .

During the advisory service, these advisors were not let to do their duty alone. Every year, before taking the responsibility, the advisory committee and the Division of Academic Affairs would hold a workshop on "Roles and Duties of Advisors" to their new job and manage the first meeting between new advisors and new advisees. Besides, the advisory committee would take part in giving the necessary and important information about the advisors' tasks, helping the advisors solve the students' problems and others.

However, during the implementation of the advisory system, there were a few studies concerning the mechanism of advisory work, In the academic year of 1986, the Division of Academic Affairs and the Medical Education Unit studied the students' opinions towards their advisors.⁽³⁾ The findings mostly confirmed that students held the personality of their advisors in high regards, but they hardly had time to see their advisees. Few advisors were able to explain to their advisees the curriculum and proper ways of learning. Half of the students who answered the questionnaires liked to see and consult with their advisors. In the academic year of 1995, the Advisory Committee studied opinions of the 2nd and the 3rd year medical students towards their advisors.⁽⁴⁾ The

findings were that the 2nd and the 3rd year medical students met their advisors only when they were required to have the advisors' signature for registration. The advisors did not provide sufficient time to meet their advisees regularly. Their advisors' personality and characters were suitable but the ability in advising and explaining the curriculum, the ways of learning, regulations and others were less practical. More than a half of the students who answered the questionnaires preferred to meet and consult with their advisors.

Thus, the authors being a part of the Advisory Committee, decided to study opinions of advisors and medical students towards the implementation of the advisory system of Faculty of Medicine, Chulalongkorn University of the Academic Year 2000. The results would be important for the improvement and development of the advisory system in the near future.

Objectives

To study opinions of advisors and medical students on the implemented advisory system in Faculty of Medicine, Chulalongkorn University, in the Academic Year 2000.

Definition

The advisors: Academic personnel who were assigned to serve as advisors to the 1st to the 6th year medical students who studied at the Faculty of Medicine, Chulalongkorn University, except those who served on non-academic affairs and and who were affiliated with hospitals of the special projects.

The medical students: The 1st to the 6th year medical students who studied at the Faculty of Medicine, Chulalongkorn University, except those who were in the affiliated hospitals of the special projects.

Method

1. Population and Sample group

1.1 The advisors: 125 advisors in the Academic Year 2000 of Faculty of Medicine, Chulalongkorn University were the population of this study.

1.2 The medical students: 349 medical students (30% of the total number of medical students from the 1st to the 6th year) in the Academic Year 2000 of Faculty of Medicine, Chulalongkorn University. They were sampled by random sampling.

2. Tools

Two questionnaires were designed for self-report application asking about opinions of advisors and medical students on the implemented advisory system.

2.1 The advisor's questionnaire was divided into 3 parts : Part I was a check list and open – ended questions concerning the status and general opinions on the advisory task; Part II were 30 items of 4 rating scale questions to allow the advisors to evaluate their attitude towards being the advisors that was modified by choosing appropriate items from a questionnaire prepared by Nuchalee Upaphai, ⁽⁵⁾ that was already tested the reliability and validity ; Part III contained 19 items of 3 rating scale questions about problems and open – ended questions and suggestions on the advisory task.

2.2 The medical student's questionnaire also consisted of 3 parts: Part I was a checklist and open – ended questions on general opinions concerning the advisory task; Part II contained 10 items of 4 rating scale questions to evaluate the advisor's characteristics that were modified from the questionnaire of the advisory committee in the

Academic Year 1986 ⁽³⁾, of Nuchalee Upaphai ⁽⁵⁾ and Samnao Kajornsilp ⁽⁶⁾; Part III contained 19 items of 3 rating scale questions on opinions about problems and open- ended questions and suggestion on the advisory task.

3. The Data Analysis

To analyze the data, SPSS V.8.0 for Windows Program was used for frequency, percentage, mean and standard deviation from the checklists and rating scale questions. As for the open – ended questions, the content analysis was used.

Results

1. The number of responded questionnaires and status of the advisors and the medical students

The advisors of the Academic Year 2000 were mostly clinical instructors. 89 questionnaires (71.2 %) were responses from the advisors. The number of the advisors who responded to the questionnaires from pre-clinical and clinical departments were not different (71.0%).

As for the sampled group of medical students, 268 questionnaires (76.8 %) were responded. The number of the the 1st to the 4th year medical students who responded to the questionnaires were 75 – 97 %; whereas the number of responded questionnaires from the 5th to the 6th year medical students were merely about 58 – 66 %. The number of advisors and medical students samples and the number of responses were showed in Table 1.

2. General opinions of advisors and medical students on the advisory task

2.1 Advisor management

Both advisors and medical students agreed on the number of advisees for each advisor and the

Table 1. The number of sampled advisors and medical students and the number of responses.

Number of Samples	Advisors Status			Medical Students Status						
	Pre-clinic	Clinic	total	1 st	2 nd	3 rd	4 th	5 th	6 th	total
Distributed	32	93	125	58	72	69	51	48	51	349
Responded	23	66	89	44	54	67	41	28	34	268
Percentage of Response	71.9	71.0	71.2	75.9	75.0	97.1	80.4	58.3	66.7	76.8

duration one advisor to be responsible for advisees for 6 years. Whereas, the opinions concerning the assignment of every instructor to serve as advisors was quite different. The percentage of the agreement was showed in Table 2.

It was remarkable that the main reason the advisors agreed was that every faculty staff member should serve as advisor as that it was a duty of an instructor, whereas 85.5% of the students did not agree so, with the following reasons: each instructor had different duties and responsibilities, being occupied with workload, they had less time for their advisees. Besides, some advisors being unwilling to serve the duty, they did no good for their students. However, 89.6% of the students agreed that their advisors were important and necessary for learning at the Faculty of Medicine because their advisors gave advice about methods of study where it was hard

and stressful, the way of further study,the way of self-adjustment on the virtue that they had more experience.

The other important issues concerning the advisory task were:

- 61.8 % of the advisors were assigned to the job for the first time.
- 59.6 % of the advisors were assigned by the heads of their departments whereas only 9.0 % of them volunteered.
- 48.3% of the advisors would decide to take the job again should they be assigned, whereas 30.3 % of them remained willing to volunteer.
- 100 % of the advisors, continuously and regularly, received the information about the advisory task such as grade reports of their advisees, information about the registration process, the academic calendar etc..
- 86.5% of advisors knew that the advisory

Table 2. Percentage of the agreement on the advisor mangement.

Advisor Management	Percentage of Agreement	
	Advisors	Medical Students
- The appropriate number of advisees	78.7 %	85.4 %
- The assignment for an advisor be responsible for advisees for 6 years	94.4 %	92.5 %
- The assignment for every instructor to serve as advisor	69.7 %	13.4 %

committee was the office unit responsible for advisory tasks.

- 79.8% of the advisors could indicate the units they could ask for advice, i.e. the advisory committee, the Division of Student Affairs, the Division of Academic Affairs, registration unit.

2.2 Available appointment

Most of the advisors (80.9%) responded that they provided a chance for their advisees to meet whenever necessary, and 64.1% of them met their advisees for 1 – 3 times every semester.

From the point of view of medical students, more than half of them (59.0 %) would meet their advisors only to ask for their signatures to complete their registration. About 25.0% met their advisors 1-3 times per semester. 76.9% of them met their advisors only on certain occasions (not every time they went to see), whereas only 11.9% of them could see their advisors every time they wanted.

2.3 Advice requirements

More than half of the students (67.6 %) never asked for advice from their advisors, whereas 31.7% of them did so.

It was remarkable that advisors were the last persons that students would seek for advice. The persons who students thought and consulted with were their parents, friends, brothers and sisters, relatives, senior medical students, and lastly their advisors, respectively.

2.4 Problems of the advisees

The advisee's problems that the advisors indicated that the advisees would seek for consultation were financial problems, learning problems, personality and adaptation problems; their frequencies were 52, 35 and 29, respectively.

From 31.7% of the students who consulted their advisors indicated their problems as follows: learning problems, health problems and financial problems; their frequencies were: 47, 17 and 14, respectively. 96.47% of them responded that their advisors could help and give them appropriate advice.

3. Attitude of advisors towards their advisory jobs

The perception of the advisors' positive attitude on their advisory job were at high levels; their 1st to 3rd ranks were ; the advisors should have the professional ethics in keeping the advisees' data secret (mean = 3.67), the advisors should pay attention to the advisors' grades regularly and especially for students who are on probation (mean = 3.62), and advisors should warn their advisees when their grade was lower (mean = 3.45).

It was remarkable that only one item that the advisors' agreement was quite moderate (mean = 2.21), that was "I set the time schedule to meet the advisees and stay at that time to meet them". The perception of the advisors' positive attitude on their advisory job was showed on Table 3.

As for negative responses, the perception of advisors was at low levels on certain items; these include, from the 1st to the 3rd ranked were, namely: the only one and major duty of the advisors was signing in the registration documents (mean = 1.34); I thought that giving advice on advisees' private problems was not any duty of an advisor (mean = 1.34); I felt that those who had problems were boring people (mean = 1.38).

Interestingly, there were two negative items that the advisors agreed at the moderate level: advisors should not warn their advisees directly on

Table 3. Perception of advisors on the positive attitude towards being advisors.

Items	level of the agreement				N/A	Sum	Mean	S.D.
	4	3	2	1				
1. Advisors should pay attention to the advisees' grades regularly and especially for students who are on probation.	55	31	1	-	2	89	3.62	.51
2. Advisors should know and understand the curriculum, methods of learning and extra-curricula activities.	33	52	3	-	1	89	3.34	.54
3. Advisors should warn their advisees when their grades were low.	41	46	1	-	1	89	3.45	.52
4. Every advisor should be skilled in counseling techniques.	38	45	2	2	2	89	3.37	.65
5. Advisors should have professional ethics in keeping the advisees' personal data secret.	61	26	1	-	1	89	3.67	.54
6. I felt unhappy on finding that my advisees had problems or sufferings.	31	50	2	3	3	89	3.27	.68
7. The administration should pay attention to those who served as the advisors.	40	44	3	-	2	89	3.43	.56
8. I was always willing to serve as advisor despite having much workload.	21	51	10	5	2	89	3.01	.77
9. I did not like when seeing the other faculty staff not pay attention to students who had problems.	24	42	15	6	2	89	2.97	.86
10. I had to improve myself so much to be a good advisor.	18	35	24	9	3	89	2.72	.92
11. I schedule to meet my advisees and spend time to meet them.	8	21	37	19	4	89	2.21	.90
12. I liked to ask my advisees about their problems.	20	51	17	-	1	89	3.03	.65
13. I always follow up my advisees' conduct and their ways of life regularly.	14	43	26	3	3	89	2.79	.75
14. I always call my advisees to talk and ask about their lives.	13	21	50	4	1	89	2.49	.80

they should inform them indirectly through those who were involved; and advisors should not call their advisees to meet unless it was necessary. The perception of the advisor to the negative attitude on their advisory job was showed in Table 4.

4. Characteristics of advisors and ideal advisors in the view of the medical students

The perception of the medical students to the characteristics of their advisors was at the high levels almost every items; the 1st to the 3rd ranks were: being in good mood, polite and gentle (mean = 3.62),conducting appropriately for being a role model

(mean = 3.55) and listening to students'opinion (mean = 3.45); one negative characteristic (scolding) was the one medical students'perception rated lowest (mean = 1.60).

It was remarkable that the advisors' characteristic that the medical students agreed moderately was being strict.

The perception of the medical students to the characteristics of their advisors was showed in Table 5

By content analysis from the open-ended questionnaires that asked the medical students to

Table 4. Perception of advisors on the negative attitude towards being advisors.

Items	level of the agreement				N/A	Sum	Mean	S.D.
	4	3	2	1				
1. To have knowledge about the curriculum and mesurement was not necessary for advisors.	6	7	29	46	1	89	1.69	.89
2. The only and major duty of advisors was signing in the registration document.	1	4	18	63	3	89	1.34	.63
3. It was not necessary for advisors to know the regulations about grading system and evaluation.	-	7	31	49	2	89	1.52	.64
4. On finding out that the advisees conducted inappropriately, against the rules and regulations, the advisors should inform those who were involved to warn.	18	41	14	13	3	89	2.74	.96
5. I thought that to give the advice about the advisees'private problem was not any duty of an advisor.	-	7	15	64	3	89	1.34	.63
6. The advisors had the teaching workload so much that they could not manage the time for their advisees.	12	20	29	26	-	89	2.21	1.02
7. I felt that those who had problems were boring people.	-	3	27	58	1	89	1.38	.55
8. I would not call the advisees to meet me if it was not necessary.	4	27	34	23	1	89	2.14	.86
9. I felt unhappy or uncomfortable when listening the other's problems.	-	7	42	39	1	89	1.64	.63
10. I did not pay much attention to help or give advice to the students who had problems.	-	5	40	43	1	89	1.57	.60
11. I did not follow the advisee's conduct because I want them to be free and being themselves.	1	17	41	27	3	89	1.91	.75
12. I did not like to help those who was not interested to improve themselves first.	1	14	41	31	2	89	1.83	.73
13. I thought that it was a hard burden to take care of my advisees in every matter.	3	20	40	25	1	89	2.01	.81
14. If I could choose, I would choose not to be an advisor.	2	8	39	38	2	89	1.70	.73
15. I met my advisees only when they required my signature for registration.	4	19	31	33	2	89	1.93	.89
16. I liked to blame those who liked to conduct themselves as the trouble-making.	-	4	42	41	2	89	1.57	.55

Remark N / A = No Answer

indicate the characteristics of their advisor in their views that help them develop to be the desired medical graduates, it was found that the ideal advisors should have five qualities as follows :

4.1 Personality : having good human

relationship, nice, warm, good mood, kind, trustworthy and respectful, sincere, polite, fair and reasonable, sheerful

4.2 Age : not to be too old and having

maturity

Table 5. The perception of the medical students to the characteristics of their advisors.

Personality traits of the advisors	high	mode	low	lowest	N/A	Sum	Mean	S.D.
	rate							
1. giving the warm feelings and acquaintance	138	97	20	11	2	268	3.36	.79
2. willing to take care and help	132	99	25	10	2	268	3.33	.80
3. scolding (in manner, make the advisee not dare to see)	14	24	69	159	2	268	1.60	.86
4. being trustworthy	140	110	7	10	1	268	3.42	.72
5. listening to students'opinion	145	98	17	5	3	268	3.45	.70
6. conducting appropriately for being a role model	159	99	6	3	1	268	3.55	.60
7. being responsible and does not neglect the students	132	92	34	8	2	268	3.31	.81
8. being in good mood, polite and gentle	179	77	9	2	1	268	3.62	.59
9. being strict to the rules	27	128	87	24	2	268	2.59	.79
10. being sincere and giving sympathy	124	120	18	4	2	268	3.37	.74

Remark N / A = No Answer

4.3 Knowledge and ability to give advice:

able to listen and give appropriate advice in all matters, understand (mind and feeling of students), have experience, vision in all aspects (not only in academic issues)

4.4 Time devoted to work :

arrange adequate time to meet students regularly even when advisees did not have any problem, share time with student without thinking that it was burdensome, be easy to contact, be convenient to meet.

4.5 Attitude to professional traits :

pay attention to every advisee (not specially to the one who had problem or the one who was talkative), willing to take care and help (did not act as if it was a duty), being a good role model, devote, fair (not bias), remember (face and name) of advisees, keep all the matters of the advisees secret and have the spirit of a teacher.

5. Problems and obstacles related to advisory task in the view of advisors and medical students

Both advisors and medical students agreed that time constraint was their major conflict. The advisors rated the problem of time shortage at high level in item 1 (33.7%) and item 7 (32.6%), respectively; the opinion was consistent with the view of medical students also rated the 2 mentioned high (44.0%). Besides, another reason that the advisors could not fully conduct their advisory duties was their workload.

In the aspect of the administration and other facilities, the first rated problem in view of the advisors was that the task was not counted as their workload (37.0%). As for the medical students, the first rated problem was that the activities to foster the relationship between advisors and advisees had never been organized (47.4%).

The perceptions of the advisors and their

Table 6. Problems and obstacles related to advisory task in the view of advisors and medical students.

Problems and Obstacles	Advisor View (%)			Medical student view(%)		
	much	moderate	little	Much	moderate	little
<u>On the aspect of the advisors</u>						
1. Advisors could not conduct their duties successfully because of time constraint and workload.	33.7	43.8	20.2	44.0	38.4	17.2
2. Advisors had too many advisees.	12.4	33.7	51.7	11.2	37.7	50.7
3. Advisors could not know every advisee because they had no chnace to teach them.	19.1	36.0	42.7	29.9.9	44.8	25.0
4. Advisors could not contact their advisees.	7.9	41.6	48.3	18.7	45.9	35.1
5. Advisors did not have enough information about the curriculum and teaching.	11.2	47.2	39.3	4.5	31.3	63.4
6. Advisors did not have enough information techniques and experience in giving the advice.	14.6	50.6	31.5	6.7	34.0	58.2
7. The advisors did not have any free time that correspond to their advisees.	32.6	42.7	22.5	44.0	38.1	17.2
8. The advisors had to do the job because they were assigned to do so and it was their duty.	31.5	39.3	27.0	14.9	42.5	39.9
<u>On the aspect of the students</u>						
9. Students did not see the importance of their advisors.	20.2	44.9	31.5	10.8	35.1	52.7
10. Students did not come to meet their advisors.	16.9	39.3	41.6	7.1	30.6	61.6
11. Students did not follow the advisors' advice.	-	32.6	64.0	2.2	20.5	76.9
12. Students valued the senior student's advice more than that of the adivsors	28.1	42.7	20.2	30.2	42.2	26.5
13. Students' free time did not correspond to the advisors' time.	34.8	42.7	20.2	43.7	36.6	18.7
<u>On the aspect of the administration and other facilities</u>						
14. The administration did not value the advisors.	14.6	46.1	34.8	19.8	47.4	29.9
15. The advisory task was not counted as the faculty staff' s workload.	37.0	36.0	22.5	24.6	48.9	22.8
16. The work of advisors was not rewarded.	21.3	41.6	33.7	20.9	45.5	31.0
17. The administration did not have specific policy on advisory task.	23.6	48.3	25.8	36.2	42.9	17.9
18. The work of advisors was not evaluated.	24.7	44.9	28.1	31.3	45.1	20.1
19. The activities that fostered the relationship between the advisors and advisees were not organized.	30.4	43.8	23.6	47.4	34.7	15.3

students concerning the problems of the advisory task was showed in Table 6

6. Suggestions about the advisory task in the view of advisors

6.1 The way to provide the faculty staff to be the advisor

6.1.1 use " volunteer system " first.

6.1.2 use the assingment from the

head department by considering the workload of each instructor (without over workload).

6.1.3 emphasize every instructor to realize that advisory job was one of the duties of instructors of higher education.

6.1.4 clarify the job description of advisors, including its follow up and count it as instructor's workload countable for motivation.

6.1.5 use the ability of a good advisor as one of the criteria for recruitment and evaluation of new instructors.

6.1.6 use the number years of experience as one of the criteria to assign instructors to serve as advisor, such as more than 3-5 working years.

6.2 The activities that should be held for the advisor

6.2.1 manage the seminar or the workshop in following issues : counselling technique, psychology in solving problems, teenager's psychology, ethics of instructors, how to approach students, etc.

6.2.2 organize meetings for all advisors to join and express their idea or experience about how to deal with students' problems, once for each semester.

6.2.3 provide activities to foster the relationship between advisors and advisees during vacation.

6.2.4 make the list of the senior advisor names as consultant for the new advisors or the one who had less experience.

6.2.5 set "the advisor meet advisee day" during office hours.

7. Suggestions about advisory task in the view of medical students:

7.1 Provide the faculty staff to be the advisor by considering the following issues:

7.1.1 willing to serve, not to be obliged to do so

7.1.2 having appropriate personality

7.1.3 not having over workload

7.1.4 having enough time for the advisees

7.1.5 being young staff

7.2 Set an activity that allow advisors and advisees to meet each other.

7.3 Evaluate advisors' performance by the advisors themselves and by the advisees.

7.4 Advise the advisors to perform the advisory task by realizing the following aspects:

7.4.1 give more advice on studying and other useful matters, i.e., guideline for furthering education, etc.

7.4.2 set their schedule to meet their advisees regularly, such as twice a month or once a week, etc.

7.4.3 remember every advisee.

7.5 Provide a practical guideline for advisors to perform their advisory tasks .

7.6 Standardize every advisors.

Discussion

The findings of this study could be discussed in three important aspects. The first one was the general opinions of advisors and medical students on the advisory task : the advisor management, the available appointment and the advice requirements. As for the advisor management, 78.7 % of the advisors and 85.4 % of the medical students in the Academic Year 2000 agreed with one another on the number of

advisees per one advisor. At present, the number of the advisees per one advisor is about 10 -12. From the study of Boonsom O., it was found that the different proportion of the advisees for each advisor influenced to the advising performance, the appropriate proportion of 10 advisees per one advisor made the advising performance more effective than the proportion of 11-20 advisees per one advisor ($p < 0.05$).⁽⁷⁾ Thus, the number of advisees per one advisor should be decreased to 10 or less than or even to 6 that would be also consistent with the criteria set in the Self Assessment Report (SAR) of Faculty of Medicine, Chulalongkorn University.⁽⁸⁾ This implied that more advisors must be required. But, it was remarkable that only 13.4% of the medical students agreed that every instructor had to be advisor, whereas 69.7 % of the advisors agreed that every faculty staff should serve as advisors because it was one of their duties as instructors. In the opinion of medical students, however, each instructor had different duties and responsibilities. To serve as an advisor on the ground of their duty alone might result in unwillingness to work on the job that they were not good at. But, 89.6 % of them agreed that the advisors were still important and necessary for their learning in the Faculty of Medicine, Chulalongkorn University since they are the one who had experiences in the situation. Both advisors and advisees agreed that the model of "volunteer system" should be tried first to recruit new advisors for new students. From the result of the study, 59.6% of the advisors served the duty because they were assigned by the heads of their departments and only 9% of them volunteered and 48.3% of them would take the job again if they were assigned whereas 30.3% of them remained willing to be. As a result, the

"volunteer system" only was not adequate unless it was used together with the assignment. Besides, 94.4% of the advisors and 92.5% of the medical students agreed on the duration one advisor to be responsible for advisees for 6 years. The result was consistent with that of Kachornsilp S.⁽²⁾ To take care of the advisees until they graduated might be an appropriate way because during that period, the advisor would have a chance to see advisees' development continually and their relationship would be gradually fostered.

Regarding the available appointment and advice requirements, 80.9% of the advisors provided a chance for their advisees to meet whenever necessary but 76.9% of the advisees met their advisors only on certain occasions (not every time they went to see) and 59.0% of the advisees would met their advisors only to ask for their signatures to complete their registration. The finding was the same as reported by Menanant L. et al⁽⁹⁾ and Perry C.⁽¹⁰⁾ It was remarkable that 67.6% of the medical students never asked for advice from their advisors, the person who medical students mostly consulted with were their parents and friends whereas the advisor was ranked last. This result was the same as that of Menanant L. et al⁽⁹⁾. It was showed that the students would consulted with the ones who had more close relationship. This would make the advisory committee and the advisors themselves realize how to develop the relationship between them and their advisees. Supapol N. has cited the foreigned researchers who found that the expectation of the advisees to the "close and easy to approach" behavior of those who acted the role as advisors, counsellor or leader would consisted of the following behavior : pay more attention to them, understand them as the

individual, talk to them more about their study or work, get the advantage from their skill or special ability, explain the result of poor behavior, give the admiration more than the blame, realize their strong points more than weak points, own the personality that was friendly, matured in emotion, being the leader, giving the warm and kind feeling to their hearts.⁽¹¹⁾ This finding would be the suggestion to the personal characteristics of the advisors to motivate the advisees to see and consult their problems.

The second aspect was the advisors' attitude towards their advisory job and the characteristics of advisors and ideal advisors in the view of medical students. Although 61.8% of the advisors served this duty for the first time and 51.9 % were assigned the job by the heads of their departments, these advisors had positive attitude towards their advisory job. The result was consistent with that of Upaphai N.⁽⁶⁾ who found that advisors in every faculty of the main campus of Rajamangala Institute of Technology had positive attitude towards their jobs and Boonyatharokul V.⁽¹²⁾ found that almost every advisor had positive thinking to their advisees. Moreover, in the view of medical students, their advisors were of good personality. For them, the characteristics of ideal advisors would be namely: have good personality, being of appropriate age and maturity, having the ability to advice, having adequate time and good attitude to the advisory duty. This was similar to the study of Belchier, J.⁽¹³⁾ that was : student tended to evaluate their advisors on six fairly separate dimensions, especially the degree of which they were; able to encourage during meetings, proactive in arranging meetings and defining responsibilities and obstacles to students' goal, respect to student's

opinions, approachable, personally knowledgeable about and interested in the advisees and good time managers (always on time for their appointments), unhurried during the appointment and being available when needed. The perception of the advisors themselves on their advisory jobs and the perception of the advisees to characteristics of their advisors that was found at the good level would implied that the advisory system of Faculty of Medicine, Chulalongkorn University was fairly implemented. However, it was important that the details of characteristics of ideal advisor in item 4.1 – 4.5 should be reported to the present advisor and especially to the new advisors to realize and prepare themselves in advance.

The last aspect discussed here was the problems and obstacles of the advisory task in the view of the advisors and medical students. The first issue was "the matter of time between advisors and advisees". Both of them had their unanimous agreement on "the free time that could not correspond with each other for making appointment". The finding was the same as that of Meenanunt L. et al⁽⁹⁾ and lueboonthawatchai O.⁽¹⁴⁾ Besides, Milem, F. et al. found that time spent on advising and interacting informally with students appeared to be decreasing.⁽¹⁵⁾ Belcheir, J. found that the main problems perceived by the students were namely: advisor's lack of knowledge, unwillingness to help, and lack of accessibility to advisees (generally due to time constraints).⁽¹⁶⁾ In fact, there were many ways both formal and informal for advisors and advisees to meet or to contact each other. For example, setting the period of time in one day a week, such as every Wednesday during 2.00 -3.00 p.m. for advisees, greeting the advisees after lecturing or on the way to the campus, having

lunch together, joining the activities of the Division of Student Affairs or even using mobile telephones. At present, the internet service would be another possible option. Pevoto B.⁽¹⁷⁾ offered some specific suggestions as follows : establishing chats rooms with advisors by assigning specific times of the day or night, using e-mail addresses for students to contact advisors, assuring authentication, confidentiality and integrity; encrypting e-mail for especially sensitive information; and developing "usual" solution to "usual" questions and putting the information on the World Wide Web for students to consider.

The second issue was the administration and other facilities, the first ranked problem the advisors indicated was the advisory task was not counted as faculty staff's workload. In fact, the advisory task was indicated as a duty and responsibility in teaching of new faculty staff.⁽¹⁸⁾ At present, the advisory task as the faculty staff's workload is more practical, in Workload Assessment Form (HR3) of every faculty staff of Faculty of Medicine, Chulalongkorn University, advisory job is one category to be required and is assessed as the workload.⁽¹⁹⁾ Thephasadin Na Ayudhaya W. ever suggested the method of advisory workload to be counted as follows : if one advisor had 20 advisees, the advisory workload would be equal to 2 credits of teaching task. Therefore, an advisor should set 2 office hours for meeting advisees per week to talk or exchange ideas on academic issues or ways of life in university or even to do research together.⁽¹⁾ Besides, the quality assurance in education is a hot issue. Teaching Evaluation Form of Chulalongkorn University is developed to evaluate the teaching of the faculty staff. Advisory task as a part of teaching area should be also evaluated too.

So, is it possible to have a standardized advisory evaluation form of the University to evaluate the advisory task and to standardized every advisor ? As for medical students, the first ranked problem was the activities to foster the relationship between the advisors and advisees were not organized. Regarding this matter, to manage suitable activities had to be carefully considered and spent a lot of budget and major obstacle was the free time available between advisors and advisees. If there was only few of advisors and advisees joining that activity, the investment (time and money) would be worthless. However, the advisory committee and the administration should consider this issue and study the possibility.

The advisory task is still important in higher education, so the continuing study of the implementation of advisory system, the study of the last year advisor evaluation, the time allocation in advising between the preclinical and clinical advisors should be desirable.

Conclusion

Most of the advisors of the Academic Year 2000, the Faculty of Medicine, Chulalongkorn University, served their advisory duty for the first time and were assigned by their head departments; they had positive attitude to serve as advisors. Most of them agreed that every instructor should serve as advisors because of the obligation to their duty. In the opinion of the medical students, their advisors had good characteristics and appearance. However, advisors were the last person they looked for consultation. Extracurricular activities that the advisors and advisees would have a chance to join together would be another way to solve the problem. Advisors

were still important and necessary for learning but every instructor did not have to serve as an advisor. The ideal advisors should have a good personality, being in appropriate age and maturity, having an ability to provide advice, approachable, good time management, available when needed and having good attitude to professional traits. Both advisors and advisees agreed with the use of volunteer system first in providing the advisors to the new students each year. Main problems of the advisory task were, namely : the time constraint between advisors and advisees, the advisory task was not counted as the workload and the activities that foster the relationship between advisors and advisees were not held. The Internet service may be another way to help them contact each other and being and more convenient. The standardized advisory evaluation form should be developed to make the advisory evaluation more practical. The future research area should be the continuing study of the implementation of advisory system, the longitudinal study of the advisor outcome evaluation, the time allocation in advising between the preclinical and clinical advisors.

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