

WHY DO STUDENTS CHOOSE TO STUDY
TRADITIONAL CHINESE MEDICINE AT VICTORIA
UNIVERSITY? AN ANALYSIS OF THE COURSE
INITCM AND ITS STUDENTS

V. J. WILLIAMS

M. H. SC.

VICTORIA UNIVERSITY

2002

VICTORIA UNIVERSITY OF TECHNOLOGY



3 0001 00753 0407

**WHY DO STUDENTS CHOOSE TO STUDY
TRADITIONAL CHINESE MEDICINE AT VICTORIA
UNIVERSITY? AN ANALYSIS OF THE COURSE IN TCM
AND ITS STUDENTS.**



A THESIS

**SUBMITTED TO THE SCHOOL OF HEALTH
SCIENCES,**

VICTORIA UNIVERSITY

BY

VIVIENNE J. WILLIAMS

**IN FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF HEALTH SCIENCE BY
COURSEWORK.**

FEBRUARY 2002.

23492455

WER

THESIS

610.951 WIL

30001007530407

Williams, Vivienne J

Why do students choose to
study traditional Chinese
medicine at Victoria

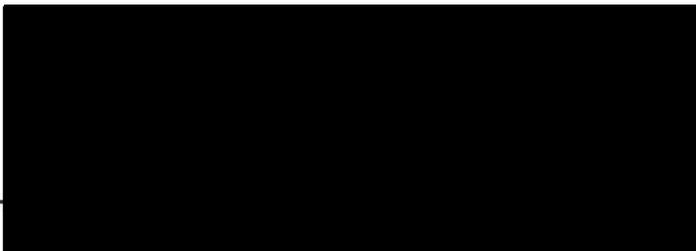


CERTIFICATION.

**I certify that this thesis has not already been submitted to
any other institution for any degree,
nor is it part of candidature for any other degree.**

**I also certify that I and that have written this thesis
any help that I have received in its preparation, and all
sources used have been acknowledged.**

Signature of student



ACKNOWLEDGEMENTS.

This is the final page to be written in this thesis and there have been many occasions when I felt that I would never get to this stage. The fact that it is at its completion stage is due to the encouragement and support of a number of friends and colleagues.

I would like to acknowledge my supervisor Cameron Gosling for his input into this thesis. I am indebted to my co-supervisor, Robyn Mills and would like to thank for her continued encouragement and guidance.

I wish to thank her for her assistance as a “sounding board” for my ideas and for guiding me through the process of putting these concepts into words. I couldn’t have done it without you!

On a personal note, I wish to thank my “teacher” Jean Berwick, for her guidance through the demons of my past and to overcome the doubts about completing this thesis.

For the daily emotional support, encouragement and for “just being there” when I needed her, Philippa Gemmell, you have my biggest thanks.

Finally, to the TCM students at Victoria University, many thanks for revealing yourselves in my questionnaire and giving me the content of this thesis.

CONTENTS.

CERTIFICATE.....	ii
ACKNOWLEDGEMENTS.....	iii
LIST OF FIGURES.....	vii
GLOSSARY OF TERMS.....	ix
ABSTRACT.....	xi

CHAPTER ONE

Background and Rationale.....	1
1.1. Introduction and History of Traditional Chinese Medicine (TCM) in Australia.....	1
1.2. General Aims of the Research.....	5

CHAPTER TWO

2.0 Literature review.....	6
----------------------------	---

CHAPTER THREE

3.0. Introduction and Discussion.....	14
3.1. Research Questions.....	14

CHAPTER FOUR

4.0 Methodology.....	15
4.1. Apparatus. -The questionnaire	15
4.2. Demographic questions.....	15
4.3. Subjects.....	15

4.4. Likert, Spearman, Mann Whitney and Categorical Scales.....	16
4.5. Educational Background.....	18
4.6. The TCM Course.....	18
4.7. Expectations of Practice.....	18
4.8. Open Ended Questions.....	18
4.9. Pilot Survey.....	18
4.10. Subjects, Procedure and Confidentiality	19
4.11. Response rate.....	19

CHAPTER FIVE

5.0. Results.....	21
5.1. Demographic breakdown.....	21
5.2. Subjects.....	21

CHAPTER SIX

6.0. Discussion.....	50
6.1. Characteristics.....	50
6.2. Teaching and learning responses.....	57
6.3. Direct effects on students studying TCM.....	68
6.4. Responses to Qualitative Questions.....	73
6.5. Description of Passion for TCM.....	72
6.6. Practice Ideals.....	80
6.7. Why did participants choose Victoria University?	83

CHAPTER SEVEN

7.0. Conclusion.....	92
----------------------	----

CHAPTER EIGHT

8.0. Future Research.....	96
---------------------------	----

8.1. Educational Direction Specific to TCM.....	97
---	----

APPENDICES	98
-------------------------	-----------

Appendix A:

Cover letter	98
--------------------	----

Survey Form.....	99
------------------	----

REFERENCES	108
-------------------------	------------

LIST OF FIGURES.

Figure 5.2.1.	Students who spoke another language and who had Moved to Melbourne to commence the course.	22
Figure 5.2.2.	Languages spoken by students.	22
Figure 5.2.3	Ethnic Diversity	23
Figure 5.2.4.	Religious beliefs	24
Figure 5.2.5.	Previous work in the health industry	25
Figure 5.2.6.	Payment of HECS debt	26
Figure 5.2.7.	Receiving Austudy allowance	27
Figure 5.2.8.	Students working	27
Figure 5.2.9.	Full time or part time work	28
Figure 5.2.10.	Prior tertiary experience	29
Figure 5.2.11.	Other tertiary locations	30
Figure 5.2.12.	Other areas studied	31
Figure 5.2.13.	Highest level of qualification	32
Figure 5.2.14.	Immediate family having TCM	33
Figure 5.2.15.	TCM practitioners in family	34
Figure 5.2.16.	Importance of the length of time course existed	35
Figure 5.2.17.	Importance of selection Interview	36
Figure 5.2.18.	Importance of information sessions	36
Figure 5.2.19.	Importance of knowing days on campus	37
Figure 5.2.20.	Importance of facilities at Victoria University	38
Figure 5.2.21.	Importance of location of campus	38

Figure 5.2.22.	Importance of being taught Western Medical Science and TCM theory simultaneously	39
Figure 5.2.23.	Importance of lecturers being experienced TCM practitioners	40
Figure 5.2.24.	Importance of lectures being currently in clinical practice.	40
Figure 5.2.25.	Importance of clinical teachers being in private practice.	41
Figure 5.2.26.	Importance of clinical teachers not being academics	41
Figure 5.2.27.	Importance of lecturers being recently published in the area of TCM.	42
Figure 5.2.28.	Importance of research by lecturers	43
Figure 5.2.29.	Importance of lecturers being trained as teachers.	44
Figure 5.2.30.	Importance of lectures being interactive.	44
Figure 5.2.31.	Importance of lecturers being seen to practice what they preach.	45
Figure 5.2.32.	Importance of lecturers being seen to be politically active in TCM.	46
Figure 5.2.33.	Hours taught in the classroom.	47
Figure 5.2.34.	Acupuncture versus herbal students	48

GLOSSARY OF TERMS

Definitions and Abbreviations:

Channels	See Meridians
Ch'i	See "Qi"
Enter:	Equivalent national Tertiary Entrance rank. Used for 1999 first year students.
H.P.U.	The Health Practice unit is a purpose built clinic situated at St Albans campus for students to practice their clinical skills in
Mature age student;	Applicants must be a minimum of 18 years of age and have been out of full time schooling for at least 12 months. Mature age applicants are not required to have completed a Year 12 qualification.
Meridians	The channel or pathway through which Qi flows through the body.
Questionnaire.	Survey completed by participants for this research.

Qi (or Ch'i)	The life force of being which manifests as both energy and matter and flows through the meridians.
Survey.	The questionnaire completed by students for this research.
TER:	Tertiary Entrance Rank. Rank expressed as a percentage that compares all final year students in Victoria. Used before 1999.
TCM student;	Any person who is undertaking the Bachelor of Health Science- Acupuncture or Chinese Herbal Medicine at Victoria University

ABSTRACT.

Victoria University, along with University of Technology Sydney and R.M.I.T in Melbourne have been active in providing education at a tertiary level in Traditional Chinese Medicine (TCM) in Australia since 1992. Victoria University was the first university in Melbourne to offer training in both acupuncture and Chinese herbs. The purpose of this study is to explore the perceptions of students currently enrolled into the acupuncture and Chinese herbal streams at Victoria University to gauge their analysis of the course, its structure, lectures and facilities available to them. The research was carried out by means of a survey questionnaire and the data arising from this methodology was subsequently analysed using a combination of quantitative and qualitative techniques. The study found that there was a high degree of agreement amongst participants about the course, its content and how it was delivered. The participants had strong views about how they intended to use their knowledge and how they were going to practice and with whom. Whilst the research demonstrated trends and patterns amongst the participants, there are recommendations for future research proposed in this thesis. The major findings of this research were that students came from a great variety of cultural backgrounds, were employed in some way throughout their training and preferred to delay payment of their HECS debt. The research also found that the participants held strong views on their lecturers, clinical experience of TCM academics and lecture delivery. Other areas identified in the research were that of stress levels amongst students studying Bioscience, the overall workload of the course and their ideals about establishing a practice. It is concluded from this research that staff employed in the School of Health Sciences to teach in the TCM course be professional in their academic role, innovative in the delivery of the material taught and sensitive to the pressures experienced by students who undertake to study TCM. Students in this research have indicated that the standing of the Traditional Chinese Medicine course at Victoria University has a good reputation amongst them. It is concluded that this reputation may be damaged by future course changes and planning which are not cognisant of the areas highlighted by the students in this research.

CHAPTER ONE.

BACKGROUND AND RATIONALE

1.1. INTRODUCTION AND HISTORY OF TCM IN AUSTRALIA.

Traditional Chinese Medicine is a health system, dating back some 5000 years. It is a complete health system within itself; the practitioner practices a “holistic” form of medicine, which is that of looking at the totality of the patient and treating their body, mind, emotions and their spiritual dimensions. (O’Connor & Bensky 1981, p 1, Maciocia. G. 1989, p.1, Lui. G. 1997. p.2, Cheng. X.1990 p. 1)

The practice of acupuncture, which is one aspect of Chinese medicine, and is the art of inserting very fine needles into acupuncture points, which are situated on meridians, and which traverse the body. There are 365 acupuncture points and 12 meridians. These meridians are channels or pathways through which Qi flows around the body. These acupuncture points stimulate “Qi” or “Ch’i” within the body to restore good health, balance and harmony. Qi is, in simplistic terms, best described as the body’s “life force” and the practitioner believes that an imbalance of Qi will cause disharmony and therefore illness and disease within the body. (Maciocia. G. 1989. p. 13, Ross. J. 1985. p. 13. Cheng. X.1990 p.2, Austin. M. 1974. P.2)

Chinese herbal medicine is another aspect of Chinese medicine; this is an ingested form of healing. Herbs are used to “rebalance” the body’s “Qi”. There are many hundreds of herbs and these are either boiled into a decoction and drunk, or made into pills and powders and taken orally. (State Administration of Traditional Chinese Medicine 1995, p. 87)

Chinese medicine practitioners take into account diet, weather and living environment, exercise, and spiritual wellbeing when diagnosing illness in a patient. (Chinese Acupuncture and Moxibustion 1990 p.51, Austin 1974. P.85)

Chinese Medicine was introduced into Australia mainly from the Asian countries of China, Korea, Vietnam and Japan, and in more recent times there has been an influence from both Europe and the United States of America. Chinese medicine entered Vietnam, Korea and Japan from mainland China during the third century onwards (Hsu & Peacher 1977, p 87). In 962 AD. A college of Oriental Medicine had been established in Korea and information between China and Korea flowed freely. As a result of this interaction the spread of Chinese medicine reached Japan and from 630 to 838 AD at least thirteen official embassies were sent to China from the Japanese court (Needham & Lu 1986, p265).

The spread of Traditional Chinese medicine from Asia to Europe and the rest of the world came about over the centuries as a result travellers and missionaries. However, it was in France in the nineteenth century that acupuncture first gained a level of respect due to its usage by the medical profession in Europe. During the same century it became sufficiently known and utilised by some individuals in the medical profession in England (Needham & Lu 1986, p 297).

Chinese medicine was first introduced into Australia via the early Chinese migrants who arrived with the gold rush. Many of the workers on the gold fields availed themselves of treatments from the practitioners there. Both acupuncture and herbal preparations were used by these practitioners on the men and women working in and around the gold fields.

However, Chinese medicine has remained the preserve of the Asian, and more so, the Chinese communities in Australia until the 1960's when its popularity spread to the wider population.

The rise in the popularity of acupuncture amongst the wider Australian population began during this time due in part to the promotion of Chinese medicine by the Chinese government. The novelty of using acupuncture for surgical analgesia or to assist in quitting smoking has gained media coverage. Australians who wished to train in acupuncture undertook short courses in China or Hong Kong, or correspondence courses offered by Colleges in Europe or the United States. This was in preference to learning from individual Chinese practitioners in Australia, which had been the traditional method of TCM education. Since there was no government legislation requiring a minimum level of knowledge for practice, there was a consequent variation in levels of expertise amongst practitioners (Ryan. 1995, p5).

There have been many approaches to both Federal and State governments this century in Australia with regards to the regulation and registration of Traditional Chinese medicine. Chinese herbalist in the gold mining areas of Victoria made the first attempts for regulation over 100 years ago. There have been many reviews into Chinese medicine in the 1970's, 1980's and finally in the 1990's. The NH&MRC carried out the first reports in the 1970's and 80's with an outcome that the profession was not cohesive enough, too fragmented and undisciplined to be regulated. (NH&MRC 1974 and NH&MRC 1988 & 1989). It was not until Bensoussan & Myers in 1996 published their findings in "Towards a Safer Choice" that the issue of regulation finally became a reality. Legislation was passed in the Victorian Government on 7th

May 2000, making way for the registration and restriction of title for practitioners of Chinese Medicine.

Training in Traditional Chinese Medicine (TCM) was established in China at the tertiary level in 1956 with government accreditation and financial support from the Peoples Republic of China (Bensoussan & Myers, 1996, p.151). It was not until 1992 that Victoria University introduced a Bachelor of Health Science-Acupuncture and in 1996 Bachelor of Health Science- Chinese Herbal Medicine, into the School of Health Sciences. Victoria University was the first university in Australia, or in the English-speaking world, to offer an undergraduate programme in Traditional Chinese Medicine (TCM). However, this was quickly followed by a course at R.M.I.T. Originally TCM was started in private colleges and was later transferred to the university (Bensoussan & Myers, 1996, p 159).

From 1992 to date there have been five cohorts of students who have successfully graduated from Victoria University with a Bachelor in Health Science in either acupuncture or Chinese Herbal medicine. These students are made up of both male and female, school leavers and mature age students and from all socio-economic backgrounds. Some students go on to work in the area they have been trained in and others either take on other study or work in an unrelated area.

During the time the course has been at Victoria University it has evolved and progressed in such a way, creating a programme, which is an innovative, interesting and challenging course for the students. This has been achieved by course changes, which took place in 1997 and 2001.

However, there has never been a comprehensive study carried out of all students. The School of Health Sciences does not know why their students choose to study at Victoria University or what they think of the course as they progress through it. From time to time students are asked to give feedback as to how they view the course they are enrolled in and in particular each subject they undertake. However, this approach has its limitations and biases as well as lacking the academic rigor of research.

1.2. GENERAL AIMS OF THE RESEARCH

The aim of this research was to analysis a comprehensive profile of students who are currently enrolled in the Bachelor of Health Science-Acupuncture and the students enrolled in the Bachelor of Health Science-Chinese Herbal Medicine from year one to four. The profile included information regarding the students and their family of origin. The research explored the expectations students have of the course they are enrolled in, their preferences and perceptions of the staff and the facilities available to them.

There is little research in the area of students studying TCM and of their expectations of the course and of themselves when they have completed their studies. This research aims to gain information from the students relating to their expectations during the course, and at completion. This research has focused on four specific areas, which will be specifically looked at throughout this research. The demographics of the student TCM population, factors influencing their choice of Victoria University, their expectations of the lecturers and lectures and the students expectations of how they will work and use their training at the end of their course.

CHAPTER TWO

2.0. LITERATURE REVIEW.

It is necessary to break the literature into sub categories. The first category is in relation to Chinese Medicine and its history, and then its more recent position within the Australian context, both politically and professionally. The next category looks at education generally, then more specifically linking the connection to particular questions in the survey with expertise in areas of teaching and learning.

The primary aim of the literature search is to ascertain whether a research such as this one, had been undertaken before. From the search to date it appears that there have been attempts incorporating similar aspects of this research such as Ryan 1995 who undertook a similar project as part of his Masters of Education. However, it appears that this research is original in its concepts.

However, for an overall snapshot of what is happening in Chinese Medicine in Australia, Bensoussan & Myers report in 1996, *Towards a Safer Choice*, gives the most comprehensive coverage of education and practice of Chinese Medicine in Australia today. However, the difficulty with this study is that a relatively small section is devoted to education of Chinese Medicine in Australia, and as such only looks at education from the side of the institutions not from the side of the students. However, it does represent the best attempt to give an accurate picture of which institutions are involved in teaching Chinese Medicine in Australia, listing both universities and private colleges. It also manages to give a breakdown of some of the components of these

courses, which is relevant to this research and questions relating to how students find studying TCM theory and practical classes over Bioscience subjects. This is a relevant issue when students are looking at a course in TCM and selecting which course structures are more suitable to them. See Figure 5.2.22.

The topic of studying TCM and Bioscience has been contentious for some time and there are varying views on this debate. However, when reading the literature it can be seen that some authors try to explain the differences between TCM theory and Bioscience as a way of analysing the differences in Chinese medicine. (Kaptchuk 1986 Ch. 1) However, Bensoussan & Myers report gives proportions of total load of the different categories offered in most of the courses available in Australia. Some of the information gained from this review was of use when viewing some of the characteristics of students studying TCM. However this report falls short of being useful in gaining perception from students about the course they are enrolled in.

There is a paucity of research relating to this topic of reviewing a particular course and its students. It is intended that this research will address this deficit.

This research project explores the many facets of a student's life, what the students think of the course they are enrolled in, the staff and the facilities available to them. Issues such as being a mature age student over a VCE student and its potential difficulties associated with being an older student such as relationships, work etc. Rolfe et al (1995) found a trend in other medical related courses that showed mature age students were usually in the minority. Gender has been raised as pertinent by Folgeman VanderZwagg

(1981) and this will be explored to see if there is a significant difference in the number of female to male students and the percentage of either gender completing the course. Folgeman VanderZwagg (1981) found that there was indeed a higher attrition rate amongst female students in comparison with male students. The current research did not explore the reasons why this was so, and it could be postulated that this was perhaps related to any one area such as workload, academic requirements, passion for TCM or that they were given the wrong information about choice of course.

Victoria University's own strategic plan suggests that with the location of many of the campuses within the western region of Melbourne that ethnic diversity is encouraged and even expected within the student population. However, from the strategic plan it is not possible to ascertain whether students moved into the area for the course. Willoughby, Arnold and Calkins (1981) compared students from difference urban and non-urban backgrounds and found there is no difference academically. From the literature it was shown that the University has placed a great emphasis on ethnicity and good teaching and this research will endeavour to show whether or not this is in fact so, at a "grass-roots" level.

According to the Australian Bureau of Statistics (1998) report in 1997 there were 659,000 students enrolled into undergraduate and postgraduate courses in universities. According to Bensoussan and Myers (1996) the number of students studying TCM are approximately 1,000 in any given year. The School of Health Sciences enrolls approximately 80 students each year into Chinese Medicine, which is approximately a quarter of the 386 full time students catered for by the three university courses presently offering course

in TCM, Bensoussan and Myers (1996). This has come a long way since the Medicare Benefits review in 1986 when it showed that there was no university offering training in TCM (p117).

Of particular interest to this study is why do students decide on a career in TCM and perhaps more importantly why did they choose Victoria University to study TCM. Did they have such a passion for the subject that they were drawn to the course and moved to Melbourne to be able to complete the course and did this passion and motivation change as they progressed through the course? There appears to be no literature, which supports this question. The cultural aspect of a family history of TCM practitioners was examined to see if in fact this influences student's choices. Ryan (1995 p 107) suggests that in fact maintaining motivation was ranked 10th out of 12, as barriers to studying acupuncture. Do more women than men complete the course as suggested by Ryan (1995), are they school leavers or mature age students and do the mature age students already hold a first degree as suggested by Bensoussan and Myers (1996). There are many who make claim that those students with previous academic ability have a good predictor of success at medical schools (Collins, White, and Kennedy 1995; Montague and Odds 1990; Prywes 1970; Roessler, Lester Butler, Rankin and Collins 1978; Tomlinson, Clack, Pettingale, Anderson, and Ryan 1997; Weiss, Lotan, Kendar and Ben-Shakhar 1988). This theory is tested in this research.

Perhaps one of the closest studies into Chinese medicine and its students is one conducted by Ryan in 1995 as part of his master's thesis at UTS. The theme of his masters, "Educational ramifications of traditional acupuncture paradigm in the Australian context" is divided into two sections. The first being

a qualitative perspective of academics involved in teaching Chinese Medicine in Australia, the second section is more quantitative based where he surveys students perception about his hypothesis on education in Chinese Medicine in Australia. It is hoped that this research will extended Ryan's work to include student's perceptions on teaching and learning within the course, as well as clinical perceptions and a section reviewing student's intentions after completing their degree.

When asking students how they viewed their lecturers and their involvement in their own profession politically and also including areas such as, research in TCM, and clinical teaching in their teaching capacity, it appeared that this arena of academia and research to be one of the areas, which were difficult to maintain. In Lawson et al (1999) article about the "rise and rise" of academic practice in Australia, they talk about supporting medical academics and the difficulty with providing them with more time for professional development and research. The difficulty with this study is of course that it relates to the medical fraternity and the TCM fraternity has even fewer funds to support research and academia. When considering the qualifications and expertise of the lecturers the statement made in 1973 by the WHO, (p 14), that the assumption that qualification in subject matter is equivalent to qualification for teaching has been accepted for so long in higher education that an educational research and development centre can anticipate some measure of resistance to this aspect of its work. Continuing this trend of scrutinising lecturers teaching skills, Warren-Pipe (1994 p 227,) states that there is no requirement for people appointed to academic posts to have any formal education in the process of teaching and examination. Warren-Pipes

comments therefore have great significance when analysing participant's perceptions of their teachers.

When students were asked about their levels of passion they felt by for the subject, the only description found to support the concept for passion for a career was by Macquarie (1995 p 290) as a very strong feeling about something or in something. This is disappointing and it is hoped that this research will go some way in addressing this deficit in the literature.

Further exploration of the literature is in relation to the expectations of students after they have completed their degree and how, and whom they would like to practice with. One of the difficulties, which graduates will have, especially for those practising acupuncture, is the number of general practitioners giving acupuncture treatments. Easthope et al (1999) talks about the population in the United States, Canada, the Netherlands, the UK and Australia, who are increasingly using medicines that are not part of the conventional pharmacopoeia, and seeking therapies that are not taught in the conventional medical undergraduate curriculum. In Australia one such therapy, acupuncture, is of particular interest in that doctors use it as part of their normal general practice use it. It is not part of the standard medical curriculum in Australia, but it is recognised as a standard medical therapeutic technique in that it attracts a Medicare rebate (as item 173) when a medical practitioner performs it. Whilst this article gives details of the increase in the number of doctors who perform acupuncture, it also, in inference, claims that acupuncture is an established complementary medical practice. A fact, which most new graduates, would have difficulty with when considering the possibility of establishing a practise within the scope of a medical centre.

Whilst acupuncture treats many conditions it is worthy of note that Easthope (1999) goes on to say that doctors are choosing acupuncture, are not doing so for monetary reasons. For some it is now an established complementary therapy, apparently chosen for clinical reasons. Easthope's research falls short of giving details about the training of doctors who practise acupuncture, their full understanding of the theory of TCM and the comments on monetary reasons for using acupuncture have to be viewed with some cynicism. Bensoussan (1999) Collins, White, and Kennedy (1995); Montague and Odds (1990); Prywes (1970); Roessler, Lester Butler, Rankin and Collins (1978); Tomlinson, Clack, Pettingale, Anderson, and Ryan (1997); Weiss, Lotan, Kendar and Ben-Shakhar (1988). In their articles on complementary medicine they go on to say generally, that when health consumers develop sickness they do not consider actively whether their health care practitioner is "oozing warm fuzzies", but rather, target what they believe to be the most effective way to get better. His research shows that the consumer of health care will use both complementary therapists and doctors when seeking the best treatment for their health care. A fact, which may well influence students who after completing their training in TCM seek a location to work from which, may include many modalities. This type of location will support the "shopper" in health care but also give a new graduate an opportunity to be exposed to a variety of modalities. However, Bensoussan's research falls short of demonstrating that the medical profession will recognise practitioners who are trained in TCM as specialists in this area, but still places them in the "fringe" area of medicine, still without scientific research to back up its use and successes.

In summarising the literature, the research of Bensoussan and Myers has demonstrated how the TCM profession is educated, and what the different teaching institutions are offering students wishing to learn Chinese medicine. Collins, White, and Kennedy, (1995) Montague & Odds, (1990), Prywes, (1970), Roessler, Lester Butler, Rankin and Collins, (1978) Tomlinson, Clack, Pettingale, Anderson, and Ryan, (1997) Weiss, Lotan, Kendar and Ben-Shakhar, (1988), have all given an indication about the academic ability of students. Easthope et al (1999), have given their opinions on the trend of patients seeking treatment for illness, which hitherto have not been considered “conventional” by the medical profession. They also demonstrate in further research a more recent trend within the medical professional ranks of doctors now choosing acupuncture as a treatment within their own practices. Ryan’s research of the students at UTS in Sydney gives an insight into some aspects of student life whilst studying TCM and Warren-Pipes insights into the qualifications of tertiary lecturers. However, there is paucity in regard to student’s perceptions of lecturers, facilities, workloads, and passion for their chosen subject and finally what students intend to do once they have completed their training.

Therefore, this research project aims to give an insight into these areas, which have hitherto been lacking in the current research material available, by analysing a comprehensive survey of all aspects of a students life whilst studying TCM.

CHAPTER THREE

3.0. INTRODUCTION AND DISCUSSION.

After students completed the questionnaire it became apparent that there were a number of themes, which were becoming obvious from the responses. These themes are the basis for the following research questions.

3.1. RESEARCH QUESTIONS

1. Do students value clinical experience in lecturers over research achievements?
2. Does the length of time and the facilities of the course at Victoria University influence students in deciding where they would study TCM?
3. Do most students, who complete their degree, have plans to work in the profession they are trained in? It is hoped that this research will be able to identify where students intend to practice and with whom.
4. Do students have a pre-existing interest in the culture of Eastern origin that predisposes them to study TCM?
5. Do students from an Asian background have cultural influences, which may be imposed on students to follow a family tradition working in Traditional Chinese Medicine?

CHAPTER FOUR.

4.0. METHODOLOGY

4.1. Apparatus-The questionnaire.

This research used a survey questionnaire, which was designed specifically for this study. It contained a combination of qualitative and quantitative data.

The questionnaire had questions broken into four themes.

- 1) Demographic questions including educational background.
- 2) The TCM course including questions on facilities and lecturers.
- 3) The Expectations of practice after completing the course.
- 4) Open ended questions.

4.2. Demographic Questions.

Questions 1-15 refer to the demographic section of the questionnaire.

4.3. Subjects.

In this research the demographics of the students were explored including their ethnic breakdown, previous education, religion, and what areas they have studied before. In addition, their gender and whether they are single or married and if they have children and whom they live with was also visited

Questions 1-15 relate to demographic information. These consisted of questions about age, ethnicity, marital status and living arrangements.

Demographic data was broken down into age (school leavers and mature age); gender (male and female); cultural background (European, Asian etc); secondary schooling (private and public); language, and religion, with students being asked to answer each questions with a yes or a no answer, or a one word personal response.

4.4. Likert, Spearman, Mann Whitney and Categorical Scales.

This research used, the Likert scale of 1 (disagree) to 5 (agree) for questions 37-45.

Question 46, used the Likert scale of 1 (Not important) to 5 (Highly important).

Questions 47-61 the Likert scale of 1 (disagree) to 5 (agree) was used.

Questions 65-68 a categorical scale of 1 (no) to 3 (unsure) was used.

However, the limitations of using such a scale are evident when the sample group place marks between the scales, indicating that they are not able to decided between the categories. This observation is also made by Polgar & Thomas (1995 p 132) when they list the advantages of using the Likert scale as it allows the middle “undecided” responses and the disadvantages of using the Likert scale as acquiescent responses mode.

Spearman’s correlations were used to support the significance of the data gathered from questions 44 and 46 (g), questions 69 and 46 (e) and question 69 and 46 (e).

Mann Whitney tests were run on question 46 and the relationship between the acupuncture students and the herbal students and their responses to the question relating to clinical practice and qualities expected from the lecturers and the lectures, using sub questions, a) experience as a TCM practitioner, b) that lecturers were currently in clinical practice, l) that the clinical teachers were in private practice, and m) that the clinical teachers were not academics the results are shown in simple percentage form in Figures 5.2.23, 5.2.24, 5.2.25 and 5.2.26.

Mann Whitney tests were run on question 46 and the relationship between the acupuncture students and the herbal students and their responses to the question relating to clinical practice and qualities expected from the lecturers and the lectures, using sub questions, a) experience as a TCM practitioner, b) that lecturers were currently in clinical practice, l) that the clinical teachers were in private practice, and m) that the clinical teachers were not academics the results are shown in simple percentage form in Figures 5.2.23, 5.2.24, 5.2.25. and 5.2.26.

Mann Whitney tests were run on question 46 in relation to how the sample surveyed view the importance of sub questions, c) that lecturers are recently published in the area of TCM, f) that lecturers were currently involved in research. Figure 5.2.27. and 5.2.28 shows the outcome of the test in simple percentage graphs.

Spearman's Correlations

There was a significant correlation between whether the participant thought that the number of hours taught in the classroom were adequate and the perception that lecturers are trained as teachers, $r_s = +.009, p < 0.05$.

There was a significant correlation between the acupuncture participants and that lecturers should be up to date with computer based programmes, $r_s = +.008, p < 0.05$.

There was a significant correlation between the herbal participants and that lecturers should be up to date with computer based programmes, $r_s = -.008, p < 0.05$. However, these correlations are deemed to be very low.

4.5. Educational Background

Questions 15-33 relate to the student's educational background. These consisted of questions about VCE scores, where the students had previously studied, how they are paying their HECS debt and whether they had studied at a tertiary level prior to coming to Victoria University.

Questions 34-36 relate to whether the student had previous experience of TCM, either personally or within the students' family.

4.6. The TCM Course

Questions 37-61 relate to specific questions about the TCM course the student is enrolled into. These consist of questions about facilities at the campus, perceptions of the lectures and whether the students found any aspect of the course stressful.

4.7. Expectations of Practice.

Questions 64-68 relate to the expectations of the student at the end of the course, their intentions in regards to working in TCM and in which settings they hope to practice in.

4.8. Open Ended Questions.

Questions 63 and 71 are open-ended questions, giving students the opportunity to expand on their beliefs about themselves and about the level of passion they feel about TCM

4.9. Pilot Survey

The questionnaire was revised after a pilot survey was taken of 20 fourth year students. The original survey form had 60 questions, however, after analysing the data it appeared that there was difficulty with completing some of the questions. In addition new questions were asked as it was apparent from the

completed questionnaires that the type of data required would not be gained from the questions initially asked, so new or expanded, or more specific questions were added.

4.10. Subjects, Procedure and Confidentiality

Formal questionnaires were handed to all students enrolled in the Bachelor of Health Science-Acupuncture and Chinese Herbal Medicine at Victoria University-St Albans campus, wishing to take part in this research project. The procedure was conducted on a class-by-class basis and offered on a voluntary basis only. Students were informed of the purpose of the questionnaire and of the procedures adopted to ensure complete anonymity. A questionnaire box was assigned for the purpose of a collection point and students were asked to place their completed questionnaire into this box.

Data was collected from the participants by means of a survey, which has 71 questions. All information will remain confidential and is not subject to personal analysis, but however, was evaluated as pooled data. All questionnaires were assigned an alphanumerical coding and will be identified only by this coding. Ethics committee approval was gained prior to commencement of the questionnaire being handed to students to complete, from the Faculty of Human Development Human Research Ethics Committee at Victoria University. As per appendix A.

4.11. Response rate.

Questionnaires were given out to all students currently enrolled into the Bachelor of Health Sciences-TCM at Victoria University and opportunities were available for students to also collect questionnaires if they were not present the day the questionnaires were given out in the classes. A total of 38

questionnaires were completed and placed into the box. This represents a response rate of approximately 30%.

CHAPTER FIVE.

5.0. RESULTS.

All data collected from the participants was entered into a computer programme, SPSS for Windows. All data was recorded as a percentage or as raw data and analysed using a Spearman or Mann Whitney format and formulated into pie graphs or comparative percentage graphs.

5.1. Demographic breakdown.

Questions 1-15 related to the demographic breakdown of the students.

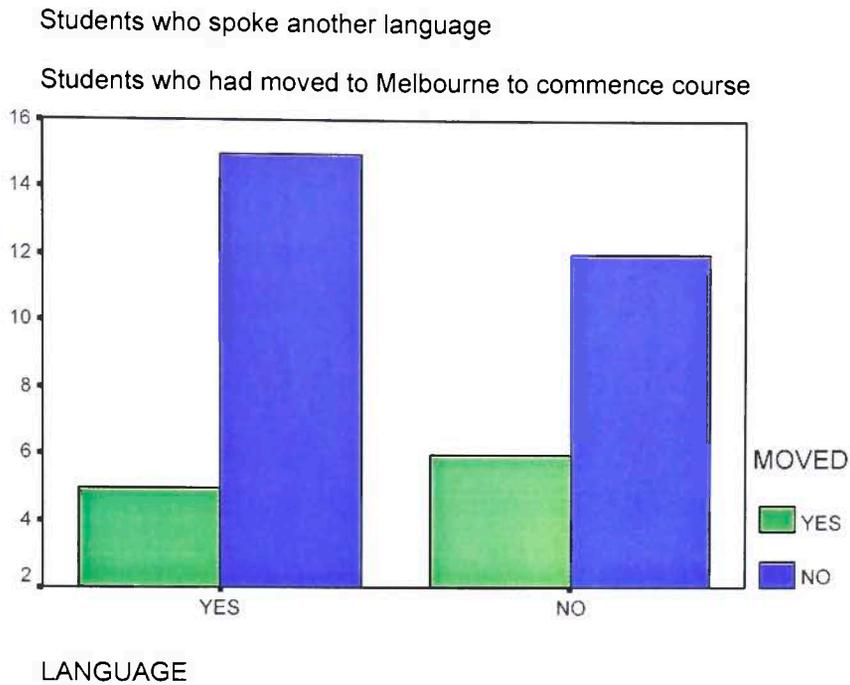
5.2. Subjects.

The sample population is representative of the population as all students currently enrolled into the TCM programme at Victoria University come from diverse backgrounds, ethnicity and religious beliefs, in fact a cross section of the Australian population.

There were 9 males and 29 females ranging in age from 19 to 49 years, with an average entry age of 21.1 years, 57.9% were married with 89.5% of those who were married who did not have children. The sample showed that 52.6% spoke another language as demonstrated in Figure 5.2.1. and that 28.9% had moved to Melbourne for the commencement of the course in TCM.

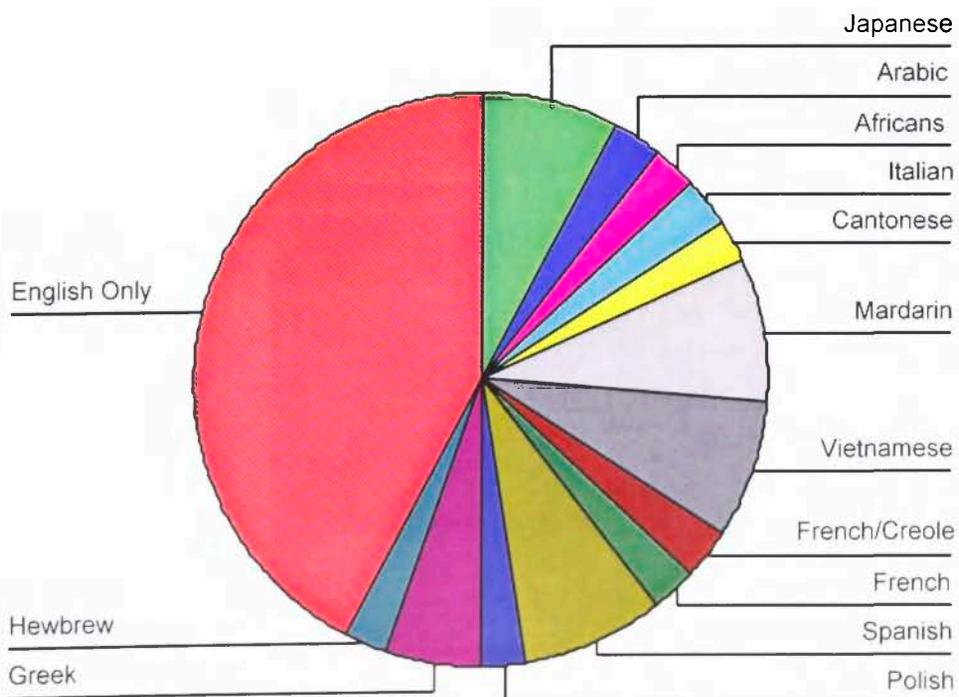
It was evident that 55.3% were not VCE entrants, of those students who were, 39.5% were from state schools, as opposed to 31.6% from private schools and 7.9% from TAFE institutions. These figures demonstrate that over half of the prospective students have not come directly from high school and when considering Figure 5.2.5. also indicates that approximately 40% of students have worked previously in the health industry.

Figure 5.2.1.



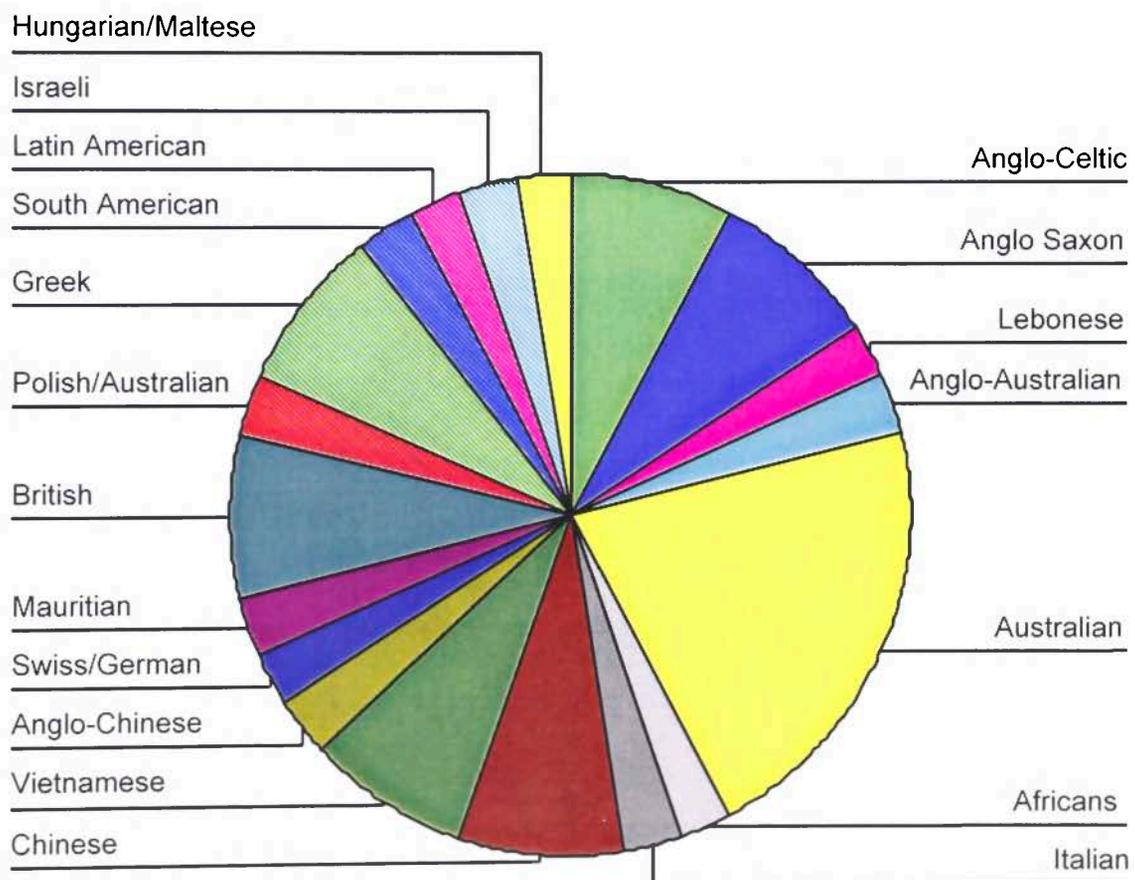
The participants were asked to give information about the languages they spoke and Figure 5.2.2. demonstrates the diversity of these languages.

Figure 5.2.2.
Languages spoken by students.



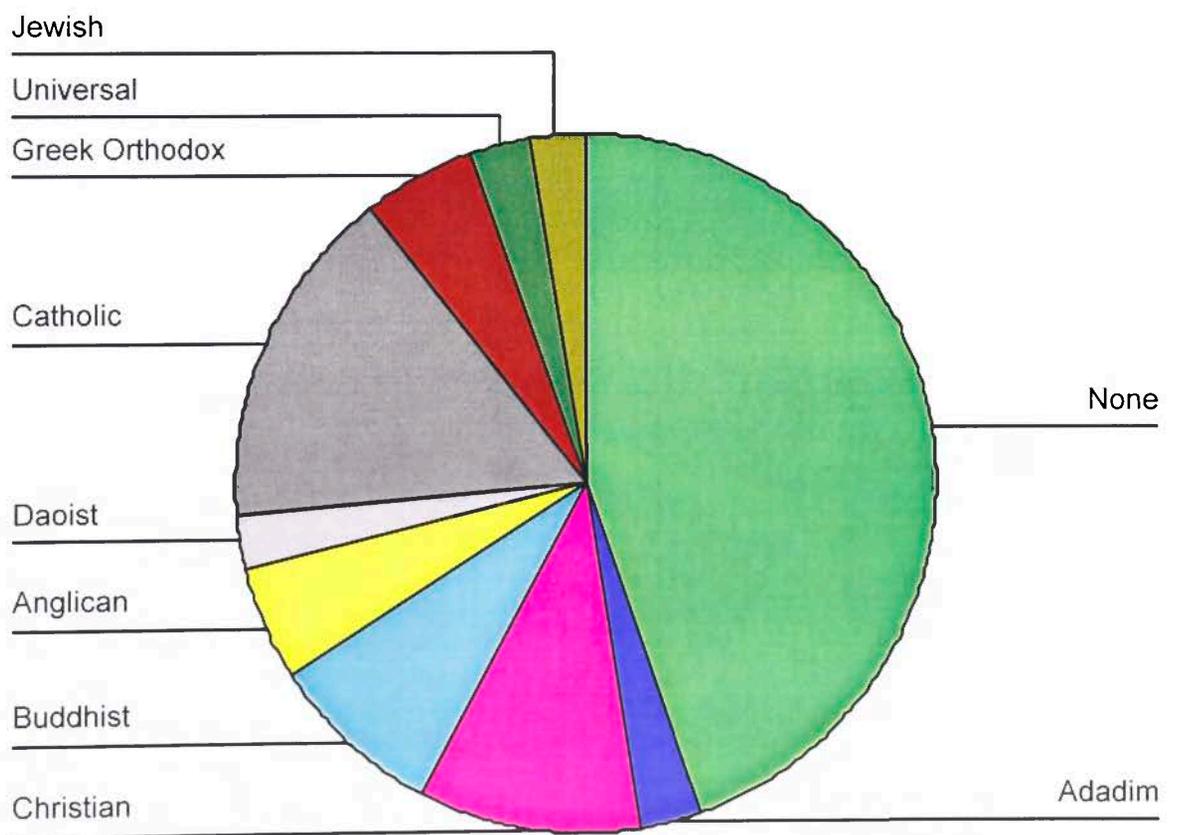
From the sample group it was found that the ethnic diversity was well represented within the TCM group, this is represented in Figure 5.2.3. However, perhaps the diversity of groups is greater than anticipated.

**Figure 5.2.3.
Ethnic Diversity**



This research has found that there is a great diversity within religious beliefs, as shown in Figure 5.2.4.

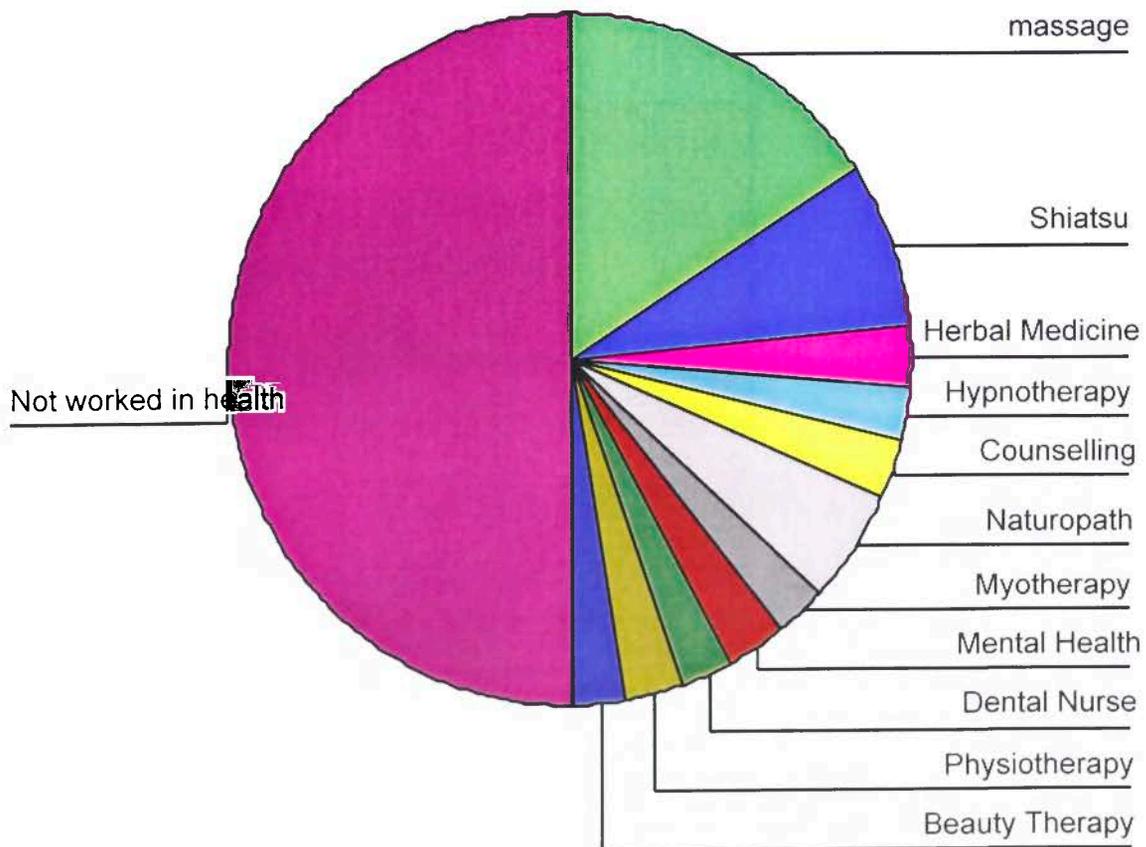
Figure 5.2.4
Religious Beliefs.



Only 39.5% had worked in an area of health prior to commencing the course see Figure 5.2.5. with 36.8% having never experienced any form of TCM before embarking on the course in TCM.

Figure 5.2.5.

Previous work in the health industry.



In Figure 5.2.6. it demonstrates student's payment of HECS fees, with 81.1% of the sample surveyed deferring payment. However, Figures 5.2.7 and 5.2.8. illustrate that 63.2% are receiving Austudy and that 71.1% of students also worked whilst completing their studies.

Figure 5.2.6.

Payment of HECS debt.

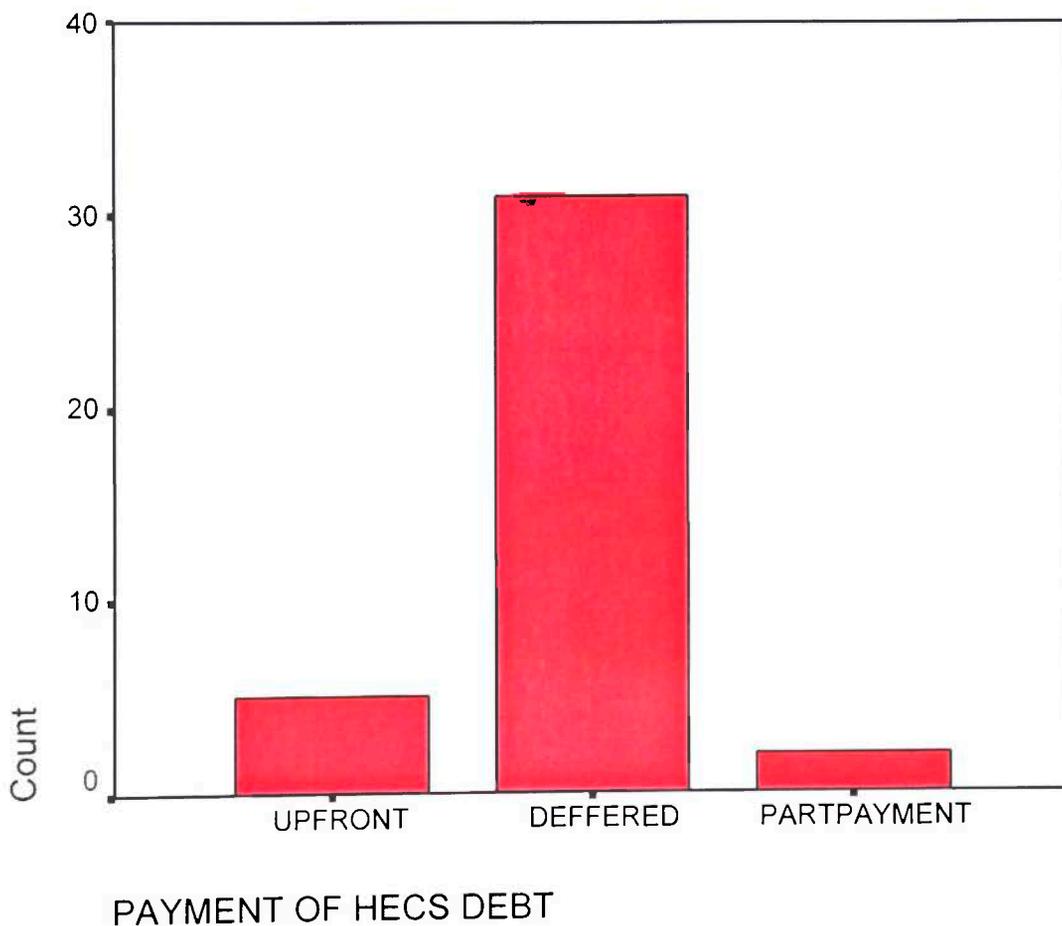


Figure 5.2.7.
Receiving Austudy Allowance.

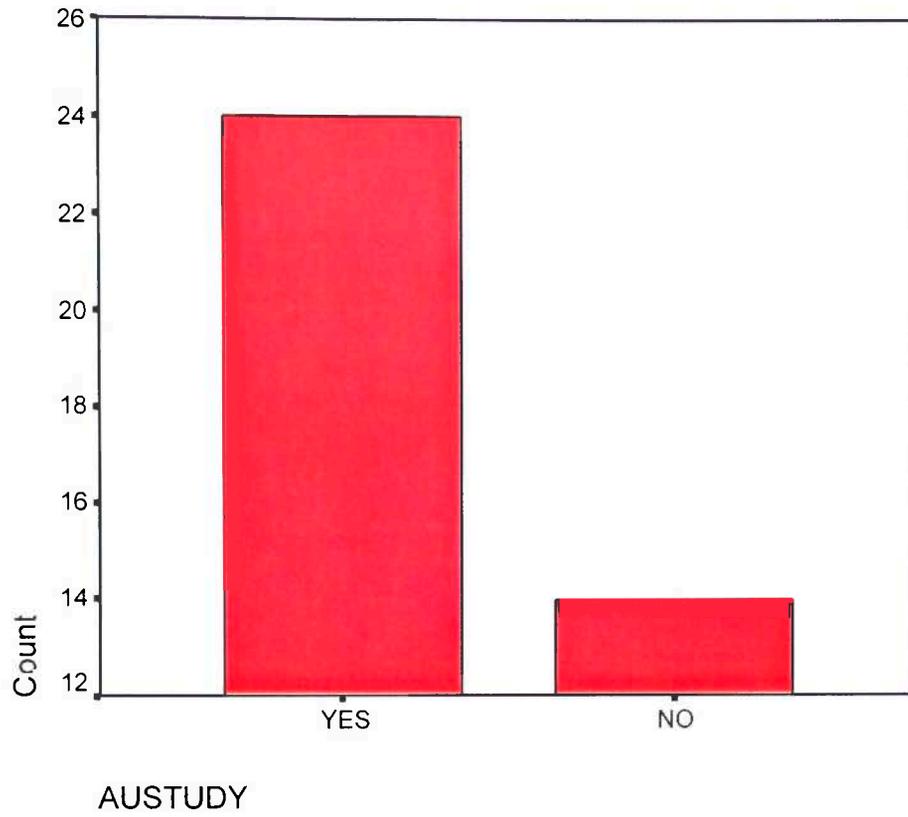
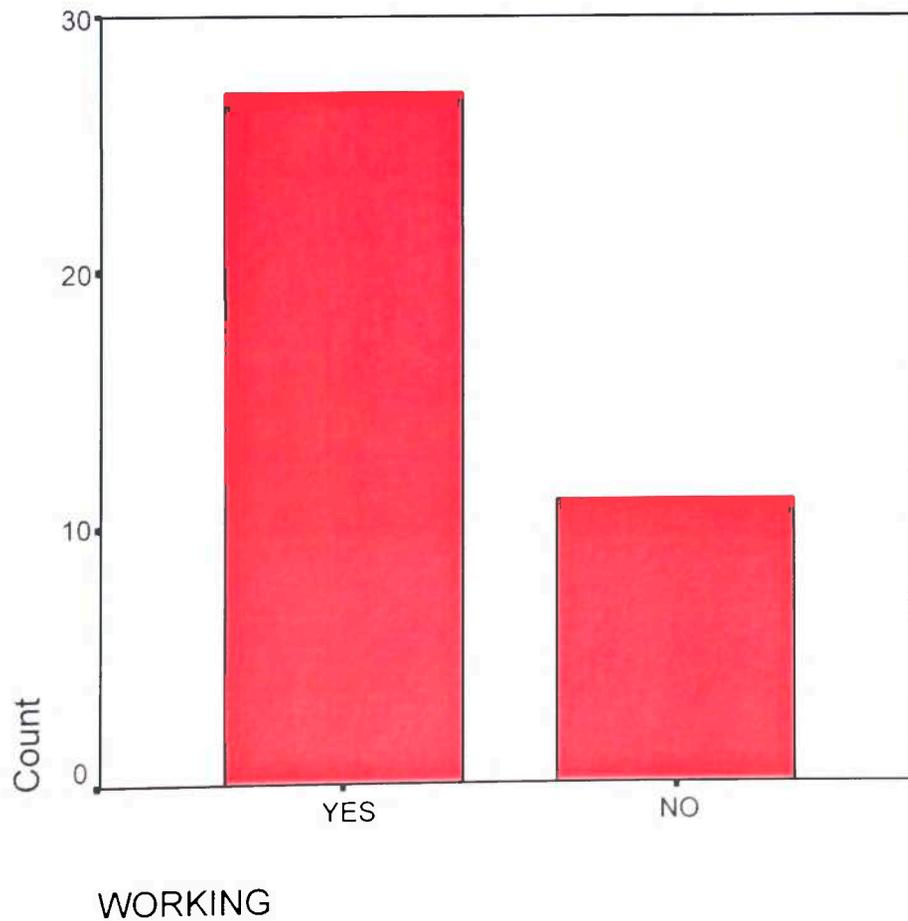
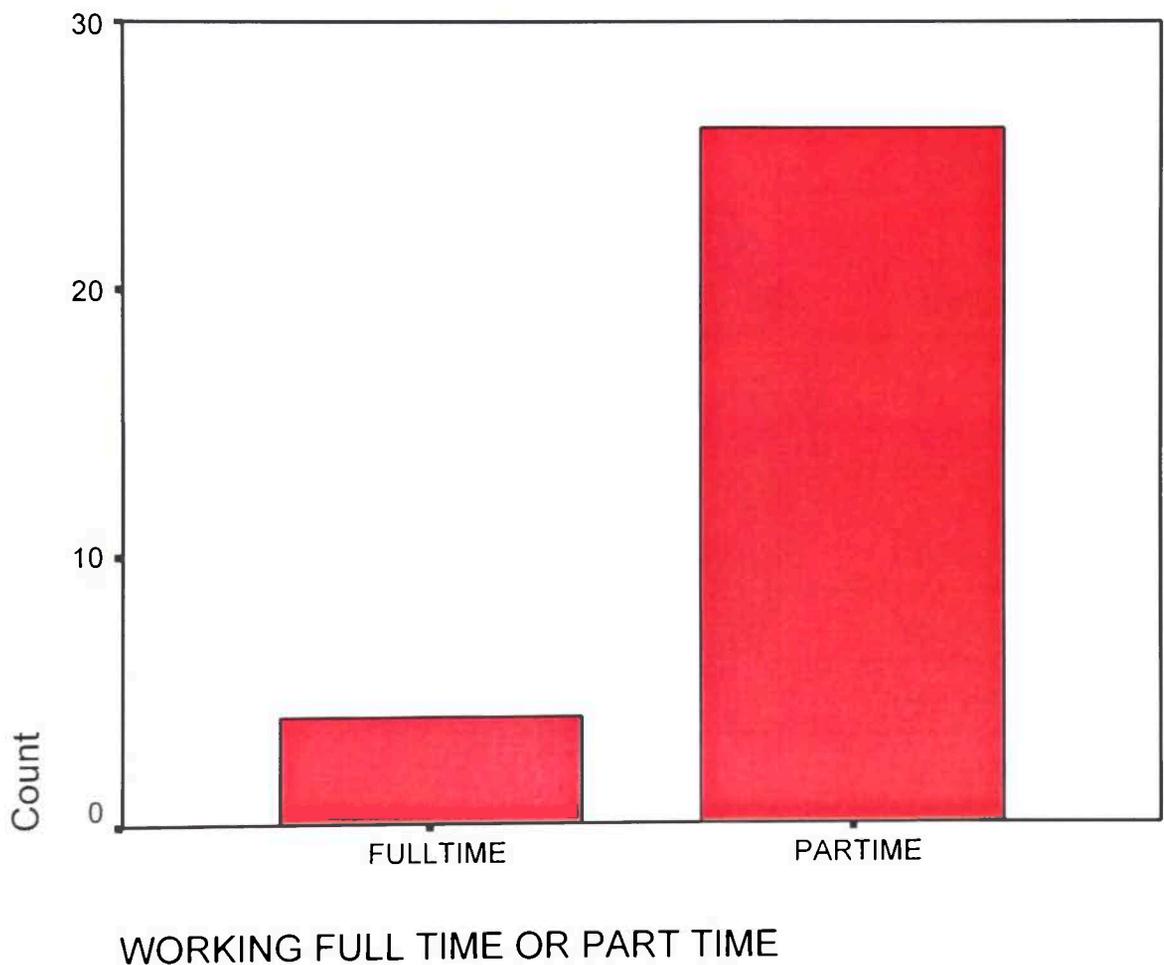


Figure 5.2.8.
Students working.



In Figure 5.2.9. it is observed that whilst 86.7% are working part time during their course, it is also noted that 13.3% of students surveyed have a full time job during their studies.

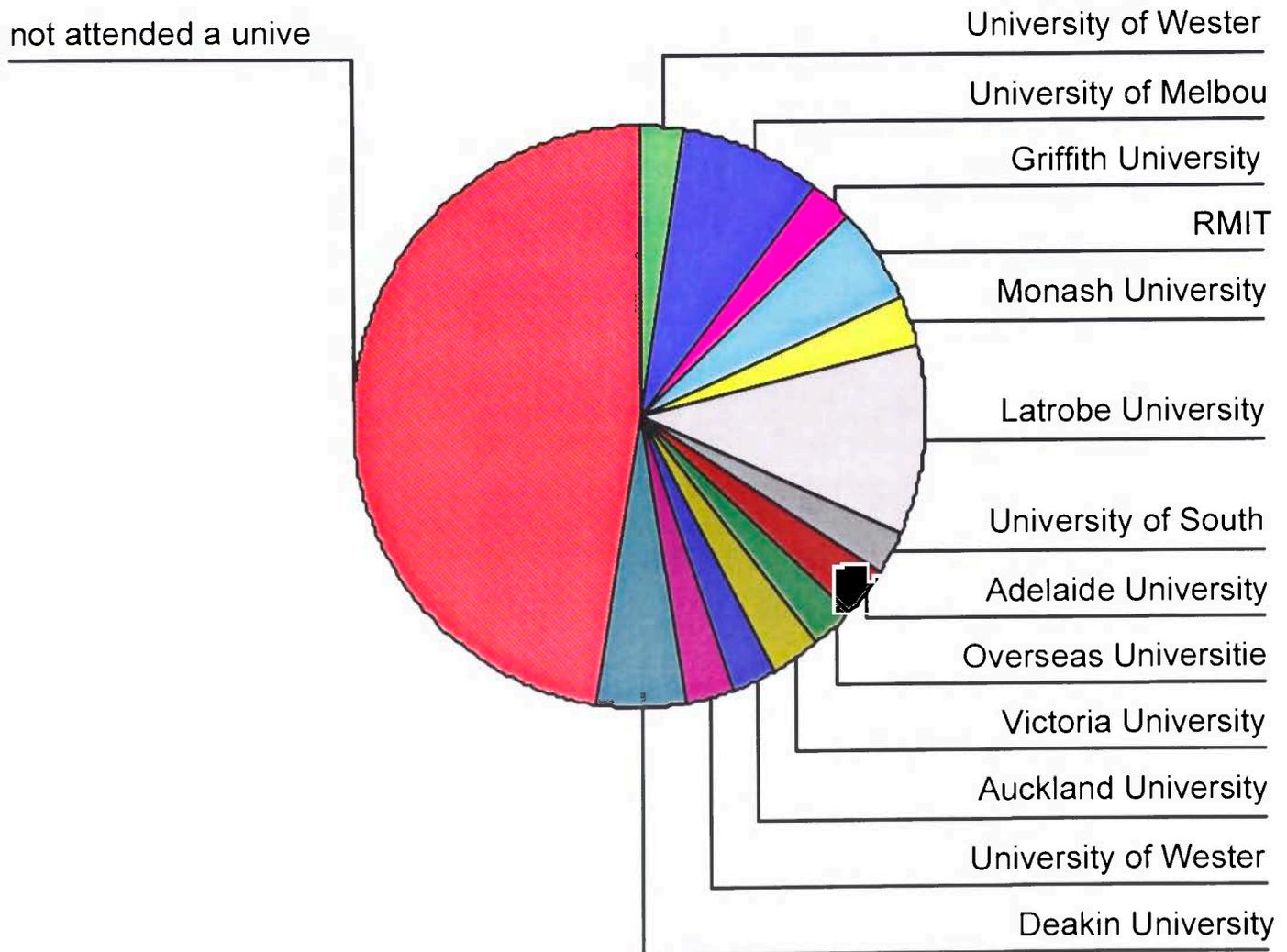
Figure 5.2.9.
Full time or part time work.



The survey sample showed that 55.3% of students had studied at a tertiary level prior to coming to Victoria University and Figure 5.2.10. illustrates the universities where students previously studied.

Figure 5.2.10.

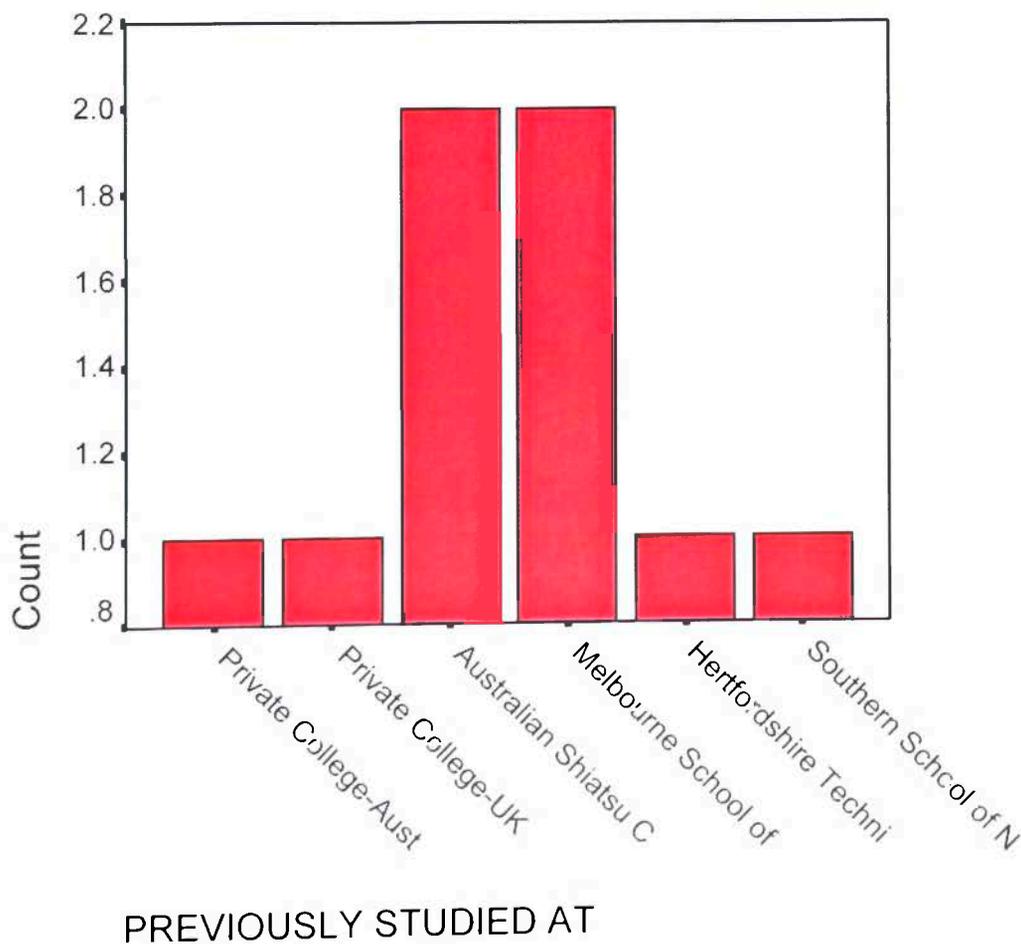
Prior tertiary experience.



The surveyed group showed that prior learning not only took place at universities but at other types of institutions prior to their commencement of studies at Victoria University. Figure 5.2.11. outlines the diversities.

Figure 5.2.11.

Other institutions previously studied at by participants.



In question 32, the surveyed group was asked which areas they had studied in prior to commencing studied in TCM. The results are outlined in Figure 5.2.12.

Figure 5.2.12

Which subjects previously studied?

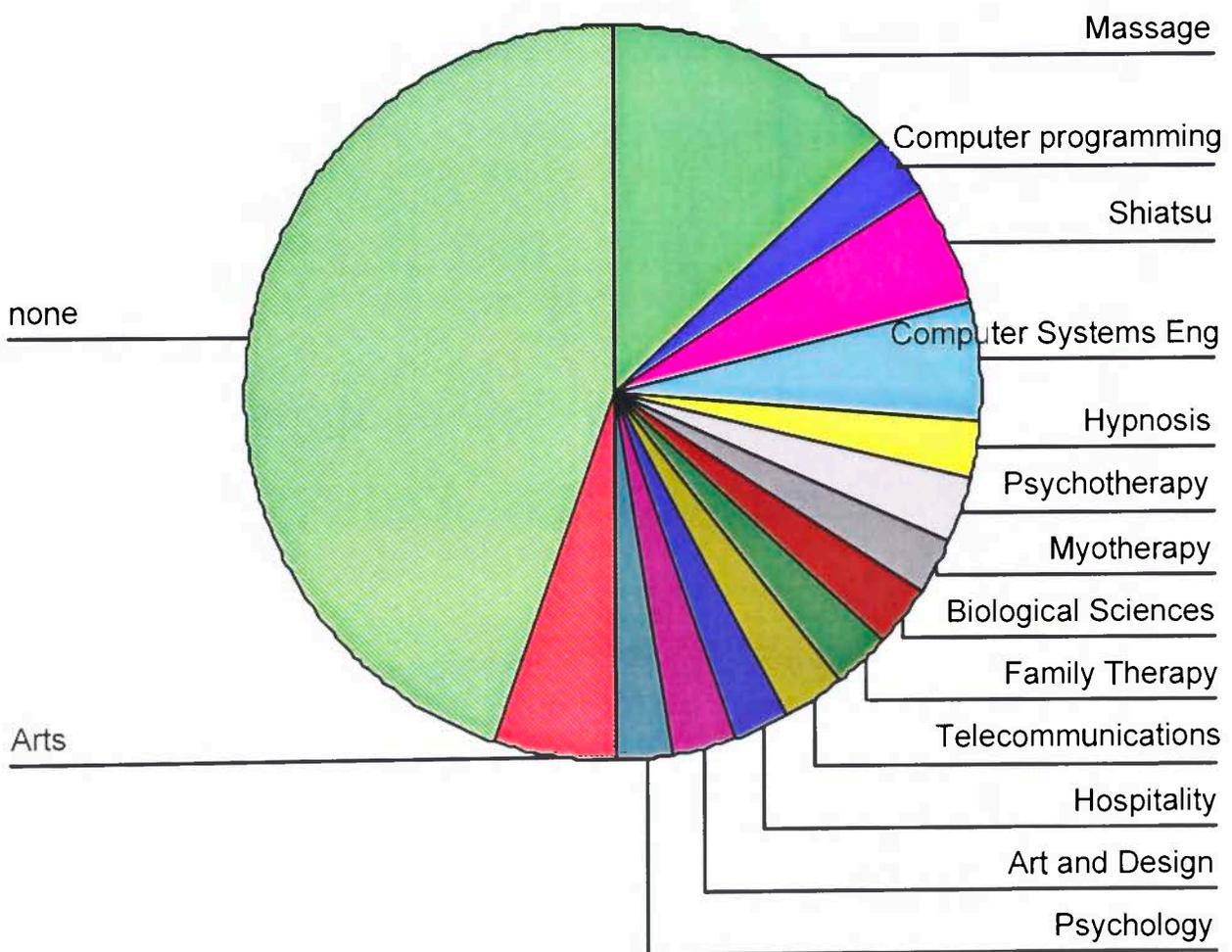
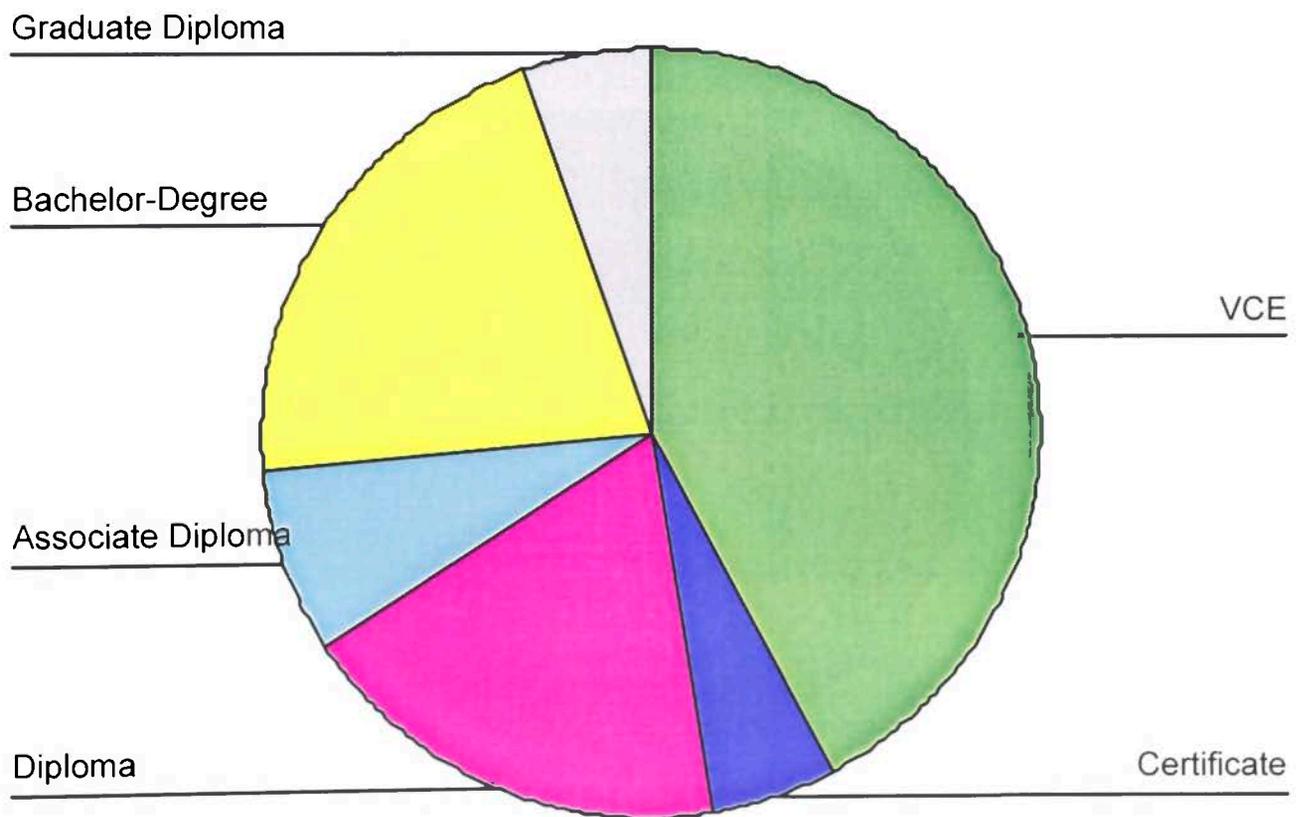


Figure 5.2.13 outlines the highest level of qualification the surveyed group had achieved prior to the commencement of their TCM studies at Victoria University.

Figure 5.2.13.
Highest level of qualification.



Questions 35 and 36 relates to the experience of sample group either having anyone in their immediate family, or themselves regularly see a TCM practitioner for health reasons, and if there was anyone in their family who was a practitioner of TCM. The results are outlined in Figures 5.2.14. and 5.2.15

Figure 5.2.14.

Immediate family having TCM treatments.

IMMEDIATE FAMILY HAVING TCM

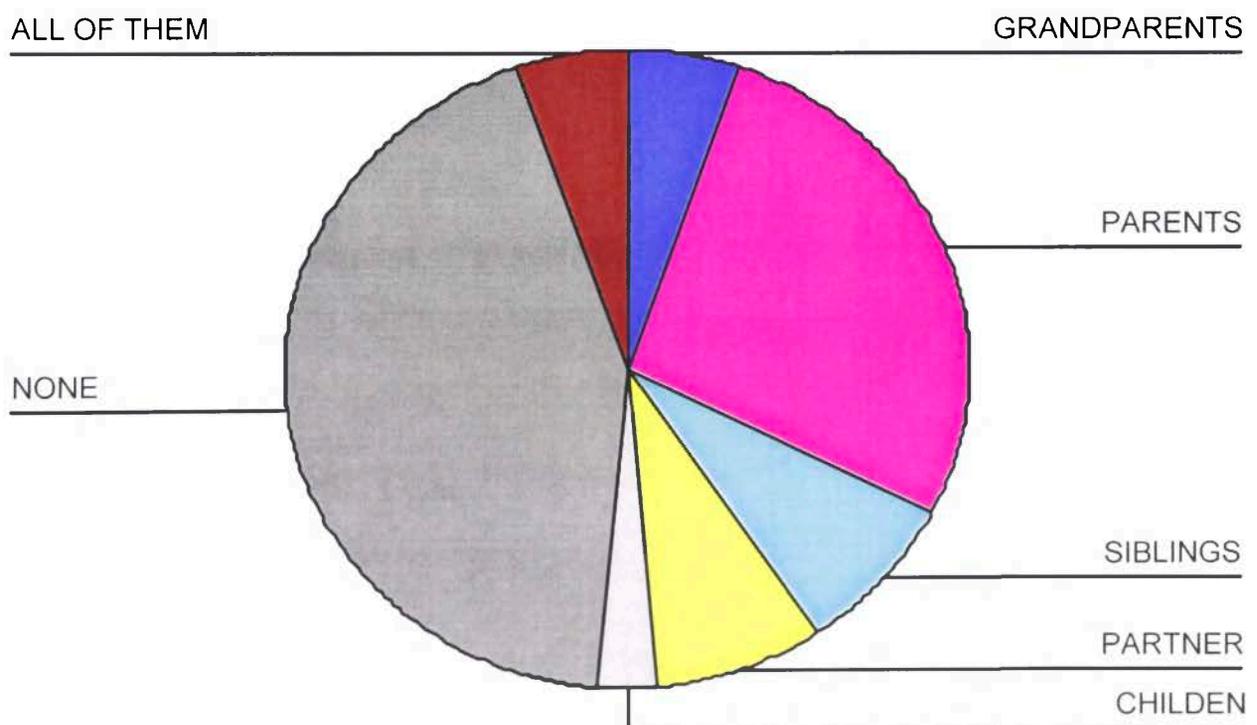
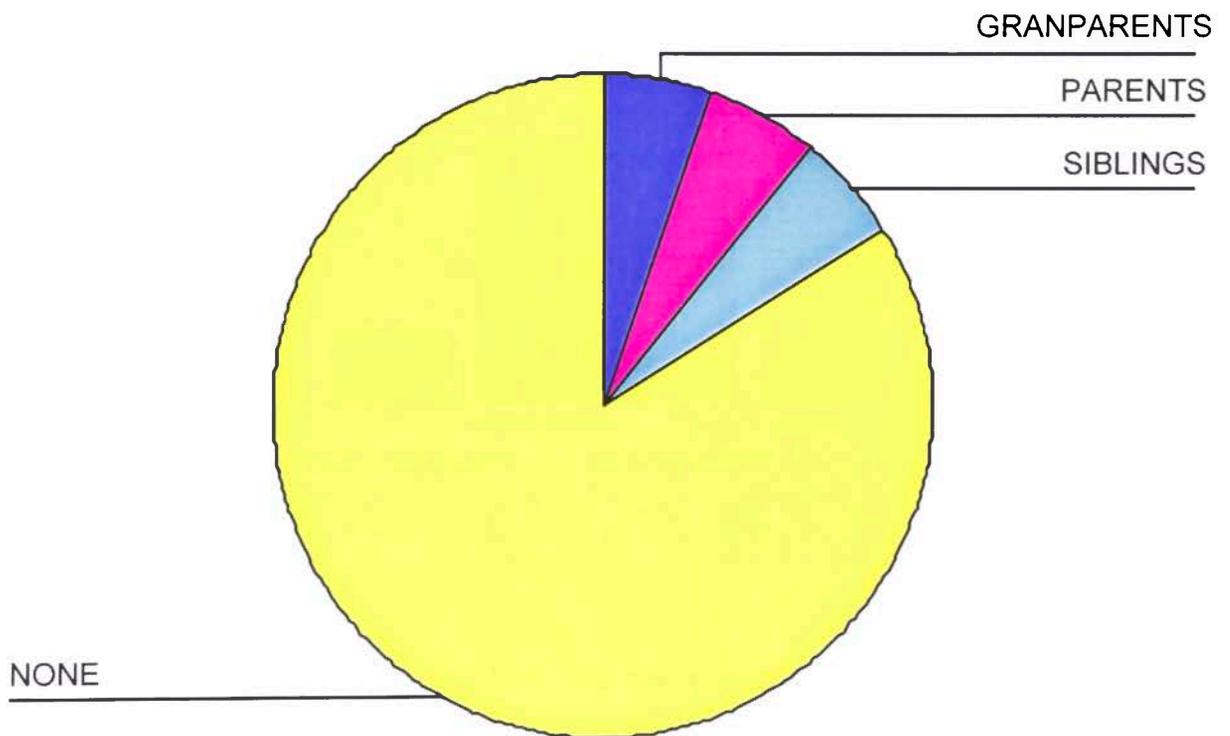


Figure 5.2.15

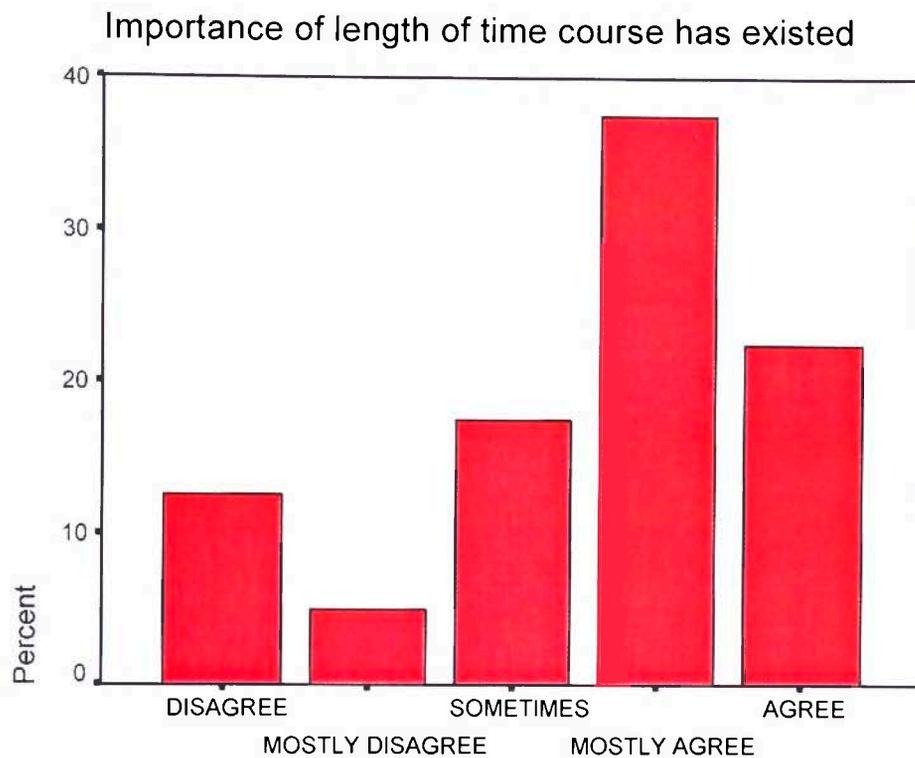
TCM practitioners in family.

TCM PRACTITIONERS IN FAMILY



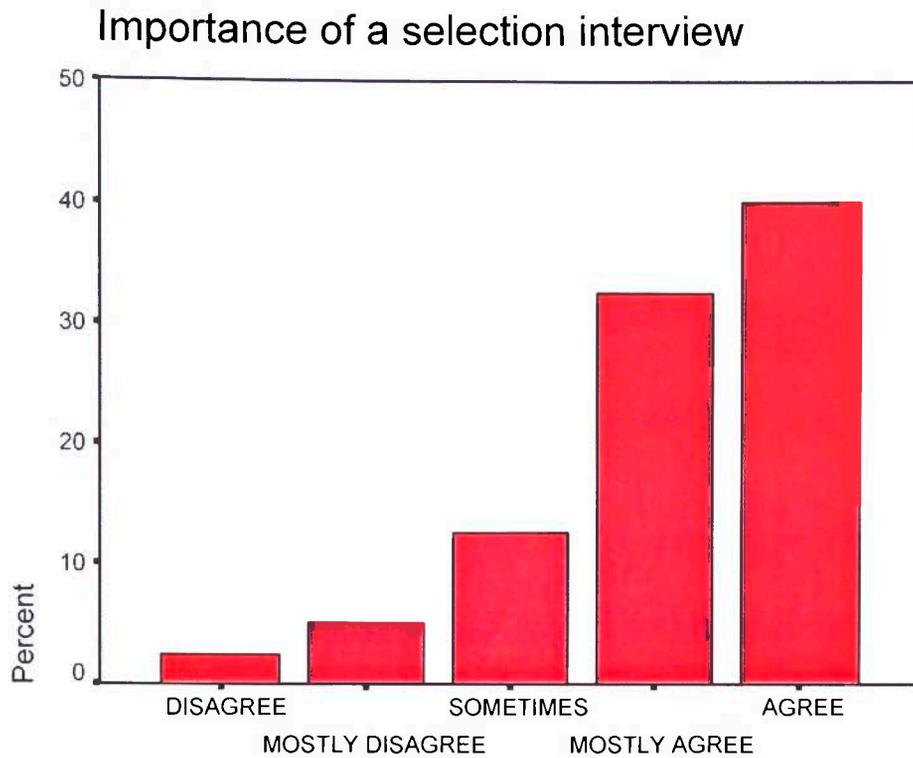
Question 37 relates to whether the sample group believed that the length of time the course has been established is important in choosing an institution.

Figure 5.2.16.



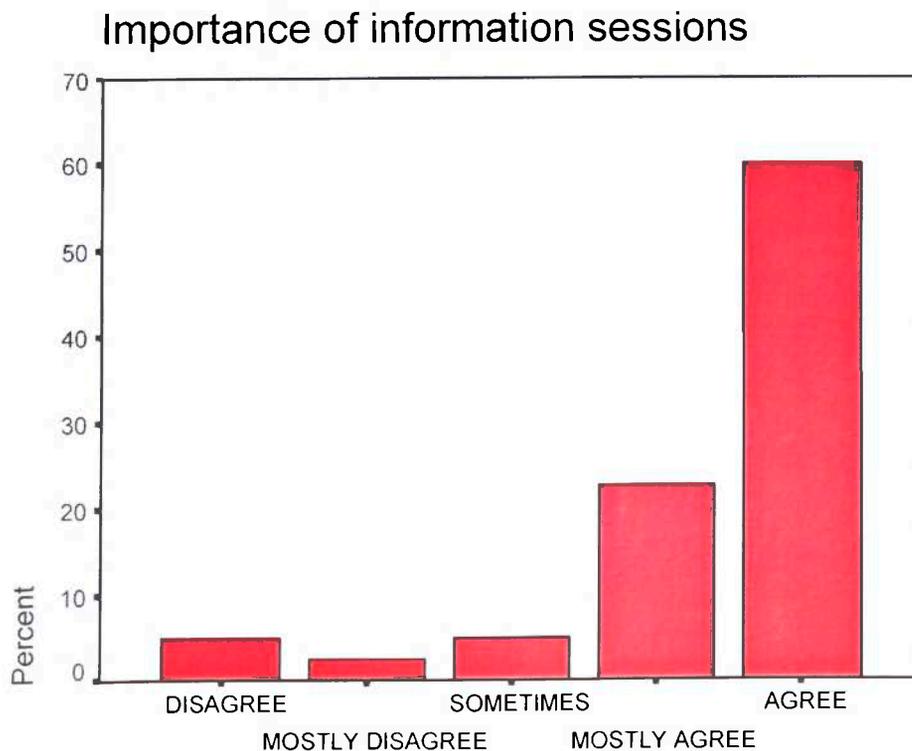
Question 38 and 39 relate to whether the sample group thought that there should be a selection interview for the TCM course and whether they thought that an information session on the TCM course after being selected and prior to commencing the course would be helpful. The results are outlined in Figures 5.2.17. and 5.2.18.

Figure 5.2.17.



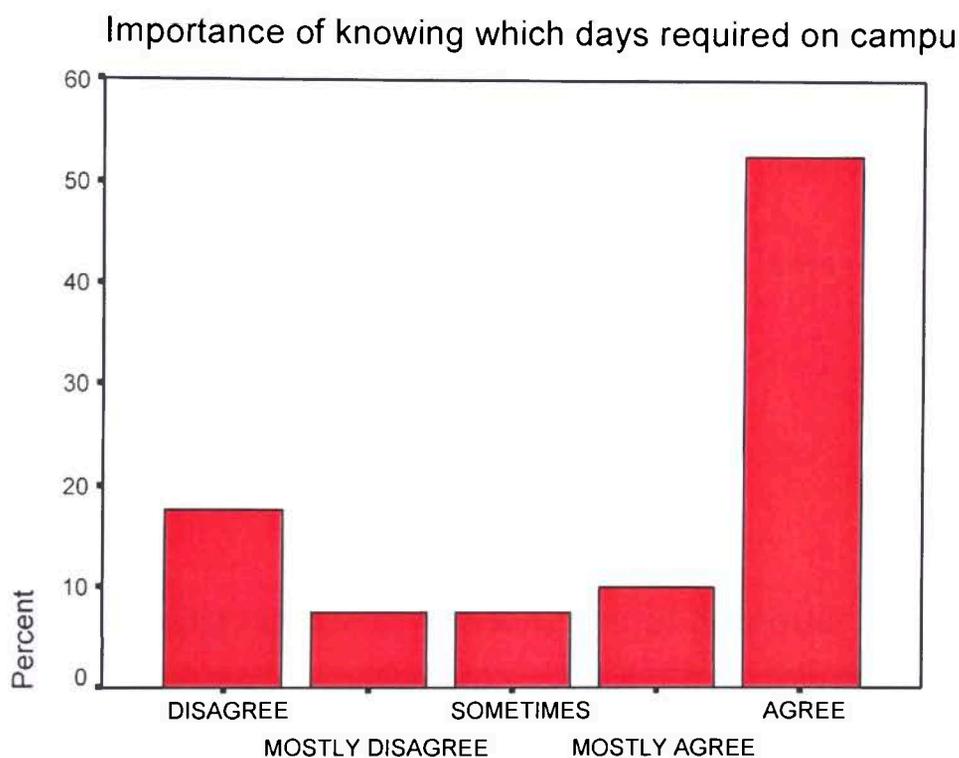
As can be seen in Figure 5.2.17. most students agreed that a selection interview was deemed to be very important.

Figure 5.2.18.



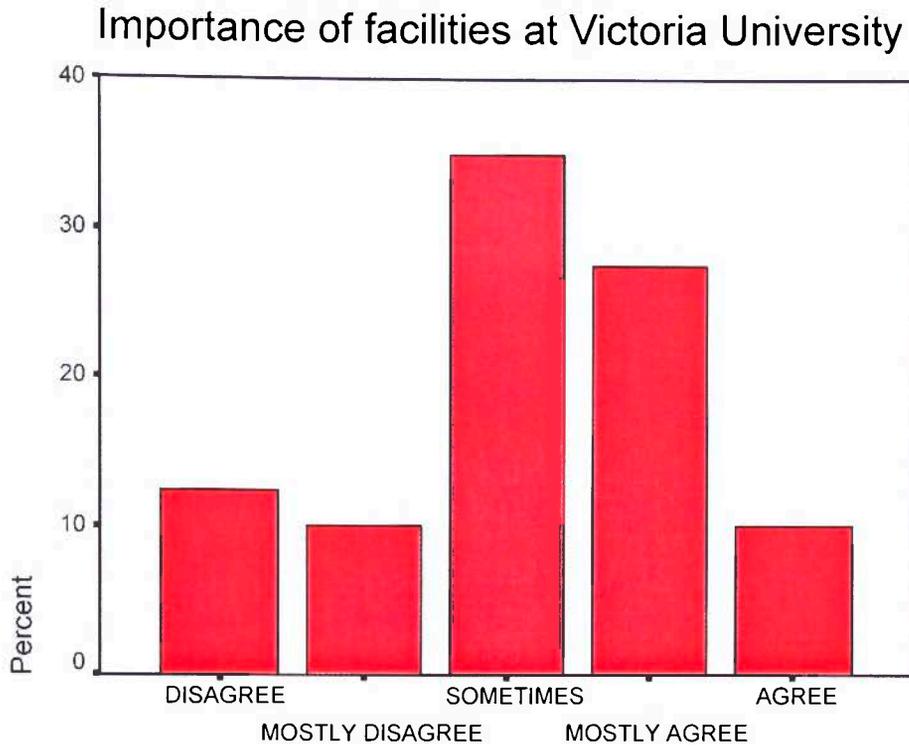
Question 40 asked the sample group about knowing which days they were required on campus was important to them prior to commencement of the TCM course? The results are outlined in Figure 5.2.19.

Figure 5.2.19.



In questions 43 and 45 the survey sample was asked for their feedback on the facilities available to them at Victoria University being adequate for TCM training, and the location of the Victoria University campus being important in making a choice of TCM courses. Figures 5.2.20. and 5.2.21. demonstrates the responses.

Figure 5.2.20.



As can be seen in Figure 5.2.20. student did not always agree about the importance of the facilities available to them.

Figure 5.2.21.

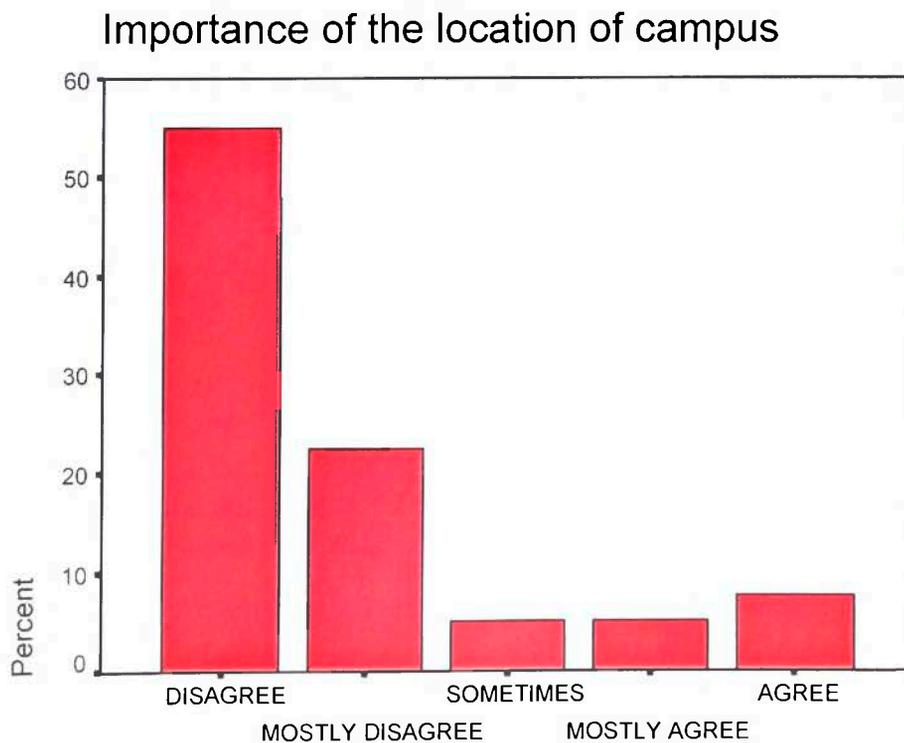
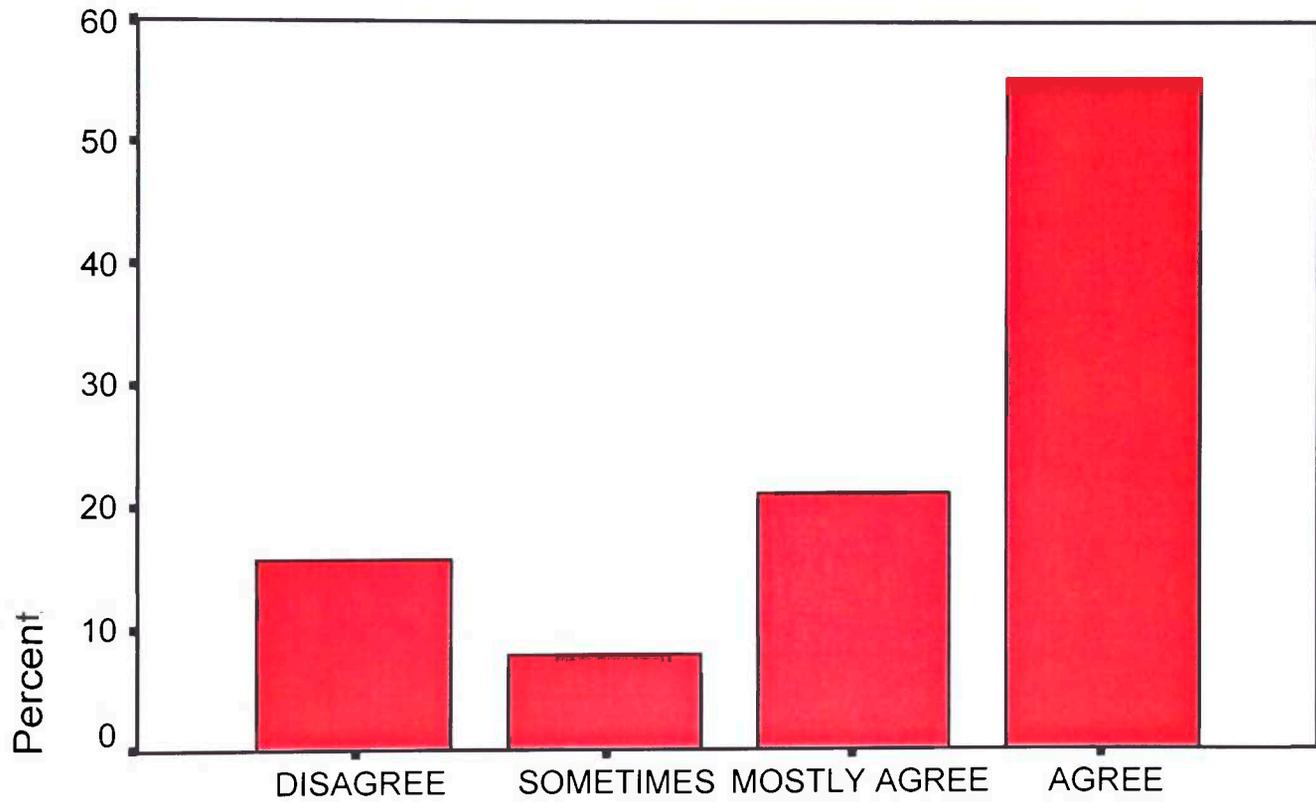


Figure 5.2.22. relates to question 42 where the survey group was asked if they valued being taught western medical science and TCM theory at the same time in the course as it enhanced their understanding.

Figure 5.2.22.

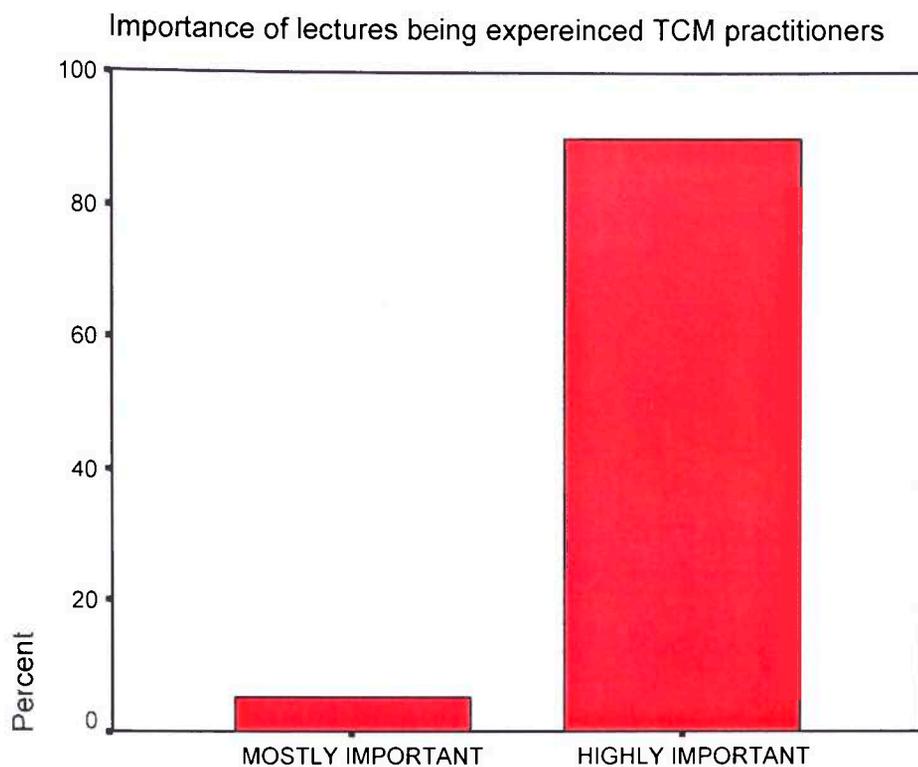
Student's perception

importance of being taught WMS & TCM theory simulatiously



1 = strongly disagree, 5 strongly agree

Figure 5.2.23.



As can be seen in Figure 5.2.23 students clearly stated that they thought it was important that lecturers are experienced TCM practitioners.

Figure 5.2.24.

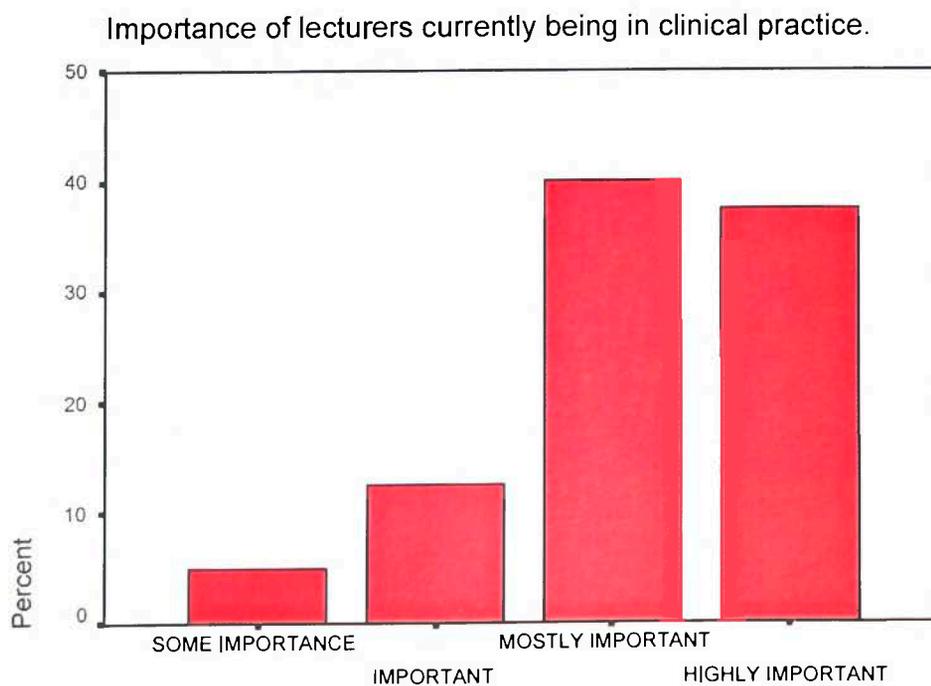


Figure 5.2.25.

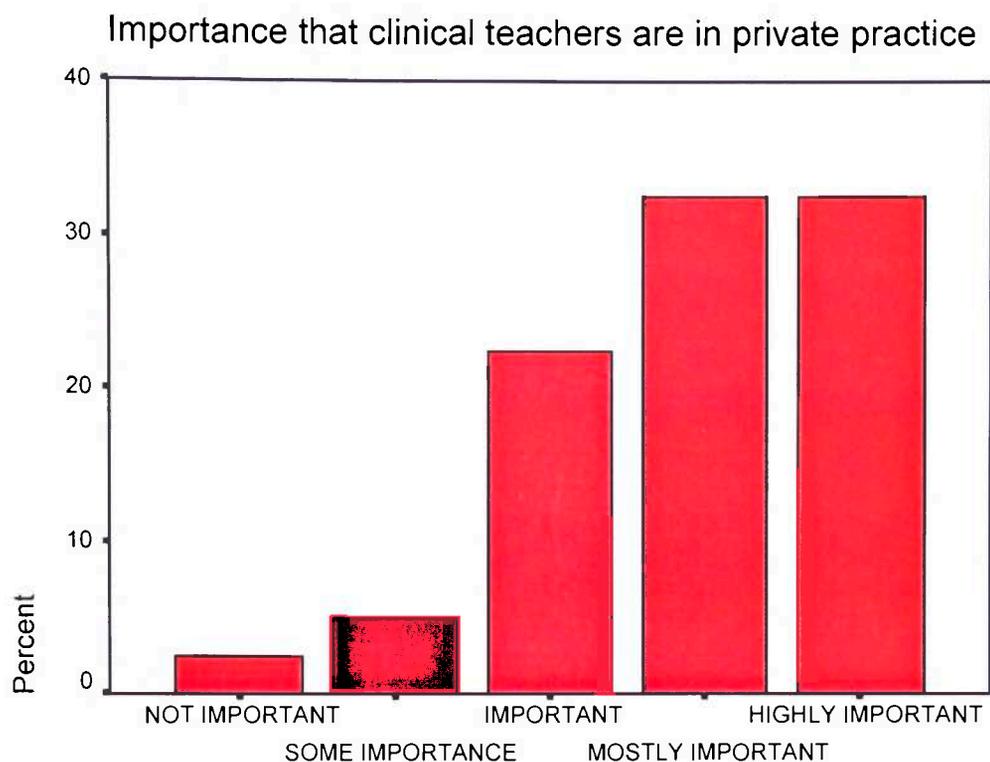


Figure 5.2.26.

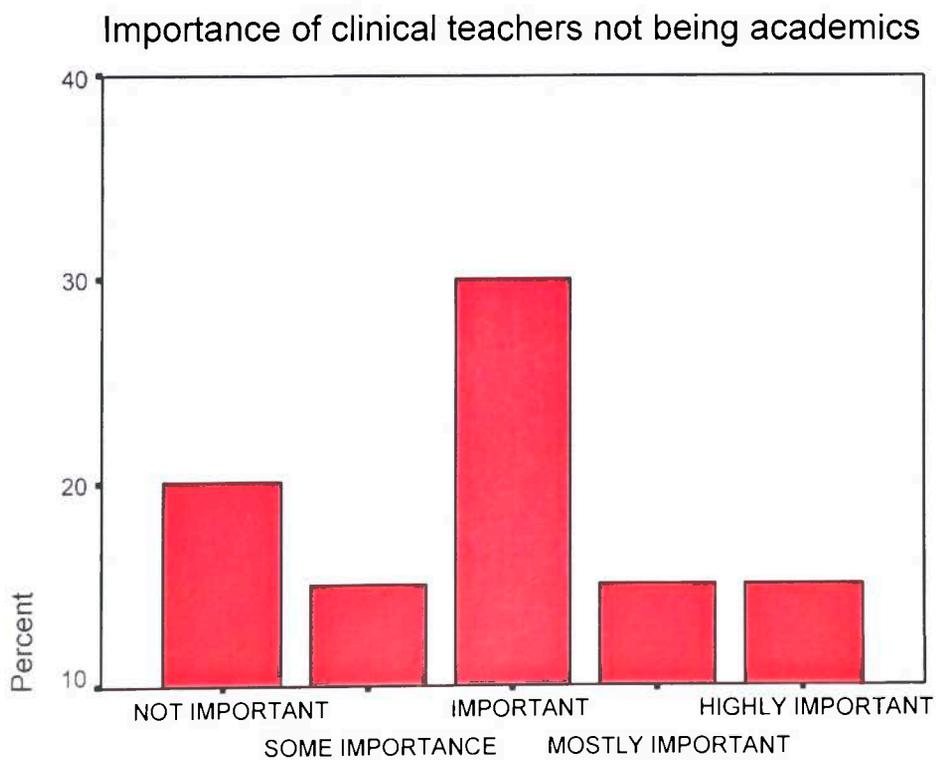


Figure 5.2.27.

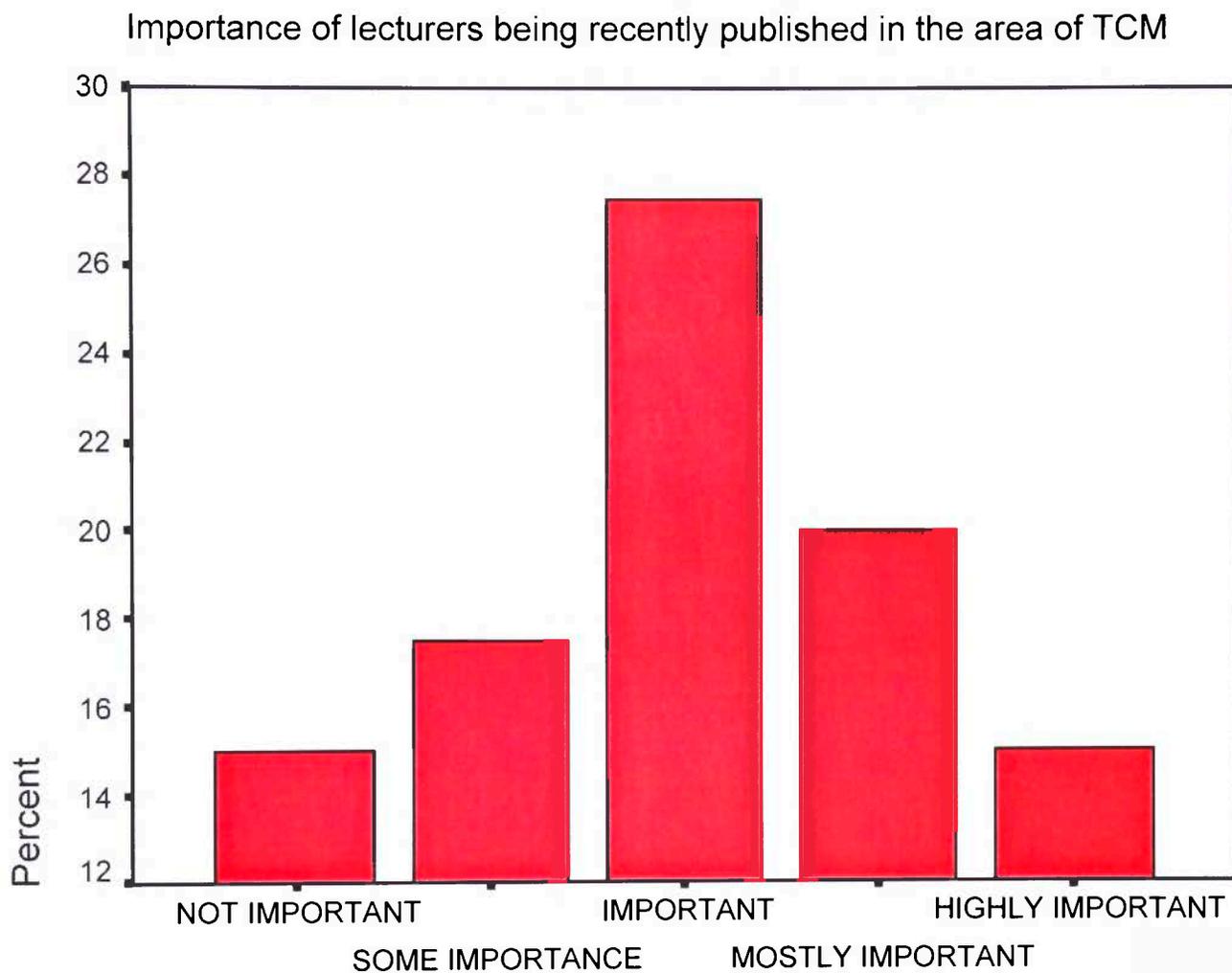
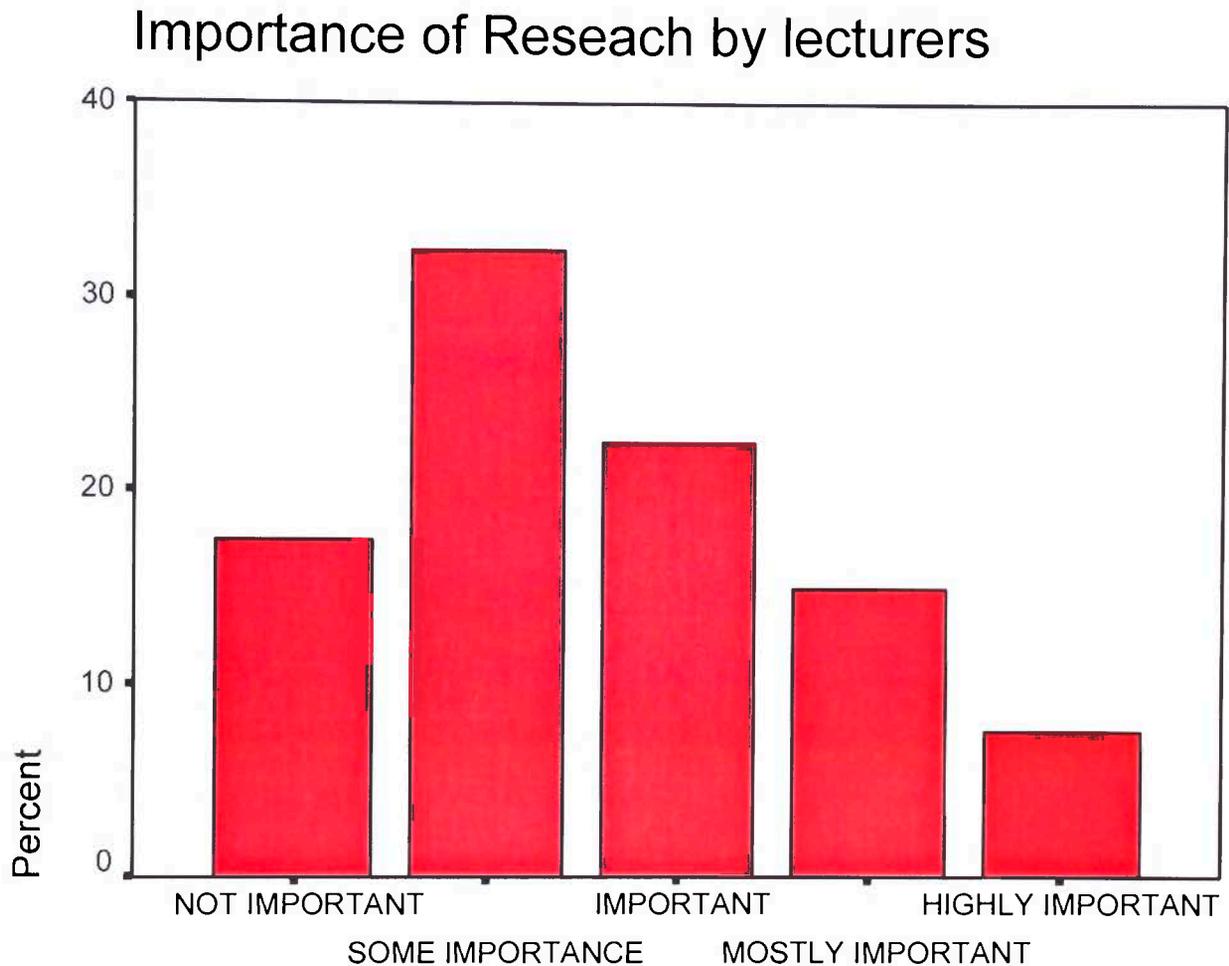
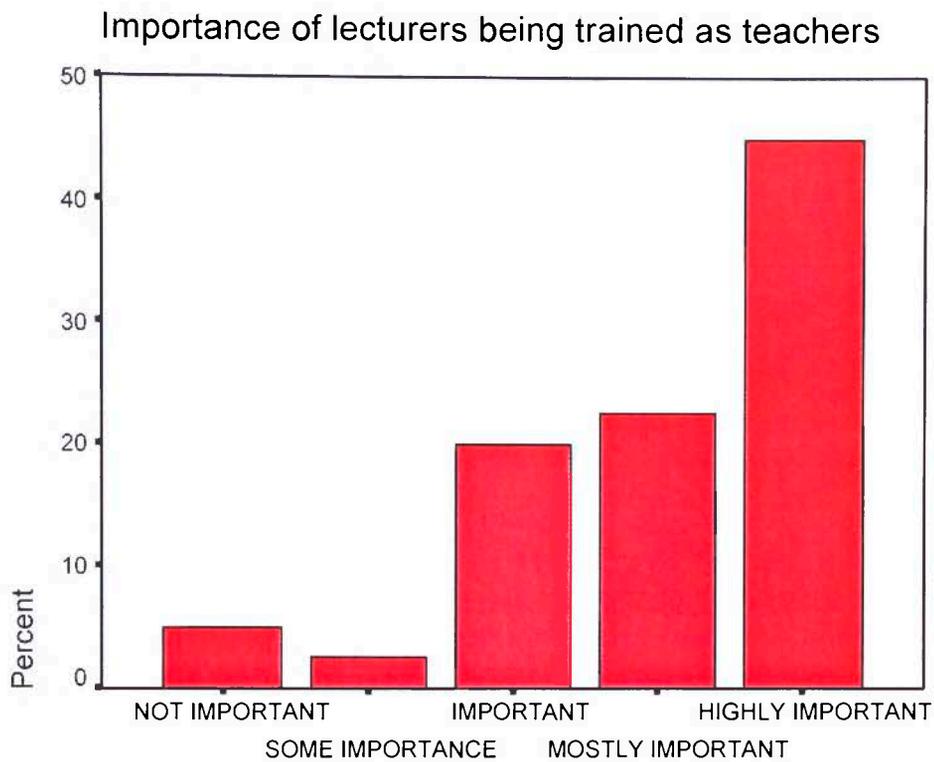


Figure 5.2.28.



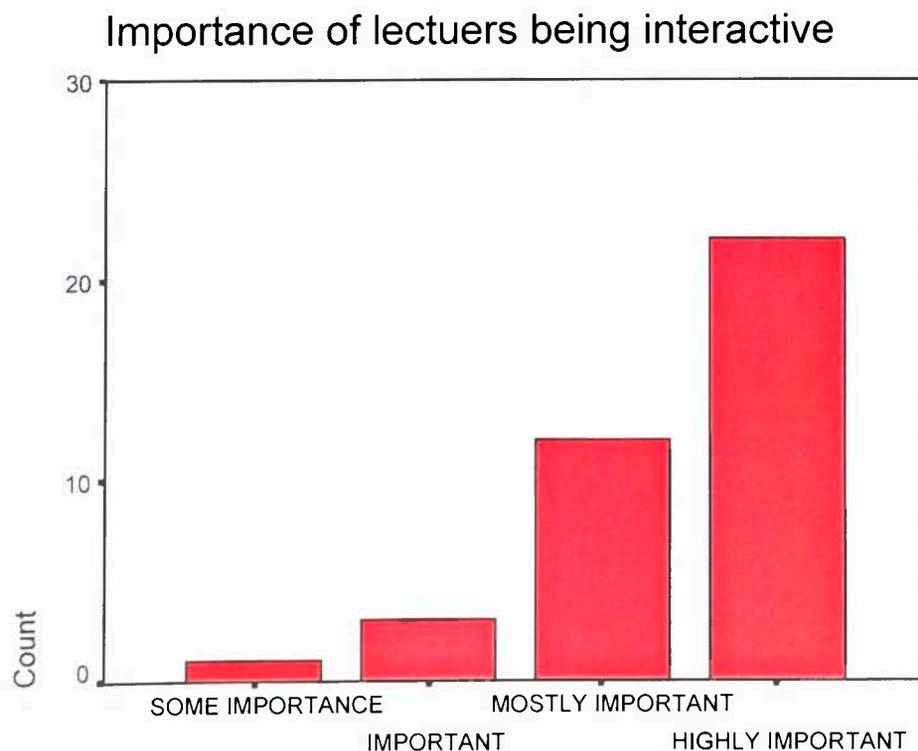
Question 46 asked the survey group a number of questions in relation to the qualities of lectures and teaching within the TCM course, asking sub questions g) the importance of such issues as lecturers being trained as teachers, and h) that lectures were interactive. The results of these questions are in Figures 5.2.29. and 5.2.30.

Figure 5.2.29.



It can be seen from Figure 5.2.29. that students felt that it was highly important that lecturers were trained as teachers.

Figure 5.2.30.

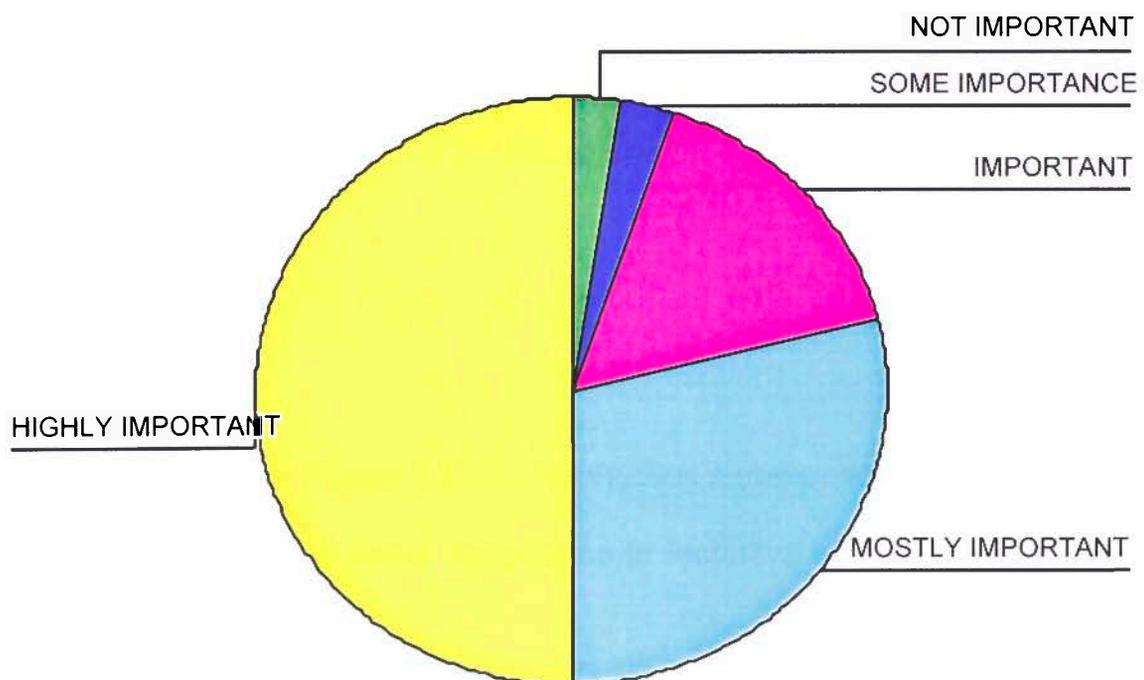


It can be seen that students felt that it was highly important that lectures were interactive.

Participants were asked if it was important to them that their lecturers were seen to practice what they preach and to be politically active within their profession. The results are shown in Figures 5.2.31. and 5.2.32.

Figure 5.2.31.

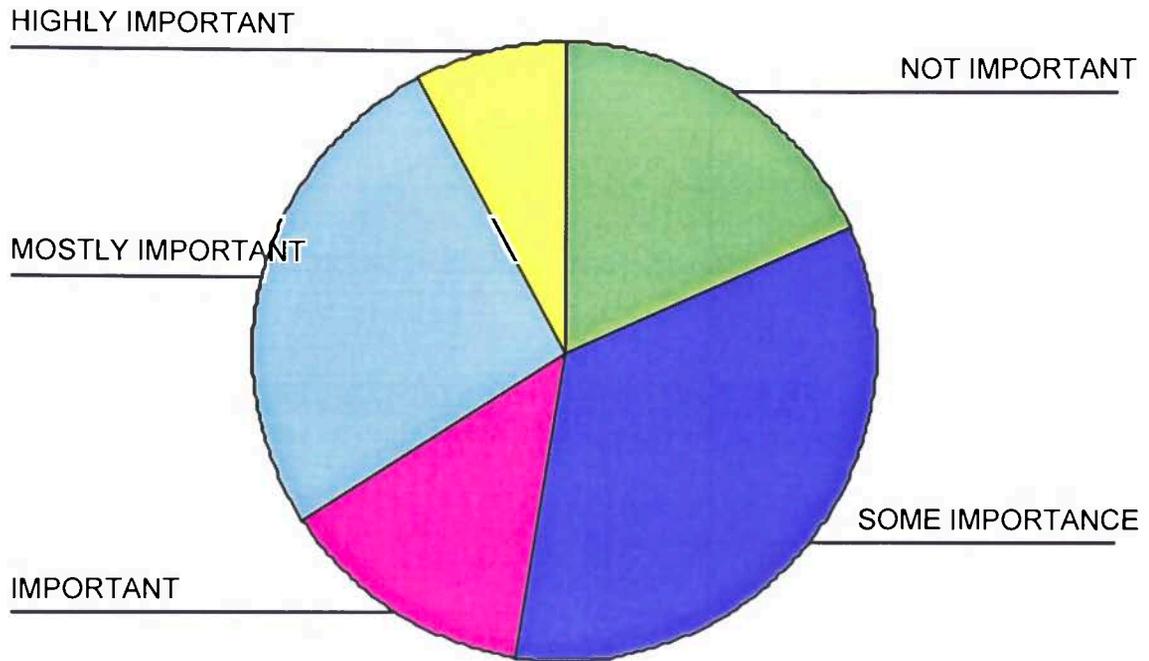
Importance of lecturers being seen to practice what they preach



It can be seen from Figure 5.2.31 that 50% of students stating that lecturers were seen to practice what they preached.

Figure 5.2.32.

Importance of lectures being politically active within TCM

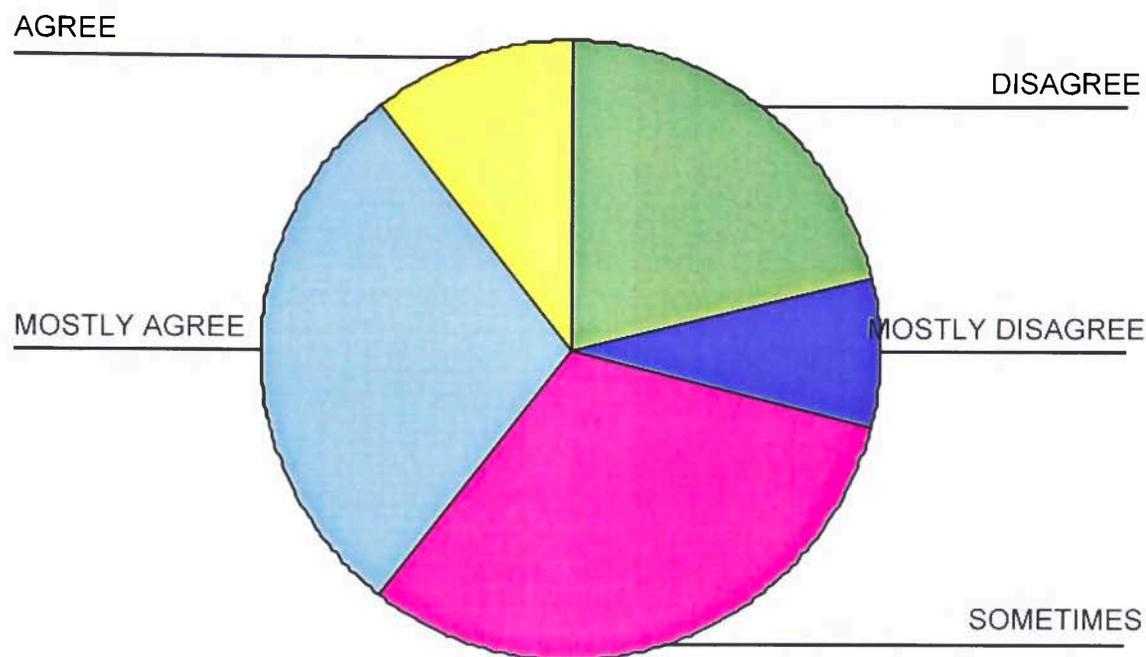


As can be seen from Figure 5.2.32. the student's response showed that they believed that there was some importance in lecturers being politically active within the TCM profession.

The survey group was asked if they believed that the number of hours taught in the classroom was adequate, Figure 5.2.33. As can be seen, most students placed some importance on the number of hours taught in the classroom.

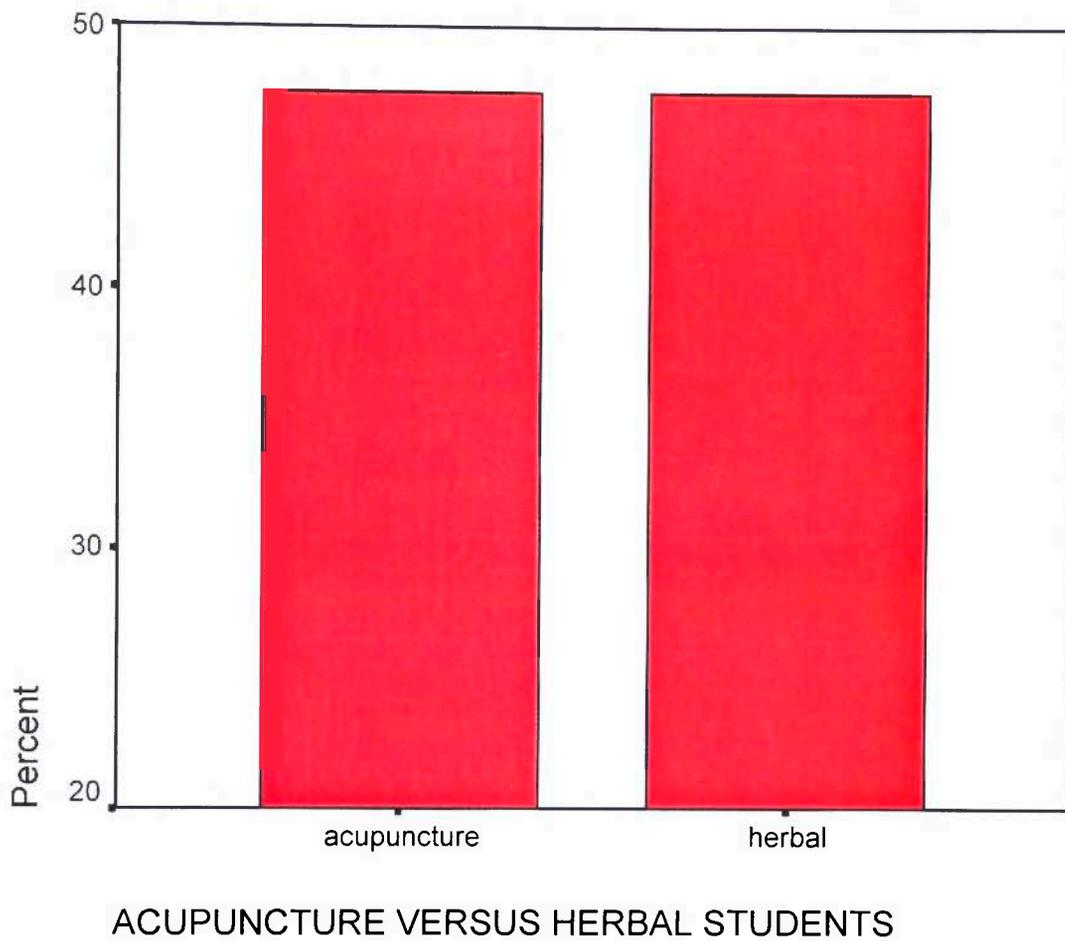
Figure 5.2.33.

Hours taught in classroom are adequate.



When analysing the data from this survey, one of the critical factors in looking at the perception of the surveyed group is to ascertain if there is a difference of opinion between the acupuncture students and the Chinese herbal students who were survey. Figure 5.2.34. gives the break down of the two groups.

Figure 5.2.34.



As can be seen from Figure 5.2.34, the total number of students who participated in this research was equally divided between the acupuncture students and the Chinese herbal students.

CHAPTER SIX

6.0. Discussion.

This comprehensive analysis of the course in TCM at Victoria University and its students, set out to investigate the many facets of a TCM student. These included such areas as the various demographics of the students, their perceptions about the facilities, the teaching and learning component of their training as well as the passion for TCM and their intentions of how they intend to practice once they have completed their training. The survey results have met these goals of this research. The aims and hypotheses have produced results, which in some cases were expected, but there have also been some unexpected results. The following discussion will give a critique of these results.

The discussion section is divided into sections covering the different aspects of the survey. Whilst the discussion will cover the many aspects of this survey it is not expected to be exhaustive on the subject. However, whilst it does give insight into the responses it also opens up many more questions for future research.

6.1. Characteristics.

When looking at the characteristics of the participants it can be seen in Figure 5.2.34. that the same number of acupuncture students as herbal students responded to the survey. This is important when looking at the total number of students enrolled in TCM, there are at present two streams within the TCM course, the acupuncture stream and the herbal stream. As the herbal stream has not been established as long as the acupuncture stream, there are not

equal numbers in the two streams, so it could be assumed that there would be a tendency for more acupuncture students to respond to the survey.

There were 24% males and 76% females. This goes against the medical trend where 44% of vocational trainees are female, (Medical Training Review Panel, 1999 page 22), and a similar course at UTS were 52% of students were female (Ryan, 1995 p 105). Similarly, in other courses in Victoria University there is a high percentage of females with 86% being female in the Bachelor of Arts (Psychology) in the year 2000, and in 2001 in the Bachelor of Science, (Clinical Science) 70% of the students were female. (Vic Uni Management Information System 2001).

The ages ranged from 19 to 49 years, with 63% of students between 20 and 30 years of age, this is against the trend when looking at students at UTS where only 36% of students came within this category. (Ryan, 1995 p. 105). It can be seen that 57.9% were married, and that 89.5% who were married, did not have children. The ability of students to be able to maintain both a full time tertiary course and a relationship is possibly courageous and significant when considering the amount of time required studying a course with its volume of study and which challenges shifts in philosophical paradigms.

In line with the mission statement from Victoria University, to offer a university education to all cultures and ethnic groups, the sample showed ethnic diversity with many different cultures being identified. There were 52.6% who spoke another language as demonstrated in Figure 5.2.2. which is slightly lower than the trend set in the UTS course of 75% (Ryan, 1995 p106). The ethnicity of the survey group, illustrates that the TCM course, although with its origins in Asia, attracts students from many cultures. However, it can be seen

that the 47.4% of students come from a British/Anglo Saxon background, which is significantly against the trend at UTS with 83.7%. There were fewer than 20% of students coming from Asian countries, which is very much in line with UTS at 14.13% (Ryan, 1995 p 106).

The survey indicated that 28.9% had moved to Melbourne for the commencement of the course in TCM, this figure however, does not indicate whether the student moved intrastate or interstate within Australia, or from overseas. However, this would be expected, as the number of courses available to students in Australia in TCM at a tertiary level is only three, with two in Melbourne and one in Sydney.

The diversity of religious beliefs, as shown in Figure 5.2.4. indicates that the majority of the survey group, 42.5%, has no particular religious beliefs. However, of those who did indicate their religious beliefs, the largest single identified group was the Catholic religion with 15%. The groups which most align to TCM are the Daoist, Buddhist, and Universal religions. When the data was collapsed to form a common group between these religions they equated to 12.5% of the religious beliefs. This is of interest when noting the response to question 54, which asks if their spiritual and philosophical ideals are challenged within the course, only 20% responded that they were challenged. From this we can perhaps postulate that when students are asked about religion they do not equate these beliefs with their spiritual and philosophical ideals. Another theory could be that students when exposed to Taoism and Confucianism do not see these as religions but perhaps more of a way of life. When asked the question as to where students took their VCE, 39.5% were from state schools, as opposed to 31.6% from private schools and 7.9% from

TAFE institutions; it also appears that 55.3% were not VCE entrants. This figure is slightly lower than the trend set by UTS with 84.78% of their students being mature age entrants. (Ryan, 1995 p 105). With a course, which attracts a large number of mature age students, it is not surprising to find that 39.5% had already worked in an area of health prior to commencing their TCM training, which may have given them a basis for studying TCM. It is also, not surprising to find that 15% had worked in the area of massage and 7.5% had worked in the area of Shiatsu, which may indicate that the students consider that TCM is a “hands-on” modality.

The financial choices made by students in regard to their educational fees can be seen in Figure 5.2.6. This clearly shows that participants, when deciding how to pay their HECS debt, students overwhelmingly decided to defer their payment until after they have completed their training in TCM and are working. For most students, this means that by the time they start working they have a HECS debt in excess of \$20,000. It is interesting to note that during the time they are studying TCM 63.2% of students are receiving Austudy, with 86.7% of students working whilst they are studying, with 13.3% of those students holding down a full time job.

From the data, it can be seen that only 36.8% of all students had experienced some form of TCM treatment prior to commencing their training in this modality. However, from the Chi-Square test it was shown that the students who undertook the acupuncture training were more likely to have experienced a TCM treatment. This is an interesting point, what this tells us is that over a third of students have not experienced a TCM treatment, and yet have enrolled in a course to become a practitioner of TCM, which will cost them

\$20,000. Future research could assess how many of these students complete the course and how and why they decided to study TCM.

Over half of the students had studied at a tertiary level prior to commencing their TCM course at Victoria University, as seen in Figure 5.2.10. When considering teaching requirements this, figure is significant when contemplating expectations from students, and their expectations of the scholastic requirements. This data could have an impact on deciding class sizes in areas such as tutorials and practical classes.

Of the students who had not attended a university prior to Victoria University, it is worth noting that there was a predominance of students who attended private colleges, which taught such modalities as Shiatsu, massage, and naturopathy, or other areas of natural medicine. This is in line with the number of mature age students undertaking study in TCM and may suggest that after studying such modalities as massage and Shiatsu that there is a natural progression to studying TCM.

When contemplating the possible paradigm shifts required to learning TCM, it is worth noting just how many students have a member of their immediate family who is a TCM practitioner. With 16% of participants showing those grandparents, parents and siblings were predominantly the practitioners in the family. Traditionally, this would have been the traditional way for a student to learn TCM in China with the apprenticeship programme, with the student sitting in with an older family member to learn the trade. This may take many years and often the student only became of age when the “teacher” was to stop working or even die. With the advent of Australian University’s teaching these modalities and the political and social pressures placed upon the

profession, the traditional ways of learning TCM will go completely in time. It is therefore important when creating a curriculum to teach this ancient art, that the more subtle ways of learning, which would have been experienced in the “family” apprenticeship process, are not lost altogether. Students nearing the completion of their course mentoring newer students can achieve this more subtle way of learning.

Of particular interest to this study was how the students found out about TCM training at Victoria University? This is of particular relevance when deciding how to promote any course for acceptance and recognition within the community. This research has raised a number of factors, which influence the final decision. Questions thirty-seven to forty-five in the questionnaire covered the concepts of selection interviews and information nights after being accepted into the course. When students were asked if the length of time the course had been established was important for them in their choice of institution, approximately 50% disagreed, indicating that perhaps other factors are more important in choosing institutions. This research suggests that that the students own personal perception of the institution is of more importance, the actual contact they have with the institution prior to starting the course, or perhaps the quality of information, or response from staff that make students feel more comfortable. This question is bourn out with the results of the questions on selection interviews and information nights, with an overall response rate of 70% in the “mostly agree and “Agree” section. What does this response say to those involved in the selection and process of offering places to prospective TCM students? Do students feel that after they arrive in the course, that a selection interview would offer a different selection

of fellow students to the ones they have? Do they feel that if there was an interview that they would get something, which they feel they missed out on, by being offered a place through the VETAC system? Or is it that a selection interview gives credibility to the course, is it that a selection interview adds a level of professionalism to the modality they are about to enter. Perhaps the response to the question relating to a pre-enrolment session being offered to the student after they had been selected but before they actually started the course is more significant. Is it that students feel that they arrive on the first day of the course very unprepared, not knowing anything about the structure of the course, academic expectations, etc? This view of students is something, which the staff within the School of Health Sciences, at Victoria University may need to reassess, to see what can be offered to students prior to the commencement of their training. Perhaps the exploration of exactly what students think that they should or would get from a session may be an appropriate way to proceed with this result.

This research has found that it is important for students to know which days they are required on campus prior to the commencement of their training, it has already been demonstrated by these survey participants, in Figures 5.2.8. and 5.2.9. that a high number of students work whilst they are at university, Figure 5.2.18. illustrates that 65.8% of students “mostly agree” or “agree” with this statement, perhaps suggesting that they have to arrange their work commitments around their class times. It would seem appropriate that the earlier students can be informed of the days they are required on campus, the easier it would be for them to organise their other commitments

A further area of interest is the perception of students regarding the location and facilities available to students who study TCM. The campus is located at St Albans, Melbourne's western suburbs, and traditionally a working class area of Melbourne. Participants were asked about the location and facilities available to them, the response was, that whilst they felt that the facilities were adequate for TCM training, with 66.2% responding with "sometimes" to "Agree", the actual location of the campus was of little importance to them when they were looking at the various courses available in TCM. It is perhaps worthy of note here that the School of Health Sciences has in recent years spent a considerable amount of money in the TCM area upgrading the teaching facilities. There have been purpose built laboratories for TCM students and the Health Practice Unit had now taken over the entire building it is located in at St Albans and new treatment rooms for both acupuncture and herbal students installed. A new herbal dispensary has been created with new cooking facilities and the actual teaching facilities updated. Students now have access to tearoom and computer facilities when working in the Health Practice Unit (HPU).

Within this course western medical sciences and TCM theory are being taught simultaneously. This has been a contentious issue for many years within academia in TCM with conflicting opinions among staff. There are two universities that offer courses in TCM in Victoria, Victoria University and R.M.I.T. As mentioned in the introduction the course at Victoria University was the first of its kind in Australia offering TCM at a tertiary level. However, this was quickly followed by a course at R.M.I.T. At first it was a postgraduate course only available to those who already had a degree in an area of

Bioscience. Then students undertook the undergraduate degree. However, the main difference between the two courses being offered in TCM training is that R.M.I.T. offers an undergraduate degree in health sciences, and then the students in the last two years of the course are asked to learn TCM. Whilst their course is predominantly a herbal course, there is a small proportion of acupuncture included. At the time of the research Victoria University students were offered a course in either acupuncture or Chinese herbs. This was changed in 2001 when the first combined course was offered. Students are taught the discipline in which they are studying in TCM, either acupuncture or Chinese herbs, the western medical sciences are taught simultaneously for the first three years of the course. The results indicated in Figure 5.2.22. show that there is 76.4% of the participants agree with the question of whether they valued being taught Bioscience and TCM simultaneously or not. This topic will be further explored when discussing the responses to question seventy-one, which is, why students chose Victoria University to study TCM.

6.2. Teaching and learning responses.

A particular focus of this research was on the student's perceptions and preferences in relation to the quality of teaching at Victoria University. This was covered in question forty-six and in the first instance relates to the experience the lecturer has as a TCM practitioner and as shown in Figure 5.2.23. As expected students were found to prefer a lecturer with this experience and as a result 94.7% stated that it was "highly important" that their lecturers were experienced practitioners. This is highly important data and perhaps should be looked at by the School of Health Sciences when making appointments for staff in the future. In the classroom setting perhaps

what this can be interpreted as meaning is it that students value that “hands on” experience as it gives teaching a more alive feel, that lecturers are able to draw on current cases for examples in subjects being taught. Future research could explore the possibility that there is amongst students a perception that there are practitioners out in the community that can achieve what the students are endeavouring to do. Perhaps it is confirmation that they have chosen the right career or that they value the “wisdom” that comes from practice. Conversely, maybe they view lecturers that are not experienced practitioners as not knowing as much, or as having limited experience and therefore knowledge of the subjects they teach.

When looking at the statement that lecturers are currently in clinical practice, it can be shown in Figure 5.2.24. that an overwhelming majority of students 81.6%, felt that it was “highly important” that this was the case. When looking at both experience as a TCM practitioner and currently being involved in clinical practice in relation to the expectations of students, the results are as expected that clinical practice is highly valued within TCM students. The ramifications of this result are that, is it not always possible to work as a practitioner and teach TCM. Is it perhaps something, which the School of Health Sciences will have to look at when next appointing new TCM staff members, ensuring that they are currently in practice. Perhaps full time appointments will not be feasible in future if this quality is to be maintained within teaching staff. A further argument could possibly be that is it feasible for full time staff to be expected to maintain a practice as well, working evenings and or weekends in a clinical setting to maintain this current contact with practice. How does Victoria University view this aspect of teaching quality,

how does it apply in other modalities and faculties within the university? It may be of interest to look at this aspect when deciding which lecturers teach which subjects or areas of TCM. Should the more practical “hands on” lecturers who maintain current contact with patients teach specific aspects of the course. What was also significant was that there was no difference between herbal participants and acupuncture participants. This result shows that both groups respect the clinical practice of both modalities.

A further dimension relating to clinical experience studied in this research was that of the clinical teachers, they are teachers who supervise students during their training. Participants were asked whether clinical teachers should be in private practice and whether or not they should be academics. Clinical teachers work with the TCM students in the various clinical locations available, in a variety of setting and where students have the opportunity to treat patients with health problems. As shown in Figure 5.2.25. over 92% of the participants viewed the statement that clinical teachers should indeed be in private practice, it could be seen by this that current clinical knowledge and experience are valued highly by students. Perhaps the student has confidence in the clinical teachers who will be able to assist them in coming to a TCM diagnosis or treatment regime. With the possible belief that the clinical teacher has perhaps treated this condition before, that they have experience to call upon and knows what will happen when a certain treatment is used, either in acupuncture or Chinese herbs. For students the uncertainty of what they are doing and the lack of confidence in themselves when first treating members of the general public can be quite immense. When considering if clinical teachers should be academics or not, the response from the

participants was as shown in Figure 5.2.26. that 72% felt that it was “important” to “highly important” that clinical teacher were in fact not academics. In discussing this aspect of the teaching and learning questions, what must be looked at is the perception that TCM students have about academics. Maybe they feel that they are not current in clinical knowledge, that students might not feel quite so confident about having an academic with them the first time they treat a patient. Other possibilities are that perhaps the academic might not have recently seen the particular syndrome or illness the student is treating.

From the four aspects covered so far in the teaching and learning discussion, it can clearly be seen that TCM students value clinical practice highly, that they feel that they are getting something from having their lecturers or clinical teacher current and up to date with practice. This trend is in line with the programme at UTS were Ryan stated that clinical practice was listed as the most helpful educational method. (Ryan, 1995 p 127)

Another importance aspect of being an academic is one of research and one, which Victoria University encourages its staff to participate in. Whilst this is possibly an academic reality, it is not always a possibility, and how important do students view this role of their lectures. The survey participants were asked to respond to questions relating to academics involvement currently or in the past in TCM research. Victoria University encourages all academics to be involved in research. However whilst this may well be true, students perhaps have a different view as shown in Figure 5.2.27. This shows no great significance in the graph. It should be noted that the sample was spread consistently over the graph with only 28.9% giving this question some

importance, and stating that they thought it was “important” that lecturers were recently published in the area of TCM. This was clearly a question, which did not stimulate any great response of consequence. When participants were asked about lecturers being currently involved in research, the response was that 52.6% viewed it as “not important” or “some importance”. Burnaford (1996 p 125) states that, we view all this as a life of inquiry-vital and essential for teacher growth and professional development. Whilst this may in fact be true, it may be that some students view research with some ignorance or fear as to actually what is involved or what research means. With little or no funding available for research into clinical trials in TCM, students are not exposed to the possibilities of what research will achieve. This in itself may have an impact on the beliefs that students have around research. Research is also a subject, which is taught to students in the TCM programme, the delivery of such a subjects can colour a student’s view on ideas about research per se.

Of particular interest is the result of questions asked in relation to lecturers being trained as teachers and lectures being interactive? As can be seen in Figure 5.2.29. which relates to lecturers being trained as teachers, a 92.1% stated that was “important” to “highly important”. It can perhaps be assumed that the students are saying that they believed that teachers are better equipped to transmit information across to students. However, as the participants are not aware of the qualification of staff members, perhaps there is an assumption that staff are trained as teachers. Teaching is a skill; not everyone is born with it, should higher education be responsible in training basic teaching skills to its lecturers. Becoming better informed about

education, will not assure better performance as an educator. The translation of knowledge into doing requires a different kind of assistance: direct observation, analysis, and critique of teaching itself. (WHO, 1973 p 15). Should lecturers whose path will take them into teaching in higher education undertake to participate in a basic teaching course prior to commencement of their position in higher education? Even the statement made in 1973 by the WHO, (p 14), that the assumption that qualification in subject matter is equivalent to qualification for teaching has been accepted for so long in higher education that an educational research and development centre can anticipate some measure of resistance to this aspect of its work. Continuing this trend of scrutinising lecturers teaching skills, Warren-Pipe (1994 p 227), states that there is no requirement for people appointed to academic posts to have any formal education in the process of teaching and examination. Perhaps this could be a future research project to establish perceptions with both lecturers and students on this topic.

Teaching is by definition the ability to pass on information to others. As undergraduate students there is an expectation that at this level of education a certain amount of self directed learning would take place. Is TCM a difficult subject to learn, which requires more “information” sessions than for other courses? With 63% of students between the ages of 20 and 30 years is there an expectation that they can find out information for themselves. There appears to be a trend in universities to adopt the styles of “self directed” and “problem based” learning, and the School of Health Sciences is following this trend. Self directed learning is a process of learning whereby students are given either “work books” or learning concepts to explore for themselves

outside of the normal classroom teaching time. One definition of problems based learning (PBL) given by Finucane et al (1998) is an educational method characterised by the use of patient problems as a context for students to learn problem-solving skills and acquire knowledge about the basic and clinical sciences, again outside of classroom teaching time. However, Evensen et al (2000 p23) adds that the problem is supposed to trigger the students learning process, and problems should be adapted to the knowledge level of the students. Something, which must be assessed frequently that this is in fact happening by definition a technique well, adapted to learning TCM. Staff are expected and supposed to be available to assist students when necessary, and to give them guidance and direction to assist in the completion of the task. Classrooms and times are also allotted to self-directed learning on the timetables. The TCM programme, which commenced in March of 2001, is such a programme, it incorporates approximately one fifth of the entire course under the heading of “self directed” learning. This was constructed in this way to cut teaching costs and therefore to make the course more “viable” economically. As it is still in its first year of teaching it is not appropriate to make a statement as to the effectiveness of this method neither of teaching nor of the response from students being placed in this course. However, if the trend is followed from Ryan's research in 1995 at UTS, were students responded negatively to increases in “self directed” learning, this issue may have to be revisited.

In relation to the actual lectures, 89.5% felt it was either “mostly important” or highly important”, that lectures should be interactive as shown in Figure 5.2.30. This would perhaps indicate that students do not want to a

pedagogical approach to their lectures. Conceivably, students feel that there needs to be an aliveness to lectures, and that interaction happens between lecturer and students and between student and student. Perhaps students find learning more enjoyable when lectures are interactive. So when looking at the questions addressed in Figures 5.2.29 and 5.2.30. it can be seen that the participants really place great emphasis on what actually happens in a classroom. It can only be surmised that class interactions, whether it be the use of such teaching aids as videos, slides, PowerPoint presentations, small group work or humour, as widely used in medical teaching (Ziegler. 1999 p.3) as the reasons for this response. Students may well be happy with the status quo at this stage and no change is necessary.

Participants were asked of their perception about the number of hours taught in the classroom and if they felt that they were adequate. It is worth noting that from Figure 5.2.33. that there was an impressive separation of responses. With 21.1% “disagreeing” and 10.5% “agreeing” and 57.5% placing their response in the “sometimes” and “mostly agree”. This area of teaching is always controversial, how many hours are assigned to each subjects, how many of these hours should be in lecture or tutorial form. How many hours should be assigned to clinical work within the course and how many hours should be in outside locations? Maybe that with a response rate of 21.1% of participants disagreeing that the hours taught in the classroom were adequate, several variables should be then be investigated. It is not possible to see from the results whether these students are school leavers or mature age student and whether they have studied at this level. However, there is a minor correlation between those students who believed that teachers should

be trained, as teachers and that they thought the number of hours taught in the classroom were adequate. Whilst it is not possible from this correlation to know why this is perceived by students, it could be postulated that perhaps students feel that the way in which material is delivered within the time framework is significant.

Whilst looking at teaching, additional criteria such as current TCM literature and computer based programmes were assessed. Lecturers being up to date with current literature was thought to be “highly important” by 78% of the participants. However, there was no significant correlation between participants feeling that lecturers should be involved in research and that they are up to date with current TCM literature. This perhaps indicates that whilst the participants expected their lecturers to be current with their knowledge of TCM, there was no expectation that their lecturers should be currently involved in research.

One area of change within the teaching arena is that of computer based programmes and this is so within TCM teaching. These programmes show clearly acupuncture points on a body, or give details of specific herbs, which should be used for particular conditions. There are some basic examples available on the Internet; however, the School of Health Sciences has purchased a highly sophisticated and evolving programme for the TCM course. This programme is called “Focused Knowledge Systems” and was designed by Paul Turner a graduate from the TCM course. However, at present mainly the Chinese herbal students use the programme. From a correlation with the herbal students which showed that whilst they are currently using computer based programmes as part of their daily teaching

activities they have no expectations that the lecturers should be up to date with them. However, for the acupuncture students the correlations showed that although they do not use computer based programmes as part of their daily teaching activities, they did have an expectation that lecturers should be up to date. However, who does expect lecturers to be up to date with the computer programmes.

The final grouping in question forty-six relates to the perception the participants have of their lecturers as people. When asked to comment on the statement that lecturers are seen to “practice what they preach”, 78.9% rated the statement in the “most important “ and “highly important” categories as shown in Figure 5.2.31. Traditional Chinese medicine is a total paradigm shift from the western culture that most participants have been exposed to. Some students on commencing the course, have great difficulties with these shifts and as such often cannot cope with the course and leave it prior to completion. Some of the paradigm shifts are outlined in the introduction. Students learn about the importance of eating the correct foods for certain conditions. An example of confusion for the student would be if they saw a lecturer in the campus café eating buckets of chips or greasy foods, and they have just been taught that this might contribute to certain illness or imbalances. This blatant disregard for the principles of TCM may have a dramatic effect on a new student.

Whilst it is acknowledged that lecturers are individuals and as such have a right to choose how they live their life, it is obvious from this survey that students find it very important. Perhaps young students require role models to

re-enforce the paradigm shift that is necessary for students to feel safe in their choice of career.

The role of the lecturer in a health discipline is fraught with difficulties. Should they be themselves, eat, drink, smoke and live how they please, or should one expect their role to be that of example as well. How confident would one feel if we went to a weight loss centre and all the advisers were over weight? When learning a new discipline, the aspect of a living example is one, which should not be dismissed.

In continuing this theme, students were asked about their thoughts on the statement that lecturers are professional in their role. The research clearly showed that 94.8% of participants felt that this was important. Professionalism can mean many things to many people. If one were to look literally at the Macquarie dictionary (1995 p 317) it states that professional is something that someone does or produces that is of a very high standard as a means of livelihood or gain. However, Kultgen (1988 p 4,) states that the term can be taken narrowly to refer to the traditional “learned” professions and Larson (1977 p 2) states that professionals are relatively recent social products. He also goes on to state that ethics and professionalism are very much intertwined with each other arguing that professionalism should be conceived in such a way that it is limited to moral conduct and elicits moral conduct, and that morality should be conceived in such a way as to require professionalism. Larson (1977 p3) suggests that the post revolutionary societies became fertile ground for the professional development and multiplication. Larson (1977 p 4) goes on to state that as for medicine, given the universal need for healing and the ineffectiveness of most therapies, it was more sharply and divided by the

social position of the practitioner's clients than by the origin of the techniques that were applied. This is certainly an interesting concept when applied to a technique with such a history and from an eastern culture, not from our own culture. For the purposes of this research there is no way to define exactly what students call professional, however, it is probably fair to assume that their interpretation of the word is similar to that of both Larson (1977) and Kultgen (1988). Perhaps it can be assumed that students require certain ethical and moral standards from lecturers and this would of course require further research and investigation to answer this question.

Students were asked to respond to lecturers being politically active within their profession. As can be seen from the introduction many attempts over the years to regulate Traditional Chinese medicine became fruitless. However in 2000 this changed. A number of TCM staff at Victoria University were involved over the years in getting TCM where it is today and with the formation of the first TCM registration board in December 2000, also came the announcement that two TCM lecturers from Victoria University were on this board. It is interesting to note that 52.6% of participant's thought that it was "not important" or of "some importance" as shown in Figure 5.2.32. Has this result come about as a result of ignorance of what is happening within the TCM profession in Victoria, or is it that the participants are still students and as such do not foresee the ramifications of life as practitioners and working in an unregulated profession with its legislative restrictions on practice.

6.3. Direct effects on students studying TCM

Students were asked if they looked forward to their TCM lectures, 55.2% of the participants stated that they "mostly agreed" or "agreed" to this statement.

This aspect in student's enthusiasm will be further explored when discussing their passion for TCM and the relationship between the two aspects.

Students and possibly academics, often have the perception that academic staff should be in their offices whenever their doors are knocked on. When the students were asked about availability of course coordinators and lecturers the results were not as expected. Around one third of students thought that their lecturers should be available and less than one fifth thought that the course coordinator should be around when needed.

When reviewing the results to questions about students stress levels and learning both TCM and Bioscience the response was as expected with learning TCM. Students did not find learning TCM stressful however, the results about Bioscience showed that the participants did find learning this area of the course stressful. This is in line with Ryan's (1995 p137) finding at UTS, where students viewed the complexity and quantity of Bioscience information required more time than studying TCM. This issue is one, which has been discussed between faculties at Victoria University, and there have been structural changes to the Bioscience course content. Whilst this research did not ask for specific details as to why Bioscience is stressful, it can be perhaps assumed that, as it is not an area that students primarily want to learn, that their enthusiasm is not placed in that direction. There is perhaps a perception amongst students that if they are going to learn TCM, then that is all that they do actually learn and when faced with subjects such as Bioscience or even psychology or counselling their interest diminishes noticeably.

When reviewing what students feel about how and what they are taught, questions fifty-three, fifty-five and fifty-six are specific to how TCM knowledge both theoretically and practically as well as clinical exposure is perceived. The result was both unexpected and engaging in that over half of the respondents felt that TCM theory was taught to them in a way that was easy to understand. Whilst the response to the practical classes question found that the majority of students placed their response in the middle of the Likert scale, covering “sometimes” and “mostly agree”. This perhaps shows a trend towards dissatisfaction with practical classes, but as details were not asked for, further suppositions cannot be made. It is however; worthy of note that Ryan (1995 p143) found UTS students feeling that practical application of theory should not only be present in each semester but each class. This concept is one which to date has not been introduced at Victoria University, however, it may be an option which staff could possibly look at in order to raise the profile and satisfaction with the practical classes.

All students enrolled in both the Acupuncture and Chinese herbs course are required to undertake 649 hours of clinical experience. This experience starts from the second semester of first year and continues throughout the course. In the first three years students have opportunities to be assistant practitioners and in the final year the fourth year students become student practitioners. As assistants students work with the student practitioner and a clinical teacher in many locations both on campus and at various locations around Melbourne. Many of these clinics are Drug and Alcohol withdrawal units, and this is because TCM works so well for withdrawal as argued by Shwartz et al (1999) other locations range from a women’s prison to the

Salvation Army, treating all types of disease. Fourth year students also have the opportunity to finish their clinical internship in a hospital in China, where they work in the outpatients and in the in-patient departments. It must be noted that from the survey it is impossible to know which respondents are in which year, hence their experience so far in clinical exposure may be limited. This may impact on the results, which showed that almost 60% of participants felt that they had sufficient clinical exposure at their stage of the course. However, when students were asked if their clinical placements allowed them to treat a good cross section of the population almost one third felt dissatisfied. This figure is not significant overall. However, maybe for future reference, new clinical placements should be sort in locations, which do in fact offer a broader cross section of the community, for students to treat.

Continuing with the theme of clinical experiences, students were asked if the clinical teachers were willing to share their clinical experiences with them. The response was complimentary with 63.1% of students “mostly agreeing” or “agreeing” with this statement. As was shown with the question asking students if their clinical teachers should be in private practise and with a 92% response rate in the affirmative, the importance which students place on their clinical training is evident, and as such the information gained by being with clinical teachers who are currently in practice is met with a positive response.

Perhaps an area of training in TCM, which is not always one, thought by all students to be of great importance, is that of the philosophical and spiritual aspects of Chinese medicine. As mentioned in the introduction the paradigm shifts often required by students who have had no previous exposure to Taoism, Confucianism or even basic TCM concepts can be challenging. The

spiritual beliefs of students may well be disrupted. As has been shown in Figure 5.2.4. students have widespread religious beliefs or non-beliefs, 44.7% of students stated that they had no religion, with the next largest group being Catholic at 15.8%. However, when participants were asked if their spiritual and philosophical ideals were challenged by the course over 60% stated that they were indeed challenged. It is not possible to know which students and what categories they fitted into in Figure 5.2.4. but it could be possible that some of the students who have had “traditional” religious upbringings are being asked to make a paradigm shift when learning TCM philosophy. It is not unusual to find that students have little or no understanding of TCM philosophy when commencing the course. Ryan (1995 p 173) found a similar trend with students at UTS studying TCM.

Of particular interest in surveying TCM students was the influence of passion in studying their chosen course. Passion is a word often difficult to actually place a meaning on, however, to find the literal meaning as is described by Macquarie (1995 p 290), which states it as being a very strong feeling about something or a strong belief in something. However, Solomon (1999 p 17), brings in a different dimension when he talks about the fat, messy richness of human life and passion is reduced to its single most celebrated attribute, so called rationality the featureless subject-“Man is a rational animal”. This concept takes away some of the fire in the belly, enthusiasm and zest often associated with the concepts of being passionate about a subject. Perhaps what Solomon is really stating here is that even when we believe we have passion for something, rationality can hide our burning desires.

Within a western society it is often difficult to shift paradigms, and certainly studying TCM will require a shift at some level to be able to absorb the subjects. Many students have already spent sometime prior to coming to Victoria University being involved in some way with TCM, it may be as a practitioner of TCM, a student of martial arts or a student with a keen interest in the philosophy and history of TCM. Students were asked if their passion for TCM had influenced their choice of course and the results were unexpected in as much as almost 70% stated that it did. Students were also asked if their passion for TCM had changed since they had started studying TCM and the response was that 57.9% felt that it had changed. These indicators must be looked at in perspective with the answer from question sixty-two, where students were asked to rate their passion for TCM on a sliding scale from obsessive to non-existent. The results were somewhat overwhelmingly high with 89.9% saying that they were “obsessive” to “average” about their passion for TCM. When looking at the three responses and putting them into perspective, it can clearly be seen that students contemplating a course in TCM already have a strong passion for the subject. It is also evident that whilst students are studying TCM their passion does change. This could perhaps be because of the workload, length of time of course, outside commitments etc, which have an influence on their passion. However, it is worthy of note that there are still a considerable number of students who have a high passion for TCM. With these results for passion for studying TCM it is appropriate to look at question sixty-one, which asks students if they always feel, motivated to study TCM. It was therefore not surprising to find that almost 85% of students were in affirmative to this question.

6.4. Qualitative Questions.

Whilst most of this survey was conducted with quantitative methods, and analysed through SPSS computer programme using Likert, Mann Whitney and Spearman correlations, as outlined on page 16, there were two questions where students were asked to qualify their responses.

6.5. Describe Your Passion for TCM.

The first question asked students to describe their passion. The responses can be divided into groups.

The first grouping of comments is from students who knew very little about TCM prior to commencing the course.

“I have to admit that I went into TCM study I only knew of vague concepts, but I was excited at the prospect of learning.”

“Considering since I started the course 2 years ago, without an idea about Chinese medicine, my passion is huge. At the beginning I didn't even know what “Yin-Yang” was. I thought that the symbol for Yin-Yang was a surf symbol for the clothing company “Ocean and Earth”. And that the Yin Yang's were the mountains on the way from Melbourne to Geelong!!

“It had been growing since I started studying, since when I began I didn't have any knowledge of what TCM was. I am still interested and motivated to keep learning about TCM and I hope to be practicing for many years to come. I enjoy the philosophy of TCM and now apply it to my lifestyle because it holds such meaning to me.”

From these comments we can see that some students will embark on a course in a modality, which they know very little about and are prepared to have a HECS debt of over \$20,000 at the end. Perhaps it could be said that

these students are taking a great chance on something, which they know very little about, but also hope will give them a profession.

Then there are the students who started the course with a huge passion for TCM.

“I gave up a secure engineering position, my cat and my partner to move to Melbourne to continue studying, does this say it all!”

“ I am very passionate about TCM. It is a part of who I am now and is just a natural part of my life. I am equally passionate about other things too but TCM will be with me for life.”

“I absolutely love TCM and see myself studying it for many years to come.”

“At first I was really passionate about TCM, and how the theory all worked out. The passion is still there and is burning strong, however, the more I learn the more I realise how little I know and how much there is to learn, it leaves me feeling quite humble”

“Strong I want to learn more, see more to build up to a level where I can be the best I can be with continually developing and gaining knowledge.”

From these comments it can be seen that passion has a huge driving force, and with that driving force some students will make life-changing decisions to study TCM. Perhaps this is not always recommended but if it fulfils an ambition and a drive, which can be maintained over four years, then it should not be questioned.

Students who have lost some of their passion since starting the course

“ Initially my passion was strong but after the completion it is not as strong. My passion is still there and hopefully I shall use my education, but I have changed my enthusiasm

"I was very passionate for TCM before I began this course. However, it soon became more of a burden due to the overwhelming workload."

"It comes and goes. I find the immensity and complexity of it overwhelming. It's easy to have a passion for something that you just dream of or idealize. Having gone deeper than that I realise how far you can go with it. TCM learning should not stop-cannot stop. There is scientific research to be done and integration with western medicine and western people and society."

"My passion-or rather the excitement and interest in learning comes mostly from clinical practice and discussion with peers. I am not obsessed by it because there are so many other things in life I wish to spend time and energy on. But I still want to work in this field, I still want to be a good practitioner and I want to keep learning more. Just slowly."

"I don't know, it's not as fun as I thought it would be or as interesting. I still want to complete this course no matter what."

"Bit burnt out at the moment due to pressure related to external work commitments. Therefore are currently considering deferring for one year to see if my motivation/passion for TCM increases to the level it was when I started the course."

"My passion for TCM has declined over the years. This is because I am not a good academic. I only enjoy studying for short periods of time. My plan is to go back to work and go on a long holiday and then return to VUT to return to TCM. I think I want to be a TCM practitioner but I will decide when I get back from my holidays."

From these comments it is obvious for these students that the workload has a huge impact on their passion for TCM. Terms like “burnt out” and “burdens of overwhelming workloads” give an indication why their passion has changed.

Students whose passion has changed

“It is getting stronger as the course goes on with the more knowledge/practical sessions gained.”

“ In the last year my passion for TCM has increased immensely. Experiencing different aspects of TCM and confirming my uncertainties of TCM. Practical experience this year has increased my interest in TCM and given me an opportunity to enjoy what I do. I now have a further interest in the philosophy behind TCM and plan to do reading, learning and experiencing more for myself in order to become a successful practitioner.”

“ I feel that my passion is strongest when I am stimulated with more practical application. I am passionate about TCM to the depth of my spirits and wish that there was more “energetic work” in the course and more practical clinical work that allows me to see more than just withdrawal patients-more like the HPU. My passion will grow no doubt when I am in clinic learning more by experience and seeing more results when cases-real cases, drive me to research.”

“I am very passionate about TCM. I feel that I have been given grounding in TCM at VUT Now I will explore within my own areas of passion relative to TCM”

“Its something that keeps developing as I learn. I have a huge passion for alternatives to western healing and though whether I am TCM alone I am not

sure. I was not planning to study herbs yet as I wanted to do acupuncture, so my passion for herbs is now developing.

“ I am passionate about TCM, less so about academia. I wouldn't like to see the course valuing academic excellence-eg. the ability to write a good essay higher than the aptitude of students for applying TCM knowledge and ability”.

These students seem to state that their passion has increased during the course of their training for different reasons. With several mentions of clinical experiences and therefore the ability to treat patients, this seems to have reinforced the knowledge the student has gained over the time they have been studying and appears to be sufficient to stoke the fires of passion. It is also interesting to note that students, who from their comments must be nearing the completion of their course, are looking forward to being able to do such things as research, and explore and create their own passion from within as they practice. Again the theme of academia putting a dampener on students passion is raised by statements such, as they are passionate about TCM but not academia.

Finally there are students who have different reasons why their passion has changed.

“Initially, professionally driven-set out to gain further qualifications for my future benefit-once I'd decided to do this, committed myself to doing well.

Now-very satisfied to have finished this course, now ready to explore my own relationship to TCM-find out where my affinities are and see what passions emerge through the doing”.

“ I believe that with a strong passion for TCM we can have a strong focus when treating using the TCM paradigms. Some times too much passion for

TCM can blind ones judgments when allowing for other information and frameworks into our work”.

“When I view TCM from the viewpoint that it encompasses all natural therapies then my passion is higher than when I view it as a separate modality that is fixed in traditions based in the dim dark ages.”

“Passion is a very difficult word to use to describe my commitment to TCM. I am no more passionate about TCM than any other modality, such as counselling, or biomedicine etc. There are certain areas that TCM particularly excels in and other areas that TCM has less to offer.”

“I love TCM. The thought of helping people motivates me. Knowing that I can help people without western medicine is important to me.”

“ I find TCM a wonderful thing to study. I like to help people resolve illness. If I am doing this I am happy and my passion for TCM is high”.

“Since starting to study TCM-the scope of things to learn has broadened and I have no limitations-can see no boundary-where I will finish learning-endlessly amazed by the complex patterns and yet the simplicity of it all. Skipping with joy-even when stressed, able to smile and breathe through it.”

“I see TCM as a lifestyle and I’m passionate about living my life in accordance with TCM ie, diet, seasonal etc. I am passionate about being able to practice in my own clinic however, I feel that I still have a lot to learn.”

“I have great respect for TCM, always have and always will. I admit that some lecturers have put me off TCM at times but there were others who would give me inspiration.”

From these comments, perhaps the overall message which comes through it that whilst they are not necessarily openly passionate about TCM, it is still

there, disguised in words such as, lifestyles, commitment and focus. As these statements are taken from the survey, it must also be noted that not all students chose to describe their passion. Maybe this can be interpreted, as not being in touch with their passion in the literal sense, perhaps for them it is a feeling, a knowing or something else for them.

6.6. Practice Ideals

A very important aspect of any university course is what will students do with their qualification at the end of their training. It is to this end that questions were asked of students about their intentions. Unexpected findings were shown in response, over 60% of students reported that they would “definitely” be setting up in practice. There were an additional 21.1% who stated that they would probably be setting up practice. This means that approximately 80% of students intend to practice in Chinese medicine, be it acupuncture or herbs. The next question asked to them was where they going to work in a multi modality practice, the response rate were that 39.5% said “yes” and 44.7% were still “unsure”. When comparing these figures with those of the question regarding establishing their own clinic the response was 52.6% that they would be going in this direction. These figures are quite astounding when one considers the cost of establishing a private practice. A practitioner would need to consider equipment, advertising, legal fees, rental or purchase of premises and on going costs, not a cheap option, especially if the students have a HECS debt of around \$20,000 as well. Students were asked if they did establish their own practise would they have other practitioners working there as well. It was quite unexpected that 44% of participants said that they would indeed have other practitioners there. However, what was probably more

unexpected was that a staggering 73.7% said that they would prefer to work with another TCM practitioner. One can only surmise that there is a “safety in numbers” psychology attached to this response rate. Perhaps practitioners who are new in practise feel that they need to have someone of their own modality working with them so that they can “bounce” ideas, diagnoses, and treatment protocols off the other practitioner. Maybe new graduate feel so insecure about what they are doing that they feel it is important to have someone there who knows the modality to give them confidence. Perhaps they view this other TCM practitioner in a similar vein to a clinical teacher at Victoria University, where the patient’s case history can be discussed and confirmation given to the practitioner that they are correctly treating the patient. The research did not give details such as, were the acupuncture students saying that the other TCM practitioner that they would like to work with was an herbalist or vice versa. This would of course complement a practise to have both modalities working together. There would perhaps not be such an issue of losing patient’s to the other practitioner if one practitioner couldn’t do what the other did.

Students were also asked if they would work with a range of other modalities, including G.Ps, chiropractors, osteopaths, naturopaths, psychologist and counsellors, a dentist or a massage therapist. When looking at the responses between the chiropractors and osteopaths, which work in a similar way, with public perception that they both work on the spine, students responded that 42% were unsure about chiropractors and 50% were unsure about osteopaths. Perhaps the difference in the response rates indicates that the public has a better understanding or acceptance of the work of a chiropractor

than maybe an osteopath. Only 55% of participants said that they would like to work with a naturopath. Presumably TCM students are also unsure as to what a naturopath actually does in their own practise and it is also interesting to note that statistically the participants felt the same way about working with a psychologist or counsellor. There was nothing exceptional about the results of students working with general practitioners with 36% saying 'yes' and 39% 'unsure'. Perhaps what participants are saying is that they feel that GP's would not afford them the respect that they believe they should get, that GP's also use TCM, acupuncture in particular, and therefore they would be seen as competition. The modality, which gives perhaps the most surprising response, is that of working with a dentist, with a resounding 42.1% saying 'no' and only 10.5% saying 'yes'. In recent years a number of graduates have found themselves working in dental practices. The reason for such a phenomena cannot be easily explained, but supposition can be made that as acupuncture, in particular, can help with pain relief, it maybe that dentists are in fact very open to acupuncturists working with them. The final modality is massage and there was a response rate of 55% saying "yes" that participants would like to work with a massage therapist. Maybe this response is such because there is a perception that both TCM practitioners and massage are "hands on" modalities.

From these response rates it can be clearly show that the only modality, which students feel, they would prefer to work with is one of their own kind, a TCM practitioner. Perhaps pondering on this result for a moment, it has to be said that very few students identified themselves as being near the end of their course. It is not known how many participants are first or second year

students whose exposure to other modalities is limited. Students in the fourth year of their course are exposed to lectures from chiropractors, osteopaths, naturopaths, and psychologists. It may be after hearing these lectures and then perhaps understanding more about how the modality works that students are in fact better informed about each of these modalities. This is perhaps an area where TCM lecturers could broaden current student's minds as to the inclusiveness of such modalities. Students were then finally asked to specify what other modalities they would like to work with, the responses included art therapy, homoeopathy, hypnotherapy, medical initiatives, Reiki, Kinesiology, physiotherapy, beauty therapy and aromatherapy all of which are as varied as are the students.

6.7. Why did participants choose Victoria University?

The final question asked to students was, why did they choose Victoria University to study TCM. This quantitative question gave students an opportunity to express for themselves the factors, which made them choose TCM at Victoria University. Once again the responses can be divided into groups, the first one being one related to gaining a bachelor degree at a university.

“If going to do the study, I may as well get a degree, - Not having done VCE, could easily organise bridging course in chemistry, and biology to meet entry standards for VUT.”

“ Only university offering the course as a degree at the time.”

“It was really a process of elimination-cost prohibiting studying at a private college plus they didn't offer a degree course”.

"It's the only Chinese herbal degree in Victoria. I am planning to complete an acupuncture degree somewhere closer to home."

"It is a 4 year degree."

"The course being in a university played an important role in my decision in regards to accreditation- being a Bachelor degree- deferred payment of HECS".

"I chose VUT because it was the only bachelor degree course and I wanted to gain the highest qualification possible".

"The fact that Vic Uni is a university made a difference to me as it made me feel more secure in the degree and its reputation".

From these statements we can clearly see that there are students who feel that it is important to gain a bachelor degree from a university. With the implementation of registration within TCM as outlined in the introduction, clearly practitioners are looking at what may well be perceived as the benchmark qualification for registration. Perhaps from these statements the respondents demonstrate that they have explored the profession and its development prior to enrolling in the course.

Responses from students who wanted a HECS payment option rather than an up front full fee paying option.

"I chose to do it at the uni not private school because of the availability of HECS and recognition by the public."

"Recommended by "....." and also the HECS option."

"I felt it was the best place to study TCM. It was also covered by HECS. I am also able to study acupuncture afterwards as well."

“Because other uni’s do not teach/have this course, that allowed me to pay HECS.”

“It would be a recognised course for registration, plus being able to do it by HECS made it financially easier.

“There was the HECS part of it as well-private colleges are too expensive and I had no means of paying up front.”

“ HECS covered the course as well.....recommended this institution on the basis of it being a uni not a college”

The theme, which seems to run through these statements, is that financial considerations are of the utmost importance in choosing courses. As outlined in Figure 5.2.6. which showed that 77.5% of students defer their HECS payment, this is considerable and would have a monumental impact on studying such courses if this option were very removed. However, this figure has implications for private institutes, which rely on up front fee. Perhaps this could be translated as students who are financially unable to support themselves take up HECS funded places and students who are financially viable take the private college, up front fee option. This would certainly make very interesting research in the future.

Students who from their responses obviously compared courses available to them in TCM make the next groupings of statement.

“Having just completed a 3 year science degree and told that R.M.I.T. doesn’t give exemptions easily for previous study. I couldn’t bear studying science for another three years. Also I believe that having only two years of TCM study like R.M.I.T. has was not going to be enough and therefore I chose VUT. I was also offered a place at R.M.I.T. and declined.”

“At that time R.M.I.T. required a higher level of VCE subject for entry”.

“I would not have been accepted at R.M.I.T. because I didn’t have a scientific background”.

“At the time it was the only choice other than UTS that enabled one to study TCM at a university”

“Length of course and comparative greater emphasis on TCM than at R.M.I.T.”

“R.M.I.T. offered the two year TCM post graduate course-which I felt was inadequate to learn acupuncture and herbs, also the undergraduate BHSC course was mainly comprised of western science subjects, chemistry, physics, histology, which I felt made the course western science focused.”

“VUT offered 4 years of mainly TCM theory and practice-I felt that it would give me a better understanding, philosophically, theoretically and practically of TCM”

“Because it was offered there (Vic Uni) and sounded better than the R.M.I.T. course. The course itself is really good and the HPU is great.”

“I probably would have gone to R.M.I.T. though their entrance requirements for mature age were too rigid. They also have too many sciences in the earlier years and not enough TCM.”

“Victoria University is where you learn about TCM and the practice of TCM experientially. Where R.M.I.T. is where you learn Chinese medicine without the background and context of the real spiritual and paradigmatic aspects of TCM.”

“It comes down to TCM as a lifestyle at Vic Uni but TCM as a therapy and that R.M.I.T. TCM as a therapy that taught without context.”

"I chose Vic uni because it was offered as an undergraduate course and it took less time than R.M.I.T."

"I was deciding between VUT and R.M.I.T. mainly because I couldn't afford to pay up front fees. R.M.I.T. was too western science based-which is an area I was not too interested-nor confident in. I wanted to get as much TCM knowledge as possible. Certainly I wanted TCM as the main focus throughout the course. That was the deciding factor. VUT had more emphasis on TCM subjects. I felt that the R.M.I.T. course was a more intellectual or academic course. I am not that way inclined."

"I live in Melbourne and it was the only uni course available in TCM other than R.M.I.T., which first requires you to complete a BSc. Partly because there were no up front fees. Partly because R.M.I.T. seemed to be very western medicine/science focused and I have no interest in this area- I have studied it before. Partly because it was recommended to me by someone who used to teach there. Given the lack of fees and that R.M.I.T. was not what I wanted the choice was rather narrow. Also partly because it was in Melbourne which is where my supports are. I returned from interstate to do the course."

"It was my second choice to come to VUT. My first choice was R.M.I.T. where I attended very briefly. But due to timetable clashes at R.M.I.T., I transferred to VUT where the timetable suited me better at the time. I enjoy the atmosphere of the group that I am in; these are a lot of fun caring and committed amongst the students in my year. This is what keeps me coming to VUT so far. I had attend other universities before, I don't really enjoy the highly charged political climate at R.M.I.T."

“TCM would be taught straight from the beginning unlike R.M.I.T. where it was to be introduced further into the course. At the time it was the only university that offered TCM. R.M.I.T. did offer it but it is more western medicine. I would much prefer to learn more TCM than western medicine”.

“The course has a better reputation. It was between two degree courses covered by HECS-R.M.I.T. has too many science based subjects and 2 years full time combined acupuncture and herbal; this does not seem enough. Am interested in using time available to learn the most and benefit from teachers etc not just get the accreditations -therefore the R.M.I.T. course didn't have enough time given to the TCM subjects-merely overview. Good to be able to study herbs separately and then continue by studying acupuncture here or at any other place offering. (Herbs only offered here!!)”.

“It was the only university that offered a TCM degree without having to do the western medicine first like R.M.I.T.”

Whilst the purpose of this research is not to make judgements in relation to other universities or private colleges, comparisons are always made by the consumer, the students. As previously mentioned the TCM course at Victoria University has been established since 1992 and was the first of its kind in Australia. R.M.I.T. started its course in TCM shortly afterwards but took a different focus. At first the course was primarily a graduate course for those with a medical background wanting to learn TCM. This then changed and it became an undergraduate course but as can be seen from the comments by students this fact in itself deters certain students from choosing R.M.I.T. R.M.I.T. has always taught it Bioscience at the beginning of its course and then students learn the TCM component in the final half of the course. From

the statements made by students there is an obvious assumption too that the R.M.I.T. course is harder academically. There is no way that can be determined for the purposes of this research nor is it an aim to do so, but the only statement that is factual is that both Victoria University and R.M.I.T. take students in each year into their programmes, both appear to be fulfilling their university requirements in the form of numbers of students, so the only assumption which can be drawn from this is that there are students who prefer to have TCM taught simultaneously with Bioscience and there are students who like them to be taught quite separately and in no way influenced by TCM.

Responses from students who wanted to be taught one modality of TCM at the time.

“The clear separated programme; I mean separation between acupuncture and herbals. TCM subjects and western subjects have been taught simultaneously, parallel. The most advantage has been gained when theory and clinical have been taught at the same time. They would supplement each other.”

“I wanted a comprehensive herbs only degree with no acupuncture initially. Planning to do acupuncture later.”

“More hands on TCM subjects. More hands on with raw herbs.”

“Because it was the only school I knew of that offered Chinese herbal medicine at the time when I completed my VCE”.

“Because it was the only university I was aware of that offered acupuncture.”

It appears from these statements that usually students know which area of TCM they want to study. Then as a process of establishing which course will

give them what they want, they then decide on the institution. How comprehensively covered is their area they choose, for example, how much “hands on” experience do they get in the course all help to support the students decision.

The reputation of the course at Victoria University is sighted in some of the student’s responses.

“It seemed quite new and organised and the staff seemed approachable and friendly during the initial open day of the university.”

“Vic Uni seemed to have the only and best option. It had a good TCM reputation course”.

“I was told it was a good course by a friend. I liked the fact that it was traditional. It seemed very comprehensive.”

“Good University”

“The reception I received was on a very personal level, and I felt that acupuncture-being a holistic medicine- required a smile and understanding to academic, practical and artistic qualities. I felt on the open day that all these factors were alive and well on that day.”

The reputation of a course, its content, and lecturers is always an excellent way to be promoted. From some of these statements, there appears to be a positive reputation within the circles of students looking for courses in TCM. Victoria University like any other Melbourne based university has an open day, many hundreds of prospective students attend with their friends and families, and to get positive feedback in this way is affirming and encouraging. There are students who have a preference to study at a government institution.

“Can’t find any other institution. I prefer studying in a government institution other than private college.”

“Because it offered the most complete/full on TCM course which is recognised by the government. I was attracted to the subjects taught and opportunity available.”

From these statements, little can really be drawn from them apart from the fact that when considering courses it appears that given a choice between a private college and a government organisation or university, the consumer will take the university.

And those students who appeared to do little to resource their course!

“I came to VUT to study TCM because I was forced to, but since I have started the course I am loving it, I really like this course now.”

“Fate”.

It cannot be assumed that there are many students who actually end up studying such a modality because of the reasons stated above. However, with such insight there may have been resistance from these students, which would have possibly been misunderstood initially by staff and fellow students.

CHAPTER SEVEN

7.0. CONCLUSION.

The diversity of the survey group, including cultural backgrounds, languages spoken, religions and ages gave the research a complex flavour. Some of the findings were unexpected considering the diversity of students. However, when considering a course primarily with an Asian accent the expectation may well have been that there would have been a larger Asian student body, this was not the case. The influences which are often inflicted on students by the families and who are young and have a strong cultural background did not appear to sway the final decision in choosing what they wanted to study and where.

There were no surprises in finding that the majority of students take the HECS deferred payment option when choosing how their fees are to be paid. However there were a surprisingly large number of students who work throughout their studies and a significant proportion that manage to hold down a full time job.

Overall participants felt that there should be selection interviews for the course and more “housekeeping” type information should be given to student about which days they are required on the campus.

When reviewing the results of the responses to questions about the teaching and learning section of the survey, the participants had responses, which were not as strong as would have been expected in some areas and very strong in other aspects. It appears that students do expect their TCM lecturers to be currently in private practise, to have had many years of clinical experience

behind them when teaching. That they do not want their clinical teachers to be academics but more so in practice so they can draw on current clinical situations and experiences.

The research also showed that the participants expect their lecturers to “practice what they preach” and to behave in a professional manner, although they do not necessarily need to see them currently involved in research.

The acupuncture participants expected their lecturers to be up to date with computer-based programmes whereas the herbal participants did not expect this of their lecturers.

Participants were not particularly concerned if their lectures were politically active, nor was it important that they were up to date with current TCM literature. However, the majority of participants found that studying Bioscience to be stressful but not so for TCM theory.

From these findings it can be seen that TCM students are eclectic in backgrounds but with definite views on aspects of their course. These findings should be considered by the TCM staff at Victoria University in regards to student's expectations of TCM lecturers and their behaviour and if necessary staff could take steps to rectify any short falls within their own performance as a lecturer.

As far as the areas which students find more stressful than others is something, which is an on going issue. Discussions between the School of Health Sciences and the Bioscience lecturers have been a part of the landscape for many years. It would be fair to comment that considerable changes have taken place by the Bioscience staff in the subject content and relevance to TCM. This area appears to be an on going evolutionary process.

This research also found that the participants showed that passion was a great contributing factor in the study of TCM, which dependant on the workload, waxed or waned, but was always present at some level.

There is a possibility that workload both internal and external to the course, which is felt by some students to be overwhelming, contributes to this decline in passion for their subject. This in itself maybe a cause for concern as Victoria University moves in the direction of courses with greater “self directed learning” or problem based learning” components. Will this effect the reputation of the TCM course at Victoria University? Reputation was a contributing factor for students when deciding which course to attend in TCM, as was the breakdown of the course structure. The other university based TCM course in Melbourne is the R.M.I.T. course, which naturally was heavily scrutinised by Victoria University students as being too Bioscience structured. They viewed the ability to study western Bioscience simultaneously with TCM theory as a more appropriate option. The purpose of this research is not to compare other university based TCM courses, however the comments made by the participants was of such a size that it would be negligent not to mention this fact.

Participants gave a clear picture of what their expectations were at the completion of their course, with an increased percentage intending to practice TCM. Perhaps what was of significance was the large number of participants who intended to work in their own practice with another TCM practitioner. This should be taken into account when considering teaching students in their final year just how to go about establishing their own practice.

Finally why did students choose to study TCM at Victoria University, it appears that deferring the HECS payment, course structure, and reputation were of great significance to students.

CHAPTER EIGHT.

8.0. FUTURE RESEARCH.

This research covered a wide variety of areas in the TCM course at Victoria University, and perhaps what has been exposed is that there are many areas, which still need to be researched within the present framework of course now in place.

It is often espoused by those in a position to create courses or change existing ones, that it is done so for the good of the course and the students. From this research it can be assumed that that is not always the case. What might be considered to be important by staff at Victoria University is not necessarily what students want or require. One recommendation, which could be made as a result of this research, is that regular surveys of student's expectation of the course they are enrolled into take place. Perhaps not to the extent of this survey but maybe an annual survey on the different topics covered by this research, so that over four to five years a comprehensive database would be compiled give information, which would assist staff when considering course changes.

A further recommendation would be that a follow up of all graduates take place, whereby tracking of their professional life giving feedback about how successful these students are out in the world in their chosen careers. Whether in fact they do establish their own practices, or if they change their plans and work in other clinics, which clinics they found to be receptive to TCM, what other modalities do they work with, and which ones they prefer.

8.1. EDUCATIONAL DIRECTION SPECIFIC TO TCM.

Teaching TCM in a university setting in Australia is a new and innovative move over the last decade. It is still an evolving process, which must be monitored regularly to ensure that the essence of Traditional Chinese medicine is not lost between the pages of a strategic plan which looks at the cost of training students rather than the outcome. Victoria University is in a unique position to be able to create a truly comprehensive TCM course. In which its graduate students are highly competent practitioners who feel that their university, its staff and the course content are of such a high standard that its reputation grows and a benchmark has been established in educational excellence.

APPENDICES A: Cover letter

Victoria University School of Health Sciences.

Project Title: Why do students choose to study Traditional Chinese Medicine at Victoria University? AN analysis of the course in TCM and its students.

Student Investigator; Vivienne Williams. Lecturer, Victoria University.

We would like to invite you to be a part of a study into TCM students at Victoria University. The project will require you to complete the attached questionnaire, which will take approximately 30 minutes to fill out. The questionnaire comprises of a number of questions about your experiences as a TCM student at Victoria University; these questions will include demographic information about yourself as well as your experiences of the TCM course.

This research project is aimed at gathering information, which will help understand why students choose Victoria University to study Traditional Chinese Medicine (TCM) and what they expect from the university when they start their course. In the questionnaire students will be asked how they perceive Victoria University as the place to study TCM and the questionnaire will also help to develop a profile of TCM students, incorporating their preferences in regard to course content, preferred qualities of lecturers and expectations.

The information will be gathered in the form of a questionnaire and students from all TCM classes will be offered a chance to participate on a voluntary basis. An independent administrative member of staff will hand the questionnaire to students wishing to participate in the research from the Faculty of Human Development who will be fully briefed on the questionnaire. When the questionnaire is completed, the participant will be asked to place their form into a plain envelope, this envelope can then be placed in the clearly signed, locked assignment box at St Albans campus. Participants will be asked not to give any identifying notes or information on the envelope and to seal it prior to placing the envelope in the box.

In the unlikely event that you become distressed by completing this questionnaire the staff member who handed out the questionnaire will contact the researcher via a mobile phone or will give you the number of student counselling services.

Participation in this project is completely voluntary and you are free to withdraw from completing the questionnaire at any time. Furthermore, participation in this study is independent of your course, and your consent or withdrawal from the study will not jeopardise you in any way. Your consent to participate in this research will be implied by the return of a completed questionnaire.

Any queries about your participation in this project may be directed to the Principal Investigator, Mr Cameron Gosling on 9248 1290. If you have any queries or comments about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, P.O.Box 14428, MCMC, Melbourne 8001. (Telephone number (03) 9688 4710)

Appendix B: Survey Form.

WHY DO STUDENTS CHOOSE TO STUDY TRADITIONAL CHINESE MEDICINE AT VICTORIA UNIVERSITY? AN ANALYSIS OF THE COURSE IN TCM AND ITS STUDENTS.

Please complete the following questions about yourself by placing a tick in the box.

1. What is your age?Gender: 2. Male Female
3. What is your postcode?
4. What is your marital status? Single Married De facto
Separated Divorced Widowed
5. Who do you live with? Parents YES NO Partner YES NO
Sharing YES NO (go to Q. 6)
Children YES NO (go to Q. 8)
Alone YES NO
6. If sharing, do you share with others of a similar age? YES NO
7. If sharing, do you share with your children? YES NO
8. Do you have children? YES NO
9. If yes, how many..... If yes what are their ages.....
10. Do you use the on campus crèche facilities? YES NO
11. What is your cultural background?.....
12. Do you speak a language other than English YES NO
13. If Yes, which language(s) do you speak.....
14. What is your religion?.....
15. Did you move to Melbourne to commence your training in TCM?
YES NO

16. Age of entry into course.....years

17. Are you a VCE Entrant? YES NO

18. What was your entry or TER score.....

19. Did you complete VCE at a state school YES NO

20. Did you complete VCE at a private fee paying school YES NO

21. Did you complete VCE at a TAFE college YES NO

22. Have you worked in an area of health prior to commencing the course? YES NO

23.If yes , what area?.....

24. Are you getting Austudy or any government assistance to help you study?

YES NO

25. How are you paying your HECS fees?

Up front

Deferred payment

Part payment

26. Are you working? YES (Go to Q. 26) NO (Go to Q 27)

27. If Yes, Full time or part time

28. Have you studied at a tertiary level before? YES NO

29. If yes, did you study at a university? YES NO

30. Which university?.....

31.If No, where did you study?.....

32.What course have you studied?.....

33.What is your highest level of qualification?.....

.....
.....

34. Did you experience a TCM treatment prior to commencement of the course?

YES NO

35. Does anyone in your immediate family regularly see a TCM practitioner for health reasons?

	Yes	No	Unsure
Grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Is anyone in your family a practitioner of TCM?

Grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Disagree	Mostly disagree	sometimes	Mostly agree	Agree
37. I believe the length of time the course has been established is important in choosing an institution.	<input type="checkbox"/>				
38. I think that there should be a selection interview for the TCM course.	<input type="checkbox"/>				
39. I think an information session on the TCM course after being selected and prior to commencing the course would be helpful.	<input type="checkbox"/>				
40. Knowing which days I am required on campus was important prior to commencement of the TCM course?	<input type="checkbox"/>				
41. The duration of the TCM course influenced my decision of institution	<input type="checkbox"/>				
42. I value being taught western medical science and TCM theory at the same time in the course as it enhances my understanding.	<input type="checkbox"/>				
43. I believe the facilities available to me at Victoria University are adequate for TCM training	<input type="checkbox"/>				
44. I believe the number of hours taught in the classroom are adequate.	<input type="checkbox"/>				
45. The location of the Victoria University campus was important in making a choice of TCM courses	<input type="checkbox"/>				

Not important **Some importance** **Important** **Mostly important** **Highly important**

46. How important to you are the following qualities in your TCM lecturers;

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Experience as a TCM Practitioner. | <input type="checkbox"/> |
| b) That lecturers are currently in clinical practice. | <input type="checkbox"/> |
| c) That lectures are recently published in the area of TCM. | <input type="checkbox"/> |
| d) That lecturers are up to date with current TCM literature. | <input type="checkbox"/> |
| e) That lecturers are up to date with computer base programmes. | <input type="checkbox"/> |
| f) That lecturers are currently involved in research . | <input type="checkbox"/> |
| g) That lecturers are trained as teachers. | <input type="checkbox"/> |
| h) That lectures are interactive. | <input type="checkbox"/> |
| i) That lecturers are seen to “practice what they preach” | <input type="checkbox"/> |
| j) That lecturers are seen to be politically active within their profession. | <input type="checkbox"/> |
| k) That lecturers are professional in their role as lecturers | <input type="checkbox"/> |
| l) That clinical teachers are in private practice. | <input type="checkbox"/> |
| m) That clinical teachers are not academics. | <input type="checkbox"/> |

	Disagree	Mostly disagree	sometimes	Mostly agree	Agree
47. I look forward to my TCM lectures.	<input type="checkbox"/>				
48. My lecturers are available when I need them.	<input type="checkbox"/>				
49. The course coordinator is available when I need them.	<input type="checkbox"/>				
50. I find the times of my lectures suit my lifestyle.	<input type="checkbox"/>				
51. I find learning TCM stressful	<input type="checkbox"/>				
52. I find learning Bio Science stressful.	<input type="checkbox"/>				
How important are the following areas in the TCM course?					
53. I believe that the TCM theory is taught in a way that is easy for me to understand.	<input type="checkbox"/>				
54. My spiritual and philosophical ideals are challenged in the course.	<input type="checkbox"/>				
55. Practical TCM classes are taught in a way that is easy for me to understand.	<input type="checkbox"/>				
56. For my stage in the course, I believe that my exposure to clinical experience in the course is sufficient.	<input type="checkbox"/>				

Please complete the following questions about your intentions after successfully completing the course.

64. When I successfully complete this course I will be setting up practice in TCM

Not likely Possibly undecided Probably Definitely

NO **YES** **UNSURE**

65. I wish to establish a practice in an existing multi modality clinic

66. If no, do you intend to practice in your own clinic

67. If you work in your own clinic will you have other practitioners working there as well?

68. Which modalities would you prefer to work with;-

Another TCM practitioner

Chiropractor

Osteopath

Naturopath

Psychologist/Counsellor

General Practitioner

Dentist

Massage therapist

a) Other, please specify.....

REFERENCES.

Austin, M. (1974) *Acupuncture Therapy*, Turnstone Books, London.

Australian Bureau of Statistics (1998) *Education and Training in Australia*, Australian Commonwealth Government.

Bensoussan, A. (1999) *Complementary Medicine-Where Lies Its Appeal?* Medical Journal of Australia, 170.247-248.

Bensoussan, A. and Myers, S. P. (1996) *Towards A Safer Choice*, Faculty Of Health, University Of Western Sydney Macarthur.

Burnaford, G. (1996) *Teachers Doing Research: Practical Possibilities*. Lawrence Erlbaum Associates, USA.

Cheng, X. (1990) *Chinese Acupuncture and Moxibustion*, Foreign Languages Press, Beijing.

Collins, J. P., White, G.R. & Kennedy, J. A. (1995) *Entry to Medical School-An Audit of Traditional Selection Requirements*. Medical Education, 29, 22-28.

Easthope, G., Gill, G., Beilby, P. and Tranter, B. (1999) *Acupuncture in Australia General Practice; Patient Characteristics*. Medical Journal of Australia, 170. 259-262.

Evensen, D. H., et al (2000) *Problem-Based Learning: A Research Perspective on Learning Interactions*, Lawrence Erlbaum Associates.

Finucane, P. M., Johnson, S.M. & Prideaux, D. J. (1998) *Problem Based Learning: Its Rationale And Efficiency*. Medical Journal of Australia, 168. 445-448.

Five Branches Institute (2000) *Five Branches Institute Serving The Santa Cruz Community*, 2000.

Folgeman, B. Y. S., & VanderZwagg, R. (1981) *Demographic, Situational And Scholastic Factors In Medical School Attrition*. *Medical Education*, 74, 602-606.

Hammer, L. (1990) *Dragon Rises Red Bird Flies*. Station Hill Press. New York.

Hsu, H. P., W. (1977) *Chen's History of Chinese Medical Science*, Oriental Healing Arts Institute, Los Angeles.

Kaptchuk, T. (1986) *Chinese Medicine-The Web that has no Weaver*, Rider, London.

Kultgen. J (1988) *Ethics and Professionalism*, University of Pennsylvania Press.

Larson, M. S. (1977) *The Rise of Professionalism: A Sociological Analysis*. University of California Press.

Lawson, K., Chew. M., & Van Der Weyden. M. (1999) *The Rise And Rise Of Academic General Practice In Australia*. *Medical Journal of Australia*, 171. 643-648.

Lui, G. (1997) *A Complete Work of Present Acupuncture & Moxibustion-Acupoints & Meridians*, HuaXia Publishing House.

Maciocia, G. (1989) *The Foundations of Chinese Medicine*, Churchill Livingstone. U.K.

Macquarie (1995) *The Macquarie Dictionary and Thesaurus*, The Macquarie Library.

Mawhinney, B. S. (1974) *Comparison Of Pre- And Post-Medical School Entrance Examination Results In Predicting Medical Students' Academic Performance*. British Journal of Medical Education, 8, 49-51.

McGaghie, W. C. (1990) *The Value Of Ordinary And Advanced levels in British School Leaving Examination Results In Predicting Medical Students Academic Performance*. Medical Education, 10, 87-89.

McManus, I. C. (1982) *Factors Effecting The Likelihood Of Applicants Being Offered A Place In Medical Schools In The United Kingdom In 1996 And 1997*. British Medical Journal, 317, 124-127.

Medical Training Review Panel (1999) *Medical Training Review Panel-Third Report*, Department of Health and Aged Care, Canberra.

Medicare Benefits Review Committee (1986) *Medicare Benefits Review Committee*, Australian Government Publishing Service.

Montague, W. O., Odds, F. C. (1990) *Academic Selection Criteria And Subsequent Performance*. Medical Education, 24, 151-157.

National Health & Medical Research Council. (1988) *Acupuncture- A NH & MRC Working Party Report*. Australian Government Publishing Service, Canberra.

National Health & Medical Research Council (1974) *Acupuncture- A Report to the National Health & Medical Research Council*. Australian Government, Canberra.

National Health & Medical Research Council (1989) *Acupuncture*. Australian Government Publishing Service, Canberra.

Neame, R. L. B., Powis D. A. & Bristow T (1992) *Should Medical School Students Be Selected Only From Recent School Leavers Who Have Studied Science?* Medical Education, 26, 433-440.

Needham, J. and Lu, G. (1986) *Celestial Lancets*, Caves Books Ltd., Taipei.

O'Connor, J. and Bensky, D. (1983) *Acupuncture-A Comprehensive Text*. Eastland Press-Chicago.

Polgar, S. and Thomas, S. (1995) *Introduction to Research in the Health Sciences*, Churchill Livingstone, Melbourne.

Prywes, M. (1970) *Evolution of Selection Methods For Admission To Medical School*. Israel Journal Of Medical Science, 1, 113-125.

Rippey, R. M., Thai, S. & Bongard, S. J. (1981) *A Study Of The University Of Connecticut's Criteria For Admission Into Medical School*. Medical Education, 15, 298-305.

Roessler, R. L., Lester, J.W., Butler, W.T., Rankin, B. & Collins, F., (1978) *Cognitive And Non-Cognitive Variables In The Predication Of Preclinical Performance*. Journal of Medical Education, 53, 678-680.

Rolfe, I. E., Pearson, S., Powis, D. A. and Smith, A. J. (1995) *Time For A Review Of Admissions To Medical School?* The Lancet, 346, 1329-33.

Ross, J. (1985) *The Organ System of Traditional Chinese Medicine*. Churchill Livingstone, London.

Ryan, J. D. (1995) *The Educational Ramifications of the Traditional Acupuncture Paradigm in the Australian Context*. Faculty of Education U.T.S., Sydney.

Schwartz, M., Saitz, R., Mulvey, K. and Brannigan, P. (1999) *The Value of Acupuncture detoxification Programs in A Substance Abuse Treatment System*. Journal of Substance Abuse Treatment, 17, 305-312.

Sheldrake, P. (1975) *How Should We Select? -A Sociologist's View*. Journal of Medical Education, 9, 91-97.

Smith, S. R. (1991) *Medical School and Residency Performance Of Students Admitted With and Without An Admission Interview*. Academic Medicine, 66:8, 474-477.

Smith, S. R., Vivier, P.M., Blain, A.L.B., (1986) *A Comparison Of The First Year Medical School Performance Of Students Admitted With And Without Interviews*. Medical Education, 61, 404-406.

Solomon. R. C. (1999) *The Joy of Philosophy: Thinking Thin Versa the Passionate Life*, Oxford U.S.

State Administration of Chinese Medicine (1995) *Advanced textbook on Traditional Chinese Medicine and Pharmacology*, New World Press, Beijing.

State Administration of Traditional Chinese Medicine (1995) *Advanced Textbook on Traditional Chinese Medicine and Pharmacology*, Beijing.

Tomlinson, R. W. S., Clack, G. B., Pettingale, K. W., Anderson, J. and Ryan, K. C. (1977) *The Relative Role Of "A" Level Chemistry, Physics, And Biology In The Medical Course*. Medical Education, 11, 328-336.

Victoria University (2001) *Victoria University Strategic Plan*. Victoria University, Melbourne.

Victoria University (2001) *Victoria University Management Information System*. Victoria University, Melbourne.

W.H.O. (1973) *Development of Educational Programmes for the Health Professions*, Public Health Press. Geneva.

Warren-Piper, D. (1994) *Are Professors Professional?* Jessica Kingsley Publishing, London.

Weiss, M., Lotan, I., Kendar, H. and Ben-Shakhar, G. (1988) *Selecting Candidates For A Medical School: An Evaluation of a Selection Model based on Cognitive and Personality Predicators*. *Medical Education*, 22, 492-497.

Wicke, R. and Cheung, C. S. (1998), *Modest Proposals for Improving Traditional Chinese Herbology Education*. Vol. 2000 Rocky Mountain Herbal Institute.

Willoughby, T. L., Arnold, T. and Calkins, V. (1981) *Personal Characteristics And Achievements Of Medical Students In Urban And Non-Urban Areas*. *Medical Education*, 56, 717-726.

Ziegler. (1999) *Humour in Medical teaching*, e *Medical Journal of Australia*, 2001.