

Answers and Comments to the Students' Evaluation of Anatomy for Year 2014/2015

Changes in Anatomy education related to the students' evaluation:

1. Technical problems with microphone have been solved (they are dependent on the 1st Medical Faculty who provides the teaching rooms and halls).
2. Including the topic of Lymphatic system to the syllabus of lectures and of the Blood vessels to the syllabus of the practical trainings.
3. Better organization of the dissection course – division into smaller groups which rotate in dissecting, repeating and studying new topics according to the precise timetable.
4. Practical part of the examination was replaced with two more detailed examinations after each dissection course (winter and summer).

Answers to the critical commentaries:

Making sure every student understands what's happening, so by asking questions in class about what they talked of 10 mins ago.

Students are asked during lessons and practical trainings regularly and can anytime ask a question themselves.

Also more clarification should be given on what's exactly to be learnt for each test, by writing down on the board, if said orally, some might not hear.

Contents of the test cover the whole topic in the extent presented in the lecture, practical training and recommended literature. Every special topic is emphasized.

Oral testing, I think is a biased way of testing, because not everyone gets the same number of questions or even the same questions. Someone, who studied 1/12 topics and is asked that 1 by coincidence, then he passes. and if someone studies 11/12 and he's asked the remaining 1, then he fails, doesn't make sense.

Oral tests are aimed at understanding the facts, working with them and making conclusions and derivations. But the ill patient never asks what you have studied and expects you know everything as a good physician.

Teachers should organize dissection weeks better, like I heard some group teachers, setting up different topics for each day, one day for muscles of lower limb only, next for upper, then next for arteries + veins, then nerves only. That way every student will learn everything that needs to be learnt.

The schedule for the dissection course was set for all groups in general to do only one topic and to switch (dissecting, repeating, studying the new topic).

No speakers during lectures which makes it hard to understand the presenters.

Microphone and other technical equipment is hired from the 1st Faculty of Medicine. They have promised to solve all the technical problems.

There is big inequality in evaluation of oral examination.

Inner criteria for evaluation of the oral examinations were set. But without specific remarks it is hard to react to such commentary.

Too less time in the dissections rooms, thus I would recommend longer dissection trainings

Unfortunately, the time schedule is limited by the space and time possibilities. The whole education of anatomy is held in the rented spaces belonging to the 1st Medical Faculty and the time schedule has to follow their one. Thus, it is not possible to extend the dissection course.

The English of some teachers (not only seminar teachers, even professors and doctors in lectures) should definitely improved

There have been some personal changes in the education process of practical training. For further solution it is necessary to specify who has to improve and what has to be improved.

Some final exam subjects where not covered in the seminars, e.g. lymphatic system and vessels → there should be time for that

For this year, a practical training in Blood and lymph vessels has been added.

The final exam situation: I didn't like that I was examined in the office of the Professor between 'towers of books' and people going in and out. I think we can expect more professionalism.

The place for the final exam will be moved to a more cosy and spacy room.