CHAPTER IV
RESULTS

4.1 Result of the Opinions of the Faculty Members

4.1.1 Response Rate

For the faculty members , 50 out of 52 questionnaires were returned one week after the New Year holidays, The last one was returned on 17th January after the researcher phoned to remind him. The other two were returned because the subjects went to study aboard. The response rate was 96 %.

4.1.2 Result from the Section 1: *General Information*

4.1.2.1 Sex

Table 4.1: Percentages of the faculty members classified by their sex

Sex	Frequency	Percent
male	35	70
female	15	30
Total	50	100

The ratio of male was higher than female. (Male: female= 70%: 30%)

4.1.2.2 Years of Practice

Table 4.2: Percentages of years of practice as faculty members

Years of Practice	Frequency	Percent
<6 years	13	26
6-10 years	21	42
11-15 years	11	22
16-20 years	3	6
21-25 years	2	4
Total	50	100

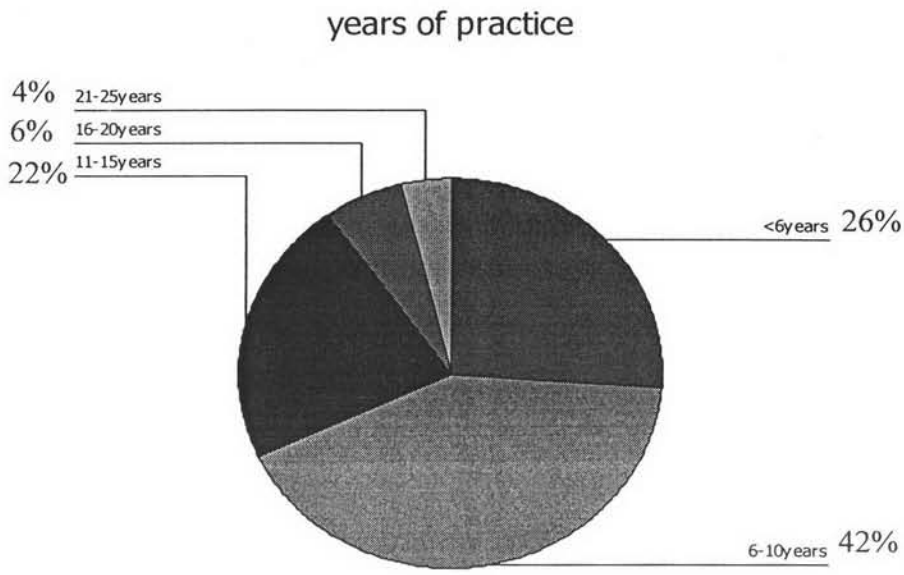

Figure 4.1 Pie Chart illustrating percentage of the years of practice

The faculty members were appointed as faculty members at Pharmongkutklao Hospital or Phramongkutklao Army Medical College from less than 6 years to 25 years. 42% of respondents had worked between 6-10 years. Only 4% of respondents had worked between 21-25 years.

4.1.2.3 Academics Position

Table 4.3: Percentages of the academics position of the faculty members

Academics Position	Frequency	Percent
family medicine	7	14
family medicine + others	43	86
Total	50	100

The academics position whether the faculty members taught the family medicine only or both the family medicine and other specialty. 86.0% taught both the family medicine and the other.

4.1.2.4 Specialist

Table 4.4: Percentages of the specialist of the faculty members

Specialist	Frequency	Percent
family medicine	1	2
family medicine + others	25	50
others	24	48
Total	50	100

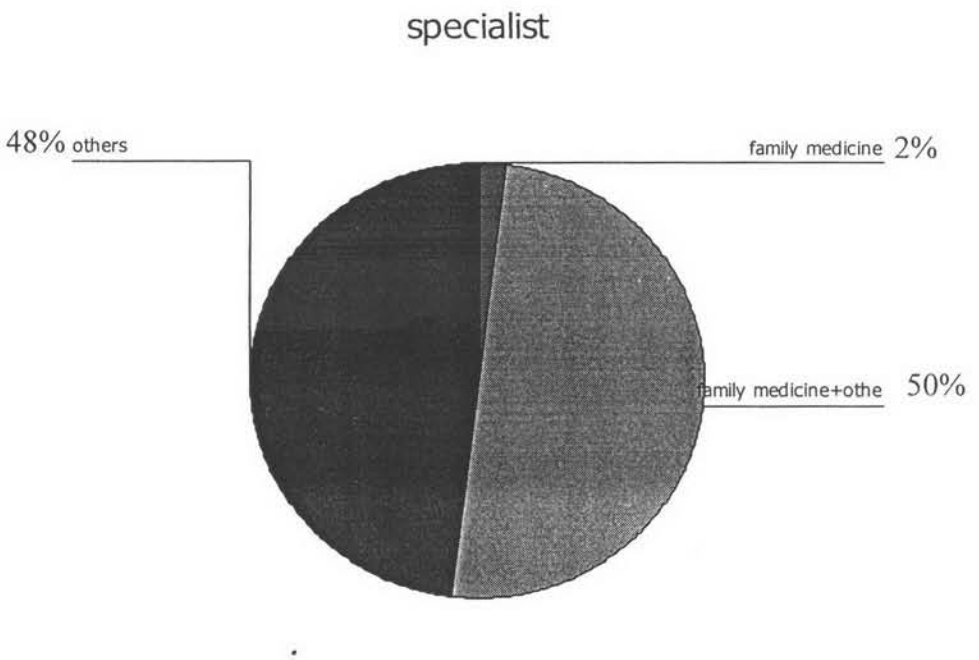

Figure 4.2 Pie Chart illustrating percentage of specialist

One of the faculty members (2%) was family physician. 50% of faculty members were family physicians and the other specialists. The rest (48%) were the other specialists.

4.1.3 Result from the Section 2: *Closed-End Questions*

Table 4.5: Faculty members' perceptions toward mission and objectives

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
1.	The mission and objective of training included principles of family medicine.	19 (38.0%)	15 (30.0%)	6 (12.0%)	8 (16.0%)	2 (4.0%)	0

For the first domain, "Mission and objectives", 68% accepted that they clearly understood the mission and objective of training included principles of family medicine.

Table 4.6: Faculty members' perceptions toward training content

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
2.	Knowledge skill and attitude should be taught in the first year of the training.	6 (12.2%)	8 (16.3%)	16 (32.7%)	7 (14.3%)	12 (24.5%)	1
3.	Primary care should be taught in the first year of the training.	10 (20.4%)	8 (16.3%)	17 (34.7%)	11 (22.4%)	3 (6.1%)	1
20.	The training included experiences in working as a team with colleagues and other health professionals.	11 (22.4%)	6 (12.2%)	18 (36.7%)	11 (22.4%)	3 (6.1%)	1
22.	The program provided a base of writing a research proposal.	10 (20.4%)	8 (16.3%)	17 (34.7%)	11 (22.4%)	3 (6.1%)	1

In the category of "training content", 28.5% accepted that knowledge skill and attitude should be taught in the first year of the training. 36.7% accepted that primary care should be taught in the first year of the training. 34.6% accepted that the training included experiences in working as a team with colleagues and other health professionals. 36.7% accepted that the program provided a base of writing a research proposal.

Table 4.7: Faculty members' perceptions toward assessment methods

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
4.	The assessment in the training only focused on factual knowledge.	9 (18.0%)	19 (38.0%)	11 (22.0%)	3 (6.0%)	8 (16.0%)	0
5.	The frequency of assessment was suitable.	23 (46.0%)	9 (18.0%)	12 (24.0%)	4 (8.0%)	2 (4.0%)	0
6.	Using multiple-choice questions promoted a deep approach to learning.	22 (44.0%)	8 (16.0%)	12 (24.0%)	4 (8.0%)	3 (6.0%)	0
7.	Interview assessment was suitable for family medicine training.	6 (12.5%)	21 (43.8%)	11 (22.9%)	5 (10.4%)	5 (10.4%)	0
8.	Criterion-based assessment is more appropriate than norm-based assessment.	13 (26.0%)	6 (12.0%)	19 (38.0%)	6 (12.0%)	6 (12.0%)	0

In the category of "assessment methods", 56% agreed that the assessment in the training only focused on factual knowledge whereas 16.0% strongly disagree with it. 64% accepted that the frequency of assessment was suitable. 61.2% accepted that using multiple-choice questions promoted a deep approach to learning. 56.3% accepted that using interview was suitable for family medicine training. 38% accepted that criterion-based assessment was more appropriate than norm-based assessment.

Table 4.8: Faculty members' perceptions towards trainees

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
9.	The intern who completed rotation can start the second year of training.	2 (4.1%)	8 (16.3%)	15 (30.6%)	17 (34.7%)	7 (14.3%)	1
10.	The doctors who had worked in family medicine field for five years could be the candidates for board examination.	6 (12.5%)	21 (43.8%)	11 (22.9%)	5 (10.4%)	5 (10.4%)	4
11.	The doctors who were certified general practice board could be certified family medicine board when they pass the interview assessment.	9 (18.0%)	19 (38.0%)	12 (24.0%)	2 (4.0%)	8 (16.0%)	0
12.	The number of residents was proportionate to the training capacity and other resources.	21 (42.9%)	9 (18.4%)	12 (24.5%)	4 (8.2%)	3 (6.1%)	1

In the category of "trainees", 20.4% accepted that the intern who completed rotation can start the second year of training. 56.3% accepted that the doctors who had worked in family medicine field for five years could be the candidates for board examination. 56% accepted that the doctors who were certified general practice board could be certified family medicine board when they have passed the interview. 6.1% strongly disagreed and 8.2% disagreed that the number of residents was proportionate to the training capacity and other resources.

Table 4.9: Faculty members' perceptions toward appointment policy of faculty members and residents

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
14.	The service conditions and responsibilities of trainees were clearly defined.	9 (18.0%)	20 (40.0%)	11 (22.0%)	3 (6.0%)	7 (14.0%)	0
15.	The educational duties and service functions of faculty members were balance.	19 (38.0%)	15 (30.0%)	6 (12.0%)	8 (16.0%)	2 (40.0%)	0
16.	The criterias for selection of residents were clearly defined.	10 (20.4%)	9 (18.4%)	16 (32.7%)	11 (22.4%)	3 (6.1%)	1
17.	The academic activities were more important than others.	21 (42.9%)	9 (18.4%)	13 (26.5%)	4 (8.2%)	2 (4.1%)	1

In the category of "appointment policy of faculty members and residents", 58% agreed that the service conditions and responsibilities of trainees were clearly defined. 68% agreed that the educational duties and service functions of faculty members were balance. 38.8% accepted that the criterias for selection of residents were clearly defined. 61.3% accepted that the academic activities were more important than others.

Table 4.10: Faculty members' perceptions toward training setting and educational resources.

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
13.	There was a system for support, counseling and career guidance of residents.	10 (20.4%)	9 (18.4%)	17 (34.7%)	10 (20.4%)	3 (6.1%)	1
18.	Phramongkutklao Hospital had a sufficient number of patients and an appropriate case-mix to meet training objectives.	6 (12.5%)	21 (43.8%)	11 (22.9%)	5 (10.4%)	5 (10.4%)	2
19.	The six months of elective rotations was proper to gain in depth experience in areas of special interest.	7 (14.6%)	19 (36.6%)	11 (22.9%)	5 (10.4%)	6 (12.5%)	2
21.	The information and communication technology in the training program were appropriate.	2 (4.1%)	7 (14.3%)	16 (32.7%)	17 (34.7%)	7 (14.3%)	1
25.	The library resources were appropriate.	2 (4.10%)	8 (16.3%)	17 (34.7%)	17 (32.7%)	6 (12.2%)	1
26.	The number of computer was appropriate.	22 (44.9%)	8 (16.3%)	12 (24.5%)	4 (8.2%)	3 (6.1%)	1
27.	The funds for research of residents are adequate.	3 (6.1%)	7 (14.3%)	14 (28.6%)	18 (36.7%)	7 (14.3%)	1

In the category of: Training setting and educational resources", 38.8% accepted that there was a system for support, counseling and career guidance of residents was available. 56.3% accepted that Phramongkutklao Hospital had a sufficient number of patients and an appropriate case-mix to meet training objectives. 54.2% accepted that the residents had six months of elective rotations been proper to gain in depth experience in areas of special interest. 18.4% accepted that the information and communication technology in the training program were appropriate. 20.4% accepted that the library resources were appropriate. 61.2% accepted that the number of computers were appropriate. Only 20.4% agreed that there were funds that supplied the research in training settings.

Table 4.11: Faculty members' perception toward evaluation of training process.

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
23.	There are medical education experts to improve the quality of training.	9 (18.0%)	19 (38.0%)	11 (22.0%)	3 (6.0%)	8 (16.0%)	0
24.	The feedback about program quality from residents were analyzed and in using its results for program development.	18 (36.0%)	15 (30.0%)	6 (12.0%)	9 (18.0%)	2 (4.0%)	0
28.	There are regular program evaluations.	6 (12.5%)	21 (43.8%)	11 (22.9%)	5 (10.4%)	5 (10.4%)	2

In the category of "evaluation of training process", 56% agreed that involvement of experts in medical education and assessment would further broaden the base of evidence for quality of training. 66.0% accepted that feedback about programme quality from residents were analyzed and in using its results for programme development. 56.3% accepted that there were regular programme evaluations.

Table 4.12: Faculty members' perception toward continuous renewal.

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
29.	There are adaptations of training to the socio-economic development of the society.	6 (12.5%)	22 (45.8%)	10 (20.8%)	5 (10.4%)	5 (10.4%)	2
30.	The program development should be based on all stakeholders.	2 (4.1%)	7 (14.3%)	14 (28.6%)	18 (36.7%)	8 (16.3%)	1

In the category of "continuous renewal", 58.3% accepted that there were adaptations of training to the socio-economic development of the society.

Only 18.4% accepted that the training program was developed in order to cope with needs of the different groups of stakeholders.

4.1.4 Result from the Section 3: *Open Discussion*

For the faculty members, 10 out of 50 (20%) provided the comments and suggestions. The following is their comments and suggestions:

In the category of "content of program":

4.1.4.1 The teaching continuity of care is important and requires specific educational planning in order to incorporate is concept into the training program.

4.1.4.2 The experiences to meet program goals and objectives should be encouraged and explored.

4.1.4.3 The content of the training program should be a collaborative effort between the departments of Family Medicine and the teaching specialties.

In the category of "trainers":

4.1.4.4 Specialty preceptors should have appropriate faculty appointments ideally in both Family Medicine and their specialty departments.

4.1.4.5 Faculty development activities specific to Family Medicine faculty are required.

In the category of "resources":

4.1.4.6 Patient presentations should closely resemble those encountered in and referred from rural practice.

4.1.4.7 Hospital experiences should be appropriate for the residents' learning needs for future practice.

4.1.4.8 Family Medicine residents should have experiences in the clinical services in communities without hospitals.

In the category of "assessment":

4.1.4.9 Formative (in-training) and summation (completion) evaluations should be based on the learning objectives identified by the program, the rotations and individual residents.

4.1.4.10 the assessment methods should be evaluated how they promote training and learning

4.2 Result of the Opinions of the Program Graduates and Residents

4.2.1 Response Rate

A total eight questionnaires were returned from the residents. But for the program graduates, 15 out of 18 questionnaires were returned after mailing. Three questionnaires were excluded from analyses because of the address error. The response rate of program graduates and residents was 8 plus 15 equal 23. So the response rate was 88 percent.

4.2.2 Result from the Section 1: General Information

4.2.2.1 Sex

Table 4.13: Percentage of the program graduates and residents

Sex	Frequency	Percent
Male	12	52.2
Female	11	47.8
Total	23	100.0

The ratio of male was higher than female. (Male: female = 52.2%: 47.8%)

4.2.2.2 Years of Practice

Table 4.14: Percentage of the years of practice

Years of Practice	Frequency	Percent
1 – 3 years	10	43.5
3 – 5 years	13	56.5

The numbers of years that the program graduates and residents practiced as the family Physicians ranged from 1 year to 5 years. 43.5% of the respondents had worked between 1-3 years, and 56.5% of them had worked between 3-5 years.

4.2.2.3 Training

All of respondents had trained only family medicine. None of them trained the family medicine and other specialty.

4.2.2.4 Specialist

All of respondent worked as family physicians.

4.2.3 Result from the Section 2: Closed-Ended Questions

Table 4.15: Program graduates' and residents' perceptions towards mission and objectives.

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
1.	The mission and objective of training included principles of family medicine.	4 (17.4%)	10 (43.5%)	0 0	5 (21.7%)	4 (17.4%)	0

For the first domain, "Mission and objectives", 60.9% accepted that they clearly understood the mission and objective of training included principles-of family medicine.

Table 4.16: Program graduates' and residents' perceptions towards training content.

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
2.	Knowledge skill and attitude should be taught in the first year of the training.	6 (26.1%)	9 (39.1%)	0 0	5 (21.7%)	3 (13.0%)	0
3.	Primary care should be taught in the first year of the training.	10 (43.5%)	6 (26.1%)	0 0	5 (21.7%)	2 (8.7%)	0
20.	The training included experiences in working as a team with colleagues and other health professionals.	2 (8.7%)	8 (34.8%)	0 0	5 (21.7%)	8 (34.8%)	0
22.	The program provided a base of writing a research proposal.	6 (26.1%)	1 (4.3%)	0 0	10 (43.5%)	5 (21.7%)	0

In the category of "training content", 65.2% accepted that knowledge skill and attitude should be taught in the first year of the training. 69.6% accepted that primary care should be taught in the first year of the training.

42.7% accepted that the training included experience in working as a team with colleagues and other health professionals. 30.4% accepted that the program provided a base of writing a research proposal.

Table 4.17: Program graduates' and residents' perceptions towards assessment methods

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
4.	The assessment in the training only focused on factual knowledge.	2 (8.7%)	9 (39.1%)	1 (4.3%)	6 (26.1%)	5 (21.7%)	0
5.	The frequency of assessment was suitable.	2 (8.7%)	7 (30.4%)	1 (4.3%)	7 (30.4%)	6 (26.1%)	0
6.	Using multiple-choice questions promoted a deep approach to learning.	3 (13.0%)	5 (21.7%)	1 (4.3%)	7 (30.4%)	7 (30.4%)	0
7.	Interview assessment was suitable for family medicine training.	6 (26.1%)	13 (56.5%)	1 (4.3%)	1 (4.3%)	2 (8.7%)	0
8.	Criterion-based assessment is more appropriate than norm-based assessment.	4 (17.4%)	9 (39.1%)	1 (4.3%)	5 (21.7%)	4 (17.4%)	0

In the category of "assessment methods", 8.7% strongly agreed that the assessment in the training only focused on factual knowledge whereas 21.7% strongly disagree with it. 39.1% accepted that the frequency of assessment was suitable. 44.7% accepted that using multiple-choice questions promoted a deep approach to learning. 82.6% accepted that using interview assessment was suitable for family medicine training. 56.5% accepted that criterion-based assessment was more appropriate than norm-based assessment.

Table 4.18: Program graduates' and residents' perceptions towards trainees

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
9.	The intern who completed rotation can start the second year of training.	4 (17.4%)	7 (30.4%)	0 (0%)	7 (30.4%)	5 (21.7%)	0
10.	The doctors who had worked in family medicine field for five years could be the candidates for board examination.	4 (17.4%)	13 (56.5%)	1 (4.3%)	3 (13.0%)	2 (8.7%)	0
11.	The doctors who were certified general practice board could be certified family medicine board when they pass the interview assessment.	5 (21.7%)	10 (43.5%)	0 (0%)	1 (4.3%)	7 (30.4%)	0
12.	The number of residents was proportionate to the training capacity and other resources.	0 (0%)	0 (0%)	0 (0%)	8 (34.8%)	15 (65.2%)	0

In the category of "trainees", 47.8% accepted that the intern who completed rotation can start the second year of training. 73.9% accepted that the doctors who had worked in family medicine field for five years could be the candidates for board examination. 65.2% accepted that the doctors who were certified general practice board could be certified family medicine board when they have passed the interview. 65.2% strongly disagreed and 34.8% disagreed that the number of residents was proportionate to the training capacity and other resources.

Table 4.19: Program graduates' and residents' perceptions towards appointment policy of faculty member and residents

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
14.	The service conditions and responsibilities of trainees were clearly defined.	9 (39.1%)	2 (8.7%)	0 (0)	10 (43.5%)	2 (8.7%)	0
15.	The educational duties and service functions of faculty members were balance.	0 (0)	2 (8.7%)	1 (4.3%)	12 (52.2%)	8 (34.8%)	0
16.	The criteria for selection of residents were clearly defined.	2 (8.7%)	13 (56.5%)	0 (0)	4 (17.4%)	4 (17.4%)	0
17.	The academic activities were more important than others.	4 (17.4%)	7 (30.4%)	1 (4.3%)	7 (30.4%)	4 (17.4%)	0

In the category of "appointment policy of faculty members and residents", 39.1% agreed that the service conditions and responsibilities of trainees were clearly defined. Only 8.7% agreed that the educational duties and service functions of faculty members were balance. 65.2% accepted that the criteria for selection of residents were clearly defined. 47.8% accepted that the academic activities were more important than others.

Table 4.20: Program graduates' and residents' perceptions towards training setting and educational resources.

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
13.	There was a system for support, counseling and career guidance of residents.	7 (30.4%)	12 (52.2%)	1 (4.3%)	2 (8.7%)	1 (4.3%)	0

The research methodology in this study did not include statistical tests of mean differences of the opinions between both groups. Because the rating scales given to the items might come from various perspectives and they depended on the experiences and backgrounds of the respondents.

The statistical significance differences might not have any real educational importance and should not be of great concern in the consideration for program revision. The real focus should be put on the open-ended part, which reflected the respondents' detailed opinions and their real needs. The reasons of less agreement should be assessed and reconsidered.

The close-ended question outcomes would present the quantitative dimensions. Another outcome was the open-ended part, which would give valuable information for program improvement in qualitative dimensions.

5.3 The Questionnaire Design

The composition of the questionnaires given to the faculty member group and the program graduate and resident group were different in the section 1 because of characteristics of their works and their educational background

In this study the questionnaire in the section 2 which was designed to assess the opinions of both groups about the training program was constructed from 8 domains from the post internal survey meeting.. It is known that a long questionnaire might result in non-response or inaccuracies in recording by the respondents. However, a rather short or crude instrument might not accurately reflect the domains. Thirty items (Section 2) could be considered to become a good questionnaire which is appropriate for the respondents to complete the questionnaire within 30-45 minutes. So that the respondents would be able to complete all questions include section 1 and 3 without difficulties.

5.4 The Results of Both Groups

5.4.1 The Response Rate

The high response rate from both the faculty member group and program graduate and resident group. Firstly they interested in the topics of the research because they responded well to the previous attempt that tried to revise the program. Secondly, the questionnaire was not too long for them to complete quickly. Thirdly, the format of the questionnaire was made in a simple Likert-like-5 point scale. Lastly,

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
18.	Phramongkutklao Hospital had a sufficient number of patients and an appropriate case-mix to meet training objectives.	2 (8.7%)	9 (39.1%)	1 (4.3%)	7 (30.4%)	4 (17.4%)	0
19.	The six months of elective rotations were proper to gain in depth experience in areas of special interest.	4 (17.4%)	8 (34.8%)	0 (0)	5 (21.7%)	6 (26.1%)	0
21.	The information and communication technology in the training program were appropriate.	4 (17.4%)	17 (73.9 %)	0 (0)	2 (8.7%)	0 (0)	0
25.	The library resources were appropriate.	3 (13.0%)	18 (78.3%)	1 (4.3%)	0 (0)	1 (4.3%)	0
26.	The number of computer was appropriate.	2 (8.7%)	18 (78.3%)	0 (0)	3 (13.0%)	0 (0)	0
27.	The funds for research of residents are adequate.	1 (4.3%)	6 (26.1%)	1 (4.3%)	10 (43.5%)	5 (21.7%)	0

In the category of: Training setting and educational resources", 82.6% accepted that there was a system for support, counseling and career guidance of residents was available. 47.8% accepted that Phramongkutklao Hospital had a sufficient number of patients and an appropriate case-mix to meet training objectives. 52.2% accepted that the residents had six months of elective rotations been proper to gain in depth experience in areas of special interest. 91.3% accepted that the information and communication technology in the training program were appropriate. 91.3% accepted that the library resources were appropriate. 87% accepted that the number of computers were appropriate. Only 17.4% agreed that there were funds that supplied the research in training settings.

Table 4.21: Program graduates' and residents' perception towards evaluation of training process.

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
23.	There are medical education experts to improve the quality of training.	0 (0%)	5 (21.7%)	1 (4.3%)	10 (43.5%)	7 (30.4%)	0
24.	The feedback about program quality from residents were analyzed and in using its results for program development.	1 (4.3%)	6 (26.1%)	2 (8.7%)	10 (43.5%)	4 (17.4%)	0
28.	There are regular program evaluations.	1 (4.3%)	3 (13.0%)	2 (8.7%)	10 (43.5%)	7 (30.4%)	0

In the category of "evaluation of training process", 21.7% agreed that involvement of experts in medical education and assessment would further broaden the base of evidence for quality of training. 30.4% accepted that feedback about program quality from residents were analyzed and in using its results for program development. 17.3% accepted that there were regular program evaluations.

Table 4.22: Program graduates' and residents' perception towards continuous renewal.

Item	Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree	Missing
29.	There was adaptation of training to the socio-economic development of the society.	1 (4.3%)	3 (13.0%)	2 (8.7%)	13 (56.5%)	4 (17.4%)	0
30.	The program development should be based on all stakeholders.	6 (26.1%)	8 (34.8%)	0 (0)	5 (21.7%)	4 (17.4%)	0

In the category of "continuous renewal", 17.3% accepted that there was adaptation of training to the socio-economic development of the society. 60.9% accepted that the training program was developed in order to cope with needs of the different groups of stakeholders.

The means ± S.D. Of the rating scales rated for 30 items ranged from 1.35 ± 0.49 to 4.00 ± 0.74. The means ± SD. of the rating scales rated for all items are presented in table 4.24

Table 4.23: Mean and std. deviation of the program graduates' and residents

Item	Statement	Mean	Sta. Deviation	Domain
1.	The mission and objective of training included principles of family medicine.	3.22	1.45	Mission and objectives
2.	Knowledge skill and attitude should be taught in the first year of the training.	3.43	1.44	Training content
3.	Primary care should be taught in the first year of the training.	3.74	1.45	Training content
20.	The training included experiences in working as a team with colleagues and other health professionals.	2.61	1.50	Training content
22.	The program provided a base of writing a research proposal.	2.48	1.24	Training content
4.	The assessment in the training only focused on factual knowledge.	2.87	1.39	Assessment methods
5.	The frequency of assessment was suitable.	2.65	1.40	Assessment methods

Item	Statement	Mean	Sta. Deviation	Domain
6.	Using multiple-choice questions promoted a deep approach to learning.	2.57	1.47	Assessment methods
7.	Interview assessment was suitable for family medicine training.	3.87	1.14	Assessment methods
8.	Criterion-based assessment is more appropriate than norm-based assessment.	3.17	1.43	Assessment methods
9.	The intern who completed rotation can start the second year of training.	2.91	1.51	Trainees
10.	The doctors who had worked in family medicine field for five years could be the candidates for board examination.	3.61	1.20	Trainees
11.	The doctors who were certified general practice board could be certified family medicine board when they pass the interview assessment.	3.22	1.62	Trainees
12.	The number of residents was proportionate to the training capacity and other resources.	1.35	0.49	Trainees

Item	Statement	Mean	Sta. Deviation	Domain
14.	The service conditions and responsibilities of trainees were clearly defined.	2.78	1.09	Appointment policy of faculty members and residents
15.	The educational duties and service functions of faculty members were balance.	1.87	0.87	Appointment policy of faculty members and residents
16.	The criteria for selection of residents were clearly defined.	3.22	1.35	Appointment policy of faculty members and residents
17.	The academic activities were more important than others.	3.00	1.35	Appointment policy of faculty members and residents
13.	There was a system for support, counseling and career guidance of residents.	3.96	1.07	Training setting and Educational resources
18.	Phramongkutklao Hospital had a sufficient number of patients and an appropriate case-mix to meet training objectives.	2.91	1.35	Training setting and Educational resources
19.	The six months of elective rotations was proper to gain in depth experience in areas of special interest.	2.96	1.55	Training setting and Educational resources
21.	The information and communication technology in the training program were appropriate.	4.00	0.74	Training setting and Educational resources

Item	Statement	Mean	Sta. Deviation	Domain
25.	The library resources were appropriate.	3.96	0.77	Training setting and Educational resources
26.	The number of computer was appropriate.	3.83	0.77	Training setting and Educational resources
27.	The funds for research of residents are adequate.	1.91	1.08	Training setting and Educational resources
23.	There are medical education experts to improve the quality of training.	2.17	1.16	Evaluation of training process
24.	The Feedback about program quality from residents were analyzed and in using its results for program development.	2.57	1.20	Evaluation of training process
28.	There are regular program evaluations.	2.17	1.16	Evaluation of training process
29.	There are adaptations of training to the socio-economic development of the society.	2.30	1.06	Continuous renewal
30.	The program development should be based on all stakeholders.	3.30	1.52	Continuous renewal

The items with the five highest means rating for opinions from the program graduates and residents were:

- Item 21: The information and communication technology in the training program were appropriate. (4.00 ± 0.73)

- Item 25: The library resources were appropriate. (3.96 $\pm$ 0.76)

- Item 13: There was a system for support counseling and career guidance of residents. (3.96 $\pm$ 1.06)

- Item 7: Interview assessment was suitable for family medicine training. (3.87 $\pm$ 1.14)

- Item 26: The number of computers was appropriate. (3.83 $\pm$ 0.77)

The items with the five lowest mean rating for opinions from the program graduates and residents were:

- Item 12: The number of residents was appropriate. (1.35 $\pm$ 0.48)

- Item 15: The educational duties and service functions of faculty members were balance. (1.87 $\pm$ 0.86)

- Item 27: There were funds that supplied the research in training settings. (1.91 $\pm$ 1.08)

- Item 28: There was regular program evaluation (2.17 $\pm$ 1.15)

- Item 29: There was adaptation of training to the socio – economic development of the society. (2.30 $\pm$ 1.06)

*4.2.4 **Result from the Section 3:** Open Discussion*

For the program graduates and residents, 5 out of 23 (21.7%) provided the comments and suggestions. The following is their comments and suggestions:

4.2.4.1 The training program should encourage the residents to know about interpersonal and communication skills with patients, their family and teamwork with other health professions

4.2.4.2 The service components of residents should not be excessive

4.2.4.3 Hospital experiences or rotations should be appropriate for the residents' learning needs for future practice.

4.2.4.4 Clinical workload and educational activities appropriate for the development of the knowledge, skills and attitudes for future practice are necessary.

4.2.4.5 The teaching obligation to Family medicine residents is of equal importance to other teaching responsibilities (e.g. specialty residents).