

The University of Leeds

EXTERNAL EXAMINER'S REPORT

ACADEMIC YEAR: 2010– 2011

PART A: GENERAL INFORMATION

Subject area and awards being examined:

School of: Education	Subject(s):
Programme(s) / Module(s):	awards: (e.g. BA/BSc/MSc etc.)
MEd (and PG Certificate) in Clinical Education	MEd

The completed report should be attached to an e-mail and sent as soon as possible, and no later than 6 weeks after the relevant meeting of the Board of Examiners, to exexadmin@leeds.ac.uk.

Alternatively you can post your report to:

**Head of Academic Quality and Standards,
Academic Quality and Standards Team,
Room 12:81, EC Stoner Building,
The University of Leeds, Leeds LS2 9JT**

PART B: COMMENTS FOR THE INSTITUTION ON THE EXAMINATION PROCESS AND STANDARDS

Matters for Urgent Attention

If there are any areas which you think require urgent attention before the programme is offered again please note them in this box.

None

Only applicable in first year of appointment

Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?

Not applicable

For Examiners completing their term of appointment

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School.

The course addresses the professional development needs of members of the health professions (doctors, radiographers, nurses, audiologists etc.) with regard to their responsibility for teaching and assessing members of their respective professions in clinical settings. The intended learning outcomes of the Leeds MEd are relevant for this target population. The NHS, the main (but not sole) employer, has instituted a competency framework for all professional employees (with one exception) and requires clinical staff to provide early career practitioners with clinical education around this framework (or, in the case of the exception, its equivalent). It also requires them to assess their clinical competence. Thus doctors, radiographers etc., in addition to their normal practice, are involved in designing and conducting a range of clinical teaching and assessment sessions for junior colleagues. It is crucial that they approach this

challenge with the mind-set, values and judgment of educationalists. The Leeds MEd is in my view well-suited to this purpose. Across the years of my examinership, I have found that most of the health practitioners on the course have made successful transitions to theoretically-informed clinical educators capable of making evidence-based judgments about the design and conduct of clinical teaching and assessment. The evidence for this in the scripts is supported by a recent survey by Shekarchian of Leeds Clinical Education graduates, who found that the graduates generally had a positive view of the course, felt that they had acquired the capacity to adapt educational provision to students' individual needs, had acquired confidence as educators and were stepping into official leadership roles as clinical educators. The students' scripts provide evidence of major improvement as they progress through the course. For example, in the early assignments many students have difficulty in applying educational research findings to clinical education practice, whereas at the end of the course, as shown in the critical studies, the overwhelming majority are doing this effectively. Overall, graduates leave the course with a very good command of the relevant educational research literature, a theoretically-informed understanding of the learning needs of their junior colleagues and a satisfactory command of the principles and practice of a range of teaching and assessment methods. The best-performing students (marks of 70+) were able to reflect constructively on their own practice and hidden assumptions; the less-well performing students had at least a passable level of critical awareness of the potential weaknesses of the established educational practices of the health services.

In early years, I reported on several areas in which the programme needed development and I was impressed by the way in which the course team responded to these criticisms:

In the first year, students engaged more successfully with issues of assessment than with issues of teaching, and more successfully with issues of teaching than with issues of learning. This imbalance no doubt reflected the emphasis then being placed by the NHS and professional bodies on assessment, probably due to the introduction of the new competency framework and the ongoing policy debates about re-qualification. The course staff responded to my critique positively and made a concerted effort to emphasise learning and teaching in the future delivery of the course. In subsequent years I was pleased to find that the imbalance had disappeared and that students were engaging fully with issues of learning and teaching while not neglecting the ever-present health service concern with assessing competence.

One of the prime aims of the course is to encourage reflection-in-practice. The first year's scripts showed variability in the extent to which the students had been doing this. Some were excellent while others wrote assignments with little evidence of having reflected or otherwise attempted to surface their hidden assumptions. Again, the course team made a concerted effort and in later years the scripts showed a very definite improvement. Unfortunately, in 2010-11 there was a little backsliding. Whilst the highest-scoring students showed an impressive degree of reflection-in-practice, the average-scoring and below-average scoring students showed a reluctance to reflect on themselves as educational practitioners – ignoring, for example, questionable assumptions about the exercise of their authority as senior clinicians, their relations with the junior colleagues they were teaching and the values implicit in their preferred educational practices. It is possible that this is a 'blip' and that the 2010-11 scripts were written by weaker intakes. Nonetheless, the course team have taken note of this problem and are going to renew their efforts in this admittedly difficult aspect of the course.

In the first year, tutors' feedback sheets varied in the fullness of the feedback. This was dealt with proactively by the Course Team and I am happy to say that the Leeds MEd. in Clinical Education now provides detailed and penetrating feedback on students' work that is also constructive. Weaker students are given extensive written guidance on how they can improve. It is commendable how much effort the course team put into following up poorly performing students, including chasing students who do not respond to the course team's offers of help.

In the first year I found that the marking did not always discriminate reliably between different levels of pass, in the sense that it was difficult to see why some students had received higher marks than others, although this did not compromise the pass/fail boundary itself. This was dealt with by the course team and since then the discrimination has been more reliable.

In the early years, some of the critical studies had ill-defined, diffuse and/or unachievable aims and could

have been improved by developing students' capacity to specify research questions. After I raised this issue, the course team placed a major emphasis on developing students' capacity to formulate research questions and now most of the critical studies are excellent in this regard. There has been an increase in the specificity and relevance of the research questions and a corresponding improvement in the focus of the studies. Unfortunately, one or two students rejected staff advice on their choice of topic and launched themselves into studies that were either too grandiose or narrow to yield findings of merit, but such students were few in number and I am impressed by the efforts the course team took to counsel them into more profitable lines of enquiry.

In the first year, students' reading focused too heavily on educational papers produced within health care contexts, to the neglect of papers written within the contexts of general education and social science. Papers in dedicated health service education journals, such as *Medical Teacher*, while relevant tend to be instrumental, atheoretical and uncritical of the practices endorsed by regulatory bodies in the health service professions. The course team addressed this problem vigorously and now I can say that the majority of graduates are very well read in the relevant educational literature from outside health care contexts. There has been a noticeable broadening of the students' horizons through the accessing of educational and social science theory and their engagement with current debates in education. Indeed, the quality of the literature reviews on which the students base their essays and studies is very high indeed and well worthy of the award of a Master's degree.

To conclude, I feel that the ILOs, the achievement of the graduates, the practices of teaching, learning and assessment and the commitment of the staff to making improvements are excellent.

Standards

1. Please indicate the extent to which the programme aims and intended learning outcomes (ILOs) were commensurate with the level of the award?

- *The appropriateness of the intended learning outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
- *The extent to which standards are appropriate for the award or award element under consideration.*

The intended learning outcomes of the Leeds MEd and (Certificate) course in Clinical Education are appropriate for the taught MEd. (and certificate) levels of award.

2. Did the aims and ILOs meet the expectations of the national subject benchmark (where relevant)?

- *The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework for Higher Education Qualifications.*

Yes.

3. Please comment on the assessment methods and the appropriateness of these to the ILOs?

- *The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards;*
- *The quality of teaching, learning and assessment methods that may be indicated by student performance.*

The assessment methods are appropriate to the ILOs. The emphasis on open-ended essays and critical studies is balanced by more structured assignments and staff observation of teaching and assessment practice in clinical settings. The emphasis on essays and critical studies is appropriate given the need to develop theoretical and situational understanding, problem-finding, evidence-based practice and the exercise of judgment. Student performance this year was more variable than last, with fewer outstanding students and rather more fails. However, the outstanding students really were outstanding. The MEd's success in developing clinical educationalists of this calibre within the ranks of the health professions is a major contribution to the UK health services, given the need for these professions to deliver CPD on an ongoing basis. The fails were few in number and all had received close tutorial attention and support. The pass/fail boundary was maintained rigorously. Overall, the marking, while aligned with the stated grade criteria, was slightly more severe than in other Russell Group universities where I have examined – but that is not a point of criticism, as the standard of taught Master's degrees is something that might need looking at nationally. The feedback sheets were completed in great detail and gave students instructive guidance on how they could improve. The double marking system is a shining example of good practice.

4. Were students given adequate opportunity to demonstrate their achievement of the aims and ILOs?

- *The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
- *The strengths and weaknesses of the students as a cohort.*

Yes. See above.

5. For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum

Although the MEd does not include clinical **practice**, it is about clinical education. Tutors regularly visit students to observe them teaching and assessing their junior colleagues in the clinical situation

6. The nature and effectiveness of enhancements to the programme(s) and modules since the previous year

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

See above. The rigour of the double marking, the detailed assignment feedback and the monitoring of, and support for, poorly performing students are impressive and could be cited as a shining example.

What this course is particularly good at is taking a group of people who have been socialised into professions where the theoretical knowledge base is, in the main, an uncritical scientific empiricism augmented by a host of procedural rules, people who work in contexts where to question authority is to jeopardise one's career, and to enable these people to make the transition from that to becoming reflexive applied social scientists with an awareness of critical theory and the capacity to research phenomena that

cannot be measured. If the course team could share their expertise in this, it would benefit a lot of other academics in the field of continuing professional education.

7. The influence of research on the curriculum and learning and teaching

This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.

The course is informed by relevant research and many students have completed valuable critical studies which have impacted on practice.

The Examination Process

8. The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Please indicate whether this material was sufficient for you to act effectively as an External Examiner?

- *Whether external examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information.*

Yes.

9. Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks?

- *The coherence of the policies and procedures relating to external examiners and whether they match the explicit roles they are asked to perform.*

Yes.

10. Was sufficient assessed/examination work made available to enable you to have confidence in your evaluation of the standard of student work?

Yes.

11. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners?

Yes.

12. Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?

Yes.

For Examiners involved in Mentoring Arrangements

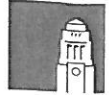
If you have acted as a mentor to a new external examiner or have received mentor support please comment here on the arrangements.

N/A.

Other Comments

Please use this box if you wish to make any further comments not covered elsewhere on the form.

The Leeds MEd course in Clinical Education must be considered one of the leading courses in its field in the UK. Despite cuts in NHS funding, it is evident that professional bodies and students themselves are finding alternative sources of financial support. The demand for the course is strong and it is making an important contribution to the effectiveness of both clinical education and the delivery of health care in the UK. Throughout my period of examining I have been impressed by the way the course team have acted on the criticisms I have raised. Huge efforts have been made to improve the course in all respects and the course team are to be congratulated on this. I would also like to express my thanks to the administrative staff of the Leeds School of Education for their efficiency and patience in supporting the examining process, and send the course my best wishes for the future.



9 February 2012

Dear

Postgraduate Programme in Clinical Education

Thank you very much for your constructive and most encouraging External Examiner's report which covers the seventh year of this programme. As the final report for your term as examiner – and my first year as Head of School at Leeds – your overview and summary evaluation was extremely helpful. It is very pleasing that you consider the programme a leader in the UK field; an accolade which, as you note, reflects the excellence of the course team.

You comment positively on several aspects of the course. These include the setting and achievement of its intended learning outcomes, which you confirm are appropriate in scope and standard for the target population; a theoretically informed practice-based curriculum which pays equal attention to issues of assessment, learning and teaching; the emphasis on critical reflexivity, which the course team both model for and develop in their learners; and the provision of supported engagement with educational theory and research.

It was most interesting to review the areas for development which you identified earlier on in your term as examiner. These issues – balance of the curriculum, feedback and assessment practices, reflection-in-practice, academic writing development, emphasising the educationalist dimensions of the programme, research support and development – are now distinctive areas of good, and in some cases excellent, practice within the programme. While you are right to commend the course team's achievement in addressing these issues, I want also to acknowledge the importance of your contribution. Helen Bradbury, the programme manager, and other members of the course team have expressed their appreciation of your willingness to share expertise and the stimulating and supportive dialogue they have enjoyed with you throughout your period of time as examiner. This was particularly appreciated during the difficult period of restructuring for both the Lifelong Learning Institute and the School of Health Care.

You note some 'backsliding' in relation to reflection-in-practice in this past year. This may, as you suggest, reflect a weaker intake; it may also reflect the disruption of staffing change and uncertainty for both the course team and students resulting from restructuring and reform in the NHS and the University. I am optimistic that this will be addressed now that the programme is securely located within the School of Education's provision. I am also confident that the course team will take up your challenge to share their practice more widely within the field of continuing professional education. Thank you once again for your support and commitment to the programme, Helen and the course team.

Yours sincerely

Head of the School of Education