

ACTION PLAN IN RESPONSE TO FEEDBACK ON THE STUDENT EXPERIENCE: SESSION 2010-11

School: Leeds Dental Institute

Faculty: Medicine and Health

EXECUTIVE SUMMARY																		
Aspect	National Student Survey						Undergraduate Programme Experience Survey						Postgraduate Programme Experience Survey					
	2010-11		2009-10		2008-09		2010-11		2009-10		2008-09		2010-11		2009-10		2008-09	
	School	Uni	School	Uni	School	Uni	School	Uni	School	Uni	School	Uni	School	Uni	School	Uni	School	Uni
Overall satisfaction	85	86	86	82	86	84	86	83	87	84	77	82	67	82	44	78	90	80
Teaching	90	88	90	85	91	86	87	83	87	83	81	82	69	84	52	81	76	81
Assessment & feedback	41	65	44	61	45	61	46	56	43	57	40	54	57	68	24	63	62	62
Academic support	81	77	82	74	78	75	78	68	74	68	66	66	61	79	48	76	76	76
Organisation & management	42	82	29	79	33	79	47	83	49	73	37	70	42	77	44	73	62	75
Learning resources	95	87	94	85	97	86	88	77	88	76	84	77	72	82	70	81	92	82
Personal development	91	78	92	76	91	78	84	65	82	63	73	62	54	70	58	68	71	67

Scores in each category are expressed as a percentage of the number of respondents who mostly or definitely agreed with a range of statements (score 4 or 5)

Impact of 2009-10 actions	<p>A number of significant changes were implemented in 2009/10, which will continue to have impact on the student experience. There is evidence of improvement in the NSS results in relation to organisation and management with an increase of 15%. Further improvement is still to be made.</p> <p>There is some evidence of improvement in levels of satisfaction for 1st year respondents in the UGPES in relation to assessment and feedback. There is still much further improvement to be made however.</p>
Achievements in 2010-11	<p>The key focus for 2010-11 was to continue to address the issues related to organisation and management and assessment & feedback including:</p> <p>Academic timetable was scheduled a year in advance (by April of the preceding year - in line with University). This seems to be having a positive impact on the number of issues experienced by students.</p> <p>Information about how module evaluations are acted upon by including changes that have been made in relation to the previous year's evaluation is being made available to students via introductory lectures and module handbooks however; this will continue to be an action for 2011/12.</p> <p>Programme Managers across all programmes are meeting regularly with student representatives to better understand how students feel about</p>

	<p>the course as they progress.</p> <p>The new BChD assessment methodology was implemented with emphasis on enhancement of feedback.</p> <p>A number of steps were implemented to enhance feedback opportunities for the BChD and Hygiene and Therapy programmes.</p>
Main actions for 2011-12	<p>The key focus for this year's action plan centres around the NSS scores received in the two domains of assessment and feedback and organisation and management. Another area of focus will be to address the complexity of the LDIs postgraduate taught programmes. Specifically:</p> <p>As part of the university's review of student support services the support for student education will be reorganised. This year the aim is to improve the organisation and management of our portfolio and to provide all our students with appropriate support services. Roles and responsibilities for support staff will be redefined and against this backdrop the physical environment of the student education office will be altered to provide a student focussed support service.</p> <p>The LDI's PGT portfolio is overly complex. This year the PGT portfolio will be streamlined which will lead to greater accessibility of staff, with the aim of improving both student support and the organisation and management of the student experience.</p> <p>Strategic realignment of assessment within the MChD and BChD programmes to enhance the quality of assessment and feedback. This will largely be achieved by removing 10 credit modules. This will be done where feasible and appropriate by combining them to form larger modules.</p>

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Aspect	Progress with actions in response to 2009-10 feedback and indication of impact	Issues raised in 2010-11 feedback	Planned response in 2011-12
Overall satisfaction	<p>Market research team targeted UG lectures with hard copies of the survey to encourage responses to the UGPES for all programmes.</p> <p>Hard copies of the PGPES were distributed by tutors for completion.</p> <p>The table below illustrates the response rates which have improved for all programmes but are still particularly low for H&T and PG.</p>	<p>Overall levels of satisfaction have remained at the same level as the previous year for the NSS and UGPES. The PGPES results suggest an improved level of satisfaction however the number of responses remains low.</p> <p>Despite a response rate of overall satisfaction for the NSS survey of 85%, there is still room for improvement.</p>	<p>Continued efforts will be made to encourage responses to the student surveys.</p> <p>The planned actions under each of the areas below will help to improve overall satisfaction.</p> <p>Meetings between students and programme manager will be held</p>

	<table border="1" data-bbox="322 165 786 448"> <thead> <tr> <th rowspan="2">UGPES</th> <th colspan="2">2010</th> <th colspan="2">2011</th> </tr> <tr> <th>%</th> <th>No.</th> <th>%</th> <th>No.</th> </tr> </thead> <tbody> <tr> <td>BChD</td> <td>55%</td> <td>203</td> <td>74%</td> <td>274</td> </tr> <tr> <td>H&T</td> <td>14%</td> <td>6</td> <td>29%</td> <td>14*</td> </tr> <tr> <td>DT (PT)</td> <td></td> <td>0</td> <td>4%</td> <td>1</td> </tr> <tr> <td>DT (FT)</td> <td>6%</td> <td>1</td> <td>60%</td> <td>9</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PGPES</td> <td>14%</td> <td>9</td> <td>26%</td> <td>12</td> </tr> </tbody> </table> <p data-bbox="322 469 656 491">*All but one of these were in year 1.</p> <p data-bbox="322 528 976 624">Meetings between programme managers and students to discuss issues throughout the year are now in place for all programmes.</p> <p data-bbox="322 660 1016 756">Response rates for the NSS by programme for 2011 were 77% for the BChD and 58% for the Hygiene and Therapy Programme.</p>	UGPES	2010		2011		%	No.	%	No.	BChD	55%	203	74%	274	H&T	14%	6	29%	14*	DT (PT)		0	4%	1	DT (FT)	6%	1	60%	9						PGPES	14%	9	26%	12		<p data-bbox="1682 102 2130 197">throughout the year to aim of fostering the 'The Partnership' [Programme Managers – ongoing]</p>
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<p data-bbox="91 1078 226 1110">Teaching</p>	<p data-bbox="322 798 1016 963">The clinical practice handbook is to be distributed to all staff on the restorative clinics shortly and will be rolled out to students. This will hopefully raise consistency and act as resource for anyone regarding our teaching methodology and practices.</p> <p data-bbox="322 1000 846 1026">E-den will be used to support e-learning.</p> <p data-bbox="322 1062 1016 1190">The induction process seems to be working well, the shadowing sessions are in place and the handbook is proving to be a useful resource for new members of staff.</p> <p data-bbox="322 1228 1016 1362">There is evidence that there is still some concern in relation to inconsistency amongst clinical tutors. The actions above need time to embed before there is evidence of an impact on student responses.</p>	<p data-bbox="1055 798 1615 893">Levels of satisfaction in relation to teaching remain high for UG programmes and have improved for PG.</p> <p data-bbox="1055 930 1648 1058">Comments from student are generally very positive, particularly in relation to the early clinical experience, clinical skills teaching and the enthusiasm and approachability of staff.</p> <p data-bbox="1055 1094 1626 1158">Negative comments tend to be in relation to inconsistency amongst tutors.</p>	<p data-bbox="1682 798 2141 1027">The clinical handbook which has been produced for restorative clinics is to be developed to incorporate all departments. Aim to get a first draft of an LDI wide handbook out. [By September 2012]</p> <p data-bbox="1682 1064 2130 1160">Review of the best pairing of outreach centre to student level and clinical experience. [Ongoing]</p> <p data-bbox="1682 1197 2096 1331">Pairing of students on clinics is being trialled and has generally been positively received. [Ongoing]</p> <p data-bbox="1682 1367 2096 1393">Ensure all modules have a VLE</p>																																							

	<p>Hygiene and Therapy</p> <p>Integrated teaching and material delivered from members of staff outwith the dental hygiene and dental therapy programme was well received and continues to be expanded where possible.</p> <p>MSc and Professional Doctorate in Clinical Dentistry</p> <p>Re-structuring of the delivery of the generic modules has been implemented.</p>		<p>presence and are kept up to date [Ongoing]</p> <p>Hygiene and Therapy</p> <p>In response to the new GDC 'outcomes for registration' document the programme content will be mapped to the GDC learning outcomes prior to any significant changes within the assessment methods to ensure alignment of delivery and assessment.</p> <p>Dental Technology</p> <p>Modules are being rationalised.</p> <p>Students will have greater opportunity to spend time on clinic and more integrated teaching with students from the other dental professions, to promote team working skills.</p>
<p>Assessment and feedback</p>	<p>A number of steps have been taken to address the issues which have been identified with assessment and feedback over recent years. There is some evidence of improvement in levels of satisfaction with the UGPES in relation to 1st year respondents. There is still much further improvement to be made however.</p> <p>An Assessment and Standards Board has been established and is in place to ensure consistency and sharing of good practice across all programmes.</p> <p>Assessment</p>	<p>Assessment and Feedback continues to be an issue for the LDI.</p> <p>The responses from the BChD students to the NSS indicate less satisfaction than in previous years on the majority of statements relating to assessment and feedback. 67% of 1st year respondents agreed that they had received detailed comments on their work compared to 48% in 2010. The overall UGPES indicates little change however.</p> <p>The responses from Hygiene & Therapy</p>	<p>The numbers in brackets relate to the numbering of the negative comments in the adjacent column.</p> <p>BChD/ MChD</p> <p>A focus group has been held with students to discuss the issues and identify proposals for actions which are incorporated below.</p> <p>[6] The modular assessment for year 4& 5 has been implemented.</p>

	<p>The new assessment methodology for the BChD/MChD has now been in place for 1 year for years 1-3 and is being introduced in years 4&5 this session.</p> <p>Mapping to draft learning outcomes for BChD/ MChD has been undertaken as part of submission for approval to the GDC. The final version of the outcomes has yet to be confirmed. This work is on-going.</p> <p>Marking criteria and grade descriptors have been developed for academic work and individual assignments. There have also been further developments to the grade descriptors for clinical activity.</p> <p>The assessments for the Dental Technology Programme have been reviewed and rationalised in response to comments from the GDC and evaluation from the students. There will be greater integration of subject matter in exam questions. Formative assessment has been reduced in both numbers and word count to encourage the students to be more succinct in their answers. Although this reduces the number of opportunities for feedback, small numbers of students allows for targeted feedback.</p> <p>Feedback</p> <p>The new assessment methodology in the BChD/ MChD emphasises enhancement of feedback opportunities and students have a clearer understanding of areas of strengths and weaknesses.</p> <p>Sessions after exams give students the opportunity to view their scripts and discuss areas of concern with the module lead were well received.</p>	<p>students (both NSS & UGPES) indicate that students are more satisfied than last year that 'Feedback on my work has helped me clarify things I did not understand'. However levels of satisfaction in relation to the other statements about assessment and feedback have fallen.</p> <p>Comments received from students in relation to the NSS include:</p> <ul style="list-style-type: none"> • 1 Disorganisation re exam results • 2 Not enough feedback on clinical work • 3 Lack of feedback • 4 Unclear exam questions • 5 Feedback is slow • 6 Stressful timing of 'progress to finals' exams <p>The LDI is out performed by all the other Dental schools in the UK in relation to the NSS levels of satisfaction for assessment and feedback.</p> <p>BChD</p> <p>Student comment indicates that</p> <ul style="list-style-type: none"> • 7 feedback is slow and insufficient. • 8 learning outcomes are not felt to be clear • 9 students are not always aware of the expectations of some assessments • 10 there is a lack of consistency between tutors in relation to clinical feedback 	<p>This includes re-structuring of the progress to finals examinations from the old system so that these are streamlined and incorporated as part of the modular assessment. Where appropriate these take place in year 4 rather than year 5.</p> <p>[3] Strategic realignment of assessment within the MChD and BChD programmes to enhance the quality of assessment and feedback. This will largely be achieved by removing 10 credit modules. This will be done where feasible and appropriate by combining them to form larger modules.[By March 2012]</p> <p>Assessment</p> <p>[1] Revised processes have been put in place including in relation to submission of course work and examination results. [Ongoing]</p> <p>[1, 4] The input of Module Leads in the quality assurance of assessments under their control will be emphasised.</p> <p>The programme will work towards aligning assessment scheduling to the Taught Student Administration outline schedule. The aim of this is to utilise the facilities that TSA offer.[From 2012]</p> <p>[1] Quality assurance mechanisms will be instigated for the handling of</p>
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	<p>Management of student expectation in relation to feedback has improved in relation to timescales between handing in and availability of result/ feedback. This will continue to be developed.</p> <p>In the Hygiene and Therapy programme several mock exam questions and feedback sessions have been incorporated into many of the modules at student request - these have been well received and the student and staff feel they have been very beneficial.</p>	<p>External Examiners were supportive of the assessment changes and commented that “The assessment methods are modern, varied and comprehensive both in terms of assessing knowledge and clinical aptitude and skills.”</p> <p>However some concerns were also raised by the external examiners relating to the modular format of assessment; will make integration of different subject areas more difficult; might impact on the pass rates as there is no compensation between modules; and could encourage the view that once a module is complete and passed they do not need to use the knowledge and skills acquired in that module.</p> <p>There were comments that some assessments focused on recall rather than rewarding and encouraging wider reading and understanding.</p> <p>The OSCEs were highly praised as was the new format of the Finals Unseen case examination which replaced a patient with prepared materials.</p>	<p>all assignments and examination papers and the collating and release of assessment results</p> <p>The role and use of external examiners will be reviewed so they can be used efficiently and effectively. Practices used in the wider University will be investigated and best practice adopted.</p> <p>[4] The role of the Assessment Panel will be re-evaluated to improve the efficacy of its work.</p> <p>[2, 10] Revised marking criteria have been introduced for clinical activity. [Already happened]</p> <p>2,3,5,7] New marking and feedback sheets are being implemented for all summative assignments to ensure that feedback is provided for all academic and clinical assignments. [Ongoing]</p> <p>[4,9] Development of Short Answer Questions to ensure that levels are appropriate and questions require demonstration of understanding rather than repetition of knowledge. Revised marking criteria for SAQs are also being implemented. [Ongoing]</p> <p>[8,9] Ensure Marking Criteria are available in advance of</p>
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			<p>assessment deadline. [Ongoing]</p> <p>[6,9] Information session for 5th year students regarding clinical practice assessments [Nov 2011]</p> <p>[9] Ensure students are notified of any changes [Ongoing]</p> <p>Feedback</p> <p>[3, 5, 7] An audit of feedback provided is to be undertaken. [By March 2012]</p> <p>[3, 5, 7] Where possible there will be engagement with the University policy to provide feedback within three weeks. Where this is not achievable, module leads will provide guidance to students about when feedback can be expected. Students will be kept updated of any changes to planned dates. [Ongoing]</p> <p>[3, 5, 7] Group feedback about how the group has performed in an assignment. Indicating what has generally been done well/what could have been improved on. [Ongoing]</p> <p>[3, 5, 7] Explore feasibility of feedback opportunities for all</p>
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			<p>exams [Ongoing]</p> <p>[1, 3, 7] Provide breakdown of marks in all instances. [Ongoing]</p> <p>[3, 7] Ensure OSCE feedback in consistent and yellow card comments are made available to students. [March/April 2012]</p> <p>Hygiene and Therapy</p> <p>Re-evaluate the assessment process within the programme as a whole, trying to ensure that the correct assessment tool and level is being utilised for each module.</p> <p>Continue to review and expand the small group revision sessions, feedback and examination practice within the modules</p> <p>Incorporate the standard model answer format for all written assessments.</p> <p>PG</p> <p>The instigation of an assessment panel for PG Programmes will help to ensure continued consistency in module assessments across the Programme(s).</p> <p>Dental Technology</p> <p>Assessment methods are being</p>
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			revised to come more in line with other programmes within the Leeds Dental Institute, so as to reduce turnaround time and ensure timely student feedback. [Ongoing]
Academic support	<p>MSc and Professional Doctorate in Clinical Dentistry</p> <p>Arrangement for personal tutoring has been formalised by the management team. The Programme Manager and his Deputy now act as personal tutors for the Prof Doc and MSc students. A record of these meetings will be kept on the Leeds For Life site.</p>	<p>Levels of satisfaction for academic support have improved for both the UGPES and PGPEs.</p> <p>81% of respondents to the NSS being satisfied with the levels of academic support, the qualitative comments are generally very positive about the support received e.g.:</p> <ul style="list-style-type: none"> tutors are enthusiastic and helpful support from tutors has been great <p>Some of the comments however, indicate that there are instances when students find that some tutors are not available or have not responded to emails.</p> <p>The UGPES results indicate a decrease in the level of satisfaction for Hygiene and Therapy students relating specifically to 1st year students. However, response rates from this programme remain low.</p>	<p>BChD/ MChD</p> <p>A change to the regulations regarding progression of year 2 students who fail at first re-sit attempt will be instigated. Any year 2 student in this situation will be required to re-sit the whole year rather than become an external candidate.</p> <p>Under the new methodology 1st year students who fail at re-sit may be granted a third and final attempt as an external candidate. Support in place for these external candidates in year 1 will be formalised and promoted.</p>
Organisation and management	<p>“Lack of recruitment in the NHS in dental nursing, clinical support, clerical and administration staffing in LTHT have adverse effects on student perception of clinical placement quality this is of course outwith the control of the ‘School of Dentistry’ and this has now progressed to clinical (and clinical academic recruitment). We will consider how best to support students through this challenging environment.</p> <p>Academic timetabling was scheduled by April in line</p>	<p>Levels of satisfaction for Organisation and Management continue to be a concern for the LDI although some improvement has been seen in the NSS results for all three statements. Levels of satisfaction of the BChD students have increased by 15% on last year.</p> <p>Levels of satisfaction in the NSS are now more in line with the results for the UGPES</p>	<p>A major evaluation is underway following which changes will be implemented. Outcomes of this cannot be pre-empted.</p> <p>Part of the evaluation and as part of the university’s review of student support services the support for student education will be</p>

<p>with the University. This has led to a reduction in the number of cancelled sessions.</p> <p>The text service used to inform students of short notice changes to the timetable was been re-introduced.</p> <p>A hand over session was introduced between year leads to ensure that any pertinent information about student performance is passed between years</p> <p>Information regarding how modules have changed in response to student evaluation from the previous year was introduced via introductory lectures and module handbooks.</p> <p>Consultation group was established to develop the work load model – ongoing</p> <p>In order to address the issue of some students not having immunisation from Hep B is prior to start of clinical activity the admissions guidance and internal processes have been tightened up.</p> <p>Hygiene and Therapy</p> <p>Dedicated additional revision sessions/seminars have been introduced and have been well received by the students and are helping to consolidate relevant information.</p> <p>The structuring of seminars to incorporate the clinical relevance to medical histories and systems of the body have helped students to link the subject areas. Additional pre-reading may still be introduced.</p> <p>Dental Technology</p> <p>A permanent Programme Manager is now in post.</p>	<p>and PGPES for 2011.</p> <p>The frequency of negative comments is much reduced from previous years, and a number of the negative comments received in the NSS survey continue to refer to the refurbishment which was completed in 2010.</p> <p>Comments received from students in relation to the NSS include:</p> <ul style="list-style-type: none"> • Poor organisation • Poor communication • Organisation/ timetabling could be better • Last minute changes /cancellations to timetable. <p>BChD</p> <p>Significant issues relating to organisation and management are also highlighted in the BChD programme review. Issues include communication including contact from teachers, frequent cancelled sessions with a lack of stability in the timetable and the refurbishment’s perceived impact on clinical time.</p> <p>PG</p> <p>Timetabling problems have been fewer in number this year. It is hoped that potential problems will also be alleviated by the timetable lockdown which was initiated this year. The assessment schedule for the Programme(s) has been completed and has been of great assistance in planning and</p>	<p>reorganised. This year the aim is to improve the organisation and management of our portfolio and to provide all our students with appropriate support services. Roles and responsibilities for support staff will be redefined and against this backdrop the physical environment of the student education office will be altered to provide a student focussed support service. [Early 2012]</p> <p>Revisiting the implications of the role of the module lead in conjunction with the administrative support to facilitate best practice in leading and delivering modules. [By August 2012]</p> <p>Advanced Timetable Planning – this will be developed further with key academic and administrative staff. [Ongoing]</p> <p>Student Attendance monitoring structures will be reviewed to ensure consistency of procedures in all teaching environments including clinical and outreach settings.</p> <p>The LDI’s PGT portfolio is overly complex. This year the PGT portfolio will be streamlined The LDI’s PGT portfolio is overly complex. This year the PGT portfolio will be streamlined which will lead to greater accessibility of</p>
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	<p>The log books have been implemented. All information is being collated in a database.</p> <p>A new Fixed Prosthodontic member of staff has been appointed.</p> <p>PG</p> <p>Re-structuring of the delivery of the generic modules on the Programme – Statistical Methods and Dental Radiology are now delivered early in year 1, along with much of the rest of the generic content of the Programme. It is hoped that this will allow more time for research activity on the Prof Doc in years 2 and 3.</p> <p>In addition, the delivery of the Statistical Methods module has been consolidated into a 2-day intensive timeslot during the induction period.</p> <p>The Research Methodology and Ethics module has also been similarly consolidated. This has allowed delivery of these modules to 4 Programmes at the same time, thus improving efficiency and reducing associated costs.</p>	administration of the Programme(s).	<p>staff, with the aim of improving both student support and organisation and management of the student experience. [To be in-place for 2013/14 intake]</p> <p>Module reviews and external examiner reports to be made available electronically to students. [Dec 2011]</p> <p>FGDP Top up Msc Restorative Dentistry</p> <p>Complete the recruitment of a part-time Senior Clinical Teaching Fellow to assist in the management and running of the programme.</p> <p>Dental Technology</p> <p>A revised schedule for work placement visitations will be implemented to both help support the students' mentors and to quality ensure the placement process.[By next session]</p>
Learning resources	Satisfaction with the learning resources for UGPES and NSS remained high.	<p>Satisfaction with the learning resources for UGPES and NSS remains high.</p> <p>Frequently occurring comments from students were:</p> <ul style="list-style-type: none"> • Learning resources are excellent • Great facilities 	Haptics (technology-enhanced learning), a tactile virtual-reality technology to be introduced in January 2012 to support clinical skills training.
Personal	Continued good practice. Satisfaction with personal	Satisfaction with personal development is	Continue good practice and ensure

development	development was high for undergraduates remaining at a similar level in the NSS and with improvement in the UGPES.	high for undergraduates remaining at a similar level in the NSS and UGPES. Comments from students include: <ul style="list-style-type: none"> • Builds my confidence • Developed as a person • Communication skills have improved. 	consistency of approach. Ensure personal tutoring system is aligned to Leeds for Life for all programmes. [Ongoing]
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