

SCHOOL OF MEDICINE ACTION PLAN IN RESPONSE TO FEEDBACK ON THE STUDENT EXPERIENCE

SESSION 2010-11

Deborah Murdoch Eaton, Director of Student Education

Laura Stroud, Associate Director of Student Education

In association with and on behalf of the School Taught Student Education Committee (STSEC)

Final version – December 9 2011

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

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	97	86	85	82	90	84	90	83	91	84	90	82	78	82	76	78	91	80
Teaching	95	88	88	85	92	86	90	83	91	83	91	82	82	84	78	81	88	81
Assessment & feedback	64	65	50	61	53	61	53	56	55	57	53	54	65	68	57	63	65	62
Academic support	82	77	71	74	72	75	73	68	71	68	70	66	79	79	78	76	85	76
Organisation & management	80	82	60	79	73	79	69	83	71	73	66	70	78	77	74	73	85	75
Learning resources	96	87	94	85	96	86	86	77	87	76	90	77	82	82	83	81	86	82
Personal development	97	78	91	76	91	78	83	65	84	63	81	62	69	70	66	68	68	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)

EXECUTIVE SUMMARY

<p>Main actions for 2010-11</p>	<ul style="list-style-type: none"> • Increase face-to face visibility and accessibility of staff • Improve Communication/Give better information • Continue to build on, monitor and evaluate impact of innovations already implemented to improve student experience
<p>Impact of 2010-11 actions</p>	<p>There is significant evidence of cultural change across the School programmes (MBChB in particular) with high levels of staff engagement</p>
<p>Achievements in 2010-11</p>	<p><i>MBChB:</i></p> <ul style="list-style-type: none"> • Improved headline figure for relative NSS ranking. Sustained high levels of overall satisfaction, personal development, L&T resources • For the UP survey - consistent levels of good evaluation, notable improvements in overall satisfaction and tutoring for year 1 vs year 2+.
<p>Main actions for 2011-12</p>	<ol style="list-style-type: none"> 1. Continuance of good practice in enhancing communication with both students and staff <ul style="list-style-type: none"> • Course managers to continue to regularly 'check-in' with students • Continue with diverse methods of communication with students including <ul style="list-style-type: none"> ○ Enhanced face to face contact ○ Convening 'expert panels' drawn from student body to advise & input to key issues • Continue to make effective use of a wide range of communication methods, including the VLE, plasma screens, posters, emails, website, cake and chat, to liaise with and update students 2. Enhance our understanding of student expectations, especially around assessment and feedback <ul style="list-style-type: none"> • Work with the MBChB 'expert graduate panel' • TESS project work with current students – e.g. <i>Making Medicine Better</i> will help us better understand the student experience. • Establish a feedback working-group to consider strategic alignment of feedback mechanisms to match both curricular needs and diversity of students' approaches to learning. 3. Improve the response rate and the results of the Taught Postgraduate Survey <ul style="list-style-type: none"> • Work closely with the project team to help address the low response rate with specific issues related to timing, access to, and publicity surrounding release of the survey • Communicate with Programme Leads to find alternative ways to publicise and issue the survey to students • Revisit TPG induction programme, including timing in the academic year and content with specific reference to support for project work (the latter is not exclusive to international students although an identified need) • Utilise LUU recommendations for support of international students and work closely with International Office.

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

School: Medicine

Faculty: Medicine and Health

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><i>For MBChB</i></p> <p>Academic staff: The circulation of last year's draft action plan was successful in encouraging staff to see actions around assessment, feedback and organisation as their own (rather than just programme) responsibility.</p> <p>Support staff: The last session has seen good progress, with the creation of assessment and student support groupings in the L&T Office in LIME, as well as improved integration of teaching support between SoM institutes.</p> <p>NHS staff/providers: The last session has seen a very positive partnership approach to quality, with examples of excellent work done in some Trusts. The Annual Clinical Teachers Day has continued to be successful, and also acts as a vehicle to exchange good practice by NHS staff. Clinical Teaching Excellence awards continue to support this.</p> <p>Students: – A real success of the last session was the adoption of multiple methods and routes of talking with our students.</p>	<p><i>For MBChB</i></p> <p>The 2010-11 National Student Survey (NSS) has showed a significant improvement across many areas in the MBChB, including a reversal of the decline in two major areas (feedback and organisation & management) seen in 2009-10, and an improvement in our relative position in the sector (3/32). Our programme survey (UPS) results remain strong, particularly in relation to the new curriculum and first year responses.</p> <p>Review/Analysis of findings</p> <p><i>Headline data</i></p> <p>Significant improvement within NSS results for 10-11 session, which show uniformly positive swings, with a significant rise in sector position. Teaching, learning resources and personal development remain very strong, with significant improvements in assessment, feedback, support and overall organisation & management.</p> <p>UPS results remain strong, with a further improvement to overall satisfaction of 95% for the year 1 cohort, with notable improvement in academic support and personal development. Year 2+ results for the UPS remain consistent.</p>	<p><i>For MBChB</i></p> <p>Our overall action plan is complemented by individual responses below, but the key tenet is to continue actions that build on cultural, organisational and attitudinal change.</p> <p>We will also use some additional approaches to review both the NSS/UPSE data, and action plan:</p> <ul style="list-style-type: none"> • Triangulating NSS/UPS findings with other sources of evidence where factual accuracy is questioned, or responses are dichotomous (e.g. QME, external examiner feedback), and from other sources. ○ We plan to run the L & T office counter and technology surveys again in 2012. ○ Scrutinise reports from NHS liaison visits/placement support (including curriculum development) ○ Continue student (open) meetings and MSRC / LUU reps engagement with the course ○ Material collected as part of mandatory regulatory review (e.g. the GMC Medical Schools Annual Return) • further work continues in other areas, including feedback and clinical placement organisation.

	<p>For TPG</p> <p>Again, there is a low response to the Post Graduate Programme Survey for the academic session 2010-11. The low overall response rate and differences across programmes makes analysis difficult.</p>	<p><i>Thematic analysis</i></p> <p>Both positive and negative comments triangulated well with overall NSS domains, but there was once again considerable dichotomy in some categories, most probably reflecting very different student experiences through their MBChB career.</p> <p>For TPG</p> <p>There is a marked difference between the response rates from different programmes, ranging from 75% down to 2% and work will be undertaken to attempt to raise the response rate.</p>	<ul style="list-style-type: none"> We are developing a student wiki/FAQ site that will be moderated between one of the School's technology team and the president/vice president of the MSRC. <p>Academic / teaching staff: the draft action plan will again be circulated for comment to the MBChB programme committee, and discussed at all year level course management teams.</p> <p>Support staff: Work is underway to look at a new information management system to allow us to monitor and support all students more effectively (as well as where special consideration is needed – e.g. health needs).</p> <p>NHS staff/providers: Communication with Trust Chief Executives and Medical Directors on the need for continued improvements around placements, alongside feedback and highlighting excellent work locally</p> <p>Students: We plan to continue discussion with the MSRC (Medical Student Representative Council) and LUU reps with respect to the findings, and how to best disseminate and engage the student body in our planned actions (in addition to the mechanisms below). In addition to embracing The Partnership principles, further rounds of our 'cake and chat' sessions in the student airport lounge, and focus groups with our recent graduates (who completed 10-11 NSS) in part looking at the NSS, with a parallel exercise likely with year 2 students (with respect to the year 1 UPS) will be run.</p> <p>For TPG</p>
--	---	---	---

	<p>For Intercalated Programmes</p> <p>The last academic year has seen a significant focus on student numbers within the MBChB programme, with particular regard to the ‘flow’ of students to and from MBChB as a result of a year of additional study in intercalated programmes. This has often resulted in considerable variation in year sizes in years 4 and 5, with fluctuations in the order of 50-60 students year on year</p>	<p>Key issue:</p> <p>Support for personal development and support with studies are highlighted as issues for both home and international students</p> <p>For Intercalated Programmes</p> <p>There is a need to manage student numbers; capacity and impact on educational quality needs to be considered in relation to NHS placements, teaching space in campus based activities, and in efficient use of space for lecture theatres, teaching rooms and campus delivered assessment</p>	<p>Key aims are to improve the survey response rate and to review induction/support mechanisms</p> <ul style="list-style-type: none"> • Work closely with the project team to help address the low response rate with specific issues related to timing, access to, and publicity surrounding release of the survey • Communicate with Programme Leads to find alternative ways to publicise and issue the survey to students • Revise TPG induction programme, including timing in the academic year and content with specific reference to support for project work (the latter is not exclusive to international students although an identified need) • Utilise LUU recommendations for support of international students and work closely with International Office. <p>For Intercalated Programmes</p> <ul style="list-style-type: none"> • We are already undertaking consultation with the student body deriving clarity of selection criteria and advice for students around routes to intercalation across different years, with an intention to not impact on overall numbers.
<p>Teaching</p>	<p>For MBChB</p> <p>Medicines education. As highlighted in the last report, a number of initiatives continue, overseen by a Medicines Advisory Group that draws members from clinical and academic practice. This has potential benefit in terms of sharing NHS resources, and real benefit in</p>	<p>For MBChB</p> <p>This continues to be strong. Some aspects of the course content (e.g. Medicines) are highlighted as lacking, whilst others (PPD course/SSCs) are highlighted as excessive/less useful. This should increasingly become redundant as curricular change rolls</p>	<p>For MBChB</p> <p>As highlighted in the last report, a number of initiatives continue in Medicines Management, overseen by a Medicines Advisory Group, and roll out of Medicines/safety teaching in the new curriculum.</p>

	<p>ensuring NHS partners maximise opportunities for safe Medicines management.</p> <p>Another key introduction (that spans all domains) has been the Year 3 Professionalism Ceremony, conceptualised by Professor Trudie Roberts, and has received excellent feedback from Year 3 students as well as national publicity (and an article in the Lancet).</p>	<p>through, although those who have fully experienced the new curriculum will not complete the NSS until 2015.</p> <p>Unlike previous years, we are hearing less 'noise' from the NHS about Medicines management teaching, and a positive approach to partnering with the Medical School to enhance opportunities.</p>	<p>The Year 3 Professionalism Ceremony, will be embedded in the MBChB curriculum as a regular annual event.</p> <p>For Intercolated programmes</p> <p>STSEC and the IC Programme Director are undertaking a review of intercalated programmes. Student participation is integral to the planned evaluation of the programmes / new suites.</p>
<p>Assessment and feedback</p>	<p>For MBChB</p> <p>Whilst this historically is an area of relative underperformance in the NSS (across all sectors), it has been pleasing to see a rise in the perception of 'fairness' of our assessment, as well as improvements in feedback.</p> <p>All key actions from the 09-10 plan have been fully executed, and it was pleasing to see positive feedback about the School's actions in the 'negative' comments, and a much more palpable recognition of variation because of individual experiences, rather than organisational failings. Similarly, there is a clear trend and improvement in overall feedback scores in the NSS over the UPS.</p>	<p>For MBChB</p> <p>Assessment scores increased once again in the NSS. This probably reflects the changes in respect of our philosophy of assessment, which was most evident in years 4 and 5 of the course. Feedback scores rose significantly, but again individual responses suggest a broad range of experiences by individual students.</p> <p>Whilst timing and quality are clearly better (Q7-9 in the NSS), individual comments paint a varied picture around impact/activity. This is predominantly in written assessments (less so now in clinical assessment), with issues about variation in the quality of feedback from individual supervisors, as well as perceived delays in marking from certain course elements (e.g. SSCs). However, it is notable that assessment itself attracts few negative comments, with students highlighting efforts by the medical school to explain marking schedules clearly and making 'great strides to improve feedback in the clinical years'.</p>	<p>For MBChB</p> <p>Key actions:</p> <ul style="list-style-type: none"> • A written question bank is being developed using the Speedwell facility. This will not only generate exam papers more smoothly, but also will lead a more effective system of ensuring all bank items are high quality • As part of managing student expectations, we are now able to publish both an assessment 'quick guide' and feedback 'quick guide'. These will highlight 'what' form of test we use, 'when' and 'why' – with a similar approach to feedback. This will ensure Years and ICUs can hold individual tutors/markers to account. • We are examining further enhanced OSCE feedback approaches (again using some of the functionality of the Speedwell bank) to be able to give relative rankings not only at whole exam level, but at station level. Tagging items within stations is a much more complex, and challenging process – but one that is being

		<p>Whilst this domain scored relatively poorly in the UPS Year 1, it is notable that the Assessment for Learning/non graded pass approach to the in-course assessment resulted in a smoother, right skewed performance across all ICUs in the high stakes, end of year assessment in comparison with previous years</p>	<p>explored from a research point of view. If successful, it will allow us to give students performance feedback about areas of practice that cross-cut stations (e.g. safe practice, prescribing)</p> <ul style="list-style-type: none"> • As part of the curriculum review, our approach of 'authentic' assessment continues to roll out, alongside the use of non-graded passes in-course, coupled with meaningful feedback. In clinical practice, this is augmented by a roll-out of work place assessment approaches across all years of the course, within an Assessment for Learning Framework. • A group will be established to take forward previous work on Feedback within the school and from the MARK project, including curricular mapping and updating feedback resources, led by the DSE, and to include staff and students.
<p>Academic support</p>	<p>For MBChB</p> <p>Student Support Development Activities were successfully implemented by the Student Support team, led by the Director of Student Support. Internal evaluation of the new system has been extremely positive, as well as the positive impact on UPS and NSS</p> <p>An updated website www.leeds.ac.uk/medicine/support is fully operational.</p> <p>The new tutor system is designed to prevent mechanisms failing due to breaks in the process chain (e.g. students not collecting feedback), as it embraces academic and pastoral</p>	<p>For MBChB</p> <p>Although recent MBChB graduates have not had access to the new personal tutor system, it is notable that 'support' scores rose nonetheless, perhaps indicating wider cultural shifts beyond the personal tutor system.</p>	<p>For MBChB</p> <p>Key actions reflecting planned activity:</p> <ul style="list-style-type: none"> • Appointment of a new careers advisor to work on enhancing curricular and extra curricular opportunities, and to provide advice to staff in academic and clinical practice, working as appropriate with the careers centre. • Review of role and reappointment of the International Sub Dean , engaging as appropriate with the International office • Roll out of the personal tutor system to include years 2 and 4 of the course (with anticipated roll forward

	<p>support, continuity and mandatory review of feedback/prior performance, and feed-forward with students periodically throughout the course</p>	<p>For TPG</p> <p>International students report issues of student support</p> <p>UK students also highlight project preparation and personal development as areas for improvement</p>	<p>to year 5 in 2012/13).</p> <ul style="list-style-type: none"> Continuation of careers and personal/professional development strands via the new IDEALS curriculum strand. Delivery of an employability seminar for year 4 in 2012, focusing on UKFPO application Continued support in year 5 in respect of the UKFPO application process <p>For TPG</p> <ul style="list-style-type: none"> Extended induction programme is to be developed incorporating sessions on IT, plagiarism, scholarship, and in particular on preparation for research projects. The University International office, and the Nuffield Centre experience around effective support for international students will contribute to this development. <p>The Director of Student Support has drawn up terms of reference for the School Student Support Steering group that includes oversight and review of TPG, and IC Programmes in addition to the MBChB.</p>
<p>Organisation and management</p>	<p>For MBChB</p> <p>Communication with and by students continues as per last year</p> <ul style="list-style-type: none"> Routine reporting (and checking with 	<p>For MBChB</p> <p>Once again, there was considerable dichotomy in reported experience within this category, most probably reflecting very different student experiences across</p>	<p>For MBChB</p> <p>Key actions include:</p> <ul style="list-style-type: none"> A working group evaluating use of the central University systems to

	<p>students) by course/year management teams about organisational issues, which will appear henceforth as a QME requirement.</p> <ul style="list-style-type: none"> Regular communication by Year Heads with their student cohorts to ensure students are 'on track', as a mechanism of dealing with problems and alerting students about changes, improvements and forthcoming events 	<p>their MBChB career.</p> <p>Within the University campus as a whole, organisation and management remains a lesser problem, central campus timetabling is complex – albeit helped by the new curriculum. Whilst this area is not explored in the year 1 UPS, the MBChB year 1 team clearly have had a strong positive impact, with quicker management of problems, and revision to areas of the course where needed within the year (thus evident to all).</p> <p>Responses around Clinical placements continue to demonstrate a variation in quality, responses focusing around staff attitudes, organisation and enthusiasm of NHS clinical teaching staff. Lots of great practice is reported, but some students clearly continue to have (or perceive) poor experiences at times, although teaching itself was often highly commended.</p> <p>Library access continues to be the biggest issue for some NSS respondents</p>	<p>utilise syllabus plus systems ,– given the complexity of our curriculum.</p> <ul style="list-style-type: none"> The text messaging service pilot will be evaluated for continued usage(as a sustainable mechanism to let students know if campus based teaching is cancelled or changed) Using the placement evaluation tool in the Progress File to detect placement level problems earlier (and make changes where possible) Continuing a very positive relationship with Education leads in all NHS partners – which means they are working hard at NHS institutional level to deal with this issues and enhance quality Ongoing research-led work that examines placement enhancement and development Launch of new placement improvement facilitator posts in the NHS to implement good practice, and assist with placement development (working as part of a secondment with LIME). The Library has responded to direct approach by the students, and will be extending opening hours over summer months, recognising the longer term time of medical students
--	---	--	---

			<p>For TPG</p> <p>Organisational and administrative support structures within TPG programmes are being reviewed within the School.</p>
<p>Learning resources</p>	<p>For MBChB</p> <p>Technology Enhanced Learning: provision of iPhones to all year 4 and 5 students, with continued work on content, including a planned Assessment Bank for student use via the i-phone.</p> <p>The Progress file has delivered both useful resources in terms of teaching/evaluation and been an integral part of the monitoring and support foci for students and personal tutors.</p> <p>The e-curriculum is about to go 'live', allowing students (and staff) an easier way to see how learning links and builds throughout the curriculum (as well as highlighting key areas such as Medicines Management)</p> <p>For TPG</p> <p>Facilities and Teaching space – there has been significant investment in facilities on Level 8</p>		<p>For MBChB</p> <ul style="list-style-type: none"> • To continue with new initiatives including the provision of a paediatric e-BNF for the iPhones • To continue with developments including a planned Assessment Bank for student use via the i-phone • To continue work on the Progress file allowing students to evidence and reflect on their learning • Development and identification of Apps for enhanced utilisation of iPhones <p>For TPG</p> <p>We will review and evaluate usage of enhanced facilities on level 8</p>
<p>Personal development</p>			<p>For MBChB:</p> <p>Professional Development of students remains core to the MBChB curriculum via the IDEALS curriculum strand.</p> <p>Progress file developments ensure linkage to specific profession - specific</p>

			resources (eg GMC) as well as LeedsforLife The new clinical skills learning centre provides a cross professional resource for learning
--	--	--	---