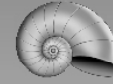


Sessions	Time	Topics covered
Session 1 INTRO: Orientation to Phase 1 of the Medical Program	0900-1030	<ul style="list-style-type: none"> • More on the MBBS 3802 program • Phase 1 aims and structure • More on the graduate capabilities • Phase 1 assessment and marking • Teaching evaluation
COFFEE BREAK		
Session 2 SKILLS: Scenario group facilitation	1100- 1300	<ul style="list-style-type: none"> • Principles of Scenario-based learning • Your role in scenario group sessions • Supporting skills and techniques
LUNCH		
Session 3 PANEL: Learning from the experts	1330-1430	<ul style="list-style-type: none"> • Short presentations on the P1 courses • Question and answer session
COFFEE BREAK		
Session 4 SKILLS: Encouraging teamwork and reflection	1500-1700	<ul style="list-style-type: none"> • Developing reflective practice • Coaching students on teamwork • Peer assessment of teamwork • Managing problems in group work • Making the most of facilitator meetings

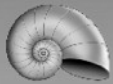


Medicine Program and Phase 1



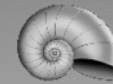
A/Prof Phil Jones
Associate Dean
(Education)

A/Prof Chris Hughes
Phase 1 Convenor



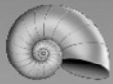
Medicine 3802 Program

- 6 year UG program
- Three phases.
- Modular structure (8-week courses).
- Common organising domains in Phases 1 & 2.
- Recurring themes.
- Vertical integration.
- Flexibility.



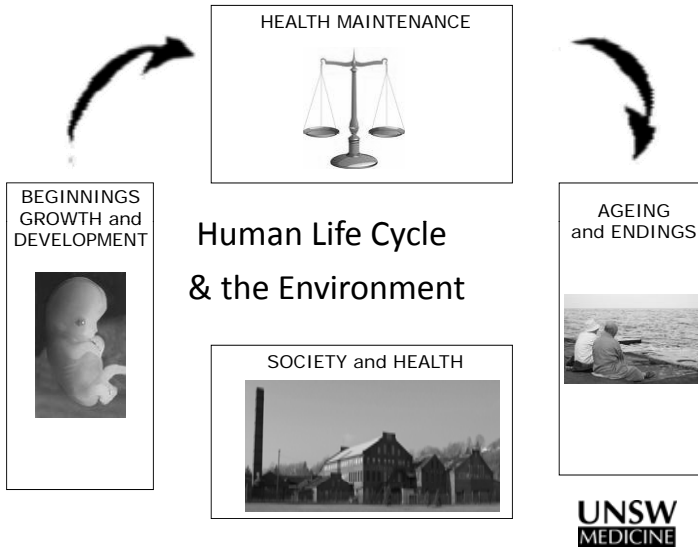
Courses in Med3802

- Fully integrated – 8 weeks duration
 - Include content from all content streams
 - Biomedical Sciences
 - Social/Psychological Aspects of Health
 - Medical Practice
- Recurring themes organised around life cycle and environment.
- Modular, inclusive of assessments.



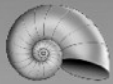
MEDICINE PROGRAM

Organising Domains



Structure of Medicine 3802

Year	Summer Teaching Period	Session 1		Session 2	
		Teaching Period 1	Teaching Period 2	Teaching Period 3	Teaching Period 4
1		Foundations	BGD-1	HM-1	AE-1
2		S&H-1	BGD-2	HM-2	AE-2
3		S&H-2	ILP	ILP	ILP
4	ILP	S&H-3	BGD-3	HM-3	AE-3
5	Phase 3	Phase 3	Phase 3	Phase 3	Phase 3
6	Phase 3	Phase 3	Phase 3	Phase 3	Phase 3

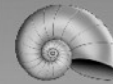


MEDICINE PROGRAM

Vertical Integration

	Yr 1	Yr 2	Yr 3
TP1	Fn	SH-B	SH-B
TP2	BGD-A	BGD-A	Phase 2
TP3	HM-A	HM-A	Phase 2
TP4	AE-B	AE-B	Phase 2

UNSW MEDICINE



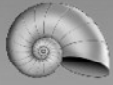
MEDICINE PROGRAM

Phase 1: Scenario based learning

- Health scenarios provide a context for learning activities.
- Predominantly campus-based activities.
- Scenario groups.

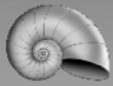


UNSW MEDICINE



Phase 2: Practice based learning

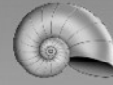
- Structured clinical experiences based on weekly themes.
- Linking to biomedical sciences on campus.
- Independent learning project.



Aim of Phase 1

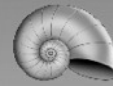
- To facilitate initial development in and integration of the eight capabilities of a good medical graduate.

Time emphasis is on the first capability - Using Basic & Clinical Sciences in Medical Practice - but all capabilities are addressed.



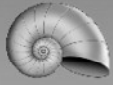
Phase 3: Independent reflective learning

- Clinical clerkships.
- Hospital and community settings.
- Flexibility in choice of courses within guidelines.



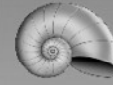
The Eight Capabilities

- Using Basic and Clinical Sciences in the Practice of Medicine
- Understanding the Social and Cultural Aspects of Health and Disease
- Patient Assessment and Management
- Effective Communication
- Team Work
- Self Directed Learning and Critical Evaluation
- Ethics and Legal Responsibilities
- Becoming a Reflective Practitioner



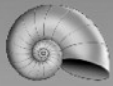
Courses in Phase 1

- Integrated teaching around the themes of the Course Domain
- 9 courses for current 2nd / 3rd yrs, 8 courses for 1st yrs
- 7 teaching weeks, plus exam week
- Usually 3 ~2+ week Scenarios
- ~20 hours teaching per week: Lectures (8), Practicals (2), Discipline & Expert tutorials (1), Clinical Skills sessions and Hospital visits (1), and Scenario Group sessions (2)



Governance of Phase 1

- Course Design and Implementation Groups
- Course Facilitator Meetings
- Course Convenors and Co-Convenors
- Phase 1 Committee and Convenor
- Curriculum Development Committee
- Administrative support from MESO

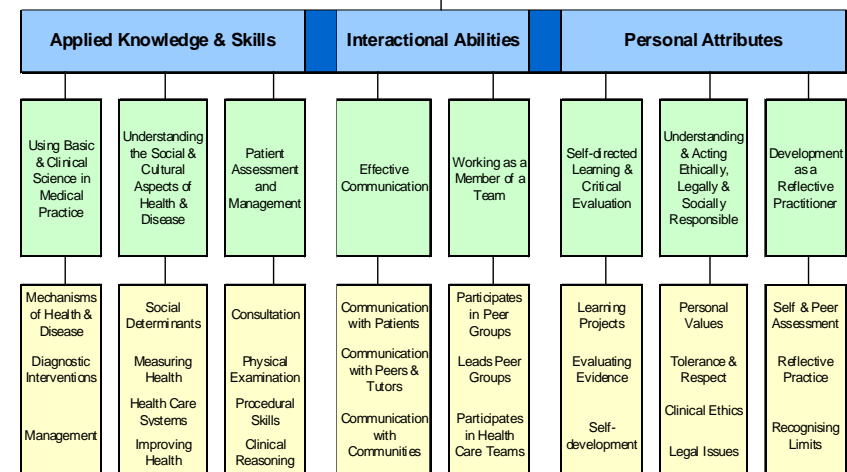


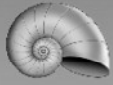
Scenario groups

- Aim to facilitate student learning within the context of integrated teaching
- Groups of ~14
- Mixed year group
- Meets twice a week for 2 hours with a facilitator
- Unlike PBL, the focus and plan for SG sessions varies session to session



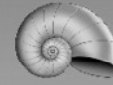
Graduate Capabilities





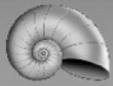
Assessment (Course)

- Phase 1
 - Written examinations
 - Assignments – Individual and Group
- Phase 2
 - Assignments – Individual and Group
 - ILP project report
- Phase 3
 - Learning plans; case presentations; mini-CEX



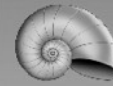
Assessment (Phase)

- Phase 1
 - Written and practical examination
 - Clinical skills
 - Portfolio
- Phase 2
 - Integrated Clinical Examination (clinical/viva)
 - Portfolio
- Phase 3
 - Biomedical Sciences Viva (Yr 5)
 - Integrated Clinical Examination (written/clinical/viva)
 - Portfolio



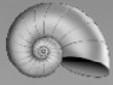
What is the portfolio?

- The evidence that collected by students to document their achievements in each of the graduate capabilities.
- The periodic review (at the end of each phase) when students reflect on their progress by referring to the evidence in their portfolio and their experiences over the Phase.



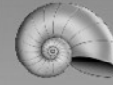
Why have a portfolio examination?

- As a means of encouraging self-directed learning and reflection.
 - Students are expected to develop their portfolio based on feedback and self-assessment.
 - They develop the characteristics of a reflective practitioner when reviewing their progress.
- As an alternative method for assessing achievement in the capabilities.
 - e.g. assignments test deeper levels of understanding than written exams.
- Allows an holistic judgement of a student's progress.
 - Covers all graduate capabilities



Portfolio Assessment

- Formal evidence:
 - Assignments and projects in Phases 1 & 2.
 - Learning Plans in Phase 3.
- Informal evidence:
 - Feedback forms from tutors.
 - Other activities related to graduate capabilities.
- Reviewed and assessed at the end of each phase.
 - Written review (Phases 1 & 2)
 - Interview (Phase 3_



Phase 1: Formal evidence

- Evidence come from already assessed Assignments and Group Projects
- Each item is assessed on criteria for two focus capabilities
- Three additional capabilities assessed with generic criteria:
 - SDL (sources and citations)
 - EC (quality of the writing)
 - RP (reflection on the experience)
- 6 Grades and Feedback for each item
- All items submitted and assessed online



SUMMARY OF RESULTS FOR ASSIGNMENTS IN PHASE ONE

Individual Assignments	Focus graduate capabilities										Generic			
	Title	Course	Grade	Science	Social Cult	Patient Assess	Effect Comm	Team Work	Self Dir	Eth Leg	Ref Pract	Effect Comm	Self Dir	Ref Pract
A3: Body image & eating disorders	BGD 1	P-			P-	P-						P-	P	P
A5: Global burden of disease - hepatitis	HM 1	P+	P+					P+				P+	P	P
A2: Eat to beat multiple sclerosis	AE 1	P	P+			P						P	P	P
A6: Communication assignment – interview with a disabled patient	SH 1	P					P			P		P	P-	P-
A1: IVF: not just infertility treatment	BGD 2	P				P				P		P	P+	P
A7: Diabetes – why is teamwork important?	HM 2	P+	P					P+				P+	P+	P
A8: Should euthanasia be legal in Australia?	AE 2	P+							P+	P		P+	P+	P
A4: Developing a clinical understanding of pneumonia	SH 2	P			P+	P						P	P	P

Total assignments passed: 8
Facilitator Training Info - Feb 10

Social and Cultural Aspects of Health and Disease

Phase 1 Assignment grades and feedback for this capability

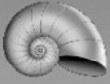
Title: A10: Global Tobacco Control [81D-F69]
 Grade: P
 Feedback: A satisfactory, four country comparison of tobacco use, advertising and attempts by government to regulate sales, and limit exposure to tobacco smoke. The social and cultural capability was adequately covered. The role of gender, ethnicity and socio-economic status in influencing tobacco use were addressed thoroughly and well.

Phase 1 Group Project grades and feedback for this capability

Title: Assessing cardiovascular health and risk factors [Social Focus] - CAD [43F-411]
 Grade: P
 Feedback: Well done. Good epidemiological evidence was brought into both the introduction and the discussion. Some very good evidence was found and used well to describe (rather briefly) the socio-cultural influences underlying CAD and their inter-relation.

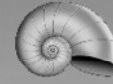
Title: P4: Prevention of Osteoporosis [QBXSHBJ]
 Grade: P
 Feedback: Low P
 Adequate however consider the following:
 -What are the Ca recommendations for children & adolescents
 -Repetitious re-consider structure to address all social, cultural & genetic factors in one section
 -You imply that dairy is the only adequate source of Ca which is not the case – acknowledge other sources
 -Exercise & weight sections are poorly addressed





Two Parts of the Portfolio

- Summary of grades and feedback from assessors on all assignments and group projects
- Peer & Facilitator feedback
- Informal evidence
- Student's reflections, in an essay on each capability, on the evidence and on other experiences, on issues identified, actions taken, and plans for improvement



Facilitator role in assessment

- Explain requirements
- Help students choose optional As and Ps
- Help students negotiate and implement Assignments
- Check on project groups
- Feedback on presentations
- Assess Assignments and Projects (and Portfolios)