

Summary of responses to MedSEQ Survey and Focus Group evaluations of Phase 1

This document summarises the results of the above evaluations of Phase 1. These evaluations were conducted in 2008/9 and involved collating the responses to the MedSEQ survey, and conducting focus groups with staff and students. The responses detailed below are taken from the discussion at the Phase 1 Committee meetings on June 25th and July 30th, subsequent feedback, and actions already underway.

In general the Phase 1 Committee was pleased with the positive feedback on the Phase and with the improving trend in several areas. Convenors noted that the information from these evaluations would be very useful in the upcoming review of the curriculum and of teaching arrangements. The evaluations have facilitated the quite positive response from Committee members to the consequential curriculum review and reform proposals.

Responses to each significant issue raised are canvassed below. **Actions taken are in red type.**

Student issues

SG sessions

Students:

Strong message that the selection, training and support of phase 1 facilitators needs improvement
Desire for review of some scenario group session instructional design

Challenges: adult learning style, balance between input and discussion, make focus relevant to other teaching, low structure, poor facilitation.

Improve: more basic and clinical sciences, better facilitators, shorten SGs, more on SDL.

Staff:

Challenges: dysfunctional project groups. Students don't cope well with patients who have multiple problems. Frustrating not to give information, frustrating when student inputs are wrong, the students want medicos for facilitators. SG rooms are noisy.

Improve: need help with difficult students, need backup when there are problems. SG equipment

P1 convenors:

Challenges: teamwork is a problem because many groups don't work as a team but rather as individuals in a group

Improve: get students to document project group meetings, give them more choice of topic eg they could negotiate a topic. Would need to shorten them to 2 hours once a week to get a bigger range of facilitators, remove padding

Actions:

- Improvements in selection and training for ~50% of facilitators are in place (casual and contract), but are budget sensitive. Resources to address specific issues are being planned, but subject to L&TPF funding.
- Quicker and more supportive response from all convenors when student discipline issues are raised.
- Agreement from convenors to make session plans more clinically relevant and more integrative of the disciplines where possible.
- P1 Committee is considering the design of sessions, but there is a view that the designs have improved since earlier years.
- Relevance to other teaching being partially addressed by content reviews.
- Expert tutorials being reviewed.

Group projects

Students:

Challenges: poor or ineffective groups, useful skills for ILP

Staff:

Sometimes students cut and paste without understanding

Actions:

- All courses now offer a teamwork project that addresses Teamwork processes and SDL
- More support and explicit teaching on teamwork processes is being prepared.
- Inclusion of a mark for the project presentation in the grading of project reports is being considered.

Teamwork system

Best: positive comments identified, negative were anonymous

Challenges: hard to give negative feedback, being diplomatic, students dictating desired comments. Not always helpful for us as future doctors. We write for the examiners

Improve: give comments during projects, negative comments at end are cowardly, give more structure for comments

Comment:

Some students are gaming the system by writing for the examiners, but this is not necessarily a bad thing if it requires them to canvass issues and offer feedback.

Actions:

- Criteria for comments in teamwork system are being reviewed.

Portfolio

Challenges: start earlier and keep record of reflections. We write for the examiners and not for reflection, teach us about reflection

Improve: encourage more consistent and relevant reflections. Some examiners don't read the record carefully, make it formative, review assessment of reflection, make it about reflection and not marks, make it a viva, make it pass/fail.

Comment:

Some students are gaming the system by writing for the examiners, but again this is not necessarily a bad thing if they have to canvass the evidence in their portfolios and address issues that are apparent. Much of the teaching about reflection occurs in Foundations and this may have more impact if an element of assessment is introduced into this course.

There is variable quality of feedback on reflection in assignments and projects, however relevant staff have noticed improvements in reflective writing in the last few years.

Actions:

- Better sample portfolios on website.
- Improve advice to staff and students on reflective writing.

Feedback and assessment

Students desire better information to be communicated about assessments, more consistent marking, and the provision of feedback on why they achieved particular grades. They desire greater support with assessment tasks, more feedback on exam performances, and more detailed and constructive feedback on assignments and projects.

Challenges: some feedback does not fit assignment, needs to be timely. Sometimes weighting in the teaching does not match the weighting in the exams

Improve: how to improve, acknowledge work done, more consistent feedback, more feedback on CCS sessions.

Actions:

- Proposal for self-assessment has gone to the Assessment Working Party. Aims to improve self-assessment for students, and quality of feedback given by markers.
- The 'Criteria for assessment' are to be displayed on the marking sheet in future.
- Exam sub-committee of P1 committee is improving blueprinting of exams.
- Training and calibration sessions for markers of Assignments and Projects are being offered in all courses. Attendance is patchy so alternate processes are being considered.

General comments

Challenges: cover more content. Keep rolls to alleviate overcrowding, more hands on in anatomy pracs, better biochem and microbiology in Phase 1

Improve: more on sciences. Coordinate clinical sciences in phase 1 better, teach us about teaching so we can teach each other.

Comment:

- Rolls are an issue in all small-group teaching sessions but the logistics of handling paper rolls make checking them difficult.
- Content review should help focus the teaching. New dis-integrated semester one structure may allow for some work on mentoring and teaching skills for year 2s.

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