

Children's and Genetics Directorate Joint NHS/University Teaching Committee

Notes of Meeting on 24th November 2016

Present:

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| Professor Peter Sullivan | Director of Learning Teaching and Assessment | PS (Chair) |
| Miss Nicky Gregg | Course Administrator | NG |
| Dr Andy Ives | Consultant Paediatrician | AI |
| Dr Dominic Kelly | Consultant Paediatrician | DK |
| Dr Mandy Rose | Consultant Paediatrician | MR |
| Dr Simon Drysdale | Clinical Lecturer | SD |
| Dr Morag Andrew | Clinical Lecturer | MA |
| Dr Sanja Zivanovic | Clinical Lecturer | SZ |
| Rebecca Oram | Student | RO |
| Lee Quek | Student | LQ |

1. Apologies:

Dr Kevin Ives
Prof Paul Johnson

2. Action Points from Previous Meeting held on 11 August

A) *Response to end of Course Feedback Sessions: JR223*

Lectures

AI & PS to review cardiology feedback, if it continues to be bad **PS** will peer observe Dr Adwani's lecture.

Conclusion: PS hasn't observed Dr Adwani's lecture but has spoken with him regarding restructuring and tailoring his lecture to the core curriculum i.e. focus on 3 topics. Dr Adwani said he has already done this and would like to wait for the feedback from JR225 before any further action is taken.

Action: PS and AI to look at JR225 student feedback regarding the cardiology lecture and will report back to Dr Adwani.

B) Clinical exam - create two parallel combined Accidental Injury and Recognition of a Sick Child stations.

NG incorporated parallel combined Accidental Injury and Recognition of a Sick Child stations into the clinical exam from July 2016.

C) Timing Clinical exam

A 30 second break between 10 minute stations has been incorporated into the clinical exam from July 2016.

D) Clinical Exam – Updating communication and examination station from January 2017

Updating the clinical exam will be pushed back to July 2017 to be in line with the start of the new academic year.

Action: PS will investigate using examination scenario he observed at UCL when he was an external examiner and develop 2 more examination scenarios with **AI**. **AI** will develop 3 new communication scenarios. Scenarios to be brought to and discussed at the next Teaching Committee.

3. Response to end of Course Feedback Sessions: JR223

Course Overview

Very Positive feedback

Things that worked well

Well organised
Website and information provided
Lots of teaching opportunities

Things to improve

Exam feedback: Those who need to re-sit identified in front of whole firm

Exam feedback is now given individually

Action: None

Cardiology lecture: Overwhelming and covered in too much detail instead of explaining principles required (multiple)

Please see action points from Previous Meeting held on 11 August: A - lectures

Paediatric case rounds: Would be better to either have an uninterrupted presentation from each mini group on their topic, or get everyone to prepare all topics and lead as an open discussion

A discussion took place regarding the above; NG stated that although students only prepare 1 case to present in small groups, they are clearly told at the introduction lecture that they are expected to look at all the cases, as it is an interactive session and they are expected to participate in the discussion on all cases. During the discussion it was also mentioned that there was a lack of continuity of how the facilitators run the session.

Action: Clinical lecturers to get together to create a guide for facilitators.

End of course tutor appraisal very variable between individuals, but contributes to overall mark and therefore F1 placement! Too subjective.

NG stated the above was incorrect as the course tutor report does not contribute to overall mark and therefore F1 placement.

Action: None

Learning objectives and MCQ question mismatch - not all questions covered by learning objectives e.g. Perthe's disease question.

A discussion took place regarding the above; it was thought that the students only want to be examined on what's been covered in the modules/lectures and get hung up on the learning objective, taking them too literally. All topics for MCQs are covered in the Illustrated Textbook of Paediatrics, which Prof Sullivan clearly states in the introduction lecture.

Conclusion: MCQ questions are constantly monitored and questions that very few students get right are taken out.

Action: PG and AI continue to review MCQs.

More MCQ examples would help exam preparation

Please see action points from issues raised by student committee members

Response to end of Course Feedback Sessions: JR224

Course Overview

Students were pretty unhappy, critical of the teaching provision and delivery.

Things that worked well

Clear aims and objectives
Course well organised
Appropriate support when needed
Outpatients
Paediatric Website
DGH placement
Tutorials

Things to improve

Lectures: should cover more of the learning objectives, need to be more relevant to the syllabus, need to be in week 1 and 2 only.

Lectures are not designed to cover all the learning objectives. Lectures cannot all be scheduled in weeks 1 and 2 of the course.

Action: None

Clinical skills booklet (difficult to get it done, source of stress).

A discussion took place about whether the clinical skills booklet should be kept.

Conclusion: Skills booklet provides students with guidance during their 4 week clinical attachment. It also replicates what happens when students have qualified i.e. evidence needed for eportfolios

Action: None

More practice for the MCQs.

Please see action points from issues raised by student committee members.

Paediatric Case Rounds were also mentioned, scoring 17.9% excellent and 21.4% poor.

The above suggests that students either love or hate Paediatric Case Rounds. Students who scored poorly would have liked to be given the answers; clinical scenarios didn't prepare the students for MCQs.

Conclusion: Medicine is not black and white, there are no set answers. We are educating students to be a doctor i.e. a clinical decision maker not just to pass exams.

Action: None

4. DGH and Overseas Attachment Issues

Queen Elizabeth Hospital in Barbados received mixed feedback.

Conclusion: AI to continue to monitor feedback to see if it should continue to be on approved list of overseas hospital.

Action: AI to continue to monitor feedback

5. Elective Students

None

6. Issues Raised by Student Committee Member

A lot of the issues had already been raised in response to feedback for JR223 and JR224.

General feeling was that students had enjoyed their paediatric rotation but felt under prepared for MCQ's.

Students liked the following:

Organisation
Website
Tutorials
DGH placements

Students didn't like the following:

Teaching/lectures to be compulsory

Conclusion: We have a duty to the GMC to equip students with the core knowledge.

Action: None

MCQ's too hard and content not covered by modules and lectures.

Please see response to end of course feedback Sessions: JR223: Things to be improved - Learning objectives and MCQ question mismatch

MCQ's – would like a bank of MCQ's to practice that you don't have to pay for.

There are published resources available and MR stated there was also an online MCQ resource available.

Conclusion: Students to investigate sources of MCQ's available

Action: Students to investigate sources of MCQ's available. MR to provide details of the MCQ online resource to PS.

7. Student Issues

None

8. Methods of assessment

Clinical Exam: Please see action point from Previous Meeting held on 11 August: Clinical Exam – Updating communication and examination station from January 2017

9. Any Other Business

Radiology Lecture

AI asked Ash Chakraborty to pop into to the teaching committee as he has taken on responsibility for radiology teaching and is keen to formalise teaching across year 5.

Conclusion: Clinical lectures to draw up a list of essential paediatric radiology topics for Ash Chakraborty to design his radiology lecture around. This will be delivered in weeks 1 and 2 of the paediatric rotation starting from July 2017.

Action: Clinical lecturers to get together to create a list of the essential paediatric radiology topics for Ash Chakraborty to design his radiology lecture around.

E portfolio

The medical school want to roll out the E-Portfolio to Year 5 from July 2017. Administrators could decide what tasks to use it for, but if it was possible to implement at least one thing per course that would be helpful and would provide continuity of use for those students currently in Year 4.

Conclusion: To upload the Paediatric Clinical Attachment Report to E-Portfolio, to be available from July 2017.

Action: NG to upload the Paediatric Clinical Attachment Report to E-Portfolio.

10. Date of Next Meeting

Action: NG to circulate the date nearer the time.