

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

## Notes of Meeting on 11<sup>th</sup> August 2016

### Present:

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 Simon Drysdale	Clinical Lecturer	SD
Dr Morag Andrew	Clinical Lecturer	MA

### 1. Apologies:

Prof Paul Johnson  
Dr Maria Finnis  
Dr Kevin Ives  
Dr Sanja Zivanovic  
Yonni Dennis  
Eleanor Edge

### 2. Action Points from Previous Meeting held on 24 March

#### A) Accommodation at Liverpool

Student feedback has improved regarding the accommodation provided at Liverpool, apart from the lack of internet in the accommodation. Jean Maguire lets the students know before they arrive that there isn't any internet access in the offsite accommodation, but it is only a short distance to the main hospital, so the students can use the Wi-Fi in the Hospital and/or library in the Institute.

Conclusion: PS confirmed this was perfectly acceptable.

**Action: None**

#### B) Lectures

**AI** continuing to monitor lecture feedback. Please see note: 3 - Response to end of Course Feedback Sessions: JR223/lectures, regarding Cardiology lecture.

### 3. Response to end of Course Feedback Sessions: JR221

Assessments appropriate to learning objectives

Only 51.8% of students strongly agreed or agreed the assessments were appropriate to the learning objectives.

Conclusion: The committee feels that the assessments are aligned with the learning objectives, which was supported by the feedback from JR222 where only 4% disagreed that the assessments were appropriate to the learning objectives.

**Action: None**

## Paediatric Case Rounds

37% of students thought the Paediatric Case Rounds were poor.

Conclusion: This feedback was before the changes for the Paediatric Case Rounds had been implemented.

**Action: None**

1 student commented that on the whole lectures were badly taught. PS disagreed as he had written a paper on peer observation of teaching when he was previously the Course Director and confirmed individual lecturers received good feedback.

Conclusion: The lectures/lecturers have not substantially changed since the above was completed.

**Action: None**

## **Response to end of Course Feedback Sessions: JR223**

### Course Overview

The student's feedback was very positive.

### Paediatrics Case Rounds

77% thought the Paediatric Case Rounds were excellent and commented Paeds seem to have mastered it.

### Lectures

Lectures received generally good feedback apart from the Cardiology lecture which was poor – recommended changing lecturer, 155 slides and did not cover syllabus. AI has since discussed the content of the lecture and aligning it with the learning objectives with Dr Adwani. Dr Adwani has made changes to his lecture but has increased his slides to 178 rather than decreasing them. A long discussion took place about how to get Dr Awandi to concentrate on just the learning objectives and therefore cut back his lecture to be in line with the other lectures on the course.

Conclusion: We will wait to see what the feedback is from JR223 for the Cardiology lecture. If the feedback continues to be bad PS will peer observe Dr Adwani's lecture.

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

### Clinical exam

Problem with 5 min stations: timing of the 5 minute Accidental Injury and Recognition of a Sick Child stations and swapping over with another student.

Conclusion: Create two parallel combined Accidental Injury and Recognition of a Sick Child stations.

**Action: NG** to incorporate parallel combined Accidental Injury and Recognition of a Sick Child stations into the clinical exam from July 2016.

## Timing in the Clinical Exam

Some students got differing times due to the fact that some of the examiners would be writing comments about the previous candidate.

Conclusion: Include a 30 second break between stations.

**Action:** A 30 second break between 10 minute stations will be incorporated into the clinical exam from July 2016.

Updating the Communication and Examination station was then discussed, please see note 8.

## 4. DGH and Overseas Attachment Issues

None

## 5. Elective Students

None

## 6. Issues Raised by Student Committee Member

None as students were absent

## 7. Student Issues

1 student from 2015-2016 still needs to complete and pass the clinical exam before they can pass their paediatric rotation.

## 8. Methods of assessment

Clinical Exam: Discussed updating the communication and examination station from January 2017. Examination station scenario would be a simulated child with croup, with a nurse role player. Communication station scenario would involve an actor playing an angry parent. We would need at least 2/3 different scenarios for the examination station and 3 different scenarios for the Communication station. There was concern expressed of updating the above stations half way through an academic year, it was thought students might complain it was unfair. PG and AI thought it could be incorporated fairly in the middle of the academic year.

**Action:** **PS** will investigate using examination scenario he observed at UCL when he was an external examiner. **AI** will develop 3 new communication scenarios.

## 9. Any Other Business

None

## 10. Date of Next Meeting

**Action:** **NG** to circulate the date nearer the time.