

**Staff Student Liaison Group (years 1 and 2) meeting**

10th December 2008

15.00

128, SAFB

South Kensington Campus

**Minutes**

Present:, Mr M Chamberlain (Chair), Mr A Chopra, Dr M Croucher, Professor N Curtin, Miss R Elmahdi, Dr M Goodier, Ms H Harrington, Professor J Higham, Mr A Hosin, Mr A Janmohamed, Miss K Khan, Professor J Laycock, Professor K Meeran, Mr R Mudannayake, Dr E Muir, Miss K Rajasooriar, Mr P Ratcliffe, Ms M Rodger, Ms J Shiel, Miss R Singh, Miss K Wright

In attendance: Ms J Williams (secretary)

Apologies: Mr R Barnard, Dr M Barrett, Dr C Gregory Evans, Ms M Foot, Professor G Frost, Dr S Gentleman, Ms L Jones, Ms E McGovern, Dr M Morrell, Dr A Raby, Ms J Smith, Dr M Toledano, Mr P Washer

Meeting commenced at 15.00

1. **Welcome & Apologies for Absence**
2. **Terms of Reference**  
 AGREED: a) that the Terms of Reference and Membership be received and approved [paper SSLG1,20809-01]
3. **Minutes of the Meeting Held on 28<sup>th</sup> May 2008**  
 AGREED: a) that the Minutes of the meeting held on 28<sup>th</sup> May 2008 be received and approved [paper SSLG1,200809-02].
4. **Matters Arising**
  - 4.1 RECEIVED: a) Paper [SSLG1,20809-03]
  - 4.1 REPORTED: **Minute 4.1.c Review of Skin course**  
 a) that the theme leader had arranged to meet with the Skin course leader with a view to revising the course under the wider curriculum review process.
  - 4.2 REPORTED: **Minute 4.1.e FAQs for PBL exam**  
 a) that these had been completed and were on the Year 1 Assessment page of the teaching intranet.
  - 4.3 REPORTED: **Minute 4.2.c Diagnostics teaching**  
 a) that the feedback to the revision of this course had been good and the further student comments would be considered for 2009/10 teaching.
  - 4.4 REPORTED: **Minute 4.2.d Anatomy Flash cards**  
 a) that use of these would be investigated with the new Head of Anatomy and SU.  

**Action: Education Rep (Yrs 1 and 2)**
  - REPORTED: **Minute 6.1.d PBL in SOLE**  
 a) that Year 2 PBL tutors were being evaluated using SOLE and it was hoped this would be extended to include Year 1 tutors.



AGREED: b) that in future students would consult with their Personal tutor and/or Head of Undergraduate Medicine to ensure that their academic progress was not hampered by the uptake of a sabbatical post.

8. **Library**  
NOTED: a) that in January 2009 the Library would be holding an open forum for staff and students and this would be advertised in the New Year.  
b) that students were thanked for their participation in the central library space survey.  
c) that the Year 1 Olivia quiz results would be posted on the web by the end of term.  
d) that Helen Harrington was also the Libraries' Disability Officer and would be happy to help with any issues raised in this area, eg book fetching service.

9. **Non academic issues**

- 9.1 **Welfare**  
NOTED: a) that the College would be running workshops to help students deal with anxiety during exam times in March 2009 and that these would be advertised by the Head of Pastoral Care and Welfare Rep.

- 9.2 **Water Fountain**  
NOTED: a) that a water fountain would be available in SAFB by Christmas.  
AGREED: b) that the Student Services Manager and ICSM SU president would continue to work with Estates to achieve this at the Reynolds Building at Charing Cross.

10. **Dates of Meetings for 2008/9**  
4<sup>th</sup> March and 27<sup>th</sup> May 2009 at 3pm in 128, SAFB

Meeting Closed at: 16.45

*MC/JW*  
*Dec 2008*

**To:** Staff Student Liaison Group Meeting (Yrs 1, 2)

**Date:** 4<sup>th</sup> March 2009

**Presented by:** Mr Mark Chamberlain

**Written by:** Ms Jo Williams

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**Matters arising from SSLG1,2 held on 4<sup>th</sup> March 2009**

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**1. Introduction**

Matters arising from the previous Minutes.

**2. Recommendations**

The committee is invited to:

Note the updates on the following matters arising from meeting on 10<sup>th</sup>  
December 2008

Minute 4.4    Use of Anatomy Flash cards                      ICSMSU Ed Rep (Yrs 1 and 2)

Minute 5.1    Feeding back student comments                      Curriculum Admin (yrs 1,2)  
That the reports submitted to the SSLG1,2 had been circulated to all course leaders who had found these useful when reviewing their courses for the curriculum review.

Minute 5.2.    Noise in Lecture Theatre                                      ICSMSU Ed Rep and Year Reps  
That this had been addressed and was being monitored regularly

Minute 5.3    First Aid Course                                                      Head of Years 1 and 2  
That this had been fed into the curriculum review process

Minute 6.1    SOLE participation                                                      Head of Quality  
That following the last SSLG1,2 meeting and encouragement from Reps and Head of Quality, student participation had greatly improved with the Faculty of Medicine finishing 3<sup>rd</sup> in the College.

**To: Staff Student Liaison Group (years 1 and 2) meeting**

**Date:** Wednesday 4<sup>th</sup> March 2009

**Presented by:** Year 1 & 2 Reps

**Written by:** Anil Chopra

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**Spring term Student Feedback**

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**1. Introduction**

This is the feedback that the year 1 and 2 education representatives have gathered from liaising with their peers in the spring term.

**2. Year 1 Feedback (LCRS, LSS & FOCP)**

**i. Neuroscience:**

- a. Students found the course very interesting & engaging
- b. The practical sessions were enjoyable especially the "Model of the brain" practical.
- c. Video on epilepsy very good.
- d. Overall a very well taught course.

**ii. Endocrinology:**

- a. Another very well taught course with little negative feedback.
- b. Students thank the course leaders for excellent structure of the course and especially appreciate the tutorials on a particular subject being just after that lecture

**iii. Human Life Cycle**

- a. A very challenging but very interesting and fascinating course.
- b. There was a complication with one lecture. Students were not sure if the lecture was cancelled or if it was supposed to be self-taught.
- c. There has been a suggestion that Lecture 7 could have been split into 2 – Urinary system first, and then Genital System.
- d. Summary lecture at the end of the course would be very beneficial as it would bring together an already very complex module.
- e. Symbrio and The Embryonic Disk very helpful to clarify things that you may not have understood in the lectures. The task sheet was well received as it was useful revision of the lectures.

**iv. Musculoskeletal system**

- a. Good consolidation of muscle contraction lecture from MCD.
- b. Videos are thought to be useful.
- c. Many were pleased it was consolidated into one morning session.

**v. Anatomy of the Thorax**

- a. Students easily link lecture material with material covered in the dissection and lab sessions.
- b. The introductory anatomy session at the beginning of last term was beneficial as concepts were familiar when they were taught in the first anatomy session this term.
- c. There appears to be shortage of demonstrators. (see year 2 feedback)

- vi. **Cardiovascular System**
    - a. A difficult but well structured & enjoyable course.
    - b. The quizzes are very useful, however they T/F format whereas exams questions will now all be SBA. Are there to be any SBA style questions for us in the near future.
    - c. Whilst the lecture and practicals were engaging, more time could have been spent on ECG's as understand them is quite difficult. Abnormality interpretation is seen as very challenging.
    - d. Lecture notes in the course are long blocks of writing. Students generally prefer a summary of the lecture rather than detailed course guide notes.
    - e. The material on thrombosis, embolism is thought to be repeated from MCD.
    - f. There are some mathematical and mechanical concepts quite hard if students did not take a physics A-level. Students are unsure as to whether they will need to do complex calculations in their exam.
  - vii. **Respiratory System:**
    - a. No teaching as yet
  - viii. **Clinical Communications Session 5**
    - a. Very well received in all cases. Students were mostly very nervous at first and were reluctant to complete the task but found it very useful, especially the individual feedback from the tutors.
    - b. More guidance was needed about the reflective assignment. Many were not sure what level of detail to put into it and ended up using the examples too often.
  - ix. **PBL**
    - a. PBL cases interesting this term.
    - b. A suggestion was made that the lecture on androgen sensitivity be before the PBL session on it (currently the lecture is after the case).
  - x. **PCC**
    - a. Students have thoroughly enjoyed the PCC tutorials.
    - b. It is thought that the tutorial length is OK. (no longer than 3 hours)
    - c. It was noted that some consultants did not give a great deal of feedback regarding the PCC Essays. Tutor dependent. It was suggested that during one of the tutorials, the consultant tutor spend 5 minutes 1 to 1 with each student giving feedback about the good and bad points regarding their essay.
    - d. Patient placements on the whole were good and any problems with them were sorted out in good time.
    - e. The GP placements were more disorganised: in many cases the staff at the GP surgery were unaware of the students' arrival.
  - xi. **Peer-marked self assessment session**
    - a. Many students found this very useful as an insight in to the depth of knowledge required for the exam.
    - b. Some said they would've like to have gone through the answers to the SBA and EMQs so they could've been explained, as well as having the answers up on the intranet.
  - xii. **General**
    - a. Lecture slides not put up very quickly. Could you encourage lecturers to e-mail their slides to the UMO as soon as possible?
- 3. Year 2 Feedback (LCRS, MCD & FOCP)**
- i. **Anatomy of limbs:**
    - a. Generally thought to be a very well taught course.
    - b. Repetition between lectures and living anatomy sessions was found to be an excellent method of teaching.

- c. Is it possible to have videos similar to those on Head and Neck anatomy made? These videos were an excellent learning tool.
  - d. Students would like to see more diagrams in the course guide if possible.
  - e. There is a serious lack in demonstrators in most sessions. In future, if there are not enough demonstrators, can groups be combined so that all students will have a demonstrator teaching them? Some students have found self teaching useful so perhaps by still having a cadaver per group, students will have an option between self teaching and demonstrator lead learning.
  - f. Schedule more sessions, we would have benefited from an extra session in Living Anatomy.
  - g. Generally more resources needed for Anatomy e.g. use of DR for tutorials, videos, pictures in course guide for Limbs. There have also been numerous requests for some sample exam questions.
  - h. Paul Strutton - excellent demonstrator
  - i. On the whole students generally believe that there is not enough anatomy teaching in both years 1 and 2, and their knowledge of anatomy is not as good as they would like.
- ii. Neuroscience and Mental Health – Psychology**
- a. Feedback from those who are resitting the year has shown that the course structure is much better compared to last year.
  - b. Generally very well taught.
  - c. Students enjoy the in lecture experiments.
  - d. Some students find it hard to grasp to what detail the lectures need to be learnt, but this is most probably down to the nature of psychology. There has also been a request for some example exam questions.
  - e. Good use of interactive resources e.g. Youtube videos
- iii. Pharmacology & Therapeutics**
- a. Very well taught, good tutorials. More if possible!
  - b. Thank you for the drugs list. Very useful.
- iv. MCD:**
- a. Very much enjoyed course.
  - b. MCD- excellent lectures esp Nigel Gooderham. Thank Tony Magee for Cell Cycle tutorial and modification of Cell Cycle. Lectures uploaded before lecture for the most part.
  - c. People would prefer similar subjects closer together. Disjointed.
  - d. Immunology lectures can be as the material covered in each one is quite similar. Bits of it are also covered in the year 1 Respiratory science (ABK) course e.g. Hypersensitivity.
- v. PBL**
- a. Like that PBL final tutor assessment provides another platform for review of professional aspects of student performance.
  - b. Very positive feedback on critical appraisal case (case 4). Hugely important in allowing students to look at EBM and how we can think about beginning to apply it in practise.
  - c. Case 5 was also very useful as it was not only a brilliant case for scientific and clinical education but also prompted discussion on social debates and the health professional's role and duties. It therefore made it an ideal final case for integrating many aspect of the year 2 course.
  - d. Liked the opportunity to provide feedback to peers on their performance. Perhaps this could be introduced in individual final assessment.
  - e. Overlying problem is that despite the huge benefits of the course for professional education of students, many find it hard to dedicate much time to PBL (in term 2) over other work because of the nature of assessment (i.e. unofficially/does not contribute to final exams) . It may

be worth restructure Year 2 PBL by either reducing the number of sessions, or by only having sessions in term 1.

- vi. **PPD**
  - a. Students found the Belbin self test very enjoyable and useful in assessing aspects of group dynamic.
  - b. Found the session beneficial in taking stock of individual abilities and weaknesses and how this impacts on group work.
  - c. Although all found the session enjoyable and useful what was gained from the sessions did seem to vary between groups depending on their tutor.
- vii. **Clinical Communication**
  - a. Group work aspect of the written communication session very useful as it can be difficult to identify important points in written communication alone for the first time.
  - b. Very useful was the explanation of doctor-doctor written communication methods and procedures as it could be easy to get lost once we are on the wards with all the paperwork.
  - c. Liked the continual reminder that communication, even in written form should be patient centred.
  - d. Some student found the two hour sessions rather long. Perhaps shortening session time or incorporating a 15min break would be beneficial.
  - e. Students felt that it would have been beneficial to be taught how to present a patient history before their clinical attachment.
- viii. **Medical Ethics and Law**
  - a. Very popular course amongst students. Evokes a level of debate and discussion not normally seen in the medical school which is useful for student professional development.
  - b. Dr Kong's lectures were wonderful not only very informative with essential professional knowledge but also engaging.
  - c. The use of real life, high profile cases in medical ethics was really useful for student understanding of Legal institutions and procedures that would have been difficult to learn alone.
- ix. **Endocrinology**
  - a. Only covered diabetes. Students enjoyed the lectures and were happy that it was condensed in to one day.
- x. **Musculoskeletal**
  - a. Course Guides - Prof Curtin has explained the situation with the info not being submitted for course guides. Perhaps have only an intranet course guide in that case?
- i. **General**
  - a. Some students found it difficult to keep up with when and where online resources should be used. Perhaps a reminder at the start of the course of the assessments and sources which we are expected to complete and read on Blackboard should be made, especially in MEL and PPD
  - b. Students not told about the apparent 'black-listing' that they now being threatened with regards to their attendance at MEL and PBL sessions. This needs to be made clearer.
  - b. In some courses breaks are too long (anything between 10-20 minutes is more than adequate), that way we end earlier and get to leave earlier.
  - c. Having a less dense RAG week makes a huge difference. Possibly a mid-term reading week?
  - d. Personal tutors must ensure they keep all info confidential.