

Staff Student Liaison Group (Years 1 and 2) meeting

9th December 2009

15.00

128, SAFB

South Kensington Campus

Minutes

Present:, Mr A Chopra (Chair), Dr M Barrett, Ms R Campbell, Ms L Chow, Ms J Cousins, Dr M Emerson, Professor G Frost, Dr M Goodier, Mr A Hermani, Mr A Hosin, Dr C John, Dr P Kemp, Professor J Laycock, Dr M Lowrie, Dr M Morrell, Dr E Muir, Dr G Murtagh, Miss G Rajasooriar, Ms R Ramjan, Mr P Ratcliffe, Mr R Ravindran, Mr V Sounderajah, Mr D Thakker, Mr S Tran, Ms M Toro-Troconis,

In attendance: Ms J Williams (secretary)

Apologies: Professor J Higham, Professor K Meeran, Ms S English, Ms M Foot, Ms J Shiel, Ms E McGovern, Ms M Rodger

Meeting commenced at 15.00

1. **Terms of Reference**
RECEIVED: [Paper SSLG1,20910-01]
AGREED: a) that the TOR and membership for 2009/10 were approved
2. **Minutes of the Meeting Held on 27th May 2009**
RECEIVED: [paper SSLG1,2910-02].
AGREED: a) that the Minutes of the meeting held on 27th May 2009 were approved.
3. **Year 1 courses - student feedback**
RECEIVED: [paper SSLG1,20910-03] had been circulated to all course leaders
REPORTED: that points relating to specific lectures would be dealt with by course leaders although students were encouraged to ensure that these comments were also fed back via SOLE.
NOTED a) that students were unhappy with the varying standard of tutors which had been apparent amongst MCD tutors/practical demonstrators and in PBL.
b) that they felt that course guides were also of varying standard and would welcome consistency.
c) that the slides and lecture handouts would be preferred in non pdf format. Page numbers and dates would also help.
d) that they were unhappy when lecture slides were late in being posted on the intranet and in some cases did not materialise at all.
e) that they would welcome lectures being recorded and web streamed
f) that they would welcome reminders regarding changes to the timetable and when deadlines for work were required eg with schedule changes to MCD and deadlines for PCC essays.

- g) that students found the rotation timetables difficult to follow as some were in course guides, some on the intranet and some on blackboard. They would welcome having one place where all rotation timetables could be found.
- h) that the EIP course would greatly benefit from more clinical input to illustrate its relevance in general and not just related to research.
- AGREED: h) that the continual staffing shortages was often to blame for varying standards of tutors though course leaders would endeavour to improve training and therefore consistency.
- Action: Course leaders**
- i) that there were clear guidelines for producing course guides and lecture handouts and course leaders would be reminded of these, although it was pointed out that information provided would continue to be at the lecturer/course leaders discretion.
- Action: Head of Learning Resources**
- j) that students should email lecturers directly if their slides were not posted on the intranet within a few days of the lecture and if this failed to alert the course leader and Head of Year.
- Action: Student Year 1 Reps**
- k) that all course leaders would be asked if they had any objection to their lectures being web streamed and possibly having mp3 files on the intranet which could be downloaded.
- Action: Year 1 and 2 Curriculum Administrator**
- l) that plans were being developed to simplify the presentation of the timetables for the rotations for 2010/11
- Action: Year 1 and 2 Curriculum Administrator and Learning Resources Administrator**

4. Year 2 courses – student feedback

- RECEIVED: [paper SSLG1,20910-03] had been circulated to all course leaders
- REPORTED: a) that points relating to specific lectures would be dealt with by course leaders although students were encouraged to ensure that these comments were also fed back via SOLE.
- NOTED: b) that the PBL course was considered by some students not to be useful in Year 2 , partly as it was not assessed.
- c) that there was a lot of feedback on the new Science and Patient course and that a meeting between Year 2 student reps and the Science and Patient theme leaders would be useful.
- AGREED: d) that the PBL Theme Chair emphasised that it was the skills nature of PBL in Year 2 which was particularly useful and would consider ways of assessing this.
- Action: PBL Theme Chair**
- e) that the Science and Patient Theme Chairs would meet with Year reps in the Spring term. They would also speak to Year 2 to address common misconceptions about the course and to give them more detail about the summer term course and the assessment.
- Action: Science and Patient Theme Chairs and Student Year 2 reps**

5.
5.1

Assessment
Year 1

- NOTED: a) that students would welcome additional on line self tests
b) that students would welcome end of topic tests or quizzes in MCD
- AGREED: c) that students would be encouraged to write their own questions as in previous years and submit to the Year 1 Sub Board Chair who would ensure that they were modified by relevant staff and then make available to the Year.
Action: Year reps
- d) that the MCD theme chair would discuss with course leaders.
Action: MCD Theme Chair

5.2

Year 2

- NOTED: a) that there were now on line sample questions which had been compiled by students and moderated by staff on the intranet and more would be forthcoming next term
b) that some form of formative assessment and PMSA sessions would be very welcome
- AGREED: c) that Sub board Chair and Exams team to consider
Action: Year 2 Sub Board Chair (yr 2)

6.

Learning Resources – e portfolio

- REPORTED: a) that some students felt that they were unsure as to the purpose of e portfolio and also questioned its safety as regards confidentiality
- AGREED: b) that input from later year students emphasising its relevance throughout training would be useful.
c) that this new project would become more useful to students as they progressed through the course. Additional training would be given to tutors and a full evaluation would be undertaken at the end of the year.
Action: e portfolio team

7.
7.1

Quality
SOLE

- NOTED: a) that Autumn term SOLE was now open and students were encouraged to participate.
b) that students requested that more feedback on changes produced by SOLE be supplied.
- AGREED: c) that the QAE Manager already undertook to post this feedback but would ensure that this was up to date.
Action: QAE Manager

8.

Library

- REPORTED: a) that the Library sessions had been well received and attended

- AGREED:
- b) that a further session on the use of Refworks would be appreciated earlier in the course.
 - c) that the Hammermsith Campus library would offer extended opening hours and details were on the Library web page.
 - d) that the Library staff would consider these comments.
- Action: Library staff**

9.
9.1

- NOTED:
- Non academic issues**
Welfare
- a) that the new personal tutoring system in Year 1 was well received, although there was some comments that there were too many scheduled sessions..

9.2

- Attendance and behaviour**
- a) that the electronic monitoring of lecture attendance was working to identify those who regularly did not attend and might have problems that could be referred to the welfare team.
 - b) that some students felt the current process was unfair and felt that the monitoring should take place more often or not at all.
 - c) that ways of correlating attendance rates and pass marks would really help students see the benefits
 - d) that unruly behaviour in the Lecture theatres would not be tolerated and that the ICSM SU President would speak to students and the Head of Years 1 and 2 would be kept informed.
 - e) that the emails sent to non-attenders would be reviewed.

Action: Head of Years 1 and 2

10.

- RECEIVED:
NOTED:
- Student Agreement**
[paper SSLG1,20910-04]
- a) that the students and staff were supportive of the proposal to introduce this from 2010
 - b) that the Senior Tutor (Years 1 and 2) had been in discussions with those working as it was not thought appropriate for the personal tutors to be the signatory on behalf of the College.
- AGREED:
- It was likely that these would not be rolled out until 2010 intake and the Senior Tutor would remain involved.

11.

- NOTED:
- Any Other Business**
- a) that issues raised concerning facilities in SAFB should be addressed through the SU.

Meeting Closed at: 17.30

AC/JW
Dec 2009

To: SSLG 1,2

Date: 17th March 2010

Presented by: Year 1 and 2 reps

Written by: Year 1 and 2 reps

Term 2 Student Feedback

1. Introduction

There are 4 student reps from each of years 1 and 2 that have been given feedback from the years. The Committee is advised to consider the below and relay appropriately to the course leaders.

Feedback from Year 2

MCD

1. Course is well structured and well taught. Prof Tang's microbiology tutorial was excellent!
2. It would be better if the 1st tutorial was scheduled closer to the lectures on the topic (Actin).
3. We understand the spaces between practicals may be due to timetabling, but would it be possible for practicals to be done on one day. Particularly as some students travel in for one lecture per session.

Anatomy (General)

1. Living anatomy: some students claim to attend living anatomy purely to get registered. Some feel that the content could be learnt on their own. Interactive sessions were enjoyed, for example intubation in HNS so more would be appreciated.
2. Maybe lectures for anatomy could be a few days before dissection sessions. Although the current system can be good to consolidate knowledge if you have an instructor, if you cannot recall anything from the lecture, dissection feels a little pointless. We understand this may be difficult to timetable.
3. Limbs: Pictures in course guides notes would be welcome, particularly due to the nature of the course.

Musculoskeletal

1. Generally good, easy to understand. Lack of lecture notes, but all information is on the slides which are fine, but it would be good if would could have a proper course guide?
2. Lecture slides slow to be uploaded
3. Repetition of content? E.g. Rheumatoid Arthritis. - could this be condensed?

Pharmacology and Therapeutics

1. Generally good and tutorials were enjoyed. Really well taught course.
2. Could there be an overview of drugs lecture/notes? Maybe the Endocrinology course could do the same. Or could students write this and then the university proof reads this and makes it available, ready for the future students
3. More exam-style questions for practice would be welcomed – e.g. at the end of lectures, SAQs etc.

Neuroscience and Mental Healthy

Extremely well taught course.

Psychology

1. Students found the tutorials useful and enjoyed the opportunity to apply the theoretical concepts to clinical practice. More tutorials in future?
2. Could the tutorial cases be uploaded online?
3. The order of the lectures in the lecture guide did not match the order in which they were delivered.
4. Many people appreciated the fact that Dr Murphy included a small segment at the end of the final session to quickly outline vital exam material.

Human Life Cycle

A more comprehensive course guide would be greatly appreciated. Some of the content seemed to be repeated e.g. HRT

Science and the Patient

Students are distressed with the lack of information surrounding the Science and Patient course.

PBL

The general feeling is that PBL needs to be cut or changed drastically. They feel that there is no point to it this close to exams and this is reflected in the attitudes of groups.

Students suggested:

1. Cases could be more relevant to the material in the course – perhaps collaboration with Medical Ethics and Law so that the students have some experience before the FoCP exam.
2. They understood that learning how to do a critical appraisal is a good tool, but did not feel that this was the best way to learn how to critically appraise, especially when there was no feedback given after sessions.
3. Can tutors give better feedback to presentations, so students would feel more motivated to put in more effort?
4. It was also suggested that PBL changed to a more clinical/diagnosis based cases e.g. session 4 as this was more interesting.
5. Case 3: is too long, especially in the feedback sessions, with lots of learning objectives on top of the critical appraisals. It felt like people were going through the motion of feedback rather than getting actively involved with the session.

Medical Ethics

1. What is the point of the feedback sheets when they stay in our guides? If feedback is collected, can we please get some notes on what has been done with regards to the feedback? Other Medical Schools send out an email with points raised and action taken after feedback from students has been collected. This would be good and it would also give students a incentive to give proper feedback
2. General discussions of ethical issues were welcomed and enjoyed.
3. Clearer learning objectives?
4. Information on what the exam will be like.
5. Many enjoyed Dr Kong's presentations.

Clinical Communication

1. Written communication: no clear learning objectives and felt that the session needs to be shortened. However, some tutors were very enthusiastic which made the sessions more enjoyable.
2. Patient History: could have been done before firms. It seemed like repetition.

PPD

1. Groups felt that breaks within sessions were not welcomed and felt the sessions could be condensed.
2. Information on the format for exams would be welcomed and clear learning objectives.
3. There were 3 “work alone” sessions – many links were not working – particularly the links to student BMJ in the “globally aware doctor” session. Although the blackboard pages have been updated to include a warning “the link may take you to their current edition”, students have been unable to find the particular article which they were meant to read.

General

1. Feedback to students of changes made after SOLE
2. Can all timetables
3. Clear boundaries for punishment for missing lectures still needs to be set. We understand that it is university policy that we carry our ID cards at all time, but students feel that it is a little unfair to be penalised for this if just by chance they forget it on a day that we are registered.
4. Subjects/Topics that require more memory work, or are harder to understand could be put nearer to the beginning of the year:
E.g. MCD: Cancer (Cell Cycle) is difficult therefore it would be good if it was in 1st term.
5. Students do not enjoy lectures that are just read off the slides.
6. On the blackboard homepage, could the year 2 links be moved to the top of the list?
7. There is little to no wireless network signal in Drewe LT, CX. Could a wireless box be installed?
8. International students would like more information on where the money from their fees is going and also think that is it unfair that fees are increasing each year and some are finding it difficult to afford as they feel that they are not given sufficient warning in order to save enough to pay. Who can we go to in order to address this issue?

Feedback from Year 1

LSS

Cardiovascular System

- Excellent course leader whose own lectures are interesting and well-structured.
- Quizzes and tutorial were very good and welcomed.
- Mixed response to course guide: some students prefer complete set of notes as opposed to just learning objectives, whereas others were happy to just use the slides and ignore the course guide.
- 'Heart and Circulation' and 'Thrombosis Infarction and Embolism'- slides were hard to follow and there were too many of them.
- 'ECG: identifying basic disturbances of rhythm': very rushed lecture. Perhaps could be in a tutorial as ECGs are a hard concept.
- Slides on MBBS Year 1 intranet often do not match lecturers' slides.
- There were some timetabling errors published on the intranet.

Respiratory System

- Teaching has only recently begun so there has not been a lot of feedback yet.
- Excellent course so far with a lot of small group teaching, which makes for a better learning environment.

Anatomy of the Thorax

- More emphasis should be placed on anatomy.tv as a lot of students are unaware of it.
- Dr Paul Strutton's lectures were excellent, but it was very similar to Gray's Anatomy's notes in the textbook.
- Breast lecture was a bit rushed.
- Could slides be provided earlier, as they were different to last year's?
- A small number of students had wrong information taught to them in the dissecting room- could the demonstrators be briefed beforehand, if this is not already the case?
- Students felt they benefited from dissection, but would like the college's counselling services/personal tutors to be highlighted in one of the introductory sessions so that students who feel extremely affected by the use of cadavers have someone to go to.

LCRS

Musculoskeletal

- A tutorial to consolidate concepts would be much appreciated.
- 'Molecules of Movement' lecture was thought to be quite advanced- perhaps the concepts could be explained more simply?

Endocrinology

- Extremely well taught- it is very effective having two lectures followed by a tutorial that consolidates the information.
- MCQs at the end are very much appreciated and would be welcomed for all courses.

Human Life Cycle

- Some of the basic concepts were not taught well enough in order for students to understand the other information being taught.
- Having diagrams with no accompanying text on many of the slides makes it extremely difficult to learn HLC.

- We understand that we are expected to do our own reading, but embryology is a very confusing subject and we feel it needs to be broken down and explained in a slower pace- perhaps over more lectures?
- Some of the lectures heavy in content were rushed.
- Some lectures don't have learning objectives so it is difficult to know what to read up on and learn.
- Students felt that last lecture on the development of urinary and reproductive organs could have been split into two lectures as it was very complex and rushed.
- Students would appreciate if there were similar end of unit quizzes like those in Cardiology or Endocrinology.

Neuroscience & Mental Health

- Lectures are very well taught.
- The thirty minute practicals felt a bit rushed- more time necessary in order to understand the concepts better.
- Not all were thought to be useful, particularly Session 6 in MDL1 where students simply copied information off of boards.

FOCP

PCC

- Very enjoyable experience for most students.
- Some placements are very far- is there any way of changing this?
- More guidance necessary, as many students did not know what to submit on Blackboard before the second tutorial.
- The time allocated between tutorials is too little.
- Could the assignments be more spread out?
- Feedback on essays and submitted surveys- could tutors be encouraged to do them more quickly? Some students feel their tutor is unavailable between tutorials.
- We would like to request that PCC tutors do not set deadlines of their own. For example, one group had to submit their essay by 28th February and this didn't give them enough time to receive feedback from the CC assignment in order to help them. We would welcome more dialogue between PCC and CC.

PBL

- We appreciated the provision of a PBL formative case for us but many found the feedback session unsatisfactory as it did not go in to much detail about how the marks were allocated.
- For some cases, students have suggested that after the presentations they should discuss the case again to get a sense of conclusion and understanding of it as a whole rather than just targeted learning objectives.

General

- Even after the introductory lecture on dissections, there has been an issue with students feeling uncomfortable with using cadavers particularly when cadavers are named and their faces exposed. Is there any support for them?
- IC Exam Stress Clinics- many were booked up last term. Is it possible for them to have ones specific to medical students?
- Students would welcome more self tests.

- Students welcome slides with good notes sections, for example Dr Alun Hughes' lecture on 'blood vessels and blood flow'.
- Some clinical lecturers aren't briefed enough on how much we already know and so occasionally give us lectures that are slightly too difficult and don't integrate with the knowledge we have.

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

Date: Wednesday 17th March 2010

Presented by: Sue Smith

Written by: Erika McGovern & Sue Smith

Ethics Communication and PPD

1. Introduction

It is recommended by the Examination and Assessment Working Group that the Ethics Examination is moved from Year 2 of the MBBS/BSc Course in to Year 3, so that students on the MBBS/BSc, DE and GEP courses are assessed at the same time. The current plan of having different requirements, regulations and results for the three courses is difficult to justify. Moving the examination to the spring term also allows all students an opportunity to apply their theoretical knowledge in a clinical setting.

2. Recommendations

To discuss and approve the proposal to move the Ethics, Communication and PPD Examination to the Spring term of Year 3 of the MBBS/BSc course for all students.

3. Further information

The details of the proposal include:

- The MBBS /BSc students have the initial teaching and appropriate compulsory coursework to stimulate consolidation of learning and as a barrier to progression in Year 2, followed by opportunities to apply their understanding in the clinical setting in Year 3 with formal examination in the Spring term of that Year
- The GEP students have teaching in their Year 1, consolidated by compulsory coursework in Year 1 acting as a barrier to progression. They would receive the remainder of their teaching at the beginning of the following year and be formally examined at the same time as the MBBS/BSc students in the Spring term of their second year at Imperial.
- The DE (Direct Entry) students would have teaching and compulsory coursework as deemed necessary in the first term of their Year 1 (equivalent of Year 3 of the MBBS/BSC) at Imperial and would be examined at the beginning of their second term, together with students from the other programmes.

By January of Year 3 of the MBBS/BSc students from all three programmes have converged onto a common clinical pathway, and regardless of their entry point, will be at the same level of knowledge and practical clinical experience in Ethics, Communication and PPD.

To: Staff Student Liaison Group Meeting (Years 1 and 2)

Date: 17th March 2010

Presented by: Sue Smith

Written by: Erika McGovern & Sue Smith

Scaling of Marks

1. Introduction

In Year 1 & 2 the final examination marks are scaled to a 50 pass mark. As the pass mark is set by the Ebel method it is rarely 50%, but is represented as such to the students as their final result. This does not happen in any of the other years of the six year undergraduate medicine programme, or the GEP.

A recommendation from the Examinations and Assessment Working Group is for Years 1 & 2 to present the real marks and pass mark for each of the examination as all other years of the MBBS/BSc. It is proposed that this change takes place from 2010-11 in Year 1 and then encompassing Year 2 from 2011-2012.

2. Recommendations

To discuss and approve the proposal unify the presentation of marks across the whole of the MBBS/BSc Direct Entry and GEP programmes.

3. Further information

The current pass mark for each paper is set by Ebel for all years of the MBBS. The marks are then compiled and an overall student mark is achieved and a pass fail identified against the Ebel Pass Mark.

Currently in Year 1&2 this mark is then scaled back to a 50% pass Mark and presented as:

50% and above Pass

49% and below Fail

It is proposed that the marks are presented as the example below from 2010 in Year 1:

Subject – MCD

Mark achieved – 56%

Result – Fail/Pass (depending on the Ebel Pass Mark)

To: Examination and Assessment Working Group

Date: 2nd March 2010

Presented by: Dr Sue Smith

Written by: Miss Erika McGovern

Distinctions and Merits Year 1, 2 & 3

1. Introduction

Students whose overall examination marks fall within the top 20% of performance for their year cohort are awarded a **merit** in the Year. Achieving a merit in both Years 1 & 2 leads to the award of a Distinction in Medical Science which is shown on the final MBBS/BSc degree certificate. No Distinctions are associated with Year 3

Many application forms for jobs in the early stages of a doctor's career award credit for the number of Distinctions awarded at Medical School, but merits are not recognised in the same way. Because of our current nomenclature, we are therefore disadvantaging our students compared to those where the term Distinction is the preferred nomenclature.

2. Recommendations

To discuss and approve the proposal to introduce Year Distinctions.

3. Discussion

The Distinctions on offer would be named:

Distinction in Year 1
Distinction in Year 2
Distinction in Year 3

The criteria for the award of Distinction are proposed to be the top 15% of the Year cohort. These would not be shown on the final degree certificate.

The Merit in a Year would be retained for the next best 15% of the Year cohort.