

## Minutes of the MB ChB Staff Student Liaison Committee, 19 November 2009

### 1. Present

Students: Francesca Curry, Galenicals President; Ken Murray, 5<sup>th</sup> year student; Jo Davies, Galenicals Vice-President (Pre-clinical); Lucy Joslin, Galenicals Careers Rep; Sarah Miller, 4<sup>th</sup> year student; Emma Gosnell, 4<sup>th</sup> year student; Sophie Boulton, 3<sup>rd</sup> year Gloucestershire Academy Rep; Kate Dudd, 4<sup>th</sup> year student; Owain Davies, 3<sup>rd</sup> year student; Anthony Bates, Year 2 Rep; Harikesh (5<sup>th</sup> year); Kaarthiga (4<sup>th</sup> year); Ed Lumley, Year 3 rep, Jess Hawksley, Galenicals Vice-President (Clinical).

Staff: Dr David Cahill, MB ChB Programme Director; Mr Richard Edwards, Faculty Head of Academic Administration

Minutes: Victoria Tuck, Galenicals Secretary and edited by Richard Edwards

### 2. Apologies

None were received.

### 3. The conduct and future of the Staff Student Liaison Committee (SSLC)

3.1 Dr Cahill welcomed those present to the meeting and explained that he would be chairing the SSLC on an ongoing basis. He commented that in the past there had been examples of a lack of continuity between meetings and as a result, issues raised at SSLC had not been addressed as he would have hoped.

3.2 The meeting had been arranged with little notice and this hadn't been helpful for the students and the staff representing the Medical School. There had been little time for the Galenicals Committee to collate student issues and for the Medical School representatives to have had a chance to consider these prior to the meeting. It was agreed that:

3.2.1 Meetings would be held termly in future.

3.2.2 Students would be asked to contact Galenicals Committee members with issues they would like discussed with a deadline of two weeks prior to the meeting. Committee members will ask for a short paragraph giving the salient points, with an invitation to attend the meeting to present their point.

3.2.3 The Committee will produce a compiled list of the points the students wish to raise and send it to Dr Cahill by email no later than 10 days before the meeting.

3.2.4 The Committee will arrange to circulate the agenda, including the summary of the student issues to be raised, no later than one week prior to the meeting.

3.2.5 The next meeting will be in the week commencing Monday 15 March 2010. David Cahill expressed his preference for 5pm on Tuesday 16 March. Victoria Tuck agreed to email students to see if they had a preference for any

particular day that week, and would confirm a suitable date with Dr Cahill by email by the end of November.

- 3.2.6 The summer term meeting will be in the week beginning Monday 10 May. Dr Cahill expressed a preference for Tuesday or Thursday. Victoria Tuck agreed to canvas students for dates and confirm to Dr Cahill by the end of November.

**Action: Victoria Tuck**

#### **4. Student Issue: Feedback**

- 4.1 A written comment had been received from Eleanor Southgate, a fifth year student. She was concerned that by only receiving a single unit mark rather than element/component level marks in addition, it was impossible to identify any areas of weakness. One example was in the fourth year unit COMP2, whereby she does not know whether she should concentrate on improving her core knowledge (and MCQ technique), or her clinical skills. In RHCN, the practice of capping many of the cohort at 64% in her view offered little insight of what she was good at or what she needed to improve.
- 4.2 Dr Cahill explained that a few years ago, it was agreed that students would be provided with two positive items and two items for improvement as their feedback in addition to their unit mark. He noted that Eleanor's comments, which were accompanied by various examples from those present from other units from across the years, illustrated his understanding of current practice clearly.
- 4.3 A number of examples were given where Units gave contemporary and useful feedback, which was positive. An example of a possible aspiration was discussed where feedback could be given by completion of a pro-forma that clearly showed students how they had adhered to the marking criteria. This was supported by those present, with the view that this would give students what they needed and would hopefully not be too time-consuming for staff.
- 4.4 In discussion, the consensus was that students wanted feedback that would help them prepare for future assessment and clinical practice. The current feedback expectations were being adhered to by some Units but those present provided examples of where it was not uniform within and between Units. Dr Cahill agreed that it was time to review the expectations on Units regarding student feedback. He noted that colleagues were likely to take some convincing about the benefits of releasing sub-unit level marks, because of a fear of being inundated with requests for more detail from many individuals.
- 4.5 Mr Edwards explained that Dr Cahill, as MB ChB Programme Director, was responsible for the overall leadership of the programme, but did not line manage all the individuals who are responsible for the design and delivery of teaching. Therefore the only way to effect real change is to change hearts and minds; it is simply impossible to demand change as some might perceive to be possible.
- 4.6 Dr Cahill was keen to have student viewpoints to help inform any plans to change current practice. To this end, Francesca Curry agreed to gather together a group of students, with two representatives from each of years 2-5, to have an informal meeting with him before Christmas to discuss the matter.

**Action: Francesca Curry**

- 4.7 It was thought that a suitable pilot would be the release of 2008/09 year 4 marks to the current final year students. Once a set of proposals had been developed, Dr Cahill asked for the support of Galenicals to attend Central Curriculum Group (CCG) meetings to emphasise their viewpoint of the current arrangement being

demoralising and the benefits of sub-unit mark release. On behalf of Galenicals, Francesca Curry agreed that Committee members would make efforts to attend meetings as required.

***Action: Galenicals Committee***

4.8 In response to a question about the practicalities about the release of sub-unit level marks to students, Mr Edwards explained that once the release was agreed by the Unit staff, consideration would need to be given about how best to do this. Sub-unit marks require explanation for the reader (for example to explain weighting of a component within a unit) and must be handled securely to ensure that the all information released is correct. The University is initiating a large project (called 'process review') to evaluate how student data are handled by departments (of which the Medical School would count as one). The Medical School is keen to adhere to a University-wide solution rather than expensively develop its own bespoke arrangement. Further updates will be provided as the project progresses.

**5. Student Issue: Exam feedback and support for first year students who failed re-sits in the summer of 2009**

5.1 Anthony Bates, 2<sup>nd</sup> year Rep, reported concerned received from (then) first year students who had failed their re-sits and felt that key staff were unavailable to advise them.

5.2 Dr Cahill and Mr Edwards explained that it had been unfortunate that Ros Forge, Faculty Student Advisor and Dr Geoff Clarke, Pre-Clinical Dean were both away at this time. Ms Forge had made arrangements for a summer holiday prior to Dr Clarke going on long-term sick leave, which left the task to other colleagues. This was an unfortunate set of circumstances and the Medical School were mindful of the need of staff to be available at this time of the year wherever possible.

5.3 In discussion, it was noted that Ros Forge was not able to assist students preparing for appeals due to being a member of the Faculty and would therefore be subject to a conflict of interest with the body the student is appealing against. There had been confusion in the summer where a Students' Union Welfare Advisor had allegedly told one or more students that they couldn't help students prepare for appeals as this was Ros Forge's job. Mr Edwards explained that there are now two new full-time Welfare Officers in the Students' Union who were aware of their need to support medical students. They are called Graham and Louise, and can be contacted via [ubu-justask@bristol.ac.uk](mailto:ubu-justask@bristol.ac.uk) or call 0117 331 13511 or 0117 331 13541.

**6. Student issue: Central teaching days**

6.1 Ed Lumley, 3<sup>rd</sup> year Rep, raised a number of points concerning the perceived usefulness and quality of teaching at the recent central teaching days.

6.2 Specific comments included:

6.2.1 The timing immediately after examinations;

6.2.2 That some content was familiar to students who were examined on it the day before;

- 6.2.3 The quality of the lectures was not up to the usual standard, including one lecturer allegedly saying that “Don’t worry, you won’t be examined on this” (at which point people sat back and lost interest), and “I’ve just put this together last night”. Some over-ran also;
- 6.2.4 The freezing cold venue with a projection screen a long distance from the audience (in the Victoria Rooms);
- 6.2.5 That when Ed Lumley had approached staff afterwards with feedback, he was told that students did not appreciate the session as students were not sufficiently educated to understand.
- 6.3 The students present gave examples of topics they would like to have covered in central teaching days, such as homelessness.
- 6.4 Dr Cahill agreed to approach colleagues who led the central teaching days to discuss future sessions.

***Action: Dr Cahill***

## **7. Student Issue: Use of Wednesday Afternoons**

- 7.1 Students present spoke of conflicting reports from staff about whether teaching sessions can be scheduled on Wednesday afternoons, and wanted advice.
- 7.2 Dr Cahill explained that in years 1 and 2, Wednesday afternoons were to be kept free. In years 4 and 5, students should be expected to work on Wednesday afternoons. In year 3, Wednesday afternoons would be kept free apart from when timetabling made it impossible to hold a session at any other time. An example would be if you were attached to a clinician whose clinic was only on Wednesday afternoons, there would be no choice.
- 7.3 Mr Edwards noted that the policy is available in the current edition of the [MB ChB Rules, Policies and Procedures](#) and students should refer to this.

## **8. Student Issue: Absence requests – variation of practice by academies**

- 8.1 Those present reported examples of students not being permitted to have short periods of time away from clinical placements for events they felt were important. Examples included a Royal Navy parade (where the student was sponsored as a future Navy Medic), and presenting at the National Intercalators Conference.
- 8.2 Other examples were of variation within and between academies of what was considered a valid reason for a leave of absence. One student felt that they were being penalised for being honest about wanting to take time off and this might lead students to deliberately take a sick day instead. Dr Cahill and Mr Edwards strongly discouraged this course of action. If a student was found to have had avoided attending teaching for this reason, it would be a professional behaviour issue.
- 8.3 In discussion, it was noted that the tone of the request probably plays a part, and that students should remember that it is a request for time away rather than a report that they are going to do something. However, Dr Cahill was of the view that legitimate requests, presented clearly with a rationale of how the missed work will be made up, should not unreasonably be refused. It was agreed that Dr Cahill would raise the concern at the MB ChB Senior Management Group and consider whether the current mechanism of hearing requests was the best solution.

**Action: Dr Cahill**

**9. Student Issue: Could a mentoring arrangement for students on clinical placements be implemented?**

- 9.1 Ken Murray, a fifth year student, introduced the idea of having a clinical mentor assigned to each medical student for each clinical attachment. At the present time, he had felt that he was somewhat anonymous and was on the ward without a clear purpose and the success or otherwise of the placement was reliant on “the kindness of strangers”.
- 9.2 Others present gave examples of where ‘attached’ to a clinician in certain Units and in particular Academies, and that this had been very successful. The perceived advantages were having someone who could monitor their progress, act as a point of contact and help them to advance in a way that a logbook alone couldn’t do.
- 9.3 Dr Cahill agreed to take the issue to the Academies Management Group when it met in December 2009.

**Action: Dr Cahill**

**10. Student Issue: Year 2 Anatomy Library Project SSC**

- 10.1 Anthony Bates, Year 2 Rep, introduced the issue. Some students had applied and been told they could do a Library Project in Anatomy for their year 2 SSC. They had been unable to use the recent SSC week (one of four spread out through the year) to work on their SSCs as they have not received confirmation of their approved title.
- 10.2 In discussion, it was noted that the lack of detail available about who was meant to approve the titles meant that neither Dr Cahill nor Mr Edwards were able to provide an answer to the question. It was agreed that Dr Cahill would investigate with colleagues.

**Action: Dr Cahill**

**11. Student Issue: The usefulness of the Inter-professional working conference**

- 11.1 Those present reported that they had received negative comments about the perceived usefulness of the IP conference.
- 11.2 The combination of students from UWE and the University was felt not to work effectively as the UWE students were required to produce a 5,000 word assignment on inter-professional working as a result, and the University students simply needed to attend and participate. This differentiation gave it less validity for the University students who felt there was no need to take it as seriously.
- 11.3 In discussion, it was noted that there was very little interaction about the issue of IP and instead sessions were headlined with students expected to say that they believed IP was important and then spent the next 40 minutes reaffirming the same belief.
- 11.4 Alternatives were proposed. Examples included mandatory time as a Health Care Assistant, a Nursing Assistant, and being a third crew member with the

ambulance service. One student spoke of their experience of following patients longitudinally, from an ambulance journey to Accident and Emergency, and on to a ward. They had found this extremely valuable as they saw the multiple agencies working together in each environment.

- 11.5 Dr Cahill noted that this work now fell under the remit of Dr Peter Fletcher, the leader for the vertical theme PAID. Ken Murray agreed to provide a single page summary of his ideas for a mentoring scheme for Dr Cahill by the end of November. Dr Cahill agreed to feed back the concerns presented to Dr Fletcher.

**Action: Ken Murray / Dr Cahill**

- 11.6 The experience of spending time as a third crew member with the ambulance service was noted as something that should be passed on to first year students. It was agreed that Ken Murray agreed to write a short summary of how it was done which could be distributed by the Galenicals Committee.

**Action: Ken Murray**

## **12. Student Issue: New 2 in 1 student worried about lecture overlap last term**

- 12.1 Jo Davies, Galenicals Vice-President (Pre-clinical) raised a concern she had received regarding lecture clashes. Could sessions be videoed or tape-recorded so that there are learning materials available for independent study if a lecture has to be missed due to a timetabling clash?

- 12.2 Dr Cahill asked that Jo forward the email received to him and Martin Van Eker, IT Manager in the Centre of Medical Education so that the practicalities of the request could be evaluated.

**Action: Jo Davies**

## **13. Any Other Business**

- 13.1 One student present noted that they had some concerns about experiences in the Gloucestershire Academy. No details were given. Dr Cahill advised that these should be addressed directly with the Gloucestershire Academy Dean, Dr Peter Fletcher.

## **14. Date of next meeting**

- 14.1 To be confirmed, see discussion in paragraph 3.2.5.