

What you said... What we did... 2015/16

Dear Student,

As you are aware, every year we collect feedback from you about your thoughts on each unit and the programme in general. It is hugely important to us that we respond appropriately to your feedback and that you know what changes you have influenced.

So, this document aims to summarise "what you said" and "what we did" about some of the feedback we received for academic year 2015/16. Sometimes your requests are not appropriate or achievable so at the bottom of this document we also summarise "what you said and why we didn't do it". We hope that this document makes clear the impact your feedback has on both unit and programme delivery.

Thank you for all the feedback you have given to date and please continue to provide constructive feedback in the future so together we continue to benefit from a world class medical programme.

What you said.....	What we did.....
<p>Assessments We don't get enough feedback on all our portfolios</p>	<p>During this academic year (2016-17) you will be offered face-to-face feedback on every portfolio that you produce as part of the units of years 3 to 5. You will be offered this feedback mid-way through your completion of the portfolio and again at the end of the unit. This feedback will highlight aspects of your work that you could improve as well as highlighting things you have done well.</p>
<p>We want more timely feedback on our external SSCs at the end of years 3 and 4.</p>	<p>The SSC report is marked over August (University holiday and the time for upgrading Blackboard). The moderated marks are taken to an internal and then a Faculty Exam board before being released to students at the start of October.</p> <p>Our priority for 2016-17 will be to enhance the feedback that we give students face-to-face during the SSC period and in their work logs and written SSC reports from supervisors. This strategy is in keeping with the observations of the General Medical Council this year.</p> <p>In 2017-18 our focus will be on changing the submission dates and getting the marking done more quickly, without compromising the quality of the marking.</p>
<p>We appreciate the regular emails about assessments in year 4 and 5 but could they be archived somewhere accessible so we can refer back to them and know we haven't missed any?</p>	<p>Each year's page on the assessment section of the medical school website has a new heading "Communication Archive". Under this heading you will find all the e-mails from the Director of Assessments & Feedback, together with the Power Point slides from his talks.</p>
<p>Can we have sample written questions and an indication of the balance given to different specialities in the written papers (years 4 and 5)?</p>	<p>We have provided sample questions and an explanation of the answers for the papers in year 4. We have not been able to do this for year 5 but the style of the questions is the same. For year 5 (Finals) we have provided students with a detailed blueprint of the number of questions that they can expect to see on different topics within the written papers and BCDE.</p>

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<p>Can we have practice at doing an OSCE?</p>	<p>This year all students in years 3 and 4 are being offered the opportunity to do practice OSCE stations during the year. All the documents for these practice stations are available on the medical school website.</p>
<p>Newsletter We do not read the newsletter as it's not accessible to us we would prefer a blog.</p>	<p>We have started a blog where information is regularly posted so you won't miss key events or fall behind on any news.</p>
<p>Pastoral Support We are concerned that the same staff being involved in pastoral support and progression decisions may result in unequal treatment of students.</p>	<p>We have changed the structure of pastoral support and now have a Senior Tutor post (currently Dr Nicola Taylor) who deals only with pastoral care and does not attend exam boards. Blog</p>
<p>SSC Programme Can we have more SSC placement & project choices? Can we have more in depth feedback from our SSC supervisor? Can we have more financial and academic support to develop SSC projects?</p>	<p>This year we offered 928 placements for Years 3 & 4 students and for the first time Year 2 library projects were offered by academies & virtual academies.</p> <p>We introduced the SSC work log (diary). This is a prospectively agreed personal development plan for the SSC placement agreed between the supervisor & student. Enabling both parties to ring-fence face to face time for meetings for feedback and mentoring to take place. We now produce a comprehensive written report for each student which they receive with their final SSC mark in all years.</p> <p>HEE (South), the Faculty of Health Sciences & the NHS Trusts have agreed a new set of fiscal rules which will enable all students to apply for financial support to take part in SSC specific courses, develop academic work and present it at conferences. Ask your supervisor to ask the relevant Dean what their local arrangements are BEFORE you commence your SSC.</p>
What you said.....	What we did.....
In Year 1	
<p>HBoM Clinical Epi. Can we have additional multiple-choice questions for each session to allow for additional practice? Ethics & Law The course is too short and condensed, particularly given the amount of reading required.</p>	<p>We have supplied multiple-choice questions on Blackboard for each tutorial and made a booklet of multiple-choice questions available for exam revision (with annotated answers explaining in detail why answers were correct versus incorrect).</p> <p>The course is now more spread out over the timetable to allow more time between sessions. Essential reading has been revised for 2016/17.</p>

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<p>Can't lecturers to make better use of examples and discuss case studies more thoroughly.</p> <p>Society, Health & Medicine Guest speakers often present last and are not given much time to speak, can they be given more time?</p> <p>Whole Person Care We have to write the assignments before we have covered all the course material. Can the submission date be later?</p> <p>General Practice The travelling distance to some GP practices is too long and we cannot get there in the hour between morning lectures ending and the placement starting.</p>	<p>Lecturers have agreed that they will improve their examples and discuss case studies more fully.</p> <p>The SHM lecturers have been asked to let their guest speak first and to give them more time for their presentation.</p> <p>For 2016 we moved the deadline for submission of assignments to the end of the Easter holidays. As a result the standard of the assignments, especially arts based ones, was noticeably higher.</p> <p>We will use central practises as much as we can to avoid students having to travel too far and have moved back the session start time to 14.30, rather than 14.00, to allow students more time to get from the university to their GP practice.</p>
<p>Systems 1 The link between the histology sessions and lectures is not clear and the slides are not made available early enough.</p> <p>Some lectures were repetitive and the lectures were not in the correct sequence.</p> <p>Not all the lectures were uploaded to Mediasite.</p>	<p>The content and links between these sessions and the lectures has been reviewed. The annotated slides will be made available straight away next year.</p> <p>The order of lectures had to be revised last year due to staff restrictions. The content and order of lectures is consistently reviewed each year, and we endeavour to ensure overlap is spiralled rather than repetition.</p> <p>The Mediasite system gives lecturers 48h to review the recorded material. This is essential time to check that the uploaded material is as it should be. Where possible lecturers are encouraged to review their material and make the material available sooner, but students should not have to wait longer than 48h routinely. This will be a key focus for this year. All lecturers will be reminded that the recordings begin on the hour and last for 50 minutes to avoid content not being captured due to teaching overrunning.</p>
<p>In Year 2</p>	
<p>What you said.....</p>	<p>What we did.....</p>
<p>We would like less summative assessment</p>	<p>There has been a reduction in summative assessment across the MBChB programme including year 2. The January examinations in year 2 became formative for the first time in 2015-16. This allowed students to test their learning of material from teaching block 1 and review their areas of strength and weakness in a 'lower pressure' environment. This was welcomed by many students. The year-end summative examinations included material across the whole year for the first time. This was considered 'higher pressure' for some</p>

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	<p>students, but the year group performed well in these assessments overall. It also encouraged students to maintain their knowledge from earlier in the year, rather than concentrating only on the later topics.</p>
<p>Systems 2 We like the renal and respiratory multi-disciplinary learning sessions - can we have more? Can we have more patient input into teaching?</p>	<p>This year we have rolled out a GI / Liver session in the same format. Several more lectures this year will include input from patients and sometimes their families.</p>
<p>Systems 3 We like being taught by clinicians and for teaching to be clinically relevant and integrated. We enjoy the small group tutorials, can we have more?</p>	<p>We have maintained the number of clinically-led sessions and these are now delivered by a number of newly appointed clinical staff or specialist registrars who provide a new, exciting dimension to the teaching on the neuro and endo/repro elements. We have extended the neuro tutorial to 1.5h this year. Prof Molnar also completely restructured the session as a fully interactive case based learning (CBL) session. We are currently planning a new interactive clinical teaching session (involving a neuroscientist, GP and neurologist) for this year.</p>
<p>Intro to Clinical Skills Can we have more detailed information about the course and can the handbook be printed so that we can use the logs and add our own notes? Teaching was scheduled during the Fresher's Fair which was a problem for students who were running club stands. Does the mandatory training need to take a whole day?</p>	<p>We printed the ICS handbook this year as requested. It already had questions with answer boxes to be completed but we have now added more activities like the patient log for each clinical week. We encourage students to use the handbook as an aide memoir and a tool for learning: i.e. by reviewing problems seen in ICS, reflecting on gaps and seeking out patients with different problems. This year we did not timetable any teaching on the Friday in the iCS intro week so that students could attend the fresher's events. We have condensed mandatory training into one morning rather than a whole day.</p>
<p>Diversity, Disability and Difference -3D More opportunities please to hear from homeless and marginalised people.</p>	<p>Feedback like the following has encouraged us to expand the time given to homelessness teaching and to move it to the first day of 3D week in 2017. "I cannot stress how fantastic the Homelessness lecture on Friday morning was. She was the most incredible person with such a moving story and has made me realise how there is always hope for homeless people and chances for them to turn their lives around. One particular quote stayed with me; "heroin saved my life. If it weren't for heroin, I would have killed myself" really thought-provoking stuff that has completely altered the way I consider this unfortunate group of vulnerable people."</p>

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In Year 3	
What you said.....	What we did.....
<p>Jnr Med and Surgery The handbook and eLearning materials could be improved.</p>	<p>The handbook has been updated for 2016/17 and the eLearning materials are also being reviewed and added to on an ongoing basis.</p>
<p>Pathology Timetables were late and information about the course not available or came late.</p> <p>Ethics We want more support in writing ethics and law essays.</p>	<p>We have modified the Core Teaching Administrative Team and delegated the administration of South Bristol Academy from the central Admin Team to the Academy itself.</p> <p>Handouts have been gathered before the start of the current year to ensure teaching materials are always timely.</p> <p>We added more detail to the handbook about essay structure, with specific guidance about different approaches to structuring your assignment. An online video tutorial has been created that takes you through the stages of essay writing and offers hints and tips for writing an ethics and law essay.</p>
In Year 4	
What you said.....	What we did.....
<p>Why do our portfolios have to be handwritten?</p>	<p>This year, we have introduced typed portfolios in RHCN as a pilot which if successful, will be applied across all years.</p>
<p>COMP 1 We have barely settled into our academy placement when we have to return for a week of central teaching; can this be later in the unit?</p> <p>The iSSC group tutorial happens before we have had enough time in the academy to choose a question.</p> <p>Can we have our Child Health teaching before we start in our academies as we could have done with hearing it before being on the wards?</p>	<p>The second week of central teaching will now take place in week 5 rather than week 4 of the block.</p> <p>Moving the core teaching week will give students more time in their academy and so more opportunity to generate a clinical question.</p> <p>We have put more Child Health lectures in week 1 to prepare students for their academy experience which begins in week 2. There are now twelve Child Health lectures in Week 1 where previously there were only four.</p>
<p>COMP 2 It can be difficult to learn about the core problem of common cancers as we see few cancer patients in GP.</p> <p>Not everyone has an opportunity to practice consulting in the small group consultation skills sessions.</p>	<p>We have added a new lecture covering common cancers.</p> <p>We have shortened the initial lecture and added 30 minutes to the small group sessions to enable every student time to consult and for deeper discussions.</p>

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<p>We would like more opportunities to undertake consulting on our own and being observed consulting.</p> <p>We rarely have the opportunity on our placements to cover the core issues of domestic violence and substance misuse.</p>	<p>We have developed a template for GP teachers to use for this and have introduced the concept of student led surgeries.</p> <p>We are designing tutorial templates for your GP teachers so these can be covered in your tutorials.</p>
<p>RHCN</p> <p>We like the new training sessions that were trialled this year; can we have more of them and fewer lectures?</p>	<p>Last year we introduced three pilot study days with a move towards case based learning, multi-disciplinary team training' and 'practical procedural training' in the dissection room. This was initiated with an aim to reduce the number of didactic lectures as per the feedback from the students. All three study days have received excellent feedback and for the year 2016-17, the introductory week of lectures has been replaced with four study days delivering the same topics with different modalities of teaching.</p>
<p>In Year 5</p>	
<p>What you said.....</p>	<p>What we did.....</p>
<p>Senior Medicine & Surgery</p> <p>What is the number of patient clerkings required for the Senior Medicine and Surgery clerking portfolio?</p> <p>Can we undertake our CCA's over a longer timeframe? It's hard to fit them all in.</p> <p>The requirement for detailed reflection on cases clerked for SMS portfolio is really onerous; can it be reduced?</p> <p>Preparing for Professional Practice (PPP)</p> <p>The portfolio involves too much photocopying of clerkings, notes and drug charts. There is nowhere on the wards to do this and with no copiers available is difficult practically and takes us away from clinical work.</p>	<p>We have not specified a number for 2016-17, however in our experience it is usual for a portfolio to present 25-30 clerkings, at least, to be marked as satisfactory.</p> <p>For 2016/17 we have agreed that CCA's in SMS can now be undertaken from week 6-12, and also throughout PPP.</p> <p>The requirement for detailed reflection (serving to support learning plans and follow up outcome from all cases) will now apply to only a proportion of patients clerked, with modifications to marking criteria made.</p> <p>We have replaced the PPP portfolio with a PPP workbook for signatures so that colleagues can verify that you have carried out relevant patient-related tasks. You are no longer required to photocopy all your clerkings.</p>

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In Academies	
What you said.....	What we did.....
<p>South Bristol Academy We would like more surgical bedside teaching in Junior Medicine and Surgery.</p> <p>Pathology feels a bit disjointed.</p> <p>Can we have specific CTFs in each unit so that we can get to know them better?</p> <p>Can we have more simulation teaching?</p>	<p>We have arranged twice weekly surgical bedside teaching.</p> <p>We now have pathology tutors for all students.</p> <p>In both the Junior and Senior Medicine and Surgery units, each CTF is 'buddied' with a consultant tutor.</p> <p>We have introduced simulation teaching into MDEMO and COMP1.</p>
<p>Swindon Academy IT connection in the residence (DVH) is too slow.</p> <p>It feels isolated being in an Academy outside of Bristol.</p> <p>We wanted the opportunity to really feel part of a clinical team.</p>	<p>We invested £55K installing a 200MB connection. We are now installing a fast WiFi service using this connection and investing an additional income to achieve this.</p> <p>We have set up mixed football (Mon), netball (Tues) and a film & curry evening (Wed) to help you get to know fellow students and staff.</p> <p>We have set up the Medical Assistant programme. Year 5 students are paid at Band 2 NHS rates to work alongside F1 & 2 doctors out of hours and at weekends. This benefits everyone: the Trust gains additional workforce, F1 doctors are supported in hard pressed clinical areas and students gain confidence, earn money & are more experienced starting work in Aug. This opportunity is open to all Bristol students, not just those based in Swindon.</p>

What You Said and Why We Didn't make a change

You said.....	We didn't make this change because.....
<p>Can you shorten the duration of LiTHE so it has less impact on the summer holidays?</p>	<p>There is no room in the current curriculum (MB16) to fit in any of the great components from LiTHE that we wouldn't want to lose. So we are unable to make this change just now.</p> <p>But, in 2 years' time as part of the changes for MB21 we will shorten LiTHE by one week, and move it to the beginning of the academic year, so that these concerns can be addressed.</p>