

MB ChB Programme

What you said... What we did... 2017/18

Dear Student,

Every year we collect feedback from you about your experience of the MB ChB programme through a variety of channels:

- Alongside all undergraduates at the University we ask you to complete "Your Bristol Survey".
- We invite you to give feedback at the end of each unit and seek your views on all aspects of teaching on the main university campus and in the academies
- We receive feedback from you at the Student Staff Liaison Committees
- We welcome any comments submitted in writing to members of the teaching or administrative staff.

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 during the academic year 2017/18. Sometimes your requests are not within our power to implement or achieve 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.....
All years	
"It's hard to find the learning objectives and the syllabus on the intranet."	At the start of the new academic year, the teachers of Year 3 put a strong emphasis within their introductory talks to students on how to find the syllabus and learning objectives. The Year 5 team ran an induction session on the Year 5 syllabus for the clinical teaching fellows. All teaching staff have been reminded to familiarise themselves with the syllabus and learning objectives for the curriculum they are teaching. The e-learning team have created a tutorial for academy staff and students on how to find this information on Blackboard, the intranet and Hippocrates. http://systems.cfme.org.uk/
"We are not sure where we should go for pastoral support"	We have ensured that all staff (academic and administrative) feel able to offer basic, immediate assistance to students in distress or in need of guidance and are aware of the information contained in the Student Support section of the medical school intranet https://www.bris.ac.uk/medical-school/staffstudents . All staff at the University of Bristol are now required to

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	<p>complete the on-line training module on student wellbeing in advance of their next staff review MyReview training module: supporting student mental health and wellbeing.</p> <p>Nicola Taylor (Senior Tutor) has given introductory talks to students in all years.</p> <p>We have also created and publicised an Open Door Policy - letting you know how you can get in touch with the senior management team, administrators and academy staff to discuss problems that you may be facing.</p>
<p>"Without a Medical School building there is little sense of community and no fun events for us to take part in with other students and staff".</p>	<p>We continue to work on getting a building of our own and hope to have a new common room for students soon.</p> <p>Nicola Taylor has launched the college system. All students have been allocated to one of 8 colleges with the aim of creating student communities that span year groups. There will be events throughout the year for all colleges to take part in and each college will set-up events and meet-ups. The Scavenger Hunt is in progress.</p> <p>Some of the senior academic staff have been regular attenders of the medics' rugby matches this term. Other members of staff are part the Galenicals choir and many members of staff attend various Galenicals Societies. We look forward to the Medics Review.</p>
<p>"The professional mentors don't seem to understand or know much about the detail of the MB ChB programme."</p>	<p>Jane Williams (Lead for the Professional Mentorship Scheme) ran a series of induction and update sessions for the professional mentors throughout the autumn term.</p>
<p>"We'd like to know how pass marks are set and what the criteria mean and how exams are marked/adjusted."</p>	<p>Andrew Blythe explained to students how exams are marked and the pass mark set, during his lectures at the start of the year. Andrew and his colleagues have been giving talks to students on assessments throughout the year.</p>
<p>"We don't always get our timetables sent to us early enough". <i>This was commonest complaint by students in year 4.</i></p>	<p>We have set a target for all the academies and unit leads that students should receive their timetable for the unit one week in advance of that unit. If it is not possible for academies to do this, either because the rooms cannot be booked that far in</p>

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	advance or because doctors have not been given their clinical rota, then the academy will send a sample timetable to the students (from a previous block) together with information about when and where you should report on day 1.
"We are asked for a lot of feedback but don't know what happens to it, whether it makes a difference at all."	We hope that this document helps to address this concern. Andrew Blythe explained to students in his introductory talks how their feedback was used. All staff modify their teaching each year (and sometimes within the year) in response to the feedback they receive.
"What should students do if they experience discrimination or harassment and bullying?"	We have made it clear to students that the Medical School operates a policy of zero tolerance of bullying, racist and sexist behaviour. We have written a new policy statement on this which you will find on page 32 of our Rules and Policies . If you witness or find yourself to be the target of such behaviour from staff, patients or fellow students we would like to know. You will have our full support in protecting your dignity and will do what we can to ensure that it doesn't happen again. You can report any episode of discrimination, harassment or bullying by speaking to <ol style="list-style-type: none"> 1) The relevant year or unit lead, or 2) The relevant academy dean, or 3) Your professional mentor, or 4) Dr Andrew Blythe Alternatively, if appropriate, you can complete a Staff Concern Form or a Student Form
In Year 2	
What you said.....	What we did.....
"We would like more frequent assessments/questions at the end of lectures or after lectures, to check their understanding."	This year tutors plan to provide more assessment questions at the end of their lectures.
Systems 2 "The histology sessions are too long and unfocussed." "Can more patient input to be incorporated into every element?" "Using <i>Peerwise</i> to write and answer MCQs was really useful in	We introduced a new format of an introductory plenary lecture followed by self-study time in the histology lab for GI and renal histology." We introduced a patient case into the GI system which adds to the patient cases already in the respiratory and renal systems." We have rolled <i>Peerwise</i> out in year 2 as well.

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<p>year 1, can we have this in Year 2 too?"</p>	
<p>Systems 3 "We find teaching from clinicians invaluable can we have more?"</p> <p>"We enjoy small group tutorials can we have more?"</p> <p>"The Endocrine and Reproductive System histology session is really long and there is too much to cover in the time available."</p>	<p>We introduced the new Integrated Neurology Session.</p> <p>We maintained the numbers of tutorials despite pressure on finding enough specialist and experienced tutors to run these.</p> <p>We reduced the amount of content in the Endocrine and Reproductive System histology session.</p>
<p>Lithe "We would like a shorter unit of 3 weeks as this is just prior to the summer holidays and other student have a free week at the end of the Summer term."</p>	<p>We have made the fourth week more interesting by ensuring it includes:</p> <ol style="list-style-type: none"> 1. A simulation session for developing team work, clinical skills and students' diagnostic reasoning. 2. My Bed / My Day poster presentation with reflective discussion 3. Student selected shadowing activity <p>The case based learning cases and suggested learning outcomes have been updated. Feedback will be shared and discussed with each Academy and discussed at the next Unit meeting.</p>
<p>In Year 3</p>	
<p>What you said.....</p>	<p>What we did.....</p>
<p>Jnr Med and Surg "It's hard to find all the teaching materials and information we need which make the unit seem disorganized."</p> <p>"We put a lot of work into the now-formative JMS Clinical Portfolio but this isn't really recognized or appreciated."</p>	<p>We have worked with the TEL team to provide move online materials and have taken student feedback into consideration during updating of the handbook and the year 3 Introductory Day for 2017/18.</p> <p>We have reminded students during the introduction to the Unit that the portfolio is a formative task. The focus is on the development of clinical skills and providing evidence documenting growing competencies. It is anticipated that the process of compiling the portfolio will help prepare students for future practice and self-directed learning. However, in light of the concerns raised, a formal submission date for the Portfolio will be re-introduced to give tutors additional time to review the content in advance of meetings with students and</p>

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	formal guidance to tutors will be issued on structured portfolio review.
<p>MDEMO</p> <p>"We experienced difficulties with teaching in the Emergency Department (ED)"</p>	<p>We reviewed the situation as we are aware that ED has had a challenging year across all Academies due to huge clinical pressures. There have been particular pressures on ED teaching in N. Somerset and Taunton academies in Block 2 (which includes the Christmas period). Nonetheless, we can confirm that all students received their core ED seminar and had the ability to attend ED for one week.</p>
In Year 4	
What you said.....	What we did.....
<p>COMP 1</p> <p>"The lectures late in the block come too late for us to have time to follow up on their content in academies."</p> <p>"Why do the central teaching days start at 9.20 and end late? Can we start at 9.00."</p> <p>"Some lectures are too didactic and give us no opportunities for interact. Can we have more opportunities to use Turning point please?"</p>	<p>While we had already shifted more Child Health lectures to earlier in the unit in 2016-7, we have now moved three more lectures from the last day of the unit to week 5.</p> <p>We have scheduled to start the day at 9.00am with the aim of finishing a little earlier, since some of the central teaching days are quite long. Also, the introductory "welcome" sessions in week 1 and 5 from the unit lead, which were timetabled to last 20 minutes, have been deleted for 2017-8.</p> <p>We have introduced "turning point" technology to some more lectures to allow students to answer questions during lectures anonymously. This should help facilitate student engagement, and help lecturers monitor the level of student understanding. A few lectures have been overhauled where student feedback was particularly negative.</p>
<p>COMP 2</p> <p>"The quality of tutorials were variable."</p> <p>"We want the opportunity to do more consultations."</p> <p>"We want more feedback on our assessments."</p>	<p>We introduced a tutorial template to ensure all elements were consistently covered by all tutors</p> <p>We introduced student led surgeries so there would be more opportunities to do consultations.</p> <p>We introduced self-assessment process for medicine for older people log book</p>

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<p>RHCN</p> <p>"The amount of lectures in the first week is tedious."</p> <p>"The portfolio is a lot of work and seems heavily assessed in comparison with the other elements."</p> <p>"We want more feedback on our assessments."</p>	<p>We removed all didactic teaching from the first day of the block, instead there will be interactive learning sessions.</p> <p>We reduced the amount of assessed content in the portfolio, and the case structures have been simplified.</p> <p>We introduced near-peer assessment in the internal SSC.</p>
<p>In Year 5</p>	
<p>What you said.....</p> <p>Senior Medicine & Surgery</p> <p>"Can you clarify how many clerkings we should do?"</p> <p>"We are concerned that the first time we do the Clinical Data Exam (BCDE) will be at finals."</p> <p>Preparing for Professional Practice (PPP)</p> <p>"Asking for signatures for our portfolio feels awkward and so negatively impacts on our relationship with the clinical teams."</p> <p>"Some learning objectives for PPP are impossible for us to achieve in the time available."</p> <p>"We want to be able to undertake our CBD in palliative care earlier in SMS"</p>	<p>What we did.....</p> <p>There was much less negative feedback around the SMS clerking portfolio following intimation in the handbook that <i>"it would be unusual for a submission scoring well enough to demonstrate a clear level of competence to have fewer than 25 -30 complete clerkings"</i>.</p> <p>All students were given the opportunity to sit a practice Bristol Clinical Data Exam (BCDE) before Finals.</p> <p>This workbook has now been developed into a "Year 5 workbook" to allow for incorporation of entrustable professional activities into the assessment scheme for year 5 and we have been mindful of the signature issue in the design of this.</p> <p>We incorporated these learning objectives into Case Based Learning in PPP 2018.</p> <p>All Case-based Discussions (CbDs) and Mini-Clinical Evaluation Exercises can now be undertaken in Senior Medicine and Surgery (SMS) from whenever a student feels ready to undertake them.</p>
<p>In Academies</p>	
<p>What you said.....</p>	<p>What we did.....</p>

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<p>"Our timetables at the start of the block are often late."</p>	<p>We have asked all academies to send their timetables one week before the start of the unit (not the start of the clinical placement). If they have not finalised the whole timetable by then we have asked them to send students a draft timetable (of whatever they have) plus an example of a timetable from last year or the previous block so students have a sense of what lies ahead.</p>
<p>Somerset</p> <p>"Wifi is often slow or unavailable."</p> <p>"The accommodation is a long way away and there is no public transport in the evening"</p> <p>"Parking is difficult."</p> <p>"We are not clear where to go for help when away from Bristol."</p>	<p>We have upgraded the IT service at the accommodation and the Wi Fi in the academy is better than previously.</p> <p>We continue to make run the free bike service and maintain this, and have recently provided locked secure facility on site for the bikes.</p> <p>We have improved our communication around car use and parking to enhance planning of teaching groups and off site activities.</p> <p>We have developed the tutor/pastoral support role of the teaching fellows and plan more regular key faculty meetings to ensure students are well supported when they move academy.</p>

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

You said.....	We didn't make this change because.....
<p>"The formative poster in year 3 doesn't really work as not all students in the group commit to it".</p>	<p>The group poster project is an important part of learning to work as a team. It will remain formative but we will look at the commitment issues.</p>
<p>"Can we have more didactic or small group teaching?"</p>	<p>We again reviewed this frequent request but made no changes as the MDEMO Committee felt it was important that students realise that all clinical situations (OP, theatre, ED, ward rounds, day cases etc) are teaching sessions. We will not timetable additional didactic or small group teaching sessions over and above what is already provided.</p>