Welcome to the fourteenth edition of the Leicester Medical School Clinical Teachers’ Newsletter.

In this issue, Dr David Heney, Director of Undergraduate Medical Education talks about the launch of the ‘New Curriculum’, which commenced this September. On page 2 we are delighted to share the Medical School’s proforma feedback from the GMC Regional Review, which is overall very positive. Dr Ron Hsu provides an insight into the new Top Hat Interactive Teaching software where a dialogue between teacher and student can take place. On page 3, we share good practice and new innovations from our Local Education Providers. On the back page we announce our most recent star tutor winners and highlight the achievements of two Leicester medical students.

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Looking to the Future: Launch of the New Curriculum

On the 19th September 2016 the cohort of First Year students started the New Curriculum.

It might seem an unusual approach to have no lectures on anatomy or physiology during the first month of the course. A fundamental tenant of the course is to put the patient first and in line with this philosophy it was decided that students would undertake a clinical placement as early as possible.

This was an ambitious project with no precedent. The “Very Early Clinical Experience” (VECE) consisted of a week of preparation and then two weeks of clinical placement, with one week in secondary care (University Hospitals of Leicester) and one week in the community. The week in the community made use of General Practice and a wide variety of settings linked to Leicester Partnership Trust.

The Medical School has been fortunate to work with enthusiastic staff in all these settings with high level support in all organisations.

Finding suitable placements for nearly 250 students at the same time is no mean feat. The placement was intended to be an experience, not teaching; but with much to learn.

We focussed on the patient and during the preparatory week students met in small groups with patients (part of a newly formed Patient Unit) to start the process of students listening to patients, hearing their perspective and finding out what matters to them.

Another objective was to prepare students for working in teams in a clinical environment with other health professionals.

The student comments and reflection has been heartening. Students were welcomed by staff at all levels. Over the two weeks they observed the breadth of healthcare being provided in Leicestershire. It was a remarkable snapshot of the complexity of the NHS and the commitment to caring from hundreds of staff members.

Dr David Heney
GMC Regional Review
Medical School Proforma Feedback

In November, the GMC visited the medical school over two days as part of their review of undergraduate education and postgraduate training in the East Midlands. Initial feedback from the GMC noted a considerable number of areas which they deem to be working well in the medical school and a small number of areas which require improvement. We look forward to receiving the GMC’s full report early in the New Year, which will detail key findings from the review and any areas of good practice, recommendations or requirements.

Areas Working Well

1. We were pleased to see that the school have given their students access to technology enhanced learning opportunities through the distribution and use of iPads by all students within their school and clinical settings.
2. The quality management framework in place at the school is strong. The school is effective in the way it shares and reports information about quality management with other bodies to set key performance indicators, identify risk and share good practice.
3. We commend the school’s collection, analysis and evaluation of data to assess learner’s performance and progress. We were particularly pleased to hear about the way patient feedback is collated by students.
4. The students we met were very enthusiastic about the school’s diagnostic detective course (CHDD).
5. The pastoral team are highly effective in supporting students’ health and wellbeing and this includes good occupational health services.
6. We commend the school’s effective selection and appraisal processes for educators and their commitment to supporting teachers’ continued professional development. Assessors are well trained and supported with effective calibration amongst the assessment team.
7. The new curriculum has been well designed and meets GMC criteria. It is creative and innovative in the way it teaches students about mindfulness and professionalism through units such as health enhancement and its Compassionate, Holistic, Diagnostic Detective course (CHDD).

Improvement Areas

1. We heard from students that often their concerns about the curriculum, their assessments or their progression through the course are not listened to or dealt with in a considered manner.
2. We heard about inappropriate comments and behaviour in clinical settings that have been made to students, such as suggestions of particular careers due to their gender and negative messages regarding particular careers such as general practice and psychiatry.
3. We heard from students that they are not receiving adequate and timely feedback on their formal assessments including written work.

Top Hat: Interactive Teaching rather than Teaching with Interaction

Whilst helping a student prepare for their Finals Examination, I presented a history of colicky pain in the right hypochondrium and asked what investigation they would undertake. Their response was “A CT scan.” When I asked why, they said “Because it shows you the diagnosis.”

Notwithstanding the appropriateness of their reasoning, I wondered how the student, now graduated, came to their final year on the medical course and learnt that they just need to know the answer, in this case the diagnosis, not how they came to the answer. Daniel D Pratt describes a ‘developmental’ approach involving “effective questioning that challenges learners to move from relatively simple to more complex forms of thinking, and ‘bridging knowledge’ which provides examples that are meaningful to the learner.” However, for a ‘developmental’ approach to occur, there needs to be a means by which the student in a teaching session, often undertaken in groups, can interact with the tutor rather than just listen to the tutor. In the classroom, TurningPoint (www.turningtechnologies.co.uk) and Participoll (www.participoll.com) are the most popular means by which students can interact with the teaching they receive.

However, the questions are with options selected by the tutor. So, although the student can interact with the teaching, it is with the options that the tutor has decided for them.

Top Hat (www.tophat.com) allows tutors to provide interactive teaching in which students can provide short free text answers that are not only displayed as graphs but as Word Clouds. Top Hat also enables students to tap or click on an image to identify the feature in question rather than be told to select from a list of options. These are in addition to the multiple choice, sorting and matching types of questions. The way that Top Hat portrays the students’ answers enables the tutor to discuss with students their answers without individual students being associated with specific answers. This relative anonymity gives students the courage to be wrong and so enables them to consider how they came to the answer, not just whether they know the answer.

Top Hat (www.tophat.com) enables interactive teaching, in which a dialogue between tutor and students can take place, rather than a means to provide teaching with interaction, in which students interact in the way determined by the tutor.


Dr Ron Hsu

If you would like to learn about how Top Hat www.tophat.com could help your teaching, e-mail Dr Ronald Hsu at rth4@leicester.ac.uk.
Developing Our Clinical Educators: LMS Clinical Teacher Masterclass Programme 2017

Leicester Medical School will be offering a series of masterclasses at the Centre for Medicine for our Clinical Teachers from January 2017 starting with the following topics:

- How to analyse performance and give constructive feedback
- How to teach and develop clinical reasoning skills
- Running a teaching small group and preparing teaching materials

The masterclasses will be facilitated by our senior primary care educators and we are keen to extend an invitation to secondary care colleagues in our partner trusts who are Phase 2 education/block leads to co-teach on the selected dates.

Further information including dates of the masterclasses and booking details will be advertised shortly.

If you are interested in co-teaching any of these topics, or wish to find out more, please contact Dr Judith West jvw4@le.ac.uk or Dr Andy Cook ac525@le.ac.uk.

SCRIPT: New e-Learning Tool to Support Prescribing Skills

We are introducing SCRIPT as a new e-learning tool to support prescribing skills in the clinical programme. SCRIPT was originally developed for Foundation Training, but has been bought by a number of medical schools for use by senior students as an aid to improving prescribing skills in preparation for the Foundation Year.

SCRIPT comprises of a number (about 40) of modules that guide the student’s learning. They are designed to meet the curriculum requirements set by the GMC and allow the students to work through the 40 minute modules in their own time. There are in-built formative assessments that provide feedback for the students on their individual performance. The number and type of modules (mostly based around specialities, but includes pharmacology topics such as pharmacokinetics) is set by the module lead and individual student’s engagement and performance can be monitored remotely.

Senior clinical students will shortly begin a trial of the SCRIPT e-learning to support their final blocks and prepare them for both practice as a FY1 and the Prescribing Safety Assessment. We will invite students to undertake a small number of modules that best achieve these aims and evaluate the activity. There is a rolling programme to implement this teaching in all clinical years.

If clinical teachers are keen to find out more about this eLearning programme then please contact Adrian Stanley as90@le.ac.uk.
Block Star Tutor Winners

Congratulations to our latest group of Block Star Tutors from the Primary Care Block, General Medicine Block, Cancer Care Block and Special Senses Block!

Dr Emily Taylor, Primary Care
“Dr Taylor is one of the best clinical teachers I have had throughout the junior rotation. She was very encouraging but also constructive with her feedback. Her teaching sessions were pitched at the perfect level for our stage of training and she was keen to focus them on what we wanted to gain from the block. I felt very lucky to spend time with her in clinics and it was obvious how well respected she was by patients, other members of staff and students.”

Dr Udi Shmeuli, Northampton
“Dr Udi was an amazing teacher! Thank you for all your time and teaching that you gave us. Dr Udi made us feel very welcome, part of the team and took every opportunity to teach us. Our experience in Northampton would have been very different if it weren’t for him. Thank you so much to him for making my general medicine block so enjoyable!”

Dr Gamal Sidra, Lincoln
“Dr Gamal Sidra, who delivered our haematology tutorials was very good as he delivered it to our level and allowed us to ask questions about difficult areas. He also seemed aware of our timetable which was refreshing. He was a very good teacher and his weekly presentations really helped to improve my understanding of haematology.”

Professor Henry Pau, UHL
“Professor Pau led a balance clinic that my clinical partner and I sat in, and he gave us amazing teaching throughout the clinic and opportunities to learn from clinically relevant signs on patients. He also gave some great teaching on neck lumps! He was willing to teach at every opportunity and got us involved.”

Student Wins BSIR Annual Meeting Essay Scholarship Competition 2016

The British Society of Interventional radiology (BSIR) offers an essay scholarship to medical students and foundation doctors, awarding successful applicants full registration to the society’s annual conference in Manchester.

The initial two days provided insight into exciting upcoming technologies and research in the world of interventional radiology.

Highlights included the prospect of focused-ultrasound activated liposomes for the treatment of cancer and the application of robotics in endovascular procedures. On the third day, I gained practical exposure by performing procedures on simulator models such as endograft placement in aortic aneurysmal disease, removal of thrombi using catheter-guided aspiration and chemoembolisation.

This event has strengthened my desire to pursue a career in interventional radiology and I hope to gain further experience during my elective in radiology next year.

Jonathan Delf, Leicester Medical Student

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