



LEICESTER MEDICAL SCHOOL

Clinical Teachers' Newsletter

Welcome to the autumn edition of the Leicester Medical School Clinical Teachers' Newsletter.

We begin this edition by congratulating the 2014 Leicester medical graduates.



It is acknowledged that the transition from medical student to F1 junior doctor will not be plain sailing for many medical graduates for a variety of reasons. On page 2, we present the key findings of a recent Medical School survey, which highlights the perceptions of a group of junior doctors on their preparedness for entry into Foundation Year 1.

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Foundations Laid for New Medical Building

The new Medical Building, due to open in 12 months, will allow the University to continue and enhance its excellent reputation for medical teaching and research.



Artists impression of how the new medical building will look when it opens in September 2015.



Graduate Survey on Preparedness for Professional Practice

The Medical School surveyed the 2013 Leicester Graduates and FY1 Doctors in the LNR Foundation School, to investigate FY1 doctors' perceptions on their preparedness for entry into the workforce. 102 FY1 doctors responded. Presented below are some of the key findings...

85%	Agreed that their undergraduate course had enabled them to develop the necessary skills and knowledge to begin their first post
84%	Felt confident and competent to carry out specific procedural skills
82%	Felt they were able to prescribe drugs safely
56%	Felt confident about starting their FY1 post
45%	45% did not agree that that the two-week dedicated student assistantship had adequately prepared them for working in the NHS.

Overall, respondents felt that their MBChB had prepared them adequately for entry into the workforce.

We are also pleased to note that, on average, 95% of Leicester respondents agreed that they felt confident and competent to carry out specified procedural skills, in comparison to 74% of non-Leicester graduates.

Respondents did, however, provide some useful ideas about how the undergraduate course and student assistantship programme, in particular, might be improved to make their transition from medical student to junior doctor easier.

FY1s Suggested Improvement Areas...

- Earlier integration into a clinical team whereby medical students are incorporated into clinical rotas
- Shadowing a FY1 doctor during blocks, as opposed to just being assigned to a consultant.
- Ensuring that the student assistantship is matched to the students first rotation, so they can familiarise themselves with the environment and equipment.
- Longer preparation for professional practice period, with time shadowing FY1s, learning how to do routine ward jobs, prioritise tasks and working out of hours

The results of the survey provide useful information to inform the current curriculum re-design at Leicester.

By Annette Dunwell-Morgan

Success for iPad Project

It has been an academic year since we launched the iPad project and it feels like a lot has occurred in that time.

We are the first Medical school in the country to give mobile devices to students at the beginning of the course and as such this presented certain challenges. I am however delighted to say that despite a few teething problems, this year has been a great success.



Student feedback

We have been very interested to collect feedback from the students about their experiences and have actually undertaken three separate surveys and a weeklong usage study during the year. The overwhelming response is that the devices make the process of studying a lot easier. Everything is in one place which means that learning can be more flexible in terms of time and place. The device is also often credited for making organising notes and study materials much simpler as the recommended note taking app (Notability) allows you to organise work in folders for easy future reference. The ability to share information with other students and even collaborate remotely via face time and other dedicated apps has increased peer to peer learning and having a connected device means that online content is only a click away.

The survey data shows that as students spent more time with the devices they became more satisfied with having course materials delivered to them through this medium. This closely matched anecdotal evidence that the students seemed happier as the year progressed. Naturally with such a large cohort not everyone thought that this was a beneficial advance. Some students still printed out the workbooks and used paper for note taking and annotation, only using the devices for internet based activities. The survey data also revealed that some students found it hard to navigate course material on the iPad's screen as you have to open and close multiple windows when completing group work assignments. Others said that they found the process of typing notes on the iPad less of an active learning process than using pen and paper.

What Next?

We have learnt a lot this year about the unique benefits of these tablet devices and are determined to build on this year's successes. We are going to start using polling and quizzing applications in group work settings and trial software such as lecture tools (for more interactive large group settings) and adobe connect for remote tutorials. We are also going to develop student ambassadors from this current cohort to mentor and direct new students with regard to using the iPads successfully.

All in all we are very excited about the coming year and how we can continue to support the students as they integrate iPads into their learning.

By Dr Mark Hamilton

Block Spotlight

Cancer Care

Dr Fiona Miall, Block Lead, Cancer Care Block

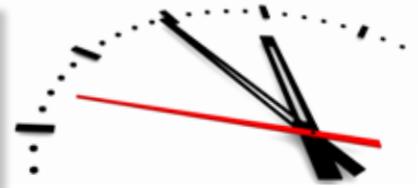
The Cancer Care block in the senior rotation offers students experience in Oncology, Palliative care, Haematology, Urology and Surgical Oncology

The block is structured to enable the students to become familiar with the multi-disciplinary approach to modern cancer diagnosis and management. This is achieved by exposure to large numbers of patients on different cancer pathways in a wide variety of clinical settings. These include one-stop diagnostic clinics such as those run by the Breast care team, Urology and Endoscopy; new-patient and treatment planning clinics; hospital treatment settings such as operating theatres, radiotherapy and chemotherapy suites. Students also spend time on the wards and in assessment units, learning how to recognise the complications of cancer and its treatment, including management of the oncological emergencies. Students meet patients whose cancer is being managed with palliative intent and those on an end of life pathway.

We put an emphasis on developing advanced communication skills and on the holistic care of patients with cancer. Our aim is to produce Foundation doctors with good communication, diagnostic and practical management skills.

As well as a week of induction teaching, a range of specialists provide topic tutorials and bed-side teaching and each small group of students has a block tutor. Assessment takes the form of a workbook, a reflective essay, an end of block test and a clinical grade.

The block is co-led by Dr Powell, Consultant in Palliative care and Dr Faust, Consultant Oncologist and administered with great efficiency by Jennifer Shelden.



5 Minutes with Dr Fiona Miall Cancer Care Block Lead

Dr Miall shares her thoughts on her role as Cancer Care Block Lead...

Q1 What does the block lead role entail?

One aspect is local management of the rotating students, planning and delivering teaching and assessment as well as providing support and feedback to the students. Cancer Care also runs very successfully at Lincoln, Kettering and Northampton, thus another key role is liaison with local leads and providing a link to the medical school. The role has enabled me to get involved at the medical school with student assessment, progression and remediation.

Q2. What are the key challenges of the role?

The key challenge is balancing student and block lead expectation with the practicality of provision of teaching. Our students are placed within busy clinical units with many conflicting priorities. I see my role as acting as the students' advocate while maintaining realistic goals and helping to encourage the teaching my colleagues across the multi-disciplinary team are able to provide.

Q3. What do you consider to be the main areas of good practice within the cancer care block?

I'm pleased with the student feedback about the range of clinical opportunities. Although initially daunting, the majority of these senior students appreciate the variety of clinical settings they find themselves in; perhaps learning from a patient at the end of life with a palliative care specialist nurse one day, then witnessing complex curative surgery or modern drug therapy on a clinical research trial the next. Many students value and choose to reflect on their time spent at LOROS, our local hospice.

Our block management team is receptive to student feedback such that our assessments and workbooks have evolved over the past 9 years.

The greatest sense of achievement is when a junior doctor tells me that the cancer care block really did help him/her feel confident in working practice or inspired a future career.

Project Light Commended

Congratulations to Professor Liz Anderson and the Project Light Team, who have been highly commended for the HEA Student and Staff Partnership award.

MEDICAL SCHOOL NEWS BITES

Leicester Medical School Examinations – Exam Question Writer of the Year

As you are aware, the structure of the written papers for undergraduate medical students was changed last year to include a single best answer (aka 'best of 5 multiple choice question') paper as well as the short answer question papers that have been traditionally used.

This involved a huge amount of support from clinicians to begin to create a database of questions for use in the exams. It was and will continue to be an enormous task. We managed to have enough good quality questions for the examinations last year due to the help we received in question writing so on behalf of the assessment team I would like to offer heartfelt thanks to everyone who contributed.

We also decided to award a prize for a 'Question writer of the year'. Dr Sarah Stoneley (SpR Elderly care medicine) won the prize both for contributing a significant number of high quality questions and also contributing significantly to the question editing process. I have promised this award would not result in a photograph!

Having used virtually all the questions submitted last year, we face the same challenge again this year and would value contributions from any willing volunteers.

Question writing workshops with certificates of attendance will run periodically over the next few months for those who would like training before writing questions. A question tally is kept during the year so certificates of your annual question contribution can be given out for appraisal.

If you are keen to get involved, please contact Rachel Westacott at rjw25@le.ac.uk.

Once again our thanks to all who contributed to question writing last year and congratulations Sarah.

By Dr Rachel Westacott



*Dominic Goold and Pia Khan with
Professor Thurston and their supervisors,
Dr Christine Pullar and Dr Rachid Berair*

BSc Thurston Prize

The Bert Thurston Prize was established in 2009 for the best Intercalated (Scheme B) student, judged at a poster presentation. Intercalating students spend an extra year part-way through the course, working full-time on a research project.

Exceptionally, there are two winners of the Bert Thurston Prize in 2014: Dominic Goold and Pia Khan.

Clinical Teachers' Newsletter Editorial Team

Mrs Annette Dunwell-Morgan,
Quality Manager

Mr Leyshon Griffiths,
Professionalism Lead

Dr Anil Sood,
Senior GP Clinical Educator

Dr Adrian Stanley,
Phase 2 Lead

t: (0116) 252 3667
e: LMSBulletin@le.ac.uk

Departmental Contact Details

Department of Medical &
Social Care Education
Maurice Shock Medical
Sciences Building
University Road
Leicester
LE1 7RH
UK

www.le.ac.uk/msce



University of
Leicester

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Leicester LE1 7RH
UK

www.le.ac.uk