

Student Staff Liaison Group (Phase 1)

Date: Wednesday 25 November 2020

Start Time: 14:30

Location: Teams

<u>Agenda item</u>	<u>Lead</u>	<u>Paper</u>
1. Welcome & Apologies for Absence	Chair	
2. Terms of Reference	Chair	SSLG-PO 2021-01
3. Unconfirmed Minutes of last meeting	Chair	SSLG-PO 2021-02
4.1 Phase 1a Student Feedback reports	ICSMSU Academic Officer And Year Reps	SSLG-PO 2021-03
4.2 Year 2 Student Feedback reports	ICSMSU Academic Officer And Year Reps	SSLG-PO 2021-04
5. Well being reports (Phase 1a and Year 2)	Vice Chair of Well-being	SSLG-PO 2021-05
6. A.O.B	Chair	

Please send apologies to feo.years1-2@imperial.ac.uk

Staff Student Liaison Group (Early Years)

Terms of Reference and Membership

The Staff Student Liaison Groups report to the Education Board (UG) and are chaired by the President of the ICSM Student Union. The role of these groups is to provide a forum for consideration of academic and non-academic issues raised by staff and/or students regarding the 6 year and 5 year programs.

The Group's specific responsibilities include:

- 1 To consider academic and non-academic issues and problems raised by student and/or staff concerning the relevant years of the course, to identify possible solutions and oversee remedial action, referring matters to the relevant Education Committee where appropriate.
- 2 To receive and respond to teaching evaluations as part of the quality management process.
- 3 To consider proposed changes to teaching and assessment.

Membership

President ICSM SU (Chair)	Mr Muntaha Naeem
Head of Undergraduate School of Medicine	Dr Amir Sam
Director of Phase 1	Prof Mary Morrell
Deputy Director of Phase 1	Dr Omid Halse
Director of Assessment	Prof Amir Sam
Head of Phase 1 Assessment	Dr Paul Kemp
POM Module Lead	Dr James Pease
CSI Module Lead	Dr Chris John/ Dr Omar Usmani
BRS Module Lead	Dr James Moss
LMAP Module Lead	Dr Richard Pinder
PCH Module Leads	Dr Thakerar/Dr Sathyapala
PVB Domain Lead	Dr Elizabeth Muir
Clinical Research and Innovation Module Lead	Dr Sohag Saleh
Senior Tutor Phase 1a	Dr Anabel Varela-Carver
Senior Tutor Phase 1b	Prof Mark Nelson
Head of Academic Study Skills	Dr Mike Emerson
Strategic Lead for MedEd Transformation	Dr Ana Baptista
Relevant ICSM SU reps	
<ul style="list-style-type: none"> • Welfare • Academic Chair • Academic Officer, Early Years • Phase 1a Reps 	Ms Natania Varshney Ms Rachel Kwok Ms Varja Cuculovic Ms Yasmin Baker Mr Sahil Ravisangar Mr Rayyan Ali Mr Rayyan Islam Ms Defne Artun Ms Eleanor Taylor Ms Mabel Prendergast Ms Lilia Evans Ms Shamita Suresh Ms Jen Grote Ms Alice Edwards Ms Labbie Farrell Ms Vanessa Powell Mr Chris Harris Ms Janette Shiel Ms Trisha Brown Ms Fran Bertolini Ms Dorrit Pollard Davey Mr Robson Dos Santos Ms Rachael Waddington
Vice Chair for Well-being	
Phase 1a Wellbeing Rep	
Phase 1b Wellbeing Rep	
Programme Officer	
Programme Officer	
Programme Administrator and Secretary	
Director of Faculty Education Office	
Head of Programme Management	
Programme Manager (Non Clinical)	
Head of School Secretariat	
Student Services Manager	
Communications Officer	
Timetable and Room Booking Manager	
Human Anatomy Unit Manager	

Staff Student Liaison Group (Phase 1a and Year 2)

Unconfirmed Minutes of Meeting held on Wednesday 20 May 2020

Present:

Dr Ana Baptista, Mr Harroop Bola, Ms Fran Bertolini, Ms Trish Brown, Ms Lisa Carrier, Ms Alexandra Cardoso Pinto, Ms Varja Cuculovic, Dr Joana Dos Santos, Dr Mike Emerson, Ms Labhaoise Farrell (Secretary), Prof Steve Gentleman, Dr Keith Gould, Ms Jennifer Grote, Mr Jack Hall, Mr Chris Harris, Mr Waseem Hasan, Dr Omid Halse, Mr Safeer-UI Islam, Dr Chris John, Mr Sharan Kapadia, Dr Paul Kemp, Ms Salma Khan, Prof Mary Morrell, Dr James Moss, Dr Elizabeth Muir, Mr Haider Nazerali, Prof Mark Nelson, Dr James Pease, Dr Richard Pinder, Ms Mabel Prendergast, Mr Ben Russell (Chair), Dr Agata Sadza, Dr Sohag Saleh, Prof Amir Sam, Ms Rebecca Sie, Ms Janette Shiel, Dr Manniccam Thavarajah, Ms Ria Varma, Mr James Wild

Apologies:

Prof Louise Donnelly, Mr Rob Grogan, Mr Martin Lupton, Ms Natania Varshney

1. Terms of reference (SSLG-PO1920-09)	
AGREED:	1.1 that the Director of Phase 1 would have to review the terms of reference for the upcoming academic year in terms of numbers.
2. Unconfirmed minutes of previous meeting (SSLG-PO1920-17)	
NOTED:	2.1. that the previous Minutes (SSLG-PO1920-17) were approved. 2.2. that most action points had been completed.
3. Phase 1a and Year 2 student feedback reports	
CONSIDERED:	Phase 1a student feedback (SSLG-PO1920-18)
REPORTED:	<p><u>Bio-regulatory Systems (BRS)</u></p> <p>3.1. that overall the feedback was great.</p> <p>3.2. that generally students felt that CVR lectures and tutorials were high-quality and engaging which excellent teaching and demonstrations.</p> <p>3.3. that students were least satisfied with the ECG lab and found it very confusing. Action: Theme Lead will take this into account when planning the session next year.</p> <p>3.4. that the Urology tutors were very enthusiastic which motivated students and these tutorials were particularly enjoyable.</p> <p>3.5. that Gastro felt very rushed, dense and too detailed. The PowerPoints were very long and lecturers often skipped slides to finish on time. Students felt there was a lack of clarification on what they needed to know.</p> <p>3.6. that students liked the high number of tutorials and the application-based tutorials but if possible they would like a revision TBL session such as the ones in Endo and CVR. Action: Theme Lead to look at timetabling and see if this would be possible</p> <p><u>CSI</u></p> <p>3.7. that sessions were largely enjoyed. Students were happy that CASI had changed following feedback.</p>

3.8. that some students did not like the fact team-based aspects were assessable.

Professional Values & Behaviours (PVB)

3.9. that students enjoyed the domain however some expressed concern about their colleagues' engagement and understanding of the sessions.

3.10. that students felt they would engage more after being exposed to PVB questions in the summative exams and would like the assessment of PVB to be emphasized earlier in the year.

Anatomy

3.11. that students enjoyed Clinical Anatomy and the structure and quality of the dissection room teaching had improved since their last feedback.

3.12. that content was increasingly relevant and well explained and students enjoyed the more interactive way of delivery.

3.13. that students were uncertain about the level of detail required for the spotter.

3.14. that students would like an increase in face-to-face teaching and to have more cadaver images on Coursera.

LMAP

3.15. that students were concerned about the lack of information they had received on the podcast and they were concerned about having to adapt to work online with students they didn't know, particularly students in different timezones.

3.16. that students requested the F2F slides were uploaded after every session.

Action: Domain lead to ensure this occurs.

3.17. that students would like an explicit parallel drawn between pre-reading and live sessions.

Action: Domain lead to look into implementing this.

Communication Skills

3.18. that students enjoyed their comm skills sessions and felt their clinical communication had improved as a result of these sessions.

3.19. that some students found the sessions had started to feel slightly repetitive and would like an overview of all the comms sessions and their respective goals.

3.20. that students felt there was disparity between tutors and would prefer standardised tutor feedback.

Formative Mocks

3.21. that students valued the experience and the feedback given.

3.22. that students felt the questions and difficulty were representative of the summative exams but they would prefer them to be the same length as the summative exams.

3.23. that students would prefer individual feedback and/or a longer, more detailed feedback webinar.

Summative Exams

3.24. that students were satisfied with how the Faculty handled the pandemic and the technical difficulties involved with running exams online.

3.25. that students were pleased with how the FEO responded to student feedback (e.g more phone lines, putting the pin on MedLearn, making the exam available to download earlier).

3.26. that students felt their knowledge was adequately tested.

3.27. that students understood why some measures had to be taken but felt that retaking the POM exam and the subsequent changes to the exam schedule were detrimental to their wellbeing.

3.28. that students felt there was a disregard for time zones which some students found difficult.

3.29. That students wanted more communication with the cohort, perhaps through Academic Tutors

	Action: FEO to ensure higher level of communication next Academic Year.
CONSIDERED:	Year 2 student feedback (Verbal)
REPORTED:	<p><u>Anatomy</u></p> <p>3.30. that students were pleased about the changes that had been made so far in the clinical anatomy sessions and they were glad their feedback was being taken on board.</p> <p>3.31. that some concerns, both academic and welfare, were raised. Action: Reps to email Mr Lupton details and arrange a meeting with him.</p> <p><u>Life Cycle and Regulatory Systems (LCRS)</u></p> <p>3.32. that students were concerned over the structure of the RDA course.</p> <p>3.33. that students found the information was scattered all over the place, some in lectures, some online and some not covered at all. This led them to worry about the level of knowledge they would need for the exam.</p> <p>3.34. that certain topics with RDA were hard to understand and students felt they would have benefitted from a tutorial or more time dedicated to them in lectures.</p> <p><u>Research, Design and Statistics</u></p> <p>3.35. that feedback was generally positive and they enjoyed the online format. Students felt the course provided useful skills and could have benefitted from more teaching.</p> <p>3.36. that the content in the exam didn't really match what was taught in the course so students found this difficult.</p> <p><u>Clinical Research and Innovation (CRI)</u></p> <p>3.37. that students were disappointed their CRI experiences had to change but obviously understood the necessity given the circumstances.</p> <p>3.38. that students were pleased with the alternative CRI pathways that were offered to them and were glad to be offered the option of volunteering rather than being required to do a project.</p> <p>3.39. that there were some queries about students being able to select their own volunteering or being able to select both pathways Action: FEO to put together guidance for students</p>
4.	Wellbeing reports – Phase 1a and Year 2 (SSLG-PO1920-19)
REPORTED:	<p>4.1 that highlights from Term 2 included friendships, society and sporting events, GP placement, Circle Line, Endo teaching, CSI, the PVB Diabetes Forum and receiving their stethoscope.</p> <p>4.2 that the biggest challenges in Term 2 included exams and workload, work/life balance, C-19, Anatomy teaching, revision and mental health.</p> <p>4.3 that students were having difficulties staying motivated under the current situation and would like more support from Faculty about how to deal with studying during these circumstances Action: Director of Phase and the FEO to look at better signposting to resources</p>
5.	A.O.B
REPORTED:	<p>5.1 Comment from Rob Grogan - As this would have been my last SSLG as Academic Officer, I'd be grateful if you could pass on my thanks to the Faculty for all their hard work this year, and delivering an excellent start to the new curriculum. I have noticed such an improvement in feedback universally across modules compared to last year when I was a rep, and the constructive way in which staff have worked with students throughout the year will allow</p>

	continued improvement of the delivery of the fantastic new curriculum for future cohorts. Thank you also to my 1st and 2nd year reps who have worked extremely hard to produce high quality feedback and represent their year groups.
6.	Date of next meeting
	25 November 2020

MBBS Phase 1a SSLG Report



Term 1 SSLG: 25/11/2020

Phase 1a – POM

Question 1: How much do you agree with the following statements about the POM module?

Type of Question: Rating scale: 0 (completely disagree) - 10 (completely agree)

Statement	Average Score (/10)	Number of Responses
I am satisfied with lectures	5.86	257
I am satisfied with the lecture slides	6.42	260
I am satisfied with tutorials	7.07	257
I am satisfied with laboratory sessions	7.63	258
When learning content, I understand what is important and what is additional information	2.81	253
I would support more interactive lectures	7.30	256
I feel like I have received enough support from Imperial (I.e., faculty/lectures) on my learning and on my study techniques	5.00	252

Question 2: What are you most satisfied with in the POM module? (feel free to mention specific topics)

Type of Question: Free Text

Representative comments (N = (213)):

- a. Live Online Learning: 85
 - i. Good opportunity to consolidate knowledge and ask questions.
 - ii. iRAT, tRAT and tAPP format was helpful as it enabled students to work in teams as well as individually.
 - iii. Explanations offered by lecturers were very good and cleared up many misunderstandings during GOLS.

- b. Concise lectures: 115
 - i. In particular, MBC, Genetics and Immunology lectures were found to be clear and concise.
 - ii. The small multiple-choice quizzes were found to be helpful for consolidation by students.

- iii. Lecturers summarising key points and pointedly mentioning what was important to know was useful.

Question 3: What are you least satisfied with in the POM module? (feel free to mention specific topics)

Type of Question: Free Text

Representative comments (N = (237)):

- a. Guided Online Learning: 175
 - i. Timing: Students take much longer than the 1 hour scheduled to complete GOLs.
 - ii. Scheduling: student found blocks of GOLs scheduled together to be very tiring, especially when there are few interactive elements involved.
 - iii. Audio and subtitle quality varied, particularly in Haematology.
- b. Content: 143
 - i. Many students found the TILOs broad or vague.
 - ii. POM forums not being anonymous discourage students from asking questions.
 - iii. Many students find it difficult to navigate through all the questions in the forum.
 - iv. Students felt like the questions in TBLs were very specific rather than contextual and required lots of memorisation.

Question 4: Do you have any general comments or improvements for the POM module?

Type of Question: Free Text

Representative comments (N = (197)):

- a. Clearer guidance on what information is required knowledge and what is extra information: 85
- b. Improved scheduling of GOLs: many of them take much longer than the required 1 hour and blocks of them together feel draining: 181
- c. Fewer recorded lectures but more LOL: 147

Proposals for Module:

1. Increasing the number of Live Online Learning sessions.
2. Emphasizing the use of signposting of important information to tutors and lecturers.
3. Continuing the use of SBA questions as part of consolidation in GOLs.
4. Scheduling GOLs to signpost time required for completion.
5. Reducing GOLs being scheduled together as blocks.

6. Releasing GOLs 2-3 days earlier
7. Introducing live 'Q and A' sessions with tutors and lecturers to aid understanding.

Phase 1a – BRS

Question 7: How much do you agree with the following statement:

'I feel comfortable that I can start the BRS module'

Type of Question: Rating scale

Answer (N = 248): Average score 6.27/10

Question 8: If you have any further comments or feedback about the BRS module, please let us know in the text box below.

Type of Question: Free text

Representative comments (N = 30):

- a. Difficulty identifying what information they need to know and what information they will not need to know: 10
- b. Guidance on how to learn the BRS content: 8

Proposals for module:

1. Giving clear objectives at the start of the lectures to sign-post revision content.
2. Introducing a BRS Q and A session so that students can better understand the module.

Phase 1a – CSI

Question 9: How much do you agree with the following statements:

Type of Question: Rating scale: (0 = completely disagree, 10 = completely agree)

Statement	Average Score (/10)	Number of Responses
'I am satisfied with the CSI TBL Sessions'	7.94	250
'I am satisfied with the overall structure of CSI'	8.20	250
'I am satisfied with the pre-reading and the post-reading consolidation for the CSI cases'	7.91	249
'I completely finish the CSI pre-reading before the live TBL session'	9.00	249
'I prioritise fully engaging with CSI'	8.08	250
'I am satisfied with the CSI summative TBLs'	7.54	249

Question 10: What are you most satisfied with in the CSI module?

Type of question: Free Text

Representative comments: (N=178)

- a. Teamwork and interactivity is very much appreciated: 49
- b. The LOLs being delivered live and overall structure of this teaching is very useful, especially immediate responding to any questions: 73
- c. Spread of cases around two weeks allows students to go over same case several times in a week, improving information retention. This is aided by having cases relevant to knowledge just covered in other modules such as POM: 18

Question 11: What are you least satisfied with in the CSI Module?

Type of question: Free Text

Representative comments: (N=144)

- a. tAPP (N=49):
 - a. cleared guidance for tAPP requested
 - b. students generally did not find infographic tasks enjoyable and were confused about the relevance
 - c. students found having to submit their tasks on LAMS stressful
- b. Students found pre- and post-reading materials vague and wish for more reading information relevant to the LOL.

- c. LOL slides lacking information makes it difficult to take notes – 27
- d. Desire for more detailed learning objectives in terms of knowledge required for the summative assessment – 34

Question 12: Do you have any general comments or improvements for CSI?

Type of question: Free Text

Representative comments: (N=93)

- a. Providing model answers and mark schemes for tAPP questions, so students can understand how they should be answering the questions - 28
- b. More relevant extra readings in the pre and post reading to help students know what they should learn for the summative assessment - 23
- c. “CSI best module” – 19

Proposals for module:

1. Increasing the amount of information on slides to aid note-taking
2. Increasing the information available for pre and post readings to make them more relevant to the LOL and summative assessment
3. Delivering more SAQ style tAPPs over infographic tAPPs
4. Providing more guidance on approach for tAPP through model answers and mark schemes
5. Increasing sign-posting of summative assessment required knowledge during the LOLs

Phase 1a – Online Learning

Question 13: Do you have any thoughts, improvements, or feedback about educational platforms? (i.e. Insendi, LAMS, MedLearn, Kaizen)

Type of question: Free Text

Representative comments: (N=107)

- a. Platforms are very good, well organized & easy to use: 11
 - i. The organisation of Insendi and LAMS was very much appreciated
 - ii. The fact the faculty were able to create these online platforms within a short amount of time was greatly appreciated
 - iii. MedLearn is helpful as contains all resources in one place
- b. Too many platforms: 31
 - i. Having too many platforms makes it confusing to navigate around
 - ii. Students do not understand the purpose of each platform and feel that more time could be spent introducing each platform
 - iii. Streamlining the platforms makes it more accessible to all students
- c. Problems with Kaizen: 26
 - i. Difficulty in navigating Kaizen so students avoid using it
 - ii. Having more clarity on how to use Kaizen would be appreciated
 - iii. Assessment results are not uploaded and cannot be viewed on Kaizen
- d. Platforms not working/crashing: 22
 - i. Insendi videos do not load on iPads or phones; they can only be viewed on a laptop which is not always available to students
 - ii. Reports of LAMS crashing which students find frustrating; they feel it is unfair, especially during exams and because they are missing out important learning
 - iii. Struggle to upload files for tAPP onto LAMS
- e. Difficulty in finding topics/information on Insendi: 15
 - i. When wanting to access a different module/sub-topic, students have to continuously go back to news page, then modules again etc – can be time consuming
 - ii. Hard to find important information such as task deadline dates (e.g. e-learning modules under PCH) & pre-reading – students find it difficult to keep track of everything

- f. Problem with answer function & timings on LAMS: 3
 - i. Sometimes during tRAT, leader accidentally clicks on wrong answer – having a double click function to select an answer would prevent this from happening
 - ii. No timer on iRAT/tRAT/tAPP so students cannot tell how much time they have left

Proposals for educational platforms:

1. Streamlining the platforms so that everything is available on fewer platforms
2. Sending out information detailing the purpose of each educational platform and how it works and organizing a Phase 1a live tutorial on how to navigate each platform.
3. Introducing a search function for sub-topics/phrases on Insendi
4. Ensuring assessment results are viewable and accessible on Kaizen
5. Highlighting important information such as deadlines/pre-reading on Insendi, preferably with a checklist function
6. Having a recently viewed page on Insendi to let students pick up from where they left off
7. Introducing a timer on LAMS sections
8. Introducing a double click function for LAMS tRAT.
9. Adding Dark Mode to Insendi

Question 14: How much do you agree with the following statements about the Live Online Learning (LOL) sessions on Zoom & Teams:

Type of Question: Rating scale: (0 = completely disagree, 10 = completely agree)

Statement	Average Score (/10)	Number of Responses
'I am satisfied with the LOL sessions'	6.75	240
'I understand how to use Zooms & Teams'	8.85	241
'I am comfortable with using breakout rooms'	8.74	242
'I know who I can contact if I have a LOL admin/ICT issue'	5.15	234

Question 15: Do you have any thoughts or improvements for the LOL sessions?

Type of question: Free Text

Representative comments: (N=90)

- a. Use Zoom for LOL sessions, especially when there are more than 100 students: 27
 - i. Teams sessions have always had technical issues especially when there are many participants on call. Zoom has had no major technical issues.

- ii. Technical training needs to be delivered to staff to avoid losing time during LOLs
 - iii. Zoom is easier to use for LOLs.
 - iv. Some students suggested CiscoWebX as another platform to conduct LOLs
- b. 2/3-hour LOL sessions are too long: 15
- i. Students cannot focus for the full 2/3hr LOL sessions
 - ii. Some LOL TBLss scheduled back to back so end up lasting for 3 hours with no break
 - iii. Students feel there is a need schedule a 15 min break in the middle of long LOL sessions
- c. Some students suggested changing the PVB and Communication LOL's into GOL's: 9
- d. Some students would prefer more LOLs especially for harder content: 8
- e. Some students prefer smaller breakout groups as feel more comfortable asking questions: 5

Question 16: How much do you agree about the following statements about the Guided Online Learning (GOL) sessions:

Type of Question: Rating scale: (0 = completely disagree, 10 = completely agree)

Statement	Average Score (/10)	Number of Responses
'I am satisfied with the GOL sessions'	5.11	236
'I am able to complete the GOL's within the given time frame scheduled'	1.95	218
'I am able to complete all the GOLs that are scheduled in a day'	2.83	215
'I know who I can contact if I have any GOL issues or questions'	4.84	224

Question 17: Do you have any thoughts or improvements for the GOL sessions?

Type of question: Free Text

Representative comments: (N=154)

- a. More realistic time scheduling for GOLs: 110

- i. GOLs take longer than an hour to get through. Students expressed that they can cope with maximally 3 GOLs per day.
 - ii. Lectures of different amounts of content scheduled for the same amount of time. Sometimes videos themselves are longer than allocated scheduled time.
 - iii. Students would prefer schedule to reflect actual lecture recording time
 - iv. Students feel stressed as work piles up and they have no time to do spaced repetition, causing reduced understanding due to time pressures.
 - v. Breaks between GOLs required
- b. Signposting of required knowledge: 19
- i. Lack of guidance and certainty on what is important knowledge and what is extra detail
 - ii. Condensed information is preferred to lots of text
 - iii. Students greatly appreciated those tutors who distinguished between important information and extra details during GOLs
 - iv. Preference for text/written GOLs with diagrams compared to videos
- c. Desire for better sound quality and accurate captions: 10
- i. Some videos are very quiet and have poor sound quality, so students struggle to get through GOLs with recorded video
 - ii. Captions on videos not corrected for some modules, which makes it harder for students to learn. Students appreciated those tutors who went through their videos to correct the captions.
 - iii. Request for video transcripts
- d. Problems with the Forum: 5
- i. Making most recent questions asked on forum on the 1st page rather than last page
 - ii. Having a search button to find questions with particular phrases/words
 - iii. Having a tagging and filter system where each question is tagged to a subtopic. This means students can filter questions down to see relevant questions for a specific topic.

Proposals for LOLs and GOLs:

1. Reducing the length of LOL sessions and ensuring sufficient breaks.
2. Scheduling fewer LOLs back-to-back and ensuring sufficient breaks
3. Changing the PVB sessions into GOLs or reducing the length of the PVB LOLs
4. Using smaller breakout groups for interactive tasks
5. Timetabling GOLs accurately & scheduling max of 3 GOLs in a day
6. Stating actual lecture recording time for GOLs with videos
7. Improving sound quality & correcting captions for all videos

8. Adding a search function for the forum

Question 18: Rate how useful the TILOs are for your learning

Type of question: Rating Scale (0 = Very poor, 10 = Very Good)

Answer (N=228): Average Score 3.92/10

Question 19: Do you have any thoughts or improvements for the TILOs?

Type of question: Free Text

Representative comments: (N=105)

- a. TILOs are good: 5
 - i. Students appreciate the broadness of the TILO's as acts as a guide
- b. More specific TILOs: 92
 - i. Students find TILOs too generic or broad and refer to them less
- c. Students would prefer having two list of TILOs – a broad list and a more detailed TILO list – that they could choose from
- d. Difficulty accessing TILOs: 10
 - i. Students find accessing and navigating TILOs difficult
 - ii. TILOs could be placed somewhere easily accessible, like a PDF list
 - iii. TILOs could be referenced more often in LOL sessions

Proposals for TILOs:

1. Making two TILO lists – a more general/broad list and a more specific list
2. Creating a PDF list of TILO to increase ease of access
3. Referencing TILOs more in LOL sessions
4. Placing the TILOs on Insendi to make them more accessible to students

Question 20: What, in your opinion, makes a good TBL tutorial/LOL? Feel free to include examples of specific tutorials or tutors.

Type of question: Free Text

Representative comments: (N=122)

- a. Interactivity: 49
 - i. Discussions in breakout groups with peers and with tutors coming in to check on progress (especially in small groups rather than academic tutor groups i.e A1a > A1) - 23
 - ii. More time for live Q&A with detailed explanations as opposed to providing answers without explanations - 35
 - iii. Using Mentimeter and questions more as a form of engagement
 - iv. Students felt the more passionate the tutor was, the better their learning experience. Students also appreciated tutors who taught the topics simply as if the students had no previous knowledge of content
- b. Structure to LOLs: 29

- i. Clearly outlining the objectives, tasks and what the students should take away from the session with a summary at the end of the LOL session
 - ii. Showing how LOL should build on previous knowledge
 - iii. Highlighting high/low yield information to students and referring to information from lectures
 - iv. Balance between taught explanations from lecturers & discussions from students
- c. Timing of LOL sessions: 7
- i. Considering when a LOL is scheduled (i.e. students may not fully focus if LOL is after a series of GOLs)
 - ii. Considering how long a LOL session is – students prefer LOLs no longer than 2 hours and with breaks

Phase 1a – General Academic Questions

Question 21: What academic resources have you found to be the most and least helpful when learning and revising.

Type of question: Free Text

Representative comments: (N=151)

Most helpful:

- a. ICSMSU notebank – 48
- b. Osmosis – 48
- c. Flashcards (e.g. brainscape, anki, quizlet) – 34
- d. GOLs (especially the transcript and slides to make notes) – 20
- e. Textbooks & journal via library/clinical key/Pubmed/Elsevier – 17
- f. Society tutorials – 8
- g. Complete anatomy app - 8
- h. Youtube – 8
- i. Question bank/practice questions – 6
- j. Khan academy – 5
- k. Google – 5
- l. LOLs/tutorials/TBL's – 4
- m. Notion – 4
- n. MedStep – 3
- o. Acklands video atlas – 3

Least helpful:

- a. GOL videos – 12
Difficult to learn from as quality of recording varies – prefer to use transcripts of videos

Question 22: Do you have any comments on the workload of Term 1 so far?

Type of question: Free Text

Representative comments: (N=165)

- a. Students feel like there is too much workload, especially for the first term - 78
- b. Students feel like the workload is manageable and the heavy workload is within expectations - 40
- c. Students feel like this depends on the timetabling and not having more than 3 GOLs per day/spreading out GOLs equally over weeks would be helpful for them

Question 23: How much do you agree about the following statements:

Type of Question: Rating scale: (0 = completely disagree, 10 = completely agree)

Statement	Average Score (/10)	Number of Responses
'I know who I can contact if I have an academic issue'	6.35	226
'I know who I can contact if I have a welfare issue'	6.81	226

Question 24: Do you have any general feedback on the course, both positive and negative, and how the course could be improved? If you have any specific concerns you have not yet described, you can state them here:

Type of question: Free Text

Representative comments: (N=72)

- a. Appreciative of the introduction of clinical skills in the form of CSI and placements so early on - 34
- b. Reduced GOLs and increased number of LOL sessions - 53
- c. More clarity on required knowledge – 27

Proposals

1. Adding breaks between sessions.
2. Reducing concentration of GOLs and spreading them out across days and weeks
3. For next Phase1a, scheduling fewer introductions more lectures within the first two weeks

MBBS Phase 1b SSLG Report



Term 1 SSLG: 25 November 2020



Phase 1b – Bioregulatory Systems: General

(Q1-6) How much do you agree with the following statements about the BRS module? (0 = Completely Disagree, 10 = Completely Agree)

Question 1: I am satisfied with lectures

Type of Question: Rating scale

Answer (N = (188)): Average score 6.80/10

Question 2: I am satisfied with lecture slides

Type of Question: Rating scale

Answer (N = (186)): Average score 6.74/10

Question 3: I am satisfied with the current upload schedule for Insendi content

Type of Question: Rating scale

Answer (N = 179): Average score 3.85/10

Question 4: I am satisfied with tutorials

Type of Question: Rating scale

Answer (N = 187): Average score 5.85/10

Question 5: When learning content, I understand what I feel I need to know

Type of Question: Rating scale

Answer (N = 184): Average score 5.42/10

Question 6: I feel like I have received enough support from Imperial (i.e. from faculty/lecturers) on my learning and study techniques

Type of Question: Rating scale

Answer (N = 183): Average score 4.96/10

Question 7: Which teaching formats have you preferred the most? (e.g. GOL lectures, GOL tutorials, LOL lectures, LOL tutorials, etc)

Type of Question: Free Text

Representative comments (N = 173):

- a. Live online tutorials: 75
 - i. Much more popular than guided online tutorials (25)
 - ii. Not enough tutors circulating in each session
 - iii. Endocrinology tutorials were preferred to Neuro/Psych tutorials
- b. Guided online lectures: 68
 - i. Many preferred guided online lectures followed by live online tutorials
 - ii. Often too long in length or not scheduled for the appropriate duration
 - iii. Would like a live 15-minute Q and A after them



- c. Live online lectures: 57
- i. Live lectures can also be done as guided online content
 - ii. Would like recordings to be uploaded immediately after
 - iii. Those that prefer live online lectures usually also preferred live tutorials

Question 8: Would you prefer slides to be uploaded prior to their respective learning events? (e.g. 24 hours before)

Type of Question: Closed (Yes/No)

Answer (N = 187): "Yes" = 96.26%

Question 9: Do you prefer pre-uploaded lectures (GOL) or live Zoom/Teams lectures (LOL)?

Type of Question: Multiple choice

Answer (N = 187): Most popular = GOL (54.55%)

Question 10: Have you experienced sudden timetable changes before upcoming learning events?

Type of Question: Closed

Answer (N = 189): "Yes" = 66.67%

Question 11: How have these sudden timetable changes affected your learning?

Type of Question: Free text

Representative comments (N = 81):

- a. Falling behind on work, missing sessions and disrupted personal schedules: 30
 - i. Due to travel time and personal plans, many had to miss sessions
 - ii. Feeling stressed as unable to keep up with busy schedule so fall behind on learning and revision
 - iii. Disrupts other non-academic work/commitments and had to reschedule personal meetings
- b. Cannot plan workload in advance because of having to adapt quickly to changes: 22
 - i. Affected motivation to approach work
 - ii. Harder to plan workload and prepare/revise for sessions
- c. Was inconvenient but did not affect learning significantly: 22
 - i. Inconvenient but did not cause many issues as was more than 24 hours before the session
 - ii. Improved timetable (e.g. clashes with I-Explore were resolved)



Phase 1b – Bioregulatory Systems: Neuro/Psych

Question 12: What were you most satisfied with in Neuro/Psych?

Type of Question: Free text

Representative comments (N = 122):

- a. Lectures: 55
 - i. Psych and Neuro lectures were very interesting and would like more
 - ii. High quality of lectures: they are concise yet very informative
- b. Tutorials: 46
 - i. Uploading of tutorial summaries/notes was incredibly useful for consolidation
 - ii. Actual application of theory to scenarios and did not regurgitate lectures
 - iii. Helped to understand how the content is relevant in practice
- c. Lecturers and Tutors: 20
 - i. Dr. Paul Strutton and Prof. Steve Gentleman were especially mentioned
 - ii. Interactive and helpful tutors
 - iii. Tutorials were well led

Question 13: What were you least satisfied with in Neuro/Psych?

Type of Question: Free text

Representative comments (N = 134):

- a. Timetabling and upload schedule: 58
 - i. Incorrect duration of GOL lectures on timetables meant students could not make proper use of tutorials (e.g. a GOL with 2 hours of videos scheduled 1 hour before the LOL tutorial and content not uploaded in advance)
 - ii. Late uploads of GOLs and tutorial summaries
 - iii. Lectures took much longer than scheduled
- b. Tutorials: 40
 - i. Did not understand the explanation of some content and needed more time explaining key points
 - ii. Lack of tutors in many groups
 - iii. Tutorials were much more difficult than lectures and introduced new content
- c. Lectures: 34
 - i. Visual, auditory and vestibular lectures were especially mentioned as confusing
 - ii. Slides were disorganised; students much prefer the standardized slide format
 - iii. Not enough time dedicated to complex concepts
 - iv. Students would prefer more live sessions to ask questions
 - v. Pre-narrated slides were found to be the least helpful (e.g. Visual System)
 - vi. Some students prefer one long lecture to multiple small ones (e.g. 3 GOLs of 20 minutes)





Phase 1b – Bioregulatory Systems: Endo

Question 14: What were you most satisfied with in Endocrinology?

Type of Question: Free text

Representative comments (N = 133):

- a. Lectures and content: 65
 - i. Live online lectures (LOLs)
 - ii. Content was straightforward, interesting and clear
 - iii. Recaps from Phase 1a content
- b. Tutorials: 40
 - i. Content, quality and reasonable difficulty
 - ii. Followed directly from lectures
 - iii. Good organization and allocation of lecture versus tutorial time
- c. Lecturers and tutors: 27
 - i. Teaching was exceptional and very comprehensive
 - ii. Dr Niamh Martin was especially mentioned – lectures were clear and well-paced

Question 15: What were you least satisfied with in Endocrinology?

Type of Question: Free text

Representative comments (N = 94):

- a. Lectures: 32
 - i. Some lecturers did not use the standard PowerPoint template, so they were difficult to follow
 - ii. Overlapping of content between lectures, especially in Diabetes Mellitus block
 - iii. Late slide and Panopto uploads
 - iv. Reproduction and Infertility lectures felt rushed
- b. Tutorials: 28
 - i. Need for summaries/notes for tutorials to confirm understanding
 - ii. Students felt like some tutorials were not challenging or interactive enough and became very repetitive
 - iii. Absence of tutors in some sessions
- c. Nothing – Endo was taught well: 27
 - i. Tutors do what they can to make sessions enjoyable and interactive

Question 16: Do you have any general comments or improvements for BRS?

Type of Question: Free text

Representative comments (N = 94):

- a. Timetabling and structuring the day: 46
 - i. Releasing content on time or preferably at least 24 hours early
 - ii. Timetabling GOLs for the correct duration



- iii. Giving frequent breaks during the day and 15-minute between each lecture/tutorial – sitting at desks all day causes back pain
 - iv. Notification of timetable changes are needed
- b. Lecture and tutorial content: 39
- i. Tutorial summaries for every tutorial, both face-to-face and online
 - ii. Using standard PowerPoint format as well as fewer narrated PowerPoint or PDF uploads for GOLs
 - iii. More tutors in tutorials
 - iv. Putting only necessary content on slides as extra information can be confusing
- c. General comments: 20
- i. More questions to revise from and more topic reviews would be helpful
 - ii. Better video and audio quality for lecturers and tutors
 - iii. More detailed learning objectives as students often do not know what we need to learn

Proposals for module

1. Uploading PowerPoint slides and guided online content at least 24 hours before the scheduled session and Panopto recordings immediately after LOLs
2. Uploading tutorial notes after tutorials: this can account for disparities between tutors and technical difficulties students may face
3. Timetabling GOLs for the correct duration
4. Introducing a 15-minute break between each session to aid consolidation of content (e.g. between GOLs and tutorials) and more breaks throughout the day to prevent back pain
5. Having more tutors in tutorials
6. Notification via email of major timetable changes



Phase 1b – Anatomy and Diagnostics

(Q1-3) How much do you agree with the following statements about the Anatomy and Diagnostics? (0 = Completely Disagree, 10 = Completely Agree)

Question 1: I am satisfied with prosection sessions

Type of Question: Closed

Answer (N = 164): Average score 5.40/10

Question 2: I am satisfied with clinical skills sessions

Type of Question: Closed

Answer (N = 163): Average score 6.68/10

Question 3: I am satisfied with the pre-reading for anatomy sessions

Type of Question: Closed

Answer (N = 157): Average score 6.35/10

Question 4: What are you most satisfied with in Anatomy and Diagnostics?

Type of Question: Free text

Representative comments (N = 121):

- a. Prosection Sessions: 90
 - a. Smaller groups and improved tutor ratios have massively improved teaching: **56**
 - b. Shorter length sessions are a great improvement over last year
 - c. Tutors were praised (Lydia Boynton was especially mentioned)
 - d. Live demonstrations throughout session to teach content was appreciated
 - e. Overall, much more teaching has been made possible, and students feel much more guided and supported than before
- b. Aclands within pre-reading: 23
- c. Clinical Skills Sessions: 20
 - a. Students praised clinical skills for increased tutors and great teaching

Question 5: What are you least satisfied with in Anatomy and Diagnostics

Type of Question: Free text

Representative comments (N = 129):

- a. Immensely excessive pre-reading content: 80
 - a. Currently timetabled for a single hour: many students reported taking full days to cover the content
 - b. Textbooks were not linked to and went into excessive detail: this left many students confused on what they needed to know.
 - c. The use of textbooks was widely less useful, efficient or relevant to F2F content compared to resources like Aclands
 - d. Lower Limb not including Aclands; first-party slides are useful, addition of Aclands is seen as likely helpful considering the cadaveric nature of assessments



- b. Live Sessions: 15
 - a. Live demonstrations are helpful but currently take up too much time away from tutor teaching
 - b. The bulk of clinical skills sessions is spent going through the pre-reading: most students therefore do not see value in doing the pre-reading in advance, some of the others are dissatisfied with having to listen to content they have already learned
 - c.

Question 6: Do you have any general comments or improvements for Anatomy and Diagnostics?

Type of Question: Free text

Representative comments (N = 81):

- a. Request not to use textbooks or other non-visual resources in pre-reading
- b. Pre-reading should either be shortened, or 2-3 more hours should be allotted to pre-reading in the timetable to account for it
- c. Live demonstrations should not take more than a few minutes as they take away from tutor teaching
- d. Lower Limb should include Acland's links
- e. Abdomen was measurably more difficult than other topics due to a lack of faculty-made videos
- f. Less time should be taken up in clinical skills sessions by covering all of the pre-reading again
- g. Abdomen's in-session slides had a lot of text, not enough visual content, and would have been improved by more formative questions
- h. Pre-reading and post-reading in general would be improved with more formative questions
- i. Request for summaries / content reviews at the end of pre-reading / post-reading to recap content covered and aid in showing key concepts students need to know
- j. Some students described feeling uncomfortable in anatomy due to staff

A key takeaway from the above is that, to students, the ideal pre-reading includes faculty made videos with diagrams to teach concepts, Acland's links to show them on a cadaver, and formative questions to test them.

Proposals:

1. Replacing written content with visual content in pre/post-reading
2. Producing faculty videos for abdomen in the future as is done for other modules
3. Linking relevant Acland's videos for Lower Limb and other future topics covered in prosection
4. Reducing the time spent in prosection sessions on live demonstrations to enable more time for tutors
5. Reducing written content and increasing the visual content on in-session prosection slides
6. Providing session summaries/reviews for prosection content to signpost key concepts and takeaways
7. Providing more formative questions at all stages of anatomy and diagnostics where possible

Phase 1b – CSI Cases

(Q1-4) How much do you agree with the following statements about the CSI module? (0 = Completely Disagree, 10 = Completely Agree)

Question 1: I am satisfied with CSI live sessions

Type of Question: Closed

Answer (N = 165): Average score 5.40/10

Question 2: I am satisfied with the pre-reading and consolidation for CSI cases

Type of Question: Multiple choice

Answer (N = 168): Average score 6.68/10

Question 3: I am satisfied with the structure of CSI

Type of Question: Closed

Answer (N = 164): Average score 6.35/10

Question 4: I am satisfied with CSI summative TBLs

Type of Question: Closed

Answer (N = 166): Average score 5.67/10

Question 5: What are you most satisfied with in the CSI Module?

Type of Question: Free text

Representative comments (N =115):

- a. Live sessions / teaching: 49
 - i. Teaching was repeatedly praised: particularly the high number of tutors, enthusiasm, and that each provided unique perspectives/approaches to show nuance in clinical situations (content feels relevant to patient care)
 - ii. Students have really enjoyed F2F sessions for CSI this year, describing them as engaging, interactive and well-structured
- b. Interesting and engaging content: 40
 - i. Students praised a shift towards differential diagnoses in cases: the patient-centered approach makes content much more engaging
 - ii. Recent cases were described as more focused in topic and structure; tasks have also felt better linked
 - iii. Many enjoyed linking content from BRS to CSI
- c. Pre-Reading and Post-Reading: 29
 - i. Students described the pre-reading and post-reading as being more manageable, clearer, and more relevant to the content of live sessions compared to last year

Question 6: What are you least satisfied with in the CSI Module?

Type of Question: Free text

Representative comments (N =136):

- a. Live Sessions: 69
 - i. Time management: 40



- i. All CSI F2Fs so far have overrun; this leads to rushing the difficult content at the end of session (e.g. immunology). Students have felt F2F sessions have been quite rushed throughout in general
 - ii. Breakout rooms for tasks have been poorly timed: some take too long, others too short (making discussion difficult), and timings were often decided just before each task
- ii. Technical Issues: 16
 - i. Insendi has often crashed for students
 - ii. Tasks are unlocked too late during the session, so students with poor internet are not able to see them until it's too late
- b. Assessments: 50
 - i. TBL content can feel very disconnected from LOL/reading content (a common example given was multiple questions analyzing ECGs before ECG analysis teaching)
 - ii. Students highlighted that being assessed on two CSIs at once was stressful and promoted cramming
 - iii. Students complained about not being able to access both tAPPs separately
 - iv. Many students argue that shifting towards more application-based questions (e.g. data analysis) has made the iRAT and tRAT much more time-pressured and wished for more time in future summatives
 - v. A lack of extra time for those with learning disabilities was highlighted
 - vi. Online sessions have resulted in more students not contributing to tAPPs
 - vii. Students feel it's paradoxical that summative exams are objective in nature on areas of research when nuance is repeatedly stressed in live sessions
- c. Out of F2F Content: 13
 - i. Parts of pre-reading are commonly uploaded less than an hour before F2F sessions
 - ii. Lecture slides are not available before live sessions, so students can't annotate like they would for other modules like BRS
 - iii. Slides aren't downloadable after live sessions

Question 7: Do you have any general comments or improvements for CSI?

Type of Question: Free text

Representative comments (N =90):

- a. Request for better time management
- b. Request for assessments to better reflect F2F session (and pre/post-reading) content:
- c. More time should be provided for the iRAT
- d. Uploading slides before sessions
- e. Some students asked for in person sessions
- f. Unlocking tasks earlier
- g. Students loved the tech used in Y1 T3: request for this to be used more in the future:
- h. Students mentioned they enjoyed the structure of remote work with live Q&A sessions from T3
- i. Include summaries/reviews at the end of sessions or in consolidation
- j. Timetabling in tAPPs
- k. Request to fix technical issues in advance where possible
- l. Request for extra time for those with learning disabilities/extenuating circumstances



Proposals:

1. Increasing time for iRAT
 2. Providing extra time for those with learning disabilities/extenuating circumstances in summatives
 3. Uploading pre-reading at least 24 hours before live sessions
 4. Unlocking tasks earlier where possible
 5. Adjusting iRAT/tRAT questions to better reflect case material
 6. Providing formative questions on data analysis
 7. Utilizing more of the technology used in remote cases from Y1 T3 (e.g. using it for pre/post reading)
 8. Timetabling in slots for groups to complete the tAPPs
 9. Improving time management in live sessions where possible
 10. Partitioning content out of live sessions into post-reading where reasonable (e.g. immunology from hypothyroidism)
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Phase 1b – LMAP

(Q1 & 2) How much do you agree with the following statements about LMAP? (0 = Completely Disagree, 10 = Completely Agree)

Question 1: I am satisfied with online tutorials

Type of Question: Rating scale

Answer (N = 157): Average score 6/10

Question 2: I am satisfied with LMAP pre-reading

Type of Question: Rating scale

Answer (N = 154): Average score 6/10

Question 3: What are you most satisfied with in LMAP?

Type of Question: Free text

Representative comments (N = 89):

- Respondents appreciated well-explained/delivered lectures and the GOL/tutorial structure. Several people directly favourably compared this year's teaching to last year.
- The Epidemiology formative was well-received as it gave a clear impression of how LMAP would be assessed.

Question 4: What are you least satisfied with in LMAP?

Type of Question: Free text

Representative comments (N = 88):

- Respondents highlighted a higher volume of content in GOLs than they felt could be completed in the allotted time
- Some topics were conceptually too difficult to be taught primarily via GOL (examples included indirect standardization).
- Some formative questions in GOLs contained errors (calculation of odds ratio and risk ratio sections).

Question 5: Do you have any thoughts or improvements for LMAP?

Type of Question: Free text

Representative comments (N = 64):

- Many expressed that Dr. Pinder is doing a great job of explaining difficult concepts
- Students would feel more comfortable with difficult concepts if they were consolidated explicitly in tutorials.
- Respondents said more formative questions would also help with this.

Proposals for module

- Continuing with the current GOL structure, potentially reducing the duration or spreading out content. This should take into account that students pause videos, process the content, take notes etc.



2. Consolidating GOL content in tutorials, ensuring tutors have time to go over anything that students didn't understand from the GOL.
3. More questions similar to the Epidemiology formative structure for future topics
4. Checking that questions given in GOLs are written correctly.



Phase 1b – PVB

(Q1 & 2) How much do you agree with the following statements about PVB? (0 = Completely Disagree, 10 = Completely Agree)

Question 1: PVB sessions help me understand my roles/responsibilities as a medical student

Type of Question: Rating scale

Answer (N = 149): Average score 6/10

Question 2: PVB sessions help me understand my roles/responsibilities as a future doctor

Type of Question: Rating scale

Answer (N = 149): Average score 6/10

Question 3: PVB supports my learning in other modules/domains

Type of Question: Rating scale

Answer (N = 147): Average score 5/10

Question 4: What are you most satisfied with in PVB?

Type of Question: Free text

Representative comments (N = 58):

- Respondents described the content as interesting and were happy that a lot was delivered live.
- The inclusivity and diversity content was highlighted as particularly relevant and important.
- Some students said that this year they found content easier to engage with than last year.

Question 5: What are you least satisfied with in PVB?

Type of Question: Free text

Representative comments (N = 57):

- LOL sessions were described as too passive for how long they last – students would like more interactivity.
- Several respondents said it was hard to engage because the content felt like “common sense”.

Both of these together have led to a split between some students who find the PVB sessions very engaging and others who find it hard to stay attentive.

Question 6: Do you have any thoughts or improvements for PVB? Feel free to comment to your answers to the first question.

Type of Question: Free text

Representative comments (N = 43):

- The most common suggestion was increased interactivity and shorter duration of LOLs, using small group tasks etc.
- Zoom is strongly preferred to MS Teams; students found Teams hard to use and less well-suited to interaction.
- While the session had not yet taken place by the time the survey was closed, some students even before attending asked that there not be all-day PVB sessions such as the one on 13/11. This suggests respondents were negatively anticipating having this session.



Proposals for module

1. Continuing to use live delivery modes where possible.
2. Considering moving to Zoom for LOLs to reduce technical issues
3. Increasing interactivity of LOLs by including active tasks, small group work, and more questions
4. Reducing duration of the longest sessions
5. Continuing to include relevant and current topics when writing content



Phase 1b – Learning Platforms

Question 1: What are you most satisfied with in terms of educational platforms (e.g. Insendi, MedLearn)

Type of Question: Free text

Representative comments (N = 88):

- a. Vast majority of respondents like Insendi and prefer it to Coursera in terms of the structure and organization. The terms “user-friendly” and “intuitive” came up several times.
- b. Respondents believe that if Insendi worked perfectly it would be an excellent platform.
- c. There were no strong statements about MedLearn.

Question 2: What are you least satisfied with in terms of educational platforms (e.g. Insendi, MedLearn)

Type of Question: Free text

Representative comments (N = 92):

- a. Insendi crashing (especially e.g. during a live CSI session)
- b. Upload times
- c. Videos not working, especially on iPad (Safari and Chrome)
- d. Slow user interface
- e. Students say they do not generally use MedLearn very much and that it is much harder to navigate than Insendi

Question 3: Do you have any thoughts or improvements for educational platforms (e.g. Insendi, MedLearn)

Type of Question: Free text

Representative comments (N = 50):

- a. Finding a way to ensure that content is always uploaded significantly early (opinions varied on how early this should be)
- b. Ability to download videos to watch offline
- c. Improving compatibility on iPad for those without laptops.

Proposals

1. Investigating whether Insendi server capacity is sufficient for the whole year to use the site simultaneously.
2. Looking into why videos appear not to work correctly on Insendi on iPad.
3. Making it possible to download videos to watch offline.



Phase 1b – General Feedback

Question 1: What academic resources have you found to be the most and least helpful when learning and revising?

Type of Question: Free text

Representative comments (N = 74):

- Anki for flashcards
- Osmosis for revision
- Acland's videos for anatomy are all popular
- The only resource respondents specifically highlighted as less helpful was assigned/suggested textbook reading.

Question 2: Do you have any comments on the workload of Term One so far?

Type of Question: Free text

Representative comments (N = 105):

- Responses ranged from "reasonable" to "TOOOOOO MUCHHHH", with the majority of people describing it as "heavy" or similar.
- Respondents were divided as to whether the heavy workload was justified or excessive.
- Several respondents said they found the first two weeks a shock as they were very busy, particularly after such a long break.
- Many people raised the issue of having long days on a Monday that lead straight into their I-Explore. Despite the fact they no longer overlap, students are often late to their session especially if they are in the Dissecting Room immediately before.
- Some discussed the variability in workload week-to-week – the fact that some weeks have lots of face-to-face sessions and long days and others very few.

Question 3: Do you have any general feedback on the course, both positive and negative, and how the course could be improved? If you have any specific concerns you have not yet described, you can state them here:

Type of Question: Free text

Representative comments (N = 50):

- The lack of break to get from Anatomy teaching to I-Explore was mentioned again.
- Many asked for timetables to more accurately reflect how long content takes to complete
- There is a high need for timely, accurate uploads of materials.
- Some said the workload and structure does not take into account the additional stresses of general life at the moment.
- Commute times were also raised both for going to in-person teaching (students felt that having a room provided on campus was not enough of an accommodation) and to GP placements.

Proposals

- Creating and maintaining a pattern of uploading GOLs 24 hours or more before the timetabled slot
- Ensuring content is delivered as efficiently as possible and minimize the bulkiness of learning events
- Making the workload of each week more closely aligned where possible, considering the balance of live, guided, and face to face sessions.



4. Creating at least a 15-minute break between the end of face-to-face teaching and the start of I-Explore
5. Avoiding heavy timetabling in the first week or two of the term, or making more learning online



Term 1 – Phase 1 Welfare Report

Feedback collection Information:

- Year 1
 - Total survey respondents: **269**
 - Survey opened on **6th November** and closed on **11th November**
 - Qualitative feedback methods: open-text boxes on Qualtrics survey
- Year 2
 - Total survey respondents: **201**
 - Survey opened on **6th November** and closed on **11th of November**
 - Qualitative feedback methods: open-text boxes on Qualtrics survey

Areas of focus:

- Online learning
- Self-isolation
- Year 1 Specific:
 - Accessing Welfare Support
 - Timetabling
- Year 2 Specific:
 - Academic tutor issues
 - Sensitive Topics

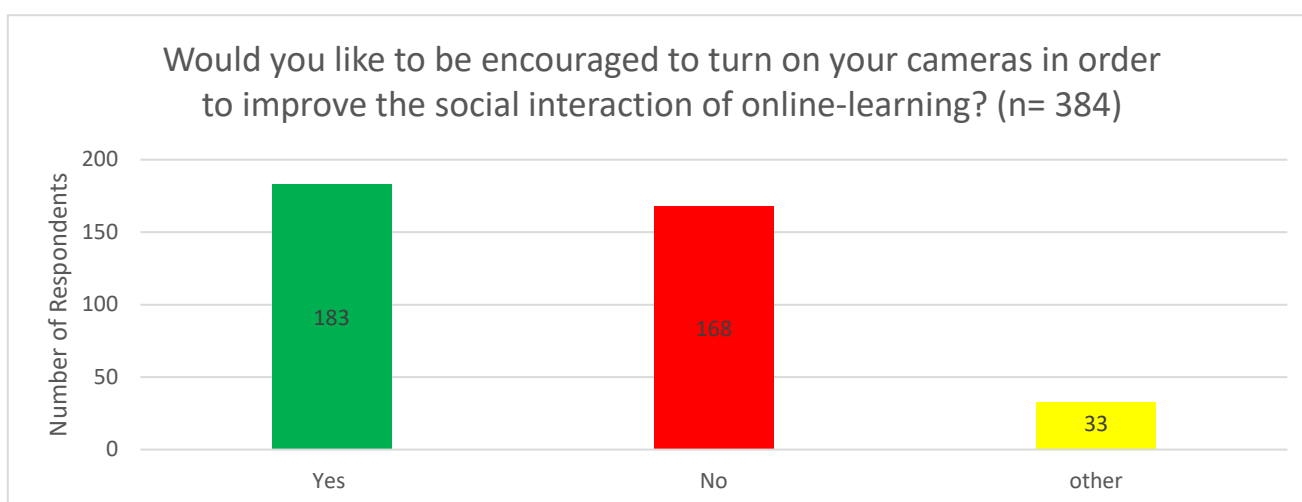
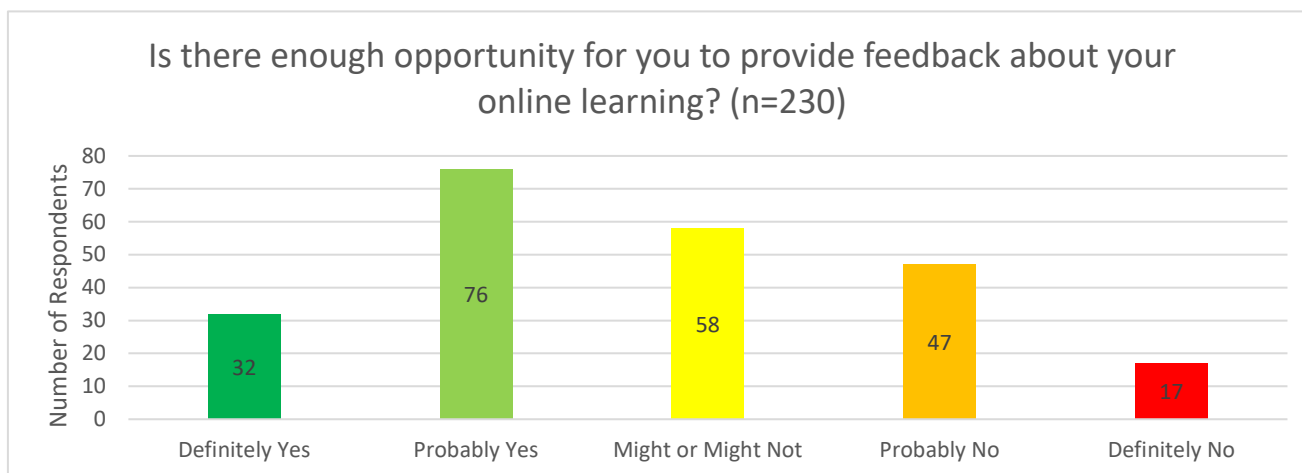
Welfare Vice Chair of Representatives: Mabel Prendergast

Year 1 Wellbeing Representative: Lilia Evans

Year 2 Wellbeing Representative: Shamita Suresh



Focus 1 – Online-learning



Qualitative Feedback

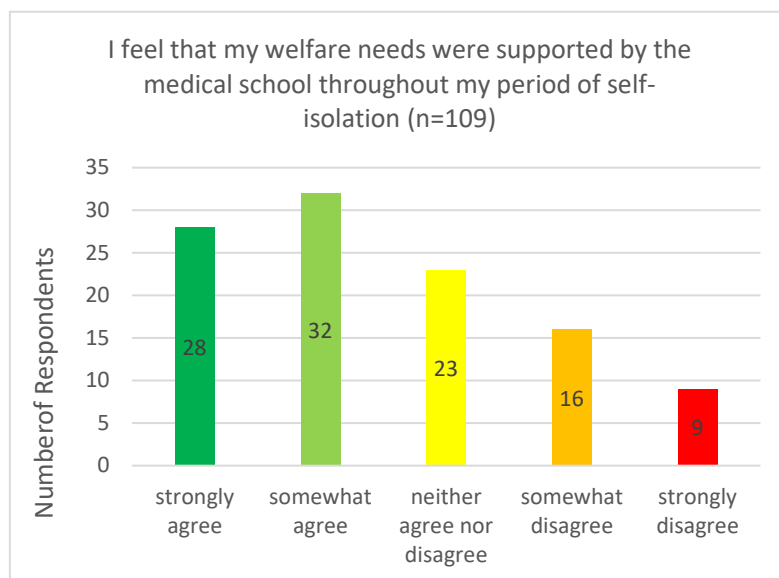
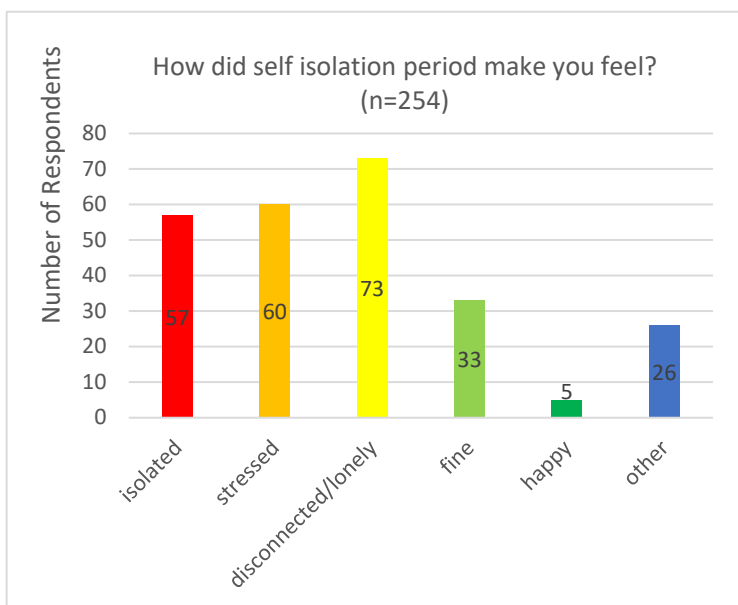
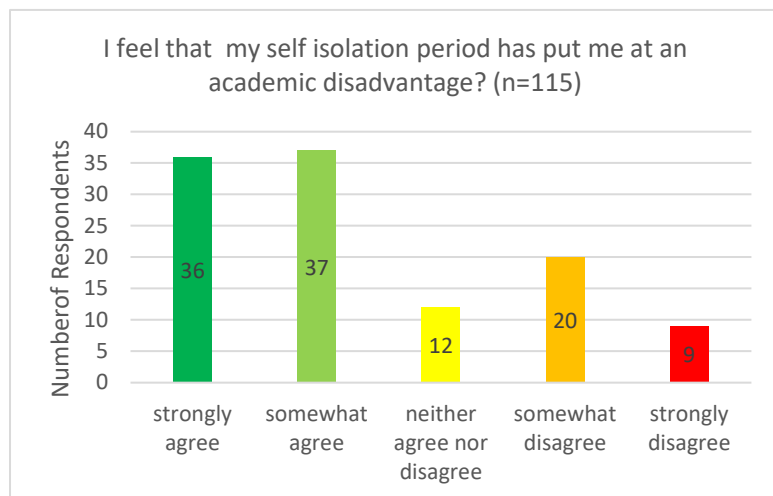
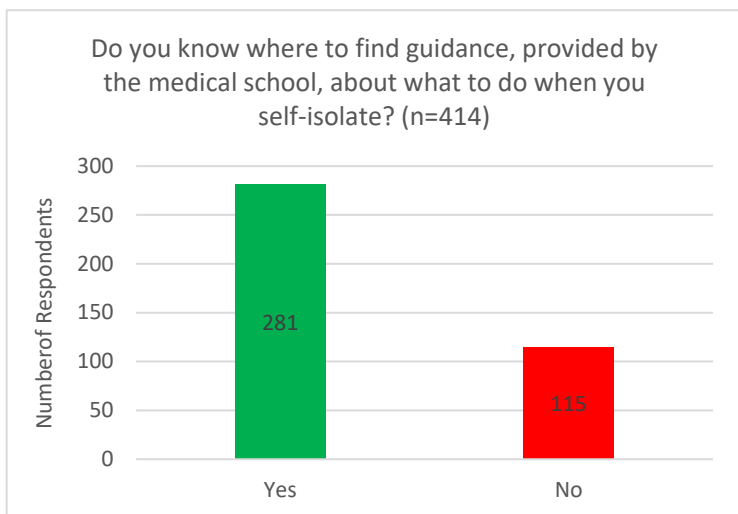
Qualtrics Open-Text Answers:

- "If we are in breakout rooms - yes. Not in main calls with 200 people"

Action Points

- Continuously encourage students to turn on their cameras throughout teaching
- Liaise with FEO welfare to consider the opportunity of timetabled welfare sessions and/or brainstorm ideas about how we can provide timetabled welfare opportunities for Phase 1 students
- Consider providing drop-in sessions led by professors where students can provide feedback and simultaneously increase interaction with professors

Focus 2 – Self-Isolation



Qualitative Feedback

Qualtrics open-text questions:

- Responses of people's emotions during lockdown: "bored," "unfocused," "homesick," "demotivated" and "disappointed in the medical school and university's ability to support their students.

Focus group with students in University accommodation (Wilson);

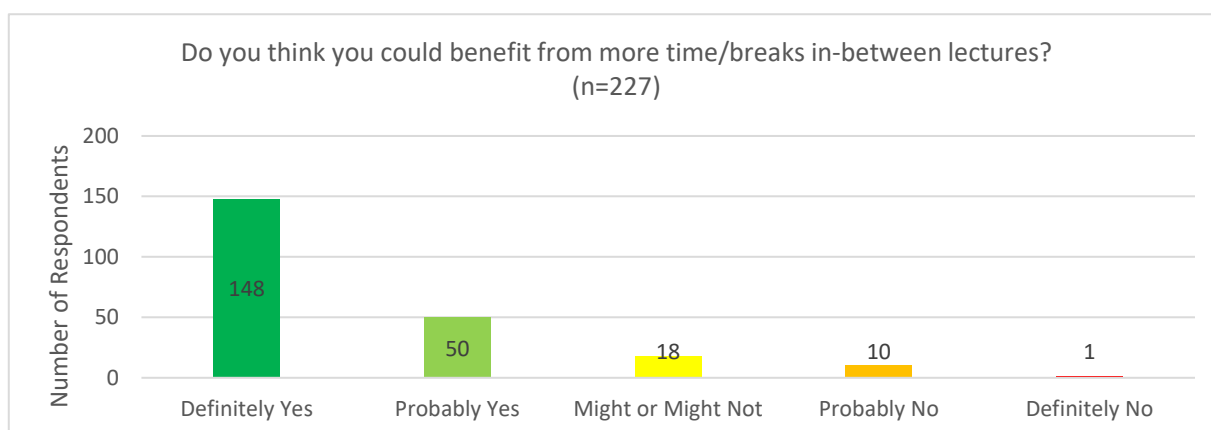
- Extremely unsupported by the accommodation team and would like to seek further support from the Welfare Team. For example, students would like the Welfare team to support them in resolving issues within their accommodation as it is severely impacting their wellbeing,

Action Points

- Signpost students to the relevant feedback links and resources in an upcoming email or newsletter
- Hold and record face-to-face in-person tutorials for those with COVID as well as in self-isolation to catch up and enable students to feel academically reassured. Ensure all material is uploaded or summaries provided.
- Avoid scheduling catch-up sessions very early in the morning
- Re-emphasise that you do not have to work whilst you have COVID, this is a time for rest.
- Ensure that contact with students is not limited to those testing positive for COVID but everyone in self-isolation.
- Clarification on what the college is providing for students in self-isolation
 - o This is important to ensure that students can communicate with the Welfare team about the extent of support they have received, specifically students living in university accommodation.

Focus 3 – Year 1 Specific

Focus 3a: Timetabling



Qualitative Feedback

Drop-in session

- “Catch up on work that I am behind on,” “Revise the learning I have just received,”
- Many students commented most days they don’t have time to make and eat lunch and are often given only 15 minutes
- Students are missing the fortnightly “long weekends” that had been promised

Open-text question on Qualtrics survey (how can faculty improve online learning experience)

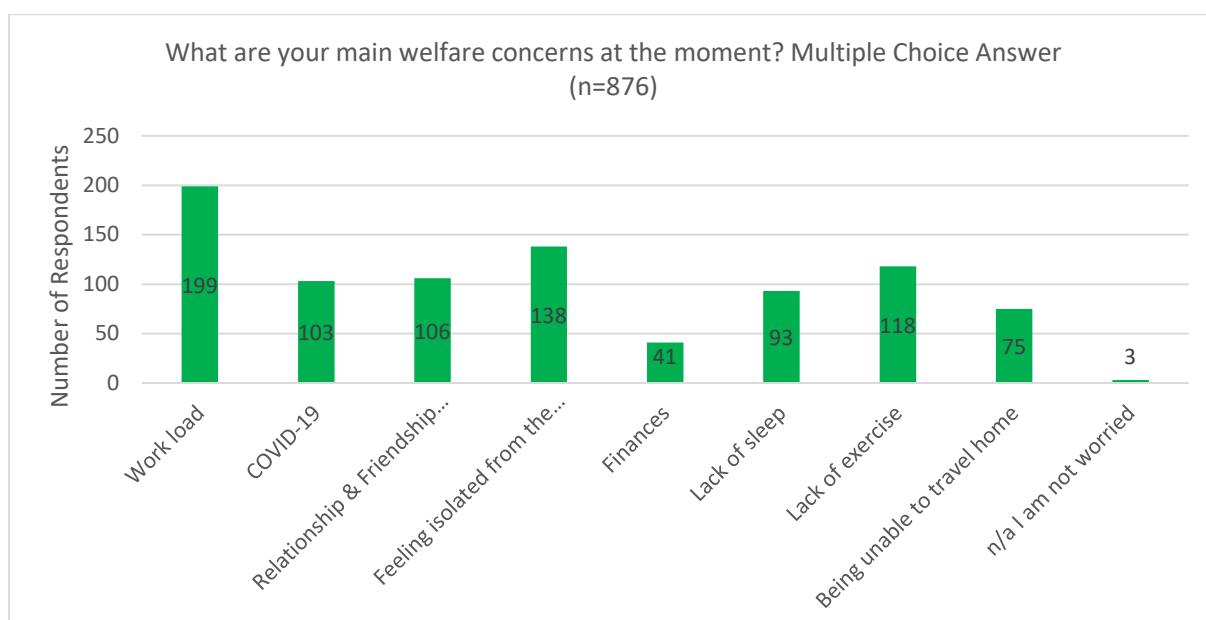
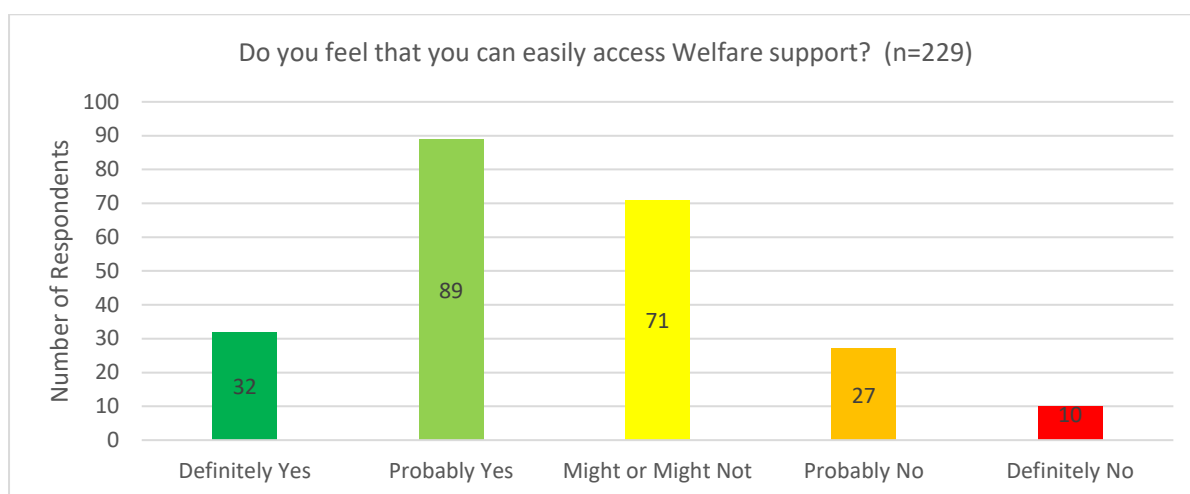
- More LOLs
- “Allowing more time in breakout rooms to improve the socialising aspect of group-work,”
- “timetable group-working sessions that allow for mixing of groups to improve social interactions and meeting new people.”



Action Points

- Ensure that students are being given breaks between lectures around 15 minutes, especially between 3-hour LOLs & back-to-back GOLs.
 - o During these breaks may we ask that lecturers do not use the time to answer questions as if defeats the purpose of breaks.
- Minimum 1-hour lunch break everyday
- Clarification on when the fortnightly “long-weekends” will be introduced

Focus 3b: Mental Health and Accessing Welfare Support



Qualitative Feedback

N/A



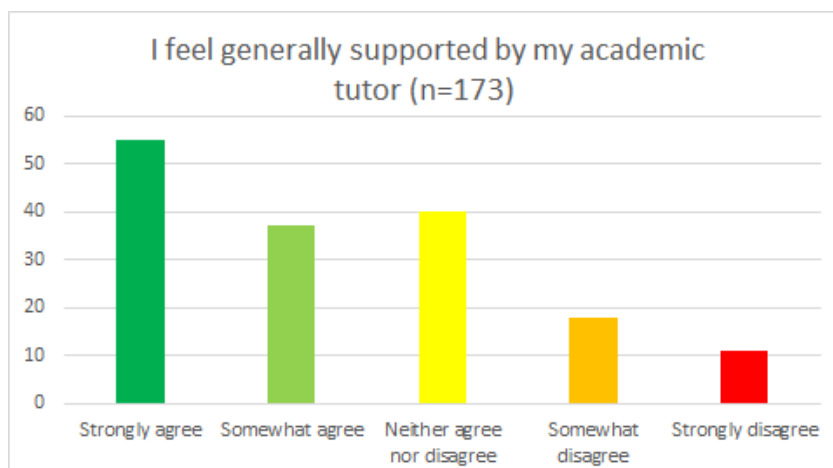
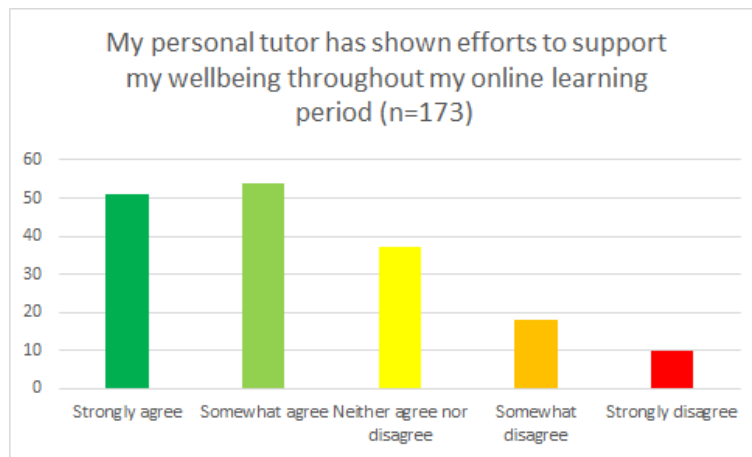
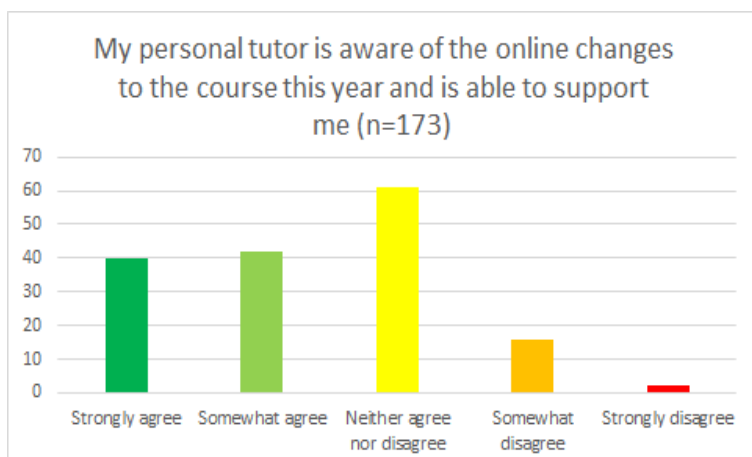
Action Points

- Clear disconnect as students know how to use welfare support but are still not using it; therefore, we propose that the faculty aid us in normalising the access of welfare support. This may include
 - o Displaying a slide with an infographic detailing; welfare contacts, events and information about ICSM welfare at the end of LOLs.
 - o More emails such as the ones received at the beginning of lockdown and mental health day, as these reminders are and will continue to reinforce the idea that people should use welfare support.
 - o In future emails, publishing statistics-on how many people access welfare support on a monthly basis and a success rate of resolving these issues to encourage people to use welfare support.
 - o Many people have commented that emailing welfare support is “not the same” as in-person meetings. Therefore, in welfare emails, advertise the online drop-in sessions and some staff may be able to meet in person, under current COVID guidelines.



Focus 4 – Year 2 Specific

Focus 4a: Academic tutor issues



Qualitative Feedback

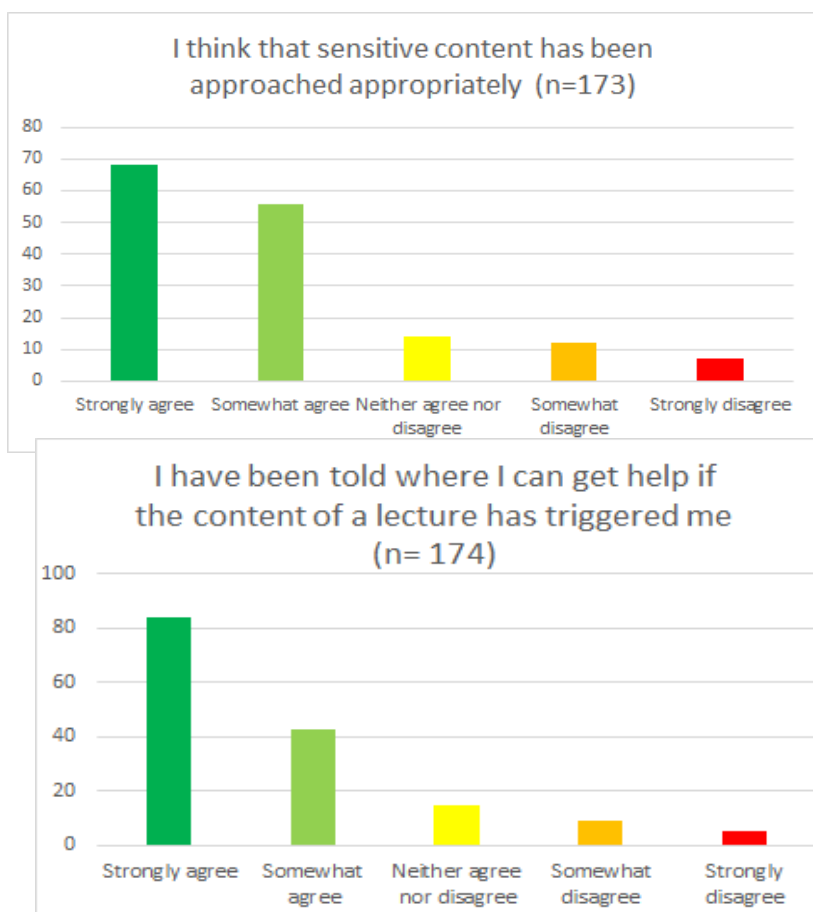
Qualtrics Survey open-text responses:

- Variance between the support different academic tutors gave to the students was very large, some said they “haven’t had a meeting with” their tutor ever and that they need to “check in regularly with us”
- The issue seems to be that some tutors so not provide any support or rather what they do provide is not as helpful as it could be.

Action Points

- Ensure regulations and measures are in place to assess whether meetings with tutors have taken place
- Suggestion of termly-feedback for tutors so they can adapt their content and its delivery. Accessible to head of tutoring so that points can be made for training and concerns can be flagged.

Focus 4b: Handling sensitive content



Qualitative Feedback

N/A

Action Points

- Send slides or teaching material of sensitive lectures to FEO welfare before a session to ensure that the material is appropriate
- At the end of lectures with sensitive topic ensure that:
 - A clear contact is offered for welfare support and/or the professor offers to spend time after the session to clarify any concerns