Imperial College London

Student Staff Liaison Group (Phase 1)
Date: Wednesday 17 February 2021
Start Time: 14:30
Location: Teams

	Agenda item	Lead	Paper
1.	Welcome & Apologies for Absence	Chair	
2.	Terms of Reference	Chair	SSLG-PO 2021-06
3.	Unconfirmed Minutes of last meeting	Chair	SSLG-PO 2021-07
4.	Well being reports (Phase 1a and Phase 1b)	Vice Chair of Well-being	SSLG-PO 2021-08
5.1	Phase 1a Student Feedback reports	ICSMSU Academic Officer And Year Reps	SSLG-PO 2021-09
5.2	Phase 1b Student Feedback reports	ICSMSU Academic Officer And Year Reps	SSLG-PO 2021-10
6.	BRS Module Specification Changes	BRS Module Lead	SSLG-PO 2021-11
7.	A.O.B	Chair	

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

Imperial College London

School of Medicine

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	Prof 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 Viral Thakerar
PVB Domain Lead	Dr Elizabeth Muir
CRI 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	
• Welfare	Ms Natania Varshney
• Academic Chair	Ms Rachel Kwok
• Academic Officer, Early Years	Ms Varja Cuculovic
• Phase 1a Reps	Ms Yasmin Baker
	Mr Sahil Ravisangar
	Mr Rayyan Ali
• Phase 1b Reps	Mr Rayyan Islam
	Ms Defne Artun
	Ms Eleanor Taylor
Vice Chair for Well-being	Ms Mabel Prendergast
Phase 1a Wellbeing Rep	Ms Lilia Evans
Phase 1b Wellbeing Rep	Ms Shamita Suresh
Programme Officer	Ms Jen Grote
Programme Officer	Ms Alice Edwards
Programme Administrator and Secretary	Ms Labbie Farrell
Director of Faculty Education Office	Ms Vanessa Powell
Head of Programme Management	Mr Chris Harris
Programme Manager (Non Clinical)	Ms Janette Shiel
Head of School Secretariat	Ms Trisha Brown
Student Services Manager	Ms Fran Bertolini
Welfare Officer	Ms Hannah Behague
Communications Officer	Ms Dorrit Pollard Davey
Timetable and Room Booking Manager	Mr Robson Dos Santos
Human Anatomy Unit Manager	Ms Rachael Waddington

Imperial College London

Staff Student Liaison Group (Phase 1a and Phase 1b)

Unconfirmed Minutes of Meeting held on Wednesday 25 November 2020

Present:

Mr Rayyan Ali, Ms Defne Artun, Dr Ana Baptista, Ms Yasmin Baker, Ms Fran Bertolini, Ms Lydia, Boynton, Ms Trisha Brown, Dr Andy Childs, Ms Varja Čučulović, Dr Joana Dos Santos, Mr Robson Dos Santos, Ms Alice Edwards, Dr Mike Emerson, Ms Lilia Evans, Ms Labbie Farrell (Secretary), Ms Jen Grote, Dr Omid Halse, Mr Chris Harris, Dr Chris Harvey, Mr Safeer-Ui Islam, Dr Chris John, Ms Lesa Kearney, Dr Paul Kemp, Ms Rachel Kwok, Prof Mary Morrell, Dr James Moss, Dr Elizabeth Muir, Mr Muntaha Naeem (Chair), Prof Mark Nelson, Dr James Pease, Dr Richard Pinder, Ms Dorrit Pollard-Davey, Ms Mabel Prendergast, Mr Sahil Ravisangar, Dr Agata Sadza, Dr Sohag Saleh, Prof Amir Sam, Ms Janette Shiel, Ms Rebecca Sie, Ms Shamita Suresh, Ms Eleanor Taylor, Dr Viral Thakerar, Dr Maniccam Thavarajah, Dr Anabel Varela Carver, Ms Natania Varshney, Ms Rachael Waddington.

Apologies:
Ms Vanessa Powell, Dr Omar Usmani

1.	Terms of reference (SSLG-PO2021-01)	
NOTED:	1.1	that the Director of Phase 1 and the President of ICSMSU would have to review the terms of reference going forward.

2.	Unconfirmed minutes of previous meeting (SSLG-PO2021-02)	
NOTED:	2.1.	that the previous Minutes (SSLG-PO2021-02) were approved.
	2.2.	that the action points had been completed or were in the process of completion.

3.	Phase 1a and Phase 1b student feedback reports	
CONSIDERED:	**Phase 1a student feedback (SSLG-PO2021-03)**	
REPORTED:	<u>Bio-regulatory Systems (BRS)</u>	
	3.1.	that there was not as much feedback for anatomy so it was combined with BRS for the purpose of the survey. Overall students enjoyed anatomy and had good feedback for it but felt some objectives could be more tailored to their revision needs.
	3.2.	that students want more guidance on how to learn BRS and the links between the different parts.
	<u>Principles of Medicine (POM)</u>	
	3.3.	that students were very satisfied with POM, particularly with Dr Pease's teaching style, but they felt the jump from a-levels/IB was quite big.
	3.4.	that the TBL format of sessions was appreciated as it consolidated learning and allowed the students to work in teams.
	3.5.	that students really like having SBAs as part of the GOLs in Insendi as it was useful to see what they needed to know/if they learnt it properly.
	3.6.	that students were at times concerned about what they needed to learn and to what depth they needed to learn it and not many students used the forums, perhaps these could be signposted better. **Action: Reps to meet Dr Pease offline.**

	Clinical Science and Integration (CSI)
	3.7. that CSI sessions were often the students' favourite.
	3.8. that students would prefer more information on the slides in the live sessions with more relevant pre/post reading in regard to summative exams as some students were confused with the direction post reading was sending them. **Action: CSI team to review pre/post session reading material.**
	3.9. that SAQ style tAPPs were engaging, informative and much preferred over infographics but that students would like some model answers and/or mark schemes.
	Online learning
	3.10. that students generally liked the platforms they were using, particularly Insendi, however some students felt there were too many platforms and they were confused about the purpose of each one.
	3.11. that students had some feedback about Insendi features which could be helpful such as a search function, a list of recently viewed pages and a 'dark mode'.
	3.12. that students felt Kaizen was difficult to use and hard to navigate.
	3.13. that students were generally happy with their LOLs and they were much preferred over GOLs.
	3.14. that more realistic scheduling was needed for GOLs as they often took a lot longer than scheduled or were not scheduled with enough time before their LOL sessions.
	3.15. that students felt the workload was sometimes quite heavy but was generally manageable and they really appreciated the high quality of online learning and the effort staff put in.
	3.16. that students appreciated session leads who corrected the captions before releasing the GOLs as sometimes the sound quality was poor. **Action: That work would start on the captioning project shortly.**
	3.17. that students wanted two TILO lists, one broad and one more detailed. **Action: Director of Phase to speak to reps offline about TILOs.**
CONSIDERED:	**Phase 1b student feedback (SSLG-PO2021-04)**
REPORTED:	Anatomy
	3.18. that feedback had been positive, Due to social distancing there were less students per tutor so more tutor-student time which students really appreciated.
	3.19. that the post-reading was great, but students would like some summaries/reviews and formative questions.
	3.20. that students would like faculty-led videos for all the sessions going forward.
	3.21. that feedback for the CAS sessions was very positive.
	CSI
	3.22. that feedback was positive in terms of live sessions and the content had been enjoyed.
	3.23. that students appreciated the increased number of tutors as they enjoyed hearing the tutors talk about the nuances of different cases. Students would like to keep this number of tutors going forward.
	3.24. that the reading was more concise than last year which students appreciated but sometimes it was not uploaded far enough in advance so students did not have time to complete it.
	3.25. that students would like summaries or reviews after the sessions as they had last year, they were useful for consolidation.
	3.26. that time-management was sometimes an issue with sessions over running and break out rooms either being too long or too short.
	3.27. that students felt the content of TBLs could be more specific to the cases they studied and that tAPP sessions could be excessively long, perhaps they could be timetabled to give a set amount of time to complete them in.

Bio-regulatory Systems (BRS)

3.28. that overall the BRS feedback was very positive.

3.29. that LOL tutorials often did not have enough tutors to cover the breakout rooms and in some sessions students need the answers before moving on so the tutors are crucial.

3.30. that Neuro + Psych had lots of positive comments. The uploading of tutorial summaries was really appreciated to consolidate the understanding and to decrease the disparity between tutor groups.

3.31. that students did not enjoy pre-narrated slides and preferred one long lecture vs multiple parts.

3.32. that Endo was very well received with few negative comments. Students found the lectures straight forward and clear but perhaps tutorial summaries could be introduced similar to the ones in Neuro.

Lifestyle, Medicine and Prevention (LMAP)

3.33. that LMAP was positively received and students preferred their teaching this year compared to their previous year.

3.34. that students loved the GOLs but sometimes they took much longer than they were timetabled for, perhaps they could continue with the current GOL/tutorial structure but spread it out more or reduce content.
Action: Reps to meet with Dr Pinder to discuss GOLs.

3.35. That the LOLs were well received and they covered difficult concepts well however, students requested if they did not understand something could it be explained in the tutorials rather than jumping straight into application tasks.

3.36. that students were happy with the epidemiology mock and appreciated the number of questions produced.

Professional Values and Behaviour (PVB)

3.37. that there was not a high level of feedback as there had not been a lot of sessions by the time the survey closed.

3.38. that the LOLs were very long and not that interactive so students would prefer more active tasks and group work during these sessions.

3.39. that students were not looking forward to the all-day PVB session with the University of Westminster so perhaps more communication could have been done in advance of this session.
Action: Reps to try and gain feedback on this collaborative teaching event.

Online learning

3.40. that students love Insendi although the videos did not always work well on iPads.
Action: Reps to signpost settings re videos on iPads to other students.

3.41. that MedLearn was well-designed but there was not much of a link between Insendi and MedLearn so it was not often used.

3.42. that students would like to ensure things were efficient as possible with timely uploads, particularly as the workload week to week was variable depending on your group.

4.	**Wellbeing reports – Phase 1a and Phase 1b (SSLG-PO2021-05)**
REPORTED:	4.1 that students would like to have tutors remind students to turn on their cameras in small group teaching and breakout rooms and it was often uncomfortable to be interacting with colleagues without their cameras on **Action: Digital group to take forward and look at messaging**.
	4.2 that students would like some drop-in sessions as the P1a students did not know teaching staff very well due to less interaction with online learning. Reps suggested perhaps online coffee drop-in sessions. The Director of Phase agreed this was something that could be considered and was a good suggestion.
	4.3 that students were still unaware of the processes surrounding COVID and self-isolation. FEO/Welfare confirmed the information was in every bulletin

	and every student was emailed by both the programmes and welfare teams but the FEO will continue to flag and signpost the information. Suggested that the SU could put the information in their newsletter too.
	4.4 that students felt like they could access welfare support but there was a disconnect with students not knowing how they could access this support. Students would like other ways of getting this information across for example, a slide at the end of LOLs with welfare details. **Action: Reps to meet with FEO Welfare to look at possible solutions.**
	4.5 that some Phase 1b students did not know who their Academic Tutor was and there was a large discrepancy amongst tutors – some messaged their students every week and some never messaged their students. Students would like some form of regulation or possibility to feedback about their tutors. **Action: Dr Emerson and Dr Harvey to meet and discuss options.**
	4.6 That PCH had not started when the reps gathered their feedback however there was a general welfare concern about commuting long distances to GP placements. **Action: Reps to meet with Dr Thakerar about PCH and these concerns.**
5.	**A.O.B**
REPORTED:	None
6.	**Date of next meeting**
	17th February 2021

Term 1 – Phase 1 Welfare Report

Feedback collection Information:
- Year 1
  - Total survey respondents: 194
  - Survey opened on **25th January** and closed on **1st February**
  - Qualitative feedback methods: open-text boxes on Qualtrics survey
- Year 2
  - Total survey respondents: 199
  - Survey opened on **25th January** and closed on **1st February**
  - Qualitative feedback methods: open-text boxes on Qualtrics survey

Areas of focus:
- Barriers to accessing Welfare Support
- Financial Hardship
- Travelling to campus
- International student experience
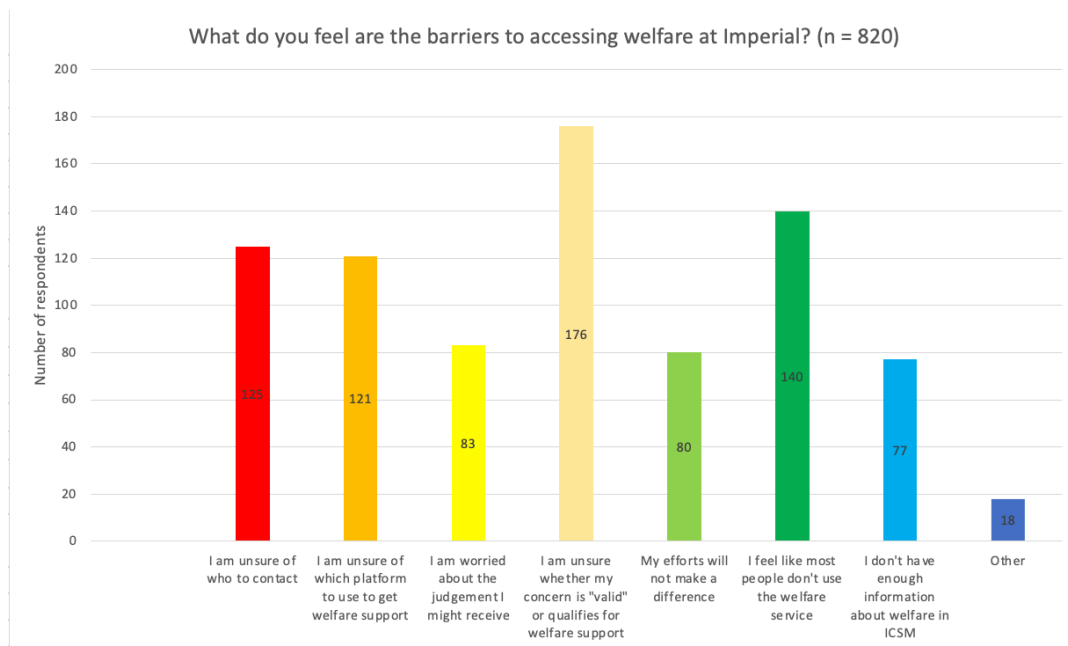- Exam safety net (+mental health)

Welfare Vice Chair of Representatives: *Mabel Prendergast*
Phase 1a Wellbeing Representative: *Lilia Evans*
Phase 1b Wellbeing Representative: *Shamita Suresh*

Focus 1 – Barriers to accessing welfare support

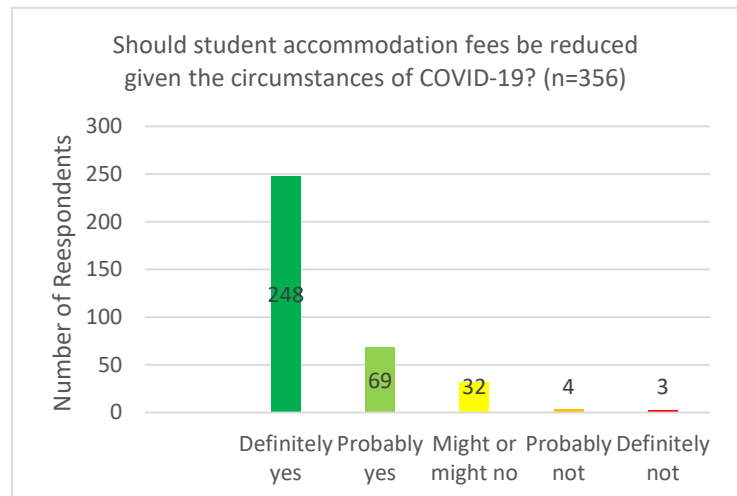What do you feel are the barriers to accessing welfare at Imperial? (n = 820)

Bar	Value
I am unsure of who to contact	125
I am unsure of which platform to use to get welfare support	121
I am worried about the judgement I might receive	83
I am unsure whether my concern is "valid" or qualifies for welfare support	176
My efforts will not make a difference	80
I feel like most people don't use the welfare service	140
I don't have enough information about welfare in ICSM	77
Other	18

Number of respondents

Qualitative Feedback

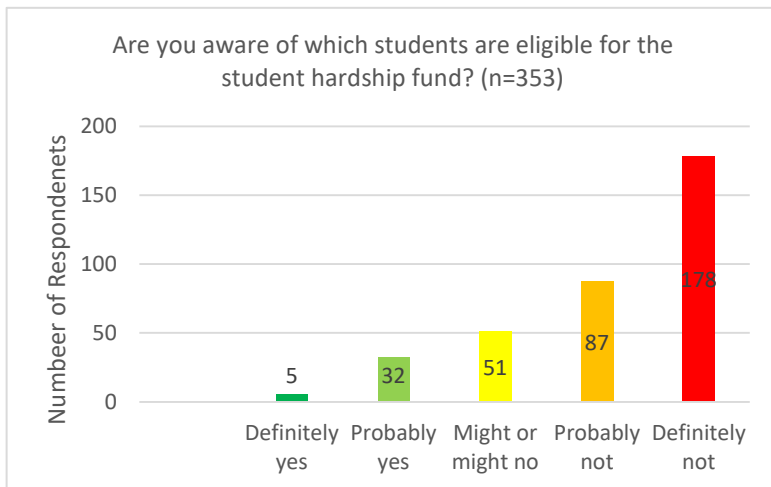--

- When students were asked if they felt there were any barriers to accessing welfare the "other" responses included: "I have heard the waiting list is very long" & "I feel like it won't make a difference."
- Some said they felt that the points of contact did not deal with the situations well enough, or they had heard negative reviews
- Others were worried about consequences of going to welfare
- A few said that they didn't think speaking to the welfare team would be productive

Action Points

- (In progress) collaborating with FEO welfare to create a holding slide for lectures that contains a summary of when to access welfare and which platforms to use.
- Ensure that the correct support is given for lectures that talk about sensitive topics. Instead of saying to contact "welfare" be extremely specific with which platforms and people to refer to.
- Possibility of doing another introduction to welfare session that is timetabled for students
- Reintroduce welfare at Imperial as a topic for personal tutors. Emphasize that tutors could normalise accessing welfare support.
- Possibility of holding timetabled and facilitated, small-group sessions to reflect on certain recurrent themes that students may currently be dealing with. An introduction to Schwartz Rounds that are experienced in the clinical years.
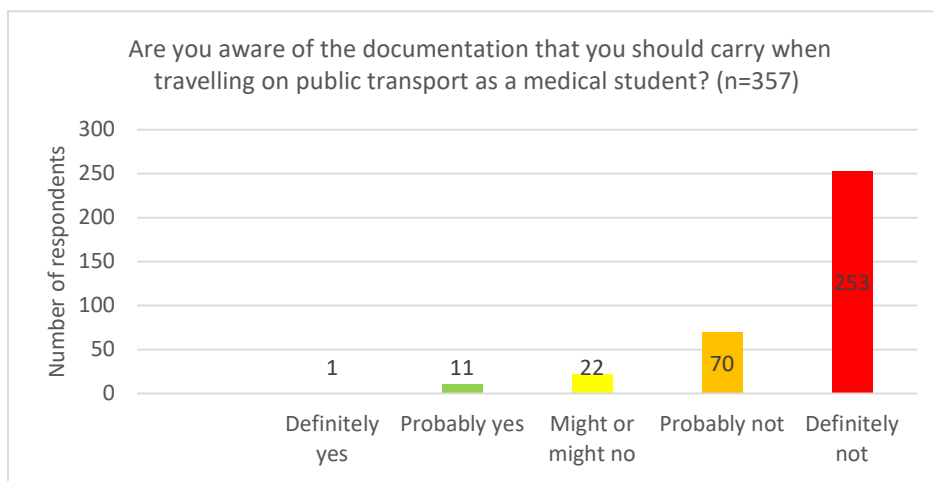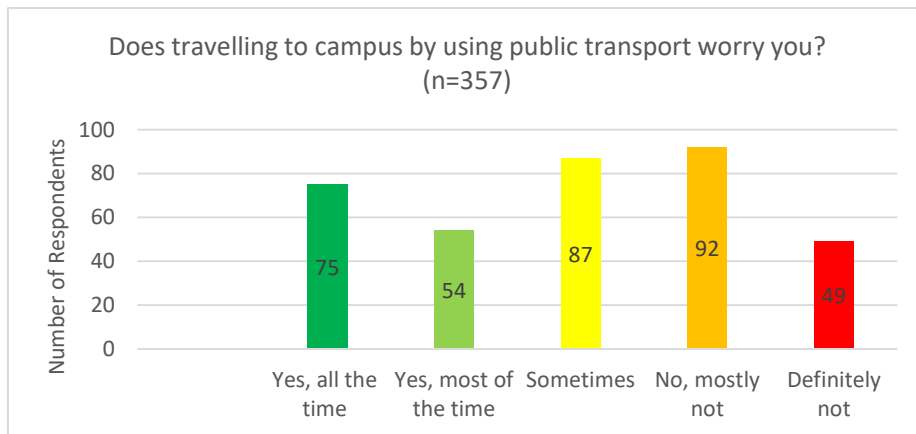
Focus 2 – Financial Hardship

Are you aware of which students are eligible for the student hardship fund? (n=353)

Number of Respondenets

| Definitely yes | Probably yes | Might or might no | Probably not | Definitely not |
| 5 | 32 | 51 | 87 | 178 |

Should student accommodation fees be reduced given the circumstances of COVID-19? (n=356)

Number of Reespondents

| Definitely yes | Probably yes | Might or might no | Probably not | Definitely not |
| 248 | 69 | 32 | 4 | 3 |

Qualitative Feedback

- From some discussions with medical students living in university accommodation, we have learned that students feel *"scammed"* as they are paying full accommodation fees when they cannot access all the facilities within their accommodation and equivocally are not feeling supported by accommodation staff.
- Many medical students have joined a rent strike group chat as they believe that whilst they have been asked to come back to university for in-person teaching, they still should not be expected to pay full accommodation fees as many students are struggling financially and are not being allowed to use facilities (music rooms, study rooms + rooms not being cleaned)
- Many are not aware that the student hardship fund is available for them to use

Action Points

- Conduct meetings with FEO, welfare team and the "Student Accommodation Hub" to talk about how we can support students who feel that accommodation fees should be reduced.
- Advertise the student hardship fund and make sure people are aware of its existence. Emphasize the criteria of the student hardship fund so more students understand that they are eligible.
  o Tutors
  o FEO bulletin
  o Dedicated page on medlearn or another relevant platform (?)

Focus 3 – Transport

Does travelling to campus by using public transport worry you? (n=357)

Number of Respondents

Yes, all the time	Yes, most of the time	Sometimes	No, mostly not	Definitely not
75	54	87	92	49

Are you aware of the documentation that you should carry when travelling on public transport as a medical student? (n=357)

Number of respondents

Definitely yes	Probably yes	Might or might no	Probably not	Definitely not
1	11	22	70	253

Qualitative Feedback

- Some students also expressed interest in a shuttle bus service to the Charring Cross campus.

Action Points

− Consider possibility of a shuttle bus for students who are especially anxious
− Provide the relevant information about what documents are required to travel. Understand that many students in phase 1 do not have official NHS documentation

Focus 4 – International students

Please select which of these statements applies to you (n=321)

Statement	Number of Respondents
Faculty is not understanding of the extra burden of travel, quarantine and self-isolation for students	N=66
I was not provided with enough information about travelling home for the winter holidays	N=63
I feel that there is not enough information sent out for international students	N=47
I would like a welfare-specific bulletin for international students	N=41
I feel that I am disadvantaged because I am an international student	N=34
I had to spend the holidays alone in London	N=18
I was not able to return home for the holidays because I had to be back in time for the start of term 2	N=13

Qualitative Feedback

- Students expressed concern over being given insufficient and inaccurate information about when and how to return home.

Action Points

- Create a bulletin specific to international students that includes all relevant information in a *concise* manner
- Provide clear and accurate information for students especially for the upcoming holidays. Although, it is difficult as a lot of measures are decided by the government, it is important that proactive measures are taken for students.
- Avoid any circumstances that mean students must remain alone in London and if so, plan ahead for how to support these students.
- Educate tutors on the specific struggles that international students may be encountering them and encourage them to flag up these students.
- Have specific consideration for international students in applications for mitigating circumstances.

Focus 5– Exams and safety net

Have you been experiencing issues with concentration during the academic term? (n=382)

Number of respondents

Definitely yes	Probably yes	Might or might no	Probably not	Definitely not
242	75	35	21	9

Do you believe that a safety net policy should be applied for the exams this year? (n=359)

Numbeer of respondents

Definitely yes	Probably yes	Might or might no	Probably not	Definitely not
244	73	31	7	4

Qualitative Feedback

- COVID has impacted students in terms of concentration as well as anxiety
- Some reports included comments such as "not being able to function at 100%"

Action Points

- Consider implementing an exam safety net in the context of the current pandemic due to the impact on mental health
  - If this is not a possibility, then open the discussion on how we can support students alternatively. It is clear that this is an important matter for students and that they need to be reassured and supported.
- Implement workshops on how to concentrate, reduce anxiety and overall improve mental health in the pandemic

MBBS Phase 1a
SSLG Report

Term 2 SSLG: 17/02/2021

Phase 1a – BRS: General

Question 1: How much do you agree with the following statements: (N=170)
Type of Question: Rating scale: (0 = completely disagree, 10 = completely agree)

BRS General Rating Averages
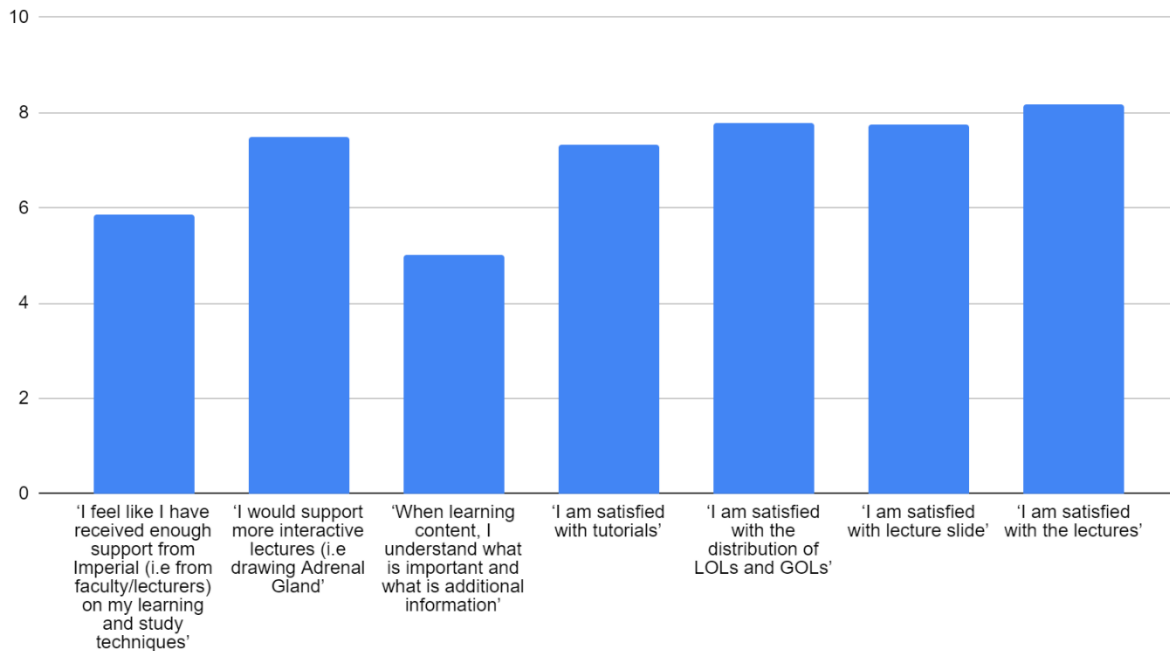
Question 2: What, in your opinion makes a good lecture? Feel free to give examples of specific lectures or lecturers.
Type of Question: Free text
Representative comments (N = 140):
   a. More interactive lectures with diagrams, Mentimeters and tasks for the students to complete such as drawing the adrenal gland: 59
   b. Concise lecture slides with sign-posting the information that is crucial for exams and an expansion of slide content in the notes section of the PowerPoint: 53
   c. Use of clinical examples and analogies to explain concepts and diseases: 28

Question 3: What in your opinion, makes a good tutorial? Feel free to include specific examples of specific tutorials or tutors.
Type of Question: Free text
Representative comments (N = 110):
   a. When the tutors give us additional information about question along with their own professional insight, makes the learning more memorable and they explain concepts fully: 52
   b. More TBLs into BRS and reviews like the Endo Review: 30

    c. Content reflects LOL/GOL in a more difficult context with answers given in PowerPoint at the end: 28

Question 4: 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 = 59):

    a. If GOLs could be released earlier that would be really helpful: 26

    b. More extra reading around each lecture as sometimes the lectures are not enough: 17

    c. Endo has been exemplary with the increased LOLs, decreased GOLs and structure of tutorials: 16

Proposals for module:

1. Introduce more live sessions to allow lecturers to engage more with the students.
2. During lectures, use in-practice examples to explain certain aspects of the course.
3. In the slides, add any additional information or explanations into the notes section of the PowerPoint and have these slides released the day before the lecture.

Phase 1a – BRS: Neurology & Psychiatry

Question 5: What were you most satisfied with in Neuro/Psych?
Type of Question: Free text
Representative comments (N = 97):

    a. Tutorials were interactive and engaging and allowed deeper understanding, e.g - Epilepsy tutorial: 48
    b. Good links to anatomy and dissection with cases, applying what was learnt in the DR: 17
    c. Storyline of psych lectures gave a case-based approach and meant there was a better understanding of the content of the lectures: 32

Question 6: What were you least satisfied with in Neuro/Psych?
Type of Question: Free text
Representative comments (N = 106):
    a. Too many GOLs and too few LOLs: 45
    b. Organisation of Neuro content was not easy to understand, it would be helpful if the overlap/distinctions between CNS, PNS and ANS could be explicitly signposted on the slides: 39
    c. More practice questions in lectures, especially in Psych: 22

Question 7: Do you have any general comments or improvements for the Neuro/Psych block?
Type of Question: Free text
Representative comments (N = 62):
    a. Signposting to the relevant resources such as Osmosis at the end of lectures: 16
    b. Review at the end of the module like with Endo: 25
    c. More summary diagrams for Neuro to show how the different aspects are linked to one another: 21

Proposals for module:

    1. Replace some of the GOLs with LOLs.
    2. Add practice questions in the lectures to show relevant information as to what could come up in exams.
    3. Have a review at the end of each of these modules where some of the harder concepts are covered and questions can be answered.

Phase 1a – BRS: Endocrinology

Question 8: What were you most satisfied with in Endocrinology?
Type of Question: Free Text
Representative comments (N=128)

   a. Interesting content linked to each other and structure of delivery made it easy to understand: 38
   b. Endo Review – in person TBL encouraged more learning: 42
   c. LOLs followed by tutorials made them easier to follow and consolidate learning: 48

Question 9: What were you least satisfied with in Endocrinology?
Type of Question: Free Text
Representative comments (N=98)

   a. Diagrams had no written explanation, making it harder to revise from e.g Intro to DM: 27
   b. The Reproductive System lecture was very long and content heavy: 46
   c. Lack of questions for each specific lecture to be tested on: 25

Question 10: Do you have any general comments or improvements for the Endocrinology block?
Type of Question: Free Text
Representative comments (N=53)

   a. Very good and enjoyable, best module so far: 23
   b. Students felt like the EFA was recall-oriented and would like some additional understanding-based practice questions: 18
   c. Harder questions in the tutorials and more complex cases: 12

Proposals for module:

   1. Adding SBAs and SAQs on each lecture page on Insendi like was done for POM
   2. Splitting up and slowing down the Reproductive System lecture
   3. More complex cases in the tutorials and adding the answers onto Insendi

Phase 1a – BRS: Musculoskeletal & Rheumatology

Question 11: What have you been most satisfied with in Musculoskeletal so far?
Type of Question: Free Text
Representative comments (N=33)

- a. Intro to musculoskeletal allowed a smooth settling into to the topic: 11
- b. The biochemistry involved is very interesting: 9
- c. The links to the videos on YouTube have been very helpful as an outside source: 13

Question 12: What have you been least satisfied with in Musculoskeletal so far?
Type of Question: Free Text
Representative comments (N=44)

- a. GOLs not released in time slot, slightly disjointed first lecture, otherwise enjoyable: 23
- b. Many GOLs, so not very interactive: 13
- c. Pace feels fast so it is difficult to throughly understand topics: 8

Question 13: Do you have any general comments or improvements for the Musculoskeletal block?
Type of Question: Free Text
Representative comments (N=32)

- a. More LOLs than GOLs – a structure similar to endocrinology: 14
- b. Information on depth of knowledge required to reduce stress: 11
- c. More tutorials for this module would help understand the concepts better: 7

Proposals for module:

1. Increasing the number of LOLs for this module to give more interaction.
2. Adding more questions to the lectures to give students a better understanding of what they need to know.
3. Adding more tutorials to address a lot of the questions students have as well as incur a deeper understanding of the content.

Phase 1a – EFA

Question 14: How much do you agree with the following statements? (N = 160)
Type of Question: Rating scale   (0 = Completely Disagree, 10 = Completely Agree)

EFA Rating Averages
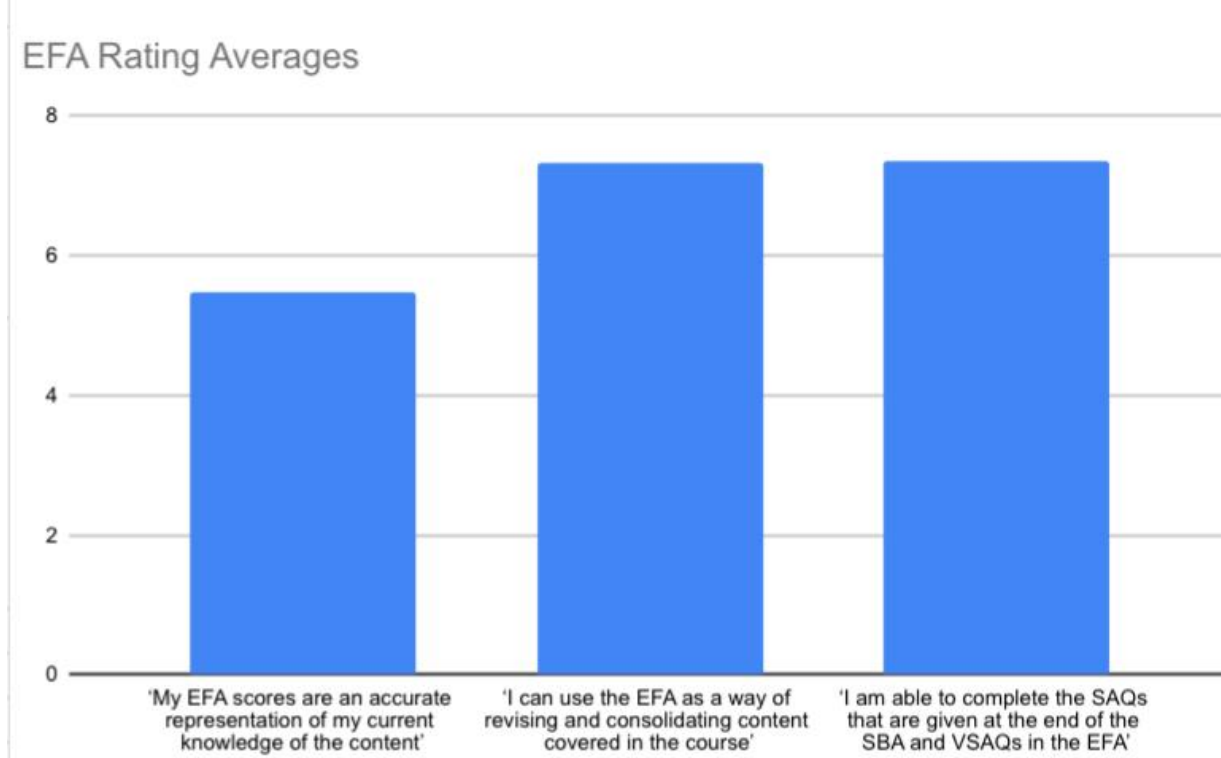
Question 15: Do you have any comments or improvements for the EFAs? Feel free to explain your answers to any of the questions above.
Type of Question: Free Text
Representative comments (N=64)
   a. More questions in the EFA: 20
   b. Questions could be more difficult and focused on integration rather than recall: 15
   c. Reminder about SAQs 24 hours before deadline: 12

Proposals for module:

   1. Having 20 questions per EFA of SAQs and VSAQs that are on same difficulty as end of year exam questions.
   2. SBAs focussing on integration of knowledge in cases rather than fact recall.
   3. Sending email reminders to complete the SAQs 24 hours before they close.

Phase 1a – Anatomy and Diagnostics

Question 16: How much do you agree with the following statement: (N=160)
Type of Question: Rating scale   (0 = Completely Disagree, 10 = Completely Agree)

Anatomy and Diagnostics Rating Averages
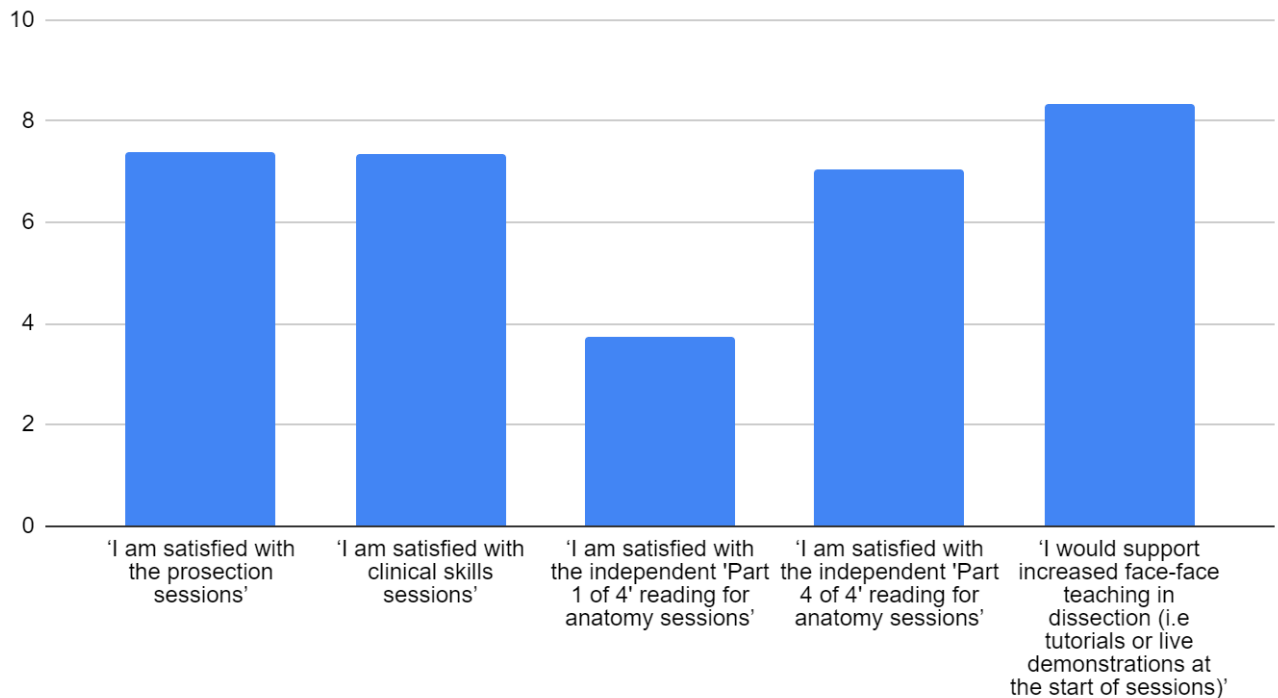
Question 17: What were you most satisfied with in Anatomy and Diagnostics?
Type of Question: Free Text
Representative comments (N=111)
   a. The part 4 of 4 questions are very useful in consolidating knowledge and more questions would be even better
   b. Tutors asking questions and testing us in the DR
   c. Links with the content we are learning in BRS e.g. Neuro and Endo

Question 18: What were you least satisfied with in Anatomy and Diagnostics?
Type of Question: Free Text
Representative comments (N=132)
   a. Inaccurate timing for Part 1 in timetable as it's scheduled for 1 hours but can take 4-6: 73
   b. Recorded explanation of the CAS to be then scheduled as a GOL: 32
   c. More cadaveric pictures to practice with in part 1: 28

Question 19: Do you have any comments or improvements for Anatomy and Diagnostics? Feel free to explain your answers to the first question.
Type of Question: Free Text
Representative comments (N=88)

   a. Splitting up the Part 1 session into its respective CAS and Gross anatomy sections: 33
   b. Releasing the Part 2 PowerPoint at least a couple of days before the session: 24
   c. Would be very beneficial if we were given the labelled cadaver pictures used in the prosection sessions: 31

Proposals for the module:

   1. Splitting up the CAS and Gross Anatomy of Part 1 on the timetable and assigning more representative timings to them.
   2. Having more questions in the Part 4 section with cadaveric images to practice on as well.
   3. Releasing the Part 2 and 3 slides before the day of the timetabled sessions.

Phase 1a – CSI

Question 20: How much do you agree with the following statements:
Type of Question: Rating scale: (0 = completely disagree, 10 = completely agree) (N=158)

Average rating for each statement
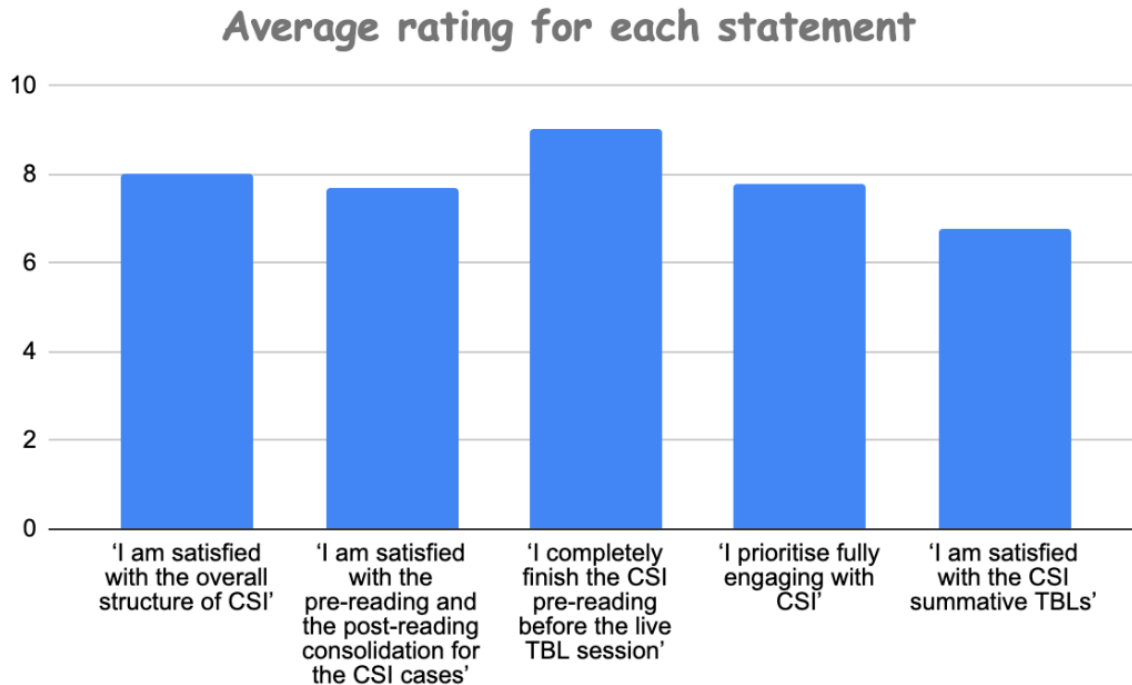
Question 21: What are you most satisfied with in the CSI module?
Type of question: Free Text
Representative comments: (N=87)
   a. Interesting content delivered in an engaging way: 45
   b. Ability to apply principles learned in other modules (e.g Diabetes Mellitus in Endocrinology): 24
   c. Live teaching sessions are interactive and well taught.: 12

Question 22: What are you least satisfied with in the CSI Module?
Type of question: Free Text
Representative comments: (N=87)
   a. TAPP feedback can be vague and takes some time to be sent to students: 46
   b. Slides for part 2 do not have much information written on them for later revision
   c. LOL slides lacking information makes it difficult to take notes: 31
   d. Explanations not given for iRAT/tRAT although the questions can feel confusing: 19

Question 23: Do you have any general comments or improvements for CSI?
Type of question: Free Text
Representative comments: (N=45)
   a. More specific and more timely feedback: 21
   b. "CSI best module": 16
   c. "Practice SBAs": 9

Proposals for module:

1. Increasing the amount of information on slides to aid note-taking.
2. Continuing the interactive and engaging teaching style of part 2 of every case.
3. Reducing the time between cases and feedback for the tAPP, as well as increasing the specificity of feedback.
4. Continuing the use of content learned in other modules.
5. Implementation of an iRAT feedback document.

Phase 1a – LMAP

Question 24: How much do you agree with the following statements:
Type of Question: Rating scale: (0 = completely disagree, 10 = completely agree) (N=147)
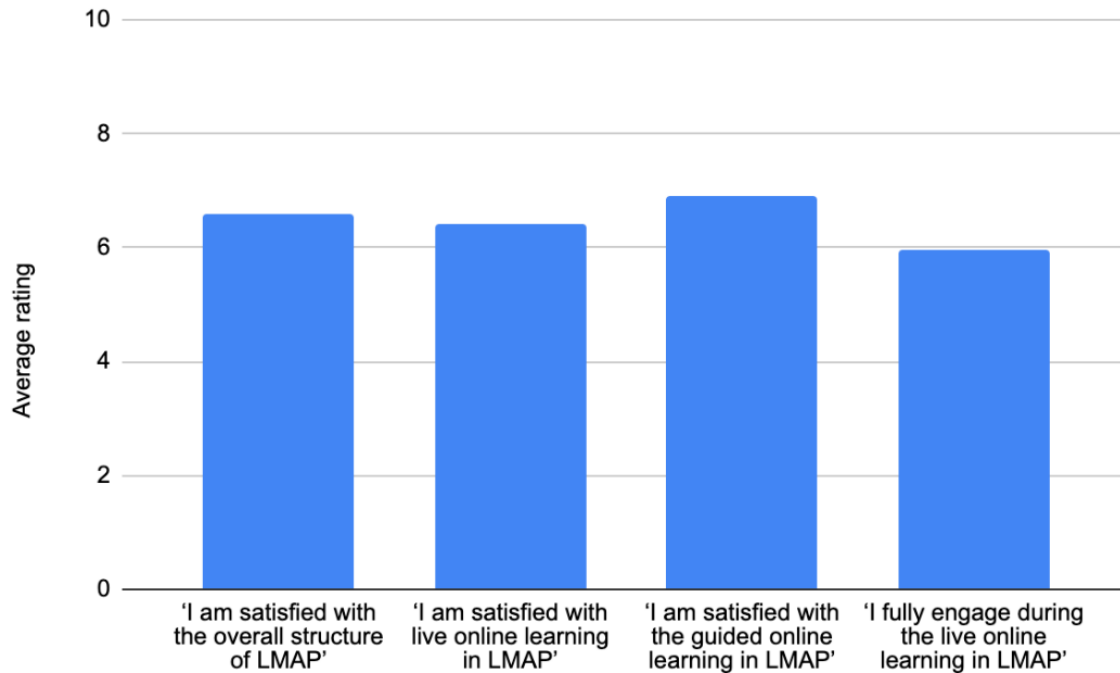
Question 25: What are you most satisfied with in the LMAP module?
Type of question: Free Text
Representative comments: (N=65)
    a. "Content is interesting and applicable": 36
    b. GOLS are interactive and engaging: 27
    c. Live sessions with small groups, e.g BX: 15

Question 26: What are you least satisfied with in the LMAP Module?
Type of question: Free Text
Representative comments: (N=64)
    a. Live sessions can be repetitive with the same tasks: 39
    b. "GOLS take me a long time to do": 26
    c. "Not sure what content is important for assessment later on": 13

Question 27: Do you have any general comments or improvements for the LMAP module?
Type of question: Free Text
Representative comments: (N=35)
   a. More information on how content relates to assessments this year and next: 18
   b. "It can be difficult to remain focused for the entirety of the live sessions": 10
   c. "Slides/lecturer notes on what we need to takeaway from each session": 4

Proposals for module:

1. Continuing the use of interactive and engaging GOLS
2. Reducing the length of GOLS
3. Varying the tasks completed in LOLS
4. Emphasizing important content and information relating to assessments

SSLG-PO 2021-09

Phase 1a – Communication Skills

<u>Question 28:</u> How much do you agree with the following statements:
Type of Question: Rating scale: (0 = completely disagree, 10 = completely agree) (N=140)
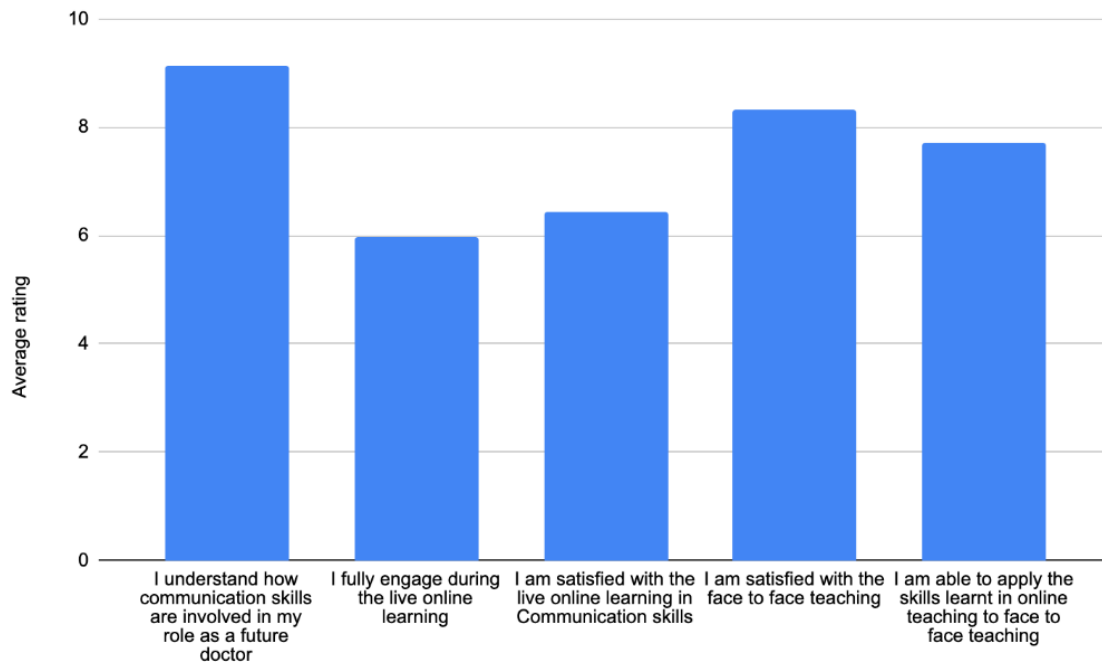
<u>Question 29:</u> Do you have any general comments or improvements for the communication skills?
Type of question: Free Text
Representative comments: (N=46)
   a. "Face to face teaching is very useful": 22
   b. "The LOLS take me a very long time to complete": 16
   c. "It's interesting and the acting is great": 7
   d. "Would prefer written feedback": 5

Proposals:

   1. Continuing the use of face-to-face teaching if possible.
   2. Reducing the length of LOLS or split them up.
   3. Continuing the interactive and acting elements of LOLS.
   4. Implementing written feedback for face-to-face teaching.

Phase 1a – PVB

Question 30: How much do you agree with the following statements:
Type of Question: Rating scale: (0 = completely disagree, 10 = completely agree) (N=144)
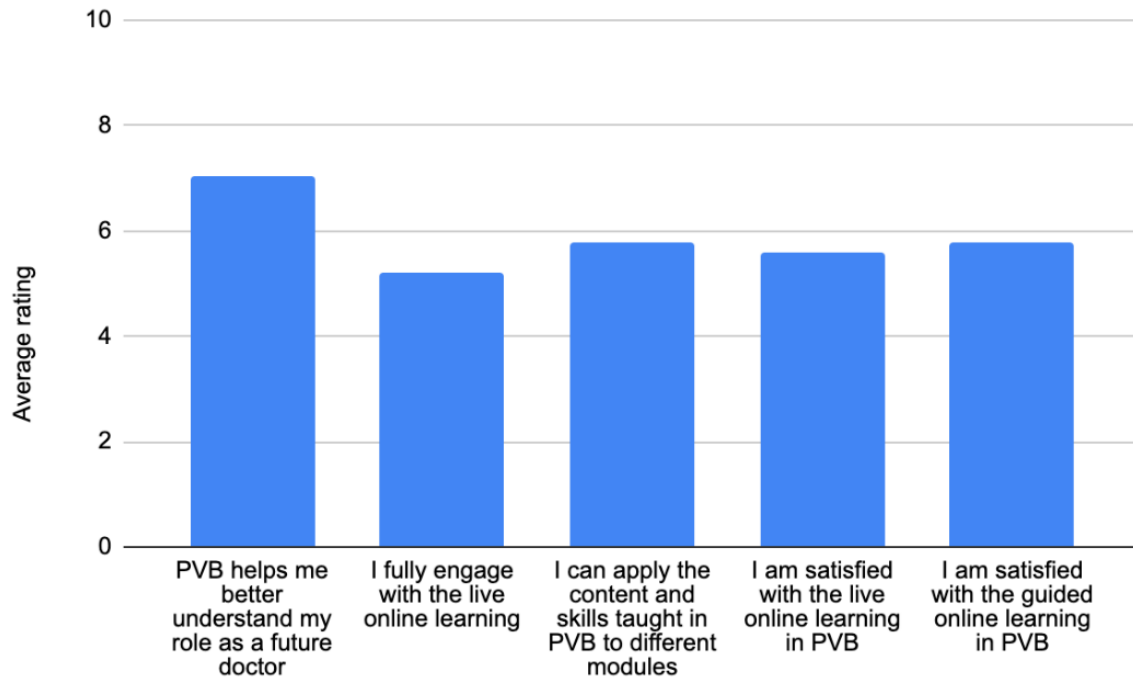
Question 31: What are you most satisfied with in PVB?
Type of question: Free Text
Representative comments: (N=38)
    a. "Interesting, ethics-based content": 15
    b. "LOLS are interactive and small group-based": 9
    c. "Language Matters workshop for diabetes": 6

Question 32: What are you least satisfied with in PVB?
Type of question: Free Text
Representative comments: (N=55)
    a. "Length of live sessions": 22
    b. "Not sure about what content is assessed": 21
    c. "Using the Miro board is confusing": 5

Question 33: Do you have any general comments or improvements for PVB?
Type of question: Free Text
Representative comments: (N=29)
    a. "Shorten or space out live sessions": 14

b. "Summaries of key content would be useful": 9
c. "Practice exam questions": 5

Proposals:

1. Continuing the use of interactive LOLS with modern day cases.
2. Reducing the length of LOLS or splitting them up.
3. Emphasizing key content and information relating to assessments.
4. Releasing practice exam questions.

Phase 1a – Research Skills

Question 34: How much do you agree with the following statements:
Type of Question: Rating scale: (0 = completely disagree, 10 = completely agree) (N=138)
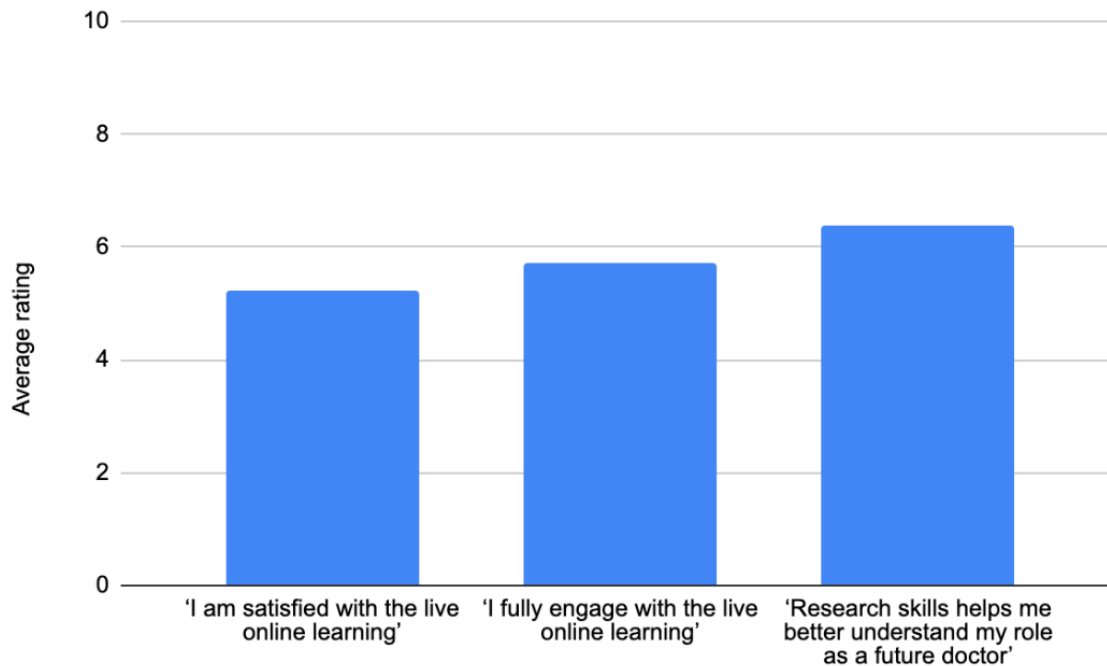
Question 35: Do you have any general comments or improvements for research skills?
Type of question: Free Text
Representative comments: (N=40)

a. More guidance and clearer explanations on how to complete tasks, how to use Excel and how to apply the research skills: 12
b. Sessions feel long and have many tasks, which students are unsure how to complete: 7
c. Making the sessions more practical by applying research skills learnt to real-life projects students can conduct: 7
d. TBL components sometimes not very helpful as students are reluctant to interact especially when tasks feel confusing – prefer in small tutorial groups: 9

Proposals for Research Skills:

1. Reducing the length of LOL sessions
2. Providing pre-recorded videos or LOL session on how to use Excel
3. Clear communication about the purpose of research skills sessions, the tasks provided and whether these skills will come up in examinations

4. Providing EFA style questions for research skills
5. Making sessions more practical by allowing students to apply research skills to real-life projects

Phase 1a – Online Learning

Question 36: 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=41)

a. Platforms are very good, well organised & easy to use: 5
   i. The organisation of Insendi 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

b. Functionality additions: 11
   i. Additional functions that students would appreciate on Insendi include search function; dark mode; personalized "favourites" pages

c. Problems with Kaizen: 7
   i. Difficulty in navigating Kaizen so students avoid using it
   ii. Having more clarity on how to use Kaizen would be appreciated
   i. Assessment results are not uploaded in a timely manner

d. Panopto feels disorganised: 5
   i. Difficulty in finding Panopto recordings
   ii. Having a folder for each module and creating further folder divisions in line with Insendi's module layout would be helpful

e. Slow Insendi publishing time & Insendi crashes: 5
   i. Publishing Insendi sessions and uploading slides the day before the timetabled session so students can access in advance
   ii. Insendi crashed should be reduced
   iii. Making slides available as PDF and PPT

f. Too many platforms: 4
   i. Having too many platforms makes it confusing to navigate around
   ii. Streamlining the platforms makes it more accessible to all students – preference for Insendi and MedLearn

Proposals for educational platforms:

1. Streamlining the platforms so that everything is available on fewer platforms

2. Introducing additional Insendi functions such as search function for sub-topics/phrases, dark mode etc.
3. Ensuring assessment results are viewable and accessible on Kaizen in a timely manner
4. Ensuring Insendi pages are published timely before timetabled session (preference for a day in advance)
5. Adding folders onto Panopto and organising recordings so that they are easy to find

Question 37: 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) (N=145)

LOL Rating Averages
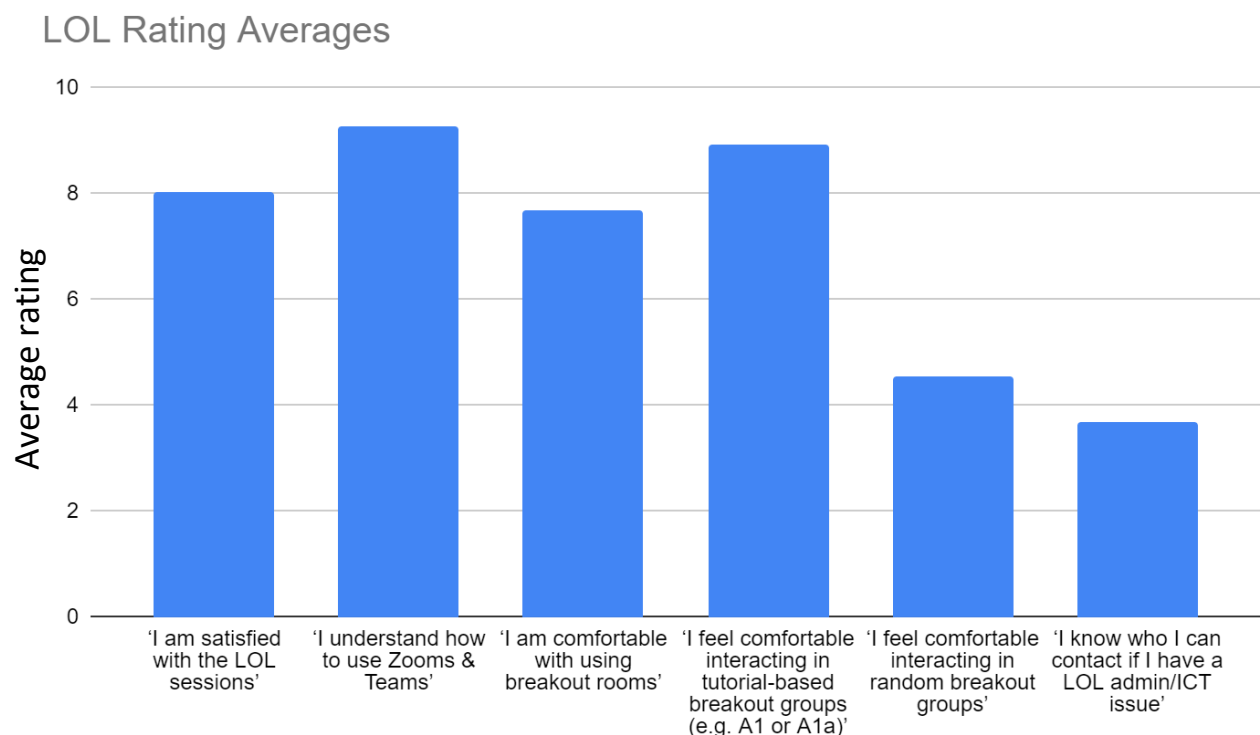
Question 38: Do you have any thoughts or improvements for the LOL sessions?
Type of question: Free Text
Representative comments: (N=34)
  a. Making LOLs more interactive: 6
  b. Enjoy LOLs; keep LOL sessions going: 3
  c. Ensuring time for Q&A at end of LOL: 2
  d. Mixing between random and tutorial breakout groups – using tutorial-based groups for complex topics: 4
  e. Having a take-home message summary Menti slide: 3

Question 39: Do you have any thoughts or improvements for organising breakout groups?
Type of question: Free Text

Representative comments: (N=57)
 a. Splitting tutorial groups so half A1a goes with A3a etc. and after 2-4 weeks rotate to ensure students know some people but also can work with new people: 14
 b. Smaller breakout groups max 6 people: 5
 c. Preference for tutorial-based groups for <u>online</u> breakout groups: 20
 d. Preference for random breakout groups later in year when we have in-person F2F teaching: 3

Question 40: Do you have any thoughts or improvements for increasing interaction within breakout groups?
Type of question: Free Text
Representative comments: (N=48)
 a. Increasing tutor presence and encourage tutors to ensure groups are collaborating by prompting discussion: 4
 b. Monitoring to ensure students have cameras and mics on: 10
 c. Limiting size of breakout groups to max 6 people: 7
 d. Introductions and short quizzes as ice-breakers: 4
 e. Assigning random leader to ensure everyone contributes. 2

Question 41: 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) (N=141)
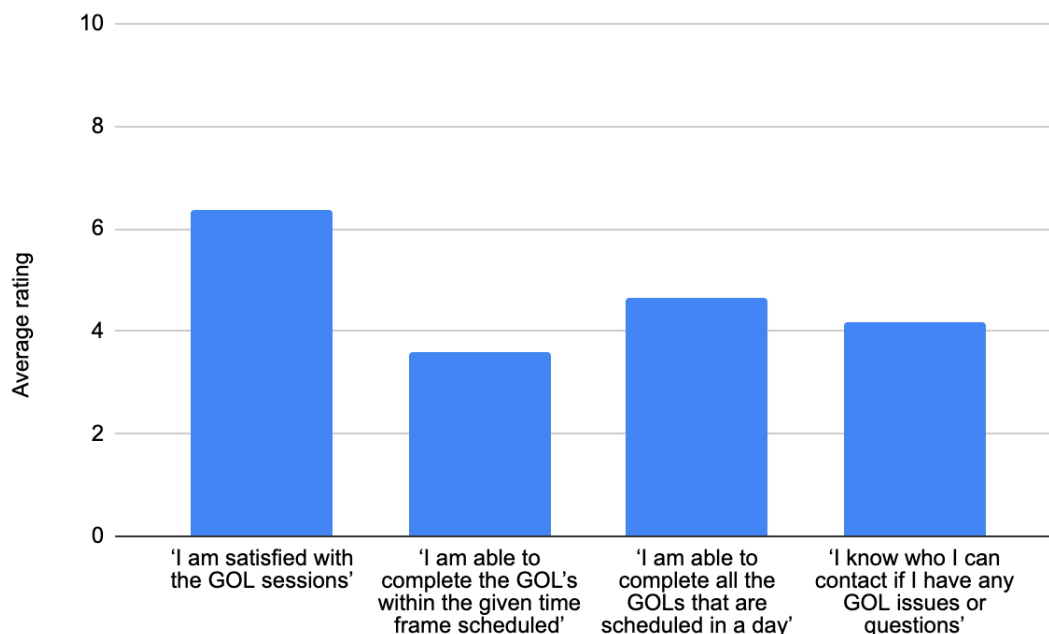
Question 42: Do you have any thoughts or improvements for the GOL sessions?
Type of question: Free Text
Representative comments: (N=48)

a. Students appreciate the major reduction in GOLs and the timetabling accuracy of GOLs: 5
b. Converting GOLs into LOLs when possible as students feel they get more out of LOLs: 8
c. Including more interactive components based on content in GOLs e.g. practice quizzes: 5
d. Realistic time scheduling for GOLS especially anatomy: 22
    i. GOLs take longer than an hour to get through.
    ii. Time allocated to anatomy pre-reading part 1 too short
    iii. Separating out Gross Anatomy and CAS into 2 separate GOLs scheduled for 2-hours each

Proposals for LOLs and GOLs:

1. Separating out Gross Anatomy and CAS into 2 separate GOLs scheduled for 2-hours each in timetable
2. Exploring breakout room possibilities: e.g. split tutorial groups so half A1a goes with A3a etc. and after 2-4 weeks rotate to ensure students know some people but also can work with new people OR mixing between random and tutorial breakout groups – use tutorial-based groups for complex topics
3. Making LOLs and GOLs more interactive (e.g. quizzes)
4. Increasing tutor presence and encouraging tutors to ensure group collaboration by prompting discussion
5. Limiting size of breakout groups to max 6 people
6. Increasing engagement by encouraging students to turn on cameras; doing introductions; icebreakers; assigning random leader to ensure collaboration etc.

Phase 1a – General Academic Questions

Question 43: Do you have any comments on the workload of Term 2 so far?
Type of question: Free Text
Representative comments: (N=75)
   a. Workload for Term 2 is better/easier than term 1: 29
   b. Students feel that the current workload is more manageable and can get work done in scheduled time due to increased LOLs and F2F teaching, thus making work more enjoyable: 30
   c. Some students feel workload is too much and are worried about exams being soon: 13
   d. Students prefer if Anatomy Pre-reading Part 1 is separated into 2 GOLs (CAS and Gross Anatomy) scheduled for 2hrs each in the timetable: 6

Question 44: Do you have any comments on the Timetable for Term 2 so far?
Type of question: Free Text
Representative comments: (N=64)
   a. Students feel current Term 2 timetable is better/accommodating than Term 1 due to more accurate scheduling; more breaks and change to LOLs. Students appreciate the work faculty put in to change the Spring timetable: 33
   b. Well-organised timetable: 8
   c. Students feel timetable is sometimes unbalanced; some weeks are packed while others are empty. Students prefer if timetable is more evenly distributed: 7
   d. Ensuring there is at least 1hr 30 min break within the timetable when a F2F session follows from an online LOL/GOL: 10

Question 45: 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'	5.78	133
'I know who I can contact if I have a welfare issue'	5.47	131

Question 46: 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=20)
a. Appreciate how hard the faculty work to make the best out of every situation: 3
b. Enjoying work more after the change to more LOLs less GOLs: 4
c. Enjoy End-of-topic reviews for Endo; would like Reviews for all BRS topics & POM modules before examinations: 5
d. Anatomy pre-reading (Gross anatomy & CAS) takes much longer than scheduled time: 3
e. Appreciate the work the academic reps have done in listening, passing on and implementing feedback – "excellent job": 4

Proposals:

1. Separating out Gross Anatomy and CAS into 2 separate GOLs scheduled for 2-hours each in timetable
2. Ensuring timetable workload is evenly distributed
3. Organising review sessions for all BRS topics & POM modules before examinations
4. Ensure there is at least 1hr 30 min break within the timetable when a F2F session follows from an online LOL/GOL

MBBS Phase 1b
SSLG Report

Term 1 SSLG: 25 November 2020

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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
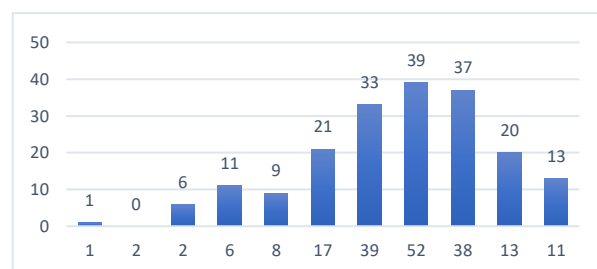**Type of Question:** Rating scale
Answer (N = (189)): Average score 6.72/10
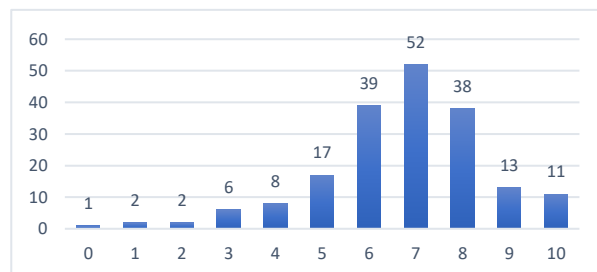
Question 2: I am satisfied with lecture slides
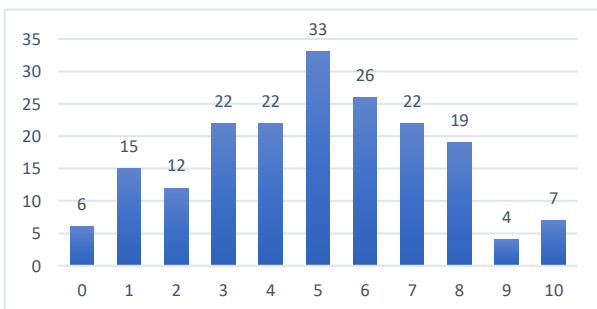**Type of Question:** Rating scale
Answer (N = (190)): Average score 6.65/10

Question 3: I am satisfied with the current upload schedule for Insendi content
Type of Question: Rating scale
Answer (N = 185): Average score 4.86/10
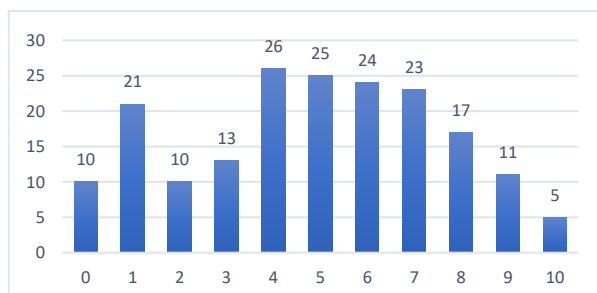
Question 4: I am satisfied with tutorials
Type of Question: Rating scale
Answer (N = 189): Average score 5.63/10
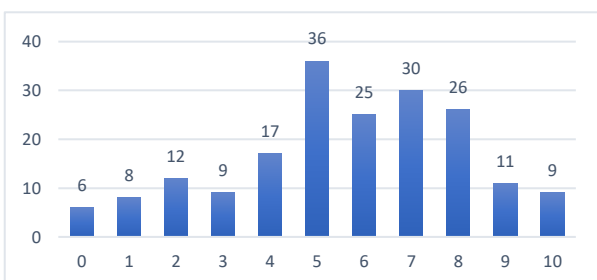
Question 5: When learning content, I understand what I feel I need to know
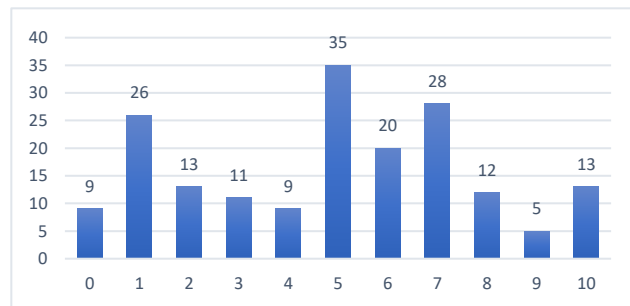**Type of Question:** Rating scale
Answer (N = 188): Average score 4.93/10

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Question 6: I feel like I have received enough support from Imperial (i.e. from faculty/lecturers) on my learning and study techniques
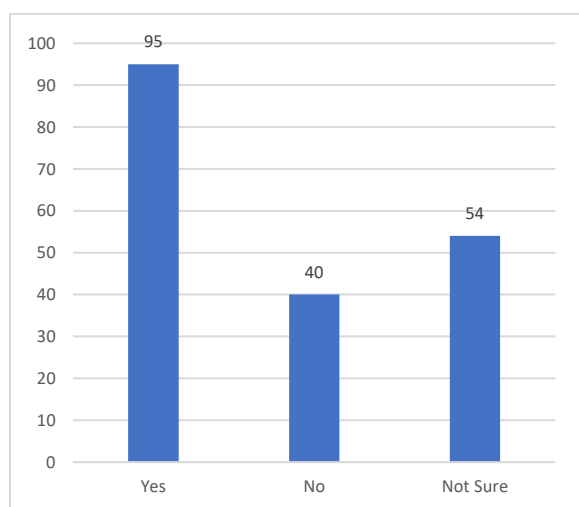**Type of Question:** Rating scale
Answer (N = 181): Average score 4.88/10

Question 7: Do you think upload times of content onto Insendi have improved since Phase 1b Term 1?
Type of Question: Rating Scale
Answer (N = 189): Most popular response = "Yes"

Question 18: Do you have any general comments or improvements for BRS?
Type of Question: Free text
Representative comments (N = 89):

a. Lectures, slides and content: 41
   a. More detailed text explanations needed to solve issues regarding lack of understanding, audio, internet connection
   b. Clearer/precise learning objectives and more practice questions during lectures
   c. More sessions with less content to slow down the workload for more consolidation time

b. Other: 29
   a. Raising upload time to 24 hours before the lecture not 12
   b. Assessing audio and captions/transcripts on recordings to ensure comprehensibility before uploading
   c. Discrepancy between topics (slide quality, detail, format and structure) - CVR and Endocrinology are model examples

c. Tutorials: 8
   a. More people in breakout rooms
   b. Less content in each tutorial as they feel rushed
   c. More interactivity in tutorials with breakout rooms being the most popular option

Phase 1b – Bioregulatory Systems: Cardio/Resp

Question 12: What were you most satisfied with in Cardio/Resp?
Type of Question: Free text
Representative comments (N = 102):

a. Lectures: 48
    a. Knowledgeable lecturers that delivered well-organised lectures at a good pace
    b. Slides were informative and detailed – students also enjoyed Mentimeter quizes
    c. Asthma immunology / Atherosclerosis / Ischaemic Heart Disease

a. Tutorials: 36
    a. New structure of going back to main room on Zoom more frequently for thorough explanations
    b. Adequate consolidation of lecture content
    c. Fast tutorial material and recording uploads

b. James Moss: 20
    a. His lectures and lecture slides (clarity and relevance)
    b. ABG and ECG teaching
    c. Face-to-face tutorial

Question 13: What were you least satisfied with in Cardio/Resp?
Type of Question: Free text
Representative comments (N = 92):

a. Lectures: 51
    a. Structural Heart Disease was not explained well and had poor slide quality
    b. Lack of consistency with PowerPoint slides (variation in quality, format and depth)
    c. Atherosclerosis covered in 3 separate learning events – would prefer if this was allocated one detailed lecture instead

b. Tutorials: 29
    a. A lot of new information with fast pace makes it difficult to understand/discuss the cases thoroughly
    b. Anaemia tutorial was not recorded and slides were not comprehensive
    c. Adding more Mentimeter questions

c. Other: 19
    a. Respiratory: a lot of information and unsure of what needs to be learned
    b. Lectures feel rushed with too much content in one lecture
    c. Epidemiology section: unclear of how much of the facts we need to know
    d. Difficult topics need more explanations

Phase 1b – Bioregulatory Systems: Gastroenterology

Question 14: What were you most satisfied with in Gastroenterology?
Type of Question: Free text
Representative comments (N = 87):

a. Lectures: 42
    a. Lecture slides were informative with detailed text explanations, concise information, diagrams and scans to help understanding
    b. Inflammatory Bowel Disease / Lower GI Lecture / Abdominal Pain / Appetite
    c. Lectures go over basics from Phase 1a

b. Tutorials: 40
    a. Content, quality and reasonable difficulty
    b. Followed directly from lectures
    c. Good organisation and allocation of lecture versus tutorial time

c. Lecturers: 8
    a. Duncan Spalding
    b. Dr Shwan Karim

Question 15: What were you least satisfied with in Gastroenterology?
Type of Question: Free text
Representative comments (N = 118):

a. Lectures: 61
    a. Late slide uploads meant students did not do lectures until the PowerPoints were uploaded
    b. Questions answered during the lecture instead of at the end
    c. Appetite lecture needed more thorough text explanations because audio was difficult to understand

b. Tutorials: 41
    a. Dislike of the less interactive tutorial structure – students preferred breakout rooms or TBL format
    b. Content was difficult as tutorials did not consolidate lecture material
    c. Unfamiliar terminology and abbreviations

c. Other: 17
    a. Content felt too surgical
    b. Unsure of what content needs to be learned, specifically regarding drugs and treatment options
    c. Both lectures and tutorials felt very fast paced

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Phase 1b – Bioregulatory Systems: Development and Ageing

Question 16: What were you most satisfied with in Development and Ageing?
Type of Question: Free text
Representative comments (N = 83):

a. Lectures and Content: 42
   a. Engaging content
   b. Well-summarised and easy to follow
   c. Slides were informative and contained detailed explanations
   d. Introductory session set expectations of what we are supposed to know

b. Dr. Andrew Childs: 10
   a. Tries hard to make content more interesting
   b. Passionate lecturer with clear explanations of concepts through good pacing
   c. Good organisation and allocation of lecture versus tutorial time

Question 17: What were you least satisfied with in Development and Ageing?
Type of Question: Free text
Representative comments (N = 66):

a. Lectures: 33
   a. More practice questions because students are unsure of what they need to learn
   b. Questions answered during the lecture instead of at the end
   c. Would like more time spent on foetal development – perhaps one lecture per system development

b. Tutorials: 15
   a. Tutorial summaries/answers and recording not being uploaded
   b. Would like more tutorials because of scope of disorders available
   c. Large gap between first GOL and tutorial

c. Other: 11
   a. Disorders of Early Foetal Development tutorial was not flagged as a "Remote Room" in Celcat so many students missed it
   b. Need more time to explain content because it is a new topic
   c. Create or attach a timeline to summarise all events in development

Proposals for module
1. Telling lecturers to include more detailed text explanations in the lecture slides:
    a. Can be included in the "notes" section of the PowerPoint slides
    b. All diagrams should have written explanations
    c. Key points should be written on each slide
2. Uploading PowerPoint slides and "guided online" content at least 24 hours before the scheduled session and Panopto recordings immediately after LOLs
3. Including more practice questions via Mentimeter during lectures
4. Learning objectives being as detailed as possible
    a. If there is anything in a lecture slide that does not need to be learned for the exam, e.g. treatment options, drug dosages or epidemiology facts/figures, it should be noted
3. Making tutorials more interactive and slowing down their pace (specifically Gastroenterology tutorials)

Phase 1b – Anatomy and Diagnostics

(Q1-4) 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: Scale
Answer (N = 166): Average score 7.07/10 (High increase of 1.67 from Term One)

Question 2: I am satisfied with clinical skills sessions
Type of Question: Scale
Answer (N = 166): Average score 7.31/10 (Increase of 0.63 from Term One)

Question 3: I am satisfied with the pre-reading for anatomy sessions
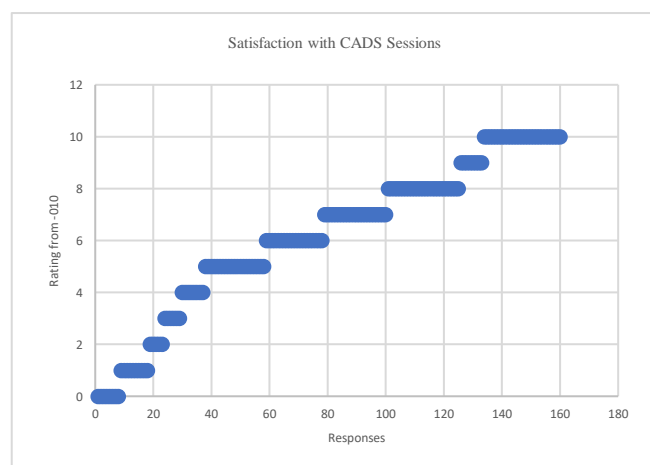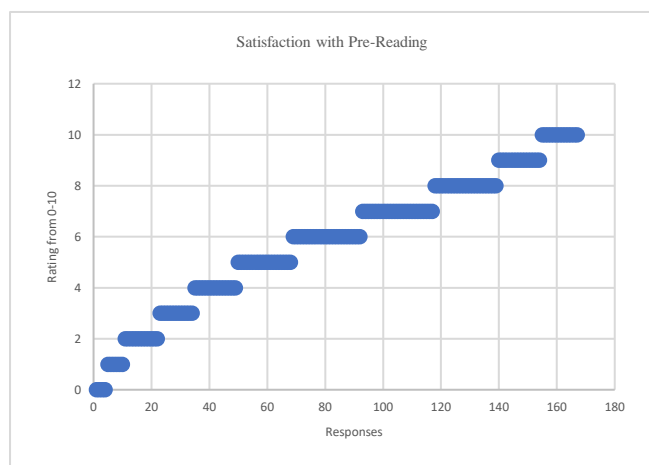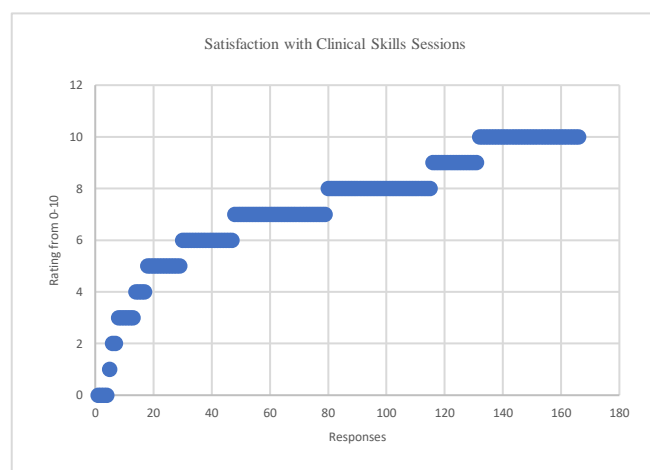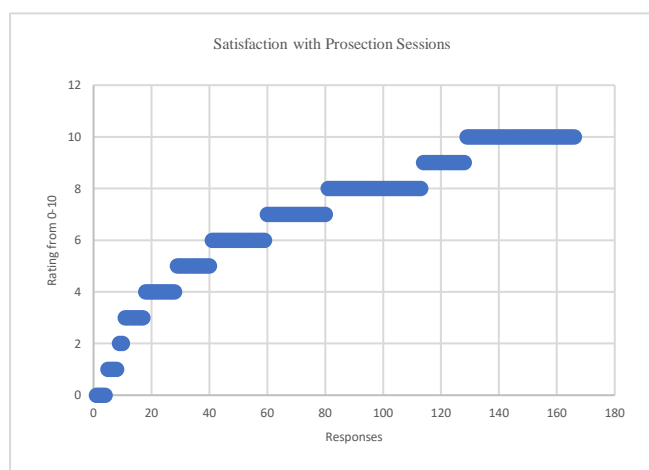**Type of Question:** Scale
Answer (N = 167): Average score 5.87/10

Question 4: I am satisfied with the new live tutorials (Part 5 of 5)
Type of Question: Scale
Answer (N = 160): Average score 6.19/10

Satisfaction with Prosection Sessions

Satisfaction with Clinical Skills Sessions

Satisfaction with Pre-Reading

Satisfaction with CADS Sessions

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Question 5: What are you most satisfied with in Anatomy and Diagnostics?
Type of Question: Free text
Representative comments (N = 98):

a. Smaller Groups + More Tutors: 68
- a. Smaller groups with more tutors have enabled massively improved teaching: 46
- b. Tutors repeatedly praised for excellent teaching (Lydia Boynton especially mentioned)

b. Clinical Skills: 16
- a. Students enjoyed revising previous content in systems exams

c. Better Pre-Reading: 15
- a. Much better designed since abdomen, links to Aclands praised

d. CADS (Complete Anatomy sessions): 8
- a. Students particularly liked linking anatomy and clinical skills together

Question 6: What are you least satisfied with in Anatomy and Diagnostics
Type of Question: Free text
Representative comments (N = 108):

a. Pre-reading excessively long for both DR and CAS: 19
b. CADS tutorials: 18
- a. Complete Anatomy is difficult to use without much training
- b. New content covered without teaching prior – students have felt uncomfortable being told to explain concepts they had never seen before.
c. Unclear what the CPA assesses / lack of checklists/summaries as CAS is very long: 17
d. Tutors: 16
- a. Some tutors are intimidating and unhelpful: students have asked for tutor rotation as some don't go to anatomy due to expecting no teaching or because they're scared of tutors
e. Use of textbooks in pre-reading (students prefer only Aclands/images/video resources): 11
f. Not enough questions in pre/post reading: 5
g. Students have felt uncomfortable and pressured to volunteer in clinical skills sessions: 3
h. No indication whether Y1 content is assessed in Y2 spotter

Question 6: Do you have any general comments or improvements for Anatomy and Diagnostics?
Type of Question: Free text
Representative comments (N = 72):

a. Frequent requests not to change small group sizes as they've worked amazingly well this term
b. Request not to use textbooks or other non-visual resources in pre-reading
c. Requests for tutor rotation in DR
d. Requests for a CPA checklist
e. Requests for more questions in post-reading
f. Requests for more activities in pre-reading like those from cardiological systems
g. Requests for more cadaveric and radiological images
h. Requests to keep Acland's links
i. Complete Anatomy: requests to use this only visually and have students input answers onto Insendi
j. Complete Anatomy: requests for a short explanation of how to use this on Insendi
k. Requests to use fewer links to resources and instead collate onto a single page

  l. Comments praising smaller group sizes and teaching massively improving anatomy
  m. Requests for optional dissection opportunities later in the year

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, interactive activities and formative questions to test them.

Proposals:
1. Maintaining group sizes in DR sessions
2. Keeping Acland's links
3. Signposting textbook links in pre-reading
4. Rotating tutors around DR between sessions
5. Using more cadaveric/radiological imaging
6. Increasing the number of questions in post-reading
7. Providing a short guide to Complete Anatomy on Insendi
8. Using more interactive activities in DR pre-reading
9. Producing a CPA checklist if possible

Phase 1b – CSI

(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: Scale
Answer (N = 173): Average score 6.00/10 (Increase of 0.6 from Term One)

Question 2: I am satisfied with the pre-reading and consolidation for CSI cases
Type of Question: Scale
Answer (N = 174): Average score 7.17/10 (Increase of 0.49 from Term One)

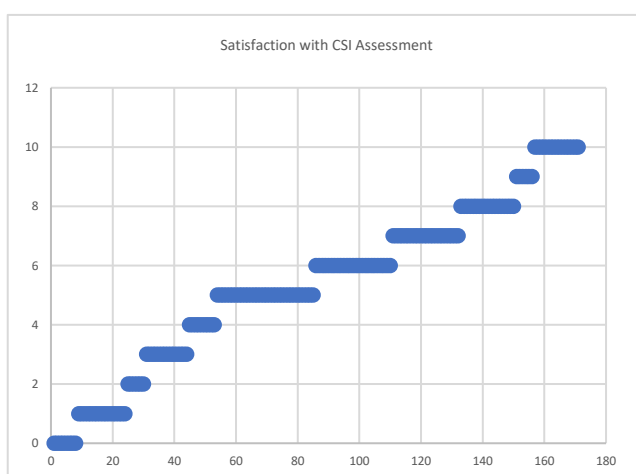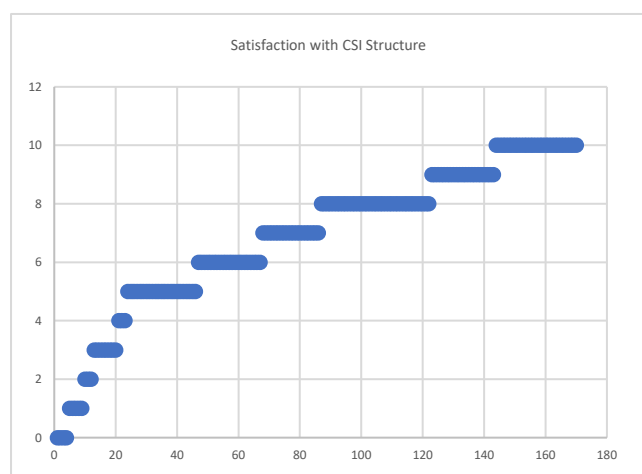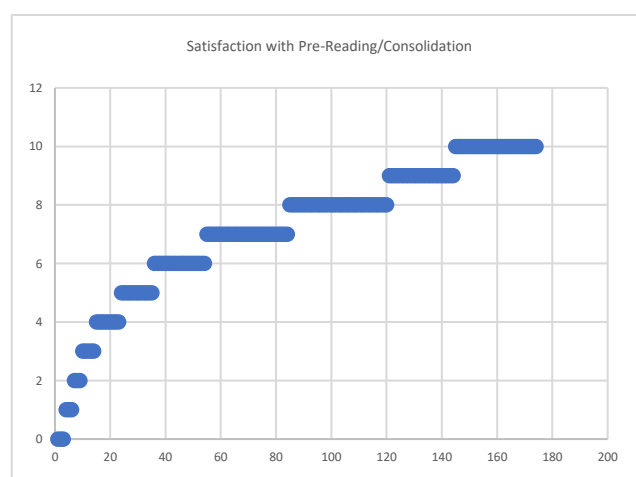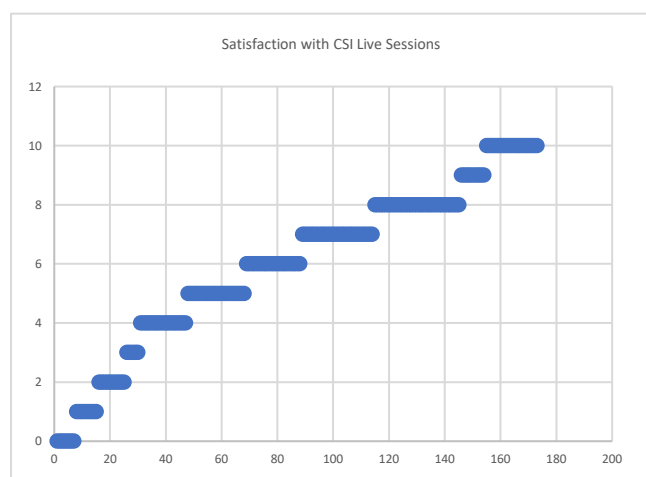**Question 3:** I am satisfied with the structure of CSI
Type of Question: Scale
Answer (N = 169): Average score 6.87/10 (Increase of 0.52 from Term One)

Question 4: I am satisfied with CSI summative TBLs
Type of Question: Scale
Answer (N = 170): Average score 5.37/10

Satisfaction with CSI Live Sessions

Satisfaction with Pre-Reading/Consolidation

Satisfaction with CSI Structure

Satisfaction with CSI Assessment

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Question 5: Would you be happy for CSI to continue including the Science tab in future CSI cases (as piloted in CSI 14 - Back Pain)?
Type of Question: Multiple Choice
Answer (N = 170):
'Yes': 154
'No': 11
'Not Sure': 9

Question 6: What are you most satisfied with in the CSI Module?
Type of Question: Free text
Representative comments (N =111):

   a. Live Sessions / Teaching: 41
        i. Staff were praised for their excellent and smooth teaching/presentation, enthusiasm, and encouragement of discussion
       ii. Fewer tasks and the science tab have led to better pacing/timing, and no information overload
      iii. Clinical content is really interesting (especially seeing continuity of patients over time)
       iv. Integrating content from other modules is incredible consolidation for difficult concepts
        v. Students have really enjoyed F2F sessions for CSI this term, describing them as engaging, interactive and well-structured

   b. Pre-Reading / Consolidation: 20
        i. Students described the pre-reading and post-reading as being more manageable, clearer, and more relevant to the content of live sessions
       ii. 'The pre-reading, live sessions, and post-reading build on each other really well'

   c. Better TBL: 19
        i. tAPP has switched to SBA/VSAQ which is much preferred
       ii. Some questions are more representative of F2F content

   d. Science Tab / Dr Deepak Barnabas: 19
        i. Incredibly helpful explanations, allow live sessions not to overrun, and are incredibly well-designed
       ii. There were many compliments for Dr Barnabas's graphics, asking for more of them where possible

Question 7: What are you least satisfied with in the CSI Module?
Type of Question: Free text
Representative comments (N =114):

   a. Assessments: 50
        i. TBL Content feels very disconnected from learned content (e.g. lingula consolidation wasn't taught but was assessed): 35
             i. Some students have felt it pointless attempting to understand live session content to be assessed on concepts that haven't been covered
       ii. tAPPs feel excessively long
      iii. Data Analysis questions take much longer than memory recall questions, so iRATs and tRATs are now very time-pressured

   b. Live Sessions / Tech Issues: 38

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      i.   A lot of technical issues during live sessions
      ii.   Poor pacing/timing in live sessions causing rushing (has improved in CSI 14/15)
     iii.   PowerPoint upload tasks are very unpopular: these take a significant amount of time to download/upload so many groups don't bother
     iv.   Breakout rooms for tasks have been poorly timed: some take too long, others too short (making discussion difficult), and timings felt randomly assigned

c. Content: 13
      i.   There's little information explaining a task on slides, making it difficult to understand concepts if groups were unable to understand a concept in breakout rooms
      ii.   Tasks: students feel some tasks are unnecessary, taking up valuable time, and 'how many are correct' tasks are unpopular

Question 8: Do you have any general comments or improvements for CSI?
Type of Question: Free text
Representative comments (N =63):
a. Request for more assessment questions to be more representative of F2F content
b. Comments that the SBAs and VSAQs in the CSI 14/15 tAPP were great and heavily preferred over all previous tAPPs
c. Requests for more use of tech/graphics by dr Barnabas in the science tab
d. Request for more time in iRAT due to more data analysis questions, and less content in tAPPs
e. Request for slides to have more information on them for revision
f. Request for fewer tasks during live sessions, or merging similar tasks to save time
g. Request to remove powerpoint tasks
h. Request for all tasks to be unlocked/available at the start of sessions to cater to those with tech problems
i. Request for explanations of iRAT answers after TBLs
j. Request for summaries at the end of sessions / in post-reading
k. Request for more clinical content (e.g. integrating PCH with patient histories, imaging from anatomy)
l. Comments that students preferred having tAPPs scheduled immediately after tRATs
m. Frequent comments praising the CSI team for their teaching and recent improvements

Proposals:
1. Making assessment content more representative of F2F content
2. Increasing time for iRAT
3. Increasing use of SBAs and VSAQs in tAPPs
4. Retaining Science tab in pre-reading and expanding where possible
5. Tasks: reducing or merging tasks, replacing PowerPoint tasks with Insendi activities to save time
6. Slides: Including clinical information on slides for revision
7. Unlocking all tasks at the beginning of sessions (can lock with passcodes, the key thing is not forcing students to refresh Insendi every time)
8. Keeping tAPPs scheduled after tRATs
9. Further integration with other modules (e.g PCH)
10. Introducing short summaries at the end of live sessions or in post-reading (of important concepts/take-aways)

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 LMAP pre-reading
Type of Question: Rating scale
Answer (N = 163): Average score 5/10 (-1 from last term)

Question 2: I am satisfied with live online tutorials
Type of Question: Rating scale
Answer (N = 163): Average score 5/10 (-1 from last term)

Question 3: How much do you agree/disagree that LMAP GOLs take significantly longer than the allotted time?
Type of Question: Multiple choice (Strongly Agree/Somewhat Agree/Neutral/Somewhat Disagree/Strongly Disagree)
Answer (N = 163): Average response "Somewhat Agree"

Question 4: What are you most satisfied with in LMAP?
Type of Question: Free text
Representative comments (N = 78):
   a. Respondents find the content interesting and engaging, with Health Across the Lifecourse being well received as a break from the more facts-based science of BRS.
   b. The quality of content and teaching has again been highlighted by many.
   c. Students appreciate the effort made my LMAP faculty to lead by example, on top of encouraging healthy behaviours by integrating them into the GOL sessions (e.g. active podcasts, weekly challenge).

Question 5: What are you least satisfied with in LMAP?
Type of Question: Free text
Representative comments (N = 103):
   a. Respondents felt that GOLs were still too long to be one activity.
   b. Some students had negative experiences in LOLs, feeling that they were not engaging, they were mainly left to their own devices, and that it was hard to engage because they didn't add much new information.
   c. Students are unsure how to gauge what the key takeaways are especially in relation to what they should prioritise for assessment (e.g. do they need to memorise statistics). This is more prominent around Health Across the Lifecourse than it was for Epidemiology.
   d. Some people felt it was hard to engage with the lifestyle due to workload e.g. not participating in active podcasts because they felt they needed to take detailed notes/not enough time.

Question 6: Do you have any thoughts or improvements for LMAP?
Type of Question: Free text
Representative comments (N = 57):
   a. Many respondents asked for more exam-style questions (e.g. a similar concept for Lifecourse as the Epidemiology mock) and for a full mock to be released as soon as practical.

b. Students would like some form of summarized information so they can better understand the key take home messages, due to feeling the learning outcomes are somewhat vague.
c. Respondents would like tutors to facilitate more in LOLs e.g. spend more time in breakout rooms.
d. GOLs and LOLs on the same day not practical.
e. Split up GOLs into shorter sessions.

Proposals for module
1. Consulting with timetabling team:
    a. On splitting two-hour GOL time slots into 2x one-hour GOLs.
    b. On ensuring that GOLs are several days before/a week before/at the very least not on the same day as their corresponding LOL.
2. Adding more detail to GOL conclusions/summaries so they can be used as a source of key take-home messages.
3. Providing a summary for each topic that shows what students should understand from it with more detail than the fairly vague LOs from Sofia.
4. Producing of a mock for Health Across the Lifecourse similar to the one for Epidemiology.
5. Regarding LMAP2 full-length mock:
    a. Finalising and releasing as soon as practical.
    b. If there will be a significant time before this happens, providing some additional formative questions in the interim.

Phase 1b – Patients, Communities and Healthcare

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

Question 1: I understand how PCH is assessed
Type of Question: Rating scale
Answer (N = (159)): Average score 5.07/10

Question 2: My GP tutor clearly understands how PCH is assessed
Type of Question: Rating scale
Answer (N = (154)): Average score 5.60/10

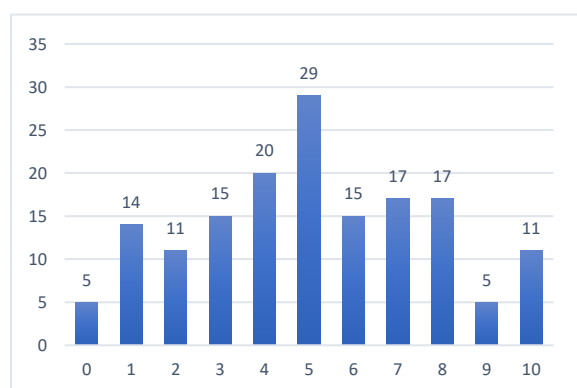**Question 3:** My GP tutor clearly understands the aims and learning objectives of PCH
Type of Question: Rating scale
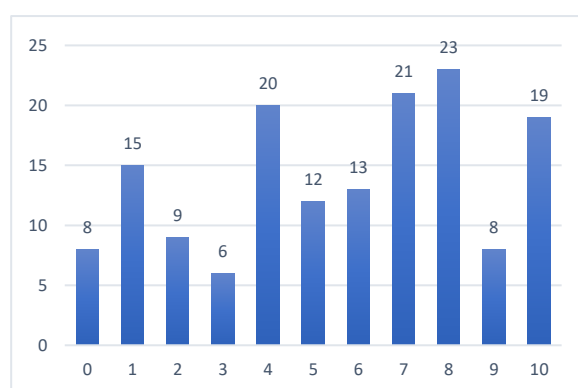**Answer (N = 155):** Average score 6.33/10

Question 4: I am satisfied with the structure and aims of the community collaboration project
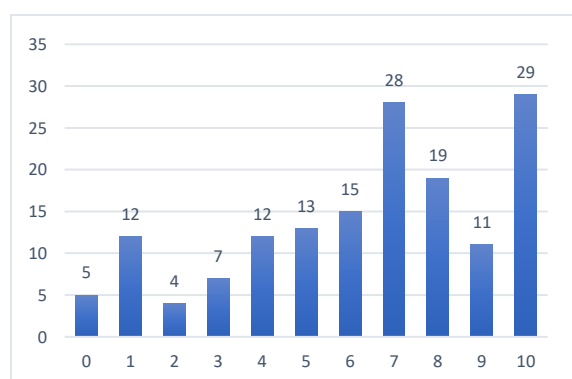**Type of Question:** Rating scale
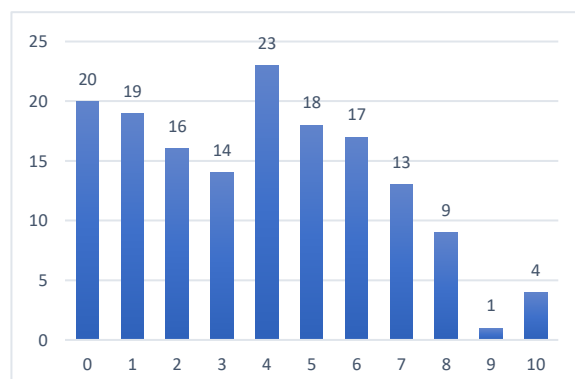**Answer (N = 154):** Average score 3.82/10

Question 1

Question 2

Question 3

Question 4

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Phase 1b – PCH: GP Placements

Question 12: What were you most satisfied with in PCH GP placements?
Type of Question: Free text
Representative comments (N = 64):

b. History-taking: 28
   a. Improved communication and history-taking skills
   b. Enjoyed being able to talk to / interact with patients
   c. Good experience to speak with patients on the phone

b. GPs and Staff: 26
   a. Nice, welcoming, friendly, understanding and knowledgeable
   b. Responsive to questions and invested in our learning
   c. Gave good guidance to history-taking

c. Other: 21
   a. Tutorials had interesting topics, good teaching and enjoyable case examples
   b. Being in a clinical environment
   c. Health coaching and structure to the day

Question 13: What were you least satisfied with in PCH GP placements?
Type of Question: Free text
Representative comments (N = 61):

a. Location and travel: 24
   a. Many students had to travel up to two hours on up to four modes of transport
   b. Expensive travel for such a short session
   c. Felt pointless to go into the clinical setting and risk Covid-19 for a brief session

b. Community collaboration project: 22
   a. Confusion regarding instructions from students and GPs
   b. Low patient engagement with health coaching made it difficult to do the CCP
   c. Change in guidance/late CCP information days

c. Other: 19
   a. History taking was difficult over the phone
   b. Would like more GP experience
   c. Not enough things to do at the GP practice because GPs were busy

Question 14: Have you experienced any issues with your GP placement? Your response is 100% anonymous, so please include specific details.
Type of Question: Free text
Representative comments (N = 64):

a. CCP and health coaching: 24
   a. Unable to do CCP in current conditions because we have limited access to community resources

     b. Guidance keeps changing so students don't know what to do

     c. Health coaching patients did not engage as well as students hoped – they are worried about missing out on key teaching

b. GPs are too busy: 22

     a. GPs are too bust and cannot help us effectively with the CCP

     b. GPs take a long time to respond to emails so was difficult to get guidance and ask questions

     c. GPs unaware of learning objectives, tutorial agendas and assessment guidelines

c. GPs are wonderful, well-organised and incredibly helpful: 17

Phase 1b – PCH: Hospital Placements

Question 12: What were you most satisfied with in PCH hospital placements?
Type of Question: Free text
Representative comments (N = 71):

a. Learning experience: 29
   a. Incredible learning experience due to real-life cases and applying lecture knowledge
   b. Students found it easier to remember knowledge due to practical, experiential experience
   c. Experience doing observations and clinical skills exams
   d. Improved confidence talking to patients

c. Staff and hospital environment: 24
   a. Exciting to see how a hospital works
   b. Engaging with different staff
   c. Staff were lovely and helpful and students didn't feel like they were a burden

d. Other: 20
   a. Consultants gave tutorials and were very nice/supportive
   b. Freedom of placement meant students could observe and shadow areas of interest
   c. It was nice not to have the pressure of assessments

Question 13: What were you least satisfied with in PCH hospital placements?
Type of Question: Free text
Representative comments (N = 72):

a. Scheduling and organisation: 27
   a. A lot of students were wandering around the hospital looking for things to do
   b. Lack of structure was frustrating
   c. Many students moved between departments/specialties because there was not enough to do in their assigned ward

b. Doctors very busy: 24
   a. Doctors did not know what to do with students because they were very busy
   b. Students felt like a burden – especially worrying because they were at risk of COVID-19
   c. Doctors were unable to teach due to their already great workload
   d. Lack of consultant presence

c. Other: 19
   a. No standardisation of student experience
   b. Making the March placement optional as students do not feel comfortable going on placement in hospitals without their first vaccine

Question 14: Do you have any general comments or improvements for PCH?
Type of Question: Free text
Representative comments (N = 36):

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a. Health coaching and history taking: 14
   a. Advising GPs to ask patients if they are comfortable with health coaching before assigning patients
   b. When COVID-19 isn't an issue, allocating more time for history-taking
   c. Some students would rather take more histories and reflections instead of doing the CCP, especially because of COVID-19

b. Community collaboration project: 10
   a. Removing project entirely because it is difficult to do because of COVID-19
   b. Having a briefing session or CCP information day in term 1 to give more time to liaise with community leaders
   c. Having a clear assessment page on Insendi

c. Other: 6
   a. No standardisation of student experience
   b. Making the March placement optional as students do not feel comfortable going on placement in hospitals without their first vaccine
   c. Allowing easier swapping of placement allocations

Proposals for module

1. CCP project and information days should be scheduled earlier on to allow time for students to contact community links
2. More communication with GPs of learning objectives, tutorial structure and CCP guidance
3. Facilitating easier swapping of placement allocations between students
4. Considering making March hospital placements optional on a case-by-case basis
5. Ensuring students are not placed in COVID-19 wards where possible
6. Communicating will all wards to ensure they truly have the capacity/time to host students

Phase 1b – PVB

(Q1-3) 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 = 160): Average score 5/10 (-1 from last term)

Question 2: PVB sessions help me understand my roles/responsibilities as a future doctor
Type of Question: Rating scale
Answer (N = 161): Average score 6/10 (same as last term)

Question 3: PVB supports my learning in other modules/domains
Type of Question: Rating scale
Answer (N = 154): Average score 4/10 (-1 from last term)

Question 4: What are you most satisfied with in PVB?
Type of Question: Free text
Representative comments (N = 58):
  a. Tutors do a good job engaging students.
  b. Content has remained relevant and interesting throughout the year – ethics teaching was mentioned specifically.
  c. Several students highlighted the Roles and Responsibilities session as particularly engaging and enjoyable. They appreciated that they were in their tutor groups with a tutor the whole time to facilitate because it helped engagement with a long session.

Question 5: What are you least satisfied with in PVB?
Type of Question: Free text
Representative comments (N = 78):
  a. LOL and GOL sessions too long – respondents feel like they could easily be made more concise and last much less time.
  b. Some live sessions are still too passive – there is a very large difference between the response to sessions like Roles and Responsibilities vs the more one-way live sessions.
  c. Several respondents said it was hard to engage because the content felt like "common sense". This opinion appears to have increased since last term, with some adding it feels repetitive.
  d. The design project day felt to some as though it was very oriented to the architecture students and contained little that was relevant to actually interacting with patients/the rest of the domain more generally.

There is still a split amongst the year – some students find PVB relevant and engaging, others feel like they are being told information that is obvious or that they already knew.

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 = 36):

a. If the amount of content can't be cut down, splitting it into smaller more frequent sessions as opposed to occasional very long ones.
b. Including more ethical scenarios/exam-style questions in GOLs.
c. More real-life application (linked to ethical scenarios) especially in the delivery of live content – students want to be given examples of truly challenging situations and be able to discuss them, in order to better understand the relevance of concepts to their actual career.

Proposals for module
1. Regarding length of sessions:
    a. Emphasizing conciseness; trying to avoid repeating too much content from other sessions/'stating the obvious' (some students feel this wastes time in lectures).
    b. If the amount of content delivered cannot be reduced, splitting long sessions (e.g. 2.5- and 3-hour long sessions) into shorter chunks and delivering them separately.
2. Increasing the number of real-life examples, ethical scenario-based questions, and challenging situations in all delivery types; adding exam-style formative questions to GOLs so students understand how they will be assessed
3. Specifically connect learned concepts to concrete examples of their involvement in the average doctor's career

Phase 1b – Clinical Communication

Question 1: What are you most satisfied with in Clinical Communication?
Type of Question: Free text
Representative comments (N = 68):
  a. The most common response by far was the opportunity to practice – it makes people feel more confident and comfortable talking to patients independently.
  b. Live sessions are straightforward with notes/slides provided.
  c. Tutors give good feedback, make sure everyone is engaged, and create a safe space to practice in.

Question 2: What are you least satisfied with in Clinical Communication?
Type of Question: Free text
Representative comments (N = 45):
  a. Respondents felt the lecture-style sessions focused too much on generic skills that have been covered before, such as body language and open questions, and the time could be better used for practice.
  b. Not enough sessions in general so the time the module is allocated should be geared towards practice sessions.
  c. Difficult to practice communications online.

Question 3: Do you have any thoughts or improvements for Clinical Communication? Feel free to comment to your answers to the first question.
Type of Question: Free text
Representative comments (N = 24):
  a. Increase the amount of time spent on practice.
  b. Shorten lectures or include more practical elements in these sessions.
  c. Add a checklist/helpful phrases/summaries document to Insendi to help with consolidation.
  d. Include communication skills that have become more relevant due to COVID e.g. telephone skills as some students have found phone consultations particularly difficult.

Proposals for module
  1. As it is difficult to change the number of hours allocated to each module, perhaps it would be easier to make the lecture-based sessions more concise (focusing on avoiding repetition of skills already covered – Phase1b students know what an open question is for example) and using the time saved to increase the amount of practice available to students.
  2. Including a helpful phrases type of document on Insendi, bringing together all the examples from across the GOLs.
  3. Issues such as level of English, accent, and hearing level are exacerbated by telephone consultations. Students would appreciate a session focused on ways to ameliorate these problems over the phone – a lot of our current advice (rely on body language, written material, images etc.) do not work when the patient can't see you.

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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 = 63):

a. As with last term, vast majority of respondents like Insendi and prefer it to Coursera in terms of the structure and organization. People still compare Insendi to Coursera saying it is easier to use and navigate.
b. Students are making use of the function to mark work as complete or in need of review on Insendi.
c. There were few statements about MedLearn other than to compare it to Insendi (Insendi used more often, more well understood by students, functions seem more relevant).

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 = 77):

a. "Too many platforms" – students would much rather everything be in one place, and for that place not to be MedLearn.
b. Difficulty accessing content from last year e.g. BRS1 when lecturers and tutors expect students to be able to easily refer back to previous content.
c. Upload times remain an issue.
d. Insendi is easy but time consuming to navigate – respondents don't see why the landing page is the course overview when it doesn't have many uses.
e. Insendi crashes appear to sometimes erase user work that has been entered but not submitted – some students are reluctant to use the submit button because it prevents them from editing their notes at a later date, leaving these people vulnerable to losing their work.
f. Students still say they do not generally use MedLearn and that it is much harder to navigate than Insendi – some said they only use it to check exam dates.

Question 3: Have you experienced more or fewer problems with online educational platforms compared to last term?
Type of Question: Multiple choice (A lot fewer/Slightly fewer/About the same/Slightly more/A lot more)
Answer (N = 148): Average response: "About the same"

Question 4: Do you have any thoughts or improvements for educational platforms (e.g. Insendi, MedLearn)
Type of Question: Free text
Representative comments (N = 36):

a. Respondents again requested that upload times be improved.
b. Reduce crashes e.g. in CSI or do not have whole-year live teaching reliant on Insendi interaction.
c. Putting as much content as possible onto one platform, the most popular choice being Insendi.
d. Adding direct Panopto links beneath Insendi videos for those who can't get embedded videos to work.
e. Making Phase1a content available on Insendi.

Proposals

1. Making it possible to edit submissions to Insendi questions.
2. Adding direct links to Panopto as standard beneath all embedded videos on Insendi for those who are struggling to get them to work.

3. Reminding the teaching staff producing slides to ensure they are ready for upload well before they are scheduled to teach – module leads get bombarded with complaints about slides when often it is out of their control.
4. Making it easier to access other content direct from Insendi, either by moving content to Insendi (e.g. Year 1 content) or providing more direct links to relevant information (e.g. not just linking to MedLearn homepage.
5. Reducing emphasis on MedLearn – it is understood it was designed as something of a homepage for students, but they do not view it as such and all the efforts so far to change opinion haven't worked.

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):
   a. Anki for flashcards
   b. Osmosis and PassMedicine for revision
   c. Acland's videos and Gray's Anatomy for anatomy
   d. Respondents find Complete Anatomy can be slow, glitchy, and difficult to navigate

Question 2: Do you have any comments on the workload of Term One so far?
Type of Question: Free text
Representative comments (N = 81):
   a. Responses have highlighted that while when faculty look at the timetable it may not look so heavy, but due to online work taking much longer than its timetable slot, there is more work than it looks.
   b. Respondents are still divided as to whether the heavy workload was justified or excessive – some say they expected it whereas other believe it is unnecessarily busy
   c. A fair proportion of students commented that the workload felt greater than last term. Some are finding that this is now harder to manage in Term 2 having started it already tired from the heavy workload of Term 1. Those who didn't say it had increased generally said it was roughly the same. Nobody said it was lighter.
   d. Respondents noted that many i-Explore courses are ramping up and that we are now in full Covid lockdown – they suggested this made the workload more difficult to manage.
   e. Some people discussed "Zoom fatigue" as contributing to concentration difficulties.
   f. Some students are finding preparing for exams and coping with the workload difficult due to being the first year of a new curriculum and struggling to find relevant resources like those previous second years would have had.

Question 3: How does the workload this term compare to last term?
Type of Question: Multiple choice (Much lighter/Somewhat lighter/About the same/Somewhat heavier/Much heavier)
Answer (N = 126): Average score "Somewhat heavier"

Question 4: 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 = 35):
   a. It should not be required to do work for i-Explore considering the workload of second year medics and the effects of the pandemic.
   b. Students again asked for timetables to more accurately reflect how long content takes to complete – especially Anatomy, which is often a one-hour slot the day before and is not reflective.
   c. There is still an unmet need for timely, accurate uploads of materials in some cases.
   d. Respondents said the workload does not take into account the change in people's circumstances compared to a normal second year e.g. Zoom fatigue/screen time headaches, concentration difficulties, students more likely to have welfare-related issues, higher base-level stress (overlap in this question with Wellbeing team).

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e. In-person teaching has not been structured with the needs of international students in mind (e.g. spreading face to face teaching out so international students have to live full time in London for the whole term and in some cases not go home for the holidays, fears of missing CPA if flight restrictions change in their home country or the UK while they are home over the Spring break).

Imperial College London

Module Specification (Curriculum Review)

Basic details

UID		

Cohorts covered

Earliest cohort | Latest col

Long title Bioregulatory Systems 1

New code | **New short title**

Brief description of module
(approx. 600 chars.)

This module aims to build upon previous modules to explore human health & disease and contains topic areas including Neurology & Neuroscience, Psychiatry, Endocrinology, Musculoskeletal & Rheumatology, Cardiovascular & Respiratory Medicine, Dermatology, Gastroenterology & Urology & Renal Medicine. Furthermore, it will facilitate development of your professional knowledge, professional skills and professional values & behaviours as outlined by the General Medical Council (2018).

482 characters

Available as a standalone module/ short course? N

Statutory details

	ECTS	CATS	Non-credit		HECOS codes
Credit value	20	40	N		
FHEQ level	Level 4				

Allocation of study hours

	Hours	
Lectures	67	
Group teaching	74	*Incl. seminars, tutorials, problem classes, clinical skills teaching*
Lab/ practical	41	
Other scheduled	0	*Incl. project supervision, fieldwork, external visits.*
Independent study	318	*Incl. wider reading/ practice, follow-up work, completion of assessment*
Placement	0	*Incl. work-based learning and study that occurs overseas.*
Total hours	500	
ECTS ratio	25.00	

Project/placement activity

Is placement activity allowed? No

Module delivery

Delivery mode	Taught/ Campus	Other	
Delivery term		Other	Term 1 and Term 2

Ownership

Primary department	School of Medicine
Additional teaching departments	None
Delivery campus	South Kensington, Charing Cross, St Mary's

Collaborative delivery

Collaborative delivery?	N

External institution	N/A
External department	N/A
External campus	N/A

Associated staff

Role	CID	Given name	Surname
Module Leader		~~James~~ Andrew	~~Moss~~ Childs
Topic Leader		Paul	Strutton
Topic Leader		Niamh	Martin
Topic Leader		Chinmay	Gupte
Topic Leader		James	Harker
Topic Leader		Tanvi	Agrawal
Topic Leader		Duncan	Spalding
Topic Leader		Richard	Watchorn
Topic Leader		David	Erritzoe

Learning and teaching
Module description

Learning outcomes	The module intended learning outcomes are mapped to the MBBS programme level outcomes and are written to facilitate your study of module elements associated with Professional Knowledge, Professional Skills and Professional Values and Behaviours. After completing this module, you should be able to: ILO1) Summarise normal human anatomy & physiology (at all stages of life) and the pathology, pathophysiology and population health burden of key diseases and disorders ILO2) Describe key diagnostic approaches and pharmacological & non-pharmacological therapeutic interventions ILO3) Demonstrate basic communication and clinical skills to undertake examination of a real and/or simulated patients ILO4) Employ basic research skills ~~in a laboratory environment~~ to collect, ~~manipulate~~ analyse and report data ILO5) Explain how respect for persons translates into professional behaviours, values and skills in relation to yourself, your colleagues, patients and carers.
Module content	In this module you will study the fundamentals of human health and disease. You will begin to learn anatomy and the normal physiological function of the human body. This will build into an exploration of the pathology and pathophysiology of key diseases and disorders. In the context of normal physiology and these common diseases and disorders, you will be introduced to diagnostic approaches and core treatment strategies, population health burden (at a local, national and, where relevant, international level) and the human life cycle. You will enhance your research skills, clinical skills and communication skills. You will likely enhance your knowledge, understanding and demonstration of professional values & behaviours to enable you to work safely and effectively Independently and in a team, demonstrate leadership and apply basic ethical principles.

Learning and Teaching Approach	During this module you will be taught using a variety of teaching approaches which may include: - **Large-group interactive teaching**; these auditorium-based teaching sessions combine guided instruction with interactive tasks - **Tutorials (small group)**; tutor-led sessions that will promote knowledge acquisition - **Laboratory sessions (medium group)**; these sessions will enable you to learn and consolidate understanding through discovery, while also incoporating key scientific skills and behaviours - **Anatomy & clinical skills teaching (medium-group)**; these sessions will be based in the dissection room & clinical skills suite to support your learning of gross anatomy, surface anatomy, imaging, communication and basic procedures - **Facilitated tutorials (medium group);** these tutor-facilitated sessions will enable you to consolidate your knowledge and undertsanding and maximise peer-learning opportunities - **Case-driven learning (medium-to-large group)**; using the clinical case narrative, you will experience situated learning opportunities within these authentic clinical stories - **Digital learning**; your learning will be supported by using our curated online digital resources (e.g. e-Portfolio, virtual learning environment (VLE), learning materials) for independent and group learning activities before, in lieu of, and after contact-time teaching sessions.
Assessment Strategy	This 20 credit module will contain elements of formative assessment and summative assessment, which are mapped and structured as follows: ILOs 1-5 assessment includes: 1) Engagement and Feedback assessments: _In-class activities_ : You will undertake ~~five~~ formative in-class assessments at regular intervals throughout this module. These assessments will include ~~5~~ single-best answer questions (SBAQs) and ~~5~~ very short answer questions (VSAQs) ~~and will last **12.5 minutes (1.2 min x 5 + 1.2 min x 5**~~). Results will be transferred into your portfolio. _Out-of-class-activities:_ Shortly before or after the in-class activities described above, you will undertake seven formative out-of-class assessments. These assessments will consist of 1 short answer question which will be completed within **7 days**, and self marked as pass/fail (with 50% being the pass mark) following release of the model answer. _Academic tutor meetings:_ After four formative assessment points you will meet with your academic tutor to discuss your progress. 2) Summative assessments: _Examination_ : This assessment will comprise **75% of the module mark.** This assessment will include **SBAQs, VSAQs and SAQs in timed exam**. The pass mark will be set according to the importance of the information and the difficulty of the questions (EBEL method). Results will be transferred into your portfolio. _Anatomy spot-test_ : This assessment will comprise **25% of the module mark**. You will be assessed on your knowledge and understanding of gross anatomy and pathology. This assessment may include a combination of cadaveric specimens, models, photographs and imaging modalities. This assessment will be a timed exam. The pass mark will be set according to the importance of the information and the difficulty of the questions (EBEL method).
Feedback	Feedback on formal formative assessment is normally provided within two working weeks. Feedback on non-assessed work may involve immediate verbal feedback on learning activities, and peer and self-assessment. Rapid feedback may be facilitated through discussion during small group and one-to-one tutorials.
Reading list	TBC

Quality assurance

Date of first approval	
Date of last revision	
Date of this approval	

Office use only

QA Lead	
Department staff	
Date of collection	

Date exported

Module leader ~~James Moss~~ Andrew Childs Date imported

Notes/ comments

Imperial College London

Module Specification (Curriculum Review)

Basic details

			Earliest cohort	Latest col
UID		Cohorts covered		

Long title: Bioregulatory Systems 2

New code: New short title:

Brief description of module
(approx. 600 chars.)

This module aims to build upon previous modules (e.g. POM, BRS 1) to enhance your knowledge and understanding of human health & disease. Like its year 1 counterpart, it is broadly split into topic areas including including Neurology & Neuroscience, Psychiatry, Endocrinology, Musculoskeletal & Rheumatology, Cardiovascular & Respiratory Medicine, Dermatology, Gastroenterology & Urology & Renal Medicine. Furthermore, it will facilitate development of your professional knowledge, professional skills and professional values & behaviours as outlined by the General Medical Council (2018).

588 characters

Available as a standalone module/ short course?   N

Statutory details

	ECTS	CATS	Non-credit	
Credit value	20	40	N	HECOS codes
FHEQ level	Level 5			

Allocation of study hours

	Hours	
Lectures	70	
Group teaching	80	*Incl. seminars, tutorials, problem classes, clinical skills teaching*
Lab/ practical	50	
Other scheduled	0	*Incl. project supervision, fieldwork, external visits.*
Independent study	300	*Incl. wider reading/ practice, follow-up work, completion of assessment*
Placement	0	*Incl. work-based learning and study that occurs overseas.*
Total hours	500	
ECTS ratio	25.00	

Project/placement activity

Is placement activity allowed?   No

Module delivery

Delivery mode	Taught/ Campus	Other	
Delivery term		Other	Term 1 and Term 2

Ownership

Primary department: School of Medicine

Additional teaching departments	None

Delivery campus	South Kensington, Charing Cross, St Mary's

Collaborative delivery

Collaborative delivery?	N

External institution	N/A
External department	N/A
External campus	N/A

Associated staff

Role	CID	Given name	Surname
Module Leader		Andrew	Childs
Topic Leader		Paul	Strutton
Topic Leader		Niamh	Martin
Topic Leader		Chinmay	Gupte
Topic Leader		James	Harker
Topic Leader		Tanvi	Agrawal
Topic Leader		Duncan	Spalding
Topic Leader		Richard	Watchorn
Topic Leader		David	Erritzoe

Learning and teaching
Module description

Learning outcomes	The module intended learning outcomes are mapped to the MBBS programme level outcomes and are written to facilitate your study of module elements associated with Professional Knowledge, Professional Skills and Professional Values and Behaviours.

After completing this module, you should be able to:

ILO1) Compare normal human anatomy & pathology and physiology and pathophysiology of key diseases, disorders and clinical presentations throughout the human life cycle

ILO2) Evaluate the population health burden of key diseases and disorders and how public health and health system policy is used to mitigate against their impact

ILO3) Distinguish between key diagnostic approaches and between pharmacological & non-pharmacological therapeutic interventions

ILO4) Demonstrate intermediate communication and clinical skills to undertake examination of a patient

ILO5) Employ intermediate research skills in a laboratory environment to collect, analyse manipulate and report data

ILO6) Discuss how respect for persons translates into the professional values, behaviours and skills required of medical doctor in relation to yourself, your colleagues, patients and carers and the wider health profession

Module content	In this module you will continue to develop your understanding of human health and disease. You will begin to develop your knowledge and understanding of anatomy, normal physiological function and pathology and pathophysiology of key diseases and disorders. You will integrate your knowledge and understanding between different core systems, which will enable you to consider undifferentiated presentations and the systemic nature of the risk factors, development and treatment of key diseases and disorders (including pharmacological and non-pharmacological therapeutic interventions). You will continue to develop your research skills, clinical skills and communication skills. You will likely enhance your knowledge, understanding and demonstration of professional values & behaviours to enable you to work safely and effectively, independently and in a team, demonstrate leadership and apply basic ethical principles.
Learning support	
Learning and Teaching Approach	During this module you will be taught using a variety of teaching approaches which may include: - **Large-group interactive teaching**; these auditorium-based teaching sessions combine guided instruction with interactive tasks - **Tutorials (small group)**; tutor-led sessions that will promote knowledge acquisition - **Laboratory sessions (medium group)**; these sessions will enable you to learn and consolidate understanding through discovery, while also incoporating key scientific skills and behaviours - **Anatomy & clinical skills teaching (medium-group)**; these sessions will be based in the dissection room & clinical skills suite to support your learning of gross anatomy, surface anatomy, imaging, communication and basic procedures - **Facilitated tutorials (medium group);** these tutor-facilitated sessions will enable you to consolidate your knowledge and undertsanding and maximise peer-learning opportunities **- Case-driven learning (medium-to-large group)**; using the clinical case narrative, you will experience situated learning opportunities within these authentic clinical stories - **Digital learning**; your learning will be supported by using our curated online digital resources (e.g. e-Portfolio, virtual learning environment (VLE), learning materials) for independent and group learning activities before, in lieu of, and after contact-time teaching sessions.

Assessment Strategy	This 20 credit module will contain elements of formative assessment and summative assessment, which are mapped and structured as follows: ILOs 1, 2, 3 & 5 assessment includes: 1) Engagement and Feedback assessments: In-class activities: You will undertake ~~seven~~ formative in-class assessments at regular intervals throughout this module. These assessments will include ~~5~~ single-best answer questions (SBAQs) and ~~5~~ very short answer questions (VSAQs) ~~and will last **12.5 minutes (1.2 min x 5 + 1.2 min x 5)**~~. Results will be transferred into your portfolio. Out-of-class-activities: Shortly before or after the in-class activities described above, you will undertake seven formative out-of-class assessments. These assessments will consist of 1 short answer question which will be completed within **7 days**, and self marked as pass/fail (with 50% being the pass mark) following release of the model answer. Academic tutor meetings: After four formative assessment points you will meet with your academic tutor to discuss your progress. 2) Summative assessments: Examination: This assessment will comprise **75% of the module mark** . This assessment will include SBAQs, VSAQs and SAQs in a timed exam. The pass mark will be set according to the importance of the information and the difficulty of the questions (EBEL method). Results will be transferred into your portfolio. Anatomy spot-test: This assessment will comprise **25% of the module mark**. You will be assessed on your knowledge and understanding of anatomy and pathology. This assessment may include a combination of cadaveric specimens, models, photographs and imaging modalities. This assessment will be a timed exam. The pass mark will be set according to the importance of the information and the difficulty of the questions (EBEL method).
Feedback	Feedback on formal formative assessment is normally provided within two working weeks. Feedback on non-assessed work may involve immediate verbal feedback on learning activities, and peer and self-assessment. Rapid feedback may be facilitated through discussion during small group and one-to-one tutorials.
Reading list	TBC

Quality assurance

Date of first approval	
Date of last revision	
Date of this approval	
Module leader	Andrew Childs

Office use only

QA Lead	
Department staff	
Date of collection	
Date exported	
Date imported	

Notes/ comments	

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