

# 01<sup>.9</sup>

OCTOBER 2005



## Issues and news on learning and teaching in medicine, dentistry and veterinary medicine

### IN THIS ISSUE:

Interprofessional learning and  
reusable learning objects

ePortfolios and  
confidence based marking

Veterinary medicine  
miniproject reports



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## Welcome!

Welcome to the ninth edition of 01, the newsletter of the Subject Centre for Medicine, Dentistry and Veterinary Medicine. This issue emphasises veterinary education in support of the BMJ and Veterinary Record 'themed issue' in November (Alder M. and Easton G. (2005). Human and veterinary medicine, BMJ, 330:858-859).

We are pleased to confirm that the Academy has extended the Subject Centre's contract beyond December 2005, so we will soon be back to business as usual. We look forward to welcoming you to the ACETS Symposium and Breaking Boundaries 2005 in Edinburgh.

In this issue look out for the RCVS Trust funding (p21), our Excellence in Learning and Teaching Competition (win free conference registration, p15) and a bumper crop of articles from the medical, dental and veterinary communities. We are now soliciting articles for issue ten and would love to hear about your experiences, especially from students, please see our editorial guidelines at [www.medev.ac.uk/newsletter/guidelines](http://www.medev.ac.uk/newsletter/guidelines) for more information. As always, we welcome your feedback.

Megan Quentin-Baxter



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# CETL focus: Interprofessional learning across the public sector (IPPS)

Debra Humphris, Professor of Health Care Development and CETL Director,  
University of Southampton

The Centre for Excellence in Teaching and Learning awarded to the University of Southampton by HEFCE is a firm recognition of the University's leading engagement in interprofessional learning across the public sector (IPPS). It is a partnership bringing together the Schools already engaged in the New Generation Project (Medicine, Nursing & Midwifery, Health Professions, Social Work and Audiology) with the School of Education and local public service employers. The home of the CETL is within the Health Care Innovation Unit.

The CETL:IPPS will develop and provide a range of exciting interprofessional learning opportunities to bring together the intellectual synergies in public sector professional education. The CETL will focus on working with practitioners in two areas, the provision of services for children and families services and for individuals with long term conditions.

The national policy of integrating education, health and social care services for children is being reflected with the creation of Children's Services Directorates in all local authorities which will replace the traditional separation of local education authorities and social work provision.

Managing this change and its implications for schools and social services is an overarching priority for local authorities and schools over the next 5 to 10 years. The CETL:IPPS will provide a national centre for developing new approaches to the training of professionals in health,

education and social work to work in the new interprofessional, coordinated services: and for further developing the research profile that the University has in these fields.

Professor Nick Foskett, Head of the School of Education, welcomed the partnership for the development of the CETL:IPPS between the School of Education and the Schools already engaged in interprofessional learning:

**“Interprofessional working – involving teachers, health professionals and social work colleagues – is a key part of the future of all our schools and all work with children and young people. This Centre will enable the University to provide a national centre of expertise to support that future development.”**

Underpinning the work of the CETL:IPPS will be a strategy for pedagogic research, evaluation and scholarship aimed at informing future practice and the development of evidence based policy. The CETL represents the logical extension of

the 'leading edge' interprofessional developments within the University of Southampton and complements the development of interprofessional practice based learning opportunities for undergraduate students. As we see greater integration of public services in these areas of practice so the experience for both post-qualified and undergraduate students needs to reflect that reality.

For more information please contact  
d.humphris@soton.ac.uk

## Planned activities

- 1 Embed the recognition and reward of excellence in interprofessional teaching, learning and scholarship within the institution
- 2 Enhance the environment to support of staff to deliver excellence in interprofessional teaching and learning
- 3 Create and deliver interprofessional Continuing Professional Development (CPD) experiences for post-qualified students from across health, social care and education to promote and encourage collaborative working in public sector practice
- 4 Work in partnership with employers and regulators to develop curricular and learning experiences responsive to the needs of the workplace
- 5 Develop systematic evaluation and research activity to underpin and inform educational developments in interprofessional learning
- 6 Work actively to share and disseminate our learning within and beyond the institution

# CETL focus: Reusable

Dawn Leeder, University of Cambridge;  
Dr John Cook, London Metropolitan University;  
Dr Heather Wharrad, University of Nottingham

The collaborative CETL in Reusable Learning Objects (RLOs) is a joint venture led by London Metropolitan University and in partnership with the Universities of Cambridge and Nottingham.

The driving vision is improvement in the student learning experience and achievement by building on and extending the collaborative development, use and integration of high quality RLOs.

Uniquely, it includes a bold, creative and comprehensive staff reward programme designed to harness and share existing expertise throughout the community.

## What are RLOs?

There are many definitions of reusable learning objects, but the CETL defines them as web-based interactive chunks of e-learning designed to explain a stand-alone learning objective.

The fact that the learning object has been broken down to a low level of granularity facilitates its reuse in different learning and teaching situations.

The appropriate level of granularity becomes evident in the process of creating and developing an RLO concept and by focusing on the pedagogical effectiveness, many other technical issues also become less constraining.

The debate about what constitutes RLOs is ongoing, and the objects themselves are evolving as more practitioners engage with the challenges of producing and embedding e-learning into their teaching and learning practice.

London Metropolitan University has an outstanding track record in educational software development. Cambridge and Nottingham have extensive experience in practitioner



Figure 1. Small group work 'unlocking content'.

development and support in the making of learning objects, and have run "unlocking content" workshops to international acclaim. The CETL proposes a bold programme that will combine the strengths of the partners for the benefit of all.

## The Wolfson Reward Programme

Central to the CETL's mission is the highly ambitious staff development scheme known as the Wolfson Reward Programme.

This is an intensive residential programme where expert teachers, e-learning developers and students all come together to Wolfson College and other venues in Cambridge for a calendar of activities and events that will harness the expertise and knowledge of excellent teachers.

This expertise will be engaged to develop high quality learning objects that can be shared and reused by the partners, and ultimately throughout higher education.

A total of 25 participants per year, to be drawn from the partner universities, will be invited to participate in the programme. The subject experts will be selected for their teaching excellence (as evidenced by their students and others) and their commitment to an intensive and ongoing programme of self and RLO development.

# learning objects

A proportion of participants will be skilled multimedia developers, selected to support the subject experts, develop and deliver the RLOs and update their own skills and knowledge.

A key requirement of the programme is that it fits with both teaching timetables and planned RLO production and delivery timeframes to ensure the fullest level of engagement of all participants, and to maximise impact of RLOs in teaching and learning practice.

There is a strong residential component to the scheme to reinforce the community and help to make it sustainable in the longer term. The programme is offered free of charge to invited participants. They will have full board during residentials and receive a travel allowance.

The screenshot shows a web browser window with the address bar displaying [http://www.nottingham.ac.uk/nursing/sonet/hsoc/bsproc/plasma\\_proteins7.html](http://www.nottingham.ac.uk/nursing/sonet/hsoc/bsproc/plasma_proteins7.html). The page header identifies the institution as 'The University of Nottingham' and the department as 'School of Nursing and Academic Division of MI'. The main heading is 'RLO: Plasma Proteins and Drug Distribution'. A navigation bar contains several tabs: 'Introduction', 'Plasma Proteins', 'Types', 'Drugs', 'Protein Binding', 'Protein Binding 2', 'Protein Binding 3', 'Activity', and 'Resources'. The 'Activity' tab is selected. The content area contains a question: 'What is the effect of protein binding on drug action? (cont)'. Below the question is a diagram of a red protein molecule with two green drug molecules (Warfarin and Aspirin) bound to it. The diagram is labeled 'Warfarin' and 'Aspirin'.

Figure 2. Screen shot of a plasma proteins and drug distribution RLO

## Evaluation and monitoring

A common evaluation framework is planned to ensure comprehensive, consistent and comparable evaluation data across the partners. This will build on the extensive experience the partners already have in evaluating RLO use with students. The evaluation framework will include:

- Gathering information on the students' responses to the new developments – through observation, questionnaires, and interviews
- Extensive logging and monitoring of the use of the online resources
- Assessment of the impact on success/fail rates, or other measures of improvement, in the modules concerned

Evaluation feedback will be supplied as soon as it becomes available, presented in monthly reports and electronically distributed to all staff involved.

In order to provide formative feedback that may influence the ongoing development of new RLOs and improved techniques for their use a final report for each phase will also be prepared and this will provide the basis for journal, conference and invited papers reporting the progress of the CETLs work. In this way, evaluation can be linked very closely with dissemination activities.

## Global use and the metrics of reuse

A key measure of reusability is the uptake and use of RLOs across a wider range of subjects than those for which they were originally created.

## FREE Rat Dissection/Anatomy Resource



Over 2,000 still, high quality video frames and over 500 short dissection sequences. The rat (either male or female) can be viewed from two angles (above and side) and a full dissection is illustrated, including: examination of the external features; dissection and study of the abdominal structures (gastrointestinal, urinary and reproductive systems) and structures in the thoracic cavity and neck region; and exposure, removal and examination of the brain. 300 (unlabelled) histology images showing up to 4x magnification of cellular detail are included along with some diagrams.

More info: <http://www.medev.ac.uk/resources/features/rats/>



Figure 3. Residential Wolfson Reward Programme participants

By producing RLOs for local use with a specific need in mind, effective teaching and learning can (and should) take place, but if they are also conceived with a view that they should be appropriate for a wider audience, effective global use can be achieved.

These principles will be implicit in the distributed production lifecycle, explicit in the workshops and seminars and well-understood by Reward Programme participants.

In each annual cycle, a set of RLOs will be used by the whole collaboration and monitored and their use evaluated by the CETL evaluator. The information gathered will be fed back into the iterative development and improvement of these RLOs.

In the second year of CETL activity, a new generation of adaptable learning objects are planned and these will be readily customisable by local tutors for local use.

The knowledge gained from the global use of these RLOs will inform later cycles of the Reward Programme as it too evolves to become a driver for excellence.

For more information please contact [dcl125@cam.ac.uk](mailto:dcl125@cam.ac.uk)

## The CETL will:

- Implement a structured framework for producing a critical mass of quality-assured RLOs
- Share and evaluate these RLOs with over 2000 students per year across the three institutions
- Invest substantially in rewarding and extending the skills and capabilities of staff as a key part of the RLO production process
- Engage in a vigorous programme of dissemination, and build value-added partnerships for the exchange of RLOs

## E-moderating for Healthcare Educators – Gilly Salmon

A customised one month on-line course from Atimod, hosted and subsidised by the Subject Centre. Cost of £320 per delegate. 6th February - 5th March 2006.

[www.medev.ac.uk/show\\_workshop\\_page\\_public?entry\\_id=27](http://www.medev.ac.uk/show_workshop_page_public?entry_id=27)



## Mini project: Development of a web based format as a vehicle for debating provocative issues in medical education

Trudie Roberts, Professor of Medical Education, University of Leeds  
Dr Katharine Boursicot, Senior Lecturer in Medical Education,  
Queen Mary University of London



As part of a previous Subject Centre funded project on disabilities, we were introduced to the idea of *limited licensure*. This is the concept that disabled individuals are admitted to medical school but when they qualify will only be able to work in certain areas of medicine, depending upon the nature and degree of their disability. So, for instance, someone with poor fine hand coordination would not be allowed to do surgery but could do public health.

If one develops this idea then it may be possible to conceive that these individuals need not undertake all aspects of the undergraduate medical course. Further development of this theme leads one to consider that maybe medicine could be “deconstructed”. So if a student knew, on entry to medicine, that they wanted to do child psychiatry then the student would only be required to undertake study in those appropriate areas. Consequently in any one medical school some individuals who were uncertain of their final career choice would do the whole 4/5 year course whilst others would be doing certain “modules” only.

Using this novel approach one might conceive that shortages in patient care could be addressed. To many members of the profession this “deconstruction” of medicine would be an anathema. However, to a hard pressed government trying to meet the demands of a health conscious public it might be viewed as salvation.

The profession needs to openly debate this (and other areas) in a professional and transparent way or they may find themselves being reactive to

government proposals rather than proactive to patients’ needs. Consequently issues like this need to be the subject of an inclusive debate amongst the rank and file of doctors as well as the great and the good. These areas are not often aired and when they are, the common format is a one day meeting in a distant large city. The individuals at the meeting tend to be enthusiasts with time to attend. Meetings like this are expensive, a one day meeting in London can cost £300 when rail and registration costs are added together.

As part of this project we proposed that we could provide a web based platform to facilitate debate on “deconstructing medicine”. This would take the form of video/audio presentations from representatives of bodies such as the General Medical Council, British Medical Association, Council of the Heads of Medical Schools and the Department of Health. Members of the profession and even possibly the public, will be able to access these comments and then subsequently to post their views and opinions on the website. However it is

important that this does not become a free for all and consequently the rules for engagement will need to be carefully drawn up. It is planned that the website will be kept live for approximately three months after the start of the debate so that arguments are able to be developed. After that time the debate will be closed and a summary posted on the website for interest. The use of a number of experienced moderators is essential to facilitate this process.

### Proposed outcomes

The debate will hopefully provoke innovative and creative thinking with respect to the future of medical education in a changing and challenging NHS, while the experience gained from setting up this e-debating system could be used by others for similar discussions.

### Progress so far

We have enlisted the support of an e-communications expert – Gilly Salmon, author of numerous books on e-learning (such as “E-moderating: the key to teaching and learning online”) and director of ‘All Things in Moderation’ a web-based school of e-learning (see advertisement, page six).

Three individuals have been trained in ‘e-debating for democracy’ and gained certification in this area. We have discussed the idea with key/influential medical organizations and individuals and had favourable responses. We are in negotiation with an influential international medical journal about hosting the website and are awaiting the outcome.

### Where next?

We need to confirm the website host and then approach individuals to start the debate by agreeing to take part in a filmed interview. The interviews will then be streamed on the website and the debate open to include different medical groups. If you are interested in help or participating in the debate contact either [t.e.roberts@leeds.ac.uk](mailto:t.e.roberts@leeds.ac.uk) or [k.a.m.boursicot@qmul.ac.uk](mailto:k.a.m.boursicot@qmul.ac.uk)

## Mini project update:

# Bovine rectal palpation simulator

Sarah Baillie and Dr Dominic Mellor, University of Glasgow

**A virtual reality based teaching tool has been developed to train veterinary students to perform bovine rectal palpation, a procedure used as part of a clinical examination, to assess fertility and to diagnose pregnancy. The real procedure is unsighted, both for the student and the teacher, which makes learning and providing effective guidance difficult.**

The opportunities to learn while examining cows are increasingly limited as student numbers have increased in recent years and welfare guidelines rightly limit the numbers of examinations allowed per cow.

The simulator has been developed as a potential supplement to existing training methods and uses a haptic (touch feedback) device, the PHANTOM from SensAble Technologies. The device has been placed inside a fibreglass model of the rear half of a cow to increase the realism of the learning environment.

During simulator training, the student palpates virtual models that feel like the bovine reproductive tract while the teacher follows the student's progress inside the cow on the computer screen and provides instruction (Figure 1).

Teaching with the simulator was introduced into the 4th year curriculum at the Faculty of Veterinary Medicine, University of Glasgow during the 2003/2004 academic year and students were offered two training sessions.

### First training session

All students were timetabled for an initial session at the beginning of the year. During training each student was instructed in the procedures of bovine rectal palpation and pregnancy diagnosis.

The training placed particular emphasis on finding the uterus in different locations and identifying anatomical structures (including the cervix, uterus and pelvic landmarks) on the basis on their shape, feel and position relative to other structures.

After the session, students were asked to complete a first questionnaire to provide background information about their previous experience and to comment on the training. A second questionnaire, distributed after students had completed the next farm animal Extramural Studies (EMS), was used to gather further feedback.

### Results and feedback

Ninety-four students (97% of the year) attended the first training session. Sixty-nine of the first and 49 of the second (after EMS) questionnaires were returned. The feedback immediately after the first training session showed that the students had a wide range of existing experience and that they considered simulator training to be helpful for learning bovine rectal palpation.

Specifically, the training was considered to have been useful for learning to orientate in three-dimensional space, to develop a search strategy and had increased the knowledge of the feel of key structures.

The guidance, which the teacher was able to provide during simulator training, was rated as being particularly helpful. The additional feedback, after examining cows during EMS, indicated that the majority of students had found that the training had improved their ability to find and identify the uterus.

This is an important initial skill, which must be mastered before students can progress on to perform a full fertility examination or diagnose pregnancy. However, with regard to examining ovaries there had been little or no effect.

Students who had never examined a cow prior to the simulator training reported having difficulties dealing with the differences between the virtual environment and some physical aspects of the real cow.

**Figure 1** - a training session. The student palpates the virtual models of the bovine reproductive tract, interacting with the PHANTOM haptic device inside the fibreglass model cow, while the teacher follows the movements inside the cow on the screen and provides guidance (image used with permission).



## Second session

A second training session was designed using information collected from the questionnaires and a focus group discussion with students, conducted to determine their ongoing learning requirements.

Additional simulations were then created and new training protocols developed, including new approaches to teaching ovary palpation and guidelines relating to the difference between the simulator and the real cow.

The second training sessions were offered to students during free periods towards the end of the academic year. These sessions were adapted to each individual student's learning needs. The training included 'on farm' scenarios, where students were presented with a series of virtual cows, representative of a typical routine fertility visit.

The teacher acted as the farmer while the student palpated the simulation, took a history, made a diagnosis and

then recommended a course of action or treatment. The scenarios included some cases that are particularly challenging for new graduates. In the simulated environment there are no consequences of the student's action and, if a mistake was made, a better way of dealing with the situation was then discussed. After training, students were asked to complete a third questionnaire.

## Results and feedback

Fifty-four students attended the second session and 43 questionnaires were returned. The feedback indicated that this training had been more helpful for learning to find ovaries. The students also considered that the 'on farm' scenarios were a particularly beneficial way of learning. The majority of students reported that both the first and second training sessions had increased their confidence to perform bovine rectal palpation but with a lesser effect for diagnosing pregnancy.

## Conclusions

In conclusion, the trial integration into the 4th year curriculum was well received by students and the feedback gathered was helpful for improving the teaching tool design.

The teacher was able to have an effective input into the students' learning process, using the simulator to train students to develop a range of skills.

For the student, the simulator provided an accessible and adaptable learning environment and a useful complement to traditional training methods.

The simulator was being used again during the following academic year and, as a result of the findings during the trial integration, the sessions were being customised according to each student's experience and learning needs.

For more information please contact [sarah@dcs.gla.ac.uk](mailto:sarah@dcs.gla.ac.uk) or [d.mellor@vet.gla.ac.uk](mailto:d.mellor@vet.gla.ac.uk)

# Project focus: EPICS

**Lawrence Taylor**, Project Manager,  
Northumbria University

**EPICS is the North east regional collaboration around e-portfolio progression pathways with illustrative studies. One reviewer of the bid commented, "This stuff is all hard, I hope that they are ready for it." The project manager explains what the challenges are.**

The EPICS project is a collaboration of educational sectors (within and between FE/HE) throughout the North East of England (NE) who propose a scalable and sustainable regional pilot project in personal development planning (PDP) and e-portfolios to support learners at all levels of post-16 education.

By investigating and analysing currently used systems in each partners sites, we intend to develop, test and evaluate a practical approach, building on existing tools and good practice, to implement a region-wide infrastructure for the easy transfer of progress file, e-portfolio and personal development planning (PDP) information across a range of institutions in the North East.

Outcomes include a region-wide agreed technical exchange framework

with a handbook of good practice with illustrative case studies.

Regional and national dissemination workshops will be organised in which the findings, developments and documentation will be disseminated.

## Why?

We are doing this project because we feel that there is still considerable effort required in order to enable institutions to efficiently and effectively roll out good practice across subject areas. Additionally, there are few standards or legal, political and social structures, to support the transition from school to FE to HE, into the work place and Continued Personal Development.

## Project aim

The main aim is to collaborate with representative NE educational sectors, to extend the regional partnership through active engagement and dissemination of illustrative case studies, also to learn from parallel activities elsewhere.

## Project management

The EPICS project is being managed by a dedicated project manager. The project is being managed using the most appropriate elements from PRINCE 2 (tailored) and of course the requirements from the JISC project management guidelines.

Taking the best elements of the PRINCE 2 methodology and the

## Objectives

- Establish a regional collaboration pilot project pledged to deliver a critical level of uptake of connected services
- Identify the conditions necessary to create a framework within which a single e-portfolio PDP, directly linked to the individual learner, can be followed through their full lifecycle from the final secondary school years to A level and FE, through foundation courses and degrees to graduating from HE and on into the workplace, providing a seamless experience to the individual learner
- Develop a suitable technical and pedagogic framework to deliver the transfer of learner e-portfolio information between a range of educational institutions, using web based interfaces to enable access from learners' homes, educational establishments and the workplace
- Implement an agreed base-level technical schema to test the portability of learner e-portfolios
- Examine the regional, legal, political and cultural issues which need to be addressed in order to offer a full progression pathway
- Evaluate the integrated use of PDP tools to support widening participation and lifelong learning, by developing five model case studies to illustrate how local, regional and national systems will work together to provide access across educational institutions to learner portfolio information
- Utilise Shibboleth technologies to control authorisation and authentication to learner record information, and investigate the opportunities for attribute data to enhance Shibboleth flexibility
- Disseminate the practical outputs of the project to other regional partnerships and JISC via the website, documentation and events

requirements identified in the terms and conditions supplied by JISC, provides the project with the tools and the ability to manage the project and project risks more effectively.

It specifically encourages the formal recognition of roles and responsibilities within the project which will focus the project team members on what the project needs to deliver, why, when, for whom and within the budgets laid down, and to the agreed level of quality control and quality assurance.

## Work packages

By close collaboration with all of the partners, the project team is developing specific work package specifications. These work packages have been compiled to form the project work breakdown structure and this has been divided into four stages in which the work packages, associated tasks, resources and timescale allocation will be defined in detail. This provides the project team members with sufficient time to learn as we go and build on the skills and experiences being learnt throughout the project lifecycle.

Using this methodology provides the necessary project controls allowing continued refinement of the project plan and the day to day controls with

an agreed process of change management to ensure a smooth development, implementation and deployment.

## Advisory board

The Advisory Board is comprised of representatives from the major stakeholder groups. A project team, comprising of senior staff from the respective institutions has been established to oversee the day to day development and implementation of the project.

All project documentation including the work packages will be validated by the project partners and refined in the light of their experiences.

All risks and issues encountered will be resolved before progressing to the next dependency work package and or stage.

## Implications

This project is important to all educational institutions as it will combine various and developing technologies that will support regional collaboration of NE higher and further education institutions to enable them to implement the project outcomes and to disseminate the results.

## Stakeholders

The stakeholders will benefit from this project as the collaboration develops new working practices, procedures and processes.

## Evaluation

The evaluation is integral to engendering ownership amongst the JISC community, to gather formative and summative feedback on the project as it develops and inform all via the dissemination strategy.

The proposed work should help to maximise the pedagogic advantages of devolving the responsibility for learning to subject specialists, and the quality assurance, administrative and economic advantages of implementing institution or region-wide solutions.

At the end of the project the partners will have used the JISC pump-priming process to implement change and the seamless environment necessary to support regional e-portfolio progression pathways. New working practices, procedures and processes will be embedded. Permanently changed working practice will ensure that long term sustainability is maintained at each partner site.

For more information please contact [lawrence.taylor@northumbria.ac.uk](mailto:lawrence.taylor@northumbria.ac.uk)

## Association of Veterinary Teachers and Research Work (AVTRW) Annual Conference Scarborough, 10-12 April 2006

Each year the Association promotes developments in learning and teaching at the veterinary schools and associated organisations at its annual conference.

This year the teaching and learning sessions will be on Monday afternoon (10th April), and Tuesday (11th April) a series of individual papers will be presented, looking at various aspects of veterinary education within the UK from a European perspective.

Teachers, students, practitioners and other employers of veterinary graduates are invited to attend.

See [www.avtrw.org](http://www.avtrw.org) for more information

# Workshop report: Quality in written assessment

Andrea Owen, Project Manager, UMAP and UKCDR, University of Manchester

The Universities Medical Assessment Partnership (UMAP) has existed since January 2003 and is a collaborative response to the need to share effort and raise standards in assessments in undergraduate medicine. The current partnership includes Leeds, Liverpool, Manchester, Newcastle and Sheffield.

A further ten partners are to join UMAP over the next 12 months. Here Andrea Owen reports on a workshop funded by the subject centre that was part of the UMAP project's suite of question writing workshops – *Writing questions for the UMAP bank: The value of professional variety.*

## Let's not reinvent the wheel

The UMAP partnership came about after a group of schools decided that in working together it was perfectly possible not only to improve quality, but also to put an end to schools working individually to produce what might be very similar questions. Collaboration would mean that partner schools could pool co-written assessment items, providing access to a greater number of items whilst avoiding reinventing the wheel.

## Formula for question writing

There was much planning at the beginning of the project to ensure that UMAP made an effective choice on a formula for question construction. The greatest volumes of evidence on item writing practice are available from the National Board of Medical Examiners (NBME) in the United States. The NBME has a longstanding written assessment framework through which an incredible amount of data has been

generated. Because of the proven success of the NBME style of multiple choice (MCQ) and extended matching items (EMQ), UMAP chose to concentrate on these formats. The NBME's method of question writing was therefore of immediate interest and the formula developed by Susan Case and David Swanson has been adapted and implemented across the UMAP programme of question writing workshops.

## Question construction

The workshop is where everything begins. Participants are asked to consider a series of 'best practice' guidelines before looking within their own areas of expertise to draw on potential topics that could be translated into scenario based MCQs or EMQs. Sessions are designed so that different subject representatives are thrown together. Participants are encouraged to discuss and define scenarios that mingle topic areas. Where appropriate, pairings are encouraged where subjects offer natural crossover. We particularly invite e.g. biological scientists and

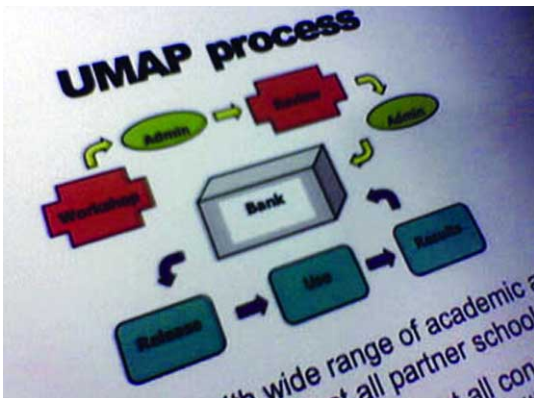
surgeons to compare notes, and similarly for psychologists to work with palliative care specialists, nurses to work with general practitioners, ethicists to work with genetic specialists.... The list of complementary pairings continues to grow.

## Quality assurance

The workshops are the main source of new questions for the bank, and it is here that the quality assurance process begins. Session participants are given question writing templates to guide their writing and to help their opposite pair to consider the final product. In the final segment of the workshop, members are asked to dissolve their original pairings and to seek out a contrasting partnership as per our preferred method for reaching agreement over common, core knowledge. Pairs then compare notes on each others questions, considering certain key elements relating to structure and content. Notes are made, feedback to authors is delivered and updates are applied. If consensus on content or correct answer is unobtainable, the question is queried.

## Review teams

UMAP were very keen to set up a structure which would develop on the quality assurance process commenced at workshops. Central committees, tiered decision making meetings and review by email were some of the methods trialled and rejected. After continued consultation with our project consultants Cees van der Vleuten and Lambert Schuwirth, a localised review team structure was chosen. The networked team approach has been very successful in large part because of the access



afforded to a varied selection of subject specialists. Each partner medical school runs two teams of four reviewers, each team consisting of a range of subject representatives, from pathology to paediatrics, ethics to epidemiology. In addition, this system ensures that questions written at one school can be reviewed, blind, by another. This avoids the 'not invented here' problem, which has been highlighted elsewhere for having discriminating effects.

**UMAP would like to thank all the contributors to these workshops**

## The best questions

The UMAP team collect a variety of data which helps develop our practices. We are able to look at results data and decide what this shows about the quality of our questions and whether revisions are required.

We are also able to e.g. determine topic areas which are most vulnerable to our low attrition rate, and e.g. which questions perform best with which student cohorts. However, the greatest level of interest is generated by which authors write the best questions.

Within our analysis of the data returned to us after an exam has run we look at how well a question has performed. That is to say, has the top group of students outperformed the bottom group of students. Should the bottom group of students outperform the top group, this highlights a potential problem with the question.

With this information we are able to provide feedback to authors each time a question has been included in an exam.

Authors are often keen to know how well their question has performed

## Best authors

### MCQ – Best authors

1st place: Histopathologist

2nd place: Breast Surgeon

3rd place: Psychiatrist

### EMQ – Best authors

1st place: Histopathologist

2nd place: General Physician

3rd place: Elderly Care Physician

alongside others and so we offer them a place ranking. In addition, the central UMAP office updates its master list of item performance which details the best authors overall. This years results make for interesting reading.

UMAP have recently been funded by the JISC to investigate digital repositories for better sharing assessment items.

To become a UMAP author and to contribute to a national assessment bank, contact [umap@fs1.with.man.ac.uk](mailto:umap@fs1.with.man.ac.uk), or see [www.umap.man.ac.uk](http://www.umap.man.ac.uk)

## All Together Better Health III Challenges in Interprofessional Education & Practice

10-12 April 2006: Imperial College London

**UK International Association for Interprofessional Education & Collaborative Practice**

**Keynote speaker: Linda Headrick MD,  
MS University of Missouri-Columbia, School of Medicine**

The third international All Together Better Health conference will be your chance to build upon the foundations laid for interprofessional education and practice. This will be your opportunity to engage with patients, clients, service users, carers, students, practitioners, teachers, service managers, policy makers and researchers between continents and countries to explore the challenges facing us all. The programme will explore these challenges through posters, presented papers, workshops and self-help sessions. Every effort will be made to stimulate friendly, informal and interactive exchange to build lasting and mutually supportive relationships.

For further information and to register: [www.tandfevents.com/alltogetherbetterhealth3](http://www.tandfevents.com/alltogetherbetterhealth3)  
email: [kirsty.wedderspoon@tfinforma.com](mailto:kirsty.wedderspoon@tfinforma.com)

# Workshop report: **An approach to student-centred learning and debriefing**

John Sweet, Cardiff University



**Fifteen participants from medical dental and veterinary sectors attended this workshop held in London. Attendees came from all over the UK and Ireland.**

**Without exception they were enthusiastic about helping student learning, and keen to discover new methods they could use in the varied fields they were engaged in and they were also interested in some of the theories that underpin those methods.**

The workshop worked from teaching materials in a short handbook available as a pdf file at [www.medev.ac.uk/resources/meetings/workshops/student\\_debriefing](http://www.medev.ac.uk/resources/meetings/workshops/student_debriefing)

## Getting airborne

“Getting airborne,” included the practical use of the usual ice breakers to help the usually self-conscious group members relax a little into their new found group, but also the use of ice makers; devices to calm down the rowdy group, in an attempt to make it work a little more reflectively.

What has this period in your life been like for you? Get comfortable – breathe slowly – rest your eyes and see if there is an image which would sum up this time.

Or maybe there is a simile - this period is like...

Another good starting point can also be the use of pair work, but to gain greater depth of reflection the group moved on to the use of active triads – mini action-learning sets. This is where one member becomes the centre of learning, i.e. the issue holder.

Using action-learning principles this person takes the “air time” and is questioned by the other two members of the triad – who keep to asking relevant questions and try not

to advise or bring their own issues into discussion. Odd numbers were made up by those who acted solely as observers. They contribute by giving their attention and have an opportunity to make comments after the session.

## Getting going

The second part “getting going” involved using methods to encourage collaborative working. One method continually advocated in the literature to achieve this is the Jigsaw. A project, say that of reviewing an academic paper, is divided up into segments and these are in turn allocated to pairs in the group who alone have an opportunity to study this material.

Later, when the full group meets the pairs can present what they think are the main features they have learnt from the paper – this can all be done in a relaxed and informal way. The essence behind the successful group working is that of ‘positive interdependence’ – each pair in the group has to rely on every other membership pair to enable their learning.

After they have all presented their section they can draw the ideas together in a plenary discussion. It is like an individual reading a paper critically, but without the effort and far more interesting! Later feedback from the participants indicated that despite the quality of the paper chosen to review, this method was one of the most useful picked up during the day.

## Peel off activities

During lunch break the participants were invited to try out various peel off activities in small groups at different activity stations, and a pair of students were allocated ‘student facilitators’ to take charge of the learning activities.

One station consisted of a display of the ‘post-its’ participants has filled in at the start of the workshop under two themes:

- 1) What would make this workshop successful for you
- 2) What would make this workshop less than satisfactory

They were asked to reflect on the above comments and consider how the events of the morning and the participants’ reactions to the workshop have panned out; what themes have engaged with participant’s expectations

of success and what objects of foreboding have materialised! This kind of mid-way review allows the facilitator to make a calculated change of plan.

They were asked to: 'Consider the programme for the afternoon session. Will this fit the needs of the participants or is there a need for a creative turn to match their individual needs more closely?' This activity rated highly on the feedback that participants gave as a useful method to keep student focused.

Another station consisted of small group reading of an article or interpretation of education theory or models. The 'student facilitators' were given a video camcorder to record the lunchtime activities for later debriefing in plenary. They threw themselves into this task with much enthusiasm and energy and created a very buoyant mood for learning for the whole group.

### Individual focus within the group

The least successful session after lunch entailed "individual focus within the group" methods such as journaling were discussed where individual activity could be encouraged whilst still remaining with a group.

The problem was not so much of the topic itself, but acting against his own advice to keep things experiential, the facilitator kept talking about the method without leaving time enough for the participants to experiment with it. Also, this calming reflective topic would have followed the triad action learning sets much better.

### Coming down

The workshop was brought to a close "coming down to earth" with the vitally important issues of debriefing and in gaining consensus views. This is where the video clips came in and the parallel point made about clinical teaching.

Often learning takes place at stations where only sub groups of students can experience some important aspects. Video recording of activities from each station allows other students to experience the learning of others, to share and criticize their interpretations and question their assumptions and draw together consensus views. Group appraisal of workshop was generally favourable although some participants, not surprisingly, had specific needs that were not addressed. The most interesting and useful aspects of the day reported were the taking part – learning from the experiences of others as well as the range of small group teaching methods.

As a facilitator it was an exciting day as I had packed so many tried and tested methods, and ideas, but into a new overall day-workshop format with unknown participants. I am continually and pleasantly surprised how well the jigsaw method engages people so well, how 'students' rise to the occasion brilliantly if given permission to lead and finally how good video is as a medium to engage a cohesive group in debriefing.

For more information please contact [sweetj@cardiff.ac.uk](mailto:sweetj@cardiff.ac.uk)

## Rewarding excellence in learning and teaching 2005/6 Win FREE registration at educational conferences! Staff and students

AMEE, 14-18 September 2006, Genoa, Italy: [www.amee.org/](http://www.amee.org/)

ASME, 6-8 September 2006, Aberdeen, UK: [www.asme.org.uk/conf\\_courses/2006/asm.htm](http://www.asme.org.uk/conf_courses/2006/asm.htm)

ADEE, August 30-2 September 2006, Cracow, Poland: [adee.dental.tcd.ie/conferences/2006/first\\_announcement.pdf](http://adee.dental.tcd.ie/conferences/2006/first_announcement.pdf)

AVTRW, 10-12 April 2006, Royal Hotel, Scarborough: [avtrw.mri.sari.ac.uk/](http://avtrw.mri.sari.ac.uk/)

JASME, 6-8 September 2006, Aberdeen, UK

The Subject Centre has secured places at these prestigious events, as prizes for rewarding excellence in learning and teaching. Winners will receive financial support towards attending one of these major conferences, which offer exciting opportunities to hear more on current educational topics through a programme of seminars, lectures, workshops, interactive discussions and poster sessions. They also offer a forum for debate and the exchange of information via excellent national and international networking opportunities.

For more information visit: [www.medev.ac.uk/resources/competitions](http://www.medev.ac.uk/resources/competitions)

# Mini project update: BEME systematic review – effectiveness of self-assessment in clinical education

Susan Hrisos, Research Associate, University of Newcastle, and  
Dr Brian McKinstry, CSO Career Fellow and Senior Researcher University of Edinburgh

**Self-assessment is being increasingly relied upon as a formative tool both in undergraduate and postgraduate clinical education. Yet it is a skill that is seldom tested and is rarely taught.**

The ability to accurately self-assess our own learning needs is fundamental to self-directed lifelong learning and continued professional competence. Though the cornerstone of most appraisal systems and a frequently used means of evaluating learning interventions, the impact of self-assessment on learning behaviour or clinical practice is not clearly understood. This is despite a review of self-assessment concluding that self-assessment skills remain underdeveloped during health professions training<sup>1</sup>.

## Validity

In reviewing the validity of self-assessment Gordon<sup>1</sup> found that only 13 out of over 1000 articles focusing on self-assessment had explored methods to improve this skill. On further review these 13 studies<sup>2</sup> were found to be methodologically weak,

often had small samples in restricted clinical situations or evaluated methods which had been designed or advocated by the authors themselves.

We aim to review the work of Gordon and also to see if this evidence base has changed since 1991. Our Best Evidence Medical Education<sup>3</sup> (BEME) review group has eight members from Edinburgh, Newcastle and Leeds Universities and NHS Education for Scotland.

## Our review team

Brian McKinstry, Jan Illing, Iain Colthart, Alex Haig, Alison Evans, Gellisse Bagnall, Heather Peacock, Helen Allbutt, Rachel Adams and Susan Hrisos.

## Box 2: Review group consensus definition of self-assessment

“a personal evaluation of one’s professional attributes and abilities against perceived norms”

### Review question

What is the evidence that explicit methods used in self-assessment:

- identify learning needs?
- promote change in learner activity?
- promote change in clinical practice?

## Methods

The EPOC register, Medline and CINAHL were searched using a standard search strategy for studies published from 1991 onwards. To include all significant grey literature, hand-searching was undertaken of conference proceedings, literature held by leading authors in the field and relevant but unreliably indexed journals. Studies meeting the inclusion criteria were retrieved and their abstracts considered for full paper review by pairs of reviewers (Box 1).

Full text versions of included papers will be reviewed by two reviewers with data abstracted into an

## Box 1: Inclusion criteria

- Is the study about self-assessment?
- Is it set in a clinical context?
- Does it meet one of the following:
  - have an evaluation of the self-assessment method?
  - offer important information about attitudes towards/perceptions of self-assessment?
  - is it a comparison study (measuring accuracy of self-assessment against some other assessment)?
  - describe an impact of self-assessment on teachers and/or learners?

electronic, web-based coding sheet designed by the group for the review. Data synthesis will be guided by the nature of the papers included in the review. The revision is expected to be descriptive as we did not anticipate retrieving sufficient data for standard multivariate analyses.

## Progress

With the support of the Subject Centre the review group has met on eight occasions to date. Our early meetings were largely taken up with agreeing the scope of the review, reaching a group consensus on the review definition of self-assessment (Box 2) and ensuring group clarity of the review research question.

We have also spent considerable time in the careful development of a robust coding sheet, which we each have piloted against ten papers and refined as necessary. The search procedure

identified 194 papers and the abstracts of these studies were screened against the inclusion criteria for full paper review. 120 (62%) papers were identified for full text review.

## Dissemination

We expect to complete analysis of the data by winter and aim to produce a full report of the group's findings.

Our aim is to publish the full report on the BEME website followed by further publications in peer reviewed journals. Leading up to publication, the review will be presented at the ASME and AMEE conferences.

## Significance of the review

Self assessment is the cornerstone of current continuous professional development and appraisal programmes. It is essential that the

## References

1. Gordon M.J. (1991). A review of the validity and accuracy of self-assessments in health professions training. *Academic Medicine*: 66; 762-9
2. Gordon M.J. (1992). Self-assessment programs and their implications for health professions training. *Academic Medicine*: 67; 672-675
3. BEME Collaboration  
[www.bemecollaboration.org](http://www.bemecollaboration.org)

tools we use to perform this function are effective. We would hope that the results of this review will inform a wider audience about existing successful methods or tools and to identify research needs in this area.

For more information please contact [susan.hrisos@ncl.ac.uk](mailto:susan.hrisos@ncl.ac.uk) or [brian.mckinstry@ed.ac.uk](mailto:brian.mckinstry@ed.ac.uk)

# Mini project update: Consulting through an interpreter

Dr Catherine Jackson, Course Co-ordinator, Dundee Medical School;  
Olive Smiles, Tayside Interpreting Services



**In Dundee, as elsewhere throughout the UK, there are an increasing number of patients for whom English is not the first language. A workshop was developed to help students in any clinical specialty to acquire the skills necessary for consulting with these patients through an interpreter.**

The GMC document "Tomorrow's Doctors" states that graduates must be able to "communicate effectively with individuals regardless of their social, cultural or ethnic backgrounds." and must be able to "communicate with individuals who cannot speak English, including working with interpreters."

Dundee Medical School currently runs a program of advanced clinical consultation skills in the 4th year of the course, which looks at specific aspects of consulting such as "Breaking Bad News" and "Informed Shared Decision Making."

This program is delivered by a

number of specially trained tutors who are either GPs or SPRs in a wide variety of specialties.

Prior to developing the workshop, the course already contained a consultation skills tutorial designed to look at the difficulties involved, and skills needed when discussing sensitive issues with patients from different cultural backgrounds, however discussion with clinical colleagues confirmed our impression that one of the biggest barriers to a successful consultation in these circumstances was a language barrier. A small project grant from the Subject Centre has allowed us to develop a workshop looking at overcoming language barriers in a consultation with the help of an interpreter.

# Consulting through an interpreter (continued)

## Interpreting services

Interpreting services are widely available as part of local council provision, and our workshop was developed in association with Tayside Interpreting Services who were seeking to improve the use of interpreters within the NHS.

Together with professional interpreters, we looked at previous experiences within the NHS, the difficulties the interpreters had experienced when working with doctors, and difficulties that patients had experienced in consultations that involved the use of interpreters. A pilot workshop was produced which addressed the following issues:

- The ethical issues involved in using untrained interpreters or “unofficial interpreters” such as family members or friends
- Practical issues to consider when consulting through an interpreter e.g. appropriate interpreter, extra time requirements, room layout
- Consulting skills required to ensure an effective consultation
- Cultural differences and help available from interpreters in explaining these e.g. cultural differences in non-verbal communication
- The interpreter as a member of the health care team

## The workshop

The workshop, normally provided to a group of 8-10 learners at a time, takes the form of a simulated

consultation using professional interpreters in the role of patient and interpreter with the learner taking the role of the health professional.

The learners are asked to describe any consultations they may have seen, or been a part of, which involved patients who were not fluent in English. They are asked to generate a list of potential problems that they may already be aware of in this type of consultation and to try and provide solutions.

A simulated consultation is then played out in which the “patient” follows a script designed to take the consultation into several sensitive areas. The learner may stop the consultation at any time to ask for assistance, or the tutor may interrupt the consultation to ask for feedback from the learner, descriptive feedback from the rest of the group, the interpreter and the “patient”. Small elements of the consultation may be replayed several times using different learners taking suggestions from the group as to how the consultation may be made more effective. All members of the group will experience the role of the health professional during the workshop.

At the end of the workshop, the learners generate a summary of knowledge and skills they feel may be useful when consulting through interpreters.

## Dissemination

The workshop has now become a regular feature of the 4th year medical student’s obstetrics and gynaecology course. Staff interest in

the workshop has resulted in several invitations to deliver the workshop at post graduate staff development meetings. Already the increased knowledge of the medical students has had an impact locally as the students have been able to help other health professionals access the service and advise on useful skills for consulting in an unfamiliar way.

The workshop was delivered at the Scottish meeting of the Society for Academic Primary Care, and was attended by Communication Skills tutors from all four Scottish Schools.

Written materials from the workshop are now available on-line and are accessible to all students and staff throughout the medical school, and after an initial period to allow for feedback, will be made available more widely. A video of the workshop is currently being produced both for teaching purposes, and also as part of an on-line summative assessment exercise in consultation skills for students.

Although initially designed to help doctors and medical students consulting through interpreters, the workshop can be readily adapted, by changing the patient’s script, to the learning needs of any group of health care and other workers as the majority of the skills used are generic to many professions. This workshop may therefore be suitable for a much wider audience than was initially anticipated.

For more information contact  
c.jackson@chs.dundee.ac.uk or  
olive.smiles@dundee.gov.uk

## Mini project update: Feline radiographic digital bank

Caroline Boulocher, Mairi Frame and Gill McConnell, University of Edinburgh

**The increased demand by owners and breeders for more specialised diagnostic services in veterinary medicine has led to the daily use of diagnostic imaging techniques.**

Although advanced imaging techniques are now increasingly available, standard radiography remains the most accessible and frequently used modality, being both informative and cost effective for a wide range of clinical conditions.

The ability to interpret radiographs correctly is a skill that must be learnt in order to reduce the risk of misdiagnosis, which carries important implications for prognosis and treatment. However, practice, essential to the development of competency, is currently limited by cost, health and safety considerations.

The increased number of students gives a real place to the e-learning and self teaching programs which are widely used in the undergraduate veterinary medicine. Diagnostic imaging is a specialty which particularly lends itself to e-learning, since the majority of the course information can be transferred to the student using interactive self-teaching programs based on digital images.

This three-month mini-project started in September 2004. It aimed at establishing the basis for a radiographic digital bank of feline radiograph, of radiographic images of normal and abnormal radiographic anatomy.

This bank of images is based on the archive of radiographic films available in the Diagnostic Imaging Service of the Royal (Dick) School of Veterinary Studies.

Initial planning focused on finding the most effective way of selecting radiographs from archive. We selected the feline cases from the small animal imaging data base (i.e. from the 14.06.01 to the 25.08.04) – 516 cats' radiographs reports were found. We looked for the areas commonly radiographed and their associated conventional radiographic views, currently used in handbooks of radiography.

As only a few normal cases are actually recorded in the imaging data base, to make use of this search, cases number and reports were organised and classified depending on the area considered and pathologic findings.

Each of these pathologic cases was associated with a summary of the main imaging findings based on the report that was given to the clinician. Even though this was not initially planned, it was thought to be useful as it will allow a more rapid and efficient research of the pathological cases when it is the digital bank is enhanced with pathologic images.

This bank could provide the groundwork for an extended project, based on clinical cases.

When a case was reported as being within normal range, the radiographs were viewed (a number of the x-rays were missing, since they were digitised only if all the required views were all present and if the quality of the x-ray was good enough).

Thorax, carpus, and cervical spine are still missing as the digital image quality was not judged high enough to be catalogued and used as reference. Catalogued images will have multiple uses, with some integrated in packages aimed at learning radiographic anatomy. It was decided to work on individual images in order to highlight and label the structures, with labels that can be switched on and off, instead of writing descriptions of the normal images.

This was thought to be useful in order to provide the groundwork for an interactive learning program on basic radiographic anatomy. Even if this work was more time consuming and needed more expertise (radiology and graphic software knowledge).

Students just beginning to learn radiographic anatomy will be able to prepare for film reading practicals and make a better use of these sessions, in view of the restricted time allowed for this activity. It is hoped that interactive images will also provide the basis for a more complete interactive radiographic atlas.

Work is in progress on fully labelled images for interactive flash animations with structures highlighted. The abdomen, shoulder, stifle, pelvis and hips, skull and lumbar spine are complete.

The images of this central bank are catalogued as learning objects and shared through CLIVE. In Edinburgh, the repository IntraLibrary is used to allow rapid retrieval of images for incorporation in lectures and constitute a teaching reference archive by the teaching staff. In future we will be aiming at the integration of these images in interactive self-directed learning programs, which will be accessible for veterinary students through VLEs. Pathological images will continue to be collected and the interactivity of the existing images completed.

For more information please contact: [carolineboulocher@yahoo.com](mailto:carolineboulocher@yahoo.com), [mairi.frame@ed.ac.uk](mailto:mairi.frame@ed.ac.uk) or [g.mcconnell@ed.ac.uk](mailto:g.mcconnell@ed.ac.uk)

# MEDINE: a thematic network for medical education

Alison Paton, Project Assistant, MEDINE, University of Bristol

The University of Bristol is coordinating a new European Commission funded project and will be working with 90 medical schools and organisations across Europe to secure educational, institutional and quality issues in European medical education.

## What is Medine?

MEDINE works within the framework of European initiatives, the Bologna Declaration, European Credit Transfer System (ECTS), Diploma Supplement, the Three-cycle system, the Tuning Project, and previous work in Medicine by the European Commission, the Association for Medical Education in Europe, (AMEE) Association of Medical Schools in Europe (AMSE), and the World Federation for Medical Education (WFME).

## Why are we doing it?

Within the European Union there is free mobility of the medical workforce – the Bologna process and other initiatives aim to enhance this, but the obstacle, which is to be overcome, is in the diversity of the curriculum content, learning outcomes and educational approaches across Europe.

## What is a thematic network?

Thematic networks are one of the main innovations of the Socrates-Erasmus programme.

They were created to deal with forward-looking, strategic reflection on the scientific, educational and institutional issues in the main fields of higher education.

## What are we doing?

With the collaboration of medical institutions and organisations from Cadiz to Warsaw - and Turkey to

Iceland, the aim of this Thematic Network is to address through Task Forces five key issues (Box 1).

## Network coordination

The Thematic Network for Medical Education in Europe is chaired and co-ordinated by Professor Gareth Williams, Dean of Medicine and Dentistry at the University of Bristol with assistance from Tim Jones, Director of International Affairs, at Bristol, Semmelweis University, in Budapest, and the University of Edinburgh.

The first point of contact for Medine is the Project Assistant in Bristol, Alison Paton.



MEDINE Executive Board, Budapest March 2005.

## The executive board

The Network is run by an Executive Board, responsible to the annual meeting of all participants in the Network. This Board comprises the Chairman of the Network, a representative of each of Semmelweis and Edinburgh universities, the leaders of the five Task Forces, two students and representatives of the ECTS Medicine Association and the Union of Medical Specialists in Europe. Representation of AMSE, AMEE and WFME is included amongst the leaders of the Task Forces. An annual meeting is hosted in one of the participants' countries, on a rotating basis.

## How is it going?

After the initial kick off conference of the whole network in Brussels in May, Task Forces are launching their initial questionnaires and surveys, and building their partnerships.

The Medine website is live and participants' profiles are being constantly added.

## How will we report?

The Task Forces will disseminate their research through the Network's annual conferences and the website. To quote Gareth Williams:

**“The innovation of this Network is in its exciting and unique collaboration of partners within Medical Education in Europe, at a crucial stage in the Bologna Process. The findings will influence medical education at a local and national level within Europe and will inform structures of medical education in other parts of the world. Dissemination of outcomes will be widespread and transparent.”**

For more information please contact [alison.paton@bris.ac.uk](mailto:alison.paton@bris.ac.uk) or access the website [www.bris.ac.uk/medine](http://www.bris.ac.uk/medine)

## Box 1

1. Agree core competences/learning outcomes for medical education in Europe, using methodology of the Tuning project [odur.let.rug.nl/TuningProject/](http://odur.let.rug.nl/TuningProject/)
2. Develop a framework for international recognition of qualifications, in the context of medical education and links with other professions
3. Develop quality assurance standards for the process of medical education for application in Europe
4. Enhance the transparency and public understanding of medical education - undergraduate, postgraduate and continuing - and its outcomes, within and outside Europe
5. Explore and develop links between medical education and research

# The RCVS Trust Grants Round 2006

Full details of the individual programmes where you can download the regulations and application forms for each grant:

[www.rcvs.org.uk/Templates/Internal.asp?NodeID=93974](http://www.rcvs.org.uk/Templates/Internal.asp?NodeID=93974)

Building on the success of the 2005 grants round, and continuing its major strategic investment in veterinary undergraduate and postgraduate education, the RCVS Trust is again offering a mix of its most popular programmes with a view to releasing just under £500,000 in March 2006.

**Deadline for applications: 31 January 2006**

# Mini project update: Coordinating research activity on interprofessional learning involving the RIPLS

Dr Karen Mattick and Professor John Bligh, Peninsula Medical School

RIPLS is the *Readiness for InterProfessional Learning (IPL) Scale* and here Karen and John explain how they have used it in a Subject Centre miniproject.

Effective health care is often delivered through multiprofessional teams, so it is not surprising that many health care teachers are interested in developing team working skills in their students.

One important ingredient in team working is awareness of the roles, skills and strengths that other members of the team bring, and one good way of gaining such awareness is to learn with students or practitioners from other professions. Sounds like common sense but

students are not always ready to learn in multiprofessional settings so one of the key tasks for educators is to gauge when the right moment is. In doing this they have to think through the motivators and other factors that can influence students either positively or negatively to take up learning opportunities.

## What is RIPLS?

Currently, there is only one published self-completion inventory

that aims to measure attitudes towards IPL in healthcare students.

RIPLS is the Readiness for InterProfessional Learning Scale, developed and validated with undergraduate students across eight health care professions at the University of Liverpool, and since used in a number of contexts.

In 2003, the number of requests to use the RIPLS increased dramatically, which suggested that there was a lot of interest in IPL, and a large number of IPL initiatives at an early stage of development.

In response to this observation, our study aimed to create a virtual community of researchers with shared interest in quantitative studies of IPL using RIPLS, providing access to relevant resources, helping to coordinate research effort, and promoting communication.

## Project activities

An e-resource was designed, with the guiding principle being that it should be easy to navigate. The resource was then built within the PMS's managed learning environment, accessible via the Internet at [emily.pms.ac.uk/](http://emily.pms.ac.uk/)

The next step was to populate the e-resource with materials that should be useful for researchers working with RIPLS.

We provided information about the e-resource:



Figure 1. Dr Karen Mattick, National Teaching Fellowship Award Winner 2005.



Figure 2. Interprofessional learning in action.

- Why it had been set up and what it was designed to do
- Details of the RIPLS scale, including the latest work with it and some of our unpublished work
- Links to the publications and reports that have used the RIPLS previously
- Details of researchers worldwide that we knew were working with the RIPLS, plus an overview of their projects and findings where they had agreed to provide that information
- And a discussion board, which aimed to prompt discussion and the sharing of experience, with some initial 'discussion threads' to get the process started

Only those researchers who were already using RIPLS, or intending to do so, were given access to the resource via passwords, in order to create a closed community within which individuals would have confidence to share.

We tried to lead by example in this respect, sharing information on our ongoing research with RIPLS, thus demonstrating that we were prepared to share unpublished findings within this closed community.

Ten research groups known to be working with RIPLS were contacted

in the first instance and offered access to the site in October 2003.

Additional researchers were identified when they contacted the original authors of the RIPLS to seek permission for its use or, just as frequently, by word of mouth. Individual researchers were encouraged to supply information about their background, their IPL research and any unpublished findings that they were prepared to share, and the site was updated regularly with new information over the funding period.

## Analysis

Use of the resource was monitored from October 2003 to December 2004. Analysis of researcher opinions about the benefits and shortcomings of the virtual research community was performed at the end of this period via a questionnaire designed for this purpose.

## Project findings and future prospects

We were delighted by the number of researchers that were intending to perform research with the RIPLS and interested in gaining access to

the e-resource we had prepared. This enabled a sizeable network to be formed, involving nearly 50 individuals and six different countries. This also served to reinforce our confidence that the project was important and timely.

The feedback about the resource from the users was extremely positive, in particular as a forum through which to access specific resources and to find information about other researchers.

Interestingly, the aspect of the resource that was not well used was the discussion board, with researchers generally preferring to contact each other by telephone or e-mail. The findings of the evaluation, including both quantitative and qualitative data, have been submitted for publication in a peer-reviewed journal and readers that are interested will be able to access the full details there.

## The future

Now that the funding period has come to an end, it is our intention that the resource will remain available in its current form, minus the discussion board.

We believe this is important given the perceived value to users and the clear interest that there is in performing quantitative research into interprofessional learning.

We hope that e-resources like this one can ultimately encourage the production of high quality IPL data, provide support and development for researchers, and help to avoid duplication of effort.

For more information please contact:  
karen.mattick@pms.ac.uk or  
john.bligh@pms.ac.uk

**If you would like to talk to us about the study in the interim, however, please don't hesitate to get in touch.**

# Mini project update: Identifying and supporting students with academic difficulties

Dr Jennifer Cleland, University of Aberdeen;  
 Rachelle Arnold, Specialist Registrar in Psychiatry, NHS Grampian;  
 Dr Alistair Chesser, Consultant Nephrologist, Bart's and The London NHS Trust

The complex patterns of assessment in medicine mean that very often it is the same students who perform poorly as their training progresses<sup>1</sup> and staff are not surprised by certain students doing badly. Weak students are likely to become weak or incompetent doctors<sup>2</sup> whose colleagues are left with the responsibility of spotting dangers. Early intervention may enable the individual to deal with adverse learning and behaviour patterns promptly, before these cause problems in clinical practice.

Our aim in this small study was to identify the reasons for poor performance<sup>1</sup> in a cohort of 5th year students who failed their final clinical examinations. We were interested in collecting the views of these students inform the development of effective means of prompt supports for future students.

## Methods

Seven students who failed their final year examinations (OSCE and/or OSLEP) of the MB ChB course, University of Aberdeen, 2002, were invited to take part in a focus group discussion and individual interviews<sup>3</sup>. Involvement was voluntary. Qualitative methodology was used to explore the students' beliefs about reasons for their poor performance, and the support they felt would have met their individual learning needs.

## Results

Several themes were identified from the focus group and interview transcripts. Many of the students had experienced personal problems or issues: "I just kind of closed off, isolated myself, I couldn't even talk to people ...." (S4). They regarded themselves as competent students although they had significantly greater problems with earlier exams than the year mean, and significantly lower scores in formative assessments during the year leading up to these exams than their peers (see full paper, in press, Medical Teacher).

More specific support and feedback throughout the MBChB was seen as desirable: "OSCE practice would benefit everyone ... and then after that get straight feedback" (S2), "to know where I went wrong [in previous OSCEs]" (S6).

They tended to take little personal

responsibility for their performance or actions (e.g., "I took a few weeks off ... I didn't tell my supervisor ... then I got into problems because I haven't been to my block so the supervisor chased me up. So I got into trouble with that" (S5)) and were reluctant to seek help.

Not seeking help was related to two factors: practical difficulties "you don't know who to go to" (S4), and the perception that seeking support would lead to their fitness to practice being questioned: "I would be very hesitant ... and concerned about it going on my file" (S2). Students did not see it as their responsibility to seek help: "If I had been dealt with then I would have recovered a lot sooner. They [Faculty] should have noticed and done something" (S4).

Student records indicated that these students had been contacted by Faculty but they had not responded to these communications.

## Discussion

Our results suggest that the students who failed their final year had usually been experiencing genuine personal difficulties associated with non-academic factors. They tended not to bring these to the attention of Faculty staff. This suggests that Faculty Staff and senior teaching staff must facilitate enquiries of this nature from students and junior staff by fostering a culture where this is considered a positive way to enhance future performance. Support systems must be explicitly non-judgemental and accepting of the individual and his/her

difficulties as genuine. However, they did not see themselves as below average despite clear evidence that they were scoring persistently lower than their peers. We conclude that it is the responsibility of Faculty to provide prompt, detailed feedback about poor performance as students do not seem to see it as their responsibility to seek help but, if not given feedback, assume that their performance is acceptable<sup>2</sup>.

However it is not easy to break the 'bad news' to a student that their performance is sub-standard. Faculty have a tendency to shy away from such a confrontation, indicating the need for staff training and development opportunities in dealing with this difficult task empathically and effectively.

We can only go so far in helping and encouraging individuals progress through their undergraduate training – they must reflect on aspects of their behaviour and performance, and use the support systems and programmes appropriately. If we take too paternalistic an approach do we run the risk of impeding the development of independent practitioners able to responsibility for their continued professional education?

For more information please contact [jen.cleland@abdn.ac.uk](mailto:jen.cleland@abdn.ac.uk)

## References

1. Sayer, M.M., De Saintonge, M., Evans, D. & Wood, D. 2002. Support for students with academic difficulties, *Medical Education*, vol. 36, pp. 643-650
2. Challis, M., Fleet, A. & Batstone, G. 1999. An accident waiting to happen? A case for medical education, *Medical Teacher*, vol. 21, pp. 582-585
3. Patton, M.Q. 1990. *Designing Qualitative Studies*, Master Classes in Primary Care Research No.1: *Designing An Introduction to Qualitative Methods for Health Professionals*, eds. Y. Carter, S. Shaw & C. Thomas, Royal College of General Practitioners, London

# Assessment of medical students' attitudes towards professionalism

Dr Vikram Jha, University of Leeds

**Difficulty with defining and measuring professionalism in Medicine is well recognised. This is primarily because of a lack of empirical data on measuring these qualities and also because professionalism has been traditionally defined in vague concepts such as altruism, humanism and excellence that are difficult to operationalise.**

The overall aim of the project is to develop a reliable and validated tool to assess medical students' attitudes towards professionalism. The development of such a tool required several studies that were carried out within the project. The mini-project has funded two of these.

In order to develop a measure of attitudes towards professionalism, there is a need to identify those attributes and behaviours that describe the concept of professionalism, i.e. generate items of professionalism. The aim of this study was to describe the views of individuals on professionalism. A total of 23 individuals from five groups: medical students, medical educationalists, clinicians, allied health professionals and lay professionals were interviewed on a range of issues and experiences in relation to medical professionalism. The transcribed interviews were analysed using a coding frame and the qualitative data analysis package NUD\*IST 6. Seven themes were identified; each could be sub-divided into categories of positive/negative attributes or behaviour. The themes are listed in Box 1 (over page).

A number of these attributes and behaviour mirrored those reported in the literature. Whilst some were described as positive or negative, there were examples of attributes or behaviour that were complex in nature, often contextual and not that clearly defined in positive or negative terms. These were classed as representing the grey areas of professionalism. This was a major difference from the literature, where most of the components of professionalism were discussed in absolute terms. Another important difference was in the relative importance of some of the concepts of professionalism. For example, whilst altruism in its truest sense of selfless devotion to the care of patients is considered very important in the literature, in the study, it was considered to be an attribute less likely to be expected in physicians.

The aim of the review is to integrate evidence from studies evaluating the effectiveness of assessment methods for professionalism. It is a cross-sectional survey of primary empirical research examining medical professionalism employing a systematic review method.

## Professionalism (cont)

Electronic databases including MEDLINE, EMBASE, BEI, ERIC, PsycINFO, Cambridge Scientific Abstracts, Social Science Citation Index, AMED, CINAHL, Digital Dissertations, National Research Register were searched. In addition, hand search of journals (Academic Medicine, Medical Education, Medical Teacher) was carried out.

The review included any study that reports assessment methods for medical professionalism/professional behaviour amongst doctors/medical students. Study designs include surveys, cohort studies and randomised controlled trials. Only studies in English were included. Reports of assessment amongst other health professionals, studies that were case studies or reported views or experiences, or where outcomes or interventions are not defined fully have been excluded.

A total of 110 articles were included. Preliminary examination of the articles suggests that there was little consensus on how to assess professionalism or professional attitudes in medicine. Many measures had inadequate reliability or validity. Further, attitudes to professionalism were seldom the primary focus of articles and often skills and knowledge were assessed rather than attitudes.

These two studies will be used to carry out subsequent phases of the overall project including development of a measure of attitudes towards professionalism. The textual data obtained from the interview study will be used as attitude statements or vignettes to assess attitudes and the results of the systematic review will be used to identify the type of measure of attitudes.

For more information please contact [v.jha@leeds.ac.uk](mailto:v.jha@leeds.ac.uk)

### Box 1: Study themes

#### Compliance to values

Attributes: integrity (honesty, truthfulness, trustworthiness); being professionally ethical (high standard of research ethics, distribute health resources fairly); hypocrisy

Behaviours: behave responsibly; report colleagues for clinical or attitudinal error; maintain confidentiality with patients and colleagues; behave irresponsibly (abusing substances, committing criminal offences); cross boundaries (becoming friends with patients, having sexual relationship with patients/junior staff)

#### Patient access

Attributes: availability (approachable, attending to patients promptly)

Behaviours: provide continuity of care; be part of the community; not respond to calls

#### Physician-patient relationship

Attribute: empathy

Behaviours: collaborate with patient over care (address fears, be realistic); enhance physician-patient relationship (listen to patients, explain things to patients, facilitate informed consent, communicate with relatives, take concerns seriously); treat patients with respect and as individuals

#### Demeanour

Attribute: appropriate manner (courteous, inspire confidence); inappropriate manner (rude, arrogant)

Behaviour: project appropriate image of doctor (appearance, conduct)

#### Professional management

Attribute: disciplined (thorough, able to prioritise); leadership (able to be role model); people management (communicate with colleagues, provide feedback, respect for colleagues, supportive)

Behaviour: work in team; not work in team (bullying, being obstructive/ hierarchical)

#### Personal awareness

Attribute: awareness of being a reflective practitioner (reflection on own faults, mistakes, professional practice); awareness of differences (culture, lifestyle, race, gender, age, other professions); awareness of physician privileges (self-regulation, societal expectations of physicians, vulnerability of patients); self-awareness (doctors are human, generic traits, judgemental)

Behaviours: audit of own practice (learning from mistakes, continuing professional development); appropriately using own knowledge and skills; gender behaviour (sexist behaviour, sexual harassment); prejudiced behaviour

#### Motivation

Attribute: altruistic (selfless, committed, de-motivation); caring (kind, compassionate, paternalistic, helpful); self-driven (greed, personal interests)

Behaviours: protecting patient interests

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Mini project update:

# Education for trainers in dental outreach

Peter G Robinson, Professor of Dental Public Health and  
Michael Smith, Dental Outreach Programme, University of Sheffield

**A year ago we reported an educational package for trainers working with students in Primary Dental Care Outreach placements.**

**With the success of that package and with greater experience of supervising students, the needs of the trainers had changed. We report further development of the training we provide for the host dentists.**

Whilst offering clear advantages for students to learn about dentistry, Outreach training present special challenges for teachers. The model adopted at Sheffield involves small groups of students (typically up to four) learning in existing primary care settings.

When compared to the critical mass arising from the number of staff and students in a teaching hospital, these primary care settings are, of their very nature, relatively isolated. It is therefore commensurately difficult for staff and students to gain support from their colleagues. In addition, communication with colleagues at distant sites is also more difficult.

## Varied challenges

Our data also show that the patients seen by students in these settings have much more varied medical and social challenges to dental treatment than the patients they see at the Dental School.

Community Dental Services largely overcome all of these difficulties when providing treatment by having good communication routes, by having excellent in-house training and by having robust clinical protocols and treatment guidelines.

Nonetheless the challenges to teachers in these environments cannot be underestimated. Last year we

attempted to improve supervisors' confidence in their role, and despite constantly excellent student feedback on the quality of supervision in the placements, the principle aim for our training this year was to reassure trainers that they were able to fulfil their role.

## Planned training

The training was planned some six months before, following on from meetings with the service managers in the host placements and the feedback from the previous training.

The major needs were to further improve their confidence as outlined above, and to detail the teaching in restorative dentistry at the Dental School.

As our Outreach programme rolls out to become a substantial part of the undergraduate curriculum it was also necessary to outline the quality assurance mechanisms for dental education within the School so that the position of Outreach within those mechanisms was clear.

The training package was delivered on two consecutive days so that all staff from placements could attend the day without entire services having to close.

We opened with the outline of quality assurance from the Dean of Learning and Teaching at the School, Dr Geoff Craig. It is symbolically important to have the senior staff from the School to work with the Outreach hosts to indicate how seriously the programme is considered. Geoff described the organisational structure for quality assurance and the mechanisms not only for setting policy but also for implementation and evaluation including student involvement in those processes.

## Comparing stories

The next stage was to build on the experiences of the previous hosts and to get them to compare their stories and their ways of working.

We had asked a trainer from each of our settings to present a case study of an experience with one of our students. The studies could be either positive or negative and we asked the hosts to describe how they had



proceeded and to reflect on what had gone well, what had gone not so well and how things could have been handled differently.

## Case studies

The three case studies were all quite different but all focused on an adverse event. For example, one student had difficulty adapting to the clinical work in his placement. The nurses at that placement and the supervising dentists had noticed the student's progress and contacted the School of Clinical Dentistry within the first week. After a careful discussion of this student it was decided to keep the student in the placement, supervise him very closely and watch his progression.

Within a few days of this regimen the student's performance had improved and his confidence had risen. The lessons learned from this event included the need to have experienced dental nurses, the obvious necessity for close supervision and the benefits of ready routes of communication with the School. As all these mechanisms were in place there had been a very positive outcome for all concerned.

Because the aim had been to increase trainers' confidence we divided the participants into small groups to discuss the case studies and their own similar experiences.

Lubricated by plenty of coffee the participants began to share their own experiences and the staff from the School circulated amongst the groups to reassure them of the students' appreciation of their efforts.

From the perspective of the School it was gratifying to see networking starting to support newcomers and old hands alike through these discussions, especially as they continued over coffee and lunch! Finally, each group was tasked with coming back to a plenary with two questions to ask either the supervising staff, Dr Craig or other participants about student supervision.

## Dentistry described

The afternoon opened with a detailed description of the training in restorative dentistry provided by the School. This information was considered invaluable to allow the hosts to know exactly what teaching and what experience students might have when they arrived on the Outreach placements.

Staff already receive a detailed report of each student's clinical experience on arrival at the placement but had wanted to know how it fitted into the broader pathway of the students.

Professor Rawlinson's presentation gave information about the content, nature and learning outcomes of all of the courses through the programme and set out targets for achievement and methods of assessment in all of the sub-specialties of restorative dentistry. Participants were then able to quiz him on these topics.

## Participant evaluation

The participant evaluation of the training was overwhelmingly positive. 94% of participants completed the evaluation, of whom 30% rated the event very valuable and 87% said it was valuable or better on each of the topics covered. Participants provided a range of suggestions for future similar events. Perhaps the most pressing need was for specific work to involve dental nurses in groups on their own. It may be that dental nurses talk and act in a different way when they are away from the dentists they work with! Participants were divided about whether they wanted more or less interaction and small group work and it may be necessary to select the topics for the group discussions carefully in future. This type of feedback will be used to plan future events.

For more information please contact [peter.g.robinson@shef.ac.uk](mailto:peter.g.robinson@shef.ac.uk) or [michael.smith@shef.ac.uk](mailto:michael.smith@shef.ac.uk)

# FDTL4 update: Adopting interprofessional approaches in teaching and leadership

Judy McKimm, Programme Leader and  
Sam Held, Programme Tutor, University of Leicester

Many Higher Education institutions (HEIs) have introduced internal staff development programmes in management and leadership. The majority of these are intended for senior staff, they are management-focused and primarily intended to support top managers in their day-to-day work. Several Masters level programmes in Leadership exist, Leadership modules are included in many MBA programmes and there are specific programmes for groups such as medical educators. The NHS in the UK also delivers an established programme for clinical leaders.

An FDTL4 funded national project, 'Developing tomorrow's leaders in health and social care education', has been running for over two years led by Leicester Medical School. The project aims to develop a sustainable leadership development programme specifically for aspiring leaders in health and social care education. Participants are nominated by their institutions and are provided with support from one another, mentors, the programme tutors and an 'organisational sponsor'.

One of the unique features of this programme is its inter-disciplinary focus, bringing aspiring leaders from a range of health education disciplines and professions together to learn about key aspects of leading health professionals' education. The project draws together current innovations in leadership development, and aims to complement in-house staff development programmes on leadership and management offered

by many HEIs. The project encourages participants to question the overt and underlying professional and institutional barriers to a truly inter-professional approach. To some extent this is anticipated through careful selection of the programme content, and through deliberate mixing of the professional make up of each cohort.

However it is the direct and transparent nature of the programme's approach to the inter-professional agenda which is arguably most influential in equipping the participants to challenge perceived orthodoxies within their own spheres of activity and influence.

## Unique insights

Prior to the start of the programme, preparatory research revealed issues relevant to individuals, organisations and professions, all of which impact on the development and achievement of future leaders. However, the

seventy participants (from a wide range of HEIs and professional disciplines) have added invaluable additional information from their own perspectives as aspiring leaders, giving unique insights into aspects of leadership in contemporary UK health education.

The programme has included a range of perspectives and activities on the challenges of inter-professional working, ranging from a light-hearted audit of the plethora of stereotypes which have evolved around our various professional groups right up to a strategic overview of the current inter-professional government-led initiatives and how they can best be implemented (Box 1).

## Box 1: Participant observation

"It is a fact that we are not only working in a highly accountable environment (QAA, RAE) but also working in the NHS. There are special features about the NHS, the biggest single thing I do is work with the NHS, and it's not easy as they don't know what they are doing either ... the main things are about the HE interface with the NHS ... Leaders have a key role in acting as an interface between the organisation and the group of people you lead"

McKimm, 2004

Whether the imperative for inter-professional work comes from within the organisation or from external sources such as central government, programme participants have been encouraged to adopt an analytical approach to the factors which promote inertia, and a broad-based appraisal of the solutions modern leadership skills can offer.

The emerging leaders participating in the programme have established a high level of consensus about the qualities required of leaders working on the crowded stage that is health and social care education.

Participants have also established that, although it is acknowledged that there are specific bodies of knowledge relating to health education, many leadership qualities are generic and by no means exclusive to their respective professional or subject discipline fields.

Van Zwanenberg (2003), writing on the challenges facing public services in reacting to the need for joint working, summarises neatly the four common attributes identified by programme participants (Box 2).

Van Zwanenberg goes on to note that:

**“Within and across organisations leaders must be able to develop partnership approaches that challenge traditional lines of accountability and traditional boundaries between professional groups. They need to find common goals and create reciprocal relationships which share potential gains and potential pain.”**

## Leadership models

Some models of leadership such as ‘command and control’ (coercive or authoritarian) are ill-suited to the demands of inter-professional working, as real partnership working effectively creates new language and meaning to address new realities.

The participants are returning to their institutions equipped with a

range of skills and techniques, from which they can draw, to enable them and their organisations to exploit the opportunities and minimise the threats which the ‘new realities’ represent.

## The next stage

The next stage of the project is to develop the programme.

1. To work with a small group of HEIs to develop resources and models of working that will underpin in-house staff development programmes concerned with leadership and succession planning. In this way, the website and resources already developed will be able to be utilised more broadly by the sector.

2. We are already working with some NHS organisations and HEIs on a regional basis to devise programmes that will draw participants from across the HE/NHS ‘divide’. Clinical educators who have been identified by their organisations as having leadership potential will be able to participate in leadership development programmes based on the FDTL programme, but tailored to meet local needs.

These programmes will comprise mixed professional groups and include participants who are clinical educators working both in the NHS and in HE.

In this way it is planned that participants will actively consider the interface and relationships between education and professional training in the broadest sense and specifically how to effectively work across the HE/NHS interface at strategic level. Activities will focus on developing awareness and understanding of leadership across professional boundaries and how to develop organisational and personal capacity to effect change geared around partnership and collaborative working and the delivery of effective health and education services.

## Box 2

- Understanding of the context and demands of the situation
- Develop a vision of what the future will be and set the direction for achieving it
- Establish the values, behaviours and standards which followers will need (and want) to emulate
- Be visible as a role model

Van Zwanenberg, 2004

## The future

If interprofessional working and learning is to be embedded in healthcare education then it is the leaders of today and tomorrow who will have the power and influence to devise and implement strategies for change, to influence national and local policy initiatives and to promote the positive benefits of working inter-professionally to higher education and to the broader professional and service contexts in which health professionals work.

For more information please contact [j.mckimm@btinternet.com](mailto:j.mckimm@btinternet.com)

Hard copies of a report are available from [enquiries@medev.ac.uk](mailto:enquiries@medev.ac.uk)

## References

- McKimm, J. 2004. Case studies in leadership in medical and health care education. Higher Education Academy: Medicine, Dentistry and Veterinary Medicine
- Van Zwanenberg, Z. 2003. Modern leadership for modern services. Scottish Leadership Foundation, Alloa

# FDTL4: Confidence based marking – think it through

Professor Tony Gardner-Medwin, Physiology, University College London

Try improving your student resources this summer with Confidence Based Marking (CBM). New software (at [www.ucl.ac.uk/lapt](http://www.ucl.ac.uk/lapt)) allows you to experiment with your own, and others', material.

Even if you work within a VLE, students can jump to CBM, returning their grades automatically.

CBM marks a student according to confidence (or 'degree of certainty'<sup>1</sup>) in each answer. The scheme in use at UCL is outlined in Table 1 below.

The CBM scheme rewards students who think things through, to the point that they can either:

- a) justify the confidence to risk a serious penalty if wrong, or
- b) see reasons for reservation, lower confidence and reduced risk.

Either way, they gain by thinking more deeply and correctly reporting high or low confidence<sup>2</sup>.

A student who distinguishes reliable from uncertain knowledge does better than one with the same number of correct answers who cannot judge this correctly.

Surprisingly, CBM is little used, despite many research studies showing its merits. There seem to be no implementations yet from major vendors, but CBM is actually easier to use than you may think.

## Issues raised

I have pushed people hard at meetings, to try to understand reservations about CBM. The responses below are substantially confirmed by evaluation interviews recently conducted for our HEFCE funded project by JA Longstaffe and JWB Bradfield.

The idea of CBM is attractive to most teachers in a wide range of institutions and disciplines.

Few doubt the student satisfaction within UCL and Imperial (the main users), or the benefit of increased exam reliability.

## No gender bias

A common idea is that CBM may somehow reward particular personalities and exhibit gender bias. Our data clearly refute gender bias<sup>3</sup>. If individuals are initially diffident or self-confident, a predominance of 1s or -6s soon seems to set this right – recorded data show good calibration, using CBM in a near optimal way<sup>3</sup>.

Some suggest that what matters is just getting right answers, and the degree of certainty is a side issue – useful in formative work but irrelevant when measuring knowledge.

Without entering philosophical debate, some points are clear. Lucky guesses are not knowledge, and confident errors are worse than acknowledged ignorance. Thirdly, even if 'number correct' is one's criterion of merit, predictions of this

**Table 1: Marking scheme in use at UCL**

Degrees of Certainty	C=1 (low)	C=2 (mid)	C=3 (high)	No reply
Mark if correct	1	2	3	(0)
Penalty if wrong	0	-2	-6	(0)

from scores on separate questions are better when using CBM than number-correct scores<sup>3</sup>.

Quite often people say: "I see the point in medicine, where confident errors can be serious, but it seems less relevant to other subjects."

Medical decisions certainly highlight the issues, but expression of the reliability of conclusions is a universally valued skill, seldom taught or assessed.

## Objective testing

Some staff and institutions are wary of objective testing in any form. Used without care, objective testing can encourage superficial learning. But it can equally test thinking skills<sup>4</sup>. Objective testing actually has the potential to relieve us of core assessments, allowing teachers to concentrate on challenging tasks that only they can accomplish.

## References

1. Darwin Hunt, one of the pioneers of CBM, prefers 'degree of certainty' because it is less tainted by association with generalised self-confidence
2. Several schemes abound in the literature, not all properly motivating in the sense set out here. Our scheme is among the simplest, with also a theoretical foundation in information theory
3. Gardner-Medwin AR & Gahan M (2003) Proc. 7th Int. CAA Conference, 147-155, (available at [www.ucl.ac.uk/%7Eucgbarg/tea/file:caa03.doc](http://www.ucl.ac.uk/%7Eucgbarg/tea/file:caa03.doc))
4. Try practising for the Biomedical Admissions Test devised by UCLES: [www.ucl.ac.uk/lapt?bmat1](http://www.ucl.ac.uk/lapt?bmat1)

Examiners worry about summative CBM, and passmarks. Nobody advocates CBM in exams without prior use for study and revision. CBM in formative work stimulates reflective learning and provides constructive feedback.

When CBM was used only formatively at UCL and Imperial, students suggested use in exams, as implemented at UCL in 2000. For passmark setting, CBM data includes the 'number correct' information on which conventional pass standards are based; so immediate comparisons are available to inform the process fully.

## Concerns

People worry that adoption of CBM may be time consuming, lacking support, or going against institutional strategies. At UCL we adopt a policy of immediate response to student and staff problems. Unsurprisingly, this has ensured that systems work smoothly with little support.

Ease of use and flexibility are prime considerations. As for institutional strategies, these rarely constrain resources for study. To trial formal tests, UCL (with Speedwell Computing Services) offers Optical Mark Reader processing to avoid setup costs.

Everyone worries about the RAE. Remember, efficient work that students enjoy on their own (or better, discuss in pairs) is a saving in contact hours.

## Website

The website ([www.ucl.ac.uk/lapt](http://www.ucl.ac.uk/lapt)) is the place to explore exercises, publications and development tools. Encourage your students to try it.

## Why CBM is easier than you think

- You don't need new question styles. CBM motivates students to think more carefully about any objective question (TF, MCQ, EMQ, numerical, etc.). Existing question banks are fine
- You can access the programs from UCL with exercises on your local computer or server. Adaptation and authoring tools and experienced help are available
- Alternatively, you can copy and maintain everything within your institution
- Our experience shows that students rapidly take to the marking scheme and appreciate its merits without even instruction (yes, really!)

There are many thousands of questions, mostly good and some no doubt bad. Use the context driven comment system to tell us! Implementing CBM for your students may be easier and more rewarding than you think.

For more information please contact [a.gardner-medwin@ucl.ac.uk](mailto:a.gardner-medwin@ucl.ac.uk)

## Educational events and conferences

More information on forthcoming events and conferences is available from:

[www.medev.ac.uk/resources/events](http://www.medev.ac.uk/resources/events)

Subject Centre workshops are listed on:

[www.medev.ac.uk/resources/meetings/workshops](http://www.medev.ac.uk/resources/meetings/workshops)

These are announced via the mailing list, which you can join at: [www.jiscmail.ac.uk/lists/medev.html](http://www.jiscmail.ac.uk/lists/medev.html)

### December

1	Finding Health information on the internet
1	Planning and evaluating effective practice with e-learning
1	e-Learning research into practice: bridging the gap
7	Managing stress (for healthcare workers)
7	Reform of higher education applications and admissions: implications for universities, schools and colleges
8	Careers in medical education
13-15	SRHE annual conference 2005
13-15	New perspectives on research into higher education
16	Digital rights management – practical approaches
28	Interprofessional education

### January

4	4th Asia Pacific evidence-based medicine workshop and conference
11	Planning and evaluating effective practice with e-learning
25-27	Strategic planning for online education

### February

1-7	Ethics, integrity and trust in public life
7	Assessing health information quality
26-27	Iadis International conference web based communities

### March

3	Project planning within health promotion
9	Critical appraisal: how to evaluate and interpret research articles
9-10	Working with change
10	Project planning within health promotion

### April

10	All together better health III, challenges in interprofessional education and practice
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## Educational funding opportunities

Have you got an idea for an educational research project, or perhaps you would like to try out an innovative approach to learning and teaching, but don't have access at your institution to sufficient funding or resources? If so. Then you might like to take a look at the Funding opportunities section of our website at: [www.medev.ac.uk/reesources/fundops/](http://www.medev.ac.uk/reesources/fundops/)

Academy/JISC eLearning – eLearning benchmarking exercise and HEFCE pathfinder projects Higher Education Academy and JISC (Nov 30)

e-Gap-conference grant (Dec 1)

Paul G. Allen foundation for medical research (Jan 1)

Grundtvig: Adult education and other educational pathways (Socrates programme) (Jan 1)

ESRC first grants scheme (Jan 4)

Academy teaching development fund (Bioscience) (Jan 5)

Partners for health in London (Feb 24)

King's Fund partners for health in London (Feb 24)

HEFCE leadership, governance and management fund (open call)

Leverhulme Trust support for international visitors, travel and exchange (open call)

Sutton Trust projects The Sutton Trust (open call)

### Economic and Social Research Council

- Language based Area Studies (Dec 15)
- ESRC New Grant Schemes Launch – autumn 2005
- ESRC/DFID Joint Scheme (Application form available Sep 15)
- Rural Economy and Land Use (RELU) (Nov 21)

### Standalone Research Grants and Research Fellowships – applications accepted at any time

- PostDoctoral Fellowship Scheme – next call announced shortly
- Cognitive System Foresight Project
- Survey Link Scheme
- Professorial Fellowship Competition 2005-06 (Nov 11)

[www.medev.ac.uk/dinky?dinky\\_id=346](http://www.medev.ac.uk/dinky?dinky_id=346)

# Subject Centre workshop programme

Our free workshops are open to anyone involved in learning and teaching in higher education medicine, dentistry and veterinary medicine, and all attract CPD points. All of our workshops are designed and delivered by members of our constituency and thus reflect current concerns in the field. We currently have several workshops under development for the spring covering a range of themes of interest and value to medical, dental and veterinary education practitioners and we have a new call for workshop proposals.

Details of our workshops appear on our website as soon as dates and venues have been finalised. We also send email notification on our JISCMail list. If you would like to receive information about workshops, as well as our regular monthly update on current issues, funding opportunities etc. then please sign up at [www.jiscmail.ac.uk/lists/medev.html](http://www.jiscmail.ac.uk/lists/medev.html) or email [enquiries@medev.ac.uk](mailto:enquiries@medev.ac.uk)

To book your place on a workshop fill in a registration form online [www.medev.ac.uk/resources/meetings/workshops/](http://www.medev.ac.uk/resources/meetings/workshops/)

## Call for proposals

The Subject Centre has issued a call for workshop proposals with a closing date of the 13th January 2006. Our primary purpose is to promote staff development through the delivery of an appropriate workshop/seminar programmes.

Workshops are intended to:

- support dissemination of good practice to a wider audience:
- promote collaboration to enhance new and existing projects and partnerships
- pump prime feasibility studies in innovative areas
- raise awareness of new national initiatives, recommendations and Government policy
- promote evaluation and high quality educational research studies including systematic review

A grant of £500 is available for each one day workshop and we also pay venue costs. Successful funding will be on condition that all results are made available to the subject centre for dissemination and we may ask for minor alterations or clarification of plans from successful applicants.

To apply please visit [www.medev.ac.uk/resources/proposals/workshops3/](http://www.medev.ac.uk/resources/proposals/workshops3/)

## **The Higher Education Academy Subject Centre for Medicine, Dentistry and Veterinary Medicine**

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NEWCASTLE UPON TYNE



Our mission is to work with institutions, discipline groups and individual staff to provide the best possible learning experience for all students - postgraduate as well as undergraduate. We also work with the governments of the UK and their funding bodies to create the best policy environment to enable this to happen. We provide an authoritative and independent voice on policies that influence the student learning experience.

Discipline-based support is provided through the Academy's Subject Network of 24 Subject Centres. These are a mix of single-site and consortium-based centres located within relevant subject departments and hosted by higher education institutions.

More from: [www.heacademy.ac.uk](http://www.heacademy.ac.uk)