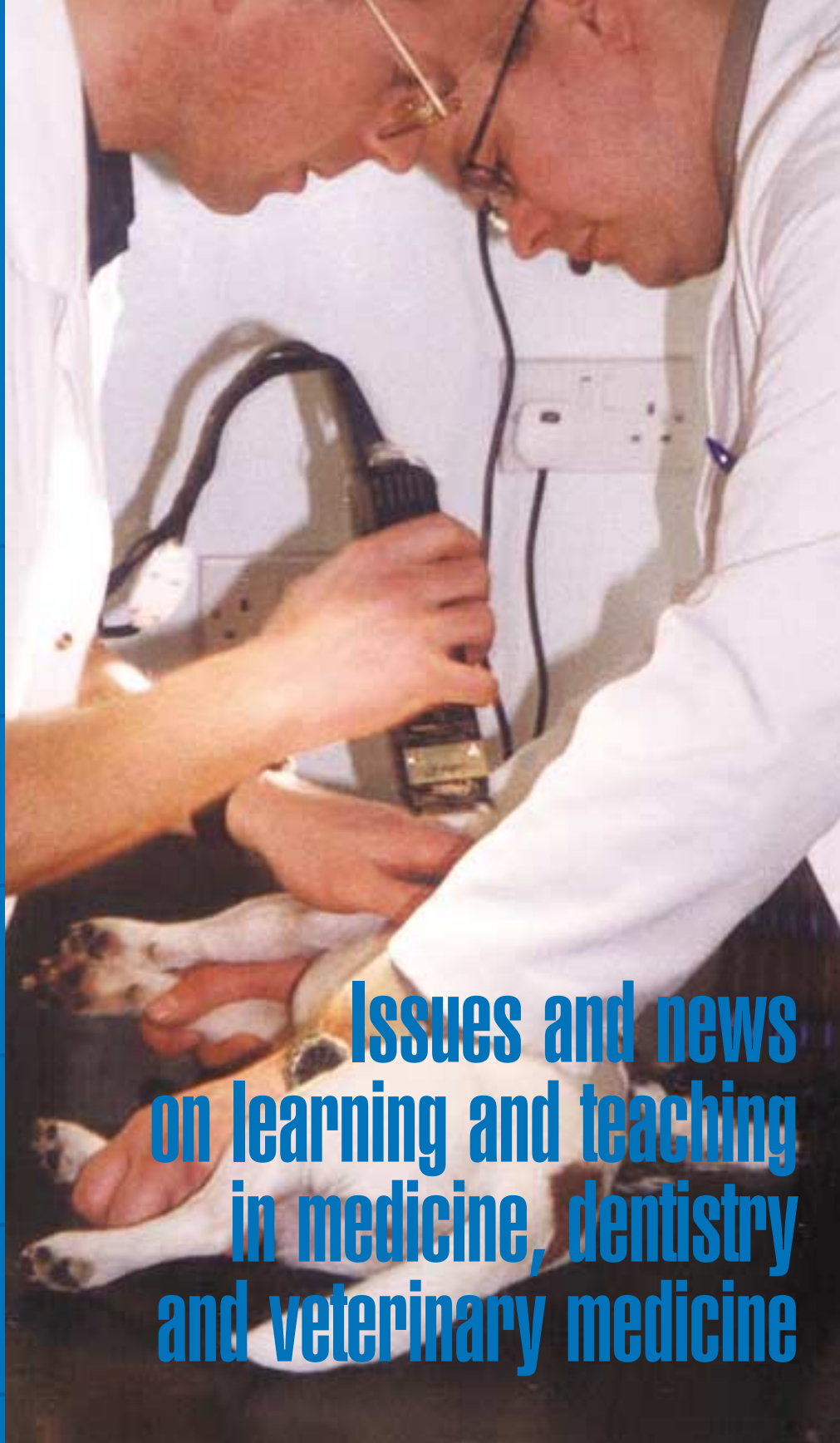


01.2

The newsletter of
ltsn⁰¹
APRIL 2003



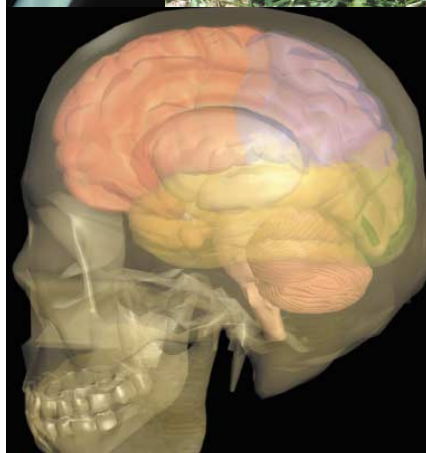
Issues and news
on learning and teaching
in medicine, dentistry
and veterinary medicine

In this issue...

- Computer aided and traditional forms of assessment
- Reusable Learning Objects Made Simple
- Communication skills in undergraduate education
- Olaaf project update: OnLine Assessment and Feedback

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Welcome to the second edition of 01, the newsletter of the LTSN-01

ltsn⁰¹

LTSN-01 is the Learning and Teaching Support Network subject centre for Medicine, Dentistry and Veterinary Medicine.

The UK-wide Learning and Teaching Support Network (LTSN) promotes high quality learning and teaching in higher education through the development and transfer of good practices in all subject disciplines. It is funded by the four HE funding bodies in England, Scotland, Wales and Northern Ireland.

The LTSN offers subject specific expertise through 24 subject centres and generic expertise on learning and teaching issues that cross subject boundaries through the LTSN Generic Centre. Key objectives are to support HE communities to enhance teaching and support for student learning and to promote and share good practices in learning, teaching and assessment.

The subject focus recognises that for many staff in HE it is at this level where most networking and exchange takes place. The centres all provide a proactive as well as a responsive service anticipating future needs while meeting current ones.

The services provided by the LTSN as a whole help individuals, departments and institutions respond to changes in learning and teaching practice, whether these changes are driven by student needs, subject based developments, institutional change, technology, government policy or quality issues.

The first edition of the 01, the newsletter of the LTSN subject centre for medicine, dentistry and veterinary medicine appeared online at the end of January 2003. It was well received with numerous requests for printed copies coming into the LTSN-01 office.

We quickly realised that we would need to print copies as well as have 01 online and the first ones arrived whilst still damp to Breaking Boundaries: Innovation in Medical Education, a two day conference we organised in collaboration with the TLTP3-86 project, in March and held in Manchester (there is a short conference report in this edition of 01).

This event was a huge success, with the feedback received being universally positive. I am sure that the convivial surroundings and excellent speakers at the Breaking Boundaries conference contributed to the success of 01.1 and hope that in the absence of a conference we can keep the momentum going from the first issue!

I am also sure that you will find the selection of articles and projects described interesting – it consistently amazes us in the office just how active our constituency is, what great ideas you all have and what enthusiasm you have in carrying them through. Thanks to you all for giving us so much to report on in 01.2 – we continue to fill 32 pages with ease and

have difficulty in coping with the shedloads of ‘good stuff’ around to fill our pages. In this the second issue of 01, we continue our tour around the current recently funded projects in our subject areas.

We have another article on reusable learning objects (RLOs) – this time from the UCEL project. RLOs seem a popular project focus at the moment.

Your ideas, opinions and projects are crucial to the continued success of 01, and we welcome all suggestions for topics to cover, writers to contribute, as well as unsolicited copy (though we cannot guarantee publication), which should be sent to: newsletter@ltsn-01.ac.uk. After the enormous success of the first edition of 01.1, we have been forced to double the print run for 01.2! For extra copies please email newsletter@ltsn-01.ac.uk

Last but certainly not least, we welcome Natalie Henderson to LTSN-01 who joins the admin team as Centre Secretary.

Suzanne Hardy,

*Information Officer/C&IT Manager,
LTSN-01*



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FDTL4: Computer aided and traditional assessment in veterinary education

• *Matthew Pead, Royal Veterinary College*

Assessment is particularly important in a subject like veterinary medicine, but is often neglected when new courses or educational methods are introduced. The time is ripe for an examination of veterinary assessment to match the General Medical Council document 'Tomorrow's Doctors'.

Assessment is particularly important in veterinary education in the UK as there is the double requirement of justifying the award of a degree and assuring an appropriate level of skill to satisfy a vocational qualification. However, assessment has often 'got left at the bottom of the heap' when new courses or educational methods are introduced, and so it is perhaps not a surprise that the use of assessment systems in veterinary education is in need of an overhaul.

Such an overhaul has taken place in medical education as a result of the General Medical Council's document 'Tomorrow's Doctors', and there are clear indications that the time is ripe for a similar examination of veterinary assessment. The Quality Assurance Agency's Subject Overview Report for Veterinary Medicine indicated that:

- the methods of assessment were not always well-matched to intended learning outcomes;
- there was sometimes a mismatch between teaching and learning methods and the method of assessment; and
- the students would benefit from more prompt and consistent feedback on assessments.

It is clear that our current reliance on traditional assessment systems needs to be adapted by the development of valid and reliable methods that embrace the full range of skills expected of the modern veterinary graduate.

OCTAVE (Optimising Computer-Aided and Traditional Assessment in Veterinary Education) is a three-year HEFCE funded project, led by the

Royal Veterinary College, on behalf of the four English veterinary schools, in collaboration with the two Scottish veterinary schools, and is designed to rationalise veterinary assessment schemes. The main aims of the project are to maximise the use of valid computer-aided assessment in formative and summative examinations, while updating traditional practical examinations to the point where they provide a structured approach to assessing practical skills.

Working parties

Two working parties have been established, one to handle the development of Computer Aided Assessment (CAA), and the other one to manage the evolution of Objective Structured Veterinary Practical Examinations (OSPVE) from the traditional practical/oral examinations which are currently widely used. Once the development of these assessments is underway, staff development materials, workshops and forum sessions will be arranged to allow the dissemination and use of these assessments in all the Veterinary Schools.

Question bank

The work of the CAA group will hinge around the formation of a bank of 5000 questions. These will be devised by staff at the Bristol, Cambridge, London and Liverpool Schools, and will cover the "core" knowledge of the five-year degree programme. General, systems or discipline-related questions will be available, initially for use

formatively and, ultimately in summative assessment.

The questions will be "Meta Tagged" an indexing system which will allow questions appropriate for a particular course, discipline, species, level of study and even a particular University curriculum to be selected. In formative assessment students will be able to self-select appropriate questions, relating to their year of study and their individual learning and revision programmes. Answering these questions will reassure students that they "know the facts" and free them to concentrate on application of knowledge and problem-solving.

By the time 5,000 questions have been developed, it is considered that the security of their use in summative assessment will not be an issue as knowledge and understanding of all 5,000 questions would be regarded as a major achievement as far as the corpus of veterinary knowledge is concerned!

A desirable secondary benefit of CAA is the consolidation of use of e-learning by students, encouraging greater independence in other aspects of their education. Ultimately use of CAA in summative assessment of knowledge and understanding should free staff time for other assessments including those of practical skills.

Reliable assessment

In designing Objective Structured Veterinary Practical Examinations (OSPVEs), the second group will be creating a more valid and reliable assessment of practical ability. Much of the veterinary degree programme involves small group teaching, around

Assessment in veterinary education (continued)

demonstration material in the earlier years, and around animals, often with the owner present, in the latter parts of the course. Traditional written, practical and oral examinations have been poorly structured in relation to skills being taught and learnt, and are deficient in terms of their validity and reliability.

Referencing distinct components of the investigative process, such as knowledge, communication, professionalism, examination procedures and problem-solving, allows these elements to be fed into stations in the OSPVE format and specifically assessed. Not only does this permit a more valid and reliable

assessment of veterinary students, but also acts as a strong signal for appropriate channelling of learning activity by students through the course.

In a similar fashion to CAA, once enough OSPVE stations have been devised, they could be published, as proficiency in all of them would define a student who had achieved the learning objectives of the course.

Maximising awareness

Those involved in the project are keen to maximise awareness of this work, both within the academic community, and also the broader profession, as the

results will have implications in postgraduate assessment and continuing professional development. Dedicated web pages will be established within the vetschools.ac.uk site and there will be a series of roadshows at the Veterinary Schools, news items, a National Conference, and a final report, available to a wide range of veterinary interest groups. The desired outcome will be increased use of objective and systematic approaches to assessment by all those involved in veterinary teaching in the UK.

Matthew J. Pead, *Senior Lecturer in Surgery, The Royal Veterinary College, Hatfield* mpead@rvc.ac.uk

Special report: Pushing the Boat Out

• *Anne Tynan, Royal Veterinary College*

Pushing the Boat Out is an introductory study of admissions to UK medical, dental & veterinary schools for applicants with disabilities. It was made possible with miniproject funding from LTSN-01 and was carried out from November 2002 to January 2003. The report was published by LTSN-01 in March 2003 and sent to the deans of all the schools as well as to a broad constituency both in the UK and across the world. If readers have not yet had time to look at the report, a brief resume of the content, responses received and potential impact might tempt them to do so immediately.

The report analyses relevant policies of the registration or professional bodies, comparing them with information made available publicly on the websites of the schools. Reference is also made to relevant disability legislation. The study highlights areas of good practice as well as indicating potential areas of discrimination.

Pushing the Boat Out stresses the need to maintain the highest levels of responsibility towards the public and towards patients – be they human or animal – but demonstrates that this is perfectly compatible with opening up the professions to people with disabilities. Crucially and perhaps rather surprisingly, this study shows how the development of ‘fitness to practise’ procedures will work to the good of those who have a disability.

Whilst it is too early to assess the long-term impact of the report, the responses sent to LTSN-01 or directly to me give a taster of what might be to

come. Responses received to date indicate that Pushing the Boat Out is being used very much as a working document, with individuals or groups of staff being asked to spend time following up the issues within their own institutions.

Rather refreshingly, there has been a noticeable willingness to seek advice and to act. Given the over-abundance of work that falls on all our desks nowadays, it is abundantly clear that more than a few institutions have given a high priority to the report. These reactions have been confirmed by a recent ‘spot check’ that I carried out on a few of the websites examined within the study. Changes have already taken place and more will undoubtedly follow during the coming months.

Anyone wishing to have a public forum for registering comments about the issues raised by ‘Pushing the Boat Out’ is invited to make use of the

LTSN-01 discussion forum set up for this purpose. The forum is situated within the section on Access and Widening Participation. As well as the more public debate taking place, it is crucial that the sector should itself address internally the various issues. The discussion forum is the most time-effective way for this to be done, ensuring that all sides in the discussion are aware of views that oppose their own. Progress in integrating disabled people into the medical, dental and veterinary professions can take place only if there is a balanced debate leading to the development of balanced policies and procedures.

Join in at:
<http://www.ltsn-01.ac.uk/discussions>

Anne Tynan, *Director of DIVERSE, the UK Veterinary Medicine Disability Project funded by HEFCE. She is based at The Royal Veterinary College, University of London*

FDTL4: OnLine Assessment and Feedback, An update on the OLAAF Project

• *Dr Jenny Phillips, Olaaf project manager, Birkbeck College*

This article outlines the OnLine Assessment and Feedback (OLAAF) Project (FDTL4), which is now in its first phase. It includes details of how to join the OLAAF Interest Group which has been established to support staff via an online discussion forum, technical support, residential conferences and funding for software purchase and training.

OLAAF's primary aim is to develop and disseminate generic guidelines for the construction of Computer-Based Assessment with Feedback (CBAF). These guidelines will reflect the experience and expertise of a network of contributors to the project: a core team affiliated to the various consortium partner institutions plus a growing network of enthusiasts recruited from other UK higher education institutions. Our products will form a resource to support authors in the design, delivery and evaluation of CBAF.

this misconception, by promoting the use of CBAF in assessing higher

practitioners; and several other cross-disciplinary generic resources.



Olaaf site leaders Dr Glenn Baggott and Dr John Potts working with a colleague

Using CBAF to test higher cognitive domains

Since Bloom et al published their Taxonomy of Educational Objectives in 1956 it has been widely acknowledged that effective assessment should test each identified cognitive level: Knowledge, Comprehension, Application, Analysis, Synthesis and Evaluation.

It is a commonly perceived weakness of computer-based assessment that it can only test student learning at the lower cognitive levels, primarily through the use of multiple-choice questions.

The OLAAF project aims to challenge

cognitive domains. The sophisticated authoring tools now available allow for the construction of complex question styles such as plotting graphs, drawing, and matrix selection, thus providing the infrastructure for producing challenging assessments.

However, as with any form of assessment, it is ultimately the skill and imagination of the question authorer that is key to producing effective questions.

The project will therefore offer support in the form of an Assessment Toolkit to provide guidance to CBAF authors (evidence-based, where possible); focused conferences to promote debate and exchange between

Project Partners

The main consortium partners are Birkbeck College, University of Plymouth, University of Brighton, London Metropolitan University, University of Birmingham, Brunel University and University of Wales College of Medicine (Dental School). We are currently recruiting other interested practitioners to form an OLAAF Interest Group. This will allow input and evaluation of materials by a wider audience, encompassing a broader range of subject areas and pedagogical approaches.

At present the Interest Group includes representatives from the British School of Osteopathy, Warwickshire College and Kingston University.

Several of the participants have extensive experience in the design and delivery of Computer-based Assessment and Feedback (CBAF). Others have been using CBAF for a short time and are hoping to extend its use through engagement with the OLAAF project.

Some participants will be introduced to CBAF authoring for the first time. The subject areas in which CBAF will be used are similarly diverse, though primarily science-focused. They range

FDTL4: An update on the OLAAF Project

from Biology, Dentistry and Nursing to Civil Engineering, Geology and Equine Studies. The pedagogical applications include problem-based learning, formative assessment, CD-based delivery, diagnostic numeracy testing and distance learning.

It is hoped that including such a variety of levels, subject areas and approaches in the project will ensure that the outcomes are relevant within many different contexts.

Assessment Authoring Tools

The main consortium partners will use TRIADS, a product of the Centre for Interactive Assessment Development (CIAD) at University of Derby. The TRIADS system, based on Macromedia Authorware, was chosen for its ability to produce and deliver highly interactive computer-based tests capable of testing higher order learning. CBAF support officers, based at Birkbeck, will offer expertise and hands-on support to staff. The OLAAF Interest Group will incorporate other authoring tools, adding another level of diversity to the project. The outcomes of the project will be generic and applicable to authors of computer-based assessments irrespective of the particular system chosen.

Outcomes

We will produce a series of practical materials to assist in the construction of computer-based assessments. These will go beyond question composition, and provide guidance to the author on how to strategically combine questions within assessments, how to enhance feedback to students, how to ensure usability and how to evaluate assessment.

Context Analysis

A database-driven, structured questionnaire that will generate a tailored Assessment Specification

designed to support academic staff in formulating their approach to CBA.

Assessment Toolkit

A series of resources to provide generic guidance and practical tips to CBAF authors. The toolkit will include guidelines on the form of assessment; item design in relation to cognitive taxonomy; item selection and mix in relation to learning outcomes; the appropriate use of feedback; selection of measures of discriminatory power; and strategies to ensure usability.

Evaluation Guide

To assist staff in evaluating CBAF.

CBAF Examples

Throughout the project, all participating sites will be encouraged to share their expertise by contributing to a bank of exemplar tests. This database will build up into a significant resource consisting of completed questions, examples of question styles, and images.

Case Studies

Participants in the OLAAF Network will contribute case studies describing how they have made use of Computer-based Assessment and Feedback (CBAF) at their own institution. The resulting compendium will illustrate the use of CBAF within different subject areas, levels and pedagogical approaches.

Accessibility

We are committed to ensuring our project outcomes, including the project website, are accessible. We also intend to monitor OLAAF-produced computer-based assessments in terms of both accessibility and usability.

The findings from accessibility evaluations will feed into the

guidelines and resources produced by the project, and thus support future authors in making their CBAF accessible. The outcomes will be disseminated via the OLAAF Website both in their evolutionary stages and their final format. The website is also the first port of call for information about the project, its activities and the growing OLAAF Network.



How to Get Involved

We invite CBAF enthusiasts throughout the UK to join the OLAAF Interest Group. All who wish to contribute are welcome to enquire, whether novice or expert, current TRIADS users or not. Interest Group members will be sponsored to present an account of their project-related activities at the two OLAAF residential conferences. The Interest Group will be supported by appropriate members of the Project Team and can stay in touch with developments through exchanges on our online discussion forum.

A quarterly OLAAF newsletter will be circulated by email.

Dr Jenny Phillips, OLAAF project manager, Birkbeck College, London
j.phillips@bbk.ac.uk

Links

A demonstration of TRIADS is available at <http://www.derby.ac.uk/ciad/>
OLAAF Web Site www.bbk.ac.uk/olaaf

For full details about the Interest Group, or to register for the newsletter please email: olaaf@bbk.ac.uk or visit www.bbk.ac.uk/olaaf

Reusable Learning Objects made simple

• Dawn Leeder, Director of UCeL, University of Cambridge

UCeL was founded in March 2002 as a multi-institutional collective to collaboratively produce high quality interactive multimedia resources for health-professional education. Its six founding partners, the Universities of Cambridge, Nottingham, Manchester, East Anglia, Wolverhampton and Peninsular Medical School (Plymouth/Exeter) offer a wide range of subjects which UCeL resources support. These include medicine, nursing, pharmacy, behavioural sciences, sports science and health studies to name but a few.

Multimedia resources have the power to engage and inform learners but they are extremely expensive to produce. The same subjects are being taught repeatedly to cohorts of students throughout the land so it's obvious that duplication is taking place. Meanwhile, teaching budgets are being inexorably squeezed.

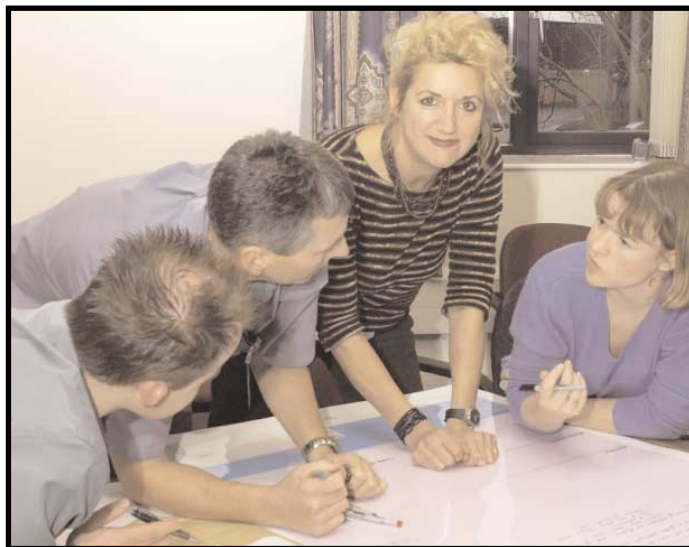
Whilst there is an understandable reluctance for lecturers to replace their lectures and courses in their entirety with online versions, there is an equally clear need voiced by educators that they would be able to put to good use the components that make up those courses – and the more interactive, high quality and fit-for-purpose these resources are, the better. So UCeL was founded to create these resources cost-effectively and collaboratively, in the form of reusable learning objects. But what exactly are reusable learning objects and why should anyone engaged in health-professional education want them?

Reusable Learning Object

'Reusable Learning Object' is a long name for a small thing. There is currently some fierce debate as to what a RLO actually is. Definitions vary from any resource that can be used to support teaching and

learning (true, but leading to unhelpful arguments as to whether a pencil constitutes a RLO) to whole online courses, which are large slabs of learning unlikely to be adopted by

the underlying UCeL message is "you can't replace face-to-face". eLearning forms just one part (albeit an engaging one) of the learning mix.



Dawn Leeder (second right) working with UCeL workshopers to create a learning object specification.

others for the reasons stated above. UCeL has taken the pragmatic step of clearly defining a learning object as "an interactive web-based resource based on a single learning objective and comprising a stand-alone collection of 4 components: presentation, activity, assessment & links"*.

The fact that a UCeL RLO is based on a single-learning objective is important because it is much more likely to be small, self-contained, stand alone, and therefore reusable. 'Families' of RLOs can be linked to form larger chunks of learning, but

training takes place in practical, hands-on workshops where lecturers find out at first hand the joys and tribulations of RLO creation.

The workshops focus closely on teaching and learning issues rather than the technological ones and achieve this by group activities where participants actually create the specifications that are subsequently developed into RLOs.

After a successful first year, UCeL is expanding. The inter-disciplinary, pro-active and collective approach is proving attractive as institutions embrace teaching and learning across

Unlocking content

Reusability is influenced as much by cultural and political issues as it is constrained by the technical ones. UCeL recognises that individuals collaborate, not institutions.

UCeL engages educators; subject experts, typically senior or principal lecturers, in methods of "unlocking content". Templates are provided in the form of Word documents that help lecturers organise their material in an appropriate format for multimedia development. Onsite

Reusable Learning Objects (continued)

disciplines and government encourages new collaborative initiatives. Interested parties are invited to contact the Director, Dawn Leeder, for further details.

Dawn Leeder, Director of UCeL and Senior Research Associate in eLearning, Clinical School, University of Cambridge

dcl25@cam.ac.uk

Telephone: 01223 217561

UCeL, Box 151, University of Cambridge Clinical School, Addenbrooke's, Hills Road, Cambridge CB2 2QQ

<http://www.medgraphics.cam.ac.uk/ucel/>

UCeL RLO Components

Each UCeL RLO is based on a single learning objective and contains:

Metadata

Presentation	presenting the concept, fact, process, principle or procedure to be understood by the learner in order to support the learning objective
Activity	something the learner must do to engage with the content in order to better understand it
Assessment	a way in which the learner can apply their understanding and test their mastery of the content
Links	links to external resources to reinforce the message and aid understanding

Evaluation



Universities' Collaboration in E-Learning

a collaborative project producing high quality e-learning resources for medical and health professional education

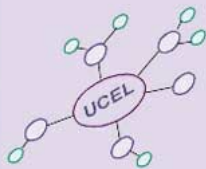
What we do:

Collaborate to develop, manage and evaluate a **cost-effective** bank of web-based **interactive e-learning resources** to support **multi-disciplinary** education of doctors and other healthcare professionals in statistics, epidemiology and research skills

National roll-out phase:

After a successful 6 month pilot, UCeL is now on its national roll-out phase.

distributed - collective - strategic



Contact UCeL:

Box 151, University of Cambridge Clinical School, Addenbrooke's, Hills Road, Cambridge CB2 2QQ
email: dcl25@cam.ac.uk
tel: 01223 217561

UCeL/ALT Workshops

"Reusable learning objects in health professional education: from theory into practice"

"Excellent workshop, stimulating, challenging"

UCeL has just completed a successful series of practical, hands-on workshops in conjunction with [The Association for Learning Technology \(ALT\)](#).

More info on [workshops...](#)

Members' area: Log-in

A password protected members' area with links to **supporting tools and documentation**. We are currently devising a **reusable learning object (RLO)** specification to facilitate the process of content development.

Members have **telephone and email support**, plus regular **face-to-face** meetings.

The members' area also houses the **RLO factory** featuring work in progress and a **collection of completed RLOs**.

In the showroom...

Experience a sample **engaging, interactive learning object**. (Requires [shockwave plug-in](#)).

[Levels of measurement](#) (Heather Wharrad) NEW 14/03/2003

An explanation of the different levels of measurement and the arithmetic and statistical operations that can be performed on them. [part of the 'Epidemiology' series]

Find out more:

"Because content counts" ppt NEW. A presentation by Dawn Leeder, Director of UCeL.

[UCeL Information pack 07/01/2003 pdf](#)

Latest paper "Beyond Institutional Boundaries: reusable learning objects" pdf

An extract from the UCeL website, which can be found at <http://www.medgraphics.cam.ac.uk/ucel/>

Learning and teaching about mental health in higher education: inter-disciplinary perspectives



• *Dr Hilary Burgess, SWAP/Itsn*

Mental Health in Higher Education (MHHE-Itsn) is a collaborative project between the four Itsn subject centres whose subject communities are most closely involved in mental health education. It started in January, and is funded from the Itsn development fund.

The aim of this project is to enhance learning and teaching about mental health in higher education across the disciplines.

Since mental health and illness is a complex arena, with rapidly changing, diverse and sometimes competing ways of understanding and intervening, it is important for the different disciplines within higher education to exchange ideas and practice.

The objectives of the project are:

- to raise the profile of learning and teaching in mental health
- to share and disseminate effective practice
- to enable the disciplines to learn from one other

Plans include:

- a web-based teaching resource exchange www.mhhe.ltsn.ac.uk, with identified sites of effective/innovative practice and illustrations of how new approaches, policies and knowledge about mental health can be used in learning and teaching.
- a series of regional workshops on learning and teaching about mental health in higher education
- a set of case studies to illustrate reflective, effective and innovative teaching practice
- a discussion group, providing opportunities for comment and debate, amongst academics and others involved, about issues related to learning and teaching about mental

health, which can be accessed at http://www.jiscmail.ac.uk/lists/LTSN_MHHE.html

- good practice guidance in specific areas (e.g. service user/patient involvement in education, addressing issues of stigma and discrimination in teaching contexts, permeation approaches to learning and teaching about mental health)

Background

The arena of mental illness and mental health has long been a contested domain, with diverse models and theories. These encompass genetic, pharmacological, neurological, behavioural, environmental, socio-economic, community, cultural, family and service user/patient perspectives. Interventions are also moulded by

Participating subject centres

The subject centres involved in MHHE-Itsn are:

- **Medicine, Dentistry and Veterinary Science**

<http://www.ltsn-01.ac.uk/>

- **Health Sciences and Practice**
<http://www.health.ltsn.ac.uk/>

- **Psychology**
<http://www.psychology.ltsn.ac.uk/>

- **Social Policy and Social Work (SWAP)** <http://www.swap.ac.uk/>

professional, policy and legislative frameworks.

As understanding develops, these diverse perspectives may be seen to be complementary, both within and across professions and disciplines. In higher education, we must ensure that research and development in both practice and education are shared between the different disciplines.

Historically, mental health has been a neglected area in practice and policy. However, recently, the need for reform and modernisation has been recognised. Across the UK, mental health has been recognised as a

The screenshot shows the mhhe website interface. At the top, it reads "mhhe - enhancing learning and teaching about mental health in Higher education". Below this is a central navigation menu with several hexagonal buttons: "Good practice guides", "About mhhe", "Case studies", "Links", "mhhe origins, aims and plans", "News, events and workshops", and "Learning and teaching resources". To the right of the navigation menu is a sidebar with the heading "An Itsn partnership between" and a list of subject centres: "Social Policy and Social Work (SWAP/Itsn)", "Health Sciences and Practice", "Psychology", and "Medicine Dentistry and Veterinary Medicine". Below this is a "News" section with a list of dates and events: "22 Apr 2003 Booking form now available.", "1 Mar 2003 Website launch", "27 Jan 2003 Senior Project Development Officer", "8 Apr 2002 Mental Health seminar". At the bottom of the sidebar is a "mhhe discussion list contact us" button. A footer note at the bottom of the page states: "This site was launched on 1st March 2003 and is in continuing development."

An extract from the mhhe website at mhhe.ltsn.ac.uk

Mental health in higher education

priority in the NHS, a National Service Framework has been developed, reform of legislation is in hand, and new bodies such as the National Institute for Mental Health in England (NIMHE) and the Social Perspectives Network for Modern Mental Health have been set up.

Organisationally, much of mental health provision is moving into partnership trusts, with joint health and social care provision. These changes should be both reflected and developed in higher education.

Joint seminar

With this in mind, a meeting took place in November 2002 of representatives from four of the LTSN Subject Centres most closely involved in learning and teaching about mental health, viz: Health Sciences and Practice, Psychology, Medicine Dentistry & Veterinary Science and Social Policy & Social Work (SWAPltsn). We discussed how we might work to enhance pedagogy in this area across the Subject Centres.

As a first step, we arranged a joint seminar to think about learning and teaching in mental health in higher education. It was held in April 2002 in York, and attended by 22 people from the four disciplines. The purpose of the seminar was:

- to develop a shared understanding of different approaches to learning and teaching about Mental Health in Higher Education, both theory and practice.
- to identify strengths, development needs and other drivers for change.
- to explore ways of improving teaching and learning within and across different disciplines.
- to test assumptions and explore perhaps unforeseen problems and consequences.
- to consider how the LTSN might help.

Facilitated by an external consultant,

the seminar gave those present the opportunity to reflect on definitions, understandings, scope and practice in both the substantive area of mental health and in learning and teaching. The participants were mostly from higher education, but also included representatives from the Sainsbury Centre for Mental Health and TOPSS/Healthwork UK, as well as service users, and representatives from the four Subject Centres.

Issues discussed

Participants considered the kinds of issues that need to be addressed in higher education to enhance learning and teaching about mental health. Discussion moved frequently from education to practice to research, and there was lively debate about whether education for mental health should reflect practice or help to shape it.

The development of more effective approaches to teaching about the diversity of models, theories, values and skills in the different disciplines was discussed, and how to prepare students for the realities of mental health practice.

Many participants said this was the first time they had met with people from such a variety of backgrounds, all involved in some aspect of mental health teaching; this brought opportunities to review and reflect on the barriers to interprofessional work in this area, which would be of value to them and therefore to their students.

Not surprisingly, the event also highlighted some of the complexities of working across disciplines and professions, and the need for professionals, academics and students to listen to one another, develop skills in collaborative working, and try to resolve differences in perspective. By the end of the seminar, agreement on six guiding principles for learning and teaching in mental health in higher education had been reached (see panel, right). These could be used to

Guiding principles for learning and teaching

- 1. Courses should be user focussed; that is, influenced and informed by user experience and accessible to users.**
- 2. Courses should be evidence based; that is, based on what works and has been evaluated. This should preferably take into account the whole person/patient journey not just particular interventions that may be hard to assess in isolation.**
- 3. Reflective practice should be encouraged in all disciplines.**
- 4. All courses should include learning about diversity, social inclusion, respect and user experience.**
- 5. All courses should recognise the need for interprofessional collaboration and shared understanding of the full range of different approaches to health promotion, prevention, diagnosis, treatment, care and recovery.**
- 6. All students should be able to understand how and why Mental Health is a contested area in which there are as many needs, wishes and routes to recovery as there are people suffering from mental ill health and distress.**

inform all stages of education – course design, content, delivery, assessment and validation.

Student well-being

Another area discussed at the seminar was the mental well-being of students. A significant proportion of students experience some form of mental distress whilst at university; others come onto their courses having previously experienced mental health problems. When thinking about the vulnerability of students to mental stress, we need to think not only in terms of the policies, services and

Mental health in higher education (continued)

support available to them in the university, but about the way in which learning, teaching and assessment is conducted. Those who teach about mental health must be cognisant of the direct experience students may have, whilst not putting them under pressure to disclose. The mental health of university staff and of mental health practitioners is another linked arena. Whilst the seminar's participants could not do justice to the full range of these topics, it was agreed that it is essential to recognise that mental stress and mental well-being is central to all of our lives.

Developing the mhhe project

The seminar generated considerable enthusiasm and interest in taking this work forward, and agreement that there is a need to network throughout higher education to encourage debate, reflection and sharing of practice. A bid for funding for further work was therefore submitted to the LTSN development fund, the success of which was announced in summer 2002. The Senior Project Development Officer commenced work at the end of January 2003. She is Jill Anderson, from the University of Nottingham, who has been seconded to work with mhhe, based at SWAPltsn (the lead Subject Centre for this project), for one year. Central to the project are a series of regional workshops. Here, academics from the different disciplines will have the opportunity to meet and share the latest developments in research and practice, and different ways of teaching about mental health.

Linked to this there will be a web-based teaching resource exchange, where examples of course outlines, different approaches to learning and key resources can be reviewed and debated. There are plans for good practice guides in particular areas, yet to be determined (for example, user involvement in learning and teaching; and helping students understand their own reactions to mental distress and

illness). Whilst retaining its particular focus on learning and teaching in higher education, it will be important for mhhe to link to the many other national initiatives in progress or being planned in mental health. Some of these are listed, along with key contacts associated with mhhe, on the panel, right.

The project will also benefit from linking to the LTSN collaborative

project on interprofessional education, the TRIPLE project. The success of the project will depend to a large extent on the involvement and participation of academics from across the disciplines. We therefore welcome your suggestions about the project and your experiences of learning and teaching about mental health. If you have ideas, case studies or links with other groups and projects, then please do get in touch.

Links

Centre for Evidence Based Mental Health: <http://www.cebmh.com/>

European Network on Training, Evaluation and Research in Mental Health
<http://www.entermh.main-page.com/>

Mind: <http://www.mind.org.uk/>

National Programme for Improving the Mental Health and Well Being of the Scottish Population. <http://www.scotland.gov.uk/library5/health/mhm92-00.asp>

National Institute of Mental Health for England
(NIMHE): <http://www.nimhe.org.uk/>

Royal College of Psychiatrists: <http://www.rcpsych.ac.uk/>

Sainsbury Centre for Mental Health (SCMH): <http://www.scmh.org.uk/>

Scottish Association for Mental Health: <http://www.samh.org.uk/>

Social Perspectives Network for Modern Mental Health
http://www.topss.org.uk/uk_eng/comp_docs/infomain.htm#SPN

Key contacts

The Advisory Board for the project, includes:

Chair: **Jackie Rafferty** (SWAPltsn)

Project Manager: **Hilary Burgess** SWAPltsn h.burgess@swap.ac.uk

Senior Project Development Officer: **Jill Anderson**, University of Nottingham
jill.anderson@nottingham.ac.uk

LTSN Health Sciences and Practice: **Dr Margaret Sills** margaret.sills@kcl.ac.uk;
Subject Adviser: **Dr Anne Fothergill**

LTSN Medicine, Dentistry and Veterinary Medicine: **Dr Jean McKendree**
jean.mckendree@newcastle.ac.uk

Subject Adviser: **Dr Brian Lunn** b.s.lunn@ncl.ac.uk

Psychology LTSN: **Dr Annie Trapp** A.Trapp@psych.york.ac.uk

Subject Adviser: **Anne Cooke**

LTSN Social Policy and Social Work (SWAPltsn): **Hilary Burgess** (see above)

Subject Adviser: **Jerry Tew**

Service User Representation: **Colin Gell** (and others yet to be determined)
University of Nottingham: **Dr Ian Shaw**

Jill Anderson can also be contacted at Centre for Social Work, University of Nottingham, University Park, Nottingham NG7 2RD.

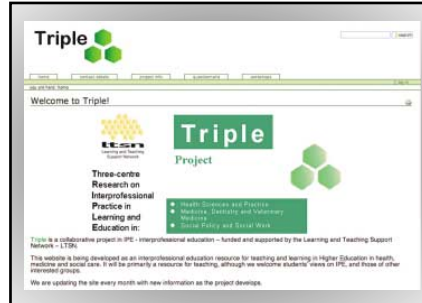
Tel: 44 (0) 115 951 5231. Fax: 44 (0) 115 951 5232

LTSN in action: LTSN TRIPLE project website and workshops

• *Marion Helme and Pawel Miklaszewicz, TRIPLE project officers*

Triple needs your help. By filling in a short questionnaire available from the website, you can let the project know about your interest in and concerns about IPE, as well as what IPE initiatives you are already involved in. Based on this information, Triple will contact people directly throughout the project about their experience of IPE. Later the project will commission short publications on themes of special interest.

- Let us know of your interest in IPE via the website.
- Pass on the website address and workshop information below to colleagues.
- Encourage them to tell us via the website of interprofessional education initiatives they are involved in.
- Encourage colleagues to look at the website periodically, as it develops.
- E-mail us (triple-ltsn@kcl.ac.uk) with contact details of colleagues who may be interested in Triple workshops or in telling us about their IPE work.



Triple workshops – see <http://www.triple-ltsn.kcl.ac.uk>. The website details two one-day workshops for interprofessional teaching teams:

1. London (King's College) Tuesday 10 June 10.45 am to 4.15 pm
2. York (King's Manor) Friday 13 June 10.45 am to 4.15 pm

Triple is a LTSN funded project to promote critical debate about interprofessional education and to develop a web-based resource for interprofessional teaching in health and social care. The LTSN Centres for Health Sciences and Practice, Medicine, Dentistry and Veterinary Medicine, and Social Policy and Social Work are partners in the Triple project, which also involves working with the Centre for the Advancement of InterProfessional Education (CAIPE) and Department of Health initiatives. The project website is at: <http://www.triple-ltsn.kcl.ac.uk>.

The aim of these workshops is to identify and share learning from participants' experiences of IP teaching to help enhance IP teaching and learning for themselves, their students and their HEIs, and towards promoting scholarship in IPE. There's a small charge to cover costs. We will be holding further workshops on IPE in September and October.

Marion Helme, Pawel Miklaszewicz

Triple Project Officers, LTSN Health Sciences and Practice;

3.12 Waterloo Bridge Wing, Franklin Wilkins Building, 150 Stamford Street, London SE1 9NN. Telephone: 020 7848 3936 (Direct) Fax: 020 7848 3130

ROYAL COLLEGE OF PHYSICIANS

ASSESSMENT – THE WAY FORWARD

Monday 16 June 2003

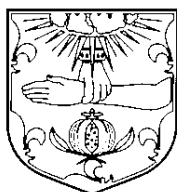
at the Royal College of Physicians, 11 St Andrews Place, Regent's Park, London NW1

Assessment of the performance of doctors has become an important issue, both publicly as a result of high profile cases in the media and within the profession in relation to changes in the training of doctors. The Royal College of Physicians is taking a lead in the development of reliable and valid methods of assessment. This conference will provide an overview of assessment and discuss the educational principles which underpin it. The programme will consist of a mixture of lectures and workshops.

Speakers include: **Sir Graham Catto**, President, General Medical Council; **Dr Don Melnick**, President, National Board of Medical Examiners, Philadelphia, USA; **Professor Dame Lesley Southgate**, President, Royal College of General Practitioners

The Conference will also be covering: Perspectives on assessment – from the Royal College of Physicians, the London Deanery and the Royal College of Paediatrics and Child Health; The trainee's view of assessment

Parallel workshops covering: Structure of clinical examinations; Assessment of attitudes; Case based discussions; Training Assessors for performance assessment and examinations



Further information and booking forms are available from:
Conference Office, Royal College of Physicians
Tel: 020 7935 1174 Ext 252/300/436 Fax: 020 7224 0719
Email: conferences@rcplondon.ac.uk

www.rcp.london.ac.uk

Workshop programme 2003

LTSN-01 workshops are free and open to anyone involved in learning and teaching in medicine, dentistry and veterinary medicine and cover a wide range of topics.

All participants of medical and dental workshops are eligible for CPD credits. Forthcoming workshops include:

ABCs of VLEs, 23rd May 2003

Facilitators: Nora Moge and Dr Andrew Short, University of Edinburgh
Venue: The Medical School, University of Edinburgh

This workshop is for veterinary school staff wanting either an introduction to the power of VLEs or the opportunity to learn more regarding a specific VLE function/ raise issues they have encountered. The workshop will be a mixture of demonstrations of different VLEs, presentations on uses of VLEs, facilitated small group sessions and plenty of opportunity for questions and discussion. Delegates will leave with an increased awareness of who is using VLEs and how within the veterinary constituency.

Details: http://www.ltsn-01.ac.uk/resources/meetings/workshops/ABC_VLE

Scholarship of learning and teaching, 29th May 2003

Facilitator: Dr John Sweet, University of Wales Dental School
Venue: The Llewelyn Room, The David Lloyd Centre, Cardiff

This is a workshop for medical, dental and veterinary school academic staff which will provide the opportunity to define 'scholarship of learning and teaching' and explore your application of scholarship concepts to your own current working position. It will include working in pairs, small group activity and a plenary. We hope that participants will produce a hard copy co-publication from the workshop proceedings – learning and teaching scholarship in action!

Further details: <http://www.ltsn-01.ac.uk/resources/meetings/workshops/scholarship>

Teaching about professionalism in dental education, 14th July 2003

Facilitator: Professor John Spencer, University of Newcastle upon Tyne
Venue: West of Scotland Centre for Postgraduate Dental Education, Glasgow

The General Dental Council's, The First Five Years, has highlighted the importance of teaching about professionalism in undergraduate dental education, and that this is the start of a continuum of lifelong learning. This workshop is for dental educators and curriculum developers who wish to share experience, and to discuss approaches to, and the challenges of, teaching, learning and assessment of professionalism in dental education. It will include discussion in plenary and small groups, role play and video triggers.



ASME

This workshop is only bookable via the following LTSN-01 Nominated Primary Contacts: Professor Stirrups (Dundee), Dr Bissell (Glasgow), Dr Hobson (Newcastle), Dr Ibbetson (Edinburgh) and Dr Morison (Belfast).

Further details: <http://www.ltsn-01.ac.uk/resources/meetings/workshops/PPD>

* this workshop is in association with the Association for the Study of Medical Education

Feedback from past workshops

So far 151 people have attended workshops hosted by LTSN-01 over the last four months. Resources for each workshop are downloadable from the LTSN-01 website. Here's some of the feedback we've received:

Assessment of competence using OSCEs, 19th February 2003 and 1st April 2003

- “ Every aspect of the meeting was interesting as well as useful...
- “ It was well organised. Blue printing was very useful. A good working, positive, interactive group...
- “ Positive easy going interaction of facilitators and group interaction...
- “ Group interactions and mix of different professionals...
- “ Personal experience of the facilitators – More useful than reading papers alone.

Outreach teaching, 26th March 2003

- “ Learning from the experience of others...
- “ All presentations and small groups were useful and informative.

Management of difficult clinical teaching situations, 8th April 2003

- “ Role play of scenarios with difficult students was helpful...
- “ Very practical. Believable scenarios.

Portfolio design to support learning, 10th April 2003

- “ Networking re other examples of good practice was very useful. Janet, the facilitator, was an excellent resource...
- “ Actually going through the process of portfolio development was useful. Group work was excellent...
- “ It was all excellent...
- “ The chance to discuss portfolios with likeminded individuals... I went away with useful ideas/plans.

Workshop programme 2003

Enhancement & Audit of the Undergraduate Teaching & Learning Experience in Extramural Studies, July 2003

Facilitator: Dr Frank Taylor, University of Bristol. **Venue:** University of Bristol

Veterinary undergraduates are required to spend a minimum of 26 weeks gaining extramural clinical experience. Whilst this is crucial to their training, it has traditionally been devoid of any formalised quality assurance. This is in direct contrast to placement training in other medical professions such as nursing and dentistry.

This is a workshop for veterinary teachers which aims to determine a strategy for a learning, teaching and assessment framework for clinical placements that can be used by all UK veterinary schools. It will include presentations by representatives of the allied professions and the veterinary practitioner's view.

Further details: <http://www.ltsn-01.ac.uk/resources/meetings/workshops/ems>

How to book for ltsn workshops

- Booking forms and details of the full workshop programme are available on the LTSN-01 website at: <http://www.ltsn-01.ac.uk/resources/meetings/workshops>

- We are always looking for other workshop topics you would like us to cover.

Please feel free to send your ideas to LTSN-01 at: enquiries@ltsn-01.ac.uk

Tell us about the workshops you'd like to see — and then get paid for running them!

Call for proposals for LTSN-01 workshops 2003/2004

The LTSN-01 workshop scheme is designed to provide small amounts of funding to promote and disseminate effective learning and teaching activities in Medicine, Dentistry and Veterinary Medicine. We are in the middle of the first round of workshop delivery and have run or scheduled 23 workshops to date attracting over a 95% attendance rate (see <http://www.ltsn-01.ac.uk/resources/meetings/workshops>)

LTSN-01 now invites workshop development proposals of up to the value of £500 each. There is a maximum of approximately £20000 available for this call. Applicants are encouraged to read the guidelines available at http://www.ltsn-01.ac.uk/resources/proposals/workshops3/workshop_intro before submitting their bid.

This call is intended to be strategic with emphasis placed on specific topic areas such as:

- Assessment
- Curriculum design
- Employability
- Linking to work
- Quality assurance
- Research
- Widening participation

The primary purpose is 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;
- promote staff development through development and delivery of appropriate workshop/seminar programmes.

There is no limit on the number of proposals that a single individual may make, and joint proposals from more than one subject or institution are also encouraged. Previous applicants may reapply, taking into account any comments from our reviewers.

Successful funding will be on condition that all results are made available to LTSN-01 for dissemination and we may ask for minor alterations or clarification of plans from successful applicants.

LTSN-01 will also continue to attempt to identify other potential educational research funding for all proposers in the future, so even if your proposal doesn't exactly fit this call, we would still appreciate hearing about your ideas and plans with a view to seeking funding in the future.

Potential proposers are encouraged to contact the LTSN-01 staff to discuss the planned workshop in order to ensure that its suitability is maximised. All successfully funded workshops must be held before December 2004.

There are three deadlines for proposals are 30 June 2003, 31st October 2003, and 26th March 2004.

You can find out more including guidelines and application forms online at:

http://www.ltsn-01.ac.uk/resources/proposals/workshops3/index_html

Conference Report ...

Breaking Boundaries: Innovation in Medical Education

• Jean McKendree, *ltsn-01*

This conference was held on 12-13 February in Manchester. The two day conference was jointly hosted by the Learning and Teaching Support Network subject centre for Medicine, Dentistry and Veterinary Medicine (LTSN-01) and the TLTP3-86 (Facilitated Network Learning in Medicine and Health Sciences) project team. It brought together educational developers, learning technologists, and curriculum and staff developers working in medicine and related healthcare sciences, giving them the opportunity to share knowledge about current projects and future developments in their fields.

The conference, jointly hosted between LTSN-01 and TLTP3-86, had 101 delegates from around the UK who heard keynotes by representatives of LTSN-01, TLTP3-86, NHSU, UKeU, IVIMEDS, CETIS, ATHENS and CyberMedicalCollege. This plethora of acronyms indicates the exciting potential of technology to enhance education in many ways and the organisations had a chance to discuss some ways forward in joining up the various efforts.



The *ltsn-01* team at *Breaking Boundaries*.

There were also nine sessions facilitated by experts on topics including Accessibility, Assessment, Peer-2-Peer Technologies for Teaching, Common Learning, How to Publish Your Research, and Reusable Learning Objects. Fourteen posters were presented of LTSN-01 funded mini-projects and other projects of potential interest to the delegates including Teaching Mental Health in Higher Education and Interprofessional Education.

The two days were also filled with many opportunities to network over excellent food and drinks.

What some delegates said ...

“ Definitely one of the more interesting conferences I've been to recently...

“ All excellent and very well targeted. Please pass on congratulations to all. Presenters excellent content & standards...

“ Good mix of medics & editors. Very stimulating talk by Elizabeth Robertson...

“ It was all ground breaking...

“ The breakout sessions were particularly interesting. The presentations themselves were informative and well worth listening to. There was a healthy dialogue and networking (people) was efficiently done and I believe, highly effective...

“ Meeting colleagues from other institutions and discussing their work and interests – always worthwhile....

Links

A full report of the sessions and downloads of most of the presentations are available from the LTSN-01 website:

http://www.ltsn-01.ac.uk/resources/meetings/breaking_boundaries

A list of projects sponsored by LTSN-01 can be found at:

<http://www.ltsn-01.ac.uk/resources/features/miniprojects>

Miniproject perspective: The Medical Education Taxonomy/Thesaurus Research Organisation

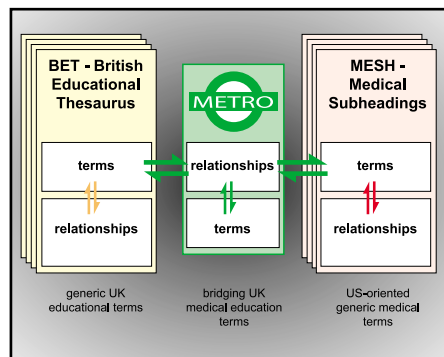
• Alex Haig, NHS Education for Scotland, and Rachel Ellaway, University of Edinburgh

The Medical Education Taxonomy/Thesaurus Research Organisation (METRO) was formed to investigate the creation of a set of interoperable terms to describe medical education content in the UK. Rather than starting from scratch, METRO will serve as a bridge between existing medical and educational taxonomies, creating unique terms when required.

This is a critical step toward a comprehensive shared scheme of descriptors that can be applied across research and teaching/learning resources for medical education.

As yet, no thesauri for medical education exists and while there are a number of thesauri for both medical (e.g. MeSH – Medical Subject Headings) and educational content (ERIC and BET – British Educational Thesaurus), none of these adequately describe medical education. This shortcoming is revealed when searching for medical education material on databases where these thesauri are employed. The BEME (Best Evidence Medical Education) Collaboration, an international collaboration producing systematic reviews in medical education, has provided a clear measure of current shortcomings; systematic searches across various topics only found between 6 and 34% of items retrieved from these particular databases to actually be relevant to the topic (specificity). These findings demonstrate the deficiencies encountered when searching and indexing with the existing thesauri and these shortcomings can be extended to all aspects of description for medical education.

Once completed and implemented the METRO process will dramatically improve database retrieval rates and will have wider applications, ultimately allowing groups and organisations to express and exchange information in a cohesive, standardised and interoperable manner. The growing interest in METRO demonstrates the diversity of its possible applications: cataloguing and indexing traditional books and physical objects (Royal College of Physicians Library), knowledge management (NHS



Education for Scotland), data abstraction (BEME Collaboration) and, perhaps most prominently, describing electronic resources for the large number of dispersed organisations involved in medical education.

METRO is not setting out to duplicate working descriptors. A significant portion of METRO's task will therefore be mapping between two thesauri - the National Library of Medicine's MeSH and the British Education Index's BET. Only when these thesauri fail to describe concepts will METRO create new terms.

METRO's scoping phase will map between MeSH and BET, as well as METRO's seed terms – several hundred medical education keywords used in separate in-house systems.

This work will be conducted in METRO's online Collaborative Work Environment (CWE), a facility where members can search the respective terminologies, map and define terms' meanings and relationships, introduce new terms and arrive at a consensus for all decisions taken.

METRO will complete its objectives

for the LTSN-01 funded scoping phase by May 2003. This includes the identifying the essential core set of terms (estimated to be approximately 100 in number) for UK medical education that do not currently exist, provisional scope notes as well as mapped and synonymous relations. This phase will also identify and document the processes and protocols for creating, extending and implementing the thesaurus.

Because METRO's utility will only increase with the number of people and organisations using it, the organisation welcomes input from the broader medical education community. We expect that a successful outcome of this project will be that the thesaurus will be the focus of a subsequent consultation phase to refine the process with a view to adoption by the users. This process could be modelled as a methodology for other related disciplines and LTSN subject centres interested in creating a relational thesaurus to serve as shared values for meta-data description, research and data abstraction.

Alex Haig, Information Scientist, NHS Education for Scotland

alex.haig@nes.scot.nhs.uk

Rachel Ellaway, Special Projects Manager, Learning Technology Section, College of Medicine and Veterinary Medicine, University of Edinburgh

rachel.ellaway@ed.ac.uk

Website:

<http://srv1.mvm.ed.ac.uk/metro/index.asp>

Miniproject perspective: Evaluation of information mapping techniques as teaching and learning tools in veterinary medicine

• Tudor W Jones, Royal School of Veterinary Medicine, University of Edinburgh

Teaching and learning of biological subjects, in common with other science-based subjects, requires an understanding of complex relationships between a wide range of concepts. In veterinary medicine learners need to understand how basic biological systems are affected by internal body processes and external factors such as pathogens and the environment.

Teachers need to find how to present complex interactions in ways that lead to deeper learning, ideally cutting across traditional subject and discipline boundaries. Most veterinary curricula would be considered “constructivist” in nature e.g. clinical teaching components follow on from and are informed by preclinical teaching.

An important component of constructivist learning theory is the building of close relationships between internal mental models and external information models (Cox & Brna, 1995), a process often enhanced by visual representations. Furthermore, many of aspects of the veterinary curriculum are more likely to be suited to a visual, rather than a verbal cognitive style e.g. recognition of symptoms, microscopical examination, drawing of anatomical structures. Consequently, teaching techniques involving the graphical representation of knowledge structures would be expected to be beneficial for students of veterinary medicine.

Visual presentations

There are a number of ways in which the relationships between information domains can be presented visually for teaching and learning. These are often

referred to generically as semantic networks, symbol-and link diagrams, knowledge maps or information maps (Conlon, 2002). Sub-types of information maps include Concept maps (figure), Argument maps, Decision maps, Project maps and Mind Maps each with its own form of representation and cognitive application.

Information maps can be created easily using a range of computer software packages either as general drawing and flow-charting utilities or dedicated mapping programmes such as Inspiration (Inspiration Software inc.), Conception (Parallel Logic Programming) or Mind Manager (MindJet) usually without the need for access to sophisticated computing equipment.

Benefit to learners

Teachers can use information mapping techniques for teaching preparation, visual aids, and to identify pre-instructional misconceptions and post-instructional misunderstandings. Information mapping would benefit learners principally by assisting them to integrate specific topic knowledge into their existing knowledge structures either by creating their own maps from scratch or via scaffolded or “buggy” maps (Conlon, 2002).

Learners could also use mapping techniques for essay, tutorial or presentation planning. Of these two groups it is generally recognised that deeper learning takes place when information mapping is carried out by learners.

However, information mapping for learning cannot be fully exploited unless teachers are familiar with the

benefits of such mapping within their own subject areas and across the curriculum. The aim of this mini-project is to identify areas of the veterinary curriculum at Edinburgh that would benefit from information mapping by involving teaching staff at different stages in the undergraduate veterinary curriculum and is seen as a first step in developing student-centred information mapping.

Evaluation

Teaching staff from each of the 4 divisions of the veterinary school (Preclinical Veterinary Science, Veterinary Clinical studies, Veterinary Pathology & Tropical Animal Health) will evaluate how information mapping could be integrated into their current teaching practice - tutorials, practical classes, formative assessment, clinical attachments, case studies. Results of the study and exemplar maps will be available via the project website (listed below).

Tudor W Jones, Division of Tropical Animal Health, Royal (Dick) School of Veterinary Studies, University of Edinburgh,

Easter Bush Veterinary Centre, Roslin, Midlothian, Scotland, EH25 9RG

Web: www.vet.ed.ac.uk/infomap

References:

Conlon T (2002): *Information mapping support for learning and teaching.* (www.parlog.com/infomap.doc)

Cox R & Brna P (1995): *Supporting the use of external representations in problem solving; the need for flexible learning environments.* *Journal of Artificial Intelligence of Education*, 6, 239-302.

CALL FOR PROPOSALS FOR LTSN-01 MINI-PROJECTS 2003

The LTSN-01 mini-project scheme is designed to provide small amounts of funding to promote and disseminate effective learning and teaching activities in Medicine, Dentistry and Veterinary Medicine.

We have funded two sets of miniprojects to date totalling 18 innovative learning and teaching projects in all totalling

There are summaries of all the projects at:

<http://www.ltsn-01.ac.uk/resources/features/miniprojects>

PREVIOUS PROJECTS

We have featured a number of miniproject reports both in the first and current editions of 01, and indeed this issue has thought provoking articles on the creation of a taxonomy to describe UK electronic learning and teaching resources in medicine and healthcare subjects, the evaluation of information mapping techniques as teaching and learning tools in veterinary medicine, and a report on the creation of a DVD for teaching sedation and behavioural psychology in dentistry.

You can find out about the whole range of previously funded miniprojects at:

<http://www.ltsn-01.ac.uk/resources/features/miniprojects>

One miniproject has resulted in the publication of a report entitled Pushing The Boat Out, whose impact is beginning to ripple throughout the admissions communities in our subject areas.

There is a progress report from its author Anne Tynan in this issue which invites further discussion.

MINIPROJECTS 2003

LTSN-01 now invites proposals for funding of up to the value of £5,000 per project in our 2003/2004 round of funding. Proposals for less than £5,000 would be particularly welcome which would allow us to fund a wider range of projects.

There is a total maximum of approximately £60,000 available in the current call – more than double what was available last time round.

Applicants are encouraged to read the guidelines before submitting their bid.

Further information including full guidelines, priority areas and application forms is available from:

http://www.ltsn-01.ac.uk/resources/proposals/miniprojects3/index_html

The deadline for proposals is 30 June 2003 and successful applicants will be notified by the end of August 2003.

Miniproject perspective: DVD for teaching sedation and behavioural psychology in dentistry

• Jason Leitch, Glasgow Dental Hospital and School

Using funding from the LTSN-01 subject centre staff from the Royal Veterinary College visited skills labs in medical schools. This article considers their potential for veterinary medicine.

Historically the practice of dentistry has had a powerful association with pain and anxiety. Negative perceptions still exist despite modern advances in methods of analgesia and anxiety reduction. Over 45% of the UK population claim that fear is a major barrier to dental care. Pain and anxiety control has been inextricably linked with dentistry since the first general anaesthetic was given in the USA by a dentist in 1846. The use of conscious sedation has become increasingly popular over recent years as a safe and effective method to control patient's anxiety.

Education of both undergraduates and postgraduates in the various forms of conscious sedation is therefore vital. The quantity and quality of sedation teaching varies considerably across the UK dental schools¹. Most dental schools teach the theory of pain and anxiety in lecture and/or tutorial format then subsequently offer a varying amount of supervised clinical practice.

These two aspects are often separated by considerable time. Sedation is an inherently hands-on subject and educationally works best if practice and theory are intertwined. The idea of this project was to produce a resource to enable this to happen.

New format

DVD – (Digital Versatile Disc) is a relatively new format for digital video and audio which has recently taken off in the home entertainment market. Each disc holds 4.7GB of data or 133 minutes of high-quality digital video on each side. It provides an ideal format for educational material since it can be organised into a series of 'chapters' allowing quick and convenient access to the necessary

section or sections. This avoids the obvious difficulty with standard video of searching for the relevant segment. DVD's can be played both on dedicated players and on most new computers. The produced DVD will therefore fit seamlessly into existing audio-visual environments and could be used for instance in conjunction with a PowerPoint presentation on the theoretical aspects of the treatment being shown.

Content

The DVD produced by this mini-project will have chapters on the various mainstream methods of conscious sedation and behavioural psychology in dentistry:

- Assessment of patients
- Intravenous sedation with midazolam
- Inhalational sedation with nitrous oxide
- Intravenous sedation with propofol
- Sedation complications
- Relaxation techniques
- Desensitisation
- Cognitive restructuring

The video clips involve real patients and actual treatment, providing an instant resource to bring theoretical teaching alive and reinforce its importance.

The main use of the DVD will be in dental schools for undergraduate teaching however, there is increasing interest in pain and anxiety control as a postgraduate subject across the medical specialities.

This is evidenced by the Society for the Advancement of Anaesthesia in Dentistry managing to fill three courses a year of over sixty dentists



and sixty nurses each time. Other medical specialities such as endoscopists, interventional radiologists, accident and emergency physicians and anaesthetists are also becoming increasingly interested. The funding provided has gone exclusively to provide two days of professional filming involving two cameramen and a producer, editing and post-production including DVD design. The produced resource will be disseminated by LTSN-01 to all the UK dental schools.

Ongoing process

It has been an interesting and is an ongoing process. Inevitably the planning, filming and editing are more complicated than originally anticipated. It has been a fairly steep learning curve made easier by a strong media services team at the University of Glasgow. It is anticipated that the resource produced will be of a high quality and be of practical use in a variety of settings.

Jason Leitch, Clinical Lecturer, Glasgow Dental Hospital and School, 378 Sauchiehall Street, Glasgow G2 3JZ.

E-mail: leitch@bigfoot.com

DDU Dental Teacher of the Year: Jeremy Hayes

Questions and answers with Jeremy Hayes, of University of Wales College of Medicine, who was the inaugural winner of The Dental Defence Union Dental Teacher of the year award, announced in March.

How did you feel when you learnt that your students had nominated you to be dental teacher of the year?

I was delighted; I hadn't been aware of the voting process. On the other hand, only a few of us are involved with all 6 years of students in Cardiff so more people would know me to vote for, than they would my colleagues.

What do think makes a good dental teacher?

I found learning clinical dentistry (as a new subject) very difficult. I was too busy 'doing' to think about 'learning'. Good teachers remember what 'clinics' were like when they were learning – it can be very stressful. Detailed planning helps get the most out of a learning opportunity. Extensive evaluation provides specific information on the results of teaching.

Are there examples of good practice in dental teaching which could be adapted by other disciplines, such as medicine and veterinary medicine?

I think the surgical skills dental undergraduates have to learn aligns our course more with the veterinarians. I don't know how best to facilitate learning of clinical skill but it's the area I'm most interested in.

What do you think are the major issues facing the teaching of dentistry at the moment?

Two things: It's difficult to emphasise quality and/or inspire the pursuit of excellence at undergraduate level, when the majority of our students will work in a grossly underfunded system after graduation. Also, prevention-based schemes are not encouraged by fee per treatment. I don't have answers!

Secondly, clinical academics have to satisfy Three masters. We are now expected to train as educators (something I am quite happy with as it is my primary role). If I wanted an honorary consultancy I'd have to do NHS clinical training whilst at the same time being research active for the RAE.

How did you get where you are today?

I graduated from the University of Wales School of Dentistry in 1991, did Vocational Training while it was still voluntary and then spent 18 months as a SHO in Oral Surgery in several DGHs. I was an associate in an NHS dental practice for a few years before returning to the Dental School in Cardiff as a lecturer. I was lucky to have done enough to be 'grandfathered' onto the GDC Specialist List in Endodontics, otherwise I would have had to do NHS Clinical Training, likewise with the Institute of Learning & Teaching

(although I've just completed a Postgraduate Certificate in Medical Education by Distance Learning, U Wales, and will do more).

What are your professional interests?

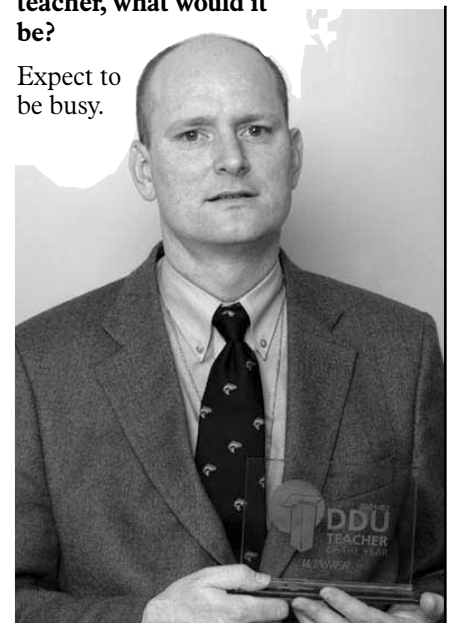
My main area (education, research & clinical practice) is in endodontology.

And your personal interests?

My wife Kath and children Rebecca (six) & Harri (two). Fly-fishing, vegetable gardening.

If you had one piece of advice for someone starting a career as a dental teacher, what would it be?

Expect to be busy.



Summer Fayre: Innovations In Education

16th July 2003

Guy's, King's and St Thomas' Dental Institute, King's College London are pleased to announce a Summer Innovations in Education Fayre.

Venue: The Park, Guy's Hospital, London Bridge SE1 9RT

11am - 4pm with the Official Opening at 1pm.

The aim is to raise awareness of the variety of contemporary and developmental initiatives in education at GKT and King's College London involving the LTSNs and related academic and industrial establishments. There will be table demonstrations from the E-U, the NHS-U, the External Programme of London University, the Open University and from technology and learning related groups and companies. A refreshment tent will be provided. All academic and related staff and students are welcome. Queries/Expressions of Interest should be addressed to: wallibeke@ntlworld.com EU ESF Project Manager



Lifelong learning: Building the continuum of professional and interprofessional learning for health and social care

A joint meeting with CAIPE

RCOG, 27 Sussex Place, Regent's Park, London, 22nd May 2003

Conventional wisdom long held that interprofessional learning was better left until after registration when workers had found their identities and had experience to share.

No longer.

Pre-registration interprofessional learning is being launched nation-wide, driven by the need for all health and social care workers to be prepared to work together from the moment they qualify.

Opportunities must be created to apply learning to collaborative practice with continuing education sensitive to professional and interprofessional needs, as part of a continuum of learning.

A tall order, perhaps, but there is no time to be lost in making a start.

That is the challenge to which this conference will rise. It will build upon recent ASME and CAIPE conferences about interprofessional education and feed into future joint activities.

Please visit the ASME and CAIPE websites (www.asme.org.uk and www.caipe.org.uk) for more information.

In association with The Harvard-Macy Institute

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28 July – 3 August 2003

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Who should come?

People with a significant leadership role in Health Education in the UK and abroad

Why come?

So that you can lead more effectively in a complex and changing health education system

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Cost - £2,550 per person (includes all accommodation, meals, course materials and tuition)

Closing date for applications: Monday 2nd June 2003

Book early – maximum of 20 participants

Further details can be found on our website www.asme.org.uk.

Focus: It's good to talk — communication skills in undergraduate medical education



• Professor John Spencer, *ltsn-01* specialist adviser

Good communication skills are an important aspect of working in medicine, where doctors may carry out a quarter of a million consultations during a career. Until recently, however, formal communication skills teaching has been a minority activity and largely ineffective.

Communication matters, and no more so than in medicine. The very fact that, in an average working life, a doctor may carry out a quarter of a million consultations highlights its importance. There is a growing body of research evidence to show the benefits of good communication. A good history is still the key to diagnosis in the majority of clinical encounters, even in an era of sophisticated investigative techniques, and teachers rightly continue to exhort their students to 'Listen to the patient – he is telling you the diagnosis', as they have for generations.

Patient satisfaction, an important outcome, is directly linked to the doctor's communication skills, as are many other related outcomes, ranging from pain relief after surgery, through improved diabetic control, to psychological sequelae of cancer. Most complaints against doctors have a significant communication element. Finally, there are direct therapeutic benefits across a wide spectrum of 'talking therapies', from simple listening, to in-depth psychoanalysis.

So what's the problem?

Sadly there is also a wealth of evidence demonstrating significant problems in communication between doctors and their patients. Some of the areas repeatedly highlighted in research are:

- The real reason(s) for the patient's attendance not discovered;
- Patients' ideas, concerns and expectations not elicited;
- Explanations inadequate, often too much or too little information;
- Perceived lack of empathy, understanding and respect;

- Patient not involved in decision making;
- Reassurance (for example, about normal test results) not effective.

These are related, amongst other things, to doctors interrupting and taking control of the interview at an early stage (as early as 22 seconds in one famous study!), not listening (and as result not 'hearing'), using technical jargon, not responding to, or simply missing important verbal and non-verbal cues indicating distress or dissonance, and being reluctant to address psycho-social issues. Communication failure was also highlighted as a major issue in the Bristol Children's heart surgery scandal(1).

Until relatively recently, however, formal communication skills teaching (CST) in undergraduate medical education has been a minority activity, usually comprising isolated courses run by Departments of General Practice, Psychiatry or Psychology. Despite innovative use of video, role play and simulated patients, such courses were largely ineffective, for at least three fundamental reasons.

Box 1. Some myths about communication skills

- They are innate and can't be learnt
- They are an aspect of personality and are therefore fixed
- They are best picked up by experience and/or 'osmosis' (i.e. are 'caught' rather than taught)
- They are no more than 'common sense' (and therefore don't need to be taught anyway)

Firstly, they were often not integrated with the rest of the curriculum. Secondly, the teaching and learning was not systematic and sustained. Thirdly, and most importantly, learning was usually not assessed.

Formal teaching

The need for formal and systematic teaching in this area has, in fact, been accepted only relatively recently. Possible reasons for this include the prevalence of several powerful myths about communication (see Box 1). All of these can be robustly challenged. The evidence that skills can be learnt and maintained, for example, is beyond doubt.

However, there has been a major expansion in CST in undergraduate medical education over the past decade, influenced by many policy documents such as the GMC's *Tomorrow's Doctors*(2), the Kennedy report(1), and international consensus statements, the most recent of which was published in 1999(3). The key recommendations of the latter are shown in Box 2 (overleaf).

In the UK, much of the developmental work in CST has been in either vocational general practice training, or cancer care, and there a rich literature has accumulated (4). As a consequence, the majority of UK medical schools now have definitive communications curricula, with much innovation in both teaching and assessment methods in evidence. Several networks, at local, national and international level such as LTSN, the European Association for Communication in Health, and ASME, provide a forum for sharing

Focus: Communication skills

good practice, presenting and discussing research, and advancing 'the state of the art'.

Teaching communication at Newcastle Medical School

The approach we have taken at Newcastle is similar to that taken by most other schools(7). Communication is seen as an essential skill, and is one of the main outcome domains. The teaching starts early (the students' first video session is in week 2 of first year) and progresses systematically as part of a longitudinal communication strand.

A broad view of communication is taken, and teaching is integrated within the core curriculum, and assessed both formatively and summatively. A mixed menu of teaching methods is used, including lectures and discussion, focussed reading and reflection, video, role play,

and 'real' and simulated patients. The teaching itself embraces principles of adult learning, with an emphasis on experiential learning, feedback on performance and learning in context as essential elements. Finally, the CST curriculum is supported by a staff development programme, and a cadre of teachers from all disciplines is slowly growing.

Like many schools, we have adopted and adapted the Calgary-Cambridge framework (4). This is a patient-centred model that takes an evidence-based approach to 'deconstructing' the medical consultation, thus enabling the various component micro-skills to be explored in depth. The model can be applied to any area of medicine (see Box 3).

Challenges for the future

That CST has now gained its long overdue place in the core undergraduate curriculum should be no grounds for complacency. There is still a lot that we do not know, and innovation and implementation must continue to be backed by rigorous evaluation and research (8). For example, how much formal teaching and learning is necessary to assure basic competence? Perhaps one can never have too much of it, but CST is not cheap, and medical schools must keep a watchful eye on use of their resources. The Objective Structured Clinical Examination (OSCE), meanwhile, is the mainstay of assessment of communication skills, supported by a substantial body of research evidence confirming its strengths and weaknesses as a test format.

One senses that a considerable amount of time and creative energy is invested in individual institutions in crafting, testing and refining OSCE stations, each team endlessly reinventing the wheel. Surely there is a strong case for developing a national bank of validated OSCE stations to which all medical schools could 'sign up'. In this

Box 3. A framework for communication skills teaching based on the Calgary Cambridge guide(7).

Setting the scene and initiating the interview

Information gathering

- Active listening
- Use of questions

Eliciting the patient's ideas, concerns and expectations

Structuring the interview

Building and maintaining the relationship

- Establishing rapport

Demonstrating empathy

Achieving a shared understanding

- Negotiation skills
- Shared decision making

Giving explanations

Summarising and closing the interview

Challenging areas of communication

- Breaking bad news
- Preparing patients for procedures (including seeking informed consent)
- Communicating with: people who are deaf, have learning difficulties, whose first language is not English (including working with interpreters), patients with life threatening illness, the frail and the elderly
- Dealing with emotions

era of evidence-based practice and patient-centredness, one of the great challenges facing practitioners is that of involving patients in decisions about their care, including communicating with them about risk and benefit. The rhetoric (that it should be done) is fine and worthy, but we are only just beginning to understand the complexities, never mind how to teach students about it. Models are being developed which will enable this (9), and of course these too must be thoroughly evaluated.

Finally, although CST is well established in undergraduate education, this is not so for postgraduate education (with the exception of general practice vocational training), and even less the case for continuing professional development (CPD).

In fairness, over the past few years the Royal Colleges have begun to address the issue in terms of assessment at the level of higher qualifications (for

Box 2. Recommendations from an international consensus statement on communication teaching and assessment (1).

- Teaching and assessment should be based on a broad view of communication in medicine
- Communication skills teaching and clinical teaching should be consistent and complementary
- Teaching should define, and help students achieve, patient-centred communication tasks
- Communication teaching and assessment should foster personal and professional growth
- There should be a planned and coherent framework for communication skills teaching
- Student's ability to achieve communication should be assessed directly
- Communication skills teaching and assessment programmes should be evaluated
- Faculty development should be supported and adequately resourced

Focus: Communication

example the PACES examination for the Membership of the Royal College of Physicians (10)), but systematic CST has not yet been introduced into training programmes. As for CPD, given the evidence that the inevitable communication skills decay can be forestalled by regular 'top ups', and that consultation is likely to be a key focus in revalidation, it is likely that there will be growing interest in and demand for training courses for established clinicians. Interestingly, the newly established NHS University has targeted communication skills training as a core issue for all health care workers.

Prof John Spencer, *Specialist adviser to LTSN-01, University of Newcastle-upon-Tyne*

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The BioMed Image Archive: Patient image issues for us all to consider

• *Jill Evans and John Mahoney, ILRT, University of Bristol*

The BioMed Image Archive, <http://www.brisbio.ac.uk/>, in conjunction with LTSN-01, recently organised a meeting at the British Medical Association, London, to discuss the topic of obtaining patient permission for images published on the Web. The BioMed Image Archive – based at Bristol University's Institute for Learning and Research Technology, <http://www.ilrt.bris.ac.uk/> – is an online collection of about 8500 medical, dental and veterinary images that are free for use in learning, teaching and research.

In the latest phase of development, the archive is being revised and updated to allow the image-using community to upload their own images from their desktop. Image users will soon be able to share their valuable image resources with the entire community and it is likely that these will include clinical images of patients. Therefore, for the BioMed archive, the area of patient permission for the use of images on the Web is extremely important.

Currently, there are various sources of guidelines on the use of images containing patients for teaching, including those provided by the Department of Health, the British Medical Association and the General Medical Council. The aim for the meeting was to discuss the legal, ethical and social issues surrounding current practice in obtaining patient consent with specific reference to the further and higher education community, the primary target audience of the archive. Also discussed was the anonymisation of images, consent for use of images of animals, use of images created before 1997, and images containing children.

The meeting brought together a group of 18, comprising representatives from: the Institute of Medical Illustrators, the British University Film and Video Council, the Open University Rights Department, the

Wellcome Trust, the Confidentiality Issues Section of the Department of Health, LTSN-01, the BioMed Image Archive and other key figures who have an interest in this area. The consensus of opinion from the group was that the further and higher education community would certainly benefit from the development of a set of clear, common, easy to use guidelines and a best practice procedure for obtaining informed consent from patients for the use and publication of images taken of them. The group felt, however, that these could be achieved only through consultation with the wider community, allowing a pooling of knowledge and experience in this area. In order to facilitate this wider debate, a mailing list has been set up. Anyone interested in contributing to discussion of this topic can join the list at:

<http://www.jiscmail.ac.uk/lists/PATIENT-CONSENT.html>.

The use of images of patients on the Web must be approached with caution and integrity. It is very much in the educational community's and public's interest to ensure an open and ethical approach is taken. Failure to do so could have serious consequences for us all by damaging public trust, adversely affecting an individual and their institution's reputation, and attracting negative media attention and potential financial liabilities. The BioMed archive team is in the process of publishing the proceedings of the meeting and these will be available to the wider community for comment and debate shortly.

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Links: <http://www.brisbio.ac.uk/>

Sharing good practice

A main aim of LTSN-01 is to disseminate examples of educational approaches used within the community. We hope this 'sharing of good practice' will stimulate debate and development regarding innovative teaching methods and the enhancement of student learning.

Here we highlight a teaching approach that is being implemented at the University of Sheffield designed both to enhance the integration of basic and clinical sciences and to encourage self-directed learning.

Large group integrated learning activities: An alternative to conventional PBL

• Prof. David Newble, Professor of Medical Education, University of Sheffield

The Vision Statement for the revised MBChB curriculum planned for introduction in the University of Sheffield in 2003 includes the need for enhanced horizontal and vertical integration.

One strategy to support this aim envisages a "spine of problem, case and patient-based integrated learning activities". The best instructional approach to implement this strategy is unknown and alternative approaches have been rigorously debated. A conventional PBL approach was rejected on the basis of academic concerns about its evidential base and the additional resources required for small group facilitation. Nevertheless it was agreed that there needed to be a vertical stream of organised learning activities which requires students to integrate medical sciences with clinical problems and additionally to develop self-directed learning skills. It was accepted that from the variety of ways in which this might be achieved the methods selected should be pilot-tested in the present curriculum before being recommended for adoption in the revised curriculum.

Phase 1 of the present course is systems based, modular and lasts for the first 2 years. A form of Integrated Learning Activity (ILA) has been developed, piloted and evaluated within a number of medical science based modules (Medicine and Society and Musculoskeletal; Neurosciences; Cardiovascular and Respiratory). At

the core of each ILA is a real patient whose clinical features inevitably lead to a need to acquire basic knowledge and principles. The patient is presented to the whole class in a lecture theatre on a video. Students then arrange themselves into small groups within the theatre and are taken through the process of problem definition, problem analysis and identification of learning needs facilitated by the lecturer. Students then share their learning needs with the whole class and these are collected and collated. Students leave the theatre with an agreed list of learning tasks which then guide a period of self-directed learning. At least one small group tutorial with a facilitator occurs a few days later to ensure the tasks are clear and that work is progressing satisfactorily.

Students are also supported by web-based materials delivered by the Sheffield Networked Learning Environment (NLE). Each group reports back via email to the ILA organiser on their learning outcomes and any difficulties experienced. A final lecture theatre based session reviews progress, presents aggregated data from student feed-back and tackles unanswered questions regarding aspects of knowledge and its application to the case. Successful pilot studies have been concluded and the approach has been endorsed for introduction in the revised curriculum to start in 2003.

Meet LTSN⁰¹: Sarah Marshall



Describe your job in LTSN-01

I am learning development officer at Itsn-01 and have been working mainly with the veterinary constituency; I am the primary contact for veterinary teachers running Itsn-01 mini-projects or workshops, and am responsible for disseminating information to vet schools. I am also working on projects that involve medicine and dentistry namely the LTSN ETHIC project, which is looking at the teaching of ethics across a number of disciplines and the Supporting New Academic Staff (SNAS) project which aims to provide new lecturers with some key resources within their own disciplines.

What is your professional background?

I did a zoology degree and went on to complete a PhD in the area of insect physiology, both at Durham University. I stayed on in Durham to work as a post-doc on a project looking at sensory neurons and during this time supervised project students in the lab and gave tutorials. I then went to Oxford to do a PGCE and after this taught biology at a school in West Yorkshire for two years until 2002, when I joined Itsn-01.

And your professional interests?

I'm interested in many aspects of education but especially the impact of student centred learning, how gender influences learning and also conservation and environmental education.

Tell us about your personal interests?

Walking in the Lakes and Dales, foreign travel – last year I went to Morocco – cinema and car boot sales/antique fairs.

Discussion: Thoughts on the use of roleplay

• *Jill Dales, School of Medical Education Development, University of Newcastle-upon-Tyne*

A look at the use of simulated patients and roleplay as a tool in teaching, learning, assessment and research.

There is significant evidence to support the fact that simulated patients and role play have been in widespread use in communication teaching, learning, assessment and research since they were first introduced in the USA in the early 1960s.

Role play is well established as an effective method of teaching verbal and behavioural communication skills i.e. the 'what' and 'how' but is not just about teaching the surface skills of communication.

Role play is also invaluable in promoting attitudinal changes i.e. the 'why' (see Jenkins M 1991; Jenkins M 1999; Skelton et al 1997).

Although it is often regarded as a safe introduction to reality, many learners and teachers still find the very thought of role play quite threatening. The attitude can be 'We'd better keep the word 'role play' out of the workshop flyer – otherwise nobody will turn up' and yet afterwards the role play is often the one thing that proved to be the most valuable and enjoyable by the participants.

I have a theory that if role play were a medical condition, it would be a syndrome. There are levels and degrees and components ('symptoms') of role play, and they don't all have to be there all the time – it's possible to go from the very mild end of the spectrum to the more serious and

complex end, and anywhere in between, but for some people (and again this includes teachers as well as learners), role play means they've got

group fed the 'patient' with cornflakes and milk. We then swapped over.

That simple exercise exposed those involved to many emotions and also

gave us tremendous insight into the value of not only knowing, but truly understanding, what and how to do something, but also why – and the consequences of getting it right, and of course, wrong.

Giving of information and feeding of cornflakes have an awful lot in common.

When using role play it is important to have a focus for the session and for those involved to



Jill Dales (left) takes part in a roleplaying exercise of the kind successfully used throughout the undergraduate curriculum at Newcastle.

the whole 'shooting match' to contend with.

It is important to keep it simple, gain experience and confidence before embarking on the intense and complex.

Even simple role play has the ability to be extremely powerful. My most memorable and influential experience of role play took place about thirty years ago when I was a student psychiatric nurse.

A tutor described how every contact we had with patients had the potential for us to show positive behavioural attributes, such as patience and compassion, or negative ones, such as irritation or frustration. Half the group role played a patient unable to communicate verbally and also unable to feed them self. The other half of the

clearly understand what they are required to do.

It is also very important that the scenario used is realistic to the participant. Start with simple scenarios that the participants can relate to and feel unthreatened by.

If you ask a 20 year old male to role play being a 50 year old menopausal woman the chances are you may get into the realms of play acting which could be very distracting from the intended focus of the session.

Role play is successfully used throughout the undergraduate curriculum in Newcastle, using the students and professional role players.

About 20-25 years ago, the Medical School in Newcastle began using the

Association for Medical
Education in Europe

AMEE

"... promoting the study of education in medicine and the health care professions and fostering communication among teachers".

AMEE is an international association for all interested in medical and health care professions education, from basic through postgraduate and continuing education. AMEE's members include teachers, researchers, administrators, students and institutions, and span 70 countries throughout the world.

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- Publishing the journal *Medical Teacher*: six issues a year, also available online; individual and student members receive a free copy with their membership.
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The use of roleplay



Breaking bad news to a patient is just one of the areas covered in sessions run by roleplay north using students and professionals alike

services of a small group of professional actors as role players for communication training in the undergraduate curriculum. With the expansion of communication skills teaching and learning (CSTL) in the new curriculum and the assessment of communication skills within the OSCE, the need to increase the numbers of role players arose.

In 1997, under the auspices of the Northern Primary Development Centre (PCDC) and in collaboration with the University of Newcastle Medical School, the Acting for Professional Education (APE) Agency was established. Having swung through several NHS political and

bureaucratic trees, (the woods were often difficult to see) and name-calling (yes, I was that Ape Lady) APE became roleplaynorth in 2000 and since April 2002 has been established as a valuable and valued resource within the School of Medical Education, University of Newcastle upon Tyne.

Jill Dales, *Health Communication Facilitator & Manager of roleplaynorth, School of Medical Education Development, University of Newcastle*

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A short synopsis of anatomical sciences software

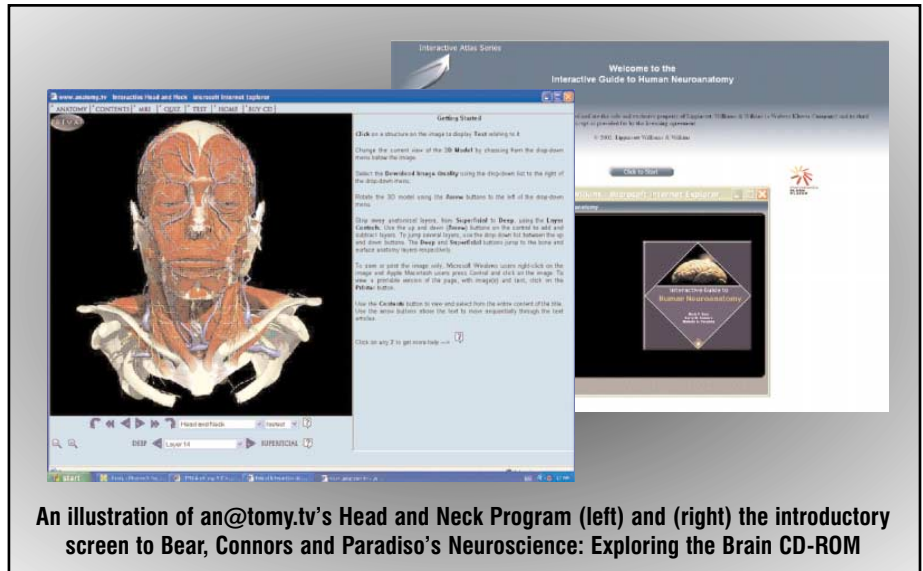
• *Geoffery D Guttman, PhD, Peninsula Medical School*

There has been an explosion of software for the anatomical sciences within the past five years. It is now not uncommon to find CD-ROMs inside anatomical atlases and textbooks. In the future, the inclusion of a CD-ROM in a textbook will become commonplace. There are still some stand-alone anatomical programs, however, these are mainly for gross anatomy. The major companies besides the book publishing conglomerates producing anatomical software are Gold Standard Multimedia, ADAM, Mosby's McMinn's Interactive Clinical Anatomy, and Primal Pictures.

When assessing computer aided learning software, one should follow some principles such as those promulgated by Dr. Titus Schleyer of Temple University School of Dentistry for the Dental Informatics Section of the American Dental Education Association or those of the British Society of CAL in Dentistry. My assessments involve navigability, ease of entry into the program, image quality, educational content, interactivity, and self-testing approaches.

Educational content refers to not only the coverage of a topic but also to the type and amount of material, i.e. is there an appropriate amount of text to explain the structures? Is the text bullet pointed and appropriately listed? Are there 3D reconstructions to illustrate the depth, shape and orientation of the structure? Do the images provide useful illustrations of the concepts being taught? Are the images appropriately labeled?

Looking at the gross anatomical software, Gold Standard Multimedia's Human Anatomy is essentially a laboratory dissection guide on the web. McMinn's Interactive Clinical Anatomy uses text to describe the anatomical structures and hypertexts to images of human anatomical dissections. The text also provides relevant clinical annotations. ADAM



is an animated program that allows one to slice or peel away the layers in a coronal, sagittal or axial manner. It is reminiscent of the acetate "How does the body work" books, though the drawings are well done.

The Primal Pictures an@tomy.tv has an excellent graphics user interface (GUI), is easily navigable, has comprehensive accompanying text as well as interactivity to view the layers and rotate the 3D reconstructions. The presentation is thorough and students at Peninsula Medical School do enjoy using the material from an@tomy.tv.

The CD-ROMs that accompany the Histology texts and atlases usually present excellent images and have a framework for viewing structures as being labeled or unlabeled on the images. Most labeling methods are via pointers with descriptors accompanying the images to the right or below the image or not at all.

Very often the CD-ROMs accompanying Histology texts have a capability to allow an instructor to export the images to a Powerpoint presentation for a lecture or demonstration. The Histology texts with CD-ROMs are Deborah Vaughn's A Learning System in Histology,

Leslie Gartner and James Hiatt's Color Atlas of Histology, and Barbara Young and John Heath's Wheater's Functional Histology. The disappointment experienced with most Histology CD-ROMs is the lack of interactivity.

It would be nice if software developers expand the idea of interactivity by using imagemaps and popup boxes as seen on websites such as amazon.com to describe and highlight the structures or tissues. Similar issues appear with the Neuroscience texts and CD-ROMs, however some of these CD-ROMs do illustrate the clinical neurological exam. The Neuroscience texts are Mark Bear, Barry Connors, and Michael Paradiso's Neuroscience: Exploring the Brain, Robert Kingsley's Concise Text of Neuroscience and Duane Haines's Neuroanatomy: An Atlas of Structures, Sections and Systems.

• *At the Peninsula Medical School, we are using an@tomy.tv by Primal Pictures and available from the National Electronic Library of Health, Wheater's Functional Histology, Jeremy Cook's Embryonic Disk 2.1 and Embryo Images from the University of North Carolina, and Bear, Connors and Paradiso's Neuroscience: Exploring the Brain.*

Upcoming educational events and conferences

More information on forthcoming non LTSN-01 events and conferences is available from: www.ltsn-01.ac.uk/resources/events

May

01 May	Problem Based Learning in Small Groups
02 May	Role of the Tutor in Small Group Learning
05 May	Plagiarism
7 May	Teaching using videoconferencing (LTSN)
8 May	Interactive whiteboards - one day workshop from TechLearn (LTSN)
8 May	RCP Update in Medicine and Regional Lecture
9 May	A new system of Quality Assurance: the 'Cooke' recommendations - do we have the evidence base (LTSN)
10 May	Understanding animals
12-16 May	Evidence based practice in dentistry course
13 May	Student assessment: lightening the load, increasing the learning
14 May	Using portfolios, logs, diaries and learning journals to improve learning,
14-16 May	Qualitative educational research workshop
15 May	Implementing problem based learning
15 May	Simulation in medical education
16 May	Schemas and ontologies: building a semantic infrastructure for GRIDs and digital libraries
20-24 May	The Twelfth International World Wide Web Conference
20 May	Supporting students with disabilities in HE
21 May	ALT Peer-to-Peer and eLearning
22 May	Making large lectures more interesting
22 May	Lifelong learning: Building the continuum of professional and interprofessional learning for health and social care
22 May	eLearning: strategic approaches to integration
23 May	Evaluating and disseminating learning technology projects
28 May	Knowing myself and understanding others: becoming a better manager
29 May	FDTL Widening Participation and Disability projects
29 May	Learning from innovations

June

2-4 Jun	Visitors' Workshop: An Overview of the Approach to Health Sciences Education at McMaster University
6 Jun	Developing Research Informed Practice in Teaching and Learning (LTSN)
9 Jun	Choosing and using collaborative tools
10 Jun	Gender issues in HE
10 Jun	Making transition work
10 Jun	How do we manage online learners and learning?
11 Jun	The 7th institutional web management workshop
11 Jun	The 2nd International Conference on Information and IT Literacy
12 Jun	Southern institute for health informatics 5th annual conference
14-18 Jun	CSCL2003 (Computer Supported Collaborative Learning)
16-27 Jun	Expanding Horizons in Problem-Based Learning in Medicine
16 June	Assessment - The way forward

CELEBRATING HEALTH CARE LAW AND ETHICS IN THE 21ST CENTURY

19th & 20th June 2003

Venue: Newcastle Medical School

Organised by: UK forum for health care law and ethics and the School of Population and Health Sciences

Further details from Margaret Levy (m.l.levy@ncl.ac.uk)

16 Jun	RCP Update in Medicine and Regional Lecture
16 Jun	Improving university teaching conference 2003
19-20 Jun	Third Annual International Conference on the Scholarship of Teaching & Learning (SoTL)
19 Jun	Scholarship of teaching & learning conference 2003 Thursday,
23 Jun	M-learning: reaching the parts that others don't reach (LTSN)
20-23 Jun	Global health through women's leadership
21 Jun	Grit in the oyster conference
23-28 Jun	ED-MEDIA 2003-World conference on educational multimedia, hypermedia & telecommunications
23-25 Jun	SEDA Summer School 2003 (LTSN)
27-29 Jun	Experiential-Community-Workbased: Researching Learning outside the Academy
30 Jun	The third international diverse conference on video and videoconferencing in higher education

July

1 Jul	Multimedia workshop (LTSN)
2-4 Jul	Learning Transformations: changing learners, changing organisations, changing communities at the University of Stirling
2-4 Jul	What works? Reviewing good practice for learning and teaching in higher education
2-4 Jul	ILTHE annual conference 2003 (LTSN)
4-9 Jul	AusWeb
8-9 Jul	7th International Computer Assisted Assessment (CAA) Conference
10 Jul	ECDL in Academia
16 Jul	RCP Update in Medicine and Regional Lecture
16 Jul	Summer fayre: innovations in education
16-18 Jul	Assessing quality in Higher Education
19-22 Jul	7th Annual Meeting of IAMSE
19-23 Jul	140th AVMA annual convention
20-23 Jul	11th international conference on artificial intelligence in education
21 Jul	RCP Update in Medicine and Regional Lecture

August

4-7 Aug	4th International Conference on Animal Health Information
26-29 Aug	Cooperative Education: Towards a Knowledge Society; Integrating Learning and Work
31 Aug	AMEE 2003

September

2-3 Sep	First International Conference on Teaching Applied and Professional Ethics in Higher Education
3 Sep	RCP Update in Medicine and Regional Lecture
8-10 Sep	ALT-C 2003: Communities of practice
8-10 Sep	ASME Annual Scientific Meeting 2003: Assessment
11 Sep	RCP Update in Medicine and Regional Lecture
17 Sep	Surviving the early years as a new consultant physician
19-23 Sep	Libraries without walls 5 - The distributed delivery of library and information services
23 Sep	The diffusion of knowledge: the past, present and future of higher education: an international conference
28 Sep-2 Oct	DC-2003: supporting communities of discourse & practice (metadata research & applications)

If there are other events you would like to see listed here in the next issue of 01 (April 2003), please email details to enquiries@ltsn-01.ac.uk

Conference report: AVTRW veterinary teaching session

• Sarah Marshall, Learning Development Officer, ltsn-01

A meeting report from the veterinary teaching and education theme session at the Association of Veterinary Teachers and Research Workers 57th annual conference, Scarborough, April 14-16 2003.

The 57th Annual Conference of AVTRW included two sessions that focused on veterinary education. On the opening afternoon of the conference the 'Veterinary Teaching and Education' session featured presentations from the six UK Schools which examined the possible impact on veterinary training of the recommendations made by the RCVS Education Strategy Steering Group in the paper 'Veterinary Education and Training - A framework for 2010 and beyond'. This was followed by an open discussion session when the school representatives were joined by Prof. Neil Gorman, Chairman of the ESSG, to answer questions.

The following morning included a 'Veterinary Teaching and Education Theme Session'. The first three presentations were delivered by holders of LTSN-01 miniproject grants and addressed the issues of communication skills training and the teaching and assessment of clinical skills. Alan Radford of Liverpool University spoke about the 'Development, teaching and evaluation of a consultation structure model for use in veterinary education'. This was followed by Paul Probyn of the RVC who discussed the

'Development of a skills laboratory in veterinary medicine' and finally John Mould of Glasgow University reported on 'The development of OSCEs for veterinary use'.

Peter Cockcroft of Cambridge University presented two papers which focused on evidence-based veterinary medicine. He first explained what is meant by evidence-based veterinary medicine (EBVM) and why it is important and then went on to discuss the skills that are needed to carry it out. EBVM is currently taught to undergraduates at Cambridge in the first year of their clinical course.

Online learning

Lubna Nasir and Vicki Dale described an online learning package used in the teaching of veterinary biomolecular sciences at Glasgow University and how this teaching method has been evaluated using both quantitative and qualitative approaches.

There next followed two presentations from undergraduate students at Glasgow University. Mr A. Price described a study which investigated the use of a 'simulator', as an alternative to live horses, to teach

rectal examination of the equine intestinal tract. Mr S. Laing reported on his experiences on the Cornell leadership program for veterinary schools. Approximately 25 students, selected from veterinary schools around the world, participate each year. They spend most of their time conducting a research project but also attend workshops on topics such as leadership, ethics, emerging diseases and career exploration.

Disability in veterinary education was the topic of the next presentation by Anne Tynan of the RVC. Anne spoke about the DIVERSE project, which is the UK veterinary medicine disability project. DIVERSE will investigate the extent to which disabled people can meet the essential competences of a veterinary surgeon.

The final presentation was given by Ayona Silva of the RVC who described the details of the Distance Learning programme developed at the RVC in Livestock Health and Production. The programme was introduced in 1999 and offers an MSc/PG Diploma or individual courses for CPD.

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Educational funding opportunities listed in date order

Patrick Trevor-Roper Travel Award Royal College of Ophthalmologists
<http://www.rcophth.ac.uk/education/travel.html#3>
(closing date: Friday, 09 May 2003)

JISC Review of the Resource Discovery Network
JISC
(close date: 9th May 2003)

WellBeing/RCOG Research Training Fellowships and Grants
<http://www.wellbeing.org.uk/researchgrant.html>
(closing date: Friday, 16 May 2003)

Marie Curie Chairs
http://fp6.cordis.lu/fp6/call_details.cfm?CALL_ID=34
(closing date: Monday, 19 May 2003)

EH1: Literature review and conceptual map of the area of e-Health
Department of Health
(close date: 28th May 2003)

Lindbergh grants Charles A. and Anne Morrow
Lindbergh Foundation
(close date: 12th Jun 2003)

FIP international travel scholarships
FIP foundation
(close date: 15th Jun 2003)

Pfizer academic travel award
Pfizer
(close date: 16th Jun 2003)

Alcohol education and research
Alcohol education research council
(close date: 5th Sep 2003)

AAUW International fellowship
American association of university women
(close date: 15th Dec 2003)