

01.6

The newsletter of
ltsn⁰¹

OCTOBER 2004



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

In this issue...

- FDTL4 updates: UMAP and Tomorrow's leaders
- Becoming a reflective practitioner
- Teaching veterinary communication skills

www.ltsn-01.ac.uk

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Print: ISSN 1740-8768
Online: ISSN 1479-523X



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From LTSN to Academy

Already we are up to issue 6 of 01, and it seems no time at all since we were editing 01.5. The new term is well and truly underway, and that frantic part of the year whilst new students get settled, and old hands get used to being in a new year is upon us.

The LTSN-01 is also in a period of change as the new corporate identity for the Higher Education Academy is launched, and gradually rolled out to the old LTSN subject centres.

All subject centres are now part of the Higher Education Academy subject network, one of the services available to UK Higher Education from this new umbrella organisation.

The Higher Education Academy is a new UK-wide organisation set up to support quality enhancement in teaching and the student experience in higher education. It was formed from a merger of the Institute for Learning and Teaching in Higher Education (ILTHE), the Learning and Teaching Support Network (LTSN), and the TQEF National Co-ordination Team (NCT).

In October you will begin to see the individual websites making up the Academy constituent parts shift under the auspices of a single website at <http://www.heacademy.ac.uk>.

Subject centres will be known as subject networks, and most including LTSN-01 will continue with their

present URLs for some time to come. Subject centres will also continue with their own domains, linked from the Academy website.

Our plans are to archive the <http://www.ltsn-01.ac.uk> domain at some point in the near future, and to use redirects to the new site, which has yet to be redesigned. This means that your bookmarks will still work.

Obviously the name of LTSN-01 will have to change, since the LTSN no longer exists. As soon as we know more detail of what our future remit will be under the Academy we will consult with our constituencies widely in order to make sure that any name change required reflects our work, and is easy to remember! This means that this newsletter may also change its name.

All the changes we must implement will be carefully scheduled and news of changes will appear on the current LTSN-01 website, in the monthly ebulletin sent from our JISCmail list, and in future newsletters.

Your feedback is always welcome.

Please contact us if you would like to know more about the planned changes.

Suzanne Hardy

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

ltsn⁰¹

LTSN-01 is the Higher Education Academy subject network for Medicine, Dentistry and Veterinary Medicine.

The UK-wide Learning and Teaching Support Network (LTSN) is now part of the Higher Education Academy, promoting 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 subject network offers subject specific expertise through 24 subject centres and generic expertise that cross subject boundaries through the Higher Education Academy headquarters in York. 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 Higher Education Academy 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.



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The Higher Education Academy

The Higher Education Academy came into being on 1 May this year. Professor Paul Ramsden, the Academy's newly appointed Chief Executive, outlines his hopes for an organisation that will be concerned with every aspect of the student experience.

I am privileged The Higher Education Academy represents an exciting initiative for UK higher education. I am privileged to have been asked to lead it.

The Academy builds on the achievements of other groups, most notably the LTSN Subject Centres, the ILTHE, and the National Co-ordination Team, all of which will be combined under the new organisation. The Academy will therefore draw on a wealth of skills and information created by a team of dedicated professionals.

In all aspects of our operations, we must continue to give good value for money and increase the levels of service we provide to our users and members. For example, it will be important to consolidate the success of the Subject Centres in the light of the recommendations of a current review.

Distinctive impact

It will be my aim also to ensure that the Higher Education Academy goes further and makes its own distinctive impact. The Academy will be concerned not only with learning and teaching but with every aspect of the student experience.

It will provide coherence, added value, inclusivity, and a powerful emphasis on the needs of stakeholders. It will work collaboratively with universities and colleges in a framework of collegial support.

It will recognise that the needs of different institutions vary depending on their missions, avoiding a one-size-fits-all approach to professional development and the enhancement of teaching.

It will support institutions in managing teaching and services in



Professor Paul Ramsden

ways that maximise the quality of outcomes for their students.

Objectives

I want the Academy to achieve these objectives through applying the best available knowledge in a rigorous way. Our students deserve no less.

This will imply greater emphasis on strategic advice for the sector and more vigorous engagement with the wider policy context, including the implications for the student experience and standards of more flexible tuition fees, increasing numbers of overseas students and variable academic pay rates.

It will mean establishing a solid, easily-accessible evidence base that will enable all staff who teach and support student learning to choose the course of action that will best achieve their goals. I will also expect the

Academy, through its expanded capacity for research and evaluation, to take a leading role in building institutional potential to respond effectively to the results of quality audits and national surveys.

Working together

The Academy will work co-operatively with colleges and universities, as well as the Leadership Foundation and the new Centres for Excellence in Teaching and Learning, to help establish management and leadership structures that provide higher quality experiences for students and more transparent recognition and reward for good teaching.

And I am keen for it to develop strong relationships and formal benchmarking arrangements with similar bodies overseas, including the Carnegie Foundation in the US and the newly-established National Institute for Learning and Teaching in Australia.

Confidence

I am confident that the people responsible for providing an excellent student experience, including both academic and support staff, are more than willing to rise to the challenge. Working together, we will ensure that the Academy sets an example that other countries will find hard to match when it comes to applying a professional, evidence-based approach to improving students' experiences throughout the United Kingdom.

Paul Ramsden,
Chief Executive,
the Higher Education Academy

<http://www.heacademy.ac.uk>

FDTL4 update: Developing tomorrow's leaders in health and social care education

Judy McKimm, Project Manager

This FDTL4 project, led by Leicester Medical School in partnership with Imperial College, London; the University of Leeds Medical School; University College, Northampton and Liverpool John Moores University is now in its second year. The project is supported by the Council of Heads of Medical Schools and the Deans of Faculties for Nursing, Midwifery and Health Visiting, HESDA and the associated Higher Education Academy subject networks (Medicine, Dentistry and Veterinary Medicine; Health Sciences and Practice and Social Policy and Social Work).

One of the main aims of the project is to develop a tested programme for aspiring leaders in health and social care education which will be capable of being sustained by the sector after the project has finished.

Throughout the project we have been working closely with a large number of higher education institutions and many individuals are involved in the project as participants, mentors and advisors.

Leadership development

The first programme for 24 aspiring leaders in health education started in October 2003 and runs until December 2004. Two more programmes will be run in the next academic year, one for 'middle managers' (typically a senior lecturer responsible for a significant curriculum component or educational activity) starting in October 2004 and one for 'senior managers' starting in January 2005.

Both programmes will include participants from health and social care education. Recruitment for the new programmes has gone very well, with many people applying for a place on the programme. We are currently in the process of finalising the participants on the two 2004/05 programmes.

The programme itself, although it retains many of the key features that were envisaged at the outset, has been refined in response to participant evaluations and discussions with

people involved in the project. The programme now comprises four modules:

Each of the modules is delivered through a combination of two one-day and three two-day residential events led by the course tutors and experts in

Issues for leaders in contemporary health and social care education

- Understanding the leadership context and environment
- Developing yourself as a leader
- Leading change and managing performance

the relevant subject area, a Virtual Learning Environment (VLE) containing resources on educational leadership and handouts and reading on specific topics relating to the events.

In addition, participants are supported in their professional development by participation in action learning sets; meetings and contact with a named personal mentor; a personal tutorial visit by a course tutor to the participant's place of work and guided completion of a Personal Development Plan which is designed to assist participants in identifying learning goals and activities to support their learning. An important element of the programme is that the participants

must be nominated by their institution and supported within the institution by a named 'organisational sponsor'. All participants will be expected to maintain a portfolio throughout the programme as a record of their professional development and those who wish to qualify for one or both of the awards must submit the portfolio for assessment.

The programme has been accredited by SEDA as a Developing Leaders award under the Professional Development Framework and as a Postgraduate Certificate in Higher Education Leadership by the University of Leicester. We sought accreditation in response to participant's suggestions. Having the programme accredited gives those participants who wish to work towards an award the opportunity to do so and provides evidence of their commitment towards professional development and understanding of leadership issues in health and social care education.

Future plans

The overall project is due to finish in 2005 and by then we plan to have delivered three professional development leadership programmes to approximately seventy staff across a large number of health and social care institutions in the UK. The programmes will be tested, costed and externally evaluated and so we will

Find out more: www.le.ac.uk/sm/le/projects/fdtl/

FDTL4 update: tomorrow's leaders (continued)

have a good idea of whether there is a need for such programmes specifically for aspiring leaders in health and social care education and whether our programmes have 'made a difference' to individuals and leadership practices.

As the project involves individuals and organisations across the UK, we are considering how best to maintain a national focus. One approach is that we are currently working with the new Leadership Foundation for HE to consider the possible integration of these or similar programmes into the generic portfolio of leadership development courses and programmes run for aspiring and current leaders in higher education.

National programme

Many universities are developing and delivering their own top managers and leadership programmes and the evaluation of our own programme will need to consider the relationship between a national programme and in-house programmes and also some of the advantages and disadvantages of running a national programme. We have been very pleased with the interest shown by many universities and we plan to collaborate further with organisations so that the award might be accredited at local level.

The VLE that has been developed as part of the project will be further developed over the next year and many of the resources will be made available to the wider HE sector through a website. Again, discussions will be held with the Leadership Foundation for HE so that our work is fully integrated with their activities.

For more information about the project including details of the forthcoming programmes, please contact **Judy McKimm** at j.mckimm@btopenworld.com or visit the project website, www.le.ac.uk/sm/le/projects/fdtl/



Royal College of Physicians

Physicians as Educators

The Physicians as Educators Programme is a major initiative to improve the skills of doctors who have a teaching role. Workshops include:

- On-the-Job Teaching
- How to Conduct a Trainee Appraisal
 - How to Assess a Trainee
- Effective Teaching Skills (two-day)
- How to be an Effective Educational Supervisor
- Understanding Consultant Appraisal
 - Trainees in Difficulty

These workshops have a practical focus emphasising the development and refinement of practical skills that doctors can take back to the workplace.

The 2004-2005 programme commences in October and consists of one and two-day workshops run in London, Mersey and Oxford. One-day workshops cost £275 (inc. VAT) and are worth 5 CPD points per full day.

For an application form visit the website www.rcplondon.ac.uk, email pae@rcplondon.ac.uk or call 020 7935 1174 ext 231

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FDTL4 update: A core question bank linked to learning outcomes for undergraduate medicine

Andrea Owen, UMAP Project Manager, University of Manchester

Following a successful application to the FDTL4 funding program, the UMAP project began as a consortium of five medical schools (Manchester, Leeds, Liverpool, Sheffield and Newcastle) in January 2003. Here Andrea brings us up to date on progress so far.

The generation of a robust bank of valid and reliable MCQ and EMQ questions written in accordance with a pre-determined inter-curricular matrix remains the principal aim of the project and this has required heavy resource investment.

Resources have been allocated to develop an effective workshop format based on pilot workshops and the advice of external consultants.

This format has been implemented across the five consortium sites with great success, and has, to date, generated 1200 assessment items.

Quality assurance

Although far less visible, the embedding and quality assurance aspects of the project remain the most significant, and at times the most difficult, of the project aims. Rather than imposing a process in each medical school, the project has chosen to merge forces with existing examination preparation structures at each site.

By working closely with members of the examination preparation teams in Manchester to produce their January 2004 examination, the project has been able to develop strategies in liaison with the remaining four schools for the roll out of equivalent systems in time for Summer 2004.

Current activity

As UMAP moves towards inviting new partner schools to join the consortium, it is essential that the project uses its existing experience in quality

assurance and embedding to offer a high quality service to future partners.

We will continue to monitor the quality of assessment items on three levels:

- At the item writing level, each of our workshops are high in education content and guide attendees through principles of question construction.
- During question review panel and exam preparation stages, all contributors are required to have an awareness of these same principles by which the questions are written.
- Data generated by student performance in high stakes examinations based on UMAP questions is collated and analysed in order to provide information on question performance.

As this information builds, it becomes possible to select questions on the basis of their predicted performance in further examinations.

Extending the partnership

Liaison with medical schools across the UK has been underway for some time. Expressions of interest have been invited and substantial discussion has taken place between founder schools on how to best progress partnership extension plans. The project has also run a series of six regional question writing workshops to disseminate and discuss practice.

The primary basis for partnership will be question quality. The success of the

project depends entirely on the availability of a quality assured bank of questions. To ensure the longevity of the project, it will be a requirement of partnership that each school should make a contribution commitment.

This contribution would be on two levels, in order to conform with the aims set out above:

- Regular question contributions would be required, most likely via an educational workshop format derived in whole or part from the UMAP format.
- A commitment would be required from each new partner to develop embedding and review strategies embracing the principles central to UMAP's success.

The Future

At the end of 2005, when the funding for the project comes to an end, it is intended that the question bank will continue. Resourcing its continuation is a topic under discussion.

In order to discuss these points, and many further practicalities we held an open meeting with interested partners in late 2004. This meeting took place on the afternoon of October 14th 2004 at the Radisson SAS Hotel, Manchester Airport.

Further details can be obtained by contacting the UMAP Project Manager, **Andrea Owen**, at andrea.c.owen@man.ac.uk.

Find out more: www.umap.man.ac.uk

LTSN-01 Miniprojects: 16 proposals funded

We had a fantastic response to our Spring call for miniproject applications. Below is a list of those projects awarded an LTSN-01 miniproject grant for 2004. Further information about all these projects can be found at www.ltsn-01.ac.uk/resources/features/miniprojects

- **A two-day refresher course for facilitators on veterinary communication skills training.**
Ms Carol Gray, University of Liverpool, cagray@liverpool.ac.uk

- A systematic review of the literature on the effectiveness of self-assessment in clinical education.
Dr Brian McKinstry, University of Edinburgh, brian.mckinstry@ed.ac.uk

- **Does curriculum affect students' reflective learning abilities?: a comparative study between medical schools**
Dr Paul Kinnersley, University of Wales College of Medicine, kinnersley@Cardiff.ac.uk

- "I can be a doctor too": preparing disadvantaged students for medical school interviews
Professor John McLachlan, Peninsula Medical School, john.mclachlan@pms.ac.uk

- **A feline radiographic digital image bank**
Mrs Mairi Frame, University of Edinburgh, mairi.frame@ed.ac.uk

- Evaluating the use of web based tutorials to facilitate vertical integration of anatomical teaching in a dental curriculum
Dr Steve McHanwell, University of Newcastle, stephen.mchanwell@ncl.ac.uk

- **Enhancing clinical learning – evaluation of a novel approach.**
Dr Richard Chadwick, University of Dundee, r.g.chadwick@dundee.ac.uk

- Raising educational aspiration and career awareness in pupils with a low participation rate in higher education.
Prof Mary-Ann Lumsden, University of Glasgow, m.a.lumsden@clinmed.gla.ac.uk



- **Embracing inter-professionalism by integrating clinical skills and multimedia**
Mr Charavanan Balasubramaniam, St George's Hospital Medical School, cbalasub@sghms.ac.uk

- Development of a portfolio assessment method to promote and support learning, and clinical skill acquisition, during veterinary extra-mural studies.

Dr David C Barrett, University of Glasgow, d.barrett@vet.gla.ac.uk

- **Development of a web based format as a vehicle for debating provocative issues in medical education.**
Prof Trudie Roberts, University of Leeds, t.e.roberts@leeds.ac.uk

- Evaluation of an integrated approach to VMLE's supporting teaching and learning in a regionally distributed course.
Mr John Moss, University of Newcastle, j.d.moss@ncl.ac.uk

- **Exploring the positive and negative issues in undertaking a medical elective for UK graduate entry students on a four year fast track primary medical qualification.**
Dr Colin MacDougall, University of Warwick, colin.macdougall@warwick.ac.uk

- Developing quality in medical education research.
Dr Frank Smith, ASME, frank@asme.org.uk

- **Health science graduate entry in medicine: the present and future.**
Dr Heather Crick, University of Leicester, hc27@leicester.ac.uk

- Assessing the feasibility of using the mini- CEX (clinical evaluation exercise) in an undergraduate setting.
Dr Katharine Boursicot, St Bartholomew's and the Royal London School of Medicine, K.A.M.Boursicot@qmul.ac.uk

Supporting the development of employability

Nigel Purcell, Senior Educational Advisor, LTSN-01

An employable graduate is one who can perform those roles and responsibilities expected of those entering their profession. But what is 'employability' and how can medicine, dentistry and veterinary medicine teachers ensure they are developing it?



What is employability? At the level of the individual medical, dental or veterinary student, it refers to their capability and suitability for employment in

their chosen profession at the point of entry to that profession.

An employable graduate is one who can competently perform those roles and responsibilities normally expected of new graduates to the profession.

This 'fitness for purpose' includes a grasp of core knowledge but also has a special reference to the capacity to work effectively in their professional environment and to identify and choose a career which matches their aptitudes and aspirations.

Curriculum design

When applied to the curriculum the term refers to how the curriculum can be designed and delivered to effectively achieve these outcomes.

For example, the revised edition of 'Tomorrow's Doctors', published by the GMC in February 2003, directly states that "The principles of professional practice set out in Good

medical practice (GMC 2001) must form the basis of medical education'. Unfortunately this goal is not always achieved.

For example a recent survey by Goldacre et al. showed that many recent medical graduates were dissatisfied with the level of preparation for their jobs' provided by their undergraduate training.

A similar pattern is suspected to exist in dentistry and veterinary medicine though more research is needed in all three areas

Employability or employable?

Not everyone is happy with the term employability and indeed it is not essential to use that particular word.

What is important is that our programmes deliver the outcomes which lead to 'employable' graduates.

Although substantial progress has been made there are still aspects of the design and delivery of our curricula where considerable improvement is possible.

For example, it is already true that virtually all of our students get jobs, but do they always choose or enter the specialisms they are most suited to or where there is a shortfall in demand?

Also, are they always adequately equipped with the mix of appropriate



Vets in action: but what fits graduates for action?

knowledge, skills and attitudes to perform their roles as well as we - and they - would like?

Help shape the future of learning

BIOME, the hub for the Health and Life Sciences (<http://biome.ac.uk>) would like your feedback to help us shape the future development and enhancement of the service.

Complete the short questionnaire and you will be entered into a draw to receive one of six £30 book tokens.

See <http://biome.ac.uk/questionnaire/> for further details and to complete the survey.

employability (continued)

A key strategy in developing employability is to use work based learning and it is certainly true that we already make very extensive use of work based learning in the clinical environment.

However, the quality of that experience is immensely variable as is the degree to which it is integrated with the theoretical base.

Improved strategies

There is much work still to be done in developing improved strategies and approaches to clinical attachments.

It could even be argued that in some ways the situation is deteriorating, due to intense service pressures which tend to crowd out the education provision to students.

It is equally certain that the managers and teachers of the medical, dental and veterinary undergraduate programmes are under intense time pressure and perhaps employability seems like just one more 'initiative' to be somehow incorporated into an already crowded schedule.

Employability is a central purpose of the curriculum rather than an 'add on' and enhancing employability is primarily achieved through auditing, fine-tuning and highlighting what is happening where in the curriculum.

Good learning

There is no conflict between 'employability and good education'. Rather, 'employability is enhanced by good learning, and can be incorporated without damaging the subject specific dimensions of learning.

Indeed, medicine, dentistry and veterinary medicine programmes have always regarded the development of such qualities and capabilities as an intended outcome.

LTSN-01 has been funded by the Higher Education Academy to promote the identification and sharing of good practice in the field of employability and as part of that process we have set up a Special Interest Group to explore the most effective ways to achieve this goal.

Special interest group

From it, and going forward, we aim to identify the key priorities in the area of employability and to review strategies for raising positive awareness of employability as an approach to further enhancing the design and delivery of the curriculum.

We also hope to examine the range of resources available to support employability and consider how they might be adapted to our needs in medicine, dentistry and veterinary medicine.

If you are aware of particular resources which you think might be of interest, then we would be very happy to hear from you.

Another key goal of the group is to identify and share examples of good practice in meeting the employability goals.

Again, if you are doing great things on the employability front then we would love to hear from you. Conversely if you feel you have any lessons in how not to do it – then that would be useful too!

The LTSN-01 Special Interest Group is still open to new members.

If you feel that you have a particular interest in this field then please contact nigel@ltsn-01.ac.uk or call 0191 222 5888.

Educational Objectives: An (extended) haiku

In the last issue of 01 we set a summer competition, asking you to relate an educational conference experience in the verse form of your choice.

Competition was fierce but the winner was Cambridge graduate course tutor Sarah Gull. She wins an all expenses paid trip to the ASME/LTSN-01 workshop Education healthcare educators: Models for delivering effective staff development on 13 December 2004.

Thanks for all you entries. Here is the winning poem:

Educational
Objectives officially
prescribed
dull the mind.

Could learning be an
exploration of the world
without
set limits?

The dilemma is
that much must be understood
to be
a Doctor

And the student may
not know
which facts are valued
as most important

Beyond the will to
pass the next assessment
doing
that which is required.

Yet who is to know
What outcomes will be
needed
In a few years' time?

Reference: Haiku.
The Oxford Companion to English Literature, Ed by
Margaret Drabble 2000 Oxford University Press

Project focus: 'iSUS' Using ICT to enhance quality in clinical placements

Debbie Leadbetter, Curriculum Coordinator, Hope Hospital, Manchester

iSUS is an ICT placement management system which helps students evaluate their learning, choose learning objectives, find ways of fulfilling them, and reflect on the outcome.

Applying the "signup" principle through this technology enhances the learning opportunities available to placements students, and provides a powerful quality enhancement tool for a distributed curriculum.

Supporting placement learning

Dental, veterinary and medical members of the LTSN-01 constituency met at Manchester airport on 6th May to consider: "How can we assure quality in external placements?"

There were interesting differences between, for example, a procedural specialty like dentistry and a more transactional one like medicine.

But there were remarkable commonalities: the need to quality-manage casemix, learning opportunities, tutor performance and educational outcomes.

E-learning, broadly defined as "any learning that takes place through ICT", is mostly used to transmit subject matter from teacher to learner.

But could it help assure placement quality, a workshop group asked? This paper describes one such application.

Development context

iSUS was developed in Hope Hospital, Salford. The Manchester problem-based curriculum gives students simultaneous placements in community and hospital, organised around the integrated, thematic structure of the curriculum.

We were surprised how little crossover there was between the active, learner-centred behaviour of PBL groups and what happened in placements. Students grumbled they had insufficient teaching; teachers grumbled the students had insufficient initiative.

found an extra 6h/student/week of untapped opportunities. Mark Foster, then a third year student, developed an IT 'signup system' (SUS) that could place signups at students' disposal and help them manage their timetables. The system quickly became part of Salford medical students' learning landscape.

Distributed clinical learning

Including overseas electives, district hospital and health centre placements, teaching hospital firms and medical school lectures and tutorials, medicine is a very 'distributed' curriculum. Rapid communication between geographically dispersed people is one of the most powerful things ICT can offer. Once SUS was made available on the web, students used it from outside the hospital as often as inside it. SUS, we realised, was a "distributed learning technology".

Spreading the word

Clearly defined, explicit learning objectives are a sine qua non for placement learning in an integrated curriculum. We knew what the clinical objectives were, but our students and teachers didn't. We began to explore how SUS could make those objectives clearer to all parties.

Directing students towards appropriate learning opportunities

If students feel like small fish in a big pond and both they and teachers are

The Salford iSUS Team

Mark Foster
- former medical student

Stuart Clark, Steve Brown, Dan Powley - developers

Martin Brown
- computing scientist

Judy Hadfield, Maggie Johnson, Debbie Leadbetter
- curriculum managers

Tim Dorman
- physician and educationalist

Debbie Leadbetter
- Curriculum Coordinator,
Hope Hospital, Manchester

Maximising opportunities

It is a strange paradox that practitioners are overwhelmed by the number of placement students, whilst students access less than 10% of the clinical activity that is overwhelming the practitioners.

Surely empowered students, in the language of modern learning theory, could make better use of what is on offer. We invented the concept of 'signups', according to which every meeting (inpatient and outpatient) between a patient and professional in the hospital is a potential opportunity for experience based learning.

We inventoried those activities, and

iSUS project focus (continued)

unaware of curriculum objectives, can we be surprised we struggle to find enough learning opportunities? It was tackling this problem that gave our revised technology its name. "iSUS" (i standing for "intelligent") matches signup opportunities to curriculum objectives and individual learning need, computed dynamically.

Student-centred learning

Fine to tell students what they should learn and lead them to relevant opportunities, but how does that fit with student-centred learning theory? Reflection is the process through which students make those objectives their own, monitor their progress, and choose how to use their time.

Our technology, we reasoned, should lead students through the reflective process. The first step was to individualise it. Each student had a homepage which displayed their timetable and progress towards curriculum objectives in an entirely personal way.

At the heart of iSUS is a feedback cycle. When students book learning opportunities through iSUS, they are prompted to give feedback next time

Feedback cycle

- Give feedback on your most recent learning experience
- Review the objectives of your current module and wider curriculum
- Identify gaps in your learning
- See what is on offer
- See what other students have said about it
- Choose your next learning experience
- Learn!

they login. Even when learning opportunities come up independently of iSUS, they frequently log their learning voluntarily.

Quality assurance

Since feedback lies at its heart, iSUS is a powerful evaluation tool.

Having evaluated their learning, students compare their progress with the aggregate learning of their peer group, benchmarked against absolute standards of adequacy. The peer group collectively evaluates the various placements.

Education leads and curriculum administrators can examine aggregated feedback. Managerial staff can analyse who is doing what, and to what standard, in relation to the SIFT contract.

End of module questionnaire

Whilst developing iSUS, we were exploring other ways of evaluating student-centred clinical learning. We developed and implemented an evaluation scale and demonstrated its reliability and validity.

Students complete it at the end of each placement independently from, and in addition to, their use of iSUS. Response rates are high. Each consultant has an iSUS homepage.

Together with the results of all textual and numerical iSUS feedback, placement evaluation feeds directly into their homepage. So, ICT is not just managing placements but "closing the quality loop".

How it all happened

During summer 2002, two computing science masters students used ideas developed by Martin Brown and Tim Dornan to design and prototype a solution.

In October that year, a first group of

third years piloted it and gave a clear 'thumbs-up'; by February 2003, half the Salford Y3 students were using it.

By October 2003, all 113 Salford Y3 students and the first cohort of clinical students in Preston were using it.

Future plans

Plans are well advanced to "roll the technology out" to years 4 and 5, to other sites, and to other health professions curricula. Fundamental system redevelopment is planned.

In the meantime, another technology is being developed to promote "intelligent" dialogue between students and teachers in support of problem based learning. Curriculum strands are even harder to integrate than curriculum blocks; our "ViDerm" project is prototyping a virtual, integrated dermatology strand, spanning the whole curriculum.

Further reading

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For further information about iSUS contact **Debbie Leadbetter**, Curriculum Coordinator, Hope Hospital, Manchester debbie.leadbetter@hope.man.ac.uk

LTSN-01 Mini-project update: Developing a virtual learning environment for a postgraduate orthodontics course

Dominic Alder - Course Co-Ordinator, DDS Orthodontics, University of Bristol Dental School

At the University of Bristol, the needs of both orthodontic trainees and trainers are changing. A potential solution has been the development of a Virtual Learning Environment (VLE) to deliver the academic content of the taught doctorate (DDS) in orthodontics.

Background

The NHS requires training orthodontic specialists to take 3 years to a level recognised for entry to the General Dental Council specialist list. Specialist registrars (SpRs) recruited for training in Bristol are also registered with the University of Bristol to undertake the DDS.

The University delivers an academic course, including a research dissertation as part of their training which also includes a clinical component.

The recent changes in junior doctors hours and the need for compliance with the European Working Time Directive means that travel is now considered part of work time.

The SpRs registered for the DDS currently travel for a weekly academic day in Bristol. We now have SpRs travelling from Portsmouth, Dorchester, Plymouth, Exeter and Taunton, and a solution to this travel burden had to be found.

In addition there is a shortage of academics to deliver teaching, with those that are available already under pressure to deliver high quality research. Any increases in teaching efficiency would clearly have benefits for trainers and trainees.

Interactive VLE

We are developing electronic teaching modules to deliver the academic content of the DDS in Orthodontics.

These are being housed within a VLE that is fully interactive.

These modules are readily available to the students over the Internet with interactivity between trainee and trainer. This project has integrated other advances such as the use of clinical digital photography and broadband technology.

Blackboard has helped us move student interactivity to a new level, with facilities for discussion boards, web-based assessments and electronic student feedback.

The academic content of the course is based on the curriculum approved by the Specialist Advisory Committee in Orthodontics at the Royal Colleges of Surgeons.

There are 36 modules in total and we hope these modules will be finalised within the next twelve months. The VLE will demand a more learner-centred approach. The modules will have built in assessments which include essays, MCQs and MSAs, all housed within Blackboard.

LTSN-01 funding

In mid 2003, we added a new dimension to the Bristol VLE with the introduction of web conferencing. Two Specialist Registrars in Portsmouth and Dorchester are piloting this scheme, initially through journal clubs and some lectures. This has been facilitated with a grant from the LTSN for £5,000 for the VLE project.

There have been teething troubles which include the NHS firewall and issues with sound quality between the three sites.

Overall, web conferencing has been very successful and will be an important feature of the VLE in the future.

Dissemination

When the core curriculum and modules are completed, we would like to make the project available for use in other Universities' orthodontic programs.

Each programme could take advantage of the flexibility of the module format and customise the core academic material in the modules to suit their course.

When this VLE project is completed, the burden of travelling on SpRs and trainers will be significantly reduced. The delivery of teaching will certainly become more efficient, allowing all those involved to cope with the pressures associated with a clinical career.

Just as Blackboard opened several avenues for us at the Dental School, this project could be of real benefit to other postgraduate programmes and other specialities.

For further information about this project contact **Dominic Alder**, Course Co-Ordinator, DDS Orthodontics, University of Bristol Dental School, dominic.alder@bristol.ac.uk

LTSN-01 Mini-project update: Formal veterinary communication skills teaching

Christine Latham, University of Cambridge

Does the formal teaching of communication skills improve the ability of veterinary students to communicate with clients in clinical situations? LTSN-01 commissioned staff at the University of Cambridge to find out.

The importance of formal small group teaching of communication skills to medical students is well established and is now increasingly recognised in the veterinary field. Vet Schools are starting to adopt the use of specialised actors as simulated clients to train veterinary undergraduates in how to conduct veterinary consultations, based on an adaptation of the Calgary-Cambridge model for the medical interview.

With LTSN-01 backing the University of Cambridge is trying to quantify how effective this approach is in improving the ability of veterinary students to communicate with clients in genuine clinical situations.

Methodology

The project, running over two years, is studying the ability of fifth year vet students to communicate with clients at the RSPCA clinic in Cambridge. Three independent assessors have been scoring the ability of students to give information to clients in consultations performed under qualified veterinary supervision.

In particular they have scored the students' abilities to convey to clients, information about their animal's clinical condition, treatment and future veterinary needs. The clients were then questioned to gauge their perceptions and understanding of the information.

Complementary student and client assessment sheets were designed, based on those developed for assessing medical students at the Cambridge Clinical School, giving numerical values to a number of recognised communication skills. These cover areas including building the



Communication skills students

relationship with the client, providing the correct amount and type of information, aiding accurate recall and understanding and achieving a shared understanding which incorporates the client's perspective.

To ensure consistency, all assessors were trained in completing the assessment sheets using a series of videoed consultations. Additional data regarding the gender of the student and client, the complexity of the animal's clinical condition and the need for qualified veterinary intervention when the student was talking to the client were also recorded for each case.

Preliminary results

So far, two groups of students have been assessed:

Group A – controls - with no formal communication skills training

Group B – those who had received one communication skills seminar in small groups using videoed scenarios facilitated by clinicians.

Initial descriptive statistical analysis of the data shows:

- **Between October 2003 and March 2004 a total of 108 consultations were assessed, of which 59 involved students with no communication skills training (Group A) and 49 were students in Group B.**
- **Most of the consultations were performed by female students (64%)**
- **The majority of the clients were female (75%)**
- **Just over half of all cases (52%) were of moderate clinical complexity, with 25% assessed as routine and 23% as complex.**
- **In 80% of the explanations to owners no qualified veterinary intervention was needed and the student alone was responsible for communication with the client.**
- **Unsurprisingly, in those consultations requiring qualified veterinary assistance there were significant differences in the need for intervention and the complexity of the condition, the more complex the case, the greater was the need for the vet to intervene and talk to the owner directly (see graph on following page).**
- **There was no significant difference between the gender of the student and the need for qualified intervention when communicating with the client.**

Veterinary communication skills (continued)

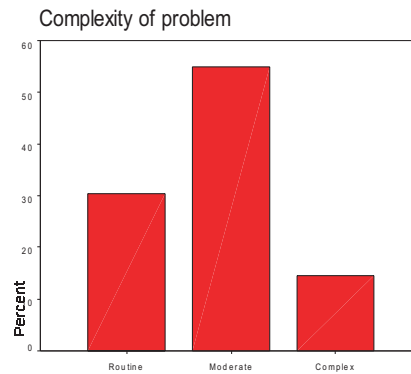
Next academic year, we will assess a further cohort of students - Group C, who have all received a minimum of 6 hours small group teaching in effective communication from trained facilitators using actors as simulated clients.

Future analyses and work

These will primarily look at the effect of level and type of communication skills training received by each group of students by analysing comparisons of:

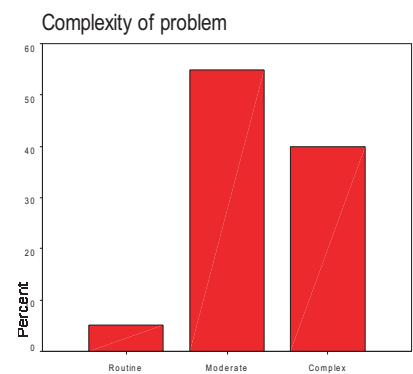
- Each communication skills element of the assessment forms for students and clients.
- Analysis of the client's opinion of the of the student's abilities to communicate.
- Analyses of the accuracy of the clients' recall of relevant information regarding their pet's condition, medication and any suggested management changes.
- The effect of student and client gender.

CASES NOT REQUIRING VET INTERVENTION (N RECORDED = 82)



Complexity of problem

CASES NEEDING VET INTERVENTION (N RECORDED =20)



Complexity of problem

Differences observed in the need for vet intervention

- The effect severity of the animal's condition.

This statistical work and the assessment of student Group C at the clinic is still ahead but hopefully by next year we will have some answers to the question: does the formal teaching of communication skills improve the ability of veterinary students to

communicate with clients in clinical situations?

For further information about this project contact **Christine Latham**, EMS Co-ordinator, Clinical Veterinary Medicine, University of Cambridge cel29@cam.ac.uk

Winter 2001 Volume 28 (3)

Journal of Veterinary Medical Education

Association of American Veterinary Medical Colleges

ISSUE THEME:
THE ADMISSIONS PROCESS FOR VETERINARY COLLEGES

Included in this Issue...

Gaining Acceptance Into Veterinary School: A Review of Medical and Veterinary Admissions Policies

Veterinary School Admission Interviews

Subjective Criteria as the Sole Method of Selecting Veterinary Candidates

THE VETERINARY TEACHER
Beyond Philosophical Differences: The Future Training of Veterinarians

CURRENTS IN EDUCATION
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JVME prompts changes in veterinary education to match the evolution of the goals and obligations of the profession

Check the web site at www.utpjournals.com/JVME

Interprofessional assessment: challenges and opportunities

(two half day workshops in assessment) - Wednesday November 24, Weetwood Hall, Conference Centre & Hotel, Leeds, Otley Road, Leeds, West Yorkshire, UK (Generic)
http://www.ltsn-01.ac.uk/show_workshop_page_public?entry_id=19

The theory-practice relationship in interprofessional education

Thursday November 25, Weetwood Hall (Generic)
http://www.ltsn-01.ac.uk/show_workshop_page_public?entry_id=20

Practical approaches for evaluating the impact of teaching medical and other health care students about, with and from other professions

Wednesday November 24 Weetwood Hall (Generic)
http://www.ltsn-01.ac.uk/show_workshop_page_public?entry_id=21

Adopting interprofessional approaches in teaching and leadership (two half day workshops)

Thursday November 25, Weetwood Hall (Generic)
http://www.ltsn-01.ac.uk/show_workshop_page_public?entry_id=22

Educating health care educators - Models for delivering effective staff development,

13 December 2004,
RIBA, London (Generic)
http://www.asme.org.uk/frames_meet.htm

LTSN-01 workshop pr

Interprofessional development of staff involved in teaching and patient care of special care dentistry

16th March 2005

This workshop will be led by Dr Shelagh Thompson from the University of Wales Dental School. Guest speakers will be Anne Tynan, Director of the DIVERSE project and Student Disability Officer, Royal Veterinary College London and Alison John, Alison John Associates, Newport, Wales.

Special care dentistry is included in the revised curriculum in the Dental School, Cardiff university as a result of changes in demographic trends and challenges of providing oral health care to patients with medical, physical and mental health problems. The British Society of Oral Health and Disability Teacher's Group has produced an undergraduate curriculum fulfilling criteria in The First Five Years (General Dental Council). This curriculum will guide other dental schools planning changes to their curricula. To facilitate

The aim of this workshop is explore the teams' responsibility to disabled people under the legal framework of the Disability Discrimination Act and the Human Rights Act. The workshop will provide an opportunity to examine how the Dental School at Cardiff University has addressed these issues through its revised curriculum and to explore the lessons that can be learned from this experience.

The current programme of workshops includes practice amongst the members of our constituency and have been chosen as a result of a rigorous process open to anyone involved in learning and teaching veterinary

All participants of medical and dental v
Full details about all our workshops can be found o
is something to interest you. This page offers a

To book your free place on any of the above
<http://www.ltsn-01.ac.uk/res>

LTSN-01 sponsored workshop

First internati skills confere

From the skills laboratory to the wo
9-11 May 2005, The Monash, Pra

We are also sponsoring the above confere
collaboration between the Centre for Medi
Monash University, Australia and King's C
institutions have joined together with the C
of arranging a stimulating and multi-facete

In the complex world of health professiona
examine our progress in providing account
purpose and relevant for future practitione
provides the opportunity to distil and shar
learning of clinical skills in an internationa
where we should be heading and how we
wisely for the future.

If you are involved in clinical skills educat
or policy making level you should attend t
find it stimulating, practical and challengin
with international colleagues in the beauti

Please note that there will be a charge for

Further details and an application form ca

<http://www.conferences.monash.org/clinica>

Programme 2004-2005

many interesting and useful examples of good practices. They are all delivered by expert practitioners during the bidding process. LTSN-01 workshops are free and open to all staff working in undergraduate medicine, dentistry and health care.

Workshops are eligible for CPD credits.

Visit our website so please take a look to see if there is a taster of some of the options currently on offer.

Workshops fill in a registration form online: [Sources/meetings/workshops](#)

International clinical conference

Workplace: Making the connections.
Florence Centre in Tuscany

...ence, which represents a unique
...ical & Health Sciences Education at
...college, London. These two academic
...Clinical Skills Network, UK for the purpose
...ed meeting.

...al education, it is important to critically
...table clinical education which is fit-for-
...ers. This conference is timely as it
...e best practice in the teaching and
...al forum. It will address the questions of
...can best utilise our time and energy

...ion at a clinical, academic, administrative
...his meeting. We are confident you will
...ng and an ideal opportunity to network
...ful surrounds of Tuscany.

...r attending this conference.

...n be obtained from:

...alskills/

Contributing on equal terms. Disabled people in healthcare education

11th April 2005, Bristol

This workshop will be led by Ms Caro Howell and Dr Margaret Byron from the University of Bristol.

Despite disability legislation, there are remarkably few examples of good practice in healthcare curriculum planning in UK medical schools and HE institutions.

A recent survey of current disability equality teaching in UK medical schools has revealed substantial omissions and inconsistencies in disability teaching and the input of disabled people is usually limited to participating as patients.

This workshop will provide an opportunity for everyone to share ideas, to learn from each others practice and to comment on the insights the organisers' have gained in both the critical issues of curriculum development and disabled peoples' involvement in education from planning to assessment.

Evaluating the impact of interprofessional education

January 2005 (provisional)

The purpose of this workshop is to review with participants the range of effective qualitative methods that can be applied in higher education and practice settings to evaluate the impact of interprofessional learning. These will include for example, action learning, focus groups, stakeholder evaluation and participative evaluation. Participants will also consider criteria for rigour and how these map across quantitative and qualitative methods.

Throughout the workshop the emphasis will be on enabling participants to select practical, realistic and effective evaluation methods which are appropriate for the aims of the evaluation and the contexts in which interprofessional learning, teaching and practice take place.

Sorry!

The following workshops are now fully-booked

Formal appraisal of
undergraduate medical students
- worth the effort?
25th November 2004, Leeds

Training the OSCE examiners
26th November 2004, London

PBL – not just a method but a
system? An exploration
1st December 2004, Liverpool

The role of the external
examiner of health care
undergraduate programmes
8th December 2004, London

The Sheffield Assessment in Medical Education Workshop



Do you have responsibility for developing or implementing assessment procedures?

Do you want to be better informed about and acquire skills in the latest developments in assessment?

Then this course is for YOU!

Assessment:

is based on a well established course, taught by internationally acknowledged experts, designed for all medical teachers. This course may also interest Physicians currently enrolled on MSc or MEd programmes who wish to improve their knowledge of assessment. It is being run now to address concerns about the quality of undergraduate assessment procedures in the UK.

Content:

the intensive course is designed to be flexible and relevant to the particular needs of the participants.

Topics Covered:

- Principles of Assessment
- Blueprinting Tests
- New methods of Assessment and their Construction
- Psychometrics
- Standard Setting

Venue:

Satpal Ram Learning Centre
Union of Students
The University of Sheffield

Workshop Leaders:

- **Jonathan Beard**, Sheffield Teaching Hospitals
- **Jim Crossley**, The University of Sheffield
- **Helena Davies**, Sheffield Children's Hospital
- **Brian Jolly**, Monash University
- **John Norcini**, Foundation for Advancement of International Medical Education
- **Chris Roberts**, The University of Sheffield
- **Patsy Stark**, The University of Sheffield

Booking Forms:

Email: g.hible@sheffield.ac.uk

URL: www.shef.ac.uk/~dme/assess.htm

Cost: £495.00

Win a FREE place at The Sheffield Assessment In Medical Education Workshop

This major annual two day workshop on assessment in medical education is a leading event in the assessment calendar.

You can win a free place for the next workshop to be held in Sheffield on 10th and 11th January 2005.

This is a fantastic opportunity to learn about how you can improve assessment in your institution, and to be better informed about and acquire skills in the latest developments in assessment.

Places fill up extremely quickly and there is usually a waiting list of people, eager to attend.

We are delighted to be able to offer one lucky winner the chance to take up a reserved place, together with an opportunity to present the winning entry at the workshop. Many thanks to the workshop organisers, Gail Hible and Chris Roberts.

You must have been involved in learning and teaching on undergraduate programmes of medicine, dentistry or veterinary medicine for at least 12 months to be eligible to apply.

To enter, please describe in 500 words or less:

“The change I would really like to see in assessment within my own educational institution.”

This must be submitted via the competition entry form at: <http://www.ltsn-01.ac.uk/resources/competitions>

The winner will be invited to present their entry at the workshop.

Prize: There will be one winner, who will have their registration (worth £495) and budget accommodation in Sheffield paid for by LTSN-01.

Deadline: The deadline is Friday 26th November 2004. The winner will be notified by email.

Conditions: Entries will only be accepted via the online competition form.

The entry form together with full details are available from <http://www.ltsn-01.ac.uk/resources/competitions>

The judges decisions are final and no correspondence will be entered into.

Workshop invitation: Interprofessional Education Special Interest Group (IPESIG) in health and social care

Working across boundaries: Discussion forum and next meeting (17 November at King's College London)

How do we facilitate the development of student skills and abilities to work across professional boundaries? For some time we have been discussing the boundary itself: Should it be permeable? Should it be a strong fence?

It would be wonderful to find out more about professional boundaries through a discussion of our own practice in assisting students to work across them.

The idea of 'giving something away' and not insisting on rigidly controlled territory has recently emerged - is this

relevant to our preparation of students for work in a multiprofessional environment? To add to the discussion go to the following web address: <http://www.ltsnhsap.kcl.ac.uk/phorum/list.php?f=9> to contribute your experience and current perception of your approach to this.

The discussion will enrich the next meeting of the IPESIG at Kings College on November 17 as below:

The Inter-relationships between IPE Theory and Practice - November 17 King's College.

The meeting will follow up discussion and decisions made at the last meeting, held in May in Canterbury, regarding the lack of theory underpinning IPE practice. Speakers will include John Carpenter and Judith Martin. If you would like to attend please contact Isabel Jones on i.f.jones@derby.ac.uk and copy stevie.robinson@kcl.ac.uk.

This meeting of the IPE SIG is directly related to the development of an Occasional Paper, provisionally entitled 'Relating Theory and Practice in IPE', to be published in 2005.

Special focus: Sharing and reusing learning resources with intraLibrary

Charles Duncan, Intrallect Ltd

IntraLibrary is a learning object repository. It acts as a library of teaching and learning resources and is used primarily by teachers. Its function is to enable teachers to share and reuse resources and it has been doing this for two years in a variety of medical projects. As part of the JISC X4L JORUM project, intraLibrary has been supporting the ACETS and Healthier Nation projects. It has also been used by IVIMEDS, the International Virtual Medical School, as a repository for reusable learning objects.

It does what it says...

The library metaphor is useful because these learning object repositories hold collected resources in a well-structured, secure, organised, yet accessible location. The benefits of using intraLibrary are many, but the single biggest benefit is that it does what it says and no more. IntraLibrary enables people to upload, store, search, discover, and extract digital resources for teaching and learning. It doesn't define what a learning object is. It doesn't define how the resources can be used in teaching and learning. It simply makes it easy to share resources.

You can store anything digital and even include references to physical objects, or to external digital objects such as web sites or streaming media servers. Handouts, PowerPoint presentations, simulations, case studies, Flash animations, web pages, content packages, video clips, the list of potential resources is endless.

The library metaphor can be extended even further as intraLibrary uses the same type of classification categories as traditional libraries to guide users to the subject niches they want to discover. Classification systems such as Dewey Decimal or Library of Congress are possible but others are equally available. The medical projects mentioned above all use the medical subject headings (MeSH) and IVIMEDS even uses its own curriculum map as a classification system. There is no need to be limited by being forced to choose one classification system. Version 2.0 of

intraLibrary supports multiple classification taxonomies, including taxonomies for purposes other than defining the subject, such as accessibility restrictions or educational level.

Sophisticated search tools

It would be ideal if, when searching for learning resources, we had the same problem as when searching for textbooks – the shelves are full of so many similar books we need some way of distinguishing one from another. Choosing between learning resources is not simply a matter of examining the content. We usually want to know also about the educational level and context, the technical format, the duration and many other aspects that are not identifiable, for example, in a Google search.

Effective search and discovery depends on effective metadata. IntraLibrary uses IEEE Learning Object Metadata. This permits sophisticated search options and is also the widely accepted international standard for describing learning objects. Another useful way of finding good resources is to pay attention to comments made by others. IntraLibrary allows comments to be attached to each resource describing the resource or how it has been used.

International standards

International standards are at the heart of intraLibrary. Since you can use any system to create learning objects, store them in intraLibrary, and then use any other system to

implement these learning objects in teaching and learning, interoperability between these systems is essential. This is achieved through intraLibrary adhering to international standards and benefiting from interoperability with all the other products that do the same. For example, intraLibrary interoperates with tools that produce IMS Content Packages such as DreamWeaver and Reload, as well as formats such as QuickTime and PDF.

In addition many VLEs now also support IMS Content Packaging so intraLibrary can interoperate with those, such as WebCT, BlackBoard, Technikal and LearnWise. But intraLibrary can also deliver learning resources in native format so that material can be dynamically loaded into web sites or custom VLEs.

IntraLibrary is a general purpose educational technology. It can be used by everyone in a distributed environment and at the same time can be configured to suit each different project. It can operate at project or institutional, national or international level. As an enabling component in the infrastructure of learning technology intraLibrary supports the development of learning object economies.

For further information or to obtain a trial account visit <http://www.intrallect.com/products/intralibrary/demo.htm>, or call 0870 234 3933, or email enquiries@intrallect.com or C.Duncan@intrallect.com

Focus: Becoming a reflective practitioner

David Brigden, Adviser for Postgraduate Medical and Dental Education Mersey Deanery (University of Liverpool/NHSE) Professor of Professional Development, Faculty of Health Sciences, University of Cape Town, and Nigel Purcell, Senior Education Advisor, LTSN-01

Reflection and reflective practice are two of the key buzzwords in professional and education practice at present. But what exactly do we mean by these terms and how can we develop our capacity for reflection? This article focuses on how to become more reflective in your professional practice whether as a clinician or educator. In it we define what we mean by reflection, identify the key stages in reflective practice and outline the main reflective practice skills.

Reflection on current practices

Before bringing about a change to current practices, the clinician needs to reflect on what is currently being practiced and what changes are required. A key factor in determining whether change is needed is the 'evidence base' relevant to the situation under consideration.

One of the most difficult tasks for educators is to help learners to relate theory to practice and reflection is one of the most important factors in achieving this synthesis. Unless this link is made then simply reading up on the evidence base is of little practical value. 'Evidence based practice needs to retain a practical focus and to build on reflective practice' (1).

This process is referred to as 'reflection on action' that is, it takes place after an event. Another aspect to reflective practice is 'reflection in action,' a more immediate reflection that takes place during the action. (2,3,4)

Reflective learning is 'the process of

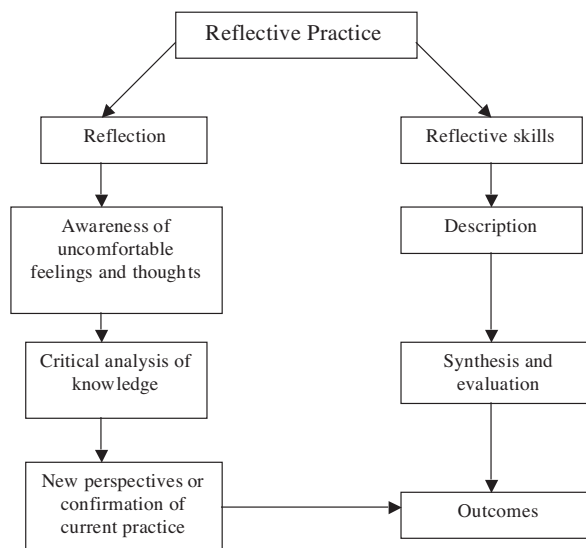
internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in a changed conceptual perspective.' (2) In the discussion process of reflection, stages or levels of

This may arise because of some situation or event which does not unfold in the way we would expect. For example there may be an unexpected negative outcome of a usually reliable treatment option or perhaps a strong emotional reaction on the part of a learner. Of course it is also possible for surprising positive outcomes to leave us wondering what is the reason for the event. Either way there is some 'out of the ordinary' experience which causes us to begin reflecting.

2. Critical Analysis - The second stage involves a critical analysis of the situation that leads to an examination of feelings and knowledge – a 'thinking on your feet' situation, based on experience in the decision making process or 'reflection in action'. This means that when that feeling of inner discomfort is felt a change is immediately made to bring about a better result. It may also

involve 'thinking on action' where the analysis may involve the generation of new knowledge requiring the process of critical thinking. This process entails 'association, integration, validation and appropriateness. It is at this point that we may start to look for the evidence base or 'public propositional knowledge' (5) which relates to the object of our enquiry. We may also want to talk with our colleagues and learn from their experience.

3. New perspectives - The third stage involves 'the development of a new perspective on the situation.' This means, moving from a position of a



reflection have been identified. Mezirow identified seven steps of reflectivity in hierarchy, however Atkins in her analysis of the literature found that the differences between authors' accounts of the reflective processes are largely those of terminology, detail and the extent to which the processes are arranged in hierarchy. (2) She identified the following three key stages in the reflective processes:

Stages in reflective practice

1. Awareness - The first stage is triggered by an awareness of uncomfortable feelings and thoughts.

Skills in reflective practice are:

- Thinking about current practice
- Questioning whether it is the best method of handling the problem
- Enquiring whether other practitioners use similar approaches

The reflective practitioner (continued)

detached observer, to one of becoming involved'

The model on the previous page represents the stages in reflective practice adapted from the text in Atkins (1993) (2).

Reflective practice skills

In order to become a reflective practitioner, the individual needs to acquire the skills of reflective practice, which are:

1. Self awareness

An essential component of reflection is self awareness or the ability to analyse feelings. It involves an honest examination of how the situation has affected the individual and how the individual has affected the situation. This is not an easy task, especially in the heat and pressure of the moment when it can be hard to recall exactly what happened. Nonetheless we need to develop the capacity to do this if we are to become more effective in our reflection.

2. Description

Description involves having the ability to recognise and recollect salient events. This might entail recalling similar signs and symptoms in patients presenting with a particular disorder, it might involve describing a new finding. The description might be verbalised in a group discussion, written in a clinical guideline, journal article or book, to enable learning through reflection.

3. Critical Analysis

This involves examining components of a situation. This process entails examining existing knowledge, challenging assumptions, imagining and exploring alternatives. Imagining and exploring alternatives also encourages the creation of new ideas and inventiveness. A critical analysis also involves examining how relevant knowledge is to an individual situation. This aspect supports the definition of evidence based medicine where clinicians concentrate on the outcomes of their treatments for individual patients.

4. Synthesis

This is the process of integrating new knowledge or experience and making it part of our 'personal knowledge base' (6). This knowledge is used in a creative way to solve problems and to predict the possible outcomes. This is particularly important as the outcome of reflection involves the development of a new perspective. However it may in fact endorse the continuance of a particular practice within a particular context weighed against other factors such as availability of resources and/or patient preferences.

5. Evaluation

Evaluation is defined as the making of judgements about the value of something. It can also be defined as 'to judge or assess the worth of something'. Both synthesis and evaluation are crucial to the development of a new perspective.(2) A decision would then have to be

made as to whether a change in practice is necessary.

Conclusion

Self awareness, description, critical analysis and evaluation are important skills for reflection. Reflection itself is a complex but vital skill which is central both to the our capacity to learn from experience and to apply that learning to our professional practice.

David Brigden, Adviser for Postgraduate Medical and Dental Education, Mersey Deanery (University of Liverpool/NHSE), david.brigden@merseydeanery.nhs.uk, Professor of Professional Development, Faculty of Health Sciences, University of Cape Town, and **Nigel Purcell**, Senior Education Advisor, LTSN-01, nigel@ltsn-01.ac.uk

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LTSN Project Focus: Ethics Teaching Highlighted in Contextualised Scenarios

David Mossley, LTSN Philosophy and Religious Studies

The year long ETHICS project aimed to promote existing examples of good practice in ethics teaching and learning by drawing on the extensive combined knowledge and experience of its subject communities. The project placed a special emphasis on the teaching of professional ethics to students whose primary academic focus lies outside philosophy and religious studies.

Our findings have revealed that ethics teaching and learning is an area which is changing so rapidly, and in response to such a plethora of external forces, that there is a growing need for support and development of the learning environment.

The partner subject centres are now looking to integrate the resources produced by the project into a longer term strategy, addressing the needs of ethics learning and teaching across the curriculum.

Medicine benchmark statement includes the following:

Graduates should be prepared to approach their medical practice:

- Understanding and accepting their professional, ethical and legal responsibilities.

Graduates need to apply ethical and legal knowledge to their practice, particularly in:

- Applying the principles of confidentiality, consent, honesty and integrity.
- Being aware and complying with legal and professional responsibilities, particularly with respect to death and dying; drug prescribing; mental health; physical and sexual abuse of children and adults; abortion; reporting unsatisfactory and/or inappropriate performance.
- Considering the rights of patients.

Who needs ethics?

The requirement to teach ethics is on the increase throughout higher education and the majority of QAA Benchmarking Statements now make some reference to ethical issues or concerns.

Accordingly, many departments whose main academic interests lie elsewhere are making room within their curricula for an introduction to the moral issues germane to their area of expertise. And, of course, this has been the case for some time for the disciplines covered by LTSN-01. See the examples from the medicine benchmarking statement below.

Multiprofessional frameworks

A further reason for paying attention to professional ethics is that many graduates from LTSN-01 constituent subject areas may find work within teams drawn from a range of different professions when they leave university and all will certainly have contact with other such professionals. Accordingly, they will need to be able to discuss moral issues competently and constructively with a diverse range of people.

In some cases they will be asked to address the concerns not only of fellow professionals but of members of the public. Conflicting professional values can only serve to undermine public faith in professional standards, so an effective learning and teaching strategy must seek to present moral issues in a way that anticipates and fosters dialogue between different

professions and between professions and the public. It will therefore be increasingly important for teachers of ethics to produce learning and teaching outcomes on three levels:

Subject-specific: students will need to understand:

- The moral issues that arise most frequently within medicine, dentistry and veterinary medicine.
- The range of perspectives to be expected from health care professionals on these issues.
- The range of perspectives to be expected from key stakeholders/service users on these issues.

Interprofessional students will need to understand the perspectives of people from professionally related subject areas on issues of shared moral significance. Public students will need to understand the perspectives of private individuals and relevant social groups on issues of public concern and interest.

Fulfilling these objectives is a tall order and it is unlikely that any subject area will be able to meet the challenge on its own.

Workshops

In November 2003 the ETHICS Project offered twinned workshops at Birkbeck College, London and King's Manor, York. Each day was structured around short presentations followed by facilitated small group discussion and had two main themes, the first of which focussed on the inter-disciplinarity of professional ethics learning and teaching. While events

ETHICS project (continued)

bringing together ethicists from related fields such as healthcare or bioscience are not uncommon, the ETHICS Project's inclusion of six subject centres, between them serving the needs of at least 56 separate disciplines, give it a much wider base on which to draw. Many delegates expressed an appreciation of the opportunity to meet ethics teachers from a wide range of disciplines and it was instructive to note how many areas of common interest and concern were identified.

The second theme reflected the direct and immediate relationship between the teaching of professional ethics in higher education and its application in real life situations. The workshops juxtaposed presentations on learning and teaching initiatives with contributions from those involved with Research Ethics Committees and Clinical Ethics Committees to present a broad perspective on the challenges facing those charged with the task of helping students acquire the knowledge and skills they need to function within the rapidly evolving moral framework of professional working practice.

Both days were productive in terms of networking and interdisciplinary collaboration. The presentations were well received, stimulating lots of lively discussion. A hardcopy guide, based on the issues and concerns identified at the workshops will be available in the spring of 2004. A report on the workshops is available at the ETHICS Project website.

Educational resources

The learning and teaching resources generated by the ETHICS Project will be disseminated—largely through its web pages which will offer information on issues such as assessment, consent and confidentiality.

It will also provide information on the use of case studies. In addition to a general discussion and useful links

there will be a database of examples that have already been used successfully in learning and teaching. These case studies or Contextualised Scenarios are working examples of applied ethical problems used to highlight relevant ethical principles.

It is hoped that the database will provide a useful resource not only for new teachers of ethics looking for ideas on course development, but also for experienced ethicists for whom it will provide a 'snapshot' of current teaching and learning priorities. At the moment the database is drawn from the partner subject areas but it is hoped that it can be extended to include examples from across the curriculum. If you have used case studies in your own teaching please contact the subject centre for Philosophical and Religious Studies (see contact details below).

The Project's objectives with regard to the development of human resources are potentially the more significant in the long term. Despite the supradisciplinarity of ethics, ethics communities remain largely subject-specific but two workshops organised by the ETHICS Project established that there is a demand for interdisciplinary events, at which people get a chance to meet and exchange ideas with teachers of ethics from other subject areas. The Subject Centres are in a unique position to coordinate networks in areas such as ethics which are not generic and yet spans a range of otherwise unconnected subject areas. The ETHICS Project partners will therefore be keen to build on what has been learned over the last year by encouraging a broader discourse on ethics learning and teaching across the curriculum. Any future events will be publicised via its web pages.

For further information contact David Mossley david@prs-ltsn.ac.uk or go to www.prs-ltsn.ac.uk/ethics/

Conference report

The Challenges of Teaching Medical Ethics – Useful insights from a one day conference held in Leeds on 10 September 2004.

- Remember professionals lose status when they become students, particularly if they have no recent experience of being a student. (Monique Jonas)
- 7% of the first three years of the curriculum at Leeds is devoted to Ethics. This includes self-directed learning, which has to be identified within a 9-5 timetable. (Nafsika)
- There is a compulsory Ethics SSC comprising 70 projects with 4 or 5 students choosing each project. This is assessed by 3,000 word essay. (Nafsika)
- Leeds will soon have a database of teaching resources online at www.leeds.ac.uk/medicine.mbchb/ethics (Nafsika)
- Suggested question to assess reflection in a less threatening/invasive way: Describe a role model you admire (or deprecate) giving reasons. (Chris Cowley)
- MA course which only accepts graduates, but accepts non-graduates for the Diploma. If they achieve high marks, they can transfer to the MA. (Rebecca Bennett)
- Potential development of "SPECS" – Student Project Ethics Committees as a result of recommendations from a committee set up under Len Doyal on the ethical governance and regulation of student projects. (Lavinia Norton)
- DoH advice published in 2000 says "For many student research projects the university supervisor may provide an adequate level of review". Note "may". (Lavinia Norton)
- Discussion. Audit/research boundary was identified when audit became fashionable in NHS – although no reliable point of delineation. Could not a similar boundary be identified between education and research? Most student "research" projects are not research at all, but are conducted for educational reasons, just as students may talk to patients for educational rather than therapeutic reasons.

Bryan Vernon, SPaHS

DISABLED PEOPLE ENTERING AND WORKING IN HEALTHCARE PRACTICE: TIME TO TAKE STOCK?

DIVERSE

The UK Veterinary Medicine Disability Project

Date: Thursday 25 November, 2004

Time: 9.30am - 4.30pm

Conference fee: £50

Venue: The Royal College of Veterinary Surgeons (RCVS),
Belgravia House, 62-64 Horseferry Road, London, SW1P 2AF

There have been two key catalysts for this conference:

- **Reactions to the recent reports 'Pushing the Boat Out' (2003) and 'The Sequel' (2004), on the admission of students with disabilities to medical, dental and veterinary schools**
 - **Extension of the Disability Discrimination Act to cover Qualifications Bodies from 1 October 2004**

The conference will provide participants with 'Time To Take Stock' of the issues raised by these timely events. It will offer a fused vision of the position of disabled students and disabled healthcare professionals.

Qualifications bodies and healthcare educators need to work together with the professional bodies and with disability professionals to ensure that the requirements of disability legislation can be met, whilst maintaining the highest standards of healthcare provision.

'Time To Take Stock' will provide the setting for such dialogue to take place, with colleagues from other areas of healthcare being invited for the first time to contribute to this forum.

'Time To Take Stock' will be a milestone event for recording and highlighting developments taking place across healthcare to facilitate the integration of disabled people into healthcare education and employment. It will result in a report (early 2005) with the same title, completing the trilogy of reports produced by Anne Tynan.

The conference is a one-day event only but is expected to have repercussions throughout 2005 and beyond. The UK has taken the lead internationally in assessing the extent to which disabled people can enter and work in healthcare: 'Time To Take Stock' will consolidate this leadership.

**For further information, contact Anne Tynan,
by email atynan@rvc.ac.uk or telephone 020 7468 5056.
<http://www.ltsn-01.ac.uk/diverse/evets>**

Conference report: UNFOLDing the mysteries of capturing pedagogical context?

Suzanne Hardy, Information Officer/C&IT Manager, LTSN-01

I was recently invited to attend a three day meeting to inaugurate three communities of practice under the banner of an EU project called UNFOLD (see <http://www.unfold-project.net:8085/UNFOLD>). UNFOLD aims to support the adoption of open eLearning standards for multiple learners and flexible pedagogies, and three communities of practice have been formed to help achieve these project aims.

The Learning and Teaching Providers, Learning Designers and Software Developers Communities of Practice were launched in Barcelona in early September with 35 participants.

Anyone can register on the UNFOLD site to take part in these communities, which are not unlike the CETIS special interest groups, with which you may be familiar. You don't have to be very technically minded to take part, since the project, which is being run collaboratively by CETIS, the Open University of the Netherlands, and Universidad Pompeu Fabra, is interested in capturing the use of electronic learning resources (sometimes called reusable learning objects) in their pedagogical contexts.

LTSN-01 has been involved with the ACETS project (<http://www.acets.ac.uk>) since its inception, and where we have been concerned with trying to capture use cases of the learning and teaching contexts in which teachers use electronic resources – to date we have collected 4 full use cases which describe in detail how electronic resources have been employed in particular learning and teaching contexts. The project is working in two areas of interest to the broad health and social care educational communities, namely anatomy and communication skills.

I attended the UNFOLD meeting with my ACETS hat on (I am contracted to work on this project as part of my everyday work with LTSN-01), as an observer. Having listened to presentations from CETIS and OUNL representatives, it quickly became

apparent that the ACETS tools and processes, which we have developed, to try to capture pedagogical narratives, might be of interest to the learning and teaching providers and learning designers communities of practice.

The many opportunities for networking presented during the course of the meeting meant that by day three I had been asked to present something about ACETS. There was a lot of interest shown in the qualitative approach that ACETS is using, and it seems likely that there will be further collaboration with the UNFOLD partners in utilising the resulting semi-structured use cases to help in the development of more technical tools to support the uptake of the IMS Learning Design specification.

There is a lot of scope for UK medical education people to get involved with the UNFOLD project – the CoP leaders are friendly and approachable people, who are really interested in getting real learning designs and narratives which they can work with to test out the IMS Learning Design specification (<http://www.imsglobal.org/learningdesign/index.cfm>).

The IMS Learning Design specification supports the use of a wide range of pedagogies in online learning. Rather than attempting to capture the specifics of many pedagogies, it does this by providing a generic and flexible language. This language is designed to enable any number of pedagogical approaches to be expressed. The language was originally developed at the Open University of the Netherlands (OUNL). In ACETS we have been

using the Best Practice and Implementation Guide for Learning Design to inform the simple qualitative tools we have designed to elicit statements of pedagogical context from our project exemplifiers.

We are at an early stage of capturing full use cases in ACETS, but we hope to have around 20 such exemplars by the end of the project in 18 months time. It seems from this initial UNFOLD meeting that there is a lot of synergy between the ACETS project and some of the work going on in UNFOLD CoPs, which we hope can exploit to the advantage of both projects.

We very much hope that by collecting detailed use cases which capture learning and teaching contexts we can contribute something of worth to the UNFOLD project, which they can then use to help develop tools for next generation learning environments which can automatically capture learning designs and pedagogical patterns. In return we hope to disseminate widely the novel approach taken in eliciting narratives of learning and teaching scenarios. Anecdotal evidence to date from project exemplifiers seems to indicate that the process has an added and unforeseen benefit in enabling teaching practitioners to analyse and reflect on their own educational practice. The funding from the ACETS project gives the time and space to do this. We hope at a later stage in the project that we might be able to ascertain any added benefit to students in their use and consumption of the electronic learning resources.

Admissions testing for entry to medicine

Philip Brown, Education Consultant, Medical Programmes, ACER UK

With the publication of the Schwartz report into fair admissions to university, interest is growing in both a general admissions test for university applicants and specialist tests for some subject areas. Medical schools are increasingly selecting students using a wider set of objective criteria than academic results alone, and some schools in the UK are now either using or considering purpose-designed admissions tests.

Recent developments in medical education have highlighted the need to select applicants with well-rounded skills; students who will benefit most from the new curricula founded on self-directed and problem-based learning.

A professionally-developed and marked secure test can provide objective evidence of skills and abilities not directly measured or reported by A level or degree results.

A test of reasoning, problem-solving and communication used in conjunction with academic results gives weight to the skills of working with and understanding people, teamwork and information handling. This helps medical schools select the most suitable students from a large pool of well-qualified applicants. A wider range of entry criteria also gives a chance to capable students who might not succeed through traditional selection methods.

American practice

Selection tests for medicine have been used in the United States for many years; the Medical College Admission Test has been shown to be a good predictor of performance in undergraduate and postgraduate performance. Nearly all Australian and New Zealand medical schools now use admissions tests developed and administered by the Australian Council for Educational Research (ACER). In the UK, there are now ten

medical and veterinary schools using admissions tests: four use ACER's GAMSAT UK - a test devised for UK graduate-entry programmes - and three use ACER's new Medical School Admissions Test (MSAT); three medical and two veterinary schools are using the BioMedical Admissions Test

data to academic qualifications, and were shown to be valid and reliable assessments. Cecily Aldous, who runs ACER's medical admissions testing programmes, says "tests have to be carefully and professionally constructed to be acceptable to universities, applicants and the public.

| GAMSAT UK | MSAT | BMAT |
|---|--|--|
| <ul style="list-style-type: none"> Reasoning in Humanities and Social Sciences Written Communication Reasoning in Biological and Physical Sciences | <ul style="list-style-type: none"> Critical Reasoning Interpersonal Understanding Written Communication | <ul style="list-style-type: none"> Aptitude and Skills Scientific Knowledge and Applications Writing Task |

Our teams of writers are expert in their fields and in test construction, and all questions in development must pass detailed critiquing, trial testing, statistical analysis and final review. It is also vital routinely to analyse candidate response data, and to conduct ongoing research into

tests' equity and validity."

More research is definitely needed into the efficacy of tests in contributing to widening participation, and because of the relative recency of their introduction in Australia and the UK, data on their predictive power is only just becoming available. Nevertheless, many admissions officers and tutors are already convinced of the need for something to complement the traditional selection processes.

(BMAT) devised by the University of Cambridge Local Examinations Syndicate.

These tests differ considerably in what they test, but all use a combination of multiple-choice and written-essay response formats, and last between two and four hours.

Admissions tests are not uncontroversial. Some student groups don't like Schwartz's recommendation for a national admissions test, saying that they favour those who can afford coaching.

But in a generic test of aptitudes, coaching is less relevant than for a content-based exam, and those applicants without very high grades get a chance to be considered.

Schwartz cautiously welcomed subject-specific admissions tests where they were needed to provided additional

Philip Brown, *Education Consultant, Medical Programmes, Acer UK*

pbrown@aceruk.org

For more information, visit:

www.acer.edu.au/msat

www.acer.edu.au/gamsatuk

www.bmat.org.uk

Resources for medical teachers taking certificate programmes

Nigel Purcell, Senior Education Officer, LTSN-01

Are you on a Post Graduate Certificate in Education programme but feeling that maybe a lot of the material is too general to be of immediate use to you? Or perhaps you are a tutor on a PG Cert programme, who would like to be able to refer your students to relevant discipline specific resources?

If so then you will find the newly launched Supporting New Academic Staff (SNAS) online database provides a valuable additional resource to supplement the generic materials recommended for your course. The project to create this database was funded and led by the Higher Education Academy in response to feedback from the participants on PG Certificate in Education programmes.

This overwhelmingly showed that they want their courses to provide better links between generic theories on learning and teaching and the reality of teaching in their own particular discipline. SNAS is designed to provide this missing link.

The SNAS database identifies key topics typically covered in initial courses in learning and teaching for which discipline-specific resources would be useful, and then supplies short resource lists to provide a way in for new staff. Over 50 learning and teaching course tutors, staff in the Academy's Registration and Accreditation Department and all the Academy's 24 Subject Centres were involved in choosing and annotating suitable resources. At each stage the sector was consulted and the project revised according to users' needs. SNAS was launched after a three-month pilot at the Heads of Educational Development Group Conference in June and it makes the resource lists available in an easily searchable format.

LTSN-01 was involved with the SNAS project from the beginning and has identified an appropriate set of discipline specific resources geared to the needs of medical teachers. These

resources will also be of interest to dentists and vets but we are planning to develop corresponding resource sets for dentistry and veterinary medicine in the near future.

The topics covered by the medicine resources are: assessment; curriculum design, generic medical education, group work, problem based learning (PBL), Skills

For each topic we have chosen a small selection of key readings which you can use to build your discipline perspective on the learning and teaching process. The number of readings has been kept deliberately small in order to meet the needs of busy professionals for whom teaching is an important but not primary role and who have other major responsibilities.

For example the PBL topic has five resources consisting of a mix of articles, books, projects and literature reviews. For each resource there is a brief description to help you decide whether you would find it of interest. If you teach on a PG Cert programme you might also like to look at the case studies of how to use the resources which are on the website. They can be found in the 'using SNAS' section.

Feedback from users since the launch has been extremely positive. Above all, staff using the resources, have appreciated the way in which the project is responding to a perceived need from the sector and is helping to build a community of practice for colleagues supporting new academic staff.

Following on from the launch of the SNAS database we are aiming to further develop these communities of practice in order to share needs and expertise. If you are interested in joining such a community for medical, dental and veterinary teacher trainers, then please email me Nigel@ltsn-01 to express your interest.

The SNAS database is available at www.ltsn.ac.uk/snas.

Meet LTSN⁰¹



Gill McConnell

Describe your role in LTSN-01

My official title is Deputy Veterinary Liaison Officer. The Veterinary Liaison Officer is Andrew Short, so I attend meetings he can't and provide a veterinary perspective (and animal pictures for LTSN-01 publications).

What is your professional background?

I'm a maths graduate who started out in statistics and programming for plant breeding, before moving into the veterinary world.

I spent a number of years in the medical and veterinary research environment working on real-time data collection, analysis and statistics, before escaping into teaching and learning. I managed the School's networks, microlabs and developed CAL materials, spending a year at ICBL (Institute for Computer Based Learning) at Heriot Watt University as a Research Associate in the early nineties. Since then, as Design Manager for CLIVE (Computer-aided Learning in Veterinary Education) and Educational Development Manager at the Royal (Dick) School of Veterinary Studies, I've been closely involved in developing the use of computers in teaching and learning for veterinary students.

And your professional interests?

Reflective practice and portfolios in particular, which are linked with my personal interests. Multimedia still excites me - and how it can best be used to promote learning. A current project making 3D Reusable Learning Objects from CT scans is neatly combined with another interest - usability and re-usability.

Tell us about your personal interests.

Painting, poetry and playing the viola in the Really Terrible Orchestra.

LTSN-01 information available as RSS feeds

Did you know that it is possible to incorporate dynamic feeds of LTSN-01 information such as news, events and funding opportunities into your own website or pick up daily updates with free RSS newsreader software?

RSS is a means of syndicating information you publish over the web in a manner that means it is automatically kept up to date:

"RSS is an XML-based format that allows the syndication of lists of hyperlinks, along with other information, or metadata, that helps viewers decide whether they want to follow the link.

"RSS allows peoples' computers to fetch and understand the information, so that all of the lists they're interested in can be tracked and personalized for them. It is a format that's intended for use by computers on behalf of people, rather than being directly presented to them (like HTML)." Mark Nottingham - RSS tutorial for content publishers and webmasters (<http://www.mnot.net/rss/tutorial/>)

As Nottingham says, RSS feeds are not intended in and of themselves to be human readable but can easily be converted dynamically to HTML for incorporation into web pages (this facility is available in most Portal software now) or be read using a piece of newsreader software.

LTSN-01 offers a number of information channels available as RSS 1.0 including the following: (Please note that the URLs should be used in a newsreader tool not a standard web browser.):

- our news items <http://www.ltsn-01.ac.uk/resources/news/news2.rss>
- the list of LTSN-01 run events <http://www.ltsn-01.ac.uk/resources/events/events.rss?version=1.0>
- and our funding opportunities http://www.ltsn-01.ac.uk/static/fundops_rss_feed.php

We are also investigating whether it would be useful to syndicate details of our funded mini-projects as well: http://www.ltsn-01.ac.uk/static/mini-projects_rss_feed.php

A list of RSS reader software is available on the following site: <http://blogspace.com/rss/readers>



Macintosh users may also be interested to learn that the next version of the Safari web browser will double as an RSS reader too.

RSS is by no means the be all and end all of web based syndication. The next big thing on the horizon is the Atom specification <http://www.atomenabled.org/>. LTSN-01 is keeping its weather eye on these developments to take advantage of these emerging standards as and when implementation becomes practical.

If you are interested in how to subscribe to our channels or even syndicate information from us on your website please don't hesitate to contact the LTSN-01 web team webteam@ltsn-01.ac.uk.

Paul Hollands, Web and Information Officer, LTSN-01

Paul@ltsn-01.ac.uk



Introducing the newest addition to the LTSN-01 team!

Some of you may have noticed LTSN-01's centre co-ordinator Susanne Young has been missing from the office these past few months.

Susanne is currently on maternity leave. She gave birth to her first child, Isabelle, on July 23 at Newcastle's Royal Victoria Infirmary. The medical

team were brilliant as was the pain relief on offer! Isabelle weighed in at seven pounds 13 ounces and has since been piling on the pounds.

Her favourite activities at the moment are sleeping, burping, eating, watching her mobile and cuddling her mother and father.

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

You will find LTSN-01 workshops listed here:
<http://www.ltsn-01.ac.uk/resources/meetings/workshops>.

These are announced via the mailing list, which you can join at:
<http://www.jiscmail.ac.uk/lists/ltsn-01.html> as dates are confirmed.

It is worth noting that many of the major educational conferences in our subject areas are taking place in Europe in 2004. They will appear in these pages and at http://www.ltsn-01.ac.uk/resources/events/search_events as soon as dates are confirmed publicly.

Key:

Blue = in the UK
Yellow = outside the UK
White = generic

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

OCTOBER

| | |
|-------|---|
| 21-24 | Inaugural meeting the scholarship of teaching and learning: perspectives, intersections, and directions, Indiana University USA |
| 21 | Making tracks – steadicam and more, University of Leicester |
| 27 | Physical sciences and philosophy across disciplines, University College, London |
| 28-29 | ePortfolio 2004, La Rochelle, France |
| 28 | NCUP themed meeting on 'The changing role of the professor', King's College, London |

NOVEMBER

| | |
|---------|--|
| 1 | E-learn 2004 world conference on e-learning in corporate, government, healthcare & higher education, Washington DC, USA |
| 3-6 | 2004 AEA conference, Atlanta Georgia, USA |
| 4 | Secrets of dynamic HTML, Netskills, University of Newcastle, Newcastle upon Tyne |
| 13 | Putting your images online: A guide for lecturers, ILRT, University of Bristol |
| 12 | Finding and using images for learning and teaching (co-written with SCRAN ILRT, University of Bristol) |
| 14 - 17 | TechLearn 2004, New York City, USA |
| 16 - 17 | SEDA 9th annual conference for staff and educational developers Novotel, Birmingham |
| 18 | Authoring rich media content Using SMIL (Synchronised Multimedia Integration Language), British Universities Film and Video Council, London |
| 24 - 29 | NeLH training sessions, Teleconference – see website for details |
| 24- 25 | LTSN-01 & LTSN HSAP: Six workshops in interprofessional education (IPE) over 2 days, Weetwood Hall, Leeds |
| 25 | Disabled people in healthcare practice: Time to take stock? The Royal College of Veterinary Surgeons (RCVS) |
| 30 | Changing practice: an innovative 'back to basics' approach to involving non-medics in research, Clinical Sciences Centre, University Hospital Aintree, Liverpool |
| 30 | After Lambert: employers and higher education enhancing employability - partnerships for student learning, Central London |

DECEMBER

| | |
|---------|--|
| 01 - 03 | Online Educa 2004 - 10th international conference on technology supported learning and training, Berlin, Germany |
| 01 - 03 | 10th international conference on technology supported learning and training: Individual and institutional self-assessment in higher education, National University of Singapore, Singapore |
| 08 | Creating quality metadata for digital images, ILRT, University of Bristol |
| 09 | Digital rights management - practical approaches to securing and protecting copyright, ILRT, University of Bristol |

JANUARY

| | |
|----|--|
| 12 | Second national workshop and tutorial on handheld computers in universities and colleges, Moathouse Hotel, Telford, Shropshire |
|----|--|

MARCH

| | |
|---------|--|
| 01 - 05 | Society for information technology and teacher education international conference 2004 (SITE), Phoenix, Arizona, USA |
|---------|--|

Educational funding opportunities

Have you got an idea for an educational research project, or perhaps you would like to try out an innovative approach to learning and teaching, but don't have access at your institution to sufficient funding or resources? If so. Then you might like to take a look at the Funding opportunities section of our website at: www.ltsn-01.ac.uk/reesources/fundops/index_html

There are usually a number of specific opportunities for medical, dental and veterinary educators listed there, so you may well find something suitable for your project idea. Each entry identifies the organisation offering the funding, gives you a brief introduction to the project, indicates the closing date for applications and provides a URL or email contact address. They are updated by LTSN-01 staff on a fortnightly basis.

Projects currently listed with a closing date up to February 2005 include:

The Enhancing HE Student Employability Award, Enhancing student employability coordination team (1 October)

The Independent 'Graduate of the Year' Award , The Independent / ESECT (1 October)

Science in Society Programme - Third Call for Proposals , Economic and Social Research Council (ESRC) (4 October)

Visiting Professorships, The Leverhulme Trust (15 October)

Small Research Grants, The British Academy (15 October)

Larger Research Grants, The British Academy (15 October)

The Dannon Institute Award for Excellence in Medical/Dental Nutrition Education, The American Society for Clinical Nutrition (15 October)

Australian Research Council Federation Fellowships, Australian Government (15 October)

SEDA Awards 2004: Questioning the Impact of Staff and Educational Development, Staff and Educational Development Association (18 October)

Aimhigher communications resource team, HEFCE (20 October)

Travelling Fellowships 2005, The Winston Churchill Memorial Trust (21 October)

Public Services: Quality, Performance and Delivery Programmes, Economic and Social Research Council (22 October)

Educational Project Grants, Arthritis Research Campaign (ARC) (25 October)

Research Professorships, The British Academy (31 October)

Research Grants, The Royal Society (1 November)

Training Development Activities 2004, Economic and Social Research Council (ESRC) (8 November)

Research Training Fellowships, Wellcome Trust (26 November)

Small Grants, Dept of Health Scotland - Chief Scientist Officer (30 November)

Educational Travel/Training Bursaries, Arthritis Research Council (ARC) (1 December)

King's development fund, King's Fund(1 December)

Educational Travel/Training Bursary, Arthritis Research Campaign (6 December)

International Fellowships, American Association of University Women (International Fellowships) (15 December)

Medical student elective and vacation project grants, British Geriatric Society (1 January)

Wylie Medal (Undergraduate Prize Essay), Association of Anaesthetists of GB & N.Ireland (7 January)

Small Research Grants, The British Academy (15 January)

Worldwide Congress Grants, The British Academy (15 January)

eContent call for experts (evaluators and reviewers), European Union (EU) (25 January)

The STAR project - case studies FDTL4 (27 February)

Grants for Medicine, Dentistry and Veterinary Graduates, The Sir Richard Stapley Educational Trust (28 February)

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LTSN-01

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