
School of Medicine President's Report

CARISSA JACOBS

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General

1. ELECTIONS

Elections were very successful (there was a very minor setback the day before when I accidentally deleted all of the candidate information. Luckily our Director of Education, Zach, and the IT team were able to recover the data).

All of the class rep positions available were filled.

2. STAFF STUDENT CONSULTATIVE COMMITTEE (SSCC)

We had 2 SSCC meetings scheduled for this semester.

The first meeting was very successful and had a great staff turnout.

I cancelled the second SSCC because there was nothing to discuss – this is largely due to the fact that changes have been made to the feedback system.

3. EDUCATION COMMITTEE (EDUCOM) AND SCHOOL PRESIDENTS FORUM (SPF)

I have attended several EduCom meetings but have nothing of note to report from my side.

I have also attended both of the SPFs where the main topic of discussion was the lecture capture system, Panopto. Within the Medical School we already have a system of lecture capture called Lecture Echo but we will be switching to Panopto in the near future.

4. SCHOOL TEACHING COMMITTEE (STC)

About once a month I meet with various staff members for the STC. Here I represent the students and provide feedback on potential changes which may occur within the Medical School. I am not at liberty to discuss the topics of said meetings.

5. CAREERS

Medical students only spend 3 years of a 6-year course at St. Andrews before moving on to their Clinical Schools, because of this the Career Centre and careers events are largely not applicable to the School of Medicine.

There have, however, been some difficulties concerning students who wish to receive information about overseas exams such as the USMLE. Many overseas exams (and moving to different countries after Medical School) require advanced planning. The Medical School has very little information on this and advises students to go to the Career Center, unfortunately they have even less information. They advise students to speak to their Career Center at their next University – by that point in time medical students are halfway through their degrees and this can make the process of overseas exams (and moving overseas) more difficult. I have brought this up previously in an Education Committee meeting but have not received any feedback on this point.

6. SOCIAL EVENTS

Within the Medical School there are many different medical societies and social events are organized by them.

The class reps and I are always available to help and have done so on one occasion in collaboration with the Bute Medical Society (BMS). One of our staff members, Professor David Harrison, has written and printed a pathology booklet to help students consolidate some of the basic pathology teaching. The BMS organized an event which was comprised of a lecture by Professor Harrison and then distribution of the booklets. The class reps and I were involved with signups and promotion.

Specifically Concerning the School of Medicine

7. ANNUAL ACADEMIC MONITORING (AAM) MEETING

The School of Medicine underwent an AAM meeting early on in the semester. The school was represented by the Dean (Professor David Crossman), the Director of Teaching (Dr. Alun Hughes), and myself.

The following actions emerged from our meeting with the Academic Monitoring Group:

1. School to increase student awareness of the External Examiner (EE) system and share EE feedback highlights to put the high quality learning experience into a national context.
2. School to revisit mechanisms for closing the feedback loop so that more students are aware of actions taken to resolve issues and make improvements.
3. AMG to note the following areas of good practice in an AAM summary for LTC:
 - a. Structure for educational research
 - b. The way in which students research education in their dissertations.

8. GENERAL MEDICAL COUNCIL (GMC) NATIONAL REVIEW

This year the GMC visited the School of Medicine for a review of the course.

The GMC define the national review as follows:

“The aim of a regional (England) and/or national (Wales, Northern Ireland, Scotland) review is to identify the key challenges for medical education and training across the region as a whole.

We do this by assessing the quality of training according to the standards set out in our standards for undergraduate and postgraduate medical education and training.

The review is risk based, which means that the visits to each organisation will focus on identifying and managing areas of risk. Regional reviews also look to identify and share good practice.”

I was asked to help with their visit and also to select a group of students from different years, backgrounds and cultures to give feedback to the GMC about the Medical School and the course. Helping with the GMC took up a substantial amount of time as a lot of planning was involved.

Overall the visit went very well and the reviews were largely positive. On their website later this year, the GMC will be publishing a full report of their visit.

9. FEEDBACK

Over the years, feedback has been a problem in the Medical School – this was evident in our National Student Survey (NSS) Report from the previous year.

Issues raised by students about feedback include:

1. The major concern seemed to be closing the feedback loop. Students felt like they gave a lot of feedback to the Medical School, but the Medical School would then not report back to the students about the feedback given.
2. The only official system in place for feedback are the End of Module questionnaires (EMQ) and these 2 mail boxes where students can write something on a piece of paper and leave it in the mailbox anonymously. Students feel like there is no real time feedback that they can give.
3. Many students also report feeling like the Medical School does not actually care about their feedback.
4. Many students feel like there is resistance from the Medical School about giving feedback and voicing opinions or concerns about the course, lectures, lecturers etc.

Our new Course Director, Professor John Zajicek, has made feedback and using this feedback to potentially change the course very important in his role. I have been working with him and the Medical School to try and change the way students feel about feedback.

At the start of the semester, every week or two, I would release a survey to all of the students about their modules. These surveys would include questions about lectures, lecturers, guided studies, placements etc. and there would also be space for students to write their own comments, concerns and feedback. I would then compile all of the information for each year group and send this to the Module Controllers and our Course Director. I would go over the

information and deal with anything that was reported. If I received feedback from the Medical School on an issue that was raised by the students, I would report this back to them.

The surveys were very helpful and we were able to cancel our second SSCC because of them. Unfortunately, I was told by the Medical School to stop doing them. Their reason was that they could lead to a potential “HR problem.”

On one hand, I completely understand that the Medical School would like to avoid an “HR problem.” On the other hand, this confirms a lot of students concerns about the Medical School not caring about feedback and resisting feedback from the students.

After the surveys were stopped, I had to try and come up with a different plan.

The School of Medicine has an intranet called Galen and it is instrumental in our course. I thought it would be the perfect place to set up a system of feedback. If there was an anonymous online feedback system on Galen, the Medical School could monitor everything (and would thus avoid any potential “HR problems”) and could then report any changes made back to the students through the system – effectively closing the feedback loop. This would also give students the opportunity to give real time feedback about the course and potentially see immediate changes instead of changes that may only be implemented the next semester. I also think that this could solve points 3 and 4 of the issues raised by students about feedback.

The Course Director has created a new position within the Medical School – the Quality Enhancement Lead – and has appointed Dr. Veronica O'Carroll. I have been working with her to try and set up this system. She has been very open and helpful about everything and is pushing hard to make this a reality for the students.

As far as I know the IT team within the Medical School has made a demo version of the online feedback system.
