

SCHOOL OF MEDICINE 2016 REPORT CARD

- This report card acts as an evaluation by WSMS of the School of Medicine response to student feedback over the year, anchored on the Student Submission to the AMC earlier this year.

From February-April 2016, WSMS collected and collated student input to write a submission to the Australian Medical Council as a companion to the School of Medicine's submission. This report was 56 pages in length and covered all 8 Standards for the Assessment and Accreditation of Australian Medical Schools. The School of Medicine also received a copy of the submission and produced a 'traffic-light system' response outlining a large number of points identified in the report. Items rated red were to be addressed urgently, yellow items were to be addressed over a longer timeframe, and green items were considered resolved. Relevant staff members were allocated the tasks. The response has been reviewed on a frequent basis with changes in the colour rating over time.

The 8 standards are outlined below.

This report card will briefly overview the issues WSMS raised under each Standard, and will discuss and evaluate the response by the School of Medicine. The responses will be rated as either exemplary, sufficient, requiring further improvement, or needing thorough re-evaluation in 2017; and will guide WSMS' future advocacy with the ongoing input of students.

This report was compiled by Christine Byrnes, the 2016 WSMS Academic Director with the input of members of the WSMS Academic Subcommittee.

Standard 1: The Context of the Medical Program

Issues noted: Piecemeal feedback collection through Curriculum Support Officers, governance structure not communicated to students, SoM practices not corresponding to WSU policies, staff contact details and professional roles unclear on website/vUWS, lack of student welfare contact, some lectures of poor/irrelevant quality or timing, lack of info about use of communication data, ICM tutors not using clinical material, difficult experiences with staff.

Response: Advertisement of SoM reps to student body and professional staff at remote locations has been emphasised. A new website for the SoM has been launched and the governance structure will be uploaded to this. The SoM has been working to align their policies with those of Western Sydney University. Limitations with the Western Sydney websites prevent further details regarding staff roles, however, creation of minibios and updated contact details for vUWS and the website are underway; this should also assist students in identifying who to approach if they experience negative events with other

staff. The SoM has employed a psychiatrist, starting on ½ day/month with potential to increase workload if demand and uptake by students requires.

A previously completed lecture template guide will be distributed to all lecturers, 'theme directors' will oversee the timing and content of lectures in Years 1-2, and the curriculum map will demonstrate the relationship of lectures to the learning objectives for the unit and course. The Clinical Deans will audit the use of ICM teaching material in tutorials so as to better support tutors in using the materials.

To better communicate how student feedback is used by the SoM committees, an annual report will be distributed.

Discussion and rating: The efforts of the SoM to clarify staff roles, align their policies and provide more access to student support as part of an overall effort to improve communication between staff and students is sufficient, but has been slightly impaired by external Western Sydney University website constraints. The employment of a psychiatrist for students to access directly is exemplary and a step in the right direction for student wellbeing. Adjustments to lecture schedules and content to better complement the curriculum is sufficient but requires ongoing student feedback to achieve the right balance, as will the use of ICM teaching materials by tutors.

Standard 2: The Outcomes of the Medical Program

Issues noted: Incomplete introduction to community teaching, minimal feedback from Scientific Streams, delayed clinical timetable uploads, poorly organized formal clinical teaching in metro schools, variable Indigenous placement quality, variable ICM tutor quality, MiC engagement/duration, professionalism teaching (outside of PPD) is negative.

Response: Regarding the introduction to community teaching, the SoM has stated preparation details and outlines are provided to students, and these should be accessed more frequently by students in addition to community expectations being better communicated to students. Scientific streams are marked for review by the E-Manager to re-assess quality of feedback. The Clinical Deans have been tasked with ensuring there is timely uploading of clinical timetables and providing professionalism training to ICM tutors. The feedback that formal clinical teaching was poorly organized was addressed via increasing the visibility of teaching schedules. Assessing the quality of indigenous placements is an active and ongoing process, as is the improvement of positive modeling of professionalism amongst staff.

A significant response to student feedback under this standard was the action of MiC to alter the program structure to 2 days of MiC and 2 days GP each week. The program will retain the 3:1 format for Block A next year, and transition to the 2:2 format will occur during Block B, subject to negotiations with community partners and GPs.

Discussion and rating: The issues surrounding community teaching require further improvement; the expectations of community partners could be communicated to students in a clearer manner to create a more understanding relationship between students and SoM regarding MiC. However, the structural change in MiC which the faculty has embarked upon is a significant undertaking with many difficulties, but the effort of the SoM to begin this process, following ongoing and consistent student feedback, is

exemplary. The response to the remaining issues under this standard is sufficient but will require ongoing evaluation and feedback by students to identify tangible improvements.

Standard 3: The Medical Curriculum

Issues noted: Insufficient anatomy in year 4, PBL/lectures out of sync, EBM issues, technical glitches and lack of curriculum linkages with Scientific Streams, unclear direction for learning in Year 3, unclear attendance policy, some poor quality MiC placements, inadequate recognition of external leadership/professional training opportunities (e.g. conferences), room for more blended learning, request for back-to-base days instead of CW, need more indigenous health teaching early in curriculum, safety and risk in remote accommodation, indigenous student rep underutilized, insufficient support for indigenous students, Honours project issues in 2015.

Response: There will be ongoing discussion about increasing anatomy teaching in Year 4 and blended learning strategies, a concentrated effort to align PBL and lecture content in 2017 and response to Scientific Streams glitches on a case-by-case basis. EBM issues will be addressed as part of an overall strategy to overhaul research teaching as part of the possible transition to an MD. The issues with the Honours program rollout in 2015 were noted and considered resolved.

An optional self-managed medical logbook has been developed for incoming Year 3 students in 2017, and has been developed by the Dean with input of alumni and current students.

The MiC Coordinator has encouraged an ongoing open dialogue with students to identify poor placements early in their terms, and these will be assessed on a case-by-case basis.

The conference policy currently remains the same, regarding students who wish to attend conferences to demonstrate proof of either presentation of material or attendance as an office-bearer.

More intensive Indigenous health teaching earlier in the curriculum is being considered. Risk and safety assessments will occur on a 2-yearly basis at current Indigenous placement accommodation sites. The SoM has been working with the Indigenous Student Representatives to provide better support for indigenous students.

The attendance policy for clinical years has been updated and is now in a different format with some important edits. Students should seek out and read the updated 2017 attendance policy through the MBBS Course Hub on vUWS for details.

Discussion and rating: The SoM's continued open dialogue with WSMS to identify and act upon curriculum issues is 'sufficient', however, students will need to continue providing constructive suggestions each year to ensure their changing needs are met. The logbook compiled to help guide students in Year 3 is 'exemplary' and includes a wide range of activities to help students direct their learning in the hospital. The alteration of the attendance policy for clinical year students was also an 'exemplary' response to student feedback.

Standard 4: Learning and Teaching

Issues noted: Request to extend Campus Learning strategy to Year 3/5, need more hospital teaching, variable role-modeling.

Response: Consideration of extending the Campus Learning strategy to Years 3 and 5 is ongoing at a curriculum design level. It was determined that ample teaching opportunities exist at the metropolitan clinical schools, and that a greater administrative effort would be made to notify students of this teaching. Schedules and calendars were placed as printed copies on the clinical school noticeboard, and a vUWS calendar is now provided and updated regularly with clinical teaching schedules. Increased staff and tutor development is proposed to improve the quality of role-modeling for students.

Discussion and rating: The response to more Campus Learning strategies appears to be a gradual one requiring consideration of an overall shift towards online learning within the university, but the dialogue surrounding the feasibility of this change has 'room for improvement'. Increasing awareness of teaching schedules at metropolitan clinical schools was 'sufficient' and will stand as such unless there is a significant increase in demand for more tutorials and/or more consistent student attendance. The increased staff and tutor development is sufficient as a proposal but requires further practical implementation before students may see a tangible difference.

Standard 5: Assessment of Student Learning

Issues noted: Professional assessment criteria unclear, alignment of year 3 exam with learning outcomes, conflict regarding assessment of reflection tasks, deficiencies in long-case assessments, feedback on exam performance needs improving, deficiencies in CAAs.

Response: A professionalism working party was established to determine professionalism assessment criteria and conduct further research into professionalism in medical education. The exam alignment, long-case deficiencies, exam performance feedback and assessment of reflection tasks issues are under ongoing review by the relevant committees (Year 3/5 Management Committee, and the Assessment Committee). The issue regarding CAAs remains largely unresolved.

Discussion and rating: The formation of a Professionalism Working Party, and inclusion of a student representative, to address the issue of professionalism assessment demonstrates a willingness to develop a dynamic and relevant approach to the issue. This response is 'exemplary'. The ongoing consideration of the remaining issues under this standard at a Committee level is appreciated by WSMS, but 'requires further improvement' before the concerns of students can be considered resolved. Finally, considering the minimal attention given to concerns regarding the CAA, namely the use of such a subjective and variable assessment item in calculating unit scores and GPAs, this item requires 'thorough re-evaluation in 2017'.

Standard 6: Monitoring and Evaluation

Issues noted: Student feedback is perceived to be underutilized.

Response: In order to improve the process of how student feedback is collected and used, the SoM has invested time in up-skilling students interested in 'Learning & Teaching' via focus group training nights. These events were highly enjoyed by students in attendance, and the possibility to organize more Learning & Teaching events to help students feel empowered to effectively gather and deliver useful feedback to

the SoM is ongoing in 2017. Regarding the concerns of underutilization, the SoM has been working with WSMS to better communicate to students how feedback is used.

Discussion and rating: The response to develop the representative skills of students is exemplary. WSMS will continue to strive for more effective means of communicating feedback utilization to students.

Standard 7: Students

Issues noted: Overlap between progression and support roles, unclear support pathways.

Response: A single-page flowchart was developed to provide clearer details regarding pathways to follow based on type of support needed, and is available on vUWS. Regarding overlap, the role for an academic support officer has been advertised but remains unfilled.

Discussion and rating: The overall response to the issues raised in the AMC report is 'sufficient' as the SoM appears to have made efforts with their constraints to rectify the concerns. However, special mention in this item must be made regarding the SoM's response to the suicide of a student mid-way through the year. Student representatives felt that staff responded in a generally appropriate and supportive manner during a difficult time for the entire school community and an especially difficult time for the students' family, friends and close peers. In the weeks and months following, the SoM has been very supportive and facultative in the development of the Wellbeing Committee, allowing students and staff to work together to achieve a greater standard of wellbeing for students across the course. The SoM has been extremely receptive to suggestions from the Committee, such as the inclusion of 'Maintenance of Wellbeing Day' as a term now applicable to NoAs (see: 2017 Years 3-5 Attendance Policy, and Wellbeing Statement documents). Furthermore, the SoM has now employed a psychiatrist starting with a half-day/month for students to utilize, and will periodically re-evaluate the psychiatrist's availability based on demand. The responsiveness of the SoM regarding the Wellbeing Committee and an increased focus on overall student wellbeing in the second half of 2017 is 'exemplary'.

Standard 8: The Learning Environment

Issues noted: Nil.

Response: N/A

Discussion and rating: N/A