

# OK!

.21 SPRING 2010



## Learning and teaching in medicine, dentistry and veterinary medicine



Medicine,  
Dentistry and  
Veterinary Medicine

### *In this issue:*

Feedback – what do veterinary students really think?

Use of clinical recordings in non-clinical (educational) settings

Dentistry students excel in first year



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# Patients are all smiles: dentistry students excel in first year


**Alison Gudgeon**, Faculty of Health and Social Care, University of Central Lancashire

**Patients at the new School of Dentistry centred at the University of Central Lancashire (UCLan) are overwhelmingly enthusiastic about the care they have received from the 32 graduate entry students who have recently completed their first clinical year.**

A patient satisfaction survey of more than 100 patients treated at the four Dental Education Centres (DECs) that form part of the new School of Dentistry showed that over 90 percent rated their overall experience as excellent, with all patient reporting that their care had been at least good.

The School was established by the Cumbria and Lancashire Medical and Dental Consortium, comprising the Universities of Central Lancashire, Cumbria, Liverpool and Lancaster, in association with the Primary Care Trusts of Blackpool, Cumbria, East Lancashire and North Lancashire in response to a perceived shortage of NHS primary dental care in the North West. After completing a pre-clinical year in Preston, students are allocated in groups of eight to the DECs to complete their four-year course in an intensively clinical environment.

The DECs are located in Accrington, Blackpool, Morecambe and Carlisle. They are attached to primary care centres in areas of high dental need. Non-exempt patients have to pay full NHS fees even when treated by students, but this has not proved a barrier and there has been no shortage of takers for the service. Patients find that the students are able to spend time explaining their treatment and they were impressed with the level of supervision.



Student working on phantom head.

Students have easily attained the end of year target of 30 fillings; in fact the average number completed is 47. As the DECs form part of the local NHS provision there are no financial barriers to students completing more than the minimum requirement. The Head of School Professor Lawrence Mair says: *As long as everyone gets their fair share you can never beat experience during training.*

During their first year students have provided fillings, extractions, dentures, fissure-sealants and root-fillings. In providing holistic care, students emphasise prevention of disease and give advice on smoking cessation and diet as part of their comprehensive treatment planning. Having completed the Intermediate Restorative course they are now expanding their portfolio of treatment this year.

For more information visit: [www.uclan.ac.uk/dentistry](http://www.uclan.ac.uk/dentistry) or call 01772 895900



Students at UCLan School of Dentistry working in clinics (above and below)



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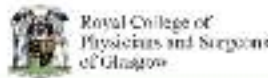
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# An event to help trainees achieve teaching competencies

Dr Daniel Bennett, Speciality Registrar in Psychiatry, Dr Sheila Calder, Consultant Psychiatrist, Royal Cornhill Hospital

**Postgraduate medical curricula now require trainees to achieve both knowledge and skills-related teaching competencies. Little guidance is given on how to achieve these competencies. We designed a tutorial for trainees at the Royal Cornhill Hospital, Aberdeen, to address the knowledge aspects of the curricula for psychiatrists and general practitioners we also introduced the skills element of the curricula. The event was evaluated using pre- and post- event questionnaires assessing motivation, confidence and the perceived importance of teaching, in addition to knowledge. Feedback was also obtained. We demonstrated a significant increase in knowledge following the event. We conclude that it is both possible and feasible to help trainees to achieve their teaching competencies and suggest ways in which colleagues planning similar events could enhance them based upon trainee feedback.**

## Introduction

Teaching has long been a central activity of the practicing doctor. It was recognised by Hippocrates and is contained in the Hippocratic Oath. *To consider dear to me, as my parents, him who taught me this art; to live in common with him and, if necessary, to share my goods with him; to look upon his children as my own brothers, to teach them this art.* In the UK the General Medical Council (GMC) provides guidance that *if you are involved in teaching you must develop the skills, attitudes and practices of a competent teacher.*<sup>1</sup> Undergraduate education should also help the student to learn the skills necessary of an adult, self motivated learner, and thus develop the skills required for continuing professional development (CPD).

Since the advent of Modernising Medical Careers (MMC) in 1997 there have been many changes to postgraduate medical education in the UK. One change is the move towards a 'competency based' method of medical training. In many postgraduate curricula the importance of trainees achieving competence in teaching has been recognised and incorporated. The curricula for both psychiatry and general practice also make explicit reference to the trainees achieving knowledge outcomes an example being an understanding of learning theories and in particular adult learning. The general practice curriculum states that trainees must *understand how adults learn and demonstrate an awareness of the differing learning styles of individuals.*<sup>2</sup> There are a number of curricula for the sub-specialties of psychiatry all of which incorporate teaching competencies, the core curriculum requiring the trainee to *"demonstrate an understanding of the basic principles of adult learning"*.<sup>3</sup>

In light of these changes we designed an interactive session for trainees to provide information which would assist the trainees in achieving these competencies and an induction to the teaching they are required to deliver during training.

## Methods

We invited all trainee doctors working at the Royal Cornhill Hospital, a psychiatric hospital in Aberdeen, to a two hour seminar. This included foundation year 2 (FY2), specialty registrar (ST1-6) and specialist registrars (SpR) we also invited staff grade and associate specialists. The programme included sessions describing the importance of teaching in medical practice, the structure of the local curriculum, learning theories and learning styles, practical demonstrations, feedback and sources of further information. The learning theories of behaviourism, cognitivism and constructivism were discussed. The adult learning theories of Knowles, androgogy,<sup>4</sup> Kolb's theory of experiential learning<sup>5</sup> and Gagne's 'Events of Instruction'.<sup>6</sup>

All participants were asked to complete a form with pre-course questions, this included general questions on gender and grade, three questions on a 5 point likert scale (1 not at all and 5 very) as to how important teaching is, how confident you are at delivering it and how motivated you are to deliver teaching. Previous experience and teaching qualifications were also provided. The trainees completed 10 multiple choice questions about learning styles and learning theories to determine pre-course knowledge. All participants were asked to complete a post-course questionnaire which asked for the same information and the answers compared statistically using t-tests.

Feedback forms asking the trainees to rate each component of the event and suggest improvements were also distributed at the end of the event and were returned by participants. All those participating received a certificate of attendance and it was suggested this could be used as “evidence” towards their teaching competencies.

## Results

Four FY2s, two staff grade and associate specialists, three SpRs and 18 ST1-6s (13 ST1-3 and five ST4-6) attended, a total of 27. The ST trainees were in both general practice and psychiatry. 13 were female and 14 male. None of the participants had teaching qualifications (one was studying towards a postgraduate certificate). The range of experience varied from no prior experience to a number of years delivering multiple types of undergraduate teaching.

**Figure 1: Results from teaching competencies questionnaires (n=27)**

Measure	N	Pre-event	Mean	Range	Post-event	Mean	Range	t	p
Importance of teaching	27	129	4.78	4-5	130	4.81	4-5	-0.299	0.766
Confidence in teaching	27	91	43.37	2-5	93	3.44	1-5	-0.307	0.760
Motivation for teaching	27	117	4.33	3-5	116	4.3	3-5	-0.211	0.834
Knowledge	27	202	7.48	5-9	223	8.3	6-10	-2.54	0.01

## Discussion

Our results (see Figure 1) show that teaching is viewed as important by trainees. Trainees are also motivated to teach undergraduates. In our sample the trainees showed this even prior to the event, and this is consistent with the emphasis on teaching and training from the royal colleges and GMC.

Only the level of knowledge improved significantly (p=0.01) after only a two hour session, less than a quarter of which specifically addressed learning styles and adult learning. It is, therefore, possible to provide interventions for trainees which can achieve these competencies over a short space of time and with relatively little resource implications. When the feedback was examined the learning theories and learning styles session was most valued by trainees. This demonstrated that such interventions are both effective in increasing knowledge and considered important by the trainees.

The session was structured to provide a practical demonstration of learning theories e.g. a vivid image and music were used to gain attention. There was also an opportunity to lead the discussion to increase trainees’ autonomy and meet their learning objectives. By structuring the event in this manner we hoped to model an adult learning approach allowing trainees to apply this to their teaching and further postgraduate education.

Feedback demonstrated a need for practical sessions relating to teaching and we aim to address this. The group was too large for a small group format which the

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- 5 Royal College of Psychiatrists. *Core and general module*. Royal College of Psychiatrists. Available from [www.rcpsych.ac.uk/training/curriculum2009.aspx](http://www.rcpsych.ac.uk/training/curriculum2009.aspx)
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trainees wanted which would perhaps create a safer environment to discuss any difficulties with teaching they had experienced. Despite this many trainees commented on how they enjoyed the interactive element of the session and this will be useful for similar events.

Our study is limited as the trainees who attended were self selecting because they were invited, not required, to attend. Those who attended showed high levels of motivation and viewed teaching as important and therefore may not be the trainees most in need of teaching in this area. We studied knowledge using a questionnaire both before and after the event. We are unsure whether this knowledge will be retained in the long term or lead to an improvement in the quality of teaching provided to undergraduates. These are areas for further study. The sample size was only 27 however this represents 63% of all trainees at the hospital.

## Conclusions

We have demonstrated that evidence of achievement of teaching competencies can be achieved, and with little resource implication in a feasible manner. The feedback obtained from trainees in our study demonstrates that they valued the education on learning theories and learning styles and how to apply this to their teaching in practice. The trainees also voiced a strong preference for practically based sessions and we would therefore recommend that those planning similar events incorporate practical sessions into the programme.

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# Feedback – what do veterinary

**Kirsty Smith** and **Professor Susan Rhind**, Veterinary Teaching Organisation, Royal (Dick) School of Veterinary Studies, University of Edinburgh; **Dr Velda McCune**, Learning and Teaching Centre, University of Glasgow

**Constructive feedback is now widely accepted to be an essential part of the learning process in higher education. Following repeated poor ratings of feedback across veterinary disciplines in the National Student Survey (NSS), a study was undertaken at the Royal (Dick) School of Veterinary Studies (R(D)SVS) in Edinburgh into veterinary students' perceptions of feedback.**

## Student dissatisfaction

Since it began in 2005 the NSS has presented the views of final year students across UK higher education institutions about their courses. Satisfaction is generally high in all areas except feedback (which is lower than students on other courses) for veterinary students and the consistency of the dissatisfaction with feedback is a cause for concern. R(D)SVS Veterinary students and in veterinary schools across the UK were asked to volunteer their experiences and views of feedback.

## Capturing the student voice

An online survey was distributed to veterinary students across the years in five different UK veterinary schools, the results of which helped to guide future work involving students at the R(D)SVS. The research then focussed on two undergraduate cohorts on the Bachelor of Veterinary Medicine and Surgery (BVM&S) programme at The University of Edinburgh – those studying the traditional 5 year programme and the 4 year graduate-entry programme (GEP). These cohorts allowed a comparison between feedback experiences of school and graduate-entry students which was captured through questionnaires, feedback diaries and group interviews. For a more longitudinal view, third and final year students were also surveyed and interviewed. The study generated a large, rich dataset, in which a range of issues relating to feedback were raised by the students, some of which are presented here.

## Students bring 'baggage' to the assessment process

In this study, students from both school and graduate backgrounds described receiving detailed feedback and support in their previous education.

*I think it's because we've done previous degrees and we've all gone through the process of getting the good, the bad, that type of feedback, and then we come here and there's hardly any. (GEP student)*

Students from both backgrounds also felt ill-equipped to judge the quality of their own work without further guidance on what was expected of them.

*I got a good grade on my essay but when I handed it in I didn't feel confident that I had completed the assignment the way that was expected. But when I got my grade back and it was clear that I had, I would like to see what I did right and what I did wrong in the essay. (GEP student)*

## The 'need' for more guidance

Students from both school and graduate backgrounds were struggling with expectations and felt they needed more guidance. Some students felt overwhelmed by the level of detail they were expected to learn and wanted clearer guidance on what to know and the format of examinations along with model papers.

*I think that if you are going to have an exam that's weighted 85% of a module and you have to pass that module to move into the next year, you can't expect people to turn up to the exam with the knowledge in their head and be able to pass it. I think you need to be able to tell them the kind of styles that you're going to be asked, what's expected of you. And they need to have had practice at answering those kinds of questions in advance. (GEP student)*

## The quality and availability of feedback is variable

Some of the most common complaints across veterinary schools related to the distinct variability in feedback quality and quantity with some classes providing timely helpful feedback while others do not and the students felt that there were also times when they were actively discouraged from asking for feedback. The general view however was that students deserve and need feedback in order to improve.

*We don't get enough feedback, neither in pre-clinical years or during rotations - if you aren't really bad or really really good you are forgotten. (Survey comment)*

# students really think?

*Because ultimately I want to think that that's what the feedback is all about, it's not just what happened to what I did, but also from here now how can I improve, how can I become a better writer, how can I become a better student, how can I become eventually a better vet? (GEP student)*

## Competitiveness

Students also felt pressure to look knowledgeable in front of their peers and teachers almost to 'prove' they deserve to be in veterinary school. This might make them less likely to ask questions highlighting one effect of the competitive culture of the professions. This culture also made it difficult for students to receive feedback, especially negative feedback, in front of their peers; one thing that final year students on rotations commented on in particular.

## Conclusions

This work has highlighted the complex interplay between the knowledge and experiences students bring to the assessment process, the initial guidance given and the feedback provided versus perceived need for feedback. The findings serve to highlight potential areas where feedback provision could be improved in the eyes of the students, in many cases through better and more targeted use of current practices and resources. Particular measures might include improving the initial guidance to reduce future need for feedback and providing further model answers to help students judge their own work as well as finding ways to make provision of timely feedback easier.

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The 14<sup>th</sup> Ottawa Conference is being held in Miami, 15-20 May 2010 at the Hyatt Regency, co-hosted by the University of Miami Michael S Gordon Center for Research In Medical Education, and AVEE.

This is a special conference to mark the 25th anniversary of the Ottawa conferences. The conference will:

- review progress made with assessment in the healthcare professions over the past 25 years
- highlight current good practice in relation to the assessment of competence
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A consensus statement and a series of recommendations will be produced.

Online registration, housing and abstract submission now open.

Contact for scientific program, abstracts, visa requests: [ottawa2010@dundee.ac.uk](mailto:ottawa2010@dundee.ac.uk)

Contact for registration, housing and tours: [ottawa2010@c2andco.com](mailto:ottawa2010@c2andco.com)

Early registration deadline: 14 February 2010

# Using wikis to promote the personal and professional development of undergraduate medical students: a report for the CETL in Developing Professionalism

**Dr Peter Dangerfield**, Project Leader; **Tünde Varga-Atkins**, Project Researcher; **Dr David Brigden**, PBL Facilitator; **Nick Bunyan**, Learning Technologist; **Dr Steve McKinnell**, PBL Facilitator; **Martin Ralph**, Blackboard and Learning Technology Coordinator; **Dr David Williams**, PBL Facilitator, University of Liverpool

**We undertook a study to introduce wikis in a problem-based learning (PBL) context and explore how web2.0 technology may be used to enhance medical students' in a blended environment development of professionalism.**

## Aims

The research questions were:

- To what extent the use of wikis can enhance student learning in the area of students' personal and professional development;
- What are the facilitators and barriers to student learning in professional and personal development, in particular, those associated with the use of web2.0 technology?

## Methods

The use of wikis was piloted with four first-year PBL groups (32 medical students) at the University of Liverpool. The study took an interpretivist approach gathering qualitative data in the form of focus groups and a small-scale survey on the perceptions of the participants as to their self-assessed impact of the pilot on their personal and professional development. Triangulation of methods involved both students, as well as their facilitators, in the data collection, combined with online system statistics. Transcripts of the focus group sessions were analysed using thematic content analysis.

## Findings

- Wikis acted as a shared resource and knowledge-base with students being able to share their identified learning resources which answered their identified learning objectives on personal and professional development in-between their face-to-face sessions.
- Wikis promoted students' development as a reflective professional by having to think about the quality of resources that they contributed to the shared wiki space. This reflection, in turn, then had the benefit of creating an online identity, which promoted students' sense of developing professionalism through interacting in a more formal, online space.
- The PBL groups were an important part of students' learning, both academically and socially.
- Students displayed a range of collaboration patterns in-between PBL sessions, including offline and online modes such as informal chatting, using online social networks, email and phone calls.
- Students demonstrated a range of engagement patterns in the

wiki, some posted contributions, some only viewed others' posts and some did not log on at all.

- Students most frequently posted web links to the wikis.

## Facilitators and barriers

Facilitators and barriers which influenced student engagement with the wikis have been identified as:

- Those students who were more aware of what the purpose of wikis was were more likely to engage with them.
- The trusted, safe environment of private, small-group wikis was seen more conducive to student participation than large-group wikis, as students claimed to be more confident in making postings to a private wiki.
- Positive group dynamics were an important indicator for students' engagement. Members of effective groups were more likely to share their resources both face-to-face and online.
- As no one wanted to be the first to post in a wiki, a wiki pre-populated with some resources and links on personal and

professional development was seen as encouraging to students.

- Confidence in one's own information skills facilitated engagement. Where students were unsure about the reliability or the quality of the resource they found, they were less likely to post it.
- Some students found their current methods of learning 'good enough'. They lacked motivation to use wikis in order to share their learning.
- A number of students found the wiki tool's interface as 'plain' and 'boring', especially in comparison with online networking sites such as Facebook. This directly hindered their engagement.
- More importantly, the lack of alert-function in the examined wiki tool meant that students were not notified when new postings were made in their group wiki. This made it more difficult for students to engage; students were used to the comfort of their online social networking sites (Facebook) alerting them about group member activities.
- Hands-on demonstration of the wiki tool was preferred to written guidance.
- The history function of the wiki was less known to students. This knowledge may have helped those less confident in making contributions when they were unsure about the quality of resources to be posted.

## Scalability

The report highlighted a number of issues with regards to scalability of the pilot. These included:

- Access and privacy: who has read/write access to the wiki?
- The remit of the wiki: what is the remit of contributions?



[www.liv.ac.uk/cetl/index.htm](http://www.liv.ac.uk/cetl/index.htm)

- Wiki lifecycle: can future students use the wiki and its contributions?
- Wiki functionality: what functions does the tool have?
- Support needs and resources: how to balance benefits versus support needs?

## Recommendations

A set of recommendations on the future implementation of similar projects included:

- Making pre-loaded resources on professionalism available in the wikis, where possible, quality-assured by staff.
- Introducing the various purposes of wikis to students (from sharing resources to discussion/questions forum) and negotiate their use based on their preferences as awareness of purpose seemed to increase engagement.
- Drawing attention of students to how participation in online collaborative spaces may be relevant in their future career, e.g. by introducing them to other online professional spaces and showing them examples of practitioners communicating online.

- Considering other wiki tools which have an alert system, a user-friendly interface and flexible access-rights functionality.
- Considering a two-level wiki which consists of small private group areas and a joint year-group area.
- Creating a trusting environment to overcome the issue of student confidence when posting to the wiki.

## Further research

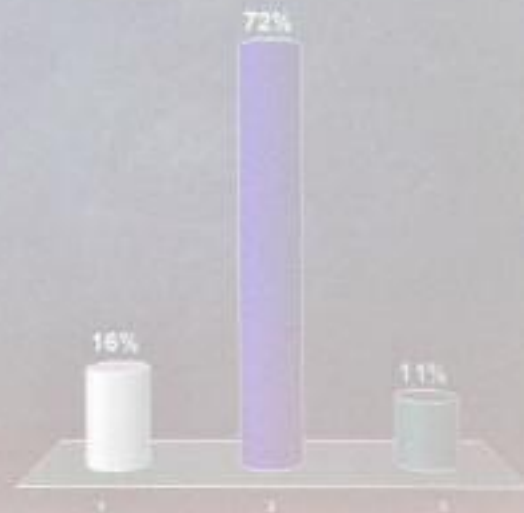
The study has also identified further areas of research including:

- The benefits and issues that may arise when the pilot is scaled up to a whole year group;
- the benefits and issues that may arise when students use wikis over successive academic years in the form of a long-term study;
- the role of the moderator in the wiki;
- the appropriateness of other tools which may serve a similar purpose to wikis (e.g. social bookmarking).

For more information contact: [spine92@liv.ac.uk](mailto:spine92@liv.ac.uk) or [tva@liv.ac.uk](mailto:tva@liv.ac.uk)

# How does folic acid help neurulation?

1. Cell migration
2. DNA synthesis
3. Prevent apoptosis



# Turning Point interactive teaching

Dr Samuel Webster, Lecturer in Anatomy & Embryology, School of Medicine, Swansea University

## Teaching embryology to medical students

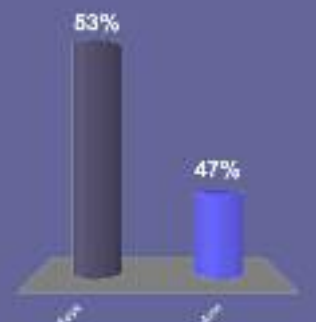
Many methods can be used to engage students when teaching in a large lecture theatre, but it is difficult to ensure that the whole audience is involved. More gregarious students (particularly in medicine) tend to stand out when throwing questions to the group or when giving short tasks. Quieter students often have less involvement and it can be awkward to involve them without picking on them specifically. Embryology is often a complex subject, taught in ten lectures to first years, because we work both temporally and spatially, jumping around from system to system from week to week, and it is difficult to gauge how much information students take from a lecture before their summative exams. We also teach anatomy in a small group environment and link embryology to their anatomical and paediatric studies.

## Our approach

We tried using an interactive voting system from Turning Technologies.<sup>1</sup> At the start of the series we outlined the plan for a series of quizzes (including four questions based upon material from the lecture and one question from outside the lecture) to the students, to be held at the end

### Please select a Team.

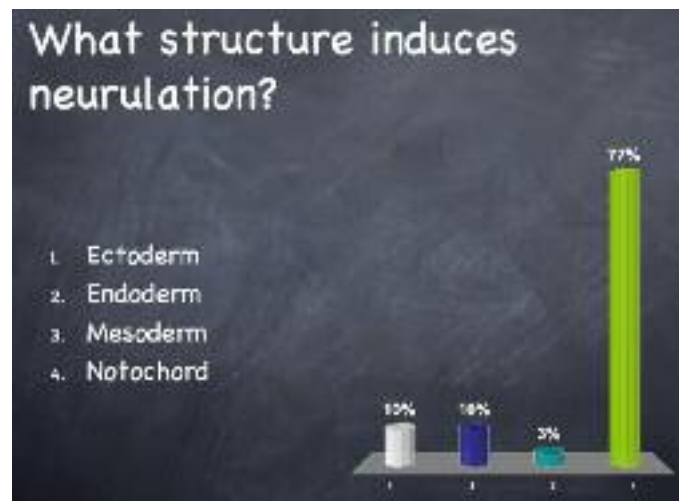
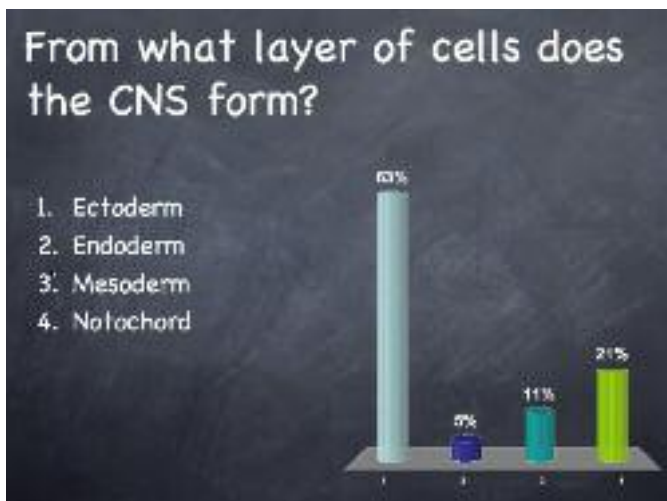
1. Boys
2. Girls



Competition boys vs girls.

## REFERENCES

1. Turning Point Technologies. Audience Response Systems [online]. Available from [www.turningtechnologies.com](http://www.turningtechnologies.com) [Accessed 26 February 2010]



Turning point interactive teaching using quizzes.

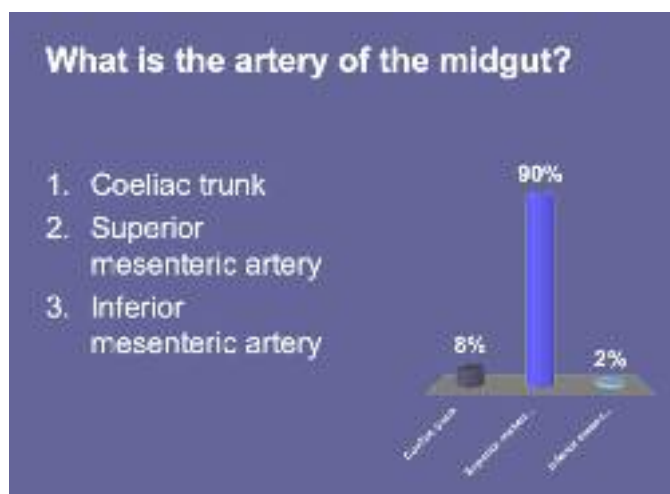
of each embryology lecture. We introduced the Turning Point remote devices, and students took them randomly to encourage anonymity and full participation. The students agreed to compete as 2 teams: boys versus girls.

We used the software to easily produce quick, multiple choice questions, to separate the students into 2 teams, and to show the score as it developed. After each question we reproduced questions from the lecture to show to the students why they were right or wrong and reinforce their understanding. The result of each quiz was to be posted to a blog where a running total kept the teams up-to-date.

## The outcomes

Students became very animated and noisy when we switched over from lecture to quiz mode. Their posture changed and almost all of them appeared to become very focused on the task. With each question and answer they became more involved and noisier as they discovered whether they were right or wrong. As the voting was anonymous, no student knew whether their neighbours had given the right or wrong answer unless they discussed it with them.

The tougher questions produced discussion within the teams as to which was the correct answer, making them recall, think and explain their reasoning to each other.



Quizzes seem to encourage engagement in lectures.

After each question we reviewed slides from the lecture that explained the right answer, enabling me to reinforce the learning of the whole group of either core or difficult concepts often prompting questions from the group.

After four questions the scores revealed which team was in the lead, provoking more noise and friendly accusations of cheating. The result of the fifth question rarely changed the overall result but students appeared to work exceptionally hard on this final question, particularly as it usually required knowledge from outside the lecture.

As the lecturer I was given immediate feedback by the results charts and could see what proportion of the students in the lecture chose the right or wrong options. I was often surprised by how well they had picked up tricky ideas or remembered detailed descriptions, particularly when it had often appeared that many of the students had been half-asleep during these sections of the lecture. If a large proportion of the group (never more than 25%) had failed to grasp an area of learning I was able to immediately re-cover that material in a different way.

## Did it work?

The use of an interactive voting system has been very helpful in getting all students engaged with a lecture, in motivating students to listen (and to a small extent, to prepare for a lecture) and in indicating to the lecturer how well the students have understood the topic. It has also helped highlight and reinforce important or difficult areas of study.

The students have enjoyed the series of lectures and the quizzes. Long days of consecutive lectures are common in undergraduate medicine, and breaking up these lectures with exercises like this have been helpful and fun. We intend to continue with this method and hope that the feedback from students will encourage other lecturers in the School of Medicine to use this technology for similar or quite different tasks within large group lectures.

At the time of writing the boys are trailing 3:5 to the girls with 2 lectures to play.

For more information contact [s.v.webster@swansea.ac.uk](mailto:s.v.webster@swansea.ac.uk)

# Dundee polyprofessionalism inventories for academic integrity and protoclinical learning

**Sue Roff, Madawa Chandratilake, Sean McAleer, Kabir Dherwan, John Gibson**, Centre for Medical Education and Dental School, Dundee University

**Over the past eighteen months we have been developing inventories to measure student and staff reactions to various aspects of professionalism in the early stages of health professions education. The first inventories relate to academic integrity and were developed by searching the literature to generate aspects of poor professionalism in the pre-clinical stages of learning.**

More than 30 studies generated 41 items which were administered to staff and students in the Nursing, Dentistry and Medicine undergraduate programmes at Dundee University (with the permission of the relevant ethics committees, Deans and Head of Division). Fifty seven staff and 689 students responded to the email survey delivered on the Bristol Online Survey (BOS) template. The results enabled us to create two inventories: one of 30 items for health professions and the other of 26 items for generic university/college use outside the health professions. We were able to analyse the data in terms of demographic variables such as course, year of study, age and gender. Respondents reported their perception of the frequency of the items of unprofessional behaviour and the sanction that they thought should be attached to a one-time offence with no mitigating circumstances. The sanctions ranged from a verbal reprimand to expulsion from the course of study and report to the regulatory body. The sanctions for the 41 items were ranked according to the modes. We found a broad area of agreement between staff and students on the recommended sanctions. We were also able to track changes through the years of study, and broadly (but not exclusively) found that more senior students favoured stronger sanctions than junior entrants to the programmes, which helps us to identify where educational interventions should be focused. There were also gender differences in the perception of the severity of sanctions recommended for several forms of poor professionalism.

The third pair of inventories were developed for the proto-clinical stage of health professions education, when learners are in clinical settings but have no clinical responsibility. Sixty nine items were derived from the literature and validated in a one month observational study of a Scottish ambulatory teaching site. They were administered electronically in the BOS template to a reference group of more than 100 UK medical educators. Data were gathered on the perceived frequency of such behaviours by both students and clinical tutors and

appropriate responses were benchmarked for poor professionalism in both groups, ranging from speaking to the individual about concerns to reporting them to more senior staff. Based on these results we have been able to refine the inventories to 37 items for clinical teachers and 42 for students. Again, they can be administered to uniprofessional or polyprofessional cohorts, and analysed by a range of demographic variables in order to map perceptions of poor professionalism and appropriate responses in a health professions institution.

These three pairs (for students and for staff) of inventories:

1. Dundee Polyprofessionalism I: Academic Integrity in Health Professions;
2. Dundee Polyprofessionalism Ia: Academic Integrity Generic;
3. Dundee Polyprofessionalism II: Protoclinical

are now available on license at £200 for one-time use of each pair. We are currently working on adapting the benchmarking principles involved in these inventories into teaching/learning programmes that will be e-deliverable and allow respondents to receive feedback about where their responses lie in relation to relevant cohorts. In the UK we hope this work will generate an evidence base for the benchmarking of consistent sanctions and responses for undergraduate health professions programmes as recently called for by both Council for Healthcare Regulatory Excellence and the GMC. Perhaps more importantly, we expect that students will learn from the material and this will help to enhance the culture of professionalism with increased responsibility at the 'local' level to address unprofessional behaviours. We expect the eLearning programmes to be available in early 2010. If you would like to see them with a view to trying them in your institution, contact Sue Roff.

For more information contact: [s.l.roff@dun.ac.uk](mailto:s.l.roff@dun.ac.uk)

# PHORUS: opening up education in public health

Dr Marion Helme, PHORUS Project Manager, Higher Education Academy Health Sciences & Practice Subject Centre

**The Royal Society for Public Health (RSPH) is an independent, multi-disciplinary organisation, dedicated to the promotion and protection of collective human health and wellbeing. Through advocacy, mediation, empowerment, knowledge and practice we advise on policy development, provide education and training services, encourage scientific research, disseminate information and certify products, training centres and processes.**

Project PHORUS is part of an initiative to release open educational resources focused on public health in the Higher Education sector. Funded by HEFCE and supported by JISC and the Higher Education Academy, PHORUS is led by the Health Sciences and Practice Subject Centre working with the Royal Society for Public Health, Bournemouth University and other institutions.

Making educational resources freely available to all is a hot topic, especially in public health. The Royal Society for Public Health ([www.rsph.org.uk](http://www.rsph.org.uk)) is calling for educational resources to be contributed to a cutting edge project, known as PHORUS, which is testing out the feasibility of making public health educational resources available across the world free of charge.

For the last ten years, forward looking universities have been making their course materials available online and assessing what effect this has on their students, the wider community and the academic staff who have produced the materials. Now a national programme is underway in the UK, designed to test the practical considerations and benefits of putting educational materials online.

Project director Dr Margaret Sills commented: *At this stage in our work we would really value input from Public Health educators who can contribute resources so they are freely accessible to the whole online community, making a real contribution to Public Health education around the world.*

Educational resources could, for example, take the form of case studies, discussion triggers, podcasts, videos of lectures or interviews with public health practitioners. The most experienced universities in this movement use facilities such as iTunes and YouTube to provide innovative and topical material, and the academics involved can find themselves as chart toppers, as their material is downloaded by thousands of students, professionals and independent learners.

The most well established institutions in this sector have gained significant international exposure for their programmes, and their recruitment of undergraduates has benefited as well. Prospective students use this facility as part of their selection process and gain a taster of the quality and style of the courses available.

To find out more contact [phorus-info@kcl.ac.uk](mailto:phorus-info@kcl.ac.uk)

## Organising Open Educational Resources – OOER MEDEV!

A sister project to PHORUS, the OOER project explores policies, challenges, and solutions to making teaching materials Open Educational Resources (OER), based on the experience of a consortium UK HEIs. It is developing interactive toolkits for managing copyright and IPR, patient consent, institutional policy, the International context, quality and pedagogy status, and resource discovery and re-use, embedded within the discipline context, to enable individuals and institutions to 'go OER'. There will be a full progress report in the next edition of 01.

There is a project website at [www.medev.ac.uk/oer](http://www.medev.ac.uk/oer).

For more information contact [suzanne@medev.ac.uk](mailto:suzanne@medev.ac.uk)



# King's Anglo-Italian colloquium goes global

**Patricia Reynolds**, Professor of Dental Education, Dental Institute, King's College London  
**George Bell**, eLearning Manager, IVIDENT

**The positive aspects of international dental education are exemplified by the ongoing strong relationship between a UK and an Italian Dental School. During a recent conference the achievements and plans involving current projects in eLearning, including content and platform development (IVIDENT - International Virtual Dental School) and haptics (PHANTOM - Personalised Haptics when Teaching with Online Media), were reviewed by a multinational group of deans of dental schools and dental and education professionals, with valuable input from students and publishers. Some dental course material is already available in a bilingual format, and plans are under way to develop more topics in this way. The colloquium strengthened existing project networks and identified new opportunities for further research and development across geographical and cultural boundaries.**

Over 80 delegates from 12 countries and four continents, including two National Chief Dental Officers and seven deans of dental schools, attended the 7<sup>th</sup> King's College London Dental Institute Anglo-Italian colloquium hosted by the Università degli Studi di Brescia 7-10<sup>th</sup> May 2009. The plenary session theme was on global digital perspectives, with keynote presentations from Professor Johann de Vries, Dean of the Dental School in Adelaide (Delivering a blended learning dental curriculum 11000km away), and Professor Dieter Schönwetter, an educational specialist from the University of Manitoba in Canada (Imagining the possibilities of digital dental

education – critical educational components worth considering).

The plenary also included fascinating talks by Professor Paola Ferroni from Curtin University (Benchmarking: process, utility & outcome); Professor Sharon Grayden from the University of Michigan (Second life: virtual scenarios for learning); Professor Arne Hensten and Sisko Huumanen from Tromsø Dental School in Norway (Lights from the North) describing the design and operational challenges of establishing the most northerly dental school in Europe; Dr Brian Millar, Director of Distance Learning at King's College London Dental

Institute (Flexible graduate programmes – the vision).

The afternoon session was devoted to a workshop on robotics and haptics (sense of touch) led by Professor Margaret Cox (Emerita Professor ICT in Education, King's College London). The progress of the PHANTOM project (Personalised Haptics when Teaching with Online Media) was reported by Dr Jonathan San-Diego (King's College London) who stressed the importance of hands on experience with this and other robotics equipment to support dental students in operative learning processes. An international focus was given by demonstrations from Hamburg, talks from Professor

Jerome Rotgans, Aachen University (Virtual Reality Department in Aachen) and Dr Bruce Elson, Birmingham City University (the latest robotic enabled learning platforms).

A roundtable discussion forum was held at Salò on Lake Garda, when the important achievements of the IVIDENT (International Virtual Dental School) were discussed.

Demonstrations of the functional components and software tools were given by John Cornforth of Tier 2 Consulting, and the e-content of the IVIDENT virtual library by George Bell. Roundtable discussions included wide-ranging debates about quality assurance, provision of CPD, and support of developing countries. A report from the European Dental Students Association (EDSA) was given by Sami Stagnell, Past President of the Dental Society, King's College London Dental Institute. It highlighted the strong sense of involvement of the students in learning online, and their endorsement of further online development.

Among the useful outcomes from the sessions were offers of high quality educational materials to contribute to the IVIDENT repository, opportunities to work with international teams on joint funding proposals, discussions on student



Delegates at the King's Anglo Italian colloquium, May 2009.

exchanges, and further planning for educational workshops at forthcoming international conferences in various aspects of dentistry.

Making good use of communications technology, the colloquium formal sessions had been preceded by a meeting of the International Advisory Board of IVIDENT chaired by Professor Ken Eaton via videoconference link from UK. This was followed by an online treasure hunt led remotely by Professor Frank Rennie from the University of

Highlands and Islands, and concluded by a visit to a local vineyard and the picturesque City of Cremona – the home of violin making.

In conclusion, over the past seven years, this model of intensive working sessions, high quality cultural activities and networking opportunities has been proven to generate solid international collaborative projects. Key to the success of this annual event is the unparalleled hospitality and attention to detail of the organisers, and the superb location.

We would like to acknowledge the extraordinary hospitality shown to us by the Dean of the Dental School in Brescia (also Chief Dental Officer of Italy), Professor Corrado Paganelli and his staff and students who made this colloquium an outstanding success.

See the IVIDENT website ([www.ivalent.info](http://www.ivalent.info)) and also the PHANTOM website ([www.tlrp.org/tel/phantom](http://www.tlrp.org/tel/phantom)) for details on the projects.

For further information contact: [p.a.reynolds@kcl.ac.uk](mailto:p.a.reynolds@kcl.ac.uk) or [george.bell@kcl.ac.uk](mailto:george.bell@kcl.ac.uk)

**Videoconferencing with other European colleagues.**



# Miniproject report: Enhancing deaf awareness and communication skills of medical students: development of online resources

**Dr Kieran McGlade**, Senior Lecturer, Centre for Medical Education  
**Dr Jayne Woodside**, Senior Lecturer, Centre for Public Health  
**Clare Thomson**, eLearning Developer, Centre for Medical Education, Queen's University Belfast

*When I go to the supermarket I can tell when the employees have had deaf awareness training. The person will look at you, will wait until you look at them, will speak clearly, but not shout and will do things like show you the price on the visual display. It seems very sad that often in serious situations like a doctor's appointment similar consideration is not made.*

**Dr Margaret du Feu**, Consultant Psychiatrist, profoundly deaf with a cochlear implant

## Introduction

Deaf people can have great difficulties in their dealings with the NHS. Yet, it would appear that small changes in the way that healthcare staff interact with deaf people would make a big difference to their lives. Deaf awareness training however seems to be lacking in undergraduate medical curricula. This has been enthusiastically embraced by the Royal National Institute for Deaf People (RNID) Northern Ireland who have

partnered the medical school in providing deaf awareness and basic sign language training for undergraduate students over the last several years.

This project set out to provide a medical resource pack to encourage all medical schools to offer deaf awareness training by providing a set of resources that teachers could use to create their own deaf awareness courses. In addition, the miniproject could easily be extended to all healthcare disciplines.

Currently medical students at Queen's University Belfast can choose to do a student selected component (SSC) in second year on 'Sign Language and Communication Tactics'. The course is delivered by staff at RNID and is co-ordinated by Dr Jayne Woodside. The module comprises a series of seminars examining healthcare issues experienced by deaf people and the learning of sign language. Part of the assessment for this involves the students preparing and recording a medically based video sign language dictionary. The resource builds on this knowledge and experience and includes:

- A personal video message from RNID
- Details on the report, 'A Simple Cure' by RNID
- Exemplar course study guide
- Logistics of offering a course
- Examples of students' work



Figure 1: Screenshot from the resource for educators.



Figure 2: Screenshot of Deaf Awareness training for undergraduate medical students.

## Extending our curriculum

The miniproject has enabled us to look afresh at how deaf awareness training might be delivered across a curriculum rather than solely as a SSC, and we have been able to integrate our deaf awareness training into the more general communications skills training resources for all students. It blends both online provision and facilitated tutorials, based on the following resources, and takes place during the first and second years of the curriculum.

- An introduction to deaf awareness, with a focus on the medical environment.

## REFERENCES

- 1 RNID: *A simple cure*. RNID 2004 [online]. Available from [www.rnid.org.uk/VirtualContent/84923/asimplecure.pdf](http://www.rnid.org.uk/VirtualContent/84923/asimplecure.pdf) [Accessed 26 February 2010]

- Exemplar video scenarios on common health situations where hard of hearing individuals experience difficulties: in a GP's waiting room and in a hospital setting, including poor and optimal versions.
- A video dictionary of common healthcare related words or phrases in sign language.

Future directions will incorporate the extension of a video sign language dictionary of healthcare related signs.

## Beyond expectations

We recognise that the SSC offered by Queen's plays only a small part in addressing the need, highlighted by RNID, for 'a culture of awareness among front-line NHS staff of the communication requirements of deaf and hard of hearing people'. However, it is important to start with students and this project will facilitate the dissemination of good practice among medical schools.

Resource packs including a disc containing the materials will be sent to all UK medical schools as part of this initiative. If you would like access to these materials please do not hesitate to contact us.

## Acknowledgements

The authors would like to acknowledge the contributions of RNID Northern Ireland and also to Dr Margaret du Feu, Elizabeth McAughtry and Sadie Robinson, who gave generously with their time to take part in the video scenarios.

For more information contact: [k.mcglade@qub.ac.uk](mailto:k.mcglade@qub.ac.uk) or [j.woodside@qub.ac.uk](mailto:j.woodside@qub.ac.uk)



Student filming for video dictionary, with tutor and cameraman.

# Out Of Our Heads

Dr Jane Williams, Director eLearning; Miranda Whinney, Project Manager, Centre for Medical Education, University of Bristol; Suzanne Hardy, Senior Advisor (Information), Higher Education Academy Subject Centre for Medicine, Dentistry and Veterinary Medicine

**Out Of Our Heads, a creative arts website ([www.outofourheads.net](http://www.outofourheads.net)), was launched in Bristol in November 2009 – a significant step in a process to incorporate art and humanities into the medicine curriculum at Bristol. The website is the beginning of a collection of creative outpourings, begun in 2002, which the team at Bristol are keen to widen out to other courses and higher education institutions.**

The website sprang from a desire to give the artwork which students made, a public face. The results of two years of development work is a surprisingly sophisticated collection of materials which convey amazing human stories, deep reflective writing, and emotional responses to encounters with patients, in sometimes naïve and sometimes quite sophisticated artistic practice. Students respond emotionally to their clinical encounters, via the creative process, which for many is very different to the objective scientific stance they have previously been taught to adopt.



Whilst the process is paramount, the quality of the work was such that the team from Bristol, led by Dr Trevor Thompson, a medical educationalist, GP and co-director of Bristol's BA in Medical Humanities wanted to showcase it more widely.

The launch took place in a beautiful walnut panelled seminar room in Bristol, which was filled with artworks created by the students (during both compulsory and student selected components of the medical curriculum) some of whom choose to intercalate a degree in medicine and the arts.

The work on the walls was complimented by carefully reproduced panels of text, illustrating student reflections of what inspired them to create paintings, dance, music, films, poetry and prose, and how this related to their clinical work.

Art activities are facilitated by a dedicated member of staff, Dr Catherine Lamont, who works with art in therapeutic contexts. Outputs from GP attachments, core curriculum, SSCs and intercalated degree programmes go forward for consideration for the website.

Reproductions of two dimensional artwork, digital pieces, film and animation work are all collected together into a site with a distinctive organic look and feel, and a playful non-linear structure, designed to encourage exploration. Student contributors to the site were present at the launch, and we were treated to a screening of Susannah's *A Dance Trapped In A Diseased Body*, which demonstrated via contemporary dance vocabulary, a deep reflection on how disease affects both the mind and the body. Richard, a F2 doctor performed his *IQ vs EQ* rap live, and there was a recital of *Pants*, a poem by Amy Nicholl, which provided a leftfield view of what her experience was of being a doctor.



# website launch



## Images:

(above) *Reassurance*, Helen Collyer-Merritt

(Right) *The Knot*, Elfrieda Power

(Opposite page) *Head Pain*, Dermot Mallon

Audience feedback at the event was extremely positive:

*Medical education pushes out the ability to feel... this brings it back which is healthy for patients and healthy for students and doctors.*

*This website is critical to foster student creativity and means of expression.*

The team is now looking for more content to be donated to the site, and would like to increase the scope of site by promoting it to other medical schools whose students produce creative work, as well as to other health related courses in the UK.

For more information contact [suzanne@medev.ac.uk](mailto:suzanne@medev.ac.uk) or [j.williams@bris.ac.uk](mailto:j.williams@bris.ac.uk)



# Meet the team

## Core team



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# Event report:

# NHS-HE Forum,

# November 2009

**Malcolm Teague**, NHS-HE Co-ordinator, JANET (UK)

The NHS-HE Forum<sup>1</sup> was set up in 2001 for IT and networking managers from both the NHS and UK HE, to achieve two-way communication between NHSNet (now replaced by N3) and JANET, the network for education and research, managed by JANET (UK). It is an informal group that relies on the influence, ideas and action of its individual members to make a difference. Membership includes key decision makers in NHS and Higher Education IT and Informatics and active practitioners in these and related fields, and the Forum is currently chaired by Ted Woodhouse, recently Director of IT at Leeds Teaching Hospitals NHS Trust.

## Objectives of the Forum

- To promote electronic access of medical journals and content by students and clinical teachers.
- To achieve two-way communication between NHS and HE networks, enabling secure anytime, anyplace, anywhere access by students and clinical teachers.

## Who can join?

The Forum is an open group and anyone with an interest in the issues can join and attend the meetings. NHS-HE Forum members include NHS and University IT directors, network managers, library and knowledge management leads, IT leads for clinical research groups and those with an interest in eLearning.

## What is involved?

The NHS-HE Forum meets formally twice a year, to discuss case studies and best practice by Medical and Health Sciences Schools, Universities and NHS Trusts. In recent meetings the themes addressed have included:

- Connectivity and networks, technical and information governance issues, specific projects like the N3 JANET Gateway & joint videoconferencing
- Content procurement, joint library and knowledge management services
- Access Management (particularly related to federated access)

- Use of NHS data for clinical research (e.g through NHS Connecting for Health's Research Capability Programme)
- Health Research systems (e.g. national developments in England through the National Institute for Health Research)
- eLearning and the NHS
- High Performance Computing
- Enterprise architectures (at least for access to web resources)
- Opportunities presented by Academic Health Science Centre development (and similar collaborations in Scotland)
- Student access to NHS clinical system

## November Forum 2009

The Forum got off to a very lively and stimulating start with Catherine Beardshaw explaining what it means to be a Chief Executive at a District General Hospital NHS Trust. She gave a fascinating insight in to the key concerns at that level and set the context for the rest of the day.<sup>2</sup>

Mary Davies then gave an exposition of King's Health Partners plans as an Academic Health Science Centre and the scale, breadth and potential impact of these was inspiring<sup>3</sup> Malcolm Teague gave a presentation in Max Finch's absence – the main news being that the order has been made for the upgrade to the early adopter N3 JANET Gateway to become a resilient N3 JANET Gateway service taking all traffic between N3 and JANET. This will have an

upgraded “active” Gateway at Kingston Exchange and a “standby” Gateway at Manchester. There will be more on this as the implementation plan is firmed up.<sup>4</sup>

Bob Day kindly stepped in for Gary Bullock who was ill, to tell us about the Public Sector Broadband Aggregation implementation in Wales and the potential opportunities. At the end Bob compared the Wales approach with its common infrastructure and governance with the position in England and Scotland with the interconnect between separate networks.<sup>5</sup> Stephen Andrews and David Michael took us through to lunch with a demonstration/presentation of the British Library’s Research Information Centre development working with Microsoft and other partners in the research community including a number of universities and the National Institute of Health Research.<sup>6</sup>

Lesley Scott outlined the work of CETL4HealthNE, a Centre for Excellence in Teaching and Learning project in the North East of England and how this led to their involvement as key partners and early adopters of the use of the JANET Videoconferencing Service (JVCS) over the N3 JANET Gateway. Despite it being a mountain to climb Lesley remains convinced this is the sustainable way forward.<sup>7</sup>

Betsy Anagnostelis, on behalf of Paul Ayris, gave the content update and focused on some different models of joint NHS-HE procurement with examples and went on to consider why there was not an example yet for *Two national institutions, one from each sector, buying together simultaneously*. This model remains an ongoing challenge but is still being sought.<sup>8</sup>

Finally Jane Williams and Neil Jacobs gave a punchy and coherent summary of the outcome of a *Reusing clinical images* workshop which had taken place the previous day and asked for NHS-HE Forum support in taking the proposition forward.<sup>9</sup>

It was noted that the proposals from the *Reusing clinical images* workshop represent a broad sense of direction (not precise proposals) and that some elements of it are likely to be valuable as orientations rather than realistic medium term goals. The NHS-HE Forum unanimously backed the proposals with the first step to consult key stakeholders on how best to proceed. Ted Woodhouse, chair of the Forum, asked Jane and Neil to report back to the Forum on

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- 10 Williams, J. & Jacob, N. *Use of Clinical Recordings in non-Clinical (eg Educational) settings: Next steps (November 2009)* [Online] Available from [www.medev.ac.uk/dinky?dinky\\_id=972](http://www.medev.ac.uk/dinky?dinky_id=972) [Accessed 26 February 2010]

progress. Since the Forum Jane and Neil have issued a further written outcome from the workshop (see page ).<sup>10</sup>

Ted Woodhouse then led a discussion on the future of the Forum. Ted is interested in hearing any other views for the future (tedwoodhouse@gmail.com )

Copies of the programme, attendees and presentations are available from:

[www.nhs-he.org.uk/forum/19Nov2009.html](http://www.nhs-he.org.uk/forum/19Nov2009.html)

For more information contact [malcolm.teague@ja.net](mailto:malcolm.teague@ja.net)

# 2000-2010

## *Celebrating 10 years of discipline support*

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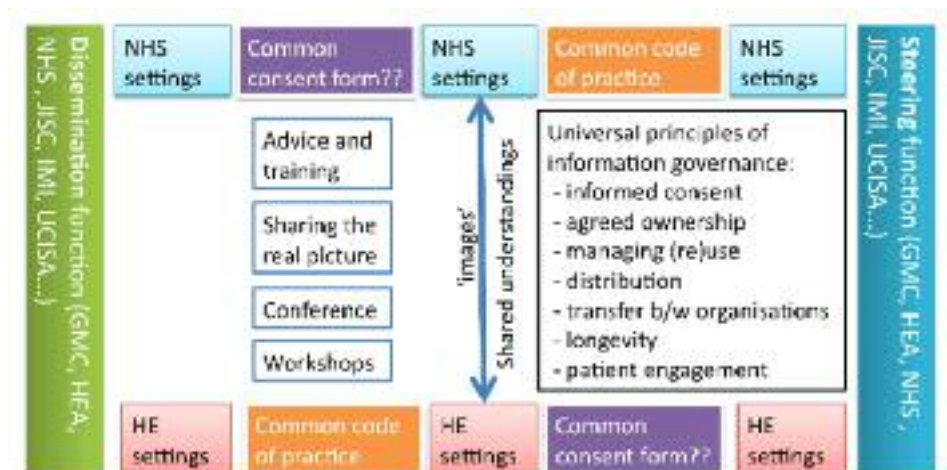
# Use of clinical recordings in non-clinical (e.g. educational) settings: next steps

**Dr Jane Williams**, Director eLearning, Centre for Medical Education, University of Bristol  
**Dr Neil Jacobs**, Programme Manager, Information Environment, JISC

**Clinical pictures, videos and other recordings are vital to good teaching and learning within the health-care professions. Increasingly these originate outside the institution that wishes to use them. This raises a number of legal, ethical and other issues relating to their re-use.**

Nationally the JISC is investigating sharing of resources through its Open Educational Resources (OER) and repository programmes, and JISC Collections developing banks of re-usable images and video. Within the clinical field there are special circumstances involving confidentiality and privacy that are in addition to the necessity to negotiate copyright and other issues relating to re-use.

The JISC commissioned a study, Common Healthcare Educational Recordings Reusability Infrastructure (CHERRI)<sup>1</sup> to investigate good practice and define a framework and model for clearing of media to enable sharing across the healthcare professions. Undertaken by the University of Edinburgh, CHERRI made a number of recommendations of which the main one was to develop a UK-wide common consent and license model (C+LM) for the use and sharing of clinical recordings. The report also identified a lack of common processes and standards at local level and further recommended that all users of clinical recordings for academic non-clinical settings (CRANCS) be better educated and supported in the use of such recordings.



**Figure 1: Proposed next steps to enable more effective and trusted use of clinical recordings for educational purposes.**

CHERRI2, being carried out by Bristol University and due to report shortly, has been tasked with exploring how the CHERRI model and recommendations could be implemented in practice and what needs to take place within the Further and Higher Education and NHS communities for this to be realised.

Through the JISC's OER Programme, MEDEV is leading a consortium to investigate sharing of educational materials with the aim of identifying barriers to their re-use. The project is developing a number of toolkits including ones for intellectual property rights, patient consent, institutional policies, quality

assurance, and describing, locating and accessing resources.

In addition, the General Medical Council is currently revising its guidelines for the recording of medical image, video and other recordings.

In this context, CHERRI2, JISC Digital Media and JISC co-sponsored a workshop to bring together both national and local initiatives and to work to foster greater communication and identify steps towards ensuring re-use of health-care recordings to support the training and education of all health-care professions within health-care and educational settings.

## Workshop outcomes and proposal for the next steps

Over 30 invited people attended the workshop, with a broad base of interests, all of whom hold some influence over the use of medical images/clinical recordings. Represented institutions included a range of UK medical and dental schools, the GMC, the Royal Veterinary College, The Higher Education Academy Subject Centre for Medicine, Dentistry and Veterinary Medicine, Wellcome Images, National e-Science Centre, Institute of Medical Illustrators, JISC, the NHS eLearning repository, the Royal Hallamshire Hospital and the National Centre for Young People with Epilepsy. Malcolm Teague, from the NHS-HE Forum chaired the event. There were keynotes from Jane O'Brien, Head of GMC Standards and Suzanne Hardy, Senior Advisor (Information), Higher Education Academy Subject Centre for Medicine, Dentistry and Veterinary Medicine. These were followed by a series of example use cases from:

- University of Bristol.
- SINAPSE Collaboration, National e-Science Centre.
- Queen's University, Belfast.
- Institute for Medical Illustration.

Detailed notes from the workshop are available to download<sup>2</sup>. In broad outline, the recommendation from the workshop was to pursue a range of activities that are represented in Figure 1. This outline was presented to the NHS-HE Forum<sup>3</sup> on 19 November 2009, and gained unanimous support, with a recommendation that steps be taken to realise it as a matter of urgency.

The use case being supported is the use of clinical recordings ('images') that are created in NHS settings, for educational purposes in a range of HE settings. At present the advice and guidance available to those engaged in this work is extensive, but complex and rather overwhelming. In addition, some NHS and many HE settings lack the

infrastructure properly to manage such material. It is likely that images are being used without sufficient reference to the consent granted at the time the image was created. There are risks both that:

- Images without adequate consent are inappropriately distributed, leading to a breakdown of trust between patients and clinical staff, and between NHS and HE settings.
- As a result of a perceived risk, NHS and HE managers 'lock down' their systems, preventing clinical recordings from leaving the NHS setting, which would significantly damage medical education.

To address these risks, the workshop participants recommended that a project be funded whose aim is to increase the confidence with which clinical recordings are used for educational purposes, by addressing organisational, cultural and technical factors. The project objectives are to:

1. Encourage shared understandings between managers and practitioners across both NHS and HE settings on the rationale and good practice for the creation and use of medical images for educational purposes. This would be achieved by working together on a simple set of principles for information management in this area, covering such issues as informed consent, ownership, transfer between organisations and wider distribution.
2. Create advice and guidance that is targeted at, and appropriate for, busy practitioners who need to have specific information to enable them to create, manage or use images.
3. Provide a safe way for practitioners and managers to share 'horror stories' wherein guidelines have not been followed, with risky or damaging consequences. These will help make the case that this area of work is important and needs to be resourced, both nationally and within each HE and NHS organisation.

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4. Provide opportunities for those engaged in work in this area to exchange experiences and build a community via workshops, conferences and so on.
5. Give the initiative a practical sense of direction: two targets were identified; a common code of practice between NHS and HE settings; and a common consent process and form. Neither of these may, in fact, be feasible. However, efforts to achieve them will ensure progress is made in the right direction.
6. Disseminate progress to a wide range of staff and students, via top-down, bottom-up and 'middle-out' methods.
7. Gain endorsement of the above activities by the key national bodies such as GMC, HEA, IMI, Department of Health, UCISA and Connecting for Health. This endorsement would be shown, for example, by:
  - An agreement by these bodies to engage fully with the project and, where possible, to adopt and endorse any relevant outcomes as common ways to implement high-level guidance on these issues.
  - Commitment to take a steering role in the project.
  - Contributions to the project, including financial or 'in-kind' contributions.

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# Conference report: VETNET LLN – shaping the future

**Chris Smith**, Higher Education Academy Subject Centre for Medicine, Dentistry and Veterinary Medicine

**The 3rd Annual VETNET Lifelong Learning (LLN) national conference, hosted at the Ambassadors Hotel, Bloomsbury, London, welcomed over 70 delegates representing 50 institutions from all over the United Kingdom. The theme of this year's conference was Shaping the Future, looking specifically at the changes that VETNET LLN can bring about to support wider educational participation in the veterinary community over the coming years.**

The conference was inaugurated by Professor Mike Herrtage, Dean of the Cambridge Veterinary School, in a charismatic opening speech, followed by a short presentation by Sarah Field, National Co-ordinator for VETNET LLN, on the current achievements and future priorities for VETNET.

Jon Parry (Head of Widening Participation & Community Engagement at the Royal Veterinary College) gave an entertaining keynote address where he examined the political roots of wider educational participation stressing the importance of continued support from the major UK political parties. He asserted the importance of VETNET LLN in bridging the gap between students with scientific and skills based backgrounds. He reflected upon the future of VETNET, emphasising the importance of bringing vocational students to the forefront of a new HE agenda after the next general election.

The introductory speeches were followed by the first of two workshop sessions. Choosing one from:

- Teaching the old dog new tricks: what HE can learn from further education (FE) about widening participation
- Vocational qualifications and higher education admissions
- Using animal resources to support education, training and progression
- Making Easter schools a success

The first workshop (hosted by Rachel Davis and Sharon Varney) proved especially popular with the delegates. Through a series of collective thinking exercises delegates from various teaching and educational support backgrounds were able to identify and develop “top tips

for teaching with diversity”. The results will be used in an upcoming piece of research and will hopefully assist HE admissions teams in developing fairer entry procedures for all students, with the aim of creating greater parity for applicants with vocational qualifications.

Feedback from all of the morning sessions was extremely positive, with the only real criticism being the difficulty in deciding which of the morning workshops to attend.

The afternoon session started with a series of short presentations about VETNET funded activities undertaken by institutional partners, followed by the second workshop session, with topics including:

- Supporting student transition.
- APEL and veterinary science.
- Education and training standards for animal trainers and behaviourists.
- UCAS references – a good practice guide.

The final workshop (delivered by Dr Jennie Litten-Brown from the University of Reading) examined the importance of identifying key information to be included in UCAS references for vocational learners. The ensuing group discussion resulted in feedback from both FE and HE tutors relating to what admission tutors really want to see in a reference and personal statement, as well as techniques for getting students to develop comprehensive personal statements.

The close of proceedings was ushered in by Sarah Field in a speech looking at the future challenges facing VETNET for 2010 and the coming years, including the conclusion of future funding from HEFCE.

For further information contact: [sarah@vetnetlln.ac.uk](mailto:sarah@vetnetlln.ac.uk)

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<http://sca.jiscinvolve.org/publications>

# Conference report:

## Playing with learning 2: Scarman House Conference Centre,

**Gillian Brown**, Advisor (Information) Higher Education Academy Subject Centre for Medicine, Dentistry & Veterinary Medicine

**The ‘Playing with learning’ concept began as part of the Higher Education Academy’s HE in FE Enhancement Programme, and over the last few years has grown to provide a number of innovative products and support services for schools, colleges, universities and adult education.**

After almost a year of planning, Ian Lindsay, Academic Advisor HE in FE, opened the event with introductions and housekeeping. He then handed over to Gary King, graphic facilitator, who explained how he was going to create this year’s image by interacting with attendees in order to ‘get a feel’ for the issues and topics that the day produced. Kevin Brace gave a short introduction to the usage of interactive voting buttons that would be fundamental to the conference theme of using technology to support the student experience.

The first workshop, hosted by Kirsten Hardie, Arts Institute at Bournemouth, set the scene for a later event when every member of the conference would be involved in a court hearing. Kirsten explained how we would use the court case scenario as an activity for student-centred problem based learning.

Dr Colin Beard and Professor Alan Mortiboys held a discussion about teaching with emotional intelligence under the guise of ‘Desert Island Discs’. It was both interesting and entertaining to look at the relationship between teacher and learner while listening to a carefully chosen soundtrack.

A particular highlight during the morning session was a satellite link to California (or, actually, the next room) from some fantastic puppets (an English professor and an American student) who discussed how much technology can benefit both students and staff when employed within teaching and learning. The conclusion of this brief session was that employers should engage with universities so when students graduate they are able to ‘hit the ground running’.

**Playing with learning.**  
**Photo: Kate Gillick**



# making connections, The University of Warwick



Kirsten Hardie continued the morning workshop with the 'trial'. All participants were given roles as the defence attorney, judge, expert witnesses, clerks of court, press and film crew. The charge: 'You are accused of not using technology to the fullest benefit of your students'. UK educators were put on trial – the verdict was 'guilty'.

Gary King led a closing session that reflected and evaluated the day. His work can be viewed above and at [www.deadcatdreaming.co.uk/pwl.htm](http://www.deadcatdreaming.co.uk/pwl.htm).

A final closing plenary was given by Ian Lindsay and everyone received a copy of Alan Mortiboy's book, *Teaching with Emotional Intelligence*<sup>1</sup>.

For someone who prefers to be 'lectured to' at a conference, I confess I did feel a little uneasy about attending this conference when it was expected to be so interactive. I have to admit that, on reflection, it was one of the best conferences I have attended and I found it extremely inspirational.

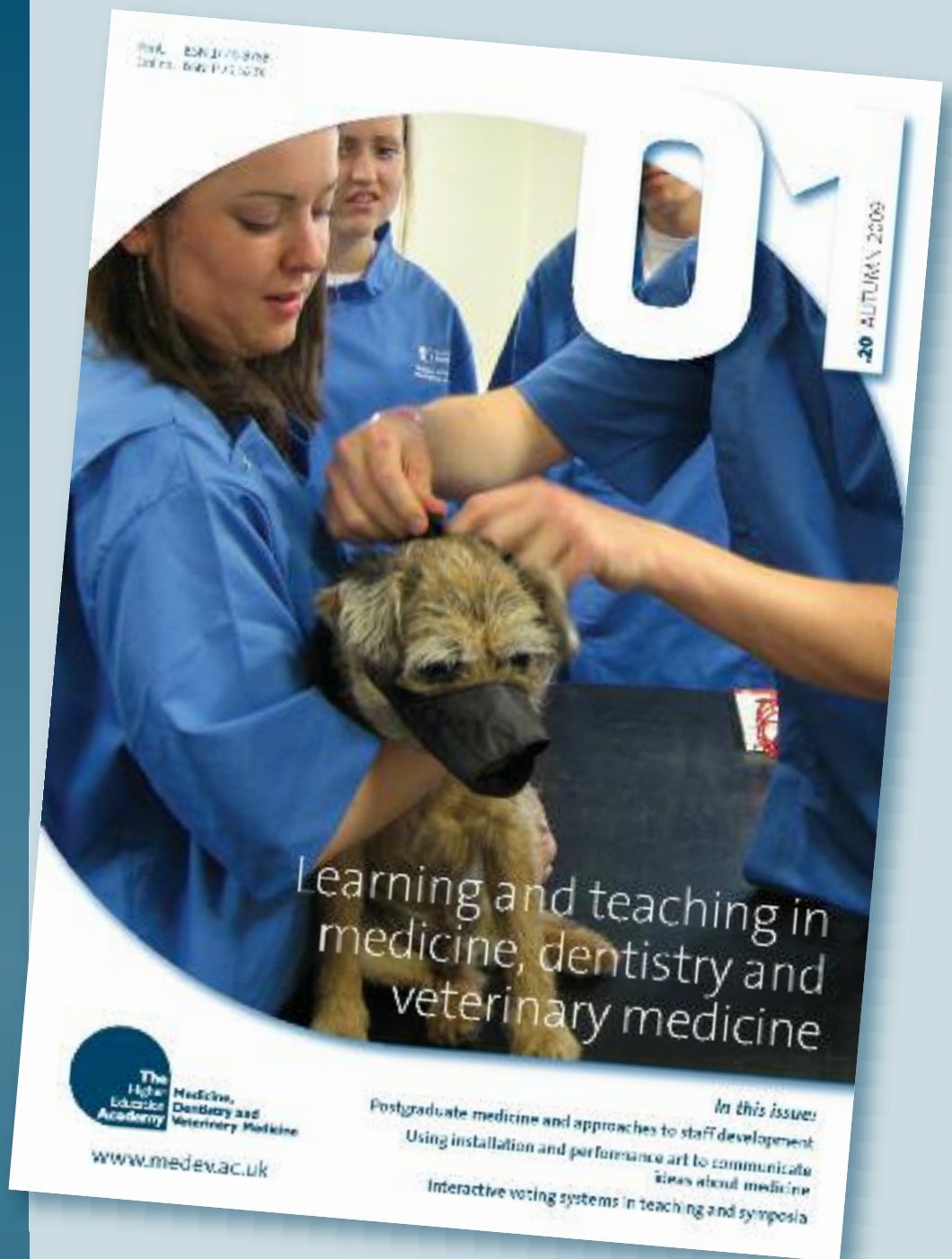
Playing with learning.  
Image: Gary King ([deadcatdreaming.co.uk](http://deadcatdreaming.co.uk))

For more information contact  
[gillian@medev.ac.uk](mailto:gillian@medev.ac.uk)

## REFERENCES

- 1 Mortiboy's A. *Teaching With Emotional Intelligence: A Step By Step Guide For Higher And Further Education Professionals*, Routledge; 2005

# 01 needs you!



If you have ideas for content, or something you really want to tell people about for subsequent issues of 01, we would love to hear from you. Send ideas or ask questions at [newsletter@medev.ac.uk](mailto:newsletter@medev.ac.uk) or call Suzanne Hardy, Senior Advisor (Information) on 0191 222 5888.

There are editorial guidelines at [www.medev.ac.uk/newsletter/guidelines](http://www.medev.ac.uk/newsletter/guidelines)

## Copy deadlines:

**01.23 – Autumn 2010**

Publication date: **Sept/Oct 2010**

Copy deadline: **31 July 2009**

**01.24 – Spring 2011**

Publication date: **Dec 2010**

Copy deadline: **31 Oct 2010**

# MSc in veterinary education

## – new at the Royal Veterinary College, London

Lucy Jackson, Royal Veterinary College

**A new programme in veterinary education leading to an MSc is currently being developed at the Royal Veterinary College (RVC). The programme is designed for training in educational theory and practice for anyone involved in veterinary and para-veterinary education (e.g. lecturing staff, post doctoral workers, PhD students, clinical educators, technical teaching staff and for those involved in work-place based training).**

It will be a flexible programme of study targeted at both new and experienced staff with multiple entry routes and alternative progression pathways. The three-stage programme will offer qualifications in PG Certificate, PG Diploma or an MSc. Students with an accredited post graduate certificate in education (launched 2009), Fellowship of the Higher Education Academy or APEL accreditation can enter the programme at PG Diploma stage. The programme will be delivered in a blended learning style and each 15-credit module will consist of approximately two, on-site study days interspersed with online activities and support.

Unlike postgraduate qualifications in medical education, there are no specific programmes developed for veterinary educators. Development of this first taught MSc in Veterinary education is therefore a unique opportunity to apply the knowledge and experiences gained through

**Postgraduate Certificate in Veterinary Education (60 credits)**

**Postgraduate Diploma in Veterinary Education (60 credits)**

**MSc Research Project + an optional module (60 credits)**

medical and allied health education research in a veterinary context. The programme development team at RVC is based at LIVE (Lifelong and Independent Veterinary Education); a unique HEFCE funded Centre for Excellence for Teaching and Learning. The main objectives of the programme are to develop the skills of veterinary and allied sector educators to be competent teachers. During the programme the learners will explore how students learn; a whole range of teaching methods including small group, large group, self-directed learning methods; integrated curriculum, assessment and giving feedback to students; evaluating and improving practice; developing educational strategies; developing clinical and

communication skills; evaluating educational literature and research methodologies; enhancing learning and teaching with technology; patient based teaching; qualitative and quantitative research methods in education and teaching basic sciences in a clinical context. Learners will integrate reflections and evaluations to their own teaching and the assessments are designed to give the learners an opportunity to apply theory to practice.

The distinctive features of this programme include:

- The only postgraduate programme to offer an MSc in Veterinary Education.
- Offered by one of the leading veterinary schools in the UK.
- Builds on the RVC's expertise, particularly of the LIVE centre, but also draws on contributions from others in the field.
- Has worldwide relevance.

For further details and programme information, please contact Lucy Jackson, Course Administrator, on 01707 666438 or [ljackson@rvc.ac.uk](mailto:ljackson@rvc.ac.uk)

**Developing the MSc in veterinary education in the LIVE centre.**



# Forthcoming educational events and conferences

Further details on these and others are available from: [www.medev.ac.uk/resources/events/](http://www.medev.ac.uk/resources/events/)

## APRIL

- |       |   |
|-------|---|
| 6-9   | The International Multi-Conference on Complexity, Informatics and Cybernetics                   |
| 7-10  | WEBIST 2010: 6th international conference on web information systems and technologies           |
| 7     | CSEDU 2010: 2nd international conference on computer supported education                        |
| 19    | Supporting Educational Change   |
| 20-23 | International forum on quality and safety in health care  |
| 26-28 | Managing in multidisciplinary and multi-agency environments: A systemic perspective             |
| 28    | Managing in multidisciplinary and multi-agency environments: A systemic perspective (tutor day) |
| 26-28 | 2nd international conference on virtual patients and MedBiquitous annual conference             |
| 27-28 | The Scottish school of primary care annual conference - focusing our research on patients       |
| 28-30 | 8th European conference on digital archiving  |
| 28    | Reflective learning   |
| 29-30 | Departmental Workshops - Health Science and Practice Departments                                |

## MAY

- |       |   |
|-------|---|
| 6-7   | SEDA Spring Teaching Learning and Assessment Conference 2010: Communities of Learning |
| 11-13 | The 2010 International Nursing Research Conference                                    |

- |       |   |
|-------|---|
| 12    | Benefits and challenges of communities of practice in HE  |
| 13-14 | SoTL 2010 Thursday, 13 May 2010 to Friday, 14 May 2010  |
| 13    | 3rd national Learning and Teaching conference   |
| 15-20 | 14th Ottawa conference on the assessment of competence in medicine and the healthcare professions |
| 16-21 | 2010 Program for Educators in Health Professions  |
| 20-22 | British dental conference and exhibition 2010   |

## JUNE

- |          |  |
|----------|--|
| 13-18    | Program for leading innovations in health care and education   |
| 13-16    | Hypertext 2010: 21st ACM conference on hypertext and hypermedia  |
| 16-17    | The fifth international blended learning conference: Developing blended learning communities                     |
| 18-20    | iCBBE 2010: The 4th international conference on bioinformatics and biomedical engineering                        |
| 21-23    | Global Studies conference 2010   |
| 24       | Widening participation in the 21st century: A decade of learning   |
| 28-30    | ICED 2010 - Enhancing strategies for global quality learning in higher education                                 |
| 28-2 Jul | ED-MEDIA 2010: World conference on educational multimedia, hypermedia & telecommunications                       |
| 29-2 Jul | The 8th International Conference on Education and Information Systems, Technologies and Applications: EISTA 2010 |

# Educational funding opportunities

Further details on these and others are available from: [www.medev.ac.uk/resources/fundops/](http://www.medev.ac.uk/resources/fundops/)

## APRIL

- 9 Priority projects program  
Australian Learning and  
Teaching Council (ALTC)

## MAY

- 31 Prize for research in medical  
education Karolinska  
Institutet

## JUNE

- 3 Competitive grants program  
Australian Learning and  
Teaching Council (ALTC)

## Workshop programme

Workshops are open to anyone involved in learning and teaching in undergraduate medicine, dentistry and veterinary medicine. They attract CPD points and there is currently no charge for attendance. The programme of workshops is designed and delivered by members of our constituency and thus reflect current concerns in the field.

Details of the workshops are available on the website and we place new ones on the site as soon as dates and venues have been finalised, so keep checking to see if there is something of interest to you. We also send email notification of each workshop to everyone on our mailing list as soon as it is finalised. If you are not on our contact list and would like to receive information about our workshops as well as our regular monthly update on

current issues, funding opportunities etc. then please go to [www.jiscmail.ac.uk/lists/medev.html](http://www.jiscmail.ac.uk/lists/medev.html) or email [enquiries@medev.ac.uk](mailto:enquiries@medev.ac.uk)

To find out more or book your place on any workshop go to: [www.medev.ac.uk/resources/meetings/workshops/](http://www.medev.ac.uk/resources/meetings/workshops/)

## MAY

- 04 Looking at the identity construction of medical educators: developing collaborative research and scholarship, CREATE Centre, Smeaton Road, Bristol
- 26 The education research series: Using evidence to inform education practice and policy making - workshop two, University of Warwick



## 2nd International Conference on Virtual Patients and MedBiquitous Annual Conference April 26-28, 2010 London, United Kingdom

The Scientific Committee for the 2nd International Conference on Virtual Patients and MedBiquitous Annual Conference is seeking high-quality abstracts for panel presentations and technology demonstrations related to virtual patients, e-learning resources, and social networking and their use for health education. The conference will take place April 26-28, 2010 in London. Abstracts are due November 1 and may be submitted online.

For more information, visit <http://www.medbiq.org/icvp/>



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