

# SSCC Agenda

## Attendants:

Hussain Raja, Micheál Macdonald, Lauren Wong, Kristen Sing, Iona McKenzie, Elliott Taylor, Michael Omiwole, Nourjahan Khafaga, Nishchay Kaushal, Alexander Lee, Dr Paul Reynolds, Dr Alan Stewart, Dr Predrag Bjelogric, Dr Ruth Cruickshank, Mr Clive Masson, Dr Javier Tello, Dr Rachel Davies, Dr Jon Issberner, Dr Anita Laidlaw, Prof Lindsay Kent, Mrs Julie Struthers, Dr Elizabeth Sinclair, Dr Alun Hughes, Dr Mark Ford

Apologies: Dr. Dhaliwal, Mr. Irvine, Dr. Andrews

## 1. Introduction from School President

Hussain Raja

## 2. Matters arising from MD2000

Nourjahan Khafaga, Nishchay Kaushal, Alexander Lee

- Course structure Feedback
- Clinical Skills and DR Feedback
- Histology Session Length
- Required reading review
- Confusion over level of understanding required

### ➤ DONE WELL:

- Labs and DR fit in well with lectures and reinforce points learned in lectures
- Application (e.g. clinical skills) – appreciate what they're learning in lectures can be applied to dissection clinical skills

### ➤ TO BE IMPROVED/ISSUES RAISED:

- Length of histology labs
  - *Future development of histology labs – potentially partially electronic in future*
- Extent/level of detail required
  - E.g. recommended reading goes further than what is required
  - *Use lectures as guidance for depth + detail to inform how to approach required reading*
  - *Depth of lecture sets guide to how much one needs to know*
  - *Emphasis on student-directed learning + taking own initiative of own learning, e.g. during histology labs*
- Update with latest editions of textbooks – *to be dealt with*

## 3. Matters arising from MD3000

Iona McKenzie, Michael Omiwole, Elliot Taylor

- Exam Consult
- Interactive learning in dissection
- Timetable Structure
- Lecturers using pointer for echo
- Extra ECG lecture prior to ECG tutorial

- DONE WELL:
  - Students enjoy spiral learning and it is becoming more cohesive
  - Tutorials are enjoyed
- TO BE IMPROVED/ISSUES RAISED:
  - Stratheden
    - Students turned up and were not expected at Stratheden – they were not prepared for students
    - Because Stratheden is a psychiatric hospital, students were quite surprised and would have liked warning and more preparation as to what they were to be seeing
    - *Dr Mark Ford will follow-up on this*
  - Exam Consult – useful last year, wondering if available this year
    - *Changed to Exam Prep - can rate confidence on questions, more dynamic, freedom and flexibility*
  - Interactive learning in DR
    - 2 groups, 1 body – students feel there is a lot of standing around
    - Whiteboards would be useful when not actually dissecting
    - *Whiteboard tasks and activities would be good, but not didactic teaching – student-led time to consolidate 3D aspect of anatomy*
  - Timetable – heavy Thurs + Fri
    - *People voted in past to have teaching more towards end of week*
  - Pointer mouse – students prefer if all lecturers use this
    - *Ongoing problem, but taken on board by staff*
    - *Alternatives are being looked into*
    - *Suggested: mouse on computer*
    - *AV training for class reps to be scheduled*
  - Teaching on ECG
    - Tutorial, lectures, guided study
    - Because students felt teaching was not very cohesive and there are not a concise set of notes for ECG, they were unable to consolidate their knowledge
    - Introductory lecture - concise overview of what ECGs are about
    - Tutorial – more troubleshooting, direct issues to ask about it
    - Predrag's lecture – very helpful
    - Order of elements made people confused and overwhelmed
    - People would like lecture before tutorial
    - *Dr Hughes: willing to work on order to ensure a build-up of and understanding of material*
    - *Dr Issberger = tutorial should be used for consolidation, see if order could be tweaked, but adding another lecture may not be possible*
  - Phase 2 Trip to Edinburgh
    - A lot of miscommunication between bus and medical school, arrived 45 minutes late, material delivered was not useful

#### 4. Matters arising from MD4000

Lauren Wong, Micheal Macdonald, Kristen Sing

- Timetable/Course Structure Feedback
- Tutorials Feedback

- Lectures Feedback
  - Handouts
  - Heating
  - Teaching
  - Consistency
- DONE WELL:
- Timetable/course structure – good integration, no outlying lectures
  - Regulation lec + intro to MD4001 – very helpful
  - Outline given during orientation was very useful
  - Clinical aspect – people enjoying clinical focus, enjoying learning about common things such as lecture on depression
  - Early preparation for MD4002 – people enjoyed this + good information given on how to rank choices for dissertation
  - Placement – good information and preparation given for placement
- TO BE IMPROVED/ISSUES RAISED:
- Brainstem Tutorial
    - Many people felt rushed, thus longer brainstem tutorial would be very useful - e.g. whole tutorial on just CN nuclei
    - 2 tutorials would be useful
    - Students prefer tutorials rather than guided studies due to help of tutor
    - *Possible revision opportunity to consolidate during week 11 before ESA*
  - Handouts
    - Preference: single slide PDFs and white-background slides
    - *Dr Issberner: can be time-consuming if small changes required*
  - Validate elements earlier
    - *Dr Rachel Davies: will request and let staff know, will be fixed*
  - Lighting and heating in lecture theatre + the wedge
    - *LT lighting – class reps can help*
    - *Heating – Mr Clive Masson will follow up*
  - Consistency in DR and tutorials – emphasis on what's important
    - Suggested rotation of demonstrators and staff in DR from week to week to allow for more variety + consistency
  - Bringing back whiteboards in DR will be useful to help consolidate knowledge
  - Edinburgh – change in semester dates, people were unaware thus thought it be helpful to be informed earlier
    - *Staff were unaware, thus will follow up and contact them*
  - In some lectures, some staff point out on skulls – but cannot be seen
    - Projector
    - Let staff know that class reps may be able to help with technology
5. School Level Matters
- University wide feedback review
  - Galen App
  - Galen Forums
  - Medical school structure as a model for other schools

- Library will have new seating policy
  - o If leave seat vacant for 1 hour, will receive parking ticket – gives another student right to move stuff and take desk
- Medical school does a good job at informing students – e.g. Medical School Handbook, feedback
  - o Report on how medical school operates
- Letters of praise for students who receive at least 16.5 on a single module
  - o Medical school already has prizes
  - o Winning competitions no longer count for additional points on FY applications, only additional degrees and publications
- Evaluations at end of module
  - o Online module evaluation dropped participation numbers significantly
  - o Investigation into this
- Galen App – need to decide what is wanted by students
  - o Polling year groups to see what students want
- Galen forums – could be used for educational benefit
  - o Establish a thread, interactive and widespread learning
  - o However, may not work because students want answer for questions right away. But, staff encourage independent learning by pointing in correct direction
  - o Engagement of students is important
- Dr Issberner – focus groups to be established

## 6. Staff Comments

- Opinion on Cleanliness Champions:
  - o Year 1 – tedious
  - o Year 2 – students view as something that is required rather than as a learning resource
  - o Year 3 – students are accustomed to completing CCP
    - Information about use of CCP at clinical school was only given at the beginning of 3<sup>rd</sup> year – would be useful to inform students earlier during first year
    - CCP programme as a whole is not compulsory but units attached to guided study elements are and therefore assessable. Students on Scottish pathway are recommend to complete the whole programme whilst here to save redoing this at their partner school.

## 7. Closing Remarks