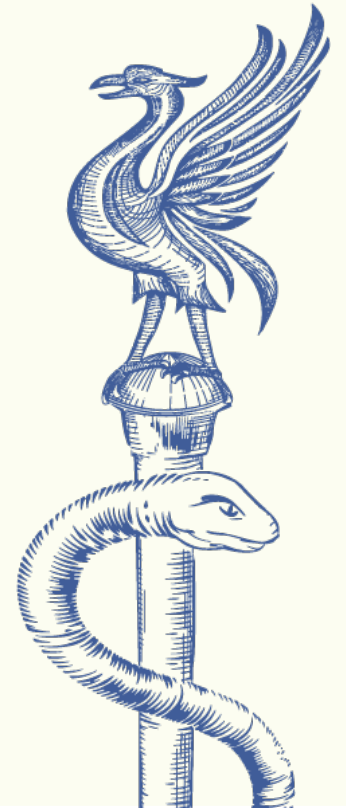


Evaluation

School of Medicine.

Dr Anna Ballinger – Deputy Director of Quality

October 2021



Evaluation

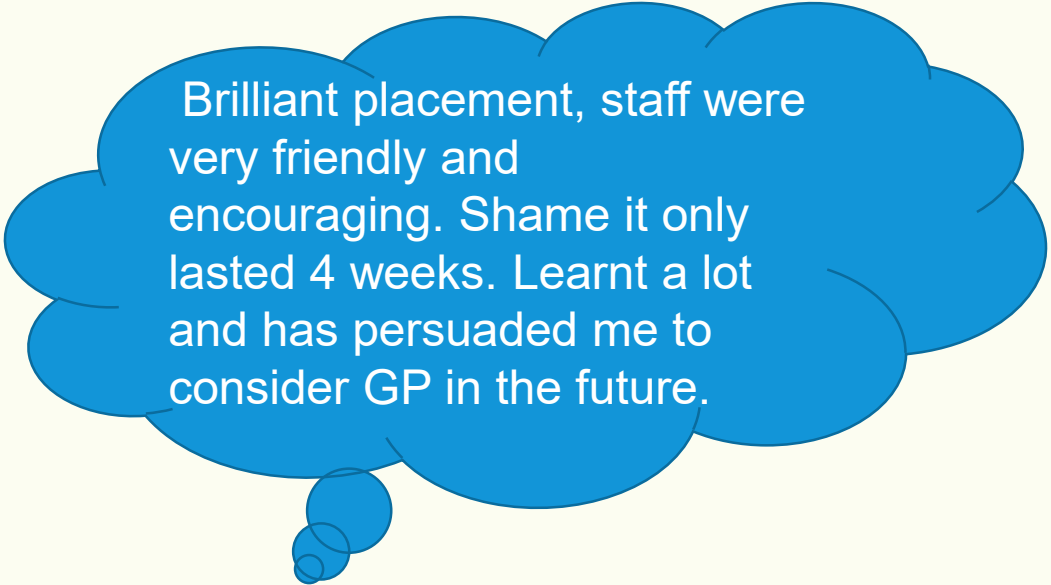
- Definitions
- What is evaluated
- Types of Evaluation and use
- You said we listened
- NSS
- Governing bodies

Definition

Data elicited from key stakeholders to support the assessment of quality across the curriculum.

The key stakeholders:

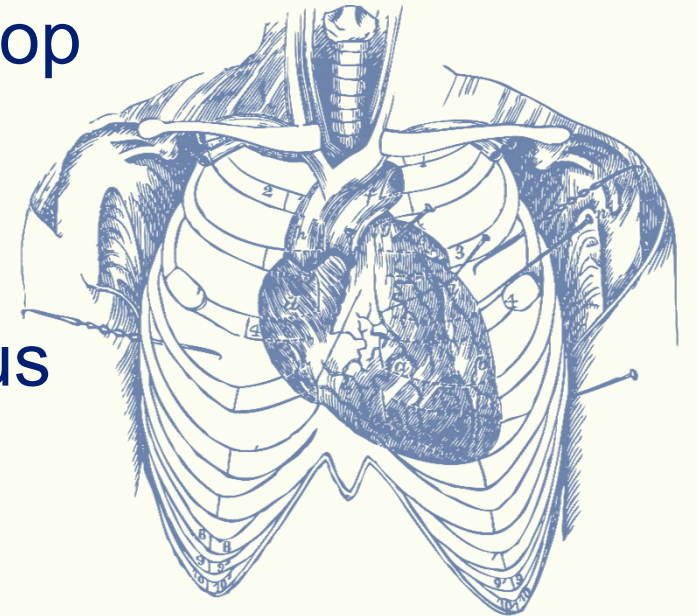
- MBChB students,
- SoM staff,
- Trusts/ Clinical placements
- Patients



Brilliant placement, staff were very friendly and encouraging. Shame it only lasted 4 weeks. Learnt a lot and has persuaded me to consider GP in the future.

Feedback vs Evaluation

- Higher education context definitions:
- ‘Feedback’ is given to students to help them develop
- ‘Evaluation’ is information collected to monitor / develop the curriculum.
- HE nomenclature uses the term Evaluation to focus on collecting and interpreting data with the goal of developing an educational offering



My induction gave me everything I needed to know to start the placement	2.00
I had access to an area with IT where I could study effectively on placement	2.00
I met with my Educational Supervisor at least weekly	2.00
My aims for the placement were discussed at the start and were supported by the practice(s)	2.00
My educational supervisor has been accessible and supported my development	2.00
During the placement, clinical staff (outside of my ES) were accessible and supportive	2.00
During the placement, administrative staff were accessible and supportive	2.00
I received timely feedback which supported my development (feedback could be from your Educational Supervisor or other staff at your placement site)	2.00
My Educational Supervisor engaged with the e-portfolio (incl. sign off)	2.00
I had access to personal advice and support during the placement	2.00
The clinical timetable I was given was well planned, and things generally took place as planned.	2.00
The clinical experiences available to me were relevant to the placement portfolio requirements	2.00
I was able to shadow different members of the clinical team as appropriate	2.00
I had regular amounts of case based/clinical teaching	2.00
Most teaching was given by experienced staff e.g. GP's or Practice Nurses	2.00
The quality of teaching was on this placement was high	2.00
Overall, this placement has been valuable to my education	2.00
Overall, this placement was well organised and ran smoothly	2.00

- Evaluation - formal and informal mechanisms
- Formal methods - broader focus - gather data to allow benchmarking against previous years
- Often used as evidence of quality assurance.
- Level decided based on School or Institutional key performance indicators



	Site A
1 The communication from the site staff before my induction was clear and effective	0.88
2 I was given everything I needed to know to start this placement from the induction I received	1.29
3 At the start my aims and how the placement would support these were discussed	1.14
4 Good quality teaching space was available	0.88
5 I had readily available access to study facilities, including IT	1.57
6 I was allocated an educational supervisor	1.43
7 My educational supervisor has been accessible and has been regularly engaged in enabling my development	1.29
8 Feedback on my progress was timely and appropriate	1.14
9 I didn't experience any issues getting my e-portfolio signed off	0.75
10 I had access to personal support and advice	1.43
11 During the placement, administrative staff were accessible and supportive	1.38
12 I was able to shadow different members of the clinical team as appropriate	1.57
13 The clinical experiences that were made available to me were relevant to the placement portfolio requirements	1.29
14 The clinical experience timetable I was given was well planned, and things generally took place as planned	0.88
15 I had regular amounts of group teaching e.g. CBLs and 'bedside' style teaching	0.86
16 The majority of scheduled group teaching sessions took place as planned, or were delivered at another suitable time	1.13
17 Most group teaching was given by experienced staff e.g. consultants, ST trainees	1.29
18 The quality of teaching was high	1.43
19 I have been made aware of how to report patient safety incidents and near misses	1.14
20 I had no concerns about the safety of the clinical care of patients I witnessed during this placement	1.86
21 I witnessed no examples of harassment or discrimination during this placement	1.86
22 This placement has been valuable to my education	1.38
23 The placement was well organised and ran smoothly	0.75
24 I would recommend this placement to another student	1.14

Quality Assurance.




**General
Medical
Council**

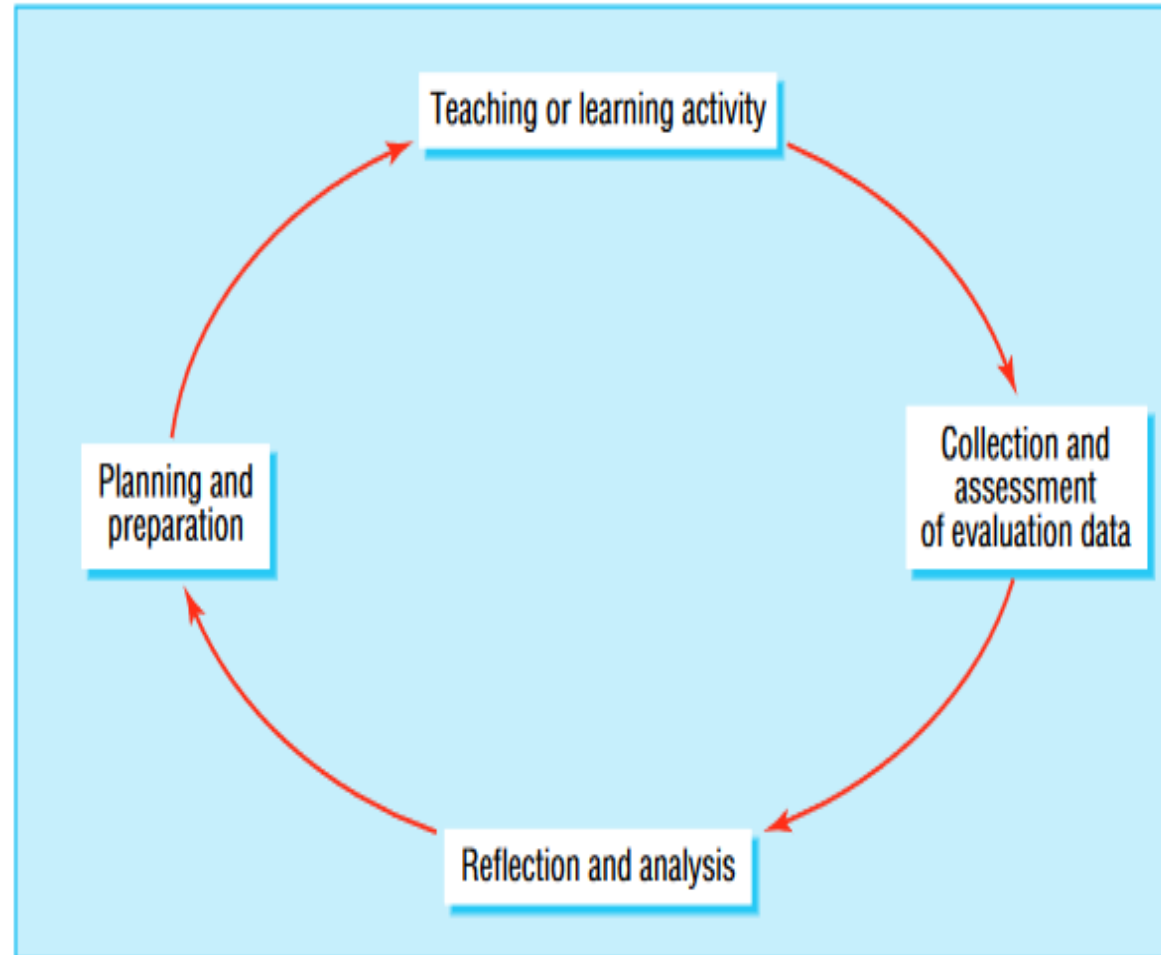
Regulating doctors
Ensuring good medical practice

Promoting excellence R2.4,
R2.7, R5.2

RAG colour	Score	Action
RED	Score less than zero	Significant improvement needed
AMBER	Score between 0-0.55	Improvements needed within three
NO FLAG	Score between 0.56-1.55	Satisfactory
GREEN	Score above 1.55	Excellent

What is it used for and why is it important?

- Course evaluation plays a crucial role in quality assurance for medical education
- Aims to improve and enhance student and staff experience
- Aims to ensure teaching is meeting students' learning needs
- Identifies areas where teaching can be improved
- Provides information and encouragement for teachers
- Facilitates development of the curriculum



Wilkes M, Bligh J. Evaluating educational interventions. *BMJ* 1999;318:1269-72.



What do we
evaluate?

- The Curriculum
- Admissions: Multiple Mini Interview (MMI)
- Clinical Skills
- Well being Service
- Intercalation

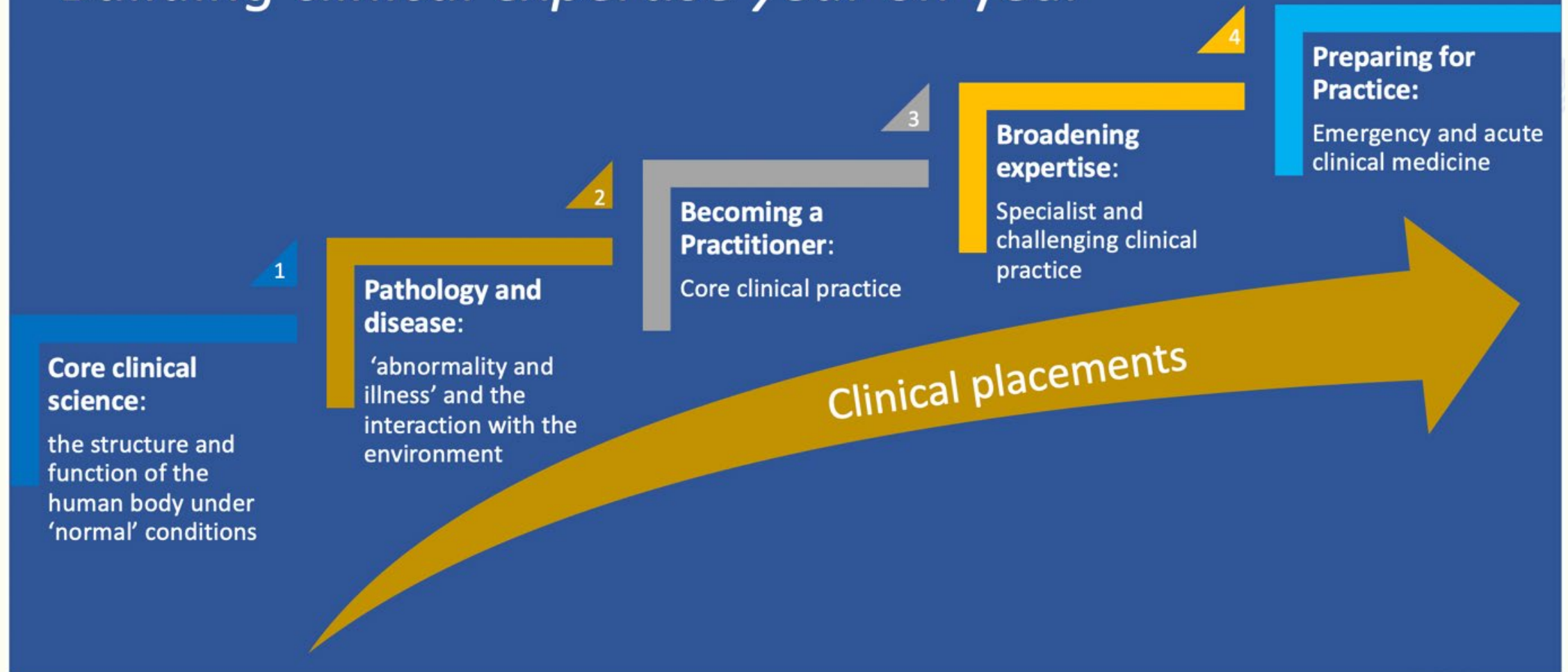


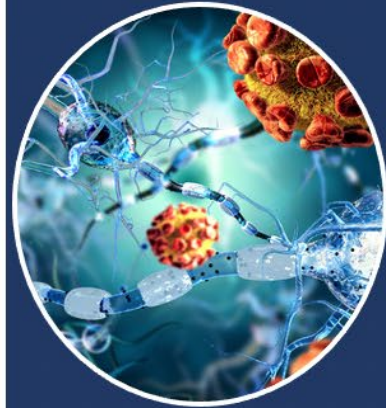
The new curriculum

- The issue by the GMC of “Outcomes for Graduates”,
- The GMC announcement about a new national ‘Medical Licencing Assessment’ (MLA).
- Evaluation from students - variable experience, gaps in exposure to specialty content
- Similar feedback from clinicians in the North West,



Building clinical expertise year on year





Science & Scholarship

- Science of Medicine
- Research & Scholarship
- Design & Healthcare Technology
- Personalised Medicine



The Good Doctor

- Psychology & Sociology of Medicine
- The Clinical Team
- Professionalism & Legal Context
- Public, Preventative & Global Health



Core Skills

- Clinical & Procedural Skills
- Communication in Clinical Practice
- Therapeutics & Prescribing



Patient in Primary Care

- Patient Care Pathways
- Disability & Community Care
- General Practice



Patient in Secondary Care

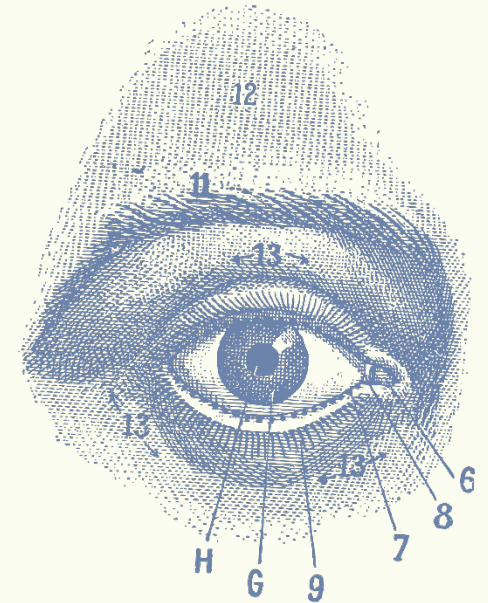
- Acutely Ill Patient
- Preparation for Practice





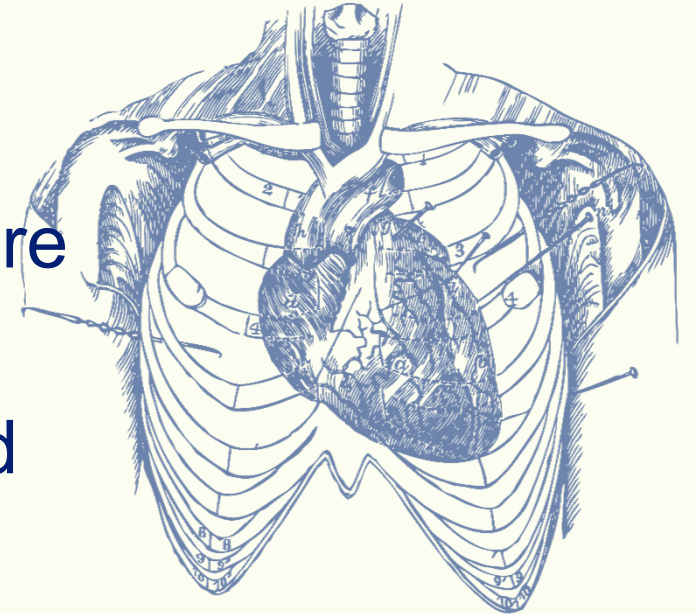
Students rotate around placement blocks

- GP placements complimented with weekly CCT sessions
- Trusts: Ward rounds, clinics, theatres etc complimented with CBL's, pharmacy and clinical skills or simulation teaching, BST



An ‘Academic week’, ahead of each placement block:

- ‘Just in time’ pre-placement teaching
- Mix of lectures, clinical and communication skills, research projects, and small-group teaching
- Tailored specifically to the placement which they are just about to undertake.
- Community clinical teaching days are incorporated





Lectures

'Textbook specialty'

- once to >300 or online before placement; complementary Q&A
- the recognition, investigation and management of disease relevant to the year's specialties

'Just in time'

academic week
practical & 'common core'

- groups of ~ 40-50 pre-placement: campus or interactive online
- specialty teaching on core conditions of block
- clinical skills relevant to block
- communication skills relevant to block
- GP-delivered (CCT) 1^o care perspective on block specialties

'The patient in practice'

Bedside teaching
CBLs
Prescribing practice
Skills top-up

- Site-based
- patient history and clinical assessment
- differential diagnosis, investigation and patient management, in the context of co-morbidity and differing demographics.

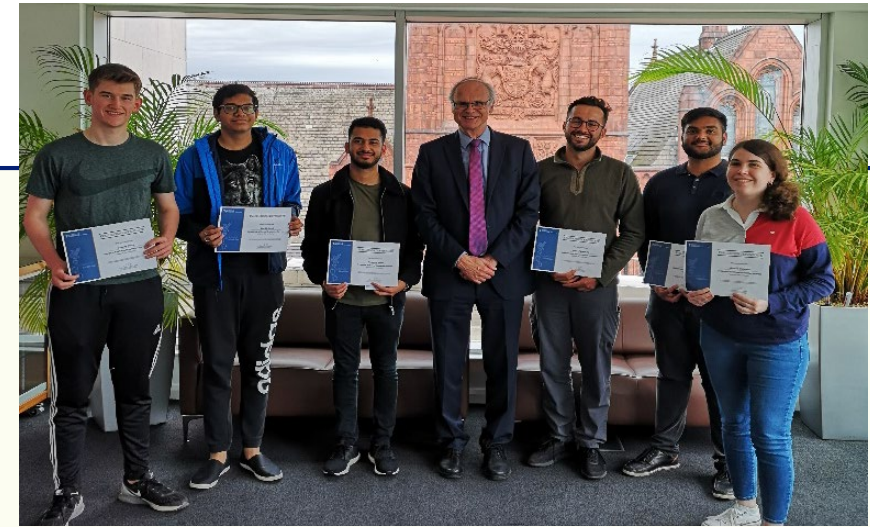
Data collection

- Data is usually collected through survey methods:
- EvaSys
- QR Codes/Poll Everywhere
- May also include:
- Drop-in/focus group data collection
- Reports at a session, system block/academic week, placement, year and programme level.



- **Evasys surveys**

- Evasys is a survey software we use to gather student opinions.
- Students receive a survey by email after each Block
- Students with 100% response rate receive a certificate/entered into a prize draw termly



- **QR Codes – *selected* lectures and workshops**



GP Placement evaluation questions

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Clinical Placement surveys

Note on RAG Rating Score

Student doctors evaluate their experience at the end of each rotation/sub-rotation against 24 items using a four-point, semantic scale from 'Strongly Disagree' to 'Strongly Agree'. Individual responses are transformed to a bipolar score (-2 to +2) and an average for each evaluation item is subsequently calculated. RED, AMBER, GREEN (RAG) colour coding is then applied using the thresholds below to identify where action is required.

RAG colour	Score	Action
RED	Score less than zero	Significant improvement needed
AMBER	Score between 0-0.55	Improvements needed within three
NO FLAG	Score between 0.56-1.55	Satisfactory
GREEN	Score above 1.55	Excellent

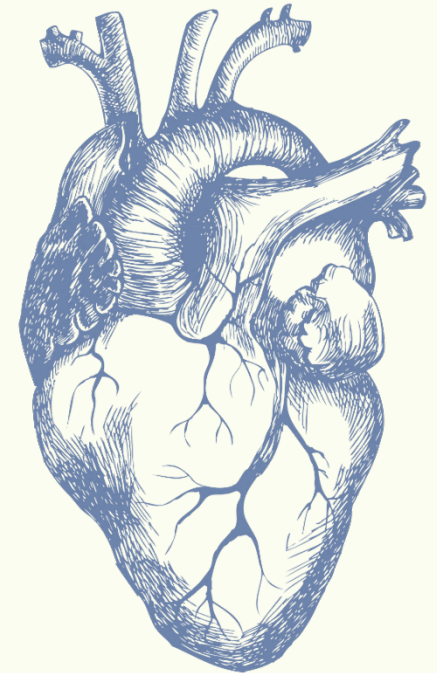
Note on Trend

Based on previous rotation data

Sharing Evaluation with staff

- All Data is monitored in-year by the quality team
- Individual year data is shared with/reviewed by respective year leads
- Low student numbers in General Practice and issues with anonymity, it is disseminated at the end of the academic year to each Practice.
- Commendations or concerns are communicated as required throughout the year

- Data is fed to relevant committees across the School e.g. Core Management Team (CMT) meetings, Clinical Programmes Committee (CPC) and Quality Assurance Committee (QAC).
- Evaluation data is used for formal UoL monitoring processes and externally facing Quality Assurance (QA) processes, e.g. assessment of placement quality, required of us by the GMC.



Sharing Evaluation with Students

- Evaluation is a standing item at Staff Student Liaison Committee (SSLC) meetings
- This helps to feedback results and address any issues students have relating to data collection.
- You said we listened
- Weekly student briefings
- Annually – start of each academic year

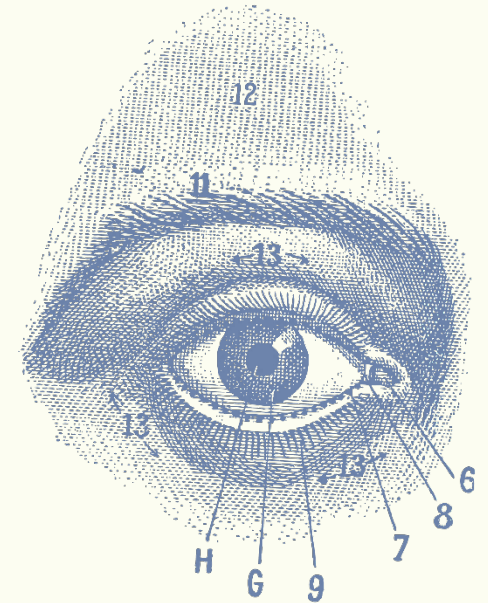


Survey responses

Important that they are not used or viewed in isolation;

They should be used to inform and support other quality assurance processes

Should lead to constructive dialogue with students and between colleagues - curricula developments and enhancement of the student experience



Providing Constructive evaluation: educating students

- This year are providing lectures and workshops on this topic
- Awareness of the professional skill of giving constructive feedback
- Respectful and empathic towards those receiving comments
- Significant consequences for students, medical education, the profession and patient safety
- Professionalism concerns



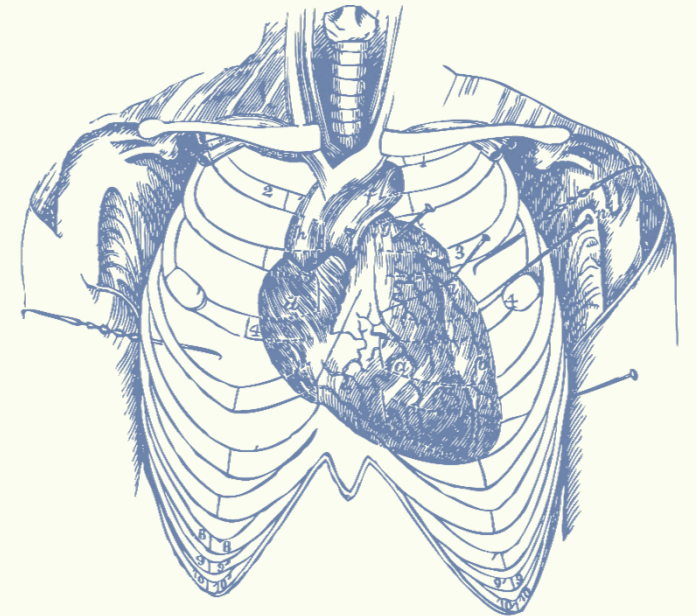
Providing Constructive evaluation: educating students

- Specific, focused and respectful comments which highlight both positive aspects and areas for development.
- Skill that takes practice
- Requires a comparison between what was received/observed and what was expected,
- Where those expectations came from?
- Reflection on what is realistic
- Respect and empathy towards those receiving comments



Seek Educator Evaluation

- Quality visits
- ADR/ SAQ
- GPTC
- Informal quarterly GP Educator drop in sessions
- FACE workshops
- Other ways? Surveys? Ideas/support?



Liverpool Educators Online

Access resources, support and useful information for supporting our students on the School of Medicine's MBChB programme. Everything you used to find in GPORT – and more!



liverpool.ac.uk/medicine/liverpool-educators-online



Annual Data review

- Both Trusts and GP placements are asked to submit an annual data review
- Mirrors the GMC requirements of the School
- New question this year:
- Do you feel that your student evaluation for this academic year is a fair reflection of your teaching practice?





- The GMC regulates the delivery of medical education training in the UK
- ‘Promoting Excellence: standards for medical education and training’
- *R1.5 Organisations must demonstrate a culture that both seeks and responds to feedback from learners and educators on compliance with standards of patient safety and care, education and training. (p.10)*

- *R2.4 Organisations must regularly evaluate and review the curricula and assessment frameworks, education and training programmes and placements they are responsible for to make sure standards are being met and to improve the quality of education and training. (p. 19)*

GMC Domains

- Theme 1: Learning environment and culture
- Theme 2: Educational governance and leadership
- Theme 3: Supporting learners
- Theme 4: Supporting educators
- Theme 5: Developing and implementing curricula and assessments

GMC return

- Annual return self assessment document
- Action plans, recommendations requirements
- Innovations, sharing best practice
- Reflections and challenges



National Student Survey

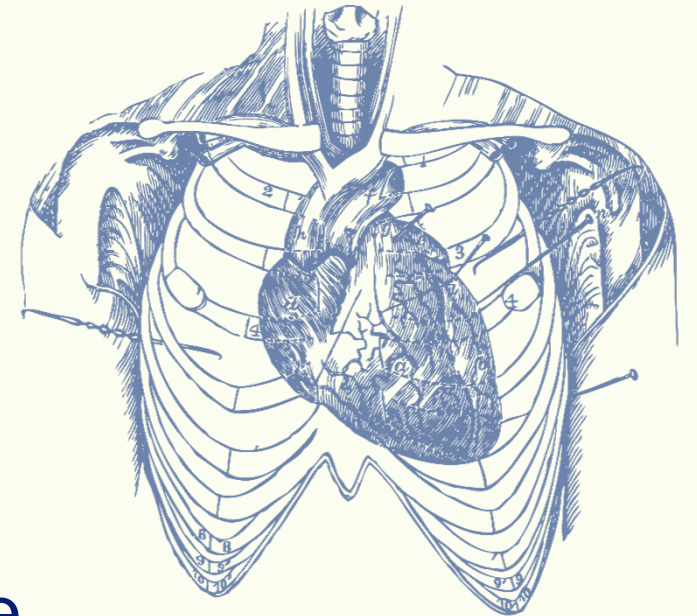
- The National Student Survey (NSS) is the annual measure of student satisfaction.
- Strong School performance this year with an increase in national ranking by 1 position compared with 2020,
- Remaining in the top third of scores for all Schools
- 5th within the Russell Group
- The NSS “overall satisfaction” score for medicine is 87%

NSS

Performance that is above the sector average for all scale domains, and gains in ranking for all scale domains as compared with the sector.

Improvements in student ratings for teaching, assessment and feedback, academic support, organisational management and being part of a learning community are especially notable.

The data also show that students would like us to share more with them about changes that are made in response to their feedback



Commendations forms

- The School encourages a culture of positivity where staff and students are able to acknowledge and celebrate the achievements of others.
- Students and staff can nominate a School Staff member or team, Trust Staff/team, student, or even a group or Society.
- <https://www.liverpool.ac.uk/medicine/liverpool-educators-online/opportunities/commendations/>

Sharing Concerns

- As a Student Doctor or member of staff you may encounter a situation which causes you concern.
- This may be regarding yourself, another student, a patient or a member of staff.
- You may have a concern regarding patient safety, student safety, discrimination, harassment, undermining, bullying, professionalism or have urgent placement concerns.
- <https://liverpool.onlinesurveys.ac.uk/sharing-concerns-form>

Questions for thought

- Do you collect your own teaching evaluation in practice?
- How can we further support our GP educators in community?
- Ideas on how to further seek your views on teaching/curriculum?

Thank you!

- It is such a pleasure to work with such inspiring and caring GP educators
- Thank you for all you do to support our students, shape our course, and develop fantastic doctors.
- Thank you for doing such an amazing job!

- Any questions?