

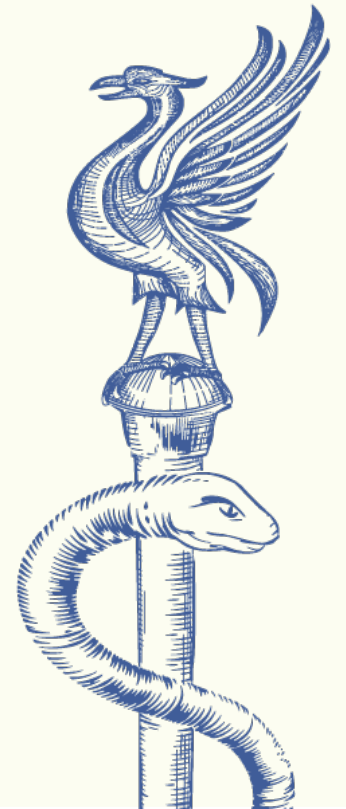
# Quality and Evaluation

## School of Medicine.

Dr Anna Ballinger – Director of Quality

Dr David Smith - Deputy Director of Quality

October 2022



		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

# Quality Assurance of clinical placements

- Quality visits
- Self assessment questionnaires/ Annual data reviews
- Ensure meeting regulator guidance
- Evaluation

# Quality visits

- All GP placements on a five-year rolling programme.
- Visits last for around an hour
- We ask to meet with the Lead GP Tutor and the practice manager.
- Supportive discussion
- Evaluation review
- Report generated and shared
- Welcome visits - new practices,

# Annual data review

- Short electronic survey
- Then reviewed in conjunction with the student feedback from our EvaSys survey software.
- Provides a yearly overview of the GP teaching placements from the both the educator and the student perspective.
- On completion, practices will usually be signed off as complete.
- Any issues, the Deputy Director of Quality (GP) will discuss over the telephone or in person as part of a check visit.

# GMC return

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

# Evaluation

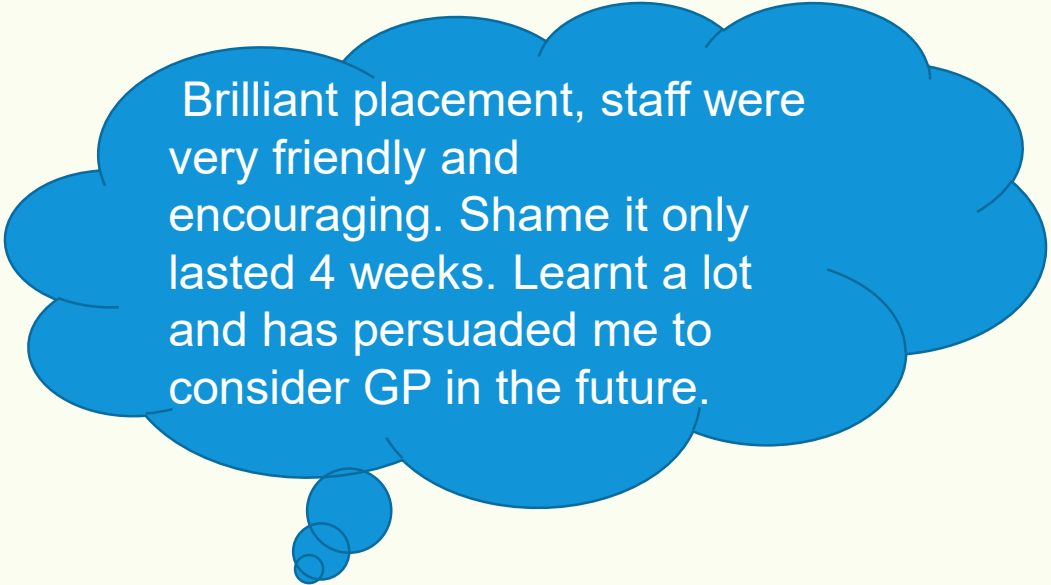
- Definitions
- What is evaluated
- Types of Evaluation and use
- You said we listened
- NSS
- Governing bodies

# 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.



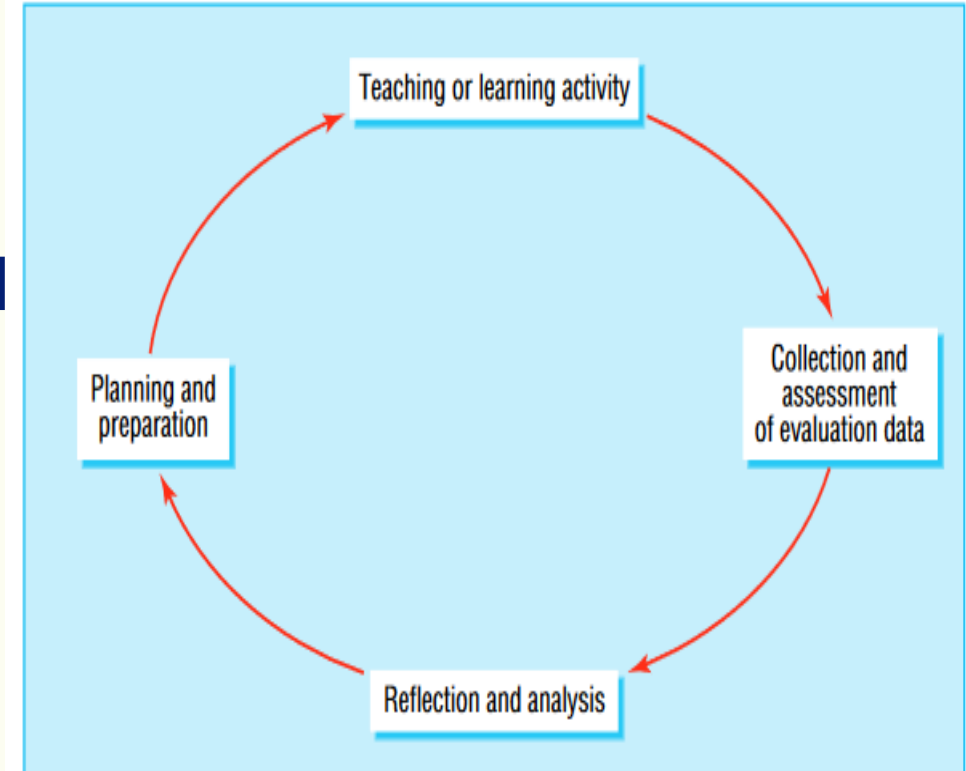
My induction gave me everything I needed to know to start the placement	2.00
I had access to an area with IT where I could study effectively on placement	2.00
I met with my Educational Supervisor at least weekly	2.00
My aims for the placement were discussed at the start and were supported by the practice(s)	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



# What is it used for and why is it important?

- Important role in quality assurance for medical education
- Improve and enhance student experience
- Ensure teaching meeting learning needs
- Identifies where teaching can be improved
- Provides encouragement for teachers
- Facilitates development of the curriculum





# What do we evaluate?

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

# 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.

# 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
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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
- Due to anonymity, disseminated at the end of academic year
- Commendations/concerns are communicated as required
- Feeds into school committees
- Formal UoL and external facing quality monitoring processes

# 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
- Highlight both positive aspects and areas for development.
- Skill that takes practice
- 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](https://liverpool.ac.uk/medicine/liverpool-educators-online)



# 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?



# New GMC Guidance

- <https://www.gmc-uk.org/-/media/gmc-site-images/education/downloads/guidance/guidance-on-undergraduate-clinical-placements.pdf?la=en&hash=87FE885A8D0C81FEB86246F49FB626312633995C>



Guidance on  
undergraduate clinical  
placements

General  
Medical  
Council

- Aims to support medical schools and placement providers to meet their standards linked to clinical placements.
- Patient safety
- Quality of placements
- Medical students should feel prepared supported and safe
- Medical students should feel part of the team

# GMC Guidance discussion

GP placement providers should give students:

- Structured induction
- Clear timetable of activities
- Opportunities for active participation,
- Opportunities for review and feedback throughout their placements.



Guidance on  
undergraduate clinical  
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## Placement providers should:

- Actively support the development of students' clinical and communication skills - Including observation and feedback.
- c. provide access to a diverse range of professional role models.
- d. encourage understanding of medical generalism and the guiding principles of general practice
- e. provide opportunities to follow patients with chronic illness or multimorbidity through their journey

- f. make sure students gain experience of a diverse group of patients.
- g. promote understanding of primary and secondary care interactions.
- h. support learning around service management, clinical leadership meetings and local network meetings.
- i. promote students' understanding of academic and scholarly aspects of general practice

- promote students' understanding of academic and scholarly aspects of general practice e.g, participating in:
- clinical audit and quality improvement projects
- primary care research
- medical education projects
- peer teaching.

- promote skills in all aspects of consulting with patients e.g. face to face, telephone and video consultations.
  - Include importance of concise and accurate record keeping.
- k. provide opportunities for students to run clinics under supervision and in accordance with their competence.
- l. encourage understanding of the population health role of primary care

# 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.
- Any questions?