

Hello All,

You will have already had a few invitations from the University and from an organisation called Ipsos MORI to ask you to complete the National Student Survey (NSS). The survey is conducted annually, across all publicly-funded Universities in the UK. It is aimed at final year undergraduates, gathering opinions from students about their time in higher education.

I'd really like you to take the time to read this message in full, as I hope it will show you the value of completing the survey and its importance to us.

### ***Background***

The key purpose of the NSS is to provide your feedback to us to help improve the experience of future students – your peers now on the programme and new entrants. It is also used as part of the information given to potential applicants to Manchester through UniStats.

But you may still be thinking “why bother? what difference does it make?”

So, what I have done further down in this message is identify some of the changes that have resulted from student feedback. Some of this feedback will be from past students completing the NSS together with the feedback they have given at other times earlier in the course. Many of the actions will be based on the feedback you gave us yourselves, as we listened to you as you progressed through the programme.

Last year about 70% of your fellow students completed the survey. That means we didn't hear the views of about a third. This year it would be really great if every single one of you answered the survey – we want to hear from each and every one of you.

### **So what have students said about the programme and what have we done?**

I have broken this down by the section of the NSS questions.

#### ***The teaching on my course***

1. Staff are good at explaining things.
2. Staff have made the subject interesting.
3. The course is intellectually stimulating.
4. My course has challenged me to achieve my best work.

We used to use PBL across Years 1 – 4 of the programme. Students said that this did not give them sufficient opportunity for clinicians to explain topics or to bring their own experience and expertise into their teaching. You are the first cohort to move through the revised programme in which themed-case discussions (TCD) replaced PBL in Years 3 & 4, this allowed experienced clinicians to contribute more substantially to your learning.

We have also incorporated other structured teaching into Years 3-5, for example: Clinical Debrief (CD) in Year 3 and the teaching in Year 5 semester 1, including prescribing, ethics & law and simulation. These have all been highly rated by you in your evaluations. From your feedback, we know some elements of the new teaching in year 3, within patient- centred consulting, could be improved and we have changed those.

We have used student evaluations in Years 1 & 2 to continuously drive up the effectiveness of PBL, which is one of the most highly appreciated elements in this phase of the programme.

Medicine is always an intellectually-stimulating course and we have encouraged you to pursue your intellectual interests both in the core components and through your selectives in the PEP pathway. Following student feedback, this was revised across all 5 years of the programme.

We consider that the course structure and teaching in both the core and selected elements gives all students the opportunity to achieve their best work and to excel in areas of your choosing. In addition, many of you take advantage of some fantastic opportunities to intercalate.

### ***Learning opportunities***

5. My course has provided me with opportunities to explore ideas or concepts in depth.
6. My course has provided me with opportunities to bring information and ideas together from different topics.
7. My course has provided me with opportunities to apply what I have learnt.

Students have fed back that the programme gives them opportunities to integrate different topics and to explore them at depth as required; indeed, this is what we would intend from the integrated case-based design within the course. However, they have also said that they have found it harder to apply learning in the clinical setting. We therefore revised your programme to incorporate a theoretical framework based on clinical reasoning (delivered through TCD and CD) and structured clinical placements to give you the opportunities to apply your learning to clinical practice. Our own assessments of your ability to use clinical reasoning, the level of clinical activity you have undertaken (as reported in your logbooks and clinical placement signoffs) and informal feedback from your clinical placement supervisors all indicate that your ability to integrate and apply your learning is improved compared to previous cohorts. The excellent performance of your cohort in the recent exempting OSCE shows how this has worked in practice.

### ***Assessment and feedback***

8. The criteria used in marking have been clear in advance.
9. Marking and assessment has been fair.
10. Feedback on my work has been timely.
11. I have received helpful comments on my work.

We know how important it is to all of you that the criteria for your assessments are clear and that assessments must be fair. Feedback from the NSS, from your own evaluations and from your student representatives emphasises this. So, we have taken a number of steps so you can be sure of this

- Every year, we review and revise our processes to ensure that the assessments work as well as possible and to make sure that you receive prompt and helpful comments on your work. We know that this is a particular concern to you given the nature of the practical exams – the OSCEs – a format that is used, if not in name, across all UK medical schools.
- With student feedback, over the last 2 year we have fully revised the information we provide to you about your OSCE assessments including the marking criteria so that you can be confident about what these are.
- We have also altered the feedback that we give to you following assessments. The question by question breakdown of performance in your written papers is now the most detailed you would find at any medical school for this kind of SBA paper. This year, increasing the time available between OSCE stations has allowed examiners to record more complete feedback – we know that students have already noticed the difference this has made.
- All of your assessment marks and feedback now returned to you very promptly, in line with university requirements. Where results must be reviewed by an exam board before release, we have ensured that these boards take place as soon as possible after the relevant assessment so you can have your marks as soon as possible.
- We have rigorous processes in place to ensure the standards of the assessments, and we have shared with you evidence there is no difference to student performance in the OSCE regardless of the time or place of the exam. Our external examiners comments indicate the standard of our assessments are on a par with those at other medical schools.

### ***Academic support***

12. I have been able to contact staff when I needed to.
13. I have received sufficient advice and guidance in relation to my course.
14. Good advice was available when I needed to make study choices on my course.

We know that you want high quality support and guidance from us.

Students in years 1 & 2 can access such support directly from staff on the university campus in the medical school. Students in Years 3 to 5 can get support from the teams based in each sector. However, student feedback has indicated that you wanted more 1:1 academic support. Originally students asked that the clinical academic advisors provided this across all five years the program. It proved hard for

clinical academics to offer appropriate support early on in the programme and so in years 1 & 2 we introduced tutors for PPD, we also increased the support provided by students from the PBL tutors. In years 3 to 5, we have increased the number of clinical academic staff leading the program at each sector – we now have sector leads for each year of the program supporting students, in addition to the Hospital Deans and SWAPs teams.

We know that students want more individual support from their academic advisors, and we are changing the requirements of the PPD portfolio to allow academic advisors better opportunities to provide this support.

The intercalation and careers fairs were both developed at the request of students to help support their study choices. The SSCP is a new opportunity for students to think about their careers, and so inform their study choices, with the support of their SSCP supervisor.

### ***Organisation and management***

- 15. The course is well organised and is running smoothly.
- 16. The timetable works efficiently for me.
- 17. Any changes in the course or teaching have been communicated effectively

Students have said that some areas of the course could be better organised. In particular, local teaching arrangements in clinical placements can be disrupted for a number of reasons, particularly due to NHS service commitments. We have worked with the clinical placement providers to ensure they provide a local induction for each clinical placement so that you understand what learning opportunities will be in place and these should include local timetabling arrangements. We know that local changes can still disrupt learning and we continue to work with the sectors to minimise such disruptions for you.

In response to student feedback, the revised programme now provides an increased number of student selected components across Years 3 – 5, including most recently the student-selected clinical placements in year 3 & 5. You now have the opportunity to select choices for a high proportion of your placements in years 3, 4 & 5 (34 out of 110 weeks). We hear from you that students would like clinical placements and selected components to be allocated in a way that better meets their own preferences. We want the selection process to work as well as possible and we have agreed to work with student representatives this semester to optimise this.

We also recognise, from your feedback, that we need to communicate as effectively as possible about the programme and any changes to this. We have looked carefully at what we included in the induction sessions for each year so that, through these, you should know what to expect in the future year. We know that not all students attend these and we complement the sessions with online information and further local inductions.

You have told us that emails are best for regular communication with you and, since the beginning of the year, we have revised our guidance to staff on how to use email to best effect; also, we have just appointed a new academic lead to focus on student

communications – including to review how accessible and clear all our written information is.

### ***Learning resources***

- 18. The IT resources and facilities provided have supported my learning well.
- 19. The library resources (e.g. books, online services and learning spaces) have supported my learning well.
- 20. I have been able to access course-specific resources (e.g. equipment, facilities, software, collections) when I needed to.

Overall the feedback from students is that IT resources and facilities are very good and that these don't have any significant gaps. The University library has extensive resources that support all aspects of your learning. We have worked over the years to increase resources specifically for PBL in Years 1 & 2 and now provide extensive case materials for the TCD discussions in years 3 & 4. Where students have identified difficulties in accessing the internet at our clinical placement sites, we have worked with our NHS partners to provide Wi-Fi access in all key areas. The number of Wi-Fi 'not spots' are now very few.

### ***Learning community***

- 21. I feel part of a community of staff and students.
- 22. I have had the right opportunities to work with other students as part of my course.

We know from your comments that the large size of your cohort can mean it can be hard to feel part of a community. To address this, we have structured the programme to ensure that you have the opportunity, in every year, to work in small groups with other students and staff so that you get the support of your peers and support from the staff delivering your teaching. In years 1 and 2 we have also ensured that PBL group in Semester 3 are arranged according to student's future hospital allocations; we hear that this has worked well to develop a supportive environment for the transition. This move to the clinical campuses, has also been supported by the introduction of transition peer mentors. In years 3 and 4, activities such as clinical debrief and the themed case discussions continue to give the opportunity for you to work with your peers in small groups. We have recently introduced more small-group teaching in Year 5 and we are exploring the possibility of introducing clinical debrief into year 5 semester 2.

### ***Student voice***

- 23. I have had the right opportunities to provide feedback on my course.
- 24. Staff value students' views and opinions about the course.
- 25. It is clear how students' feedback on the course has been acted on.
- 26. The students' union (association or guild) effectively represents students' academic interest.

Working with your student reps, we believe we have established many opportunities for you to provide feedback on your course and for your voice to be heard. You are

now able to evaluate every area of the program individually through informal feedback, by completing course evaluations and through your student representatives. Your student reps sit on key programme committees and contribute to decision making. They also meet as a group with us twice a year to formally discuss the issues you raise and hold us to account.

In years 1 and 2, following student feedback, each PBL group now has a representative chosen by their peers (the PBL stewards). The stewards have the opportunity to discuss the course with the senior leadership team each semester. In years 3 to 5 you the opportunity to meet regularly with members of the programme at the sectors who feedback your comments to us. In year five, I or one of my colleagues, now meet with all students across the first semester.

We value your feedback and act on it to improve the course wherever possible. We know that you are not always aware of the changes we make in response to your feedback and we're working hard on how to do this better through things like my face-to-face meetings with you as Year 5 students in December and through our Must Read newsletters which are, this year, a regular feature in Years 3, 4 & 5.

We also work with the student union who help represent your interests to us. One such example of this, was the recent wellbeing survey that many of you completed; this was carried out by your programme reps with the support of the SU. As a result, your views are now shaping what we will provide to students in terms of well-being support, changes to the SWAPs service and academic advising. Recognising the importance of student well-being we have also created a new programme leadership role to oversee student well-being.

### ***In conclusion***

We have changed the things I have described here, and much else besides, because of students' feedback and support. There is always more to do but I think you have a successful and innovative programme to be proud of.

So please do complete the NSS survey so we can hear your views so we can keep developing and improving things. And best of luck in the prize draws.

With best wishes

Prof Doug Corfield

*Head of the Division of Medical Education and MBChB Programme Director*