



**ADELAIDE MEDICAL
STUDENTS' SOCIETY**
— EST 1889 —

Australian Medical Council

Student Submission – Executive Summary

1 October 2017

Adelaide Medical Students' Society

Executive Summary

The Adelaide Medical Students' Society (AMSS) is the peak representative body for medical students at the University of Adelaide. We appreciate the fact that the Australian Medical Council (AMC), as part of its accreditation process, has again requested a student submission from the AMSS.

This submission from the Adelaide Medical Students' Society is informed by 2 surveys of medical students at the University of Adelaide. The first of which, an AMC-specific survey, collected responses from 63% (626 from 991) of the cohort in September 2017. The second is a Year 1-5 assessment-specific survey following 2016 examinations which collected responses from 50% (404 from 816) of the cohort in November 2016. A large emphasis on qualitative data has been made in this submission, as per directions by the Australian Medical Council.

We believe that our methodology, the strong response rate to our primary survey, and our informed view of student opinions collectively allow this document to be taken as a sufficiently accurate reflection of student opinion on the Medical Program. It is, however, vital that this submission is interpreted in the context of its limitations; these are elaborated in the 'limitations' section as well as in other relevant areas of the body of the document.

It should be noted that a number of key issues identified by the student body in the 2016 AMSS Submission to the AMC and indeed early Submissions have been completely or partially resolved. Most notable are the continued improvements in the delivery of the Anatomy component of the course, recent improvements to pre-clinical examination feedback and plans for Indigenous Health in 2018 since being highlighted in the 2015-2016 submission. These improvements are very encouraging as they illustrate the progress that has been made in addressing the issues for which the Faculty should be strongly commended and as such this submission aims to highlight these where appropriate.

There are a number of key strengths of the Medical Program. The clinical skills program in years 1-3 and the use of simulation teaching within the new AHMS facilities continue to be examples of exceptional learning and teaching methods. The medical program provides students with abundant opportunities to pursue personal interest in the Clinical Years, as well as an increasing number of elective opportunities in the second year of the degree, with discussions to further broaden this scope within the MBBS and proposed MD program. In addition to these strengths, students generally feel that coverage of most of the key domains is appropriate, the vast majority of core mandatory rotations in the clinical years receive largely positive feedback with particular praise for rural attachments and students are broadly positive about their assessment. Furthermore, in 2017 there has been significantly improved

communication between students and the Faculty regarding educational advocacy and the creation of an 'MBBS Program Issues Management Log' accessible to both faculty and student representatives. Furthermore, the Dean has made a consistent effort to engage with the student body in a time of great change by regularly attending student society meetings open to all students in order to update students on changes and directly answer student concerns regarding the course. It is critical that these major strengths and positives are recognised and constantly kept in mind when interpreting this submission.

There are six areas where student opinion suggests additional attention may be required. The first is the lack of a well-developed set of program wide curriculum learning objectives that are effectively communicated to students, lecturers and clinical supervisors, which is discussed in further detail under standard 3.4. The second is the quality and quantity of Indigenous Health teaching, which is discussed in further detail under standard 3.5. The third is the amount and delivery of Histology and Genetics teaching in pre-clinical years, which is detailed under standard 4.1. The fourth is the lack of formal teaching in the Musculoskeletal Medicine Year 4 rotation, also outlined under standard 4.1. The fifth area is provision of assessment feedback for clinical years discussed in further detail under standard 5.3. The sixth is the accessibility of student services and information around clinical placements from the Clinical Placements Team (CPT) and Student Professional Support Services (SPSS) following the significant administrative 'professional services reform' under the new FHMS system. It must be acknowledged that the faculty has already commenced work towards improving multiple of these areas, and should be commended for how receptive they have been to student feedback since the last AMC submission.

Each of these areas has additional commentary after their respective data interpretation.

The students involved in the collation of this report are as follows:

- Tom Gransbury: Vice President of Education
- Jack Rumbelow: Junior Education Officer
- Emily Hammond: 3rd Year Education Representative, incoming 2018 TeamEducation Secretary
- Olivia Nguyen: TeamEducation Secretary
- Malcolm Borg: Research Officer, incoming 2018 Vice President of Education
- Patrick Kennewell: Faculty of Health and Medical Sciences Student representative, incoming 2018 Junior Education Officer
- Simon Cousins: AMSS President

The key findings are summarised below, as they apply to the relevant accreditation standards:

Standard 3 | The Medical Curriculum

Standard 3.4

Students remain somewhat dissatisfied with the lack of a clearly communicated medical curriculum. Students emphasized the inconsistency and variability of objectives between clinical rotations, as well as a broad lack of lecture objectives and, to a lesser extent, SMTS objectives. Specific concern was flagged with the lack of targeted objectives in rotations of Medical Home Unit and Musculoskeletal Medicine in Year 4, and SMTS objectives in Year 4 and 5. In comparison, students were extremely happy with the direction given within other rotations (Year 5 Human Reproductive Health, Year 4 Psychiatry and Surgical Home Unit) and would recommend modelling objectives for all courses around these objectives. Student responses reflected that, on the whole, lecturers are poorly informed of what needs to be covered in their lecture and where their lecture fits in the wider curriculum, and that this progressively worsens as students progress through the pre-clinical years.

Standard 3.5

Students have very varied views of the teaching of Indigenous Health in the program. However, there are notable concerns with regard to the relevance of content taught as part of the program, quality of teaching, lack of practical content and perceived absence of teaching in Clinical Years. It should be noted however, that students are extremely happy with the recent appointment of Dr Andrea McKivett as an MBBS specific Indigenous Health Coordinator. Whilst students have not yet experienced the proposed teaching program and remain somewhat equivocal with the present format, there is considerable excitement around the changes scheduled to begin at the start of 2018.

Standard 3.6

Students were largely very happy with the opportunities provided to promote breadth and diversity through the Year 2 Electives and agreed that their Year 4-6 Medical and Scientific Attachments (MSAs) provided a broad overview and adequate insight to a speciality that was appropriate to their level of knowledge. A large majority of Year 5 Rural students expressed interest in completing a 5th Year MSA if offered within the Rural Clinical School's Integrated Program. In an exercise of interest, a slight majority of students would have liked and taken the opportunity in the pre-clinical years to undertake an external elective (eg. French) over an internal elective (eg. Dissection, International Health) if made available, however many students emphasised that they would want to still have the option for internal electives as a way to focus on their Medical Studies should this be considered when re-evaluating electives for the proposed MD program.

Standard 4 | Learning & Teaching Methods

Standard 4.1

Pre-clinical years students were generally pleased with the quality of delivery of most of the course components, with the notable exception of Histology and Genetics which students found were poorly taught with an insufficient focus on clinical applications in the case of genetics lectures, and largely not taught at all in the case of Histology. Pathology notes, Population and Public Health and Indigenous Health were also flagged by students as areas for improvement in the quality of teaching. Previous concerns raised by students regarding Anatomy teaching have almost been entirely resolved in Years 1 and 2 (now flagged by students as one of the best programs) and whilst students remain discontent regarding Year 3 anatomy as a whole in 2017, students are extremely happy with recent progress in this area, particularly the new coordinator Dr. Marc Gladman who is working closely with student focus groups to redesign this aspect of the course.

The majority of pre-clinical years students do not find the 2017 move to approximately 50% of lectures being given as 'online-only', beneficial to their learning, particularly when the material is not covered elsewhere and lacks follow up face-to-face sessions in order to clarify questions or interact with this content with an expert in the field. Concerns raised in 2016 regarding availability of recordings are largely resolved with the introduction of the ECHO 360 automatic recording software, however, the availability lecture notes has returned as a significant issue across Years 1-3 and the Year 4-5 SMTS program, given visiting lecturers are now expected to upload their own lecture notes to MyUni (CANVAS). Students find notes are rarely uploaded prior to lectures for pre-lecture preparation, if uploaded at all.

Previous concerns raised by students regarding the new model for the first year CBL program, notably the hindrance to learning caused by the learning environment, and the perceived insufficiency of supervision by tutors have been somewhat resolved with the introduction of teaching in the purpose built 'Daisy' space in the AHMS. The introduction of third year CBCL (Case Based Collaborative Sessions), however, has not been overly well received by students.

Whilst not addressed directly within the survey (given a Faculty survey is soon to be released on this topic) anecdotal feedback suggests students are significantly discontent that administrative constraints have resulted in CBL groups no longer being allocated by the Faculty to allow for gender, International and repeating student balance, as well as the opportunity to make confidential requests to not be placed in a CBL group with someone whom the learning environment would not be beneficial.

Clinical students were generally pleased with the delivery and quality of course components, as well as the SMTS series. The major exceptions were the formal and clinical teaching during the Musculoskeletal Medicine and Medical Home Unit rotations, which also relates to the lack of clear learning objectives within these rotations as outlined in Standard 3.4.

Standard 4.3

Students were very pleased with the Clinical Skills program, and were also pleased with the amount of teaching in equipping students with skills in Communication and Professionalism. Students spoke highly of the teaching of Procedural Skills (with the exception of Year 3), especially in regards to the Simulation teaching within the new AHMS simulation labs, with overall positive responses regarding the amount teaching of Management plans and prescribing. The only exception to positivity in this aspect of the program is 3rd year clinical skills which lacks consistency between sites.

Standard 4.7

Pre-clinical students very much value the Interprofessional Learning opportunities within the new Adelaide Health and Medical Sciences (AHMS) building, and view this as a very positive introduction to the course over recent years, however students in Year 4 had an overall negative opinion of the teaching in Year 4 MHU interprofessional Pharmacology sessions.

Standard 5 | Assessment

Standard 5.3

Overall, clinical students were dissatisfied with the assessment feedback provided by the faculty and felt that the feedback provided is not sufficient in identifying areas of weakness for individual students or in guiding learning to address these weaknesses. This was particularly evident with the 2016 end of year examinations where administrative difficulties resulted in the deletion of the algorithm designed to produce students' quartile-based exam-feedback and feedback was reduced from a combination of quartile-based exam feedback and Grade Bands to Grade Bands only. Students accepted this result with the hope that a more useful form of assessment feedback would be provided in place of quartiles in the future. Pre-clinical student feedback was extremely positive when in Semester 1 2017 a new style of question based feedback was introduced with the new MCQ examination, that hopefully will be mirrored for clinical students, who remain unsure as to what examination feedback they will receive in 2017.

Standard 5.4

Students emphasise that there continues to be a lack of continuity between sites in Assessment including Year 5 Geriatrics and the 'summative OSCE' at the QEH for MHU. Given the recent changes to an entirely MCQ examination format, students are not yet able to comment on this format of examination. The Faculty ran a 'Bring your own device' examination in place of the IFOM for years 4 and 5 in order to prepare students for this type of examination, which was viewed as very positive by the students.

Standard 7 | Students

Standard 7.3

Students were generally satisfied with the amount of support provided to students with the significant exception of organisation of electives (MSAs) through the Clinical Placements Team. Furthermore, following the professional services reform, felt that there was a lack of clarity resulting in reduced awareness and accessibility of these services.

Standard 8 | Clinical Learning Environment

Standard 8.3

Students were extremely enthusiastic about rural clinical placements and overall positive about their experiences. These placements are highly regarded as fantastic learning opportunities within the program. Students however have expressed a lack of clarity around the details and potential advantages/disadvantages of a metropolitan placement, especially when applying for a Rural 5th year.