



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

Australian Medical Council

Student Submission

September 2018

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.

As with previous similar submissions, the AMSS has conducted a significant survey to inform this document. The survey guiding this document is of similar success to previous surveys, collecting responses from 41% (393 from 955) of eligible respondents in July 2018.

We believe that our methodology, response rate 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.

Being a progress report, it is worth noting the key issues identified in last year's submission. These included the communication of learning objectives to students and staff, assessment feedback for Year 4-5 students, the accessibility of student services for those on clinical placement and the teaching of Indigenous Health, histology, genetics and orthopaedics in the Year 4 Musculoskeletal Medicine rotation.

It should be noted that a number of key issues identified by the student body in the 2017 AMSS submission to the AMC have been completely or partially resolved. Most notable are the significant efforts being made to reinvigorate Indigenous Health and pre-clinical anatomy teaching, optimise pre-clinical CBL as well as to take positive action on student health & well-being. Additionally, student-staff collaborations aimed at fixing issues related to clinical year objectives and pre-clinical lectures (in the form of a Year 1-3 Lecture review) are likely to generate more positive feedback in future AMC submissions. These improvements and collaborations are very encouraging and staff should be strongly commended for their enthusiasm for collaborating with the student body in addressing our perceived issues.

There are a number of key strengths of the Medical Program as identified in this submission. The teaching of core skills and the preparedness of Year 6 students for Internship are rated highly by students and are findings that align with that of the 2017 National Survey of Intern Work Readiness regarding University of Adelaide medical graduates. As well, the teaching in the vast majority of medical disciplines in pre-clinical years and clinical rotations, as well as the clinical year lecture series (SMTS and TTIP), have been reviewed positively. Although not a focus in this year's AMC survey, the ever-

increasing use of simulation teaching as well as teaching provided by the Rural Clinical School continue to be praised anecdotally by students.

There are seven areas where student opinion suggests additional attention may be required. The first is the provision of assessment feedback for Year 4-5 students as outlined under standard 5.3. The second is the communication of learning objectives to lecturers, tutors and supervisors discussed in further detail under standard 3.4. The third is the quality of teaching in the Year 4 Musculoskeletal Medicine rotation, outlined under standard 4.1. The fourth is the quality of the Year 3 Clinical Skills Program as discussed under standard 4.3. The fifth is the lack of quiet study space available in the medical school building outlined under standard 8.1. The sixth is the appropriateness of eSELTs as a tool for evaluation of clinical rotations, outlined under standard 6.1. The seventh is the ease of contacting staff regarding common enquiries for clinical students, outlined under Standard 7.3.

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

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

- **Malcolm Borg:** Vice President of Education
- **Monica Chen:** AMSS President
- **Emily Hammond:** TeamEducation Secretary
- **Sachini Perera:** TeamEducation Communications Officer
- **Patrick Kennewell:** Junior Education Officer
- **Teham Ahmad:** Year 2 Education Representative
- **Don Kieu:** Friend of TeamEducation
- **Simon Cousins:** 2017 AMSS President and 2018 AMA(SA) Student Representative
- **Tom Gransbury:** 2017 Vice President of Education and 2018 Rural Representative
- **Victoria Langton:** Friend of TeamEducation
- **Shehani Gunasekera:** Health & Wellbeing Officer
- **Mithma Ekanayake:** Health & Wellbeing Officer

Conclusions of Standards

Standard 3.4 | Curriculum description

The communication of curriculum objectives to lecturers, tutors and clinical supervisors overall is variable and thus remains to be an area for improvement. Given students experience teaching from a wide range of clinicians who are otherwise not involved within the Medical Program, it is imperative that communication of specific learning objectives and outcomes are communicated to lecturers and clinical teachers, and if possible, lecturers are given access to objectives of other lectures in order to streamline lecture delivery and avoid unnecessary content repetition. The work being undertaken by staff to map the curriculum is key to this process.

Standard 3.5 | Indigenous Health

Indigenous Health teaching was identified as an area for improvement in the 2017 AMC Student submission. We acknowledge that efforts have only just gotten underway to reinvigorate the teaching in this area across the program and hence, it was decided to defer in-depth evaluation of Indigenous Health teaching and to focus primarily on Year 1 students who are experiencing the new Indigenous Health teaching program with “fresh eyes.” The findings of this submission regarding Indigenous Health are positive and we are optimistic that the program will continue to improve. We encourage staff to continue taking on board student feedback in this process, such as the suggestions raised by students in the results section of this standard.

Standard 4.1 | Learning and Teaching

Pre-clinical students are generally pleased with the quality of delivery of all course components, though less so regarding Pathology, Indigenous Health, Population and Public Health and Year 3 Clinical Skills. Key issues from the 2017 AMC student submission have been addressed relating to the CBL and are being addressed related to lecture delivery, via the staff-student Year 1-3 lecture review. It is noteworthy that feedback regarding the aspects of CBL surveyed, particularly the new SCAP-led case wraps, is very positive. This submission does encourage the implementation of measures to ensure SCAP-led case wraps take place even in the context of limitations such as low numbers of Medical Education Selective students for a particular rotation. Measures already underway to enhance lecture not availability, with increased communication with lecturers in the lead-up to lecture delivery, are also encouraged by this submission.

In the Clinical Years, students surveyed were generally pleased with the quality and delivery of all clinical lecture series (SMTS and TTIP) and core rotations, with the exception of the Year 4 Musculoskeletal

Medicine rotation. Communication with student representatives is encouraged in mitigating the issues identified regarding the Musculoskeletal Medicine rotation and some Year 6 rotations mentioned in the relevant results summary.

Standard 4.3 | Learning and Teaching

The feedback contained in this standard identifies highlights of the program, being the quality of preparation provided for Internship and teaching of core skills for clinical practice. The current teaching sessions provided on procedural skills are rated highly and feedback from clinical students requesting more formal teaching of procedural skills has already been, at least, partially incorporated into the program.

Standard 4.7 | Interprofessional Learning

Preclinical students were largely pleased with the quality and delivery of Interprofessional learning teaching. Year 4 Pharmacology tutorials, which were conducted in an IPL format, were deemed equivocal but comments emphasised the timing clash with holidays resulting in poor attendance from pharmacology students, impacting and limiting the interprofessional learning environment.

Standard 5.3 | Assessment Feedback

Pre-clinical students continue to review the current methods of assessment feedback positively following their alterations over the past few years. In this survey, students noted a preference for the feedback employed for the 2017 end-of-year examinations over that of the 2018 mid-year examinations. However, the latter was not formally surveyed.

In contrast, the opinions of clinical students were generally equivocal or negative with students expressing a desire for more detailed end-of-rotation and end-of-year examination feedback to help them focus their study on areas of weakness. It is likely that if similar changes in pre-clinical examination assessment feedback were made to clinical end-of-rotation and end-of-year examination feedback that the opinions of clinical students regarding the utility of assessment feedback would be more positive.

Standard 6.1 | Monitoring

Students in the pre-clinical years were overall positive regarding the efficacy of eSELTs as a tool for collating student feedback on the medical course. In contrast, students in clinical years were overall equivocal and this can be mainly attributed to (1) issues relating to limitations in reviewing staff members that students actually had contact with on their clinical rotations and (2) issues relating to timing of eSELTs, being in the SWOT-VAC period when a more ideal time would be at the end of each

clinical rotation. Students in pre-clinical and clinical years also note a desire for the eSELTs to be more concise.

Standard 7.3 | Student support

Students approved of new measures to improve student health & well-being in the form of the new policy surrounding “Mental Health days-off” and increased provision of support services at the AHMS. Students however, noted a lack of awareness and enactment of the policy at some clinical placements due to their clinical supervisors remaining unaware and questioning the legitimacy of “Mental Health days-off.” This is a significant issue as it has the potential to cause harm rather than support for student health & well-being. It was suggested that these issues could be mitigated by increased communication of this policy both to students and clinical supervisors by staff.

Students generally were overall positive regarding student support services and administrative support. Clinical students were however, less positive than pre-clinical students, which can be attributed in part to their previous use of an alternative administrative system but also the more complex administrative structure of the clinical courses. Additionally, clinical students continue to note a lack of clarity in who to contact for common enquiries following the shift to the new centralised administration.

Standard 8.1 | Physical Facilities

Students anecdotally recognise many positive of the new medical school building. However, the availability of quiet study spaces remains to be one of the most common issues raised to student representatives. The identification of a room/rooms for the specific provision of quiet study space is a priority and this is supported by the results under this standard.