

Wednesday 29 April 2020

Ms Brooke Pearson
Accreditation Officer, Medical School Accreditation
Australian Medical Council



ADELAIDE MEDICAL
STUDENTS' SOCIETY
— EST 1889 —

Dear Ms Pearson,

On the 14 October 2019 the Adelaide Medical Students' Society (AMSS) received a response from the Australian Medical Council (AMC) regarding our 2019 Progress Report. The AMC provided a summary of progress listed against the relevant accreditation standards:

<p>Condition 3 (To be met by 2016) Prepare a curriculum map that includes objectives for all years of the program; that consolidates existing elements regarding the curriculum, teaching format and content; and make it available to staff and students in an accessible format. (Standard 3.2)</p>	<p>The AMC agreed that there has been very little progress. While the Year 1 map is detailed and searchable, the Year 3 and 4 maps are not. The student report indicated that the absence of a clear, well documented curriculum continues to be a major concern.</p> <p>By 9 March 2020, the School is asked to: Provide a complete and searchable curriculum map, and include student feedback on the map. Provide details on how the scope of the original curriculum map has been adjusted over time.</p>
<p>Condition 7 (New in 2019) Demonstrate that the processes for consulting students on key issues and supporting student representation in the governance of the program are applied. (Standard 1.1 & 7.5)</p>	<p>By 9 March 2020, the School is asked to: Demonstrate the processes and structures for consulting students on key issues that facilitate and support student representation in the governance of the program.</p>

Therefore, in this letter, I, on behalf of the AMSS aim to provide a report on both condition 3 and condition 7.

The AMSS is the peak representative body for medical students at the Adelaide Medical School (AMS). The AMSS recognises the importance of the Australian Medical Council's (AMC) accreditation process and is grateful for the opportunity to contribute student opinion. We appreciate the fact that the AMC has once again requested a student submission.

This submission has been prepared in consultation with the AMSS Executive and student representatives from Years 2-6. Student representatives have been engaged to provide feedback on the staff's progress on both of these conditions, especially regarding condition 3. We wish to note that in this case we have been unable to seek the input of the wider student body. This is because of staff requests in the case of condition 3 and due to disruptions caused by COVID-19 in the case of condition 7.

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Condition 3: Curriculum Mapping (Standard 3.2) – to be met by 2016

The feedback for the school's progress on this condition has been obtained after extensive consultation with student representatives, who were either previously elected as education representatives or volunteered to be involved in the curriculum mapping consultative process. This feedback has been obtained during and after multiple student consultation sessions led by staff. Only a small number of students were invited to provide feedback due to staff concerns about the curriculum maps being publicised while still being unfinished. The student representatives engaged as a part of this process were from all year levels, with the exception of year 1. This feedback represents the views of the representatives that were expressed during student consultation sessions. Furthermore, I was in regular contact with these students between meetings and encouraged them to provide feedback to me, which has also been included. Please find attached to this letter summaries of student feedback provided to staff following each consultation session.

Students are aware that curriculum mapping is a large and complex task. Our understanding is that the role of a curriculum map is to give order to curriculum elements and allow the relationships between them to be ascertained, queried and maintained. Mapping should demonstrate constructive alignment between a) learning outcomes, b) learning and teaching activities, and c) assessment¹. I note an article written by Carole Steketee from the University of Notre Dame Australia School of Medicine who also had to develop a curriculum map to meet AMC accreditation. We feel that this is a helpful resource by which to assess AMS's performance.

We acknowledge that the AMS is currently transitioning from their existing Bachelor of Medicine/Bachelor of Surgery (MBBS) program to a Bachelor of Medical Studies/Doctor of Medicine (BMD) program and that this has had implications for the development of curriculum maps. I note that the AMS and Faculty of Health and Medical Sciences' recent announcement that the implementation of the BMD program will be delayed until 2022 and that this will begin with the new cohort of year 1 students. **This means that all existing Year 1-6 students will continue in the existing MBBS program. Therefore, it is important to note these curriculum maps will still be relevant for existing students for a number of years** and it is still very important that significant attention is given to these curriculum maps. Furthermore, much of the content of the two programs is shared, therefore much of the work done on the MBBS maps will lay the foundation for the BMD maps.

Overall, students feel that the curriculum maps are not adequate and useful for students and do not meet the AMC's condition. Our main issues with the curriculum maps are the use of Microsoft Excel, the lack of searchability, the ineffective constructive alignment between various curriculum aspects, the lack of integration of assessment into the maps, the format of the maps and the fact that they are not complete.

Microsoft Excel as a Medium to Present the Curriculum Maps

The curriculum maps produced by staff are presented in Microsoft Excel spreadsheets. Students strongly feel that this is not an effective medium for a number of reasons:

- Excel does not possess robust search features and therefore these maps are not sufficiently searchable to be useful for students. This is especially important given the fact that the maps are large and complex. Further, searchability is constrained to only one course of one year due to the chosen structure. Excel also requires a

¹ Steketee C. Prudentia: A medical school's solution to curriculum mapping and curriculum management. Journal of University Teaching and Learning Practice. 2015 [cited 2020 April 27];12. Available from: <https://clt.curtin.edu.au/events/conferences/tlf/tlf2015/refereed/steketee.pdf>



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direct keyword match, meaning that information categorised with different equivalent terms will be missed. We note that searchability was specifically mentioned in the AMC's condition.

- Excel is rather two-dimensional in that it cannot effectively represent the multiple levels of complex links between learning outcomes, teaching activities and assessment. Indeed, in attempting to do this within Excel, the maps produced are extremely confusing to navigate for students.
- The maps as they exist in Excel are large, complicated, have multiple tabs and are difficult to interpret and understand from a student perspective.
- The maps as they exist in Excel cannot be 'living' documents, but rather are static documents which pose issues for version control. While a 'live' excel document can be integrated into the school's learning management system (LMS), the complexity of the documents renders them unusable through the LMS, forcing users to download them and therefore they can no longer serve as 'live' documents.

We have repeatedly stressed the importance of changing the medium of the maps to staff. This feedback was given to staff many times throughout the student consultation sessions. Staff informed students that alternative media were not being considered in the context of the potential decision to implement a university-wide software solution – eLumen. However, students have not been informed of if or when eLumen is expected to be implemented, what form it will take and whether it will address the aforementioned issues. Given that there are many uncertainties about eLumen, we feel it is not appropriate to accept Excel as a solution and that an alternative solution must be considered if the maps are to address the AMC's condition.

We have recommended that maps which use some form of a relational database would be much more effective for both students and staff. This is because such maps can represent the complexity of the multidimensional relationships between different curriculum elements. They can be organised into a hierarchy and information can be meaningfully categorised, organised and retrieved, which is a key feature of an effective curriculum map. There are a number of commercially available platforms for this purpose, or the AMS could explore creating a solution such as the Prudentia platform created by the University of Notre Dame Australia. Unfortunately, despite student advocacy, staff have been unwilling to explore other, more effective media.

Constructive Alignment

In a program such as the MBBS, there are many levels of learning outcomes that need to be mapped to each other and to teaching activities and assessment to show how these outcomes are being expressed in the program. This is also useful for staff to help identify gaps where the teaching does not align with higher level outcomes. In the MBBS program there are the AMC's graduate attributes, the University's graduate outcomes, program level outcomes (PLOs), year level outcomes (YLOs), course level outcomes (CLOs) and finally, individual module outcomes where applicable.

Alignment between different levels of learning outcomes

We feel that for a curriculum map to be useful to students or staff, it must demonstrate relationships between different levels of learning outcomes, teaching activities and assessment. In showing these relationships, the map is able to show how different elements of a program can align, and show students what they are required to learn, when in their program they are learning it and how this learning fits within the broader scope of their program. Unfortunately, the maps provided by the school do not do this effectively. While the school has produced detailed spreadsheets, they simply

demonstrate a comprehensive list of learning and teaching activities, rather than showing the alignment between various curriculum elements.

It is therefore impossible for a student to appreciate where a particular module or even course fits within the structure of the program. The maps do attempt to show alignment between various higher level outcomes, such as between AMC graduate attributes and the PLOs, however these higher level relationships are represented in a separate spreadsheet which is exceedingly complex (Program Legend Maps). This document is not useful for students as it does not represent information in a form that is understandable by students. The program legend itself has 12 tabs of spreadsheets – this is in addition to separate spreadsheets for each year level which have 5-7 tabs each.

Where CLOs were present in the maps, they were often not mapped to lower level outcomes. The CLOs were often simply pasted into the spreadsheet with no attempt made at showing how the lower level outcomes related to these. It is therefore impossible to determine if the lower level outcomes effectively align with the CLOs, and whether there are any gaps.

To illustrate how confusing these maps are for students, consider the following example. A Year 2 student wants to appreciate how a particular YLO relates to the module they are currently studying. The student would first open the program legend document. They would need to open the legend tab to determine which other tab to open. They would then select the 'Y2CY' tab and identify every instance where the specific YLO maps to CLOs of the relevant course. They would then need to open the year level curriculum maps and navigate to the particular course and match up the CLOs they previously identified. They would then find that the CLOs do not map down to the module's outcomes, so they are unable to address their query. This is not an isolated example – if a student (or staff member) wants to understand how any higher level outcomes are explored in the program, it is extremely confusing and difficult, if not impossible. We are concerned that the inability to do this will allow for pre-existing gaps in the curriculum alignment to go unchecked.

Alignment between learning outcomes, teaching activities and assessment

The mapping between CLOs, teaching activities and assessment was both incomplete and also ineffective. Where this mapping had occurred, it was exceedingly difficult for a student to identify which teaching activities corresponded to which learning outcomes due to the organisation of the documents. We repeatedly provided feedback to staff that simply writing the number of the learning objective in the far column of the spreadsheet made the spreadsheets very difficult to interpret, as in order to determine which item corresponds to which learning objective, the user would need to constantly refer back and forth across the document. The learning objectives were not appropriately labelled, further complicating this process.

We repeatedly raised issues relating to the constructive alignment of curriculum elements. No significant improvements were made despite our feedback that this was critical to an effective map. These issues are very broad and would best be resolved by using a more dynamic medium such as a relational database, or at minimum by a restructuring of the spreadsheets. Given the reluctance to use a more suitable medium, we suggested ways in which the maps could be improved even within Excel, such as giving the learning outcomes clear labels to make referring back to them easier. These suggestions were not implemented.



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Lack of Integration of Assessment into the Maps

The presence of assessment information in curriculum maps is key to their usefulness for students. Through discussions with the student representatives, it was clear that without assessment meaningfully integrated into the maps, they were of little value to students. The maps did in fact include information about assessment in every course's tab, however this information was not meaningfully integrated into the map, nor was it relevant. Assessment information in the maps often took the form of large, irrelevant marking rubrics, detailed descriptions about the assessment, assessment rules and specific logistical details of assessments such their due dates and locations. This information is readily available through the LMS and should not feature in the maps.

Most critically, the assessments were rarely, if ever linked to any of the teaching activities or the learning outcomes. It was therefore not possible to determine which learning outcomes were being assessed and how they were being assessed. As previously mentioned, maps which do not meaningfully integrate assessment (by showing its alignment to learning outcomes and/or teaching activities) are not useful for students. We repeatedly fed back that assessment information should be integrated throughout the maps, showing alignment between assessment and other curriculum elements. This feedback was not implemented. Furthermore, we suggested that at a minimum, the unnecessary and irrelevant information pertaining to assessment details and logistics should be removed as it was often out of date and cluttered the maps. While some was removed, much of this unnecessary information still remains.

Format

Staff were steadfast in their choice of medium, however we felt that even the formatting of the maps within excel was inadequate. There were myriad issues with the formatting, including:

- Poorly labelled or unlabelled learning outcomes
- Significant amounts of texts not typed into the spreadsheets, limiting searchability.
- No formatting of text within cells
- Unnecessary or underutilised columns
- Inappropriate margins of columns
- Placement of the information (e.g. learning outcomes mapping is placed on the far right, while the learning outcomes themselves are on the far left).
- Lack of organisation of teaching activities by type

We repeatedly provided this feedback, however unfortunately many of these issues persisted into the final copies of the maps that we were provided. While some of these issues alone are not significant, in combination with the confusing structure of the maps they contributed to the poor usability. Furthermore, the significant amounts of text not typed into the spreadsheets was significant, as it inhibited the searchability, which was part of the AMC's condition.

Completeness

Many of the fields in the maps were not completed, including:

- Mapping of teaching activities to learning outcomes
- Not all modules had learning outcomes present
- Some assessment items were out of date
- Some teaching activities were out of date

This feedback was provided to staff, however in the final maps we were provided, many of these fields were still incorrect or incomplete.



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Conclusion

In conclusion, we feel that the curriculum maps do not satisfy condition 3. The learning objectives in the maps are not clear or well structured. The maps are not presented in an accessible format according to all student representatives as the use of excel severely inhibited the maps' usability. The maps are not complete, as they do not effectively align curriculum elements, do not enable a student to identify how their learning relates to the learning outcomes, do not properly allow for the identification of gaps within the curriculum and do not meaningfully integrate assessment information. The maps are not effectively searchable, as the information is spread across seven spreadsheets each with many tabs, searching is limited to a particular tab, Microsoft Excel lacks adequate search functionality and much of the text was not typed into the spreadsheets. Finally, while student feedback was sought as per the AMC's requirements, it was not effectively implemented.

Condition 7: Student Representation and Consultation (Standard 1.1 and Standard 7.5) – to be met by 2020

The leadership and governance structure of the AMS has undergone many changes since 2019. In 2020, Professor Cherrie Galletly has taken over from Professor Ian Symonds as Interim Dean of Medicine. In 2020, the role of MBBS Program Coordinator has been removed, with the role being shared by a Year 1-3 Coordinator (Dr. Andrea Dillon) and a Year 4-6 Coordinator (Dr. Scott Clark).

At the end of 2019, the AMSS and the Dean of the Medicine worked to create a document to outline student representation structures within the Adelaide Medical School – please find this attached to this letter. Following the creation of this document, there have been several key changes to the governance of the school, and these are therefore not present in the document. The recently formed Medical Program Operations and Oversight Committee (MPOOC) has been dissolved. The recently dissolved Year 1-3 and Year 4-6 MBBS Committees are planned to be reinstated. The recently formed Medical Students' Committee (MSC) is still being trialed.

A number of the changes proposed in 2019 raised concerns about the adequacy of student representation, namely the dissolution of the Year 1-3 and 4-6 MBBS Committees, the implementation of the MPOOC and MSC and the reduction in pathways for escalation. We are very pleased to see the planned reintroduction of the Year 1-3 and 4-6 committees, as these effectively balanced an appropriate level of oversight while allowing for efficient change. Furthermore, these committees allow student representatives from each year to be involved, unlike the MPOOC which had only one student representative. These changes to the governance structure are overall positive, however we remain cautious as the effects are yet to be realised this early in the academic calendar. Furthermore, the Year 1-3 and 4-6 MBBS Committees are still being finalised, however our understanding is that they are planned to go ahead. We are generally pleased by the staff's engagement with student representatives, however again this is difficult to comment on given the significant disruptions due to COVID-19.

Finally, students remain concerned about the conversion of the school's MBBS program to the BMD program. As previously mentioned, the BMD's start date has been moved to 2022. A significant point of concern is the lack of communication and student engagement in the development and implementation of the BMD. While staff have now confirmed that existing MBBS students will not be converted to the BMD program, significant worry remains amongst the student body that large elements of the MBBS program will be changed in preparation for this transition. Students have been informed

of this possibility for a number of years, and indeed some changes (such as the 'semesterisation' of assessment) have been made without student consultation. Overall, staff have not confirmed details of what these changes may look like. This is especially concerning because the wider student body have had only one opportunity to receive information and ask important questions about how their program will change over the coming years. In 2019, persistent student requests for clarification and further information were denied. Another student forum was scheduled for early 2020, however this has since been postponed due to COVID-19. While this is unavoidable, we remain concerned about the school's lack of transparency on this important issue and suggest greater student involvement prior to the implementation of major program changes.

Overall, the AMSS believes that Condition 3 (determined to be not progressing with urgent attention required) has **not** been met and requires significant further attention. The AMSS is largely satisfied with the school's progress on Condition 7 given the recent changes to the governance of the school, with the exception of student engagement regarding the BMD. The AMSS calls on the AMC to carefully consider this submission and act accordingly to ensure that Condition 3 and Condition 7 are met in the near future, especially in this crucial time. We sincerely thank the AMC for the opportunity to submit this letter and we would be very happy to provide any additional information.

Kind regards,



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Attachments

Student Consultation Session Feedback 1
Student Consultation Session Feedback 2
Student Consultation Session Feedback 3
Student Representation in the Adelaide Medical School



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