

**FACULTY OF MEDICINE**

**ACADEMIC BOARD VISIT TO REVIEW  
TEACHING AND LEARNING AND  
RESEARCH TRAINING**

**WEDNESDAY 6 NOVEMBER 2002**

**FINAL REPORT AND  
RECOMMENDATIONS**

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## 1 INTRODUCTION

- 1.1 The following Academic Board Review Team members visited the Faculty of Medicine on Wednesday 6 November, 2002, as part of the review and evaluation of teaching and learning and research training in all faculties across the University.

### Chair

*Professor Judyth Sachs*

*Chair, Academic Board*

### Team members

*Professor Paul Ramsden*

*Pro-Vice-Chancellor (Teaching and Learning)*

*Assoc. Professor Anne Reynolds*

*Deputy Chair, Academic Board*

*Dr Tania Gerzina*

*Faculty of Dentistry*

*Mr David Roberts*

*Faculty of Rural Management*

### Observers

*Professor Rif Ebeid*

*Faculty of Arts*

*Dr Janette Bobis*

*Faculty of Education*

### Administrative Officer

*Rachel Symons*

*Quality Assurance Officer (Teaching and Learning)*

- 1.2 During the visit, the Team interviewed the following groups of staff and students:

- Dean Professor Stephen Leeder and Associate Deans<sup>1</sup>
- University of Sydney Medical Program Theme Committee Chairs; Members of Board of Postgraduate Studies<sup>2</sup>
- University of Sydney Medical Program students
- Postgraduate coursework students
- Postgraduate research students
- University of Sydney Medical Program academic and general staff
- Postgraduate coursework, research and administration staff

- 1.3 This report is based on the findings of the Review Team in relation to the teaching and learning, and research training activities of the Faculty. It is based on the Self-Evaluation Report, the Faculty Teaching and Learning Plan, additional documentation provided by the Faculty (listed at Appendix Two), and interviews conducted with staff and students during the visit.

## 2 GENERAL COMMENTS

- 2.1 The University of Sydney Medical Program (USydMP) is a four-year, graduate entry course designed to enable students to learn in a way that resembles the practice of medicine. Problem-based learning (PBL) and early clinical experience both ensure that the context and relevance of the program are clear. Information technologies support learning through the delivery of simulated medical cases and related educational materials and assist students to become familiar with the tools needed for evidence based practice. Learning is integrated across disciplines and between years, and is based on clinical problems presented in small group tutorial settings. Success of the USydMP can be measured by the awarding of the maximum period of accreditation by the Australian Medical Council, the licensing of the curriculum

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<sup>1</sup> Referred to as Faculty in the report

<sup>2</sup> Referred to as senior staff in the report

to two overseas medical schools, and collaboration with the Faculty of Dentistry in its introduction and use of PBL, based on the USydMP curriculum.

- 2.2 Quality assurance processes within the Faculty of Medicine are commended as providing an example of 'best practice' from which other faculties could easily learn. The culture of review which was evident during the review visit meant that many issues which were identified by the Review Team for consideration for improvement were already being acted upon, with positive results. Innovative curriculum review processes and a strong committee structure, with excellent vertical and horizontal quality assurance processes and communication lines, were also apparent.

*See Commendation 1*

### **3 COMMUNICATION PROCESSES**

- 3.1 Participation and communication are facilitated by an effective committee structure. Staff and students from all disciplines and clinical schools are represented on all committees. Teleconferencing and video conferencing is used to enable participation by members who are located off-campus. Staff were supportive of the committee structure, particularly its effectiveness in stimulating discussion and disseminating information and ideas. Discipline meetings were considered by staff to be a critical aspect of the information flow, as the agendas included issues which emanated from Faculty committee meetings.
- 3.2 The Faculty uses email and other forms of electronic communication to disseminate information, reports and other electronic documents. Staff expressed the view that they were subject to information overload rather than a lack of information. The usefulness of the website as a major communication channel for staff and students is commended.
- 3.3 There is strong evidence of team work by staff and students which is facilitated by a collegial and collaborative leadership style. The Dean has given high priority to maintaining effective communication across the Faculty, including personal communication between him and groups on and off campus, all of which he visits regularly. He sees this connectivity between staff across the Faculty as an important part ensuring communication of all relevant information.

*See Commendations 2, 3 and 4*

### **4 EVALUATION AND QUALITY ASSURANCE**

#### **4.1 Curriculum review**

- 4.1.1 The Faculty has developed a strong culture of innovation and improvement which has led to excellent practice in curriculum design and delivery. At the end of each block of study, block reviews, which involve staff and students, evaluate curriculum content and make suggestions and recommendations for improvement. Students appreciated their involvement in all stages of the process, and indicated that they were informed about changes through email and posting of review results on the Faculty website. Senior staff expressed the view that joint initiatives such as evidence based medicine which involves the Community and Doctor Theme and the Personal and Professional Development Theme, facilitated the introduction of quality improvement measures to the program.
- 4.1.2 The culture of review within the Faculty means that problems are continually identified and remedied. The Review Team was impressed with the way in which the Faculty had responded to student concerns regarding didactic learning in the Personal and Professional Development (PPD) Theme lectures. Staff reported that in response to student comments, a pilot program for the PPD Theme was currently in place for third year students at the Northern Clinical School. The redesigned program aims to

standardise teaching of topics within the PPD Theme across all schools. Common resource materials have been introduced and meetings held to articulate the goals and objectives of the Theme.

- 4.1.3 All schools are involved in the curriculum review process. Proposed changes and additions to the core curriculum are discussed at school and discipline meetings. Staff involved in the clinical rotations support all schools with academic materials and liaise closely regarding assessment. The Faculty acknowledges that there are differing strengths in the clinical capacities of the schools – for example Broken Hill has a strength in indigenous health. Reciprocal teaching between staff from the schools and staff in Sydney occurs regularly.

*See Commendation 5*

## **4.2 Benchmarking**

- 10.1 The Faculty reported that although there were no formal national benchmarking activities in place, frequent reviews by the Australian Medical Council (AMC) provided an opportunity for comparison against set criteria applied to all medical schools within Australia. Representatives from all medical faculties meet to discuss specific curriculum issues. The Faculty benchmarks internally and liaises with all graduate entry medical faculties. Students are judged by their ability to meet the AMC criteria for medical graduates.

## **5 TEACHING AND LEARNING**

### **5.1 General comments**

- 5.1.1 The Review Team received positive feedback from students regarding the USydMP, especially in relation to support materials and problem-based learning. They considered the program to be self-directed, challenging, innovative, constructive, interactive and supportive. The support, openness and availability of staff was appreciated by students.

*See Commendations 6 and 7*

### **5.2 Quality of teaching**

- 5.2.1 The Faculty benefits from substantial input from casual, visiting and part-time staff, most of whom are practitioners. This brings many opportunities in terms of enrichment of the Faculty through professional links and exposure of students to the latest developments in professional practice. At the same time it inevitably presents challenges to the Faculty in terms of integration of such staff into its teaching ethos. The Faculty has strategies in place to support such staff. The Department of Medical Education has produced a publication for lecturers entitled *So you've been asked to give a lecture* which contains information about the role of the lecturer and gives standard tips about style. The Faculty invites clinicians to attend focus groups designed to assist with teaching in a ward situation. Feedback is also provided on lecturing where considered appropriate.
- 5.2.2 Student feedback conveyed a range of views on the quality of teaching. While students considered that there was much good teaching in the Faculty, there were some inconsistencies in standards, particularly in relation to visiting lecturers and PBL tutors. Students expressed the view that clinicians did not always have a correct understanding of the level of their student group, for example there were instances where delivery was thought to be pitched more towards hospital interns than university undergraduates. They also suggested that teaching staff (whether University staff or visiting) did not always take account of the needs of students from non-science backgrounds.

- 5.2.3 Students indicated that they perceived varying levels of support for the new graduate entry program from both University/ Faculty staff and visiting staff. Faculty staff considered that the program was generally supported but that there may be some benefit in increasing the amount of training given to new staff to induct them into the Faculty's learning philosophy.
- 5.2.4 The Faculty's PBL tutors are recruited from its PhD student cohort, lecturers and clinicians. The Faculty provides tutor training and support and those tutors met by the Team considered this to be effective. Tutors do not always tutor in areas in which they have specific subject expertise. As their role is primarily facilitating, the Faculty position is that subject expertise is not essential. The quality of tutoring is monitored through student feedback, training and observation. Students met by the Review Team indicated that they found the quality of tutoring to be variable and that, in general, there was more benefit to be gained if the tutor has the relevant specific subject expertise.

*See Recommendation 1*

### **5.3 Academic workload**

- 5.3.1 The Review Team was impressed with the goodwill of the staff towards PBL regardless of its implications for their workload. Staff indicated that they found teaching in the USydMP very satisfying and rewarding. They were positive about the incredible flexibility of the program and were rewarded by seeing positive changes in the programs and their outcomes.

*See Commendation 8*

### **5.4 Research-led teaching**

- 5.4.1 A robust commitment to evidence based educational practice is one of the hallmarks of the Faculty. Leaders in the field contribute to courses across all schools. The Faculty reported that newer developments within the School of Public Health, eg Clinical Epidemiology and International Public Health, are based on the research interests of the key Faculty staff involved. Students reported that lecturers mentioned their current research activities, and appreciated the exposure to research methods which enabled them to work more efficiently when providing information to patients.
- 5.4.2 The Department of Medical Education is the conduit for information about current medical education and research developments for staff within the Faculty. Workshops and PBL reviews provide a formal structure for discussions about current educational practices. The Department is currently developing a Master of Medicine (Education) program in collaboration with other faculties within the College of Health Sciences. The College also organises a biennial medical education conference.

*See Commendation 9*

### **5.5 Rural program**

- 5.5.1 The Broken Hill University Department of Rural Health is a multi-professional unit within the Faculty's School of Rural Health, and has staff from various disciplines including medicine, nursing, public health, Aboriginal and allied health. The Department has links with Charles Sturt and Adelaide universities, the Royal Flying Doctor Service and international research bodies. It is considered by the Faculty to conduct high quality research. The Faculty and the Academic Board provide support and advice on teaching and learning matters eg on unit of study outlines.
- 5.5.2 The Commonwealth Department of Health and Ageing has recently established more ambitious targets for rural experience for medical students and is requiring these to be implemented by Australian universities. As a result the Faculty is reviewing its rural education program, assessing curriculum

implications, and developing a strategic and business plan to ensure a clear understanding of the program.

## **5.6 Recruitment to USydMP**

- 5.6.1 The Review Team noted the inclusion in the Teaching and Learning Plan of a strategy to increase the diversity of the student base by targeting under-represented groups such as indigenous and rural students. Senior staff considered that the Graduate Australian Medical Schools Admissions Test (GAMSAT) cut-off needed readdressing to open up the scope for students of a non-science background to reach interview stage. They expressed the view that the current student base included an increasing number of students who had completed the Bachelor of Medical Science, resulting in a less diverse student population.

*See Recommendation 2*

## **5.7 Master of International Public Health**

- 5.7.1 The Master of International Public Health (MIPH) has grown rapidly. From 13 students in 2000 the program now has an enrolment of 96, with half being international students. The course is constantly being evaluated through student focus groups based on regional affiliations, and departmental reviews. Most demand is from students in developing countries, and from field workers who wish to enhance their employment opportunities. The Review Team welcomed the Faculty's systematic and thorough approach to collecting student feedback and reviewing its programs. Although the Team found no indication of under-resourcing of programs, it highlighted the need for the Faculty to be particularly vigilant in monitoring and engaging in forward planning to ensure that there is sufficient resource support for programs where there is rapid growth in student numbers (as for example with the MIPH).

*See Recommendation 3*

## **5.8 Information and communication technology (ICT)**

- 5.8.1 Students in the USydMP considered that PBL worked efficiently, with information being mostly up to date. They expressed a desire for the Faculty to investigate whether lecture notes could be put on the web more frequently, and if the information provided in the learning topics (reading lists, keywords and indications of other sources (including museums and computer-based resources)) could be updated. Postgraduate coursework students commented positively about the online discussions that took place as part of their units.
- 5.8.2 Postgraduate students presented a major technological challenge to the Faculty as they were located across the metropolitan area and into country areas. All students were able to access the internet, with some postgraduate coursework learning units being internet based. Teleconferences and videoconferences were used to communicate with students undertaking distance education units, in rural locations, at all clinical schools, and on campus. WebCT was used for coursework programs in pain management, and has been awarded a WebCT award.
- 5.8.3 The Faculty aims to establish a structure to assist it to provide web-based and other educational materials for undergraduates, postgraduate coursework and continuing professional education including through partnerships with the College of Health Sciences, postgraduate specialist medical colleges and other medical schools. A business plan is currently being developed by an external consultancy firm, with the aim of ensuring best business practice.
- 5.8.4 The Review Team was concerned about resources issues relating to supporting and maintaining technical platforms for both WebCT and the specially developed program for the USydMP. The Faculty

IT manager considers that the Faculty does not need to support WebCT as the current WebCT users within the Faculty (less than 5%) host their web sites on University servers. WebCT does not suit the USydMP due to the diverse nature of presentation options delivered to the students (including tutor evaluation, online assessment and phased material release). These preclude the use of WebCT due to its relatively inflexible and static nature. The unique capability and feature rich environment of the USydMP platform was part of the reason that the Faculty, through the Business Liaison Office, was able to license both the curriculum and a Content Management System to Nottingham University.

## **5.9 Library**

- 5.9.1 Students made positive comments about the resources, the use of the dedicated USydMP computer room, and the pleasant working environment afforded by the Medical Library. However, they would appreciate longer opening hours, particularly at weekends. The Medical Sciences Library Coordinator reported that the issue of longer opening hours was under constant discussion. Previous surveys had found that students preferred that the extra funds required to open the library on Sundays be used for more library materials.

## **6 GENERIC SKILLS**

- 6.1 The Faculty considered that there was an alignment between the University's Generic Attributes of Graduates and those of their graduates, and that these rated higher in the SCEQ for the new program vis-a-vis the previous program. Clinical skills evolve from the medical profession's requirements for postgraduate intern practice and are embedded into course outlines. Senior staff expressed the view that students were well prepared for internship. They reported that this view was corroborated by hospital supervisors who rated students high in preparation for hospital practice, self-direction and clinical competencies. USydMP students in their final year considered that they had become more computer literate, more self-sufficient, more confident in undertaking research, functioned as a team member, and were more equipped to deal with dilemmas compared to when they commenced the program. Postgraduate coursework students were aware that they were implicitly learning generic skills, but indicated that the large web-based component of some courses made aspects such as team, group work, and presentation skills difficult to acquire.
- 6.2 All students in the USydMP are required to complete a Personal and Professional Development Portfolio, in which they reflect on their learning and the acquisition of clinical and other skills. The portfolio is reflective in the first two years of the program, changing to being more practical as students move into clinical situations and prepare for the transition from university to hospital practice. Confidential interviews with the students' choice of staff member are held at the end of each year to discuss the portfolio. Students' opinions of the portfolio varied from it being considered a good catalyst for dealing with problems and a useful exercise, to being frustrating and a waste of time.

*See Recommendation 4*

## **7 ASSESSMENT**

- 7.1 The Faculty provides three formative assessments prior to the barrier summative exam at the end of second year. The same assessments are used by all clinical schools and are computer based to enable students to access them wherever they are located. There is a tight congruence of goals and assessment. However, staff involved in delivery of the Medical Program expressed the view to the Review Team that more time could be devoted to thinking about the depth and breadth of knowledge required for each stage of the curriculum, and in the development of performance criteria definitions for formative assessments.

- 7.2 Students wanted more formative assessments and more timely feedback to enable them to monitor their progress. They considered that learning topics provided them with a good basis of the knowledge required at each stage of the program, but their value was diminished if they did not include current information. The Review Team concluded that the Faculty should consider providing more opportunities for students to receive more comprehensive and timely feedback on their level of understanding and performance.
- 7.3 Postgraduate coursework students reported varied experiences with feedback, which was provided both in class and on an individual basis. Some lecturers had not provided clear objectives prior to assessment which the students considered rendered feedback less useful. Occasionally assignments would not be issued until after completion of modules, which the students considered impacted negatively on later work.
- 7.4 The Faculty is currently working on generating a bank of questions which will provide students with opportunities for self-assessment. A study guide is also being developed by current first year students which will provide information on necessary learning requirements for students in later years.

*See Recommendation 5*

## **8 STUDENT PROGRESSION**

### **8.1 *Students at risk***

- 8.1.1 The Faculty has good processes in place to identify students at risk in the USydMP, both internally and through the NSW Medical Board. Internally, students with problems are identified through formative assessments and the PBL tutoring system, and are provided with a confidential, diagnostic interview. Students were aware of this process. Externally, students who are identified during clinical practice as having professionally related problems, or particular needs, are referred to the NSW Medical Board, which has a supportive and mentoring role for future and current medical practitioners.

### **8.2 *International students***

- 8.2.1 The Faculty International Student Working Party was established in March 2001 to review how the Faculty could attract high quality international students and how it could best support them.<sup>3</sup> A number of areas were identified where the international student cohort were considered to be vulnerable. These included English language problems, lack of a supporting structure, provision of information regarding postgraduate research opportunities, and perceived and actual difficulties with the University International Office. Recommendations made by the working party are currently being addressed by the Faculty. Staff expressed concern at the length of time the International Office was taking to inform international research students of their candidature compared to the time taken by other Australian universities.
- 8.2.2 Some USydMP international students, particularly those from North America, expressed concern about the lack of opportunities available to them after graduation. They were of the impression that they would be unable to take up internships in Australian hospitals due to visa requirements, and faced problems obtaining internships in their own countries. However, subsequent to the meeting the Faculty advised that, to the best of its knowledge, international students graduating from the Faculty's programs have been placed as interns and have consequently obtained visas, other than those who wish, or are required, to return to their home country. The students appreciated the Faculty's efforts in addressing these issues. Although the Faculty provided help with the United States Medical Licensing

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<sup>3</sup> Report of the Faculty of Medicine International Student Working Party

Examination, students indicated that they would appreciate more advice on how to write this and other exams, and how to apply for internships in their home countries.

- 8.2.3 International postgraduate students reported that they were unaware of other international students in the postgraduate cohort, and that they felt isolated.

*See Recommendation 6*

## **9 RESEARCH SUPERVISION AND TRAINING**

### **9.1 Research Candidature Working Party**

- 9.1.1 The Research Candidature Working Party was formed to address a number of issues relating to the research training environment in the Faculty. The Review Team was impressed with the way in which it has already identified many issues that need to be addressed in relation to research higher degree students, including the improvement of support systems for students and supervisors, appropriate supervision, isolation issues and initial training. Workshops to discuss implementation of the recommendations of the Working Party were held during November. The Faculty reported that work had already commenced on some recommendations. The International Student Working Party has made recommendations relating to international postgraduate students. (*See Section 8.2*)

### **9.2 Completion rates**

- 9.2.1 Faculty staff indicated that they would like to improve research candidature completion rates, although they considered that they were currently better than some parts of the University and compared favourably with other Go8 medical schools. The widely dispersed medical system in NSW, and infrequent contact between students and school administration were thought to be contributing factors in the number of cases of students failing to complete without this fact being noticed. Students reported that access to researchers with a common interest was a factor in their choosing Sydney for their postgraduate studies. Some students reported that their supervisor had subsequently left the university, and that they had found it difficult to locate someone with similar interest, and had considered withdrawing from their candidature. In response to these student concerns, the postgraduate staff indicated to the Team that they had appointed experts from outside the discipline as associate supervisors in these cases. This issue is being addressed by the Research Candidature Working Party.

### **9.3 Research supervision**

- 9.3.1 Another area of concern addressed by the Research Candidature Working Party is the effective supervision of research students. Plans are underway to introduce an accreditation process for research supervisors. Admission to the supervisors register will initially be for a five year period, and will be reviewed every five years. Eligibility will be determined by the Board of Postgraduate Studies. All inexperienced principal supervisors will be required to participate in the Institute for Teaching and Learning supervision program. New supervisors would act as associate supervisors in the first instance before supervising in their own right. Members of the Working Party considered that training may be required to help bring current supervisors up to a satisfactory standard.
- 9.3.2 In compliance with Academic Board policy, some of the Faculty's clinical schools conduct formal interviews with first year students and any other students who wish to be interviewed, or those who have been defined by their supervisors as requiring an interview. Other clinical schools reported that annual interviews are held with all students. Students considered the annual review process to be non-threatening and considered that any problems should be identified prior to the interview.

## **9.4 Support and resources**

- 9.4.1 Students expressed the view that the Faculty needed to expend more energy in PhD preparation, including discussions on the scope of the project and mentoring. Those that were located off campus often felt isolated from their peers. They considered that they related more to their respective clinical schools than to the Faculty. Research seminars and conferences were held at individual schools. A monthly newsletter was distributed to all staff and students, technical workshops were held, and forums were well attended. International students were impressed with the amount of support and interest they had received from the Faculty.
- 9.4.2 All students reported that they had access to computers and desks, although often computers were not up to date. They expressed the view that access to space and modern computers was dependent on whether students were undertaking funded projects.

## **9.5 Postgraduate student administration**

- 9.5.1 Students reported problems with student services and administration. These related to procedural issues such as notified changes of address not being followed through with in the record keeping systems (resulting in loss of cheques in the mail and confusion about students enrolment status). It was unclear whether these problems emanated from university student services or the Faculty student administration. Staff involved in postgraduate student administration reported that they are currently working on improving their services, and are running an increasingly efficient unit. They have identified ways of improving the record keeping system, the examination process, and the annual progress report.

*See Recommendation 7 and 8*

## **10 IMPLEMENTATION OF ACADEMIC BOARD POLICIES**

- 10.1 Academic Board policies are disseminated through the Associate Deans of the Clinical Schools to heads of academic disciplines and to other staff through discipline meetings. The Teaching, Assessment and Curriculum Committee has an oversight and implementation function for policies relating to teaching and learning. The Faculty website is promoted as an access point for all policies. The Review Team found some lack of awareness of Academic Board policies by students.
- 10.2 Members of the Teaching, Assessment and Curriculum Committee reported that the Academic Honesty in Coursework policy is often discussed at meetings and that there was currently a paper dealing with issues relating to this policy. USydMP students had been alerted to this policy during orientation. Senior staff considered that group work and exchange of information for essays were issues that needed addressing.
- 10.3 Academic Board policies were not specifically mentioned to the postgraduate students; though they were aware of the need to acknowledge sources of information in theses and assessments. Postgraduate research students had attended seminars on the Intellectual property rule but considered that it did not affect them.

*See Recommendation 9*

## **11 CONCLUDING COMMENTS**

- 11.1 The Review Team commends the quality assurance practices within the Faculty which provide many examples of 'best practice' from which other faculties could usefully learn. There is a strong culture of review, innovation and improvement which pervades across all activities. The leadership style is collegial and collaborative, with effective channels of communication through committees and the

website. Staff and students support the USydMP program, and there is a robust commitment to evidence based educational practice. Points of commendation are provided in Section 12 below.

- 11.2 The culture of review within the Faculty means that some of the points of recommendation provided in Section 13 below are already being addressed. Areas on which the Faculty needs to focus include issues relating to research higher degree students (the Review Team notes that these are already being addressed by the Research Candidature Working Party); inconsistency in the quality of teaching, increasing the number of indigenous students; support of international students; explicit mention of generic attributes in course outlines; and timely and comprehensive feedback to students;. The Faculty should also consider ways in which the high level of quality will be sustained, and monitor the rapid growth of some courses to ensure sufficient resources to maintain them in the future.
- 11.3 These findings were communicated to the Dean through the Brief report of the findings of the Review Team that was sent to the Faculty on 16 December 2002.

## **12 AREAS OF GOOD PRACTICE (COMMENDATIONS)**

Based on the Self-Evaluation Report, the Teaching and Learning Plan, reports of the Research Candidature and International Student working parties, and the findings of the review visit, the following areas of good practice have been identified within the Faculty of Medicine.

### **Commendation 1**

The Review Team commends the quality assurance processes within the Faculty and considers that they provide an example of 'best practice' from which other faculties could usefully learn. *(See Section 2)*

### **Commendation 2**

The Review Team commends the Faculty on the way in which participation and communication are facilitated by an effective committee structure. *(See Section 3)*

### **Commendation 3**

The Review Team commends the Faculty on the usefulness of the website as a major communication channel for staff and students. *(See Section 3)*

### **Commendation 4**

The Review Team commends the Faculty on strong team work by staff and students, which is facilitated by a collegial and collaborative leadership style. *(See Section 3)*

### **Commendation 5**

The Review Team commends the Faculty on its strong culture of innovation and improvement which has led to excellent practice in curriculum design and delivery. *(See Section 4.1)*

### **Commendation 6**

The Review Team commends the Faculty on the support, openness and availability of staff to the student cohort. *(See Section 5.1)*

### **Commendation 7**

The Review Team commends the Faculty on the positive support of the students to the USydMP, especially in relation to support materials and problem based learning. *(See Section 5.1)*

### **Commendation 8**

The Review Team commends the Faculty on the goodwill of staff towards PBL despite its implications for their workload. *(See Section 5.3)*

### **Commendation 9**

The Review Team commends the Faculty on its robust commitment to evidence based educational practice. *(See Section 5.4)*

## **13 AREAS OF CONSIDERATION FOR IMPROVEMENT (RECOMMENDATIONS)**

The culture of review within the Faculty means that some of the following areas of consideration for improvement are already under consideration. This report highlights those on which the Faculty needs to focus.

### **Recommendation 1**

The Review Team recommends that the Faculty consider ways of addressing the inconsistency in the quality of teaching, especially in relation to visiting lecturers and PBL tutors. *(See Section 5.2)*

### **Recommendation 2**

The Review Team recommends that the Faculty develop strategies to increase the number of indigenous students in the USydMP. *(See Section 5.6)*

### **Recommendation 3**

The Review Team recommends that the Faculty be particularly vigilant in monitoring and engaging in forward planning to ensure that there is sufficient resource support for programs where there is rapid growth in student numbers (as for example with the Master of International Public Health). *(See Section 5.7)*

### **Recommendation 4**

The Review Team recommends that although generic attributes are embedded into course outlines, the Faculty consider making them more explicit to students, particularly at the postgraduate level. *(See Section 6)*

### **Recommendation 5**

The Review Team recommends that the Faculty consider ways of providing students with opportunities to receive more comprehensive and timely feedback on their level of understanding and performance. *(See Section 7)*

### **Recommendation 6**

The Review Team recommends that the Faculty consider ways of improving the support and monitoring of international students, particularly postgraduate students. *(See Section 8)*

### **Recommendation 7**

Whilst acknowledging that the Research Candidature Working Party has identified many issues that need to be addressed in relation to research higher degree students, the Review Team recommends that the Faculty consider ways of improving the postgraduate research experience, particularly in terms of support, isolation, and initial training. *(See Section 9)*

### **Recommendation 8**

The Review Team recommends that the Faculty consider ways in which the high level of quality will be sustained, particularly in relation to support and encouragement of RHD students. *(See Section 9)*

### **Recommendation 9**

The Review Team recommends that the Faculty consider ways in which communication of Academic Board policies to students may be improved. *(See Section 10)*

Professor Judyth Sachs  
Chair, Review Team  
Chair, Academic Board

20 December 2002

## FACULTY OF MEDICINE

## ACADEMIC BOARD REVIEW VISIT

WEDNESDAY 6 NOVEMBER 2002

## BRIEF REPORT OF THE FINDINGS OF THE REVIEW TEAM

**1 Introduction**

- 1.1 The Academic Board Review Team, chaired by Prof. Judyth Sachs, Chair of the Academic Board, visited the Faculty of Medicine on Wednesday 6 November 2002 to review and evaluate academic planning and quality assurance systems within the Faculty.
- 1.2 The Review Team conducted interviews with the following:
- The Dean, Professor Stephen Leeder and Associate Deans
  - Senior Faculty staff
  - Undergraduate students
  - Postgraduate research students
  - Postgraduate coursework students
  - Other academic and general staff
  - Open session interviews

**2 Areas of good practice**

- 2.1 The Quality Assurance processes within the Faculty provided an example of 'best practice' from which other Faculties could usefully learn.
- 2.2 A strong culture of innovation and improvement in the Faculty has led to excellent practice in curriculum design and delivery.
- 2.3 Positive feedback from students about USydMP- especially support materials and problem based learning.
- 2.4 Participation and communication are facilitated by a effective committee structure.
- 2.5 A robust commitment to evidence based educational practice is one of the hallmarks of Faculty activities.
- 2.6 The good will staff towards PBL regardless of its implications for workload.
- 2.7 Strong evidence of team work by staff and students facilitated by a collegial and collaborative leadership style.

- 2.8 The support, openness and availability of staff to the students.
- 2.9 The usefulness of website as a major communication channel for staff and students.

### **3 Areas of consideration for improvement**

**Note:** The culture of review within the Faculty means that some of the following issues are already under consideration. This report highlights those on which the Faculty needs to focus.

- 3.1 The Research Candidature Working Party has already identified many issues that need to be addressed in relation to research higher degree students eg support, isolation, initial training.
- 3.2 Inconsistency in quality of teaching especially in relation to visiting lecturers and PBL tutors.
- 3.3 Strategies to increase the number of indigenous students in the GMP program.
- 3.4 Support and monitoring of international students.
- 3.5 Generic attributes are embedded into course outlines but the Faculty needs to make them more explicit to the students, particularly at postgraduate level
- 3.6 Lack of knowledge of Academic Board policies by students, in particular *Academic Honesty in Coursework* and *Intellectual Property*.
- 3.7 Monitoring of rapid growth of some courses eg International Health, to ensure there are enough resources to support them.
- 3.8 Opportunities for students to receive more comprehensive and timely feedback on their level of understanding and performance.
- 3.9 Consider ways in which the high level of quality will be sustained, particularly in relation to support and encouragement of RHD students.
- 3.10 Cost of PBL and supporting materials. There are resource issues in having two technical platforms to support and maintain.

Prof Judyth Sachs  
Chair, Review Team  
Chair, Academic Board

16 December 2002

## APPENDIX TWO DOCUMENTATION SUPPLIED BY THE FACULTY

- 1 Self evaluation of quality assurance systems October 2002 *(See Appendix Three)*
- 2 Report on the Faculty of Medicine Teaching and Learning Plan, November 2001 *(See Appendix Four)*
- 3 Revisions to Teaching and Learning Plan, November 2001 *(See Appendix Five)*
- 4 Report of the Faculty of Medicine International Student Working Party
- 5 Research Candidature Working Party Report

## Faculty of Medicine

### Self-evaluation of quality assurance systems October 2002

The Faculty of Medicine is organized as a matrix comprising horizontally the range of academic disciplines encompassed within the Faculty's activities and vertically the schools established for the purposes of management and administration. The school structure enables coordinated management of the coursework programs and the integration of IT to support teaching, learning and research.

The principal educational aim of the Faculty is to support life-long learning by providing quality and coherence in undergraduate programs, in postgraduate and specialist training and in continuing professional development. The educational programs within the Faculty are:

- the graduate-intake MBBS program (the USydMP)
- almost 20 Masters programs by coursework or research, the largest of which are the Master of Public Health and the Master of International Public Health.

The Faculty also makes a substantial contribution to degrees in other faculties: the Bachelor of Dentistry, the Bachelor of Medical Science, the Bachelor of Science and the Bachelor of Pharmacy degree. The Faculty Education Committee provides oversight of all educational programs, allowing for the sharing of expertise. The following notes outline the Faculty's self-evaluation of quality assurance systems.

#### *(1) Ensuring that each course and unit has an appropriate set of aims and outcomes, clearly communicated to and understood by students, and including generic as well as disciplinary skills*

##### **Aims and outcomes in the MB BS Program ("USydMP")**

Learning in the University of Sydney Medical Program is integrated across disciplines and between years. It is not structured around units of study, but based on clinical problems presented in small group tutorial settings.

The Program is organized around four major themes with emphasis on progressive development in the knowledge, skills and behaviour appropriate for a medical graduate. The themes form the basis both for the design of the curriculum, and for the assessment of student learning.

The four generic themes of the curriculum are:

- Basic and Clinical Science Theme
- Patient and Doctor Theme
- Community and Doctor Theme
- Personal and Professional Development Theme

This structure has advantages and disadvantages for learning and teaching. One advantage for students is the impetus to learning based on the clear relevance of the basic and clinical sciences to each other. Another is the emphasis on generic skills, via the PPD Theme. An advantage for teachers is the contact between pre-clinical and clinical staff, which was rare in the undergraduate degree. A disadvantage is the loss of departmental and disciplinary control over particular subject areas both in teaching and assessment. This is particularly evident in relation to the teaching of the basic sciences. The Faculty is attempting to promote greater ownership of the curriculum within the new structure.

Two measures of the overall success of the USydMP are (a) the awarding of the maximum period of accreditation by the Australian Medical Council and (b) the licensing of the curriculum to two medical schools overseas. A license agreement is currently under negotiation with the Australian National University.

### **Aims and outcomes in postgraduate coursework**

Learning for most coursework degrees is based on a set of core and elective units of study. Core units of study cover the foundation knowledge for that course or degree and elective units of study allow students to further specialize in specific disciplinary areas and applied topics.

For example, within the MPH there is a core unit of study 'Approaches to Problems in Public Health' (representing 20% of the course load) that is based entirely on a series of public health problems discussed in small group tutorial settings. The purpose of this unit is to enable students to acquire and practice skills in defining and solving problems in public health.

*(a) Systems for informing students about course expectations and ensuring that they are understood:*

#### **The MB BS Program**

The USydMP commences with three day orientation program and is supported by extensive information on the website at [www.gmp.usyd.edu.au](http://www.gmp.usyd.edu.au). Introductory sessions are held at significant points (e.g. a three day introductory program marks the transition to Year 3). Electronic bulletins and emails are used extensively, and students can post questions and provide feedback to ensure understanding.

#### **Postgraduate Coursework**

Students are informed about course and units of study expectations by the disciplines and academic staff running the programs. The relevant disciplines publish the educational objectives and expectations for every course, degree and unit of study within student handbooks and on the internet. For example, each unit of study within Public Health has the following information available on the web: Course aim, content, learning objectives, assessment activities, instructional format and resources/references.

Students in all courses and degrees are encouraged to consult with academic staff members responsible for co-ordination each unit, should they have any queries or concerns about what is expected in the units of study.

*(b) Monitoring generic and disciplinary skills.*

#### **The MB BS Program**

All four themes, but particularly the Personal and Professional Development theme, monitor generic skills. In the Patient and Doctor Theme the clinical tutorials are identified as "generic" and "system specific" skills. A study of outcomes (the Preparedness for Hospital Practice study, 2001) distinguishes four disciplinary and four generic skills: USydMP graduates performed significantly better than graduates from the old medical program in all four of the generic skills and two of the four disciplinary skills with no significant difference in the other two areas.

#### **Postgraduate Coursework**

Skills are monitored through the assessment process for each unit of study. Generic skills of students are monitored through assessment. Assignments and presentations in the various programs aim to monitor the development of generic skills necessary including report writing, critical appraisal of literature and program management. Skills across the wide range of both quantitative and qualitative disciplines encompassed by public health practice are developed as part of the MPH/MIPH program. The development of specific skills in each of these areas is monitored through assessment.

In 2001, an alumni survey of MPH students who completed their degree during the period 1996 to 1999 was conducted to assess students' learning experiences and preparedness for work in public health. Eighty-four percent of respondents indicated that the course provided skills very well or well, and 11% reported that the course provided skills somewhat. Only 4.5% reported that the course failed to provide skills.

*(c) Ensuring that students achieve intended learning outcomes*

### **The MB BS Program**

The integrated web-based program facilitates the linkage between curriculum objectives, course content and assessment methods. The Assessment Unit monitors the representation of the curriculum materials in the assessments. Formative assessments precede summative assessments to ensure that students have opportunities to monitor the development of their knowledge and skills.

### **Postgraduate Coursework**

The Board of Postgraduate Studies has charged unit and course co-ordinators with the responsibility of ensuring that units of study enable students to achieve intended learning outcomes. The learning outcomes are included in the relevant course handbooks and for the majority of cases are available on the internet using WebCT. The teaching committees of the relevant disciplines closely monitor student feedback evaluation forms and progression rates.

Within the School of Public Health, the Teaching, Assessment and Curriculum Committee (TACC) has responsibility for ensuring that each course/degree and unit of study has clearly articulated learning outcomes and appropriate methods for ensuring that students achieve learning outcomes. Each unit coordinator is required to administer student evaluation forms and review the feedback with their colleagues in the relevant discipline. Similar procedures are in place in most other coursework programs in Medicine.

*(d) Methods for providing coherence between units of study and courses.*

The Faculty offers a large range of coursework degrees that span several disciplines. The coherence of units of study within those courses is achieved in different ways. In the case of all proposed new units of study, the relevant University policies are adhered to and the Board of Postgraduate Studies approves all new units of study but only after issues such as the aim, content, learning objectives, assessment, instructional format and relevance are addressed. For existing units of study, the academics most concerned with the teaching ensure the students are aware of the relationship of the units of study available to them.

## ***(2) Ensuring integration of research, including both disciplinary research and evidence about effective learning and teaching***

*(a) Management of links between current disciplinary research and the research expertise of staff and the curriculum*

### **The MB BS Program**

Lectures, laboratory sessions and workshop presentations are undertaken by academics with knowledge of current research developments in their fields. Most teachers are active researchers who incorporate their own research findings in to their teaching as appropriate. All academic staff members are asked to review the web-based materials pertinent to their teaching on an annual basis. Because the web-based material is accessible to the whole faculty, the material supplied by one academic is open to review by any other academic staff member.

Problem Based Learning (PBL) tutors act as facilitators rather than expert resources, and encourage students to develop information-gathering, hypothesis generation and problem-solving skills. The third session of each week includes opportunities for students to formulate researchable questions relevant to the problem of the week.

### **Postgraduate Coursework**

Approximately 650 postgraduate research students undertake their training towards a higher degree in the facilities of the Schools in the Faculty. Staff members are encouraged to utilize their own research and research undertaken in their field within the courses they teach. Teaching within the various Clinical Schools in Medicine is provided by a large number of clinicians, including academics, hospital specialists with academic titles and private practitioners, in both hospital and community settings.

In the School of Public Health, the core MPH unit ‘Approaches to Problems in Public Health’ (APPH) is based on three case studies, each of which draws on the current research by staff members and the wider disciplinary area.

The MPH coursework is based around current developments and research in international public health. The methods of prevention and control of disease are evidence-based, and lecturers invited to present in the program are in general up-to-date with current research and often involved in international health research themselves. The MPH program also involves critical appraisal of research in the field as part of its assessment.

*(b) Educational research developments are integrated into the course in a number of ways:*

#### **The MB BS Program**

The theme committees which oversee the USydMP regularly review their contributions in the light of published and unpublished educational research, for example, through informal contacts with colleagues with equivalent roles, especially in the other graduate-entry medical schools. The graduate-entry programs across Australia (Flinders, Queensland and Melbourne) hold annual curriculum review meetings to which the other schools are invited.

The Department of Medical Education (DME) acts as a resource for the whole Faculty. It maintains familiarity with educational research developments and passes on relevant publications to academic staff. The DME provides staff development in teaching and learning, directly on campus and indirectly via support for staff development in the clinical schools.

Individual students and faculty members are encouraged to develop and pilot new and innovative educational activities. Students undertake an “educational assignment” in Year 1 or 2, which may consist of a review of a current component of the program, or the development of new educational resources.

#### **Postgraduate Coursework**

Coursework coordinators integrate developments in educational research by using a combination of teaching practices – e.g. through group lectures, small group participatory tutorials, problem-oriented discussion and student-led seminars. These methods of teaching are subject to revision according to evaluation outcomes, and seek to encompass the needs of local students and international students from developing countries.

The School of Public Health was awarded a University of Sydney teaching grant to develop a new curriculum model (based on problem-based learning) for the MPH core unit ‘Approaches to Problems in Public Health’. Other units of study such as ‘Economics, Evidence and Drug Selection’ are based entirely on the principles of problem-based learning.

*(3) Ensuring that student assessment is effective and contributes to learning, and that the assessment process is well understood by students*

#### **Assessment in the MB BS Program**

The Faculty has a statement of Assessment Principles on the students’ website (see <http://www.gmp.usyd.edu.au/info/assessment/principles.htm>). All assessment tasks are designed to incorporate these principles within the specified theme objectives.

Assessment in years 1 and 2 consists of:

- A Personal and Professional Development Portfolio, which is submitted and discussed at interview with a trained Faculty Member;
- Written assessment papers covering the Basic and Clinical Science and Community & Doctor themes, three of which are formative and one summative, each including Single Best Answer and Modified Essay Questions: these are all based on clinical scenarios, mimicking the format for the problem-based learning which forms the principal educational method of the course;

- Clinical examinations in the Patient & Doctor theme, using the Objective Structured Clinical Examination (OSCE) format to assess communication and physical examination skills.

In Years 3 and 4, the following assessment methods are employed:

- Written assessments (formative and summative) using similar formats to those described above;
- Clinical examinations of the Long Case presentation type, both formative and summative;
- Assessments of some themes (Community & Doctor and PPD) based in part on attendance and participation in theme sessions and seminars;
- 

Students undergo a variety of assessments pertinent to the specialty clinical rotations in the final year. Examples include assignments, case reports, presentations and OSCEs. Improvements in assessment processes have been a major achievement in the clinical rotations, with a skilled educationalist overseeing the assessment across all four rotations.

Assessment in the Pre-internship term immediately prior to graduation requires satisfactory completion of five tasks related to professional performance as an intern.

*(a) Ensuring that assessments enable students to achieve intended learning outcomes*

The variety of assessment methods are aligned with the outcomes required for competent practice as a junior doctor. The close involvement of clinicians in teaching and assessing students in authentic environments helps to ensure the relevance of both teaching and assessment. Students in the final year of the Program undertake a pre-internship, which models as closely as possible the actual experience of internship. Assessment tasks in the pre-internship are all practical in nature (communication with patients, writing a prescription, liaising with a referring doctor, etc).

*(b) Fair and equitable assessment standards*

Descriptions of the assessment practices and standards are published on the USydMP website. Students receive notification of their exam results in terms of their performance against assessment criteria, so that they can familiarise themselves with the standard during the required formative assessments. These assessments prepare students for the standard of performance required by summative assessments. Because assessments are integrated across disciplines, a number of academics contribute to each assessment, helping to ensure that the assessment standards are not the responsibility of a small number of subject experts only.

*(c) Prompt and effective feedback.*

This is a difficult issue because the integrated assessments involve a large number of academic staff members, each of whom marks a section of the written papers. To facilitate prompt and effective feedback in a timely manner the Assessment Unit coordinates the marking to a tight schedule. Practical assessments such as OSCEs are less problematic, but even these need to be checked and approved by the Clinical School Associate Dean and the Patient and Doctor Theme Committee. We are convinced that the marking is done as quickly as is feasible. Students receive feedback via the Assessment Unit and are invited to seek assistance from relevant faculty members. A list of faculty who can supply academic assistance is published on the web.

*(d) Using information from assessments to improve teaching and learning*

Students provide direct feedback on their experience of any aspect of the assessment system as described below.

The number of failures in any single assessment tends to be very low. The performance of failing students is considered in some detail, so that changes can be made to the teaching and learning program as appropriate. For example, student performance in clinical exams is conveyed to the associate deans of each clinical school, so that areas in which students have tended to perform poorly can be emphasized in future clinical teaching.

As part of a research study by the Assessment Unit, all students who failed in second or third year (the only two years with a single major written summative assessment) in 1998 or 1999 were invited to an interview to determine the main causes of failure that are remediable from a Faculty perspective. A series of recommendations by the Assessment Unit is being implemented.

Student representatives from each year sit on the Assessment Committee and provide feedback on behalf of the students in their year. Review meetings with students consider assessments as part of the regular review process.

*(e) Ensuring student understanding of the assessment process*

Student understanding of the assessment process is ensured by

- Formative assessments prior to summative assessments
- Practice papers on the server in the Medical Library
- Information about assessments on the curriculum website
- face-to-face Q&A meetings with staff of the Assessment Unit well in advance of the summative assessments.

**Assessment in postgraduate coursework programs**

The School of Public Health has policies on assessments and examinations and academic honesty that are consistent with Faculty and University policies. Every student is given a copy of these policies on the first day of semester as well as a guide to writing and referencing style. All of these resources can be downloaded from the School website. <http://www.health.usyd.edu.au/resources/index.html>

Assessment of core units consists of open book exams for 'Introductory Biostatistics' and 'Epidemiological Methods' and open book assignments for all other units. A variety of assessments are used including essays, practical exercises (such as completing a grant application), class presentations and tutorial-based exercises.

*(a) Ensuring that assessments enable students to achieve intended learning outcomes*

The range of assessment methods is designed to ensure that the attainment of educational objectives is assessed in an appropriate manner. An emphasis is placed on the ability of students to apply concepts and skills to current health issues and problems and to think critically.

For example, assessment in the MIPH is designed to test the ability of students to understand core public health concepts, and translate this knowledge into program designs and critical evaluation that will be needed by students when working in the public health field, specifically in resource-poor settings.

*(b) Fair and equitable assessment standards*

Assessment standards are summarized in the course outline for each unit of study. Individual course coordinators are responsible for disseminating explicit grading criteria for their unit. The School's examination committee reviews all 'fail' grades and recommends whether or not a student will be offered a supplementary examination.

*(c) Prompt and effective feedback.*

Assessments are timed throughout the semester, allowing students to determine their progress throughout the course of a unit. Continual and mid semester feedback is an important mechanism to identify any learning problems that may arise with individual students. The School of Public Health requires all grades to be submitted for review by the examination committee. This committee meets within one month of the end of the teaching semester.

*(d) Using information from assessments to improve teaching and learning*

Every course/degree has at least one student representative who meets on a regular basis with the academic staff who co-ordinate the course. In the case of the MPH, two student representatives are members of the MPH co-ordination committee (which in turn reports to the School's Teaching Committee). Review meetings with students and academic staff consider assessments as part of the regular review process.

All students use a standardized form that collects feedback on teaching and assessment relating to the unit they have studied. Feedback from academic coordinators suggests that the written comments on the course with suggestions for improvements provide the greatest impetus for improving teaching and learning.

International students in coursework degrees such as the MIPH program often experience difficulty with language skills and assignment writing. Each semester, academic staff members help students how to prepare assignments and presentations. They also provide students with written information on preparing assessment and using resources.

*(e) Ensuring student understanding of the assessment process*

Students are given assessment overviews in each of their subject reading manuals that outline what is expected for each form of assessment. Students are also encouraged to consult with academic staff members responsible for each unit should they have any questions or concerns regarding the assessment.

Student understanding of the assessment process is ensured by information about assessments in course outlines and on the School's web site and in class discussion of the assessments at the beginning of semester.

***(4) Ensuring the quality of teaching and recognising good teaching***

**The MB BS Program**

*(a) Monitoring the breadth, depth, pace, variety and challenge in teaching*

The USydMP is a fully integrated PBL program. Breadth and variety are ensured by the allocation of formal teaching time to each of the curriculum themes. Depth is a more difficult challenge and students frequently say that they have difficulty in knowing the depth to which they should go in the study of each PBL case. This tends to be a characteristic feature of PBL programs, because of the "discovery" element. The pace of teaching is monitored by the feedback system described below.

*(b) Decisions about the selection of particular teaching strategies in relation to student learning outcomes.*

Theme committees support the four themes and regularly review the teaching strategies for their theme. For example, the Patient and Doctor Theme Committee is responsible for clinical teaching which takes place in clinical settings throughout the Program. The Committee agrees upon teaching strategies. The Community and Doctor Theme Committee has trialled a variety of teaching strategies in response to early feedback from students. This year, the Personal and Professional Development Theme Committee has piloted a small group teaching approach for Year 3.

*(c) Methods used to enhance the quality of teaching, including staff development, mentoring and peer review.*

The DME runs regular workshops for Medical and Dental Faculty to introduce the key concepts of active, student-centred learning via PBL. It also runs workshops on advanced concepts in PBL and on effective lecturing. Some disciplines, such as Paediatrics and Child Health and General Practice provide effective clinical teaching workshops for clinical teachers. The Department of Surgery funds a lecturer position in medical education. Dr Tricia Lyon, currently in this position coordinates staff development for the Department. She has recently completed a PhD examining quality of teaching and learning in operating theatres.

Clinical discipline heads provide feedback to individual teachers as required. The Dean and Associate Deans in the clinical schools meet regularly with the large number of voluntary clinical teachers who contribute to the USydMP.

The DME coordinates a program that allows academic staff to enhance the teaching of a colleague and their own teaching by conducting a review of lecture quality. One academic observes a lecture, obtains student feedback to compare with his or her own impression of the lecture quality, and provides feedback to the lecturer concerned. To date only a small number of people has taken up this invitation, we will continue to promote this idea.

*(d) Support, recognition and rewards for good teaching.*

The feedback system ensures that good teaching by individuals is promptly acknowledged via email. An individual lecturer may, for example, receive a message with sample comments from student groups, such as "Dr X's lecture was excellent; well paced and clear with useful examples".

The clinical schools hold annual award dinners and make presentations and awards to for good teaching. The Faculty budget formula rewards departments that contribute to the PBL component of the USydMP (that is to faculty members who facilitate small groups). Student feedback is provided on the quality of small group facilitation.

The Faculty is moving to implement a Faculty “Excellence in Teaching” award, for which criteria are currently being developed.

### **Postgraduate Coursework**

#### *(a) Monitoring the breadth, depth, pace, variety and challenge in teaching*

The variety of courses and degrees means that the monitoring process occurs within disciplinary areas or course groupings. The academic coordinating committees monitor the breadth, variety and challenge in teaching, based on course outlines and individual course feedback. The small size of most classes ensures that the academic staff can monitor teaching quality closely.

#### *(b) Decisions about the selection of particular teaching strategies in relation to student learning outcomes*

Unit coordinators and course/degree coordinating committees are responsible for the selection of particular teaching strategies in relation to student learning outcomes. The introduction of the USydMP and the establishment of a Department of Medical Education have had an impact on teaching in postgraduate coursework programs. Most postgraduate coursework teachers have also attended workshops on active, small-group teaching and learning. Other forms of interaction occur; for example the Head of the DME was on the team that reviewed the Masters degree in Pain Management was reviewed in 2000. Academic staff are usually involved in both the USydMP and postgraduate programs, so these and other forms of interaction across the Faculty influence decisions about teaching strategies that are most likely to improve student outcomes.

#### *(c) Methods used to enhance the quality of teaching, including staff development, mentoring and peer review.*

Many disciplines utilize external lecturers to give students a variety of speakers from a broad range of backgrounds and training. Academic staff meet with new lecturers in the program prior to them lecturing and give an overview of the course and the type of students. They also observe new lecturers at their first lecture. Students are also encouraged to give feedback on individual presenters.

All School of Public Health staff members involved in problem-based learning (PBL) have completed a Department of Medical Education workshop on the key concepts of PBL. Staff members are encouraged to attend Institute for Teaching and Learning training workshops on teaching. The School is currently discussing a program for peer review of teaching. All lecturers presenting in the MIPH program are given a copy of the unit overview, including aims and objectives, and learning outcomes, prior to their lecture.

#### *(d) Support, recognition and rewards for good teaching.*

Student feedback is generally very positive and de-identified student comments regarding individual presentations are forwarded to lecturers. Good teaching in postgraduate coursework will be recognized in the Faculty’s proposed teaching awards.

### **(5) Arrangements to monitor and support student progression**

#### **The MB BS Program**

##### *(a) Arrangements for identifying students at risk of non-completion or failure and the processes used to intervene in these cases.*

As would be expected with the careful selection system and mature and highly motivated students, the number of failures is very small.

Formative assessments identify students at risk. The results of these assessments were initially used solely for feedback to students, but in 1999, with the students’ permission, the Faculty introduced a system that now gives students feedback on their marks, including their broad position in the year. Students who are considered to be

at risk receive a letter urging them to make an appointment with an academic staff member in the Assessment Unit. They have an opportunity to discuss their exam papers and/or clinical performance and plan remediation.

### **Postgraduate Coursework**

The unit coordinators have the main responsibility for identifying students who are at risk of failure or non-completion. Students who are performing poorly are encouraged to seek assistance.

Students with deficiencies in English expression are directed to University support services. In extreme cases students may be asked to “show cause” as to why the candidature should not be terminated. In these very rare cases the mitigating circumstances are referred to the full Board of Postgraduate Studies and reviewed by its members before arriving at a decision.

In the School of Public Health each new student is sent information about a preparatory mathematics course and courses in English offered by the University. Mid-semester assessments (and in some cases weekly tutorials exercises) help identify students who are at risk of non-completion or failure. The academic coordinator for the course will discuss a student’s progress with the student and identify strategies (including additional tutoring) to assist in improving performance.

*(b) The use of learning resources and academic support to assist student learning outcomes.*

#### **The MB BS Program**

The learning resources available on the USydMP website are perhaps among the most comprehensive of any similar program. Students can access on-line self-assessments, lecture summaries, learning topic outlines and relevant websites.

Academic support is facilitated in a small group learning environment because the PBL and clinical tutors have closer contact with students than a lecture-based program can provide. The website also provides a list of Faculty members available for assistance in specific disciplinary areas.

### **Postgraduate Coursework**

Academic support is facilitated through tutorials and small group learning. Each student is given a set of resources (lecture notes, articles, etc.) for each unit of study. In addition, a website site supports each unit within the MPH and the Master of Pain Management degrees to facilitate communication between staff and students (this includes bulletin board discussion, access to learning topic summaries and lecture notes).

#### **(6) Ensuring the quality of research supervision and training**

##### **The MB BS Program**

Because of the integral role of research in medical practice, students are required to undertake a small project in Years 1 or 2. They may also undertake a research-based elective at the end of Year 3. Those students who enrol in the honours program engage in a research project. In each case, a small committee oversees the quality of research supervision and training.

Students can also undertake the Combined Degree Program (CDP) - an intercalated PhD or MPhil (Public Health). Plans are underway to replace the currently listed B Sc Med (Hons) with a Master of Science (Med). Arrangements for ensuring the quality of supervision for these degrees are covered in the following section.

### **Postgraduate Research**

*(a) Arrangements for ensuring high standards of supervision;*

The very nature of supervised research training involves close and personal contact with the supervisor and associate supervisors in the training of specific skills required to conduct research.

An eleven-member Research Candidature Working Party chaired by the Associate Dean for Postgraduate Studies, John Christodolou has consulted a wide cross-section of the Faculty and prepared a report, which is

currently under consideration by the Faculty of Medicine. The report has identified several areas where high standards of supervision can be facilitated. Recommendations in that report include the registration of all supervisors and a compulsory induction program for new supervisors.

All postgraduate research students have a supervisor and at least one associate supervisor, at least one of whom is required to be a salaried member of staff or to hold a conjoint academic title. The supervisors will have a current and active involvement in research appropriate to the field of study, and will generally be holders of the degree of the type of candidature they wish to supervise. All staff, particularly new supervisors, are encouraged to attend the Institute for Teaching and Learning Postgraduate Supervision Development Program; however, if the Research Candidature Working Party report is fully adopted by the Faculty, training of new supervisors will (as noted above) be compulsory.

In order to ensure representation of all postgraduate students' needs, the Faculty of Medicine has appointed at least one Postgraduate Coordinator for each discipline (some larger disciplines have two or three), to the Board. The students have access to the Postgraduate Coordinator, who is an independent but interested person other than the supervisor. The student can seek help/support, view from outside the project and confidential advice about supervision issues from the Postgraduate Coordinator.

Many Postgraduate Coordinators report that the opportunity of a frank exchange between student and staff on a one-to-one basis is a fundamental quality assurance measure that cannot be replaced by formal review/evaluation systems.

*(b) Mechanisms in place for ensuring effective completion and retention;*

#### First Year Interview

All postgraduate students enrolled through the Faculty of Medicine are formally interviewed at the end of their first year of candidature. Interviews are generally conducted by a committee including the Postgraduate Coordinator or his/her nominee. The exact structure/format of the interview varies from discipline to discipline.

#### Annual Progress Report

All postgraduate students undertaking a research degree are formally reviewed annually (Annual Progress Report).

The progress report process, usually undertaken in September, starts with a self-evaluation by the student, where the aims, progress to date and timeline for completion are reported by the student as well as any difficulties they may have faced during the course of the year. Following the self-evaluation there is an assessment by the supervisor and finally the Postgraduate Coordinator. The report is lastly reviewed by the Chair of the Board of Postgraduate Studies who recommends a course of action based on the composite report, e.g., continuation of candidature, a further review in a stipulated timeframe, a variation to candidature, such as upgrade or downgrade, suspension, change in attendance pattern, etc. Alternatively, the chair may seek further information about the candidature from the School or Department responsible for the student if there are particular concerns with the student, or may request an interview with the student if indicated.

Many reports indicate that students have been interviewed by their supervisors in the presence of the Postgraduate Coordinator and the final signing of the form follows a consensus between the parties of a clear plan for progress on the project, such as the completion of a literature review, data collection, draft chapters, etc. In addition, many disciplines interview supervisors independently of students and vice versa.

#### Probation

All students who are admitted to candidature in the Faculty of Medicine must satisfy a period of probation, which varies in time, but is normally one year in duration. For the first time, probation has been included in the 2002 Annual Progress Report. The rationale behind its inclusion in the report is to identify potential and common problems, such as unsatisfactory written English expression, and recommend a remedial course of action or an extension to the probation period. The Faculty hopes to develop a formal system to deal with the

issue of probation including the development of a set of guidelines of expectations in the first year of candidature for students and supervisors.

*(c) How the research climate for students and provision of resources to support research are monitored;*

There is an upper limit of five students a member of staff may supervise at any one time. This is to ensure that the supervisor will be able to allocate sufficient time and effort to the candidatures.

Prospective research students must submit a detailed research proposal at the time of applying for admission and are asked to identify what resources will be required for successful completion. Before agreeing to take on supervision of a student, a supervisor/discipline must identify appropriate resources (desk, computer, lab space) to ensure the project can be completed.

In addition to the Vice-Chancellor's Postgraduate Research Support Scheme (PRSS), the Faculty of Medicine offers scholarships, fellowships and travel grants to eligible students. The provision of resources is closely monitored by the supervisor, Postgraduate Coordinator and the Associate Deans of the relevant schools of the Faculty.

*(d) The use of student and/or graduate views to improve the experiences of research higher degree students.*

#### Student Representation

Postgraduate student representatives sit on key committees within the disciplines of Medicine. In a less structured setting, the Dean, Professor Stephen Leeder, meets a group of students (at least one representative from each of the Schools of Medicine) for an informal lunch several times a year, where experiences and views are discussed. These informal meetings have resulted in useful and productive feedback.

#### Student Forums

Many Postgraduate Coordinators provide forums around general issues or issues of specific/local interest, sometimes with invited expert speakers. These are almost always open to students and offer opportunity for feedback.

#### Student Conferences

The College of Health Sciences Biennial Research Conference is attended by some 300 postgraduate research students (mostly from the Faculty of Medicine) and offers an invaluable experience as well as the opportunity for the professional development of research higher degree students, including future research collaborations. In addition, some Departments and Schools run their own conferences where postgraduate students have an opportunity to present their work and interact with other students in a friendly and nurturing environment.

#### Student Seminars

Seminars provide students with the opportunity to present research to their peers, including practice and advice on the preparation and delivery of scientific/scholarly material to an audience.

***(7) Arrangements for evaluation and quality improvement, including the use of student and graduate feedback and other performance indicator data to monitor and enhance performance; recognition of good teaching.***

A variety of methods is used to monitor the teaching program. The feedback system is student-centred, incorporates staff responsiveness to feedback and uses a variety of methods

*(a) mechanisms for collecting and acting on the results of feedback.*

#### **The MB BS Program**

A dedicated Evaluation Unit within the DME is supported by two academic positions. A full account of the mechanisms for collecting and acting on feedback can be found in the publication Hendry G, Cumming R, Lyon

P, Gordon J. Student-centred course evaluation in a four-year problem based medical program: issues in collection and management of feedback. *Assessment and Evaluation in Higher Education* 2001;26:327-339.

Briefly, the students' feedback is categorized as individual, group or year feedback.

#### Individual feedback:

Students have email accounts and 24 hour access to the Feedback section of the website. In addition to the online mechanism, students are asked to provide individual feedback directly to their PBL and clinical tutors in the form of ratings and comments. After each block is completed, each tutor receives comments and results from their student group, which can be compared with summary statistics for the total group of tutors. This confidential information also passes to the Associate Dean for Education who is responsible for tutor training. The same system is administered locally at each Clinical School for clinical tutors.

Results of PBL tutor evaluation are incorporated in tutor training sessions and teaching manuals and are used by the Head of DME to plan tutor allocations for each block.

#### Group feedback:

At the end of each weekly problem, a volunteer in each PBL group enters combined feedback in open response boxes on a form on the website. All feedback is sent to the evaluation database and a summary of the information is emailed each week to relevant academic staff. In the email summaries, teaching sessions that students found most useful for their learning are identified with the teacher's name. Groups' specific positive feedback and/or suggested changes about lectures or theme sessions are forwarded verbatim but de-identified to the lecturer or theme session convenor(s) concerned.

In addition to group feedback about the problem, comments from PBL tutors are also sought during weekly tutor meetings. The block chair notes concerns or suggestions raised by tutors, which often reinforce those of students. At the end of the block, all group feedback summaries together with tutors' comments are considered at a Block Review meeting. Minutes of the meeting are taken and the block chair prepares a report of any agreed changes for all students and staff.

#### Year feedback:

Year feedback is collected in two main ways, through meetings with student representatives and via questionnaires.

Meetings are modeled on the focus group method. In Years 1 and 2 each PBL group is encouraged to appoint a representative for a particular block. Notes are taken and a summary is broadcast as a 'bulletin' and is incorporated with other feedback in the Block Review, and students and staff monitor changes to the course that have been or may be made.

In Years 3 and 4 students give feedback on all teachers and regular teaching activities in their clinical school. Additionally, feedback meetings attended by student representatives (as above) are conducted at each site by DME staff in Years 3 and 4.

Toward the end of each academic year an anonymous web-based questionnaire consisting of rating scales only is sent to all students via email. The year survey is based on key issues raised in feedback meetings, the quality of teaching and broad features of the course (e.g., assessment).

At the end of the academic year, the Teaching, Assessment and Curriculum Committee reviews the key overall results of the Course Evaluation System. Although the evaluation system may appear burdensome when considered in its entirety, in year surveys to date only 15 to 22 per cent of students think that their learning experiences and the course have been "over evaluated".

### Methods used to evaluate innovation in teaching

Since 1997 several innovations in teaching in the medical program have been introduced. Innovations include new methods of lecturing to students with diverse degree backgrounds; new formats for theme sessions involving small- and large-group activities; and new approaches and improvements in clinical teaching methods (e.g., SCORPIO – a clinical teaching method that incorporates assessment).

Innovations have been evaluated at the site of implementation using focus groups and combined open-ended and rating style questionnaires. In some cases, control groups of students have been used.

### **Postgraduate Coursework**

In most disciplines, at the end of each year students are given a questionnaire to complete on each course module they have studied which includes questions on; the relevance, interest and difficulty of each subject, methods of assessment, lecture room facilities, comments on the co-ordinator's role, perceived course expectations and any changes they would make to the course. The relevant teaching committees examine all of these surveys with a view to monitoring student progress and satisfaction and to keeping the course current.

In the School of Public Health, a standardized student evaluation form is used to assess each unit of study. A part-time associate lecturer coordinates the feedback system. At the beginning of each semester, each unit coordinator receives a package including instructions for administering the student evaluation form and multiple copies of the form itself. A summary of the quantitative and qualitative feedback results is sent to the unit coordinator and is reviewed by course/degree coordinators.

Additional student feedback is elicited through focus groups. For example, as part of the first-year evaluation of the new APPH course, a focus group was conducted with students to provide more detailed qualitative feedback on all aspects of it, and a detailed report prepared. Year feedback is collected for the MPH/MIPH.

The MIPH program is evaluated in three main ways – through written evaluation forms (end of each semester), focus group discussions (end of each semester) and informal discussion between students and MIPH academic staff. The written evaluation forms are distributed to students in the final session of each subject and collected prior to the end of that session. These are then de-identified, collated and circulated to MIPH academic staff. Focus group discussions are held towards the end of each semester, and are facilitated by the associate lecturer in the program. Informal discussion is welcomed at all times – students in the program are encouraged to approach MIPH staff members with comments or suggestions on individual subjects or the course as a whole.

The results of all of these methods of evaluation are collated and examined by MIPH staff. Key areas of action are then developed and implemented where possible.

### Methods used to evaluate innovation in teaching

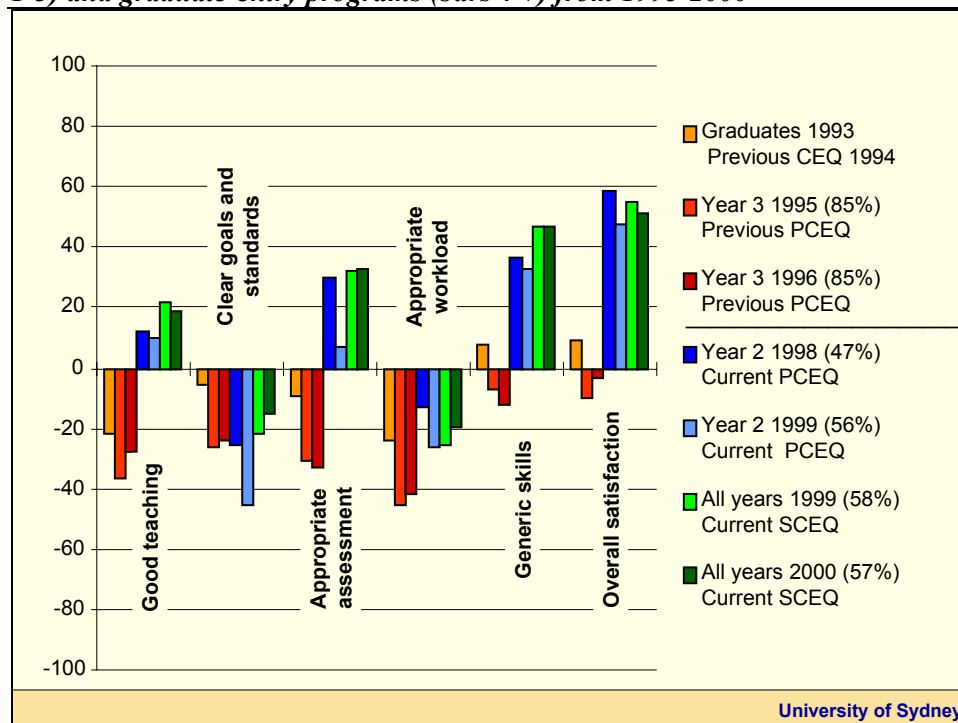
The main innovation in teaching has been the integrative problem based course 'Approaches to Public Health Problems'. This course has been extensively evaluated, using the ITL Sydney Course Evaluation Questionnaire as well as focus groups with students. The MPH committee and TACC have reviewed the evaluation report. On the basis of this report, the School of Public Health endorsed the continuation of APPH in 2003 and beyond.

*(b) Arrangements for applying University performance indicator data to improving educational quality.*

### **The MB BS Program**

Because the Faculty has made extensive efforts in improving educational quality, the University performance indicators are used as a parallel system for program monitoring. Most of the relevant information collected as performance indicators are well matched to the Faculty's own findings.

***Cumulative results of the Course Experience Questionnaire for the undergraduate (bars 1-3) and graduate-entry programs (bars 4-7) from 1995-2000***



Feedback from students in the ITL Sydney Course Evaluation Questionnaire indicates that while students are generally comfortable with their understanding of the course objectives, they find it difficult at times to determine the depth of knowledge required. While the self-directed nature of the program is intended to allow students to determine the depth of study that they wish to undertake, initiatives are currently in place designed to ensure that students have a clearer understanding of expected skill levels in formative and summative assessment tasks.

(c) Consistency between the University’s requirements and Faculty QA and improvement mechanisms.

**The MB BS Program**

As outlined above and in the Faculty’s statement of its teaching and learning goals for the USydMP, there is consistency with University requirements.

**Postgraduate Coursework**

The Board of Postgraduate Studies ensures the Faculty conforms to University guideline and policies.

In 2000 the School trialled the use of the ITL Sydney Course Evaluation Questionnaire. The feedback from academic staff was variable, with many staff members expressing concern that the questionnaire was not designed for or appropriate to postgraduate courses. As a result of these concerns, in 2002 the School decided to implement a standardized questionnaire (previously used by the Master of Clinical Epidemiology program).

(d) Methods used to monitor progress towards goals specified in the Faculty’s teaching and learning plan.

**The MB BS Program**

The Teaching, Assessment and Curriculum Committee meets monthly to review reports from each of the major educational committees (Assessment, Evaluation and Theme Committees) and from key individuals (e.g. the Associate Deans for Curriculum and Education).

**Postgraduate Coursework**

The School of Public Health Teaching, Assessment and Curriculum Committee meets monthly to review reports from each of the course/degree academic coordinators.

## REPORT ON THE FACULTY OF MEDICINE TEACHING AND LEARNING PLAN November 2001

### OVERVIEW

The Faculty of Medicine created four educational goals to compare with a 1999 baseline:

1. To maintain and develop the graduate entry medical program (USydMP), the Bachelor of Medical Science and the coursework Masters programs.
2. To attract and retain high quality students.
3. To enhance staff development and scholarship in teaching.
4. To become a major provider of web-based and other educational materials.

#### Since 1999:

- ◆ The Faculty has implemented major organisational changes as the result of a move to a school-based structure.
- ◆ The Postgraduate Committee in Medicine has been incorporated into the Department of Medical Education.
- ◆ The DETYA commissioned an occasional paper on the development of the USydMP (available on request).
- ◆ Year 4 of the USydMP was delivered the first time in 2000.
- ◆ The Faculties of Medicine and Dentistry collaborated in the introduction of the new graduate-entry Dental Program in 2001.
- ◆ The Faculty has collaborated with academic staff in the College of Health Sciences to develop a flexible Masters degree in Gerontology, to serve as a model for similar developments across the University.
- ◆ Coursework Masters students have increased by 12%.

### IN RELATION TO GOAL 1

***On the basis of evaluation data and effective faculty processes, maintain and evolve the medical curriculum, the BMedSc degree, the various coursework Masters degrees and continuing professional education.***

Strategies include:

- use and develop further effective evaluation mechanisms already in place – on-line feedback, questionnaires, focus groups, tutor meetings, block and term reviews – and ensure that the relevant Curriculum Committee closes the loop and reports back to students and staff

*All of these activities are in place for the USydMP. Coursework Masters program use mainly questionnaires and focus groups. A research study in the MPH program has used one-to-one interviews with students representing a cross section of enrollees. For many programs, the small size of classes facilitates close monitoring with reporting back to students and staff. Questionnaires are the main mechanisms to obtain feedback on continuing professional education activities.*

- supporting financially the ongoing development of web-based and other resources

*The Faculty supports an IT Group and web-developers working with the Department of Medical Education. The IT Group budget is of the order of \$830 000 pa.*

- stimulating or rewarding effective innovation in flexible learning by some financial incentives  
*Faculty support for the IT group and the DME has created a resource for all coursework and continuing education programs, rather than financial incentives. Because of the integrated nature of the USydMP, there is less scope for independent initiatives, but ample scope for interest groups or disciplines to enhance the electronic curriculum.*

- developing effective teaching strategies using planned videoconferencing technology

*The AV/IT network has been used mainly for administrative and other meetings. It will be used for a small number of cross campus teaching sessions from 2002. Experience in the use of this medium remains limited, but Professor Stewart Dunn has taken on the responsibility of ensuring that the educational potential of the AV/IT network is explored more fully in the future. The significant developments in rural education in Broken Hill, Dubbo, Orange, Lismore and Tweed Heads will necessitate further development of educational strategies.*

- recognising for promotion the wide range of contributions to teaching in the Faculty: face-to-face activities, supervision, innovation, contributions to web-based resources, leadership in the management of teaching

*The Faculty places greater emphasis on documented teaching success in considering applications for promotion. In addition, it offers financial incentives to departments whose staff make significant contributions, such as chairing curriculum committees, using an agreed formula outlined in Appendix F of the Report to the Australian Medical Council.*

- upgrading tutorial rooms, laboratories and interactive seminar rooms

*limited progress due to resource constraints. However a number of these facilities were developed more intensively in the period 1996-1999 to coincide with the implementation of the USydMP.*

- collaborating with the College of Health sciences to enhance learning in the target areas of rural health, indigenous health and occupational health

*The rural clinical school based at Broken Hill is led by academic staff from the University of Sydney and offers multi-disciplinary experiences in teaching and learning for students in Medicine, Nursing, Public Health and other health science disciplines from seven different universities.*

*Significant collaboration for rural and indigenous health education will be possible in the rural clinical schools and departments of rural practice based in Dubbo and to a lesser degree on the Far North Coast (where the main opportunities for collaboration will be with the Southern Cross University).*

#### Performance measurement:

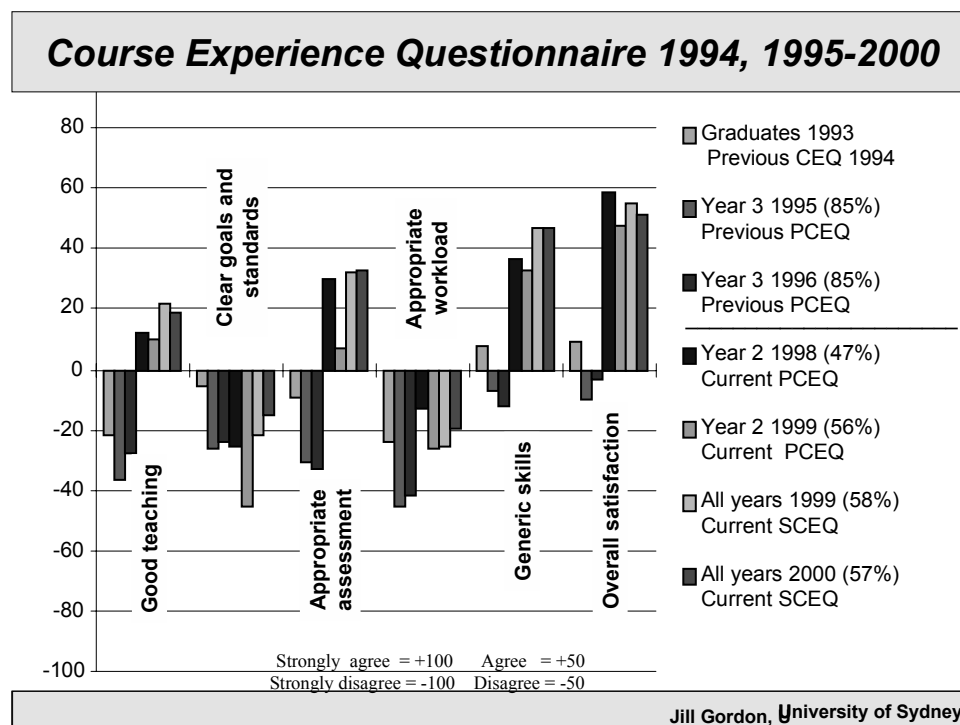
- documentation of effective quality management structures and processes: evaluation data, faculty responses and the outcomes

*The Evaluation Unit in the Department of Medical Education has developed an extensive and comprehensive evaluation system for the USydMP, (Hendry et al reproduced in the Annual Report to the Medical School Accreditation Committee of the AMC - Appendix 1). This comprises on-line individual student feedback and Faculty responses, face-to-face block review meetings for students and for Faculty and the rapid implementation of agreed improvements.*

On the basis of feedback from students and Faculty, new integrated Intermediate level units of study were introduced in the BMedSc degree in 2001. These represent a major change in the style and delivery of units of study from a traditional discipline based, approach.

- responses in the CEQ at or above the national average.

*CEQ and modified CEQ data for students in the USydMP indicate that overall satisfaction levels are high.*



- from surveys, employers' and supervisors' satisfaction with the graduates as interns (into the future success rates in selection for specialist training positions and successful completion can be used)

*Interviews with Directors of Clinical Training indicate satisfaction with first cohort of interns in 2001. This is documented in the Annual Report to the AMC Accreditation Committee, attached.*

- international and local student performance outcomes measured in external licensing examinations (eg the USMLE) maintained at above 98% success

*It is too early to apply this measure. However, two international students both performed well in the USMLE are now working as interns in the US. Both were assigned to hospitals which were among their top three choices.*

- documented enhancements in web-based resources together with relevant evaluation data

*Web-based resources are updated and enhanced continuously. Because virtually all curriculum materials are web-based, enhancements are undertaken on a continuing basis, and added to the resources by a full time web developer. Recent specific improvements have included the development of on-line assessments in modified essay question format.*

- specific Faculty budget line(s) introduced for educational innovation and web support annually

*The Department of Medical Education is a dedicated department with six FTE academic staff and nine FTE web-development and administrative staff. In addition, the Faculty maintains an Information Technology Group to support the educational mission of the Faculty.*

- increased income annually from sales of the curriculum or materials above 1999 levels

*There has been a substantial rise in annual income, documented under Goal 4.*

- at least 6 invitations annually to speak, lead workshops or demonstrate the curriculum locally, nationally and internationally; educational awards or recognition.

*Members of the Department have contributed to various Teaching Skills Workshops in the clinical schools in Sydney and Canberra.*

*Professor Michael Field was Co-Chair, Education Advisory Committee, COMGAN, International Society of Nephrology and was invited to run an education workshop for Commission for the Global Advancement of Nephrology (COMGAN) in Toronto, Canada, and was keynote speaker at the Second International Conference on PBL in Linkoping, Sweden. He also provided an educational consultancy at the University of Vienna Medical School, Vienna, Austria.*

*Professor Ann Sefton was invited to present a paper to the International Union of Physiological Societies, on tracking course content in a PBL curriculum, using intranet technology.*

*During 2000 Dr Greg Ryan and Mr Stewart Barnet were invited to provide workshops on problem-based learning to senior personnel in the Technical and Further Education sector. They presented a paper on distance PBL at the ASCALITE 2000 Conference in Bristol and on the use of a Web-based clinical reasoning guide at an education meeting Hong Kong.*

*Associate Professor Gordon convened and spoke at a three-day meeting "What do the Best Medical Educators Do?" with invited experts from Northwestern University, Chicago and Vanderbilt University. Associate Professor Gordon was also invited to present a project plan for the commercial potential of the e-learning in Medicine at the Harvard-Macy Program for Leaders in Medical Education.*

- at least six teaching spaces brought up to adequate or good standard (note: highly dependent on University priorities) by 2001.

*Six tutorial rooms were refurbished in the Blackburn Building for use by PBL groups commencing in 2001.*

## **IN RELATION TO GOAL 2**

Continue to attract and retain high quality, diverse students both locally and internationally into its medical program (including the Combined Degree Program), the BMedSC degree and into coursework Masters programs

Strategies include:

- ensuring that the teaching programs remain of the highest quality

*As indicated under Goal 1 and supported by the paper by Hendry et al, the USydMP teaching program is subject to continuing feedback, review and change in response to students' and Faculty input.*

- providing accurate, timely and readily-accessible information to prospective students both individually and in groups

*Information is available on-line, and the Faculty Admissions Officer provides timely advice to prospective medical students by phone or e-mail as well as face-to-face. The Faculty holds information*

sessions for prospective students each year, some of which involve current students as well as teaching staff.

- collaborating with the College of Health Sciences wherever possible in development and marketing

*The College of Health Sciences and the Faculty of Medicine have developed a collaboration to create modules for a program of study (StudyAge) leading to a Masters in Gerontology (see Venture Proposal 2000 Appendix 2 to demonstrate progress on this development). The project development group has been assisted by Michael Knapp (IT in Education Venture Group) and during 2001 most aspects of the project have been completed, and the program is ready to market to target groups.*

- specifically targeting under-represented groups including Aboriginal and Torres Strait Islander people and rural students

*The Graduate Diploma in Indigenous Health has increased enrolments from nine to eleven students between 1999 and 2001. The Associate Diploma in Community Health and Development (a non-degree program in indigenous health) has increased enrolments from 21 to 26 students.*

*The Medical Faculty offers assistance to indigenous applicants to the USydMP with the support of the Koori Centre. The Faculty maintains a list of medical students who have volunteered to assist students preparing for the GAMSAT. Not all applicants identify themselves, and we have had only one to three people per year who have identified as indigenous students. The proportion of students from rural backgrounds has risen from 7 to 13% since the program's introduction.*

*A major initiative by the Commonwealth Department of Health has seen the establishment of a new rural clinical school based in Dubbo and a university department of rural health based in Lismore/Tweed Heads.*

*Please see "Developments in Rural Teaching", pp 26-30 of the Annual Report to the AMC Medical School Accreditation Committee in appendix 1 for details of developments with regard to the rural curriculum. A reputation for excellence in relation to the curriculum in indigenous and rural health is one of the factors that may attract and encourage students from these sectors.*

- maintaining the quality and integrity of the selection processes

*The Admissions Committee has continued to review all aspects of the selection process each year. The GAMSAT is followed by structured interviews. Feedback is sought from interviewers concerning their own roles and the roles of fellow interviewers. Markedly discrepant assessments are followed up and the interviewer lists are maintained with a view to ensuring maximum validity and reliability of the interview process. Applicants are re-interviewed if panel members cannot arrive at a consensus decision.*

Performance measurement:

- for the medical program, evidence of the maintenance of or increase in: the numbers of applicants; the diversity of their first degrees; the quality of their primary qualifications; GAMSAT performance; interview scores (note that the quota of local medical places is determined by government)

*The 199/2000 admissions reports are not yet to hand, but applicant numbers are relatively steady, the diversity of first degrees has not increased. Biomedical science degrees continue to dominate as the primary qualification of choice. GAMSAT performance has remained steady and interview scores do not show any marked changes.*

- retention rates maintained above 96% in Medicine

*Retention rates are above 96%.*

- increased numbers of students enrolling and re-enrolling in coursework Masters degrees above 1999 levels

*Enrolments in coursework Masters degrees in 1999 were 259, which rose to 300 in 2000 and 304 in 2001.*

- 25 new international students enrolled in medicine in 2001

*The Faculty has enrolled over 30 international students.*

- meeting equity targets (at least 20 rural students and two Aboriginal or Torres Strait Islander people enrolled in 2001)

*This performance indicator has been overtaken by the introduction of bonded rural scholarships which attracted 15 applicants in 2001, in addition to the rural students who did not apply for the bonds. There are two ATSI students in Year 1.*

- maintenance of high entry standards in those selected for BMedSc and retention rates maintained above 90%

*Despite an increase in the numbers of students taken into the BMedSc degree in first year from 100 to 150 the minimum entry score has remained above a UAI of 90. This demand has been maintained in the face of the introduction of a similar program at UNSW. Information on retention rates not yet to hand.*

### **IN RELATION TO GOAL 3**

#### **Enhance staff development across the Faculty in teaching and assessment, and encourage scholarship in teaching**

Strategies include:

- training and support for staff in their teaching through the Department of Medical Education in collaboration with the Institute for Teaching and Learning and the College of Health Sciences

*The DME conducts regular PBL tutor workshops. Every tutor receives student feedback on his or her performance at the end of each block. The DME is building a Masters program in Medical Education, for implementation in 2003.*

*Two research Masters are being supervised in the DME, and one of these is in a collaborative supervisory relationship with the Faculty of Health Sciences.*

- developing quality workshops and seminars on teaching in clinical schools

*Each of the clinical schools, and the Children's Hospital, Westmead conduct teaching seminars and workshops. Most hospitals are providing workshops and seminars as part of their local staff development effort. The DME will oversee a more pro-active plan of teaching seminars in 2003, with some units designed to articulate with the coursework Masters program..*

- exploring the possibilities of web-based distance education to support educational development especially for community and other clinical practitioners who supervise students

*Explored, but not initiated at this time. Further developments will be prompted by the increase in rural students and subject to funding..*

- collaborations formed by the Department of Medical Education with members of Faculty to encourage scholarly writing and research in education

*The paper included in the attached AMC report was prepared by two DME members with colleagues from the Departments of Public Health and Community Medicine and Surgery. Professor Rufus Clarke worked with colleagues in Public Health to develop the statistical basis for a project which examined the predictive value of formative assessments and to revise the Year 3/4 Community and Doctor Theme program, and a paper on the latter has been accepted for publication by American Journal of Preventive Medicine for publication in 2002*

- active participation in educational conferences, showcases, meetings and symposia at College, University, national and international levels

Academic staff in the DME have presented papers and posters at conferences at College, University, national and international levels. Presentations at international conferences have been limited by funding constraints, but papers at international meetings have been presented by Professors Sefton, Field and Gordon and by Drs Ryan and Hendry.

- collaboration with the College of Health Sciences, Institute for Teaching and Learning and the Faculty of Education in the development of coursework Masters degrees in medical/clinical/health science education.

*Continues to be explored, with discussions between Dr Greg Ryan and colleagues in the College and ITL. Progress has been slow because of the priority given to the implementation of Goal 4.*

Performance measurement:

- increase in attendance above 1999 levels and positive evaluation data from participants at teaching workshops and training sessions or those using on-line resources

*Attendance data have not been collected. Positive evaluation data continue to be collected and used to shape changes to teaching workshops.*

- 10% increase annually in numbers above 1999 levels of scholarly publications on educational practice or research

*There has probably been a slight decline, following publication of papers on the early planning processes for the USydMP, but this is expected to be reversed in the 2001 figures.*

- 10% increase in numbers annually above 1999 levels of invitations to speak or to lead workshops or seminars locally, nationally and internationally.

*Achieved*

- enhanced participation by staff and students in local, College-wide, University, national and international educational activities including educational conferences above 1999 levels

*This goal has probably been achieved, but the data have not been recorded for all academic staff because of the dispersed nature of the Faculty across clinical schools.*

- establishment of an articulated coursework certificate-diploma-Masters degree in health-related education with modules from participating faculties and calls for enrolment in 2002

*This goal deferred due to priority given to Goal 4. It will be a focus of attention in 2002.*

#### **IN RELATION TO GOAL 4**

**Become a major provider of web-based and other educational materials for undergraduates in all degree programs, postgraduate coursework and continuing professional education, including through partnerships with the College of Health Sciences, postgraduate specialist medical colleges and other medical schools**

Strategies include:

- based on the Faculty's existing skills, planning the development of on-line modules or packages, in partnerships and with support from the medical Colleges and the Department of Health

*The Project Development Group in the DME has fulfilled a number of contracts to provide consultancy advice and support to specialty colleges (the Royal Australasian College of Surgeons and the Royal College of Pathologists of Australasia) and to NSW Health. See 'Report on Commercial Project Development' Appendix 4.*

- encouraging the University of Sydney to support the start-up of educational initiatives which represent a major source of future income

*Dr Tim Shaw, Project Development Manager, has been actively engaged in discussions with Associate Professor Simon Carlile, Assistant Pro-Vice Chancellor (IT) and other colleagues, most recently Ms Anne Forster.*

- bringing together the skills of the Postgraduate Committee in Medicine with the Department of Medical Education in one geographic location

*The PCM and DME are now co-located in the Edward Ford Building*

- collaborating with personnel in the National Teaching and Learning Database project and those with similar interests in educational technology in the College of Health Sciences

*The collaboration for the StudyAge program is an example.*

- seeking collaborations with the specialist colleges for the development of educational materials  
*In December 2000 representatives from each specialist college met in the Faculty of Medicine for a demonstration of the project with the RACS.*

- seeking commercial partner(s) to support the educational objectives

*The Business Liaison Office has supported the Faculty in reviewing potential business partnerships. In 2001 the Faculty contributed a half-salary to support the appointment of Dr Liz Jazwinska in the BLO, for the purpose of assisting the Faculty with commercialisation opportunities in research and education.*

- exploring the possibilities of international exports

*Presentation by DME members have continued to promote the potential of the USydMP and spin-off products, as a result of which we have had a variety of approaches from overseas medical schools. The*

*Faculty has assisted the University of Witswatersrand to adapt the USydMP technology for use in the Wits Faculty of Medicine.*

Performance measurement:

- by the end of 2000, at least two new contracts above 1999 levels in full development
  1. *Extension of Basic Surgical Training Online - this new project arm relates to the development of an image bank for operative surgery and pathology images*
  2. *The College of Health Sciences On-line Gerontology Project (StudyAge)*
  3. *Development of On-line workshops for NSW Health in pharmacotherapies*
  - 4.
- investment from external agencies, including commercial partnership(s), postgraduate sources and the University in support by the end of 2000

*The Faculty decision-making process has not reached the stage of committing to investment from external agencies, but the University has invested in the StudyAge development.*

- for continuing education users, increasing participation and satisfaction rates above starting levels over time

*Reduction in personnel in the PCM led to the delivery of a smaller number of programs. (see Report for 2000, Appendix 3). Satisfaction rates for continuing education programs has been maintained at a high level.*

- income from CPE and sales of problems in excess of \$A200 000

*This income level has been achieved, partly due to income from e-learning projects and partly from savings on salaries in the re-organised PCM.*

- a cohesive Department of Medical Education servicing the medical program, coursework Masters degrees, specialist training programs and continuing professional education

*The DME continues to service the USydMP, but has had not yet developed close involvement with coursework Masters programs. The Basic Physician Training Program has become a key project for further on-line development.*

*Based on the recommendations of the Resource Allocation Working Party in 2000, the Faculty has established a Faculty Education Committee. This committee comprises each of the Teaching, Assessment and Curriculum Committees. Communication with the Department of Medical Education has been facilitated, enabling support priorities to be set.*

- two modules of the Masters in degree in health-related education available in distance mode by the end of 2001

*Not achieved. This is a goal for the end of 2002*

- at least 90% of medical graduates of >2 years standing participating in specialist or research training  
*Outcome data not yet available.*
- >50% of BMedSc graduates in further educational training – in professional degrees and research  
*Outcome data not yet available.*

November 2001

**REVISIONS TO TEACHING AND LEARNING PLAN, November 2001****Context**

The Faculty of Medicine graduates students from its MB BS program and offers a number of Masters degrees by coursework or research. The Faculty also contributes substantially to the BMedSc degree in the Faculty of Science as well as to the BSc, BPharm and BDS degrees. The Faculty provides an increasing number of coursework higher degrees. The Faculty's principal educational aim is to support life-long learning by providing quality and coherence in its educational programs at undergraduate levels, during postgraduate specialist training and for continuing professional education.

Recent changes necessitating revision of the Teaching and Learning Plan have been starred among the following bullet points. The changes include:

1. the establishment by the Commonwealth Department of Health and Aged Care of more ambitious targets for rural experience for medical students, and
2. the Government's decision to establish a new medical school in Canberra, where the University currently has a very successful clinical school. This change will necessitate an orderly transfer of responsibility for medical student teaching and for

There are also minor updates to strategies and performance measurement

**REVISED GOALS FOR 2002**

1. *To ensure the quality of the graduate entry medical program (USydMP), the Bachelor of Medical Science (BMedSc) and in coursework Masters programs.*
2. *To develop USydMP teaching in rural clinical schools/departments of rural health in Broken Hill, Dubbo/Orange and Lismore/Tweed Heads, toward meeting the targets established by the Commonwealth Department of Health and Aged Care.*
3. *To collaborate with the Australian National University and the University of Canberra in the development of the new Canberra medical school commencing in 2004.*
4. *To attract and retain high quality students.*
5. *To enhance staff development and scholarship in teaching.*
6. *To become a major provider of web-based and other educational materials, especially for continuing professional development.*

**GOAL 1**

***On the basis of evaluation data and effective faculty processes, ensure the quality of the USydMP, the BMedSc degree and coursework Masters programs.***

Strategies include:

- use feedback from graduates in the USydMP and BMedSc programs to enhance program quality

- ❖ revise USydMP curriculum to ensure the incorporation of new elements that reflect changes to medical science and practice
- ❖ develop new coursework programs with exit points at Graduate Certificate, Graduate Diploma and Masters levels
  - develop on-line resources to support Masters programs
  - maintain financial support for IT at or above current levels.
  - develop effective teaching strategies using videoconferencing technology

Performance measurement:

- documentation of effective quality management structures and processes: evaluation data, faculty responses and the outcomes
- ❖ new appointments to the Faculty to reflect changing requirements in research and teaching in new and emerging disciplines (eg. in genomics)
- ❖ review of curriculum elements in new and emerging disciplines
  - responses in the CEQ at or above the national average.
  - from surveys, employers' and supervisors' satisfaction with graduates
  - international and local student performance outcomes measured in external licensing examinations (eg the USMLE) maintained at above 98% success
  - documented enhancements in web-based resources together with relevant evaluation data
  - increased income annually from sales of the curriculum or materials
  - at least six invitations annually to speak or lead workshops, nationally and internationally; educational awards or recognition.

## GOAL 2

***To develop USydMP teaching in rural clinical schools/departments of rural health in Broken Hill, Dubbo/Orange and Lismore/Tweed Heads, toward meeting the targets established by the Commonwealth Department of Health and Aged Care.***

Strategies include:

- ❖ • ensuring that the "roll out" of the rural program proceeds on target for the rural clinical school at Dubbo/Orange and the Department of Rural Health at Lismore/Tweed Heads and that teaching programs in rural sites maintain the highest quality
- ❖ overseeing new academic appointments at each site
- ❖ • specifically targeting under-represented groups including Aboriginal and Torres Strait Islander people and rural students

Performance measurement:

- ❖ the Faculty meets targets for rural student placements
- ❖ rural students are provided with a teaching program of equivalent quality to students in Sydney, with respect to Faculty support, teaching, access to IT and access to other program resources
- ❖ student satisfaction is equivalent to the satisfaction of students in Sydney clinical schools
- ❖ professional satisfaction among academic and administrative staff in rural locations and on the main campus, in relation to implementation.

## GOAL 3

***To collaborate with the Australian National University and the University of Canberra in the development of the new Canberra medical school commencing in 2004.***

Strategies include

- ❖ clarifying the relationship between the universities involved in the new program
- ❖ clarifying the plans with respect to the type of curriculum to be introduced in Canberra, and the cross-over if any with the Sydney curriculum

- ❖ Ensuring appropriate collaboration between the academic and administrative staff currently implementing the USydMP Years 1-4 at the Canberra Clinical School and the academic staff of ANU/Canberra until Sydney students complete their program in 2006

Performance measurement:

- ❖ A clear statement of the roles and responsibilities of the Faculty in University of Sydney has been developed and agreed
- ❖ USydMP student experience, performance and satisfaction measures until final hand-over in 2006.

#### **GOAL 4**

***To attract and retain high quality students.***

Strategies include:

- ensuring that the teaching programs remain of the highest quality
- providing accurate, timely and readily-accessible information to prospective students
- improving administrative processes for enrolment and student support
- specifically targeting under-represented groups including indigenous and rural students
- maintaining the quality and integrity of the selection processes

Performance measurement

- evidence of maintenance of diversity in student profile for USydMP
- retention rates maintained above 96% in Medicine
- increased numbers of students enrolling and re-enrolling in coursework Masters degrees above 1999 levels
- Over 30 new international students enrolled in medicine in 2002
- meeting equity targets (at least 20 rural students and two Aboriginal or Torres Strait Islander people enrolled in 2002)
- maintenance of high entry standards in those selected for BMedSc and retention rates maintained above 90%.

#### **GOAL 5**

**Enhance staff development across the Faculty in teaching and assessment, and encourage scholarship in teaching**

Strategies include:

- training and support for staff in their teaching
- developing quality workshops and seminars on teaching
- exploring the possibilities of web-based distance education to support educational development especially for community and other clinical practitioners who supervise students
- collaborations formed by the Department of Medical Education with members of Faculty to encourage scholarly writing and research in education
- active participation in educational conferences, showcases, meetings and symposia at College, University, national and international levels
- development of a coursework Masters degrees in medical/clinical/health science education.

Performance measurement:

- increase in attendance above 1999 levels and positive evaluation data from participants at teaching workshops and training sessions or those using on-line resources
- 10% increase annually in numbers above 1999 levels of scholarly publications on educational practice or research
- 10% increase annually above 1999 levels of invitations to speak or to lead workshops or seminars related to medical education locally, nationally and internationally.

- enhanced participation by staff and students in local, College-wide, University, national and international educational activities including educational conferences above 1999 levels
- establishment of an articulated coursework certificate-diploma-Masters degree in health-related education with modules from participating faculties and calls for enrolment in 2003

## **GOAL 6**

**Establish a structure within which the Faculty can become a major provider of web-based and other educational materials for undergraduates in all degree programs, postgraduate coursework and continuing professional education, including through partnerships with the College of Health Sciences, postgraduate specialist medical colleges and other medical schools**

Strategies include:

- Faculty support for business case development that is consistent with the University's strategies for the development of on-line learning
- seeking commercial partner(s) to support the educational objectives
- based on the Faculty's existing strengths, planning the development of on-line modules or packages, in partnerships and with support from the medical Colleges and the Department of Health
- developing the capacity of the Postgraduate Committee in Medicine to provide an enhanced range of programs for CPD.
- collaborating with personnel with similar interests in educational technology in the College of Health Sciences
- seeking further collaborations with the specialist colleges for the development of educational materials
- exploring the possibilities of international exports

Performance measurement:

- by the end of 2002, at least two new contracts above 2001 levels proceeding to full development
- investment from external agencies, including commercial partnership(s), postgraduate sources and the University in support by the end of 2002
- for continuing education users, increasing participation and satisfaction rates above starting levels over time
- Department of Medical Education servicing the medical program, coursework Masters degrees, specialist training programs and continuing professional education
- two modules of the Masters in degree in health-related education available in distance mode by the end of 2002
- at least 90% of medical graduates of more than two years standing participating in specialist (including general practice) or research training
- >50% of BMedSc graduates in further educational training – in professional degrees and research