



Report to the Faculty of Medicine – 17 November 2008

Associate Professor Tessa Ho
Associate Dean (Learning and Teaching)
Head of the Medical Program
Office of Medical Education

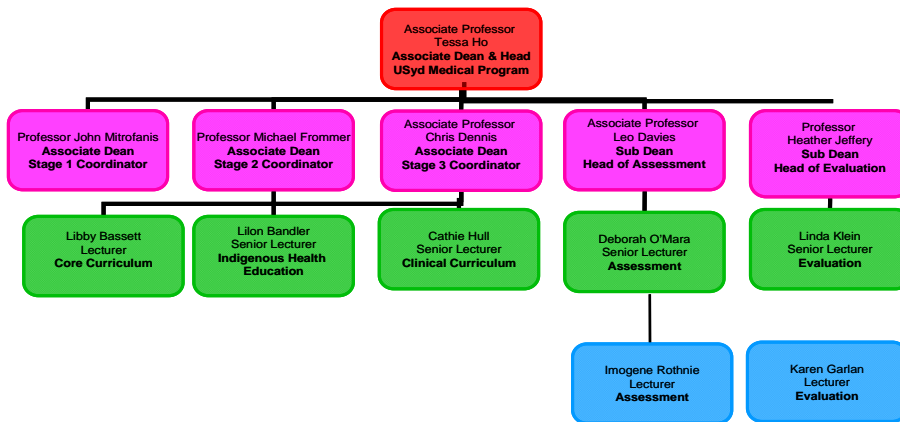
1. The Office of Medical Education

The Office of Medical Education (OME) was established in July 2007 as a result of the University of Sydney Medical Program Curriculum Review. In January 2008, the Office assumed responsibility for the management of the Medical Program and implementation of the recommendations of the Curriculum Review, in collaboration with our colleagues in the Faculty and our Clinical Schools. This report summarises our key achievements in 2008 and future plans for 2009 and beyond. In addition to addressing the action points in the Review, our foci have been on consolidating a strong team within OME, establishing clear, transparent and accountable practices and processes in our work and strengthening our relationship with our students and colleagues.

The challenges and rewards of running a complex Medical Program have brought wonderful opportunities to work alongside many colleagues and students whom we thank. Our team wishes to acknowledge, in particular, the wise counsel of Professors Kerry Goulston and Kim Oates, and our predecessors, Professor Rebecca Mason and Associate Professors Simon Willcock and our colleagues who have been instrumental in managing the Program. We also wish to thank the Associate Deans of our Clinical Schools and their staff and the many teachers who have played key roles and who have been immensely supportive and generous with their time and effort during a period of critical change and transition.

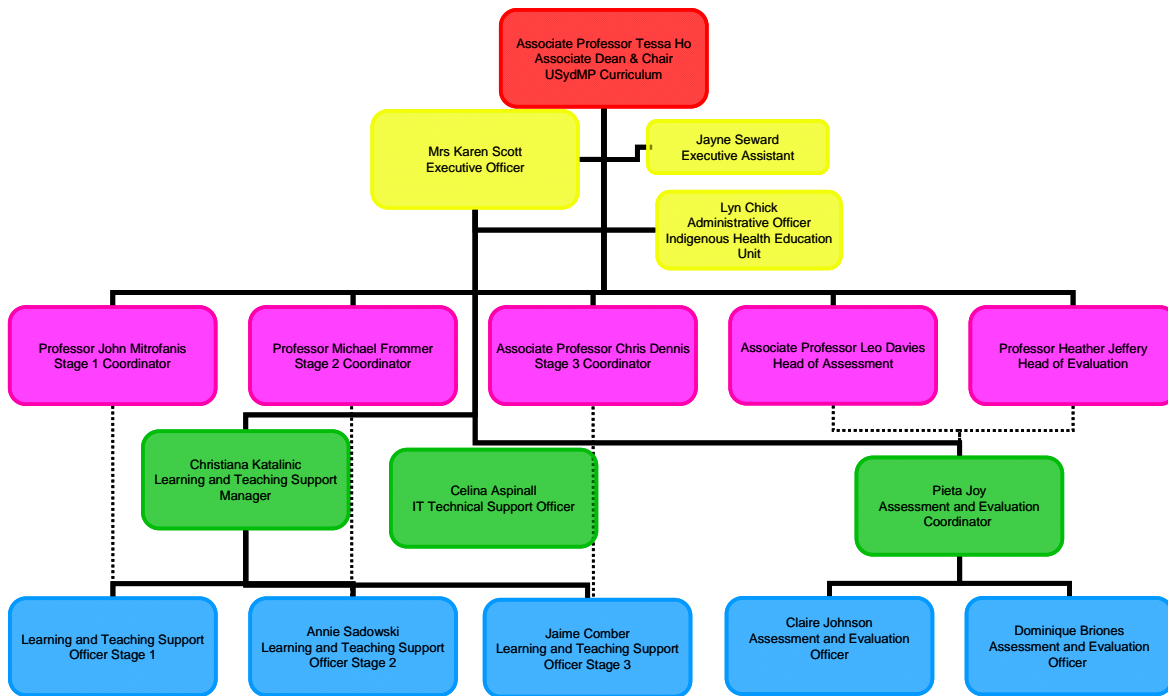
Staffing and Organisation

The two organizational charts below list our academic and administrative staff:



Recent Appointments

Professor David Tiller – Patient Doctor Theme Coordinator
 Ms Linda Klein - Senior Lecturer in Evaluation



Governance

The USyd Medical Program Policy Committee (meeting quarterly) and Operations Committee (meeting bimonthly) have been established with the terms of reference and membership listed on the Faculty of Medicine website. The terms of reference and membership of the Examination and Assessments Committees, the Stage 3 Committee and Options Committees are listed on our OME website <http://www.ome.med.usyd.edu.au>.

We have an ongoing process of establishing standard policies and operating procedures dealing with staff and students matters in relation to the Medical Program – all documents are distributed to Faculty and students and are posted on the website of the Faculty, OME and the GMP.

Communication

Clear and effective communication between OME and our colleagues within Faculty and the Clinical Schools, as well as our external stakeholders, remains a high priority and ongoing commitment. As well as regular meetings and discussion, either through visits as a team with the Dean, or on an individual basis, we have been going out to all our Clinical Schools to meet and seek advice and information on how best to deliver a standard curriculum across our many sites. We have a new website for OME, produce a quarterly newsletter “Curriculum Matters” with each Clinical School in turn as guest editors, distribute a monthly email update “OME Matters”, coordinate many dinner meetings with Disciplines, arrange regular peer to peer meetings with our various counterparts at the Clinical Schools – including Associate Deans, Medical Educators and Executive Officers and Coordinators. We recognize that the pace of change in this first year has been enormously challenging and we intend to invest time and effort to listen and hear from our colleagues about how best to ensure we work together effectively.

Student representatives are present on the Policy and Operations Committees, as well as on all Block Review meetings. They have been heavily involved in evaluations of the Program, meeting Heather Jeffery and the Evaluation Unit. Students have also had opportunities to air concerns and propose changes through the visits of the Dean and members of OME during the regular Dean’s visits to the Clinical Schools. Regular bimonthly meetings are scheduled jointly with MedSoc and SUDUA with the Head of OME to ensure the executives of the Medical and Dental Student Societies have an avenue for discussion. OME has an open door policy.

One of the first priorities was to ensure OME had a physical and visible presence that is perceived by students and staff as readily accessible and approachable – we have a ‘shopfront’ or OME Reception on Level 1 of the Edward Forde Building, with a welcoming staff member and a large glass jar full of confectionary. The lounge adjacent to the OME Reception has a table and comfortable lounge with reading materials and bulletin boards for students: wireless access is now available so that students can meet and work here.

Research Studies in the Medical Program

Initiatives include:

- The formation of an OME research studies working group comprising:
 - Honours Coordinator – Dr Margot Day
 - Electives Coordinator – Ms Karen Garlan

- Options Coordinators – Dr Luke Henderson
- The provision of information sessions on research opportunities for Med 1 and Med 2 – 21 July, 15 August and 2 October, 2008.
- Discussions with the Brain and Mind Institute and Woolcock Institute regarding available research streams for medical students
- Planning a targeted program to identify and recruit incoming Med 1 in 2009 with prior research degrees – welcome function during Orientation Week scheduled on Friday 13 February 2009 from 4:00 – 5:30 pm in the Anderson Stuart Common Room to showcase Faculty research.
- Compilation of an inventory of research training across Faculty – designing progressive training modules for students in the Medical Program Research Stream.

Problem-Based Learning in the University of Sydney Medical Program, Stages 1 and 2- Michael Frommer

Several areas for change and improvement in PBLs have been suggested, and these are in the process of implementation. The following is an outline.

- The tension in PBLs among different emphases: (a) study of the pathophysiological and other mechanisms of disease, (b) introduction to clinical principles, and (c) PPD issues. Tutor briefings now explicitly emphasise (a), and specific PBL sessions have been designed to highlight particular PPD issues. Further development will occur in preparation for 2009.
- Improvements in the standard of tutoring.
 - *Tutor selection* processes were revised, especially for Block 1. Current Stage 3 students are now excluded as tutors from all Blocks.
 - *Tutor training* arrangements were strengthened. All new tutors are required to attend a newly-developed two-hour training session that was delivered repeatedly throughout 2008. This includes a clearer explanation of the tutor's role.
 - *Tutor briefing* sessions were also strengthened. Tutors are now required to sign an attendance sheet. Communication with Case Coordinators has improved with the intent of improving the quality and consistency of tutor briefings. As a signal of commitment and to assist Block Chairs, a Stage Coordinator attends all tutor briefing sessions.
 - *Tutor guides* have been revised for Stage 1. Further revision is in progress in anticipation of one of the three tutorials in each PBL cycle being full student-led.
- New Block Chairs and Case Coordinators. At least three new Block Chairs need to be identified to replace Chairs who wish to leave the role after several years of service. Several new Case Coordinators with a willingness to take active responsibility for their respective cases are also needed.
- Updating of PBL cases. Specific cases in Blocks 1, 3, 6, 7 and 8 have been identified for updating or replacement and work on this is progressing.
- In the new Foundation Block (Block 1) (described in the Stage 1 report), the timetable allowed for only four weeks of PBLs, beginning in the sixth week of the Block. The specific aim was to introduce students to the PBL process, and PBL content and tutor guides were revised accordingly. Efforts were made to recruit senior clinical figures and highly experienced tutors as elite 'Foundation Tutors'.

Core Curriculum – Libby Bassett

Progress on core curriculum and learning objectives during 2008

The first stage of this process is progressing well and ahead of the schedule. The majority of the Disciplines and Sections have completed and submitted their Draft Core Learning Objectives. Due to their hard work, it is now a realistic expectation that these will have gone through the remaining steps to final approval by the end of 2009 for release at the beginning of 2010.

Core Lecture Series for Stage 3 for 2009

Fifty-five Stage 3 lectures are being video-recorded and will be available as an online learning resource accessible by students from all Clinical Schools. This has been a high priority to ensure that all students, regardless of the Stream to which they are allocated, have a common learning experience to prepare for the Stage 3 Summative Examinations. It is expected that all scheduled lectures will be online before the beginning of each term for the 2009 Stage 3 cohort. This has been an enormous effort for teachers and our Faculty IT staff.

Stage 3 PBL Content

The content and references of the 28 Stage 3 PBLs are being reviewed by their Case Coordinators. This project is almost complete, with most of the PBLs already reviewed and uploaded to the USydMP website.

Online curriculum map "COMPASS" – Daniel Burn

The prototype online Learning Objective and Content Submission form has been extensively piloted with OME staff and selected teaching coordinators. We will have a first release of the online interface of Compass very soon pending further discussions within OME regarding specifications of the database followed about another week of developmental work and testing. This will give an online database of learning outcomes, searchable by staff, with the ability for new learning objectives to be entered, then approved and uploaded for student and staff access. The Events calendaring and timetable database is working fairly well at the moment, and we are at the point where we need to develop the specific workflow tools to make Medical program timetabling feasible. We are currently interviewing three new Compass software development staff working towards having these systems operational by October 2009.

Clinical Curriculum – Cathie Hull
Stages 1 & 2

The Patient Doctor handbooks for all Blocks in Stages 1 and 2 have been revised. There will be further changes for 2009, especially in the area of Procedural Skills under the leadership of Professors Joe Canalese and Les Schreiber.

Clinical Assessments

New OSCE stations have been prepared in consultation with the Disciplines and Medical Educators at the Clinical Schools. We are trialing clinical exercises at the clinical schools; further work will need to be done in close consultation with our Clinical School colleagues to define the more suitable form and method of implementation of clinical exercises.

Extra tutorials for non-science background students

We offer extra science tutorials with a total of 3 hours per week for our first year medical students from non-science backgrounds. Up to 60 students attend these tutorials which have been positively evaluated by the students. An additional benefit of these tutorials is the information garnered by our tutors on existing gaps in student knowledge in basic sciences which will guide our planning for the curriculum, particularly in Stage 1.

2. Stage 1 Coordinator Report – John Mitrofanis

Stage 1 has seen some major changes in 2009, in response to the recent curriculum review. I'm pleased to report that most of these changes have been greeted most positively by staff and students. They include:

New Foundations Block 1

The new Foundations Block 1 provides a conceptual framework of overall body structure and function and an introduction to the different forms of teaching in the USydMP. The first 5 weeks of predominately basic science lectures has worked wonders and the students, on the whole, have come out with a better understanding of body structure and function. Feedback indicates that the Block has been a terrific success.

Learning Objectives

Learning Objectives for each teaching activity are in place and form the basis of the curriculum and indeed assessment. Each learning objective has been fashioned on each teaching activity, namely lectures, learning topics and theme sessions. They are extremely popular with the students and provide a guide for their learning.

Review of Tutor Guides

All tutor guides are being reviewed, focusing on the scientific mechanisms behind each sign or symptom. In session 3 of the PBL tutorials, 50mins has been allocated for students to generate mechanistic flow charts for each case. Again, these have proved very beneficial for students; OME has even developed a prize for the best set of flow charts for each Block.

Anatomy

All the new lectures and theme sessions (and spot tests) have been incorporated in the Stage. We feel that many of the "gaps" in student knowledge of body structure have been filled with these new Anatomy teaching activities. The new Anatomy classes have been met with great enthusiasm by students and staff; feedback has been overwhelmingly positive. In addition, although not in Stage 1, the Anatomy Dept is running two dissection programs, whole body dissection elective (Stage 3) and a regional dissection course (Stage 2). Needless to say, these dissection courses have proved very popular with students and are full to the brim.

Summative Assessments

For the first time this year, Stage 1 students will sit a summative written exam and a summative Anatomy practical exam (spot test). These will take place next week. Judging by the success of the RFAs earlier in the year, we have every reason to believe that these summative exams will be successful also. With these "extra" exams for the Stage, the students are more eager to learn...assessment certainly drives their learning.

3. Stage 2 Coordinator Report – Michael Frommer

Because of the concentration of resources on changes in Stages 1 and 3, changes in Stage 2 have been introduced progressively.

Changes to Stage 2 in 2008

Changes implemented in 2008 were as follows:

- Provision of Learning Objectives for each week in Blocks 6-9.
- New single-best-answer (SBA) formative and summative exams with the creation of a bank of SBA questions and a new analytical report format for students linked to a capacity for detailed analysis of cohort performance (see separate notes on Assessments).
- Increased teaching in anatomy, ophthalmology and urology.
- Improved organisation and support of Problem-Based Learning sessions (see separate notes on PBLs).
- Clarification of advice to students on progression following an application for special consideration in the context of unsatisfactory performance in summative and supplementary exams.

- Clarification of the process of selection of University of Sydney Dentistry Program graduates who wish to do Medicine, and of the requirements to be fulfilled in Stages 1 and 2.

Changes to Stage 2 in 2009

Several things that were developed in 2008 will not be implemented until 2009. These are as follows:

- The summative written (single-best answer) examination will be held at the end of Block 9 (rather than Block 8, as has been the case), so that Block 9 content can be included. The summative OSCE will be held immediately after Block 9 ends, and the written exam will follow a 10-day study vacation.
- Arrangements have been made for all students to attend autopsies as part of their learning experience in anatomical pathology. The autopsy sessions will begin in February 2009 at the Institute of Forensic Medicine, Glebe, thanks to the efforts of Professor Eva Raik and the generosity of Associate Professor Duflou, Director of the Institute.
- Teaching in nuclear medicine will be introduced as part of an overall strengthening of the teaching in imaging, linked with anatomy.
- Teaching in Complementary and Alternative Medicine will be introduced.
- Stage 2 students will have an intensive Personal and Professional Development program as recommended in the Curriculum Review. The two (separate) days for the program are scheduled to be held towards the end of Block 8.

4. Stage 3 Coordinator Report – Christopher Dennis

Preparations for the commencement of the new Stage 3 program in January 2009 are proceeding satisfactorily. The *Streams* have been finalised and the Clinical Schools and Disciplines have been able to make the necessary adjustments to the timetabling and teaching to overcome the problems associated with this change in structure.

2009 will constitute the *Transitional Year* for Stage 3 as we move from the old program to the new. The change will involve “a double-up” for each of the Specialty Rotations or Blocks. A number of strategies have been employed by the Disciplines to overcome this problem.

There are a variety of additional challenges for the *Transitional Year* which we are attempting to address in a logical and systematic fashion. We envisage a smooth and successful evolution to the fully refashioned Stage 3 program in 2010.

5. Assessments – Leo Davies

Exambank

2008 has seen the introduction of *Exambank*, the faculty’s web based system for storage of assessment items. During the year, all formative and summative written assessments in Basic and Clinical Sciences have been created in this system and the process has gone smoothly. The first version of Exambank has limited security options so that question writers only have access to their own questions. Planning is in place to produce a revised version with graded security access during 2009. This will allow access at a discipline level which will make it easier to review items prior to their inclusion in an exam. A reasonable cross-section of faculty has contributed items to the bank but the push in 2009 will be to enlarge the group of contributors and continue to improve the quality of the assessment items.

Feedback of Performance in Assessments

Students have been provided with detailed feed back on their performance in formative and summative assessments during the year. This feed back includes absolute indicators of their performance by discipline and relative indicators of their position relative to the minimum standard and the achievements of the rest of their cohort (Appendix A)

Exambank is updated with performance data each time an item is used in an examination. This includes statistics related to difficulty, correlation with student performance in other items and the spread of responses amongst the distractors. Any faculty member who has contributed an item is able to see how the item has performed in a given examination.

Examination reports are generated after each exam which describe the performance of the items used in the assessment and the performance of the student cohort (Appendix B). The standard setting process used to determine the cut off mark is also documented. In 2008 these reports have been provided to Examination Committees and the Associate Deans of the Clinical Schools but in 2009 they will be available on the Staff section of the USydMP website for viewing by any interested staff member.

Clinical Examination

Assessment of clinical skills in a ward based setting was introduced in 2008 with *Clinical Exercises* for Blocks 2-8. This has been a lumpy process with clinical tutors reluctant to be distracted from clinical teaching by assessment tasks. The linking of the Clinical Exercises to the OSCE tasks in the Stage 1 and 2 OSCE examinations has helped reinforce their usefulness to students. The program will be reviewed prior to the commencement of 2009 to address the time pressure issues raised by clinical tutors.

The *Long Case Examination* has been moved from the end of Year 3 to the end of Year 4 in the new Stage 3 integration. This means that there will be no Long Case Examination in 2009 as the new cohort moves through. This should alleviate some organizational pressures as the new Stage 3 process is implemented.

6. Evaluation – Heather Jeffery

The following reports on the evaluation activities of the Office of Medical Education for the period of August – November 2008.

Evaluation of Implementation of the Curriculum Review

A standardised questionnaire addressing implementation of all items in the curriculum review is now complete and the report is being assembled. Reports distributed to all clinical schools for comment.

Evaluation of Year 4 Rotations

Evaluation of the last two rotations in year 4 for Children and Adolescent Health, Perinatal and Women's Health, Community-Doctor, Psychological and Addiction Medicine at all clinical schools is now complete and will provide the basis against which changes in the curriculum will be evaluated. This is the first time in the Medical Program that the student learning experience at all clinical schools have been evaluated with the same methodology. We have distributed the reports to the clinical schools and await their responses. The **reports** have been posted on the evaluation web site and the student's bulletin board. The quality improvement action points will be posted by 1 December, 2008.

End of Year Surveys

The four end of year surveys from USydMP students are being collated over the next several weeks. The end of year survey for year 4 is complete and has been posted on the evaluation web site and the student's bulletin board.

Annual Report of the Evaluation of the University of Sydney Medical Program 2008

The Annual Report -Evaluation of the University of Sydney Medical program 2008 is being collated for release in January 2009

7. OME Newsletter

The fourth edition of Curriculum Matters will be released at the end of November. Following on our practice to feature Clinical Schools in alternating issues, we thank Professor Michael Field and his colleagues at the Northern Clinical School who have agreed to be guest editors for the February 2009 edition of "Curriculum Matters".

The Office of Medical Education website was launched on 16 July 2008, marking the first anniversary of the establishment of the Office. We invite you to visit our home page and welcome your feedback:

<http://www.ome.med.usyd.edu.au>.

APPENDIX A

Sample Individual Student Feedback for Stage 1 Block 1 RFA

Explanation of Terms on Student Feedback Report

Scale Score

- Scale score is used so that the passing standard of exams is consistent across years.
- 100-500: range of possible scores in examinations.
- Pass mark always = 250
- Satisfactory/Borderzone/Unsatisfactory.

Results by Theme

- Number of items in assessment by Theme
- Number of items answered correctly by Theme.

Results by Body System and Discipline

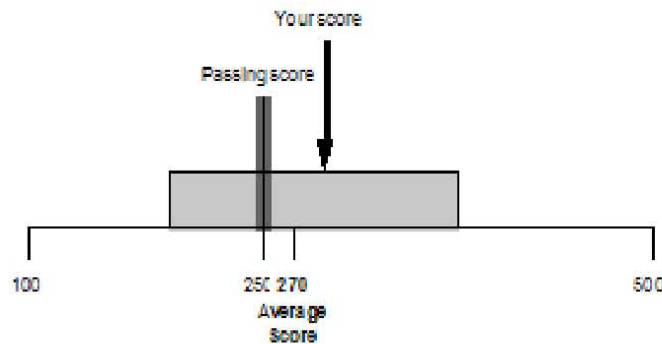
- Items tagged with body system and academic discipline.
- May be multiple tags per item, therefore numbers in these columns UNLIKELY to sum to number of items in assessment

University of Sydney Medical Program

2008 Stage 1 RFA 1 STUDENT REPORT

Student ID: **200812345**
 Scale Score: **290**
 Name: **MODEL STUDENT**
 Result: **SATISFACTORY**

In order to provide maximum feedback, items in the examination have been classified by System and Discipline. Because some items may map to multiple systems and/or disciplines the total number of items in either the system or discipline categories below may be greater than the number of items in the examination.



Your raw score (number of items correct) has been mapped onto the USydmP scale. This scaling is done to maintain a consistent standard for the examination. The shaded area is the range of scores in this exam. The passing and average scores are marked and your score is indicated by the arrow. The dark central band indicates a 'borderzone' performance.

The results and your scale score above are calculated from the Basic and Clinical Science theme items. The result grade refers to the BCS theme. Results in the other themes may depend upon other assessment tasks.

THEME	Number of items	Number Correct
Basic and Clinical Science	98	71
Personal and Professional Development	6	4
Community and Doctor (Population Health Sciences)	12	11
Patient and Doctor	6	1

		Number of items	Number Correct
SYSTEMS	Cardiovascular	15	14
	Central and Peripheral Nervous	15	9
	Endocrine	2	2
	Gastrointestinal	8	6
	Haem and Lymph	11	7
	Musculoskeletal	20	15
	Renal / Urinary	0	0
	Reproductive	1	1
	Respiratory	9	7
	Skin and Connective Tissue	8	5
DISCIPLINES	Anatomy	36	28
	Biochemistry	21	17
	Cardiology	0	0
	Drug and Alcohol	0	0
	Endocrinology	1	1
	Evidence based medicine	0	0
	Gastroenterology	2	1
	Geriatrics	0	7
	Haematology	1	3
	Immunology	10	0
	Infectious Diseases	8	0
	Neurosciences	0	0
	Obstetrics Gynaecology	1	0
	Oncology	0	3
	Paediatrics	0	8
	Pathology	3	4
	Physiology	6	0
	Radiology	0	0
	Renal medicine	0	0
	Respiratory medicine	1	1
Surgery	0	0	
Pharmacology	10	0	
Miscellaneous	2	1	

APPENDIX B

Examination Report for 2008 Stage 1 Block 1 Required Formative Assessment

The following report summarises the procedures followed in implementation of the written Stage 1 Block 1 Required Formative Assessment (RFA) administered in April 2008. This report includes assessment psychometrics, aggregated student performance data and an example of student performance feedback provided to each student.

The processes undertaken in this assessment reflect changes made to the written assessment practices in the USydMP as a result of the 2007 curriculum review recommendations.

Examination Preparation

Governance and organization.

A written assessment committee was created to oversee the creation and review of the examination paper. Membership of the committee includes the Head of Assessment, The Stage Coordinator, Block Coordinator, Two Stage 1 Written Assessment Coordinators, representatives from each of the Themes and Assessment Unit staff.

Examination Blueprinting

All items in the assessment were 1 from 5 single best answer multiple choice questions (N=120). Items included in the assessment were selected to sample the lecture and theme session content in the Foundation Block of the program. Table 1 below shows the number of items sampled by theme in the assessment. Within the Basic and Clinical Science theme items were sampled by discipline (e.g. anatomy, physiology, immunology) to represent proportional teaching time in the Block.

Table 1: Stage 1 Block 1 2008 RFA Blueprint

Theme	No. of items
Basic and Clinical Science	96
Patient – Doctor	6
Community and Doctor	12
Personal and Professional Development	6

Examination Review and Production

The web based database 'exambank' was used to create, store and select items for the assessment. The database is also used to prepare and print the final examination paper, tabulate individual student results by Theme, Discipline and System and for the storage of item performance statistics.

Examination data processing and Results

A total of 263 students sat the assessment. (5 sat after the main administration and so are not reflected in the psychometric data represented on the next page).

The assessment is formative however to maximize student feedback a pass standard of 60% (+/- standard error of measurement) was established. This standard is consistent with the pass standard that has been nominated to date in all USydMP Basic and Clinical Science summative assessments. Possible results for student performance are therefore: Satisfactory, Borderzone (reflecting performance in the error band around the cut point) and Unsatisfactory.

Item and student performance data were analysed and scaled using the Rasch model of Item Response Theory. In contrast to more traditional approaches of scaling examination data, this approach calibrates student and item performance data on a common, linear scale of difficulty/ability. The units of measurement for this scale are called 'logits', which, in summary refers to a loglinear transformation of raw data. All written assessments in the BCS theme will be calibrated in this way so that the difficulty level of an assessment at the pass standard will remain consistent across administrations, independent of the overall difficulty of the particular assessment administration and the level of student cohort performance.

Item Analysis

BCS items only are included in the calculation of student performance in this assessment. Initial analysis included all items however poor item fit for one item (MCQ ID = 810) indicated poor performance for this item and it was removed from subsequent analysis of student results. Investigation of the item revealed a typographical error that rendered the item unclear. (For reporting purposes, in this formative assessment all students were credited as answering the item correctly).

The pass standard for the examination was equivalent to 0.60 logits, or 57 correct items, which translates to a scaled score of 250 within a possible range of 100 – 500 points. This scale will be used for all USydMP BCS written assessments in order to provide a common frame of reference for student performance across all examinations.

Examination reliability was good, with person reliability at 0.84, this measure is equivalent to traditional measures of reliability i.e. Cronbach's alpha.

Mean Square Infit statistics measure person and item 'fit' to the Rasch model which provide an indication of assessment validity.

Measures for this assessment were 1.0 for both persons and items, showing very good fit. (Ideal fit Mean Square statistic = 1.0 with acceptable range: 0.80 – 1.20).

Table 1.2 on the following page shows the item and person map for this assessment. This table graphically represents the performance of students and the difficulty of individual items on the common logit scale.



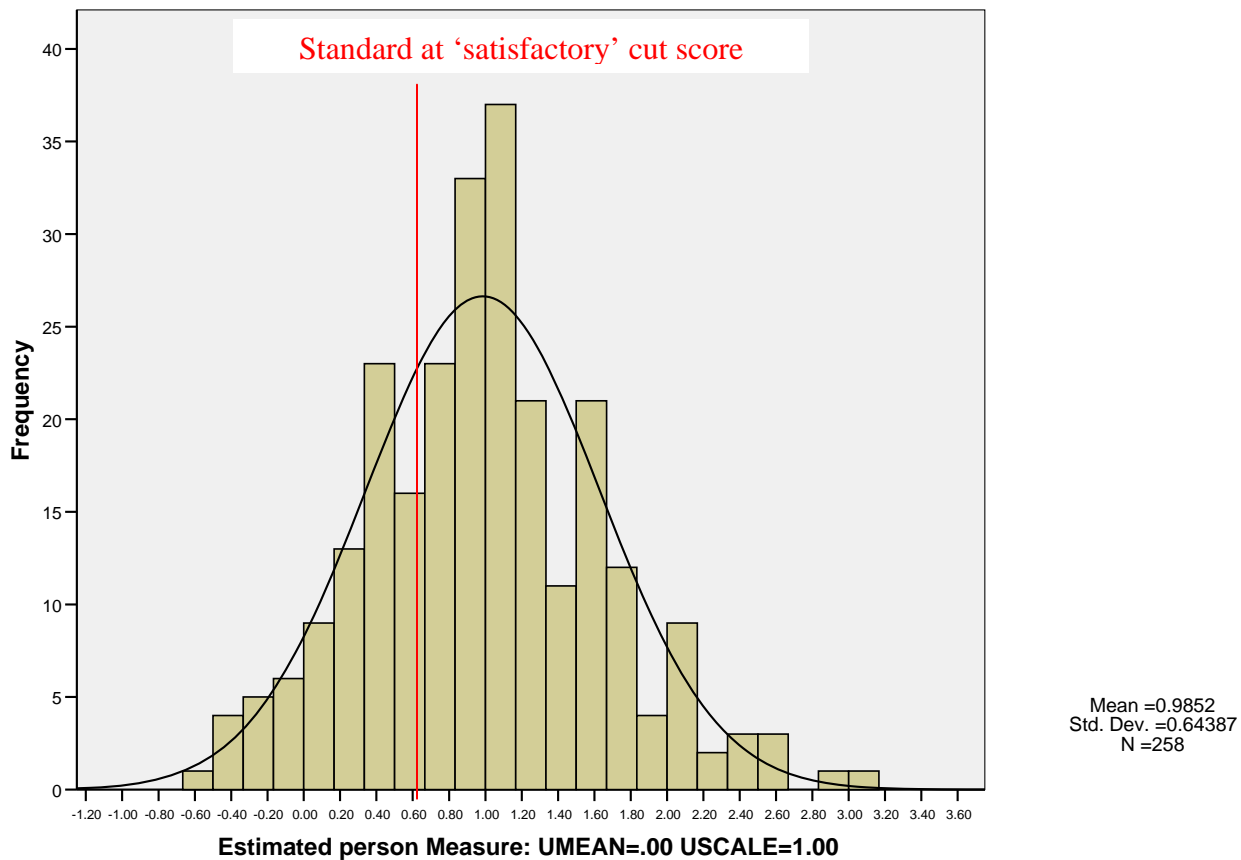
-5 +
 <less><frequ>
 EACH '# IS 3.

Student Performance (including students undertaking the assessment after the main administration) N=263.

Result	Number of Students	Percentage of Students
Satisfactory	186	71%
Borderzone	22	8%
Unsatisfactory	55	21%
Unsatisfactory with score below 1 standard deviation from the pass score. (subset of unsatisfactory above).	16	6%

An analysis of students' prior degree will be undertaken to investigate for any relationship between academic background (or other variables) and performance in BCS theme assessments. This data will be monitored for any trends and form part of the evaluation of changes to assessment in the USydMP.

Figure 2: Student Cohort Performance on Basic & Clinical Science items in Stage 1 Block 1 RFA 2008 (items N= 95).



NB: Mean raw score for the assessment = 63 correct items.
 Mean scaled score = 270

Reporting and Feedback
Students at academic risk

Students who performed at less than 1 standard deviation below the pass standard cut score have been identified and their details have been forwarded to the Stage Coordinator for the purposes of review and where necessary remediation in the BCS theme.

Individual Student Feedback Reports

Each student has been mailed correspondence regarding their performance in this assessment. An example of the feedback report is shown on the following page. Students were provided with information about the contents of the report in an information session during lectures on Friday 9th May.

APPENDIX C: End of Year Report for Year 4 2008 (attached)