

NEWS & UPDATES

Welcome to the November 2013 issue of LIME news. We would like to congratulate our Director, Professor Trudie Roberts, on becoming President of the Association for Medical Education in Europe. We wish her good luck in taking this high impact role and look forward to hearing about the global initiatives occurring within Medical Education.

Yet again Leeds is ranked as one of the top ten medical schools in the UK by the National Student Survey (NSS), the results of which can be found on page 2.

Student engagement remains an important aspect of LIME, with the MBChB partnership dinner being reported on page 5. We are also pleased to report on the Professionalism Ceremony on page 3, an occasion which marks the professionalism and commitment of our students.

There are updates from the different teams working within LIME, and details of forthcoming conferences, workshops and courses.

We hope you enjoy this issue. If you have any comments or queries, please contact Helen Greenwood, CPD co-ordinator (h.i.greenwood@leeds.ac.uk).

Robert Francis QC visits School of Medicine for Professionalism ceremony

... read more on page 2



Robert Francis (right) and new Vice Chancellor Sir Alan Langlands congratulate a student



TRUDIE ROBERTS BECOMES PRESIDENT OF AMEE

At the Prague Association of Medical Education in Europe (AMEE) meeting in September I took over as President of the association after spending one year as President-Elect. As you are probably aware, AMEE runs the largest medical education conference in the world and is in fact a global organization. Naturally I am very proud to take over this role, which many far more illustrious people have held in the past. It does feel more than a little daunting; however, I feel strongly that not only will it be an immense development opportunity for me but more importantly it will bring significant advantages to LIME. Part of the role will involve working closely with the World Federation of Medical Education (WFME) and also the opportunity to interact with WHO in the area of global medical education.

... read more on page 2

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TRUDIE PRESIDENT OF AMEE *continued from cover page*

Understanding the ‘politics’ of both European and global medical education will allow me to ensure that we are able to respond to new initiatives and also make certain that we are compliant with global as well as GMC standards. Why is this important? It is important to our prospective overseas students as often their countries have adopted the WFME standards for medical education and also for any of our students wishing to work abroad, particularly outside Europe.

As AMEE President I have already been asked to give a keynote lecture at the Ottawa meeting on assessment in medical education and to contribute to several symposia on medical education at the American Educational Research Association. Great opportunities to speak to and learn from expert international colleagues.

The chance to meet with colleagues involved in medical education outside the UK is also important to support LIME in achieving our research and scholarship ambitions. Good collaborative networks will allow us to continue to be successful in obtaining funding from the European Union and build on the successful Tempus-funded MUMEENA programme. Working as President will also help to develop a network of global contacts, and through this I will be able to introduce Leeds staff to world experts to make sure we stay at the forefront of innovation and excellent practice in teaching and learning.

Are there any downsides? Naturally the time commitment will need careful managing. However as many people will know there is an excellent team comprising the AMEE executive, and Madelena Patricio is staying on for one year as immediate past president so I feel well supported. I’m looking forward to the next three years and am sure that I will be able to use the expertise I have gained working with excellent colleagues in Leeds to influence the continued development of medical education on a global level. The experience I gain in this role will contribute to the continued strengthening of the Leeds Institute of Medical Education’s capacity to provide our student with a first class educational experience.

Professor Trudie Roberts, Director of LIME

National Student Survey

I am delighted to be able to report that Leeds is once again ranked in the top ten UK Medical Schools in the NSS, with an overall satisfaction score of 95%. We’ve consistently been in the top ten for the last four years, which is a glowing endorsement of our medical school by our graduates.

These very good results aren’t achieved by accident - a vast amount of hard work has been done by all who are involved in student education (both within the School and in our partner organisations) to enable us to achieve such consistently good scores. We, of course, continue to be incredibly proud of our students throughout the course and after graduation.

Congratulations and thanks to all for an excellent set of results.

Laura Stroud, Director of Student Education, LIME

Question category	Distribution across response options (2013)					% agree			
	Definitely agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Definitely disagree	2011	2012	2013	Change between 2012 and 2013 (percentile points)
Teaching (Q1 to Q4)	48%	49%	2%	1%	0%	95	96	97	+1
Assessment & feedback (Q5 to Q9)	20%	48%	19%	11%	2%	64	60	68	+8
Academic support (Q10 to Q12)	36%	49%	9%	5%	1%	82	77	85	+8
Organisation & management (Q13 to Q15)	25%	56%	12%	6%	1%	80	82	81	-1
Learning resources (Q16 to Q18)	57%	37%	3%	2%	1%	96	93	95	+2
Personal development (Q19 to Q21)	67%	30%	3%	0%	0%	97	96	96	0
Overall satisfaction (Q22)	52%	43%	4%	1%	0%	97	96	95	-1
Satisfaction with Students’ Union	51%	40%	9%	0%	0%	n/a	87	91	+4

University of Leeds Ceremony to mark Medical Students' Professionalism

On Friday 25th October, the professionalism and commitment of Leeds' medical students was recognised in a special ceremony held in the University's Great Hall, and the University is delighted that the keynote address at the ceremony was delivered by Robert Francis QC.



Senior members of staff receiving their awards from Sir Alan Langlands
L-R: Mr Munther Aldoori, Mr Aleck Brownjohn, Dr David Cundall

This marks the third year in which this special ceremony has taken place, highlighting the importance that the University, Medical School, Staff and Students all place on professionalism as one of the critical attributes of students and doctors.



Students at Ceremony

Robert Francis chaired the public inquiry into the Mid Staffordshire NHS care scandal. His work and commitment to safe, excellent care within the NHS resonates with many of the key messages of the Leeds' medical student curriculum, centred around safer, patient centred care and the lifelong personal and professional development of practitioners



Mrs Hazel Frith and Mr Ian Hutchinson receive their awards from Sir Alan Langlands



Student Thomas Bamford receiving his award for 'Innovation to improve Patient Safety through avoiding misplaced Nasogastric tubes'.

The ceremony provided the opportunity to mark the dedication of 5 senior members of staff who have made a longstanding contribution to the education of our Medical Students, and to celebrate the achievement of students who are already making their mark on the medical world



Students James Gupta and Omair Vaiyani for 'Innovation to improve student revision'.



With Prof Trudie Roberts - Yr 2 RESS students Jacinda Green (Left) and Amy Tulip (right) who were awarded the Silverside Prizes.

Over 250 students took part in the ceremony on 25th October 2013 together with the new Vice Chancellor and a former Chief Executive of the NHS, Sir Alan Langlands, the new Dean of Medicine Professor Paul Stewart, NHS and University colleagues, and most importantly our patient and carer representatives.

Health Education England (HEE) visit the Faculty of Medicine and Health

The recent visit of the HEE to the Faculty proved a busy day for the visitors with a packed programme of meetings with staff and students. Sir Keith Pearson, Chair of HEE who led the visit, was particularly keen to explore student perceptions of patient care and safety following the Mid Staffordshire enquiry into healthcare standards. He led the discussion with a group of undergraduate healthcare students, asking them about their experience of identifying potential issues in placement settings and highlighting appropriate channels of referral. The students responded very thoughtfully, demonstrating a high level of awareness of patient safety issues and confidence in the support mechanisms available to them during their training.



Students Luke Foster and Jamie Clark explaining the development of their peer-teaching App. Student Kate Gillard (sitting on the right of the picture) ably demonstrated mobile learning to the visitors.

in collaboration with the TEL team which involves demonstration of examination skills and practice testing in preparation for OSCEs.

In Dentistry the guests engaged in hands-on experience of the latest technology, the 'Simodont', a virtual reality system which enables trainee dentists to develop their technical skills in the art of cutting the perfect cavity. The students who accompanied the visitors explained recent developments in training and linked these to the Patient Safety Agenda. The visitors clearly enjoyed the opportunity to be let loose with a high speed drill with no danger of patients being harmed in the process! It was with some degree of reluctance that the Simodont was left behind.

The final session involved a short presentation by Dr Anne-Marie Reid (Medicine), Dr Joan McLean (Healthcare) and Dr Jane Wardman (Dentistry) to explain the Faculty-wide approach to developing Interprofessional Learning (IPL) with patient safety at the heart. In the ensuing discussion Jools Symons (Medicine) explained the School's strong partnership with the Patient and Carer community and the vital role in teaching played by them throughout the MBChB programme. Sir Keith remarked the new Dean that he must be very proud of Leeds Medical School. He was also emphatic in praising the students he had met during the visit and said that he felt reassured that the NHS was 'safe in their hands'.

Dr Anne-Marie Reid, LIME

A visit to the medical school gave the visitors an opportunity to interact with the Technology Enhanced Learning (TEL) team and students to see at first hand the range of innovations which are benefitting student learning. The students explained how 'near patient' teaching is supported by their iPhones, which provide access to reference sources through 'Apps' as well as allowing completion of workplace-based assessment tasks. The visitors were very interested in the navigation tool developed by the TEL team, which enables students to familiarize themselves with location of placements, the resources available and the staff who will be responsible for them even before they arrive! Professor Ian Cummings, the Chief Executive of HEE, was particularly impressed by the peer-teaching 'App' developed by 4th year students



Simodont virtual reality system

MBChB Partnership Dinner



Another very successful MBChB partnership dinner was held in University House on the evening of 13th Oct 2013. The aim of the event is to create an opportunity

for students' from across all years of the MBChB to meet with senior School of Medicine staff, this informally, to discuss what they consider works well within the MBChB curriculum and what they consider may be enhanced. Student comments and suggestions from the evening are all collated and fed into the curriculum planning process.



We believe that it is only through strong partnership with our students that we can continue to enhance their experience and indeed the MBChB curriculum, this in turn helping to ensure that Leeds continues to be considered a leading centre for medical education in the UK.

Leeds Community Healthcare **NHS**

NHS Trust

“Optimising Teaching in the Clinical Setting” Sept 30th 2013 St George's Centre, Leeds

“Optimising Teaching in the Clinical Setting” – was the theme for a joint training morning for all medical teachers in Leeds Community Healthcare NHS Trust (LCH), an associated teaching trust of the medical school. The meeting was organised by Lorna Hight, Associate Director of Teaching and Student Support (LCH) and Leeds Institute of Medical Education (LIME) and took place in St George's Centre in Leeds.

The meeting was well attended by clinicians from many backgrounds, including Paediatrics, Child and Adolescent Mental Health, Sports Medicine, Rehabilitation Medicine and other specialities. A mixture of presentations and small group work engaged the delegates in many aspects of clinical teaching. An initial overview of the MBChB curriculum was presented to inform staff on updates and opportunities to teach. Members from the Extended Student-led Research or Evaluation Project (ESREP) team provided an introduction on how students can experience research during their study, and how clinicians can get involved with project proposals, thus enhancing their research and supervision skills. Four medical students also participated in the morning, giving feedback to the group work and talking about their student projects. A talk from Dr Resh Khodabocus, a Placement Innovation Lead at Pinderfields, described experiences and tips for teaching in a busy clinic and introduced some innovative methods to engage the students during placements. The first small-group session, led by LIME staff, provided opportunities to propose and design ESREP projects. The second provided occasion to talk about clinical teaching with the medical students and to discuss what works best and what meets their expectations.



The meeting, in this format, proved successful with the attendees. One significant outcome of the morning was that an increased number of clinicians are submitting projects for next year's ESREP. Overall, clinicians found the discussions with the students and university staff beneficial; they also valued the time to discuss strategies for LCH as an associated teaching trust to continue to provide good quality clinical placements. We hope that this may become an annual event.

Lorna Hight - Consultant Paediatrician and Associate Director of Teaching and Student Support Leeds Community Healthcare NHS Trust. St George's Centre, St George's Road, Leeds LS10 4UZ.

Clinical Skills Education Team

The Clinical Skills Education Team has had a number of staff changes this year. Laura Smith, one of the clinical skills educators has left her part time job in A&E to take up the role of Clinical Skills Education Team Manager. Our deputy manager Claire Hazledine is currently on maternity leave following the safe arrival of a beautiful little girl called Esther. Barbara Macpherson has joined the team as a clinical skills educator; Barbara comes from the education team at Martin House Children's Hospice in Boston Spa and has also been a Sister on PICU for many years, as well as a teacher for student nurses at the School of Healthcare, so her skills are a great addition to the team.

Despite the changes to the team, the scope of the teaching continues to increase with the introduction of RRAPID (Recognising and Responding to Acute Patient in Deterioration) training throughout all of the 5 years of the undergraduate curriculum. As a team we are reviewing the clinical skills teaching over the whole five years of the student's education, and are developing new teaching with regard to patient safety initiatives such as nasogastric tube placement. Clinical skills teaching and simulated practice is developing rapidly as a core part of medical training and our team are looking forward to the challenges ahead.

Angela Windle, Clinical Skills Educator, LIME, SJUH



PATIENT CARER COMMUNITY ACTIVITIES

I have been a member of the Communication Skills team for over 13 years, becoming year 2 course leader in 2009. I started the new role by gathering student feedback and working closely with the delivery team, which includes members of the Patient | Carer Community (PCC), to enhance the student experience. We were able to respond to the feedback during the redesign and launch of the new curriculum in 2010 by making the sessions timely and keeping the content relevant and contemporary. The primary focus of the communication skills course is on history taking; the students are expected to gather information from the patient by asking relevant questions, actively listening and responding appropriately. The developing skill is the balancing of the patients' ideas, concerns and expectations (ICE)¹ with their own task of gathering information to piece together a clearer picture of the patients health and lifestyle. Each student is supported to interact with a Simulated Patient (SP), the SP being a real patient or carer from the PCC who is trained to use their own healthcare experience to inform and take on a different patient role for approximately 7 minutes; they receive formative feedback from the 3 observing students, as well as the SP and the facilitator and then handover to the next learner who continues to expand the consultation with the same patient. Based on the student's earlier request for written feedback for their portfolios we have designed and implemented a form to capture individual 'take home' messages which is completed by everyone in the group. However, discussion in the end-of-course 2012/13 debrief highlighted a real concern for the teaching team that only a minority of students took sufficient observational notes and therefore the majority struggled to give specific and focused feedback.

During a team workshop we explored these issues and further developed a system to improve the process of observation

and feedback. Our starting point was the Calgary-Cambridge model². We worked in small groups to identify the models core principles and distilled them down to: structure of the interaction, building the relationship and gathering information and drafted the Capturing Observation and Feedback Sheet (COFS). The COFS purpose was to help the students to identify and record specific behaviours, which would help them not only to focus during the interaction, but also give more specific feedback to the interacting student. To aid this process we provided suggestions for each section e.g. look for techniques for building rapport, trust and encouraging the patient/carers to tell their story, and this gave the students a focused task that could help to reduce the feeling of personal criticism. We also developed the COFS Supporting Information for the Virtual Learning Environment to provide guidance on how to use the forms. This highlighted what we were expecting the students to record and feedback and gave more specific examples.

The forms were used by 2nd year students during the communication skills course 2013/14 and feedback has been overwhelmingly positive. The students felt they had a clearer task to perform which helped them to be much more focused and specific when writing observation notes and giving verbal feedback to each other. The teaching team felt the observers were better engaged and more able to give useful and relevant feedback. We will be gathering formal feedback and hope to roll the COFS out into years 1 and 3 of the communication skills course 2014/15.

Jools Symons, PCC Manager, LIME

¹ Pendleton D, Schofield T, Tate P et al. *The new consultation*. Oxford: Oxford University Press, 2003.

² Kurtz SM, Silverman JD, Draper J (1998) *Teaching and Learning Communication Skills in Medicine*. Radcliffe Medical Press (Oxford)

The NHS and Voluntary Sector in Leeds: All change!

One of the major changes in the city (as elsewhere) is the phasing out of the Primary Care Trusts and the introduction from the 1st of April 2013 of three **Clinical Commissioning Groups (CCGs)**. Leeds North CCG www.leedsnorthccg.nhs.uk/ has the lead on mental health and the Leeds and York Partnership Foundation Trust (LYPFT) contract. Leeds West CCG www.leedswestccg.nhs.uk/ has the Leeds Teaching Hospitals Trust (LTHT) contract and Leeds South & East CCG www.leedsouthandeastccg.nhs.uk/ has Leeds Community Healthcare and the Third Sector contract (including voluntary sector contracts). **Public Health** (as elsewhere) is now the responsibility of the Local Authority.

In the city Leeds LINK which gave a voice to patients and the community in the NHS has now been replaced by **Healthwatch Leeds** see www.healthwatchleeds.co.uk Voluntary Action Leeds (VAL) research has shown that a significant number of voluntary groups in the city have had to reduce their work and staff due to cutbacks and Leeds has set up a Transform Leeds Commission aimed at getting the voluntary sector and local authority to work more closely, and to do more with less. It was also recognised that we need to work smarter in the current difficult economic environment. **Transform Leeds** has just come up with its final set of recommendations see www.val.org.uk At the same time Voluntary Action Leeds has also linked into a new platform website for the city '**Doing Good Leeds**' see www.doinggoodleeds.org.uk

As part of the change process voluntary groups in the city have also been coming together as **Third Sector Leeds** (TSL) hosting a number of conferences and consultations. Further information on TSL can be obtained from Annette Morris E Mail: Annette.morris@val.org.uk Tel. 0113 297 9720.

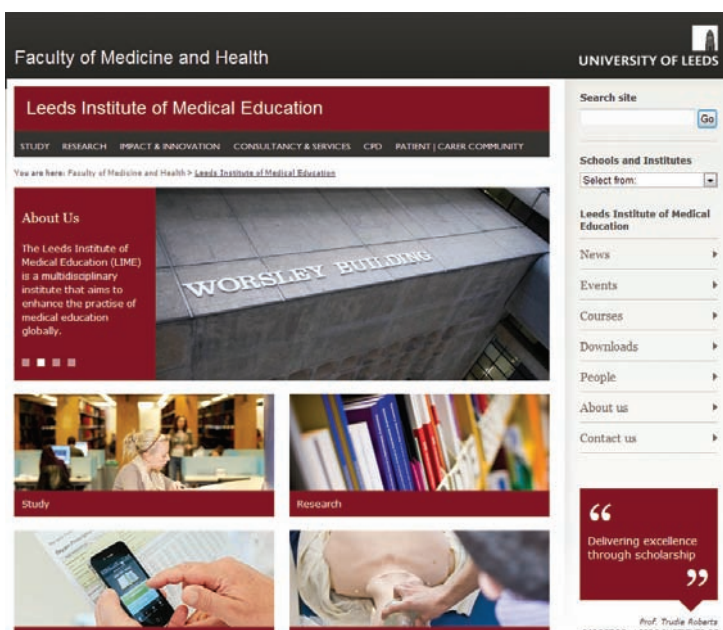
In Leeds we also have **Healthy Lives Leeds** hosted by VAL and they have 110 Third Sector organisations with a health or health and wellbeing remit and they give this Third Sector a voice in the city. The contact is: Razwanah Alam E Mail: Razwanah.alam@val.org.uk Tel. 0113 297 9720. We also have a number of **Health Champions and Health Trainers** in the city with the latter supporting people individually.

On top of all this **The Social Value Act (2012)** went live at the end of January 2013 and this aims, "To ensure that the full weight of the public sector's purchasing power is directed at achieving social and environmental benefits alongside financial efficiency."

See <http://www.socialenterprise.org.uk/news/new-guide-the-public-services-social-value-act>

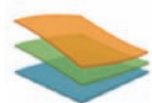
So in Leeds, as always, despite the difficult economic environment the voluntary sector and their statutory sector partners will continue to try to do their best for its citizens.

Barry Ewart, Community Education Development Officer, Leeds Institute of Medical Education, LIME



Updated LIME website – a virtual welcome for visitors to LIME

As many readers will be aware, the LIME website (http://medhealth.leeds.ac.uk/info/800/leeds_institute_of_medical_education) has recently been updated as part of the Faculty of Medicine and Health website re-development. Many across LIME have put a lot of effort into ensuring the update was successful. This however is only part of the journey. We now need your help in providing feedback on the website, keeping web pages up-to-date, providing news items and ensuring your own and members of your teams' individual profiles are kept up-to-date. If you have any suggestions / content for the website please speak to the member of your team who sits on the 'LIME Communications and Website' group, alternatively e-mail or speak to Lee Gill who is the website lead for LIME (l.d.gill@leeds.ac.uk). Thank you all for your continued support.



Learning Layers

Scaling up Technologies for Informal Learning in SME Clusters

LEARNING LAYERS – Scaling Up at EC TEL 2013

The Learning Layers Project Team (Dr John Sandars, Tamsin Treasure-Jones and Dr Micky Kerr) recently participated in the Eighth European Conference on Technology Enhanced Learning (EC-TEL 2013) in Cyprus, along with several of our local (Dr John Bibby, Commissioning Support Unit) and European project partners. This internationally recognised conference brought together researchers, practitioners, entrepreneurs, technology developers and policy makers to address current challenges and advances in Technology Enhanced Learning (TEL), with a focus on the theme of “Scaling Up for Sustained Impact”.

The varied and interesting programme of scientific papers, posters, demonstrations, and discussions covered a range of TEL topics including: Massive Open Online Courses (MOOCs); Learning Design; Gaming; Personalisation and Adaption. The main areas of interest to the Learning Layers project were : Collaborative, Mobile and Workplace Learning; Scaling up; Large Scale Adoption and Sustainability.



Apart from the work of the LIME team being showcased through a number of Learning Layers presentations, we also took an active role

in two stimulating workshops. The workshop on 21st Century Learning in the Health and Emergency Sectors provided an excellent opportunity to demonstrate the potential of our prototype tools and technologies to support workplace learning within primary care. We also had a highly useful opportunity to learn about several other healthcare-oriented EU projects, and to explore possible future collaborations with those groups and teams.

A second workshop on *Collaborative Technologies for Working and Learning* explored how such technologies could help to scale learning on individual, group or organisational levels. Issues of interest included informal and dynamic workplace learning, and the technological support for collaboration within these contexts. This workshop was particularly useful in aligning the Learning



L-R Dr Micky Kerr, Tamsin Treasure-Jones, Dr John Bibby, Dr John Sandars

Layers project at the inter-section of the European communities of technology-enhanced learning (TEL) and of computer-supported cooperative work (CSCW).

Dr Micky Kerr, Learning Layers Research Fellow
M.P.Kerr@leeds.ac.uk

Learning Layers <http://learning-layers.eu/>
EC-TEL 2013 Conference <http://www.ec-tel.eu/>

ANATOMY INNOVATION PROJECT

Throughout UK medical schools, anatomy is taught using a variety of methods including cadaveric dissection, prosection, three-dimensional (3D) imaging and didactic lectures. In recent times, concerns have been raised over the slow but certain shift away from traditional methods, such as dissection, and the adequacy of newer “innovative” teaching strategies. Whilst many studies in scientific literature have assessed which methods are preferred by students and anatomists, there is little quantitative research comparing the efficacy of methods to achieve predefined aims and objectives.

Stephen Chapman and James Barnard, two current undergraduate medical students at Leeds, have designed a study to compare 3D computer simulation with dissection room-based prosection for teaching liver anatomy. This will be performed as a randomised-controlled trial with 1st year participants randomised to one of two intervention groups. Stephen & James explain that “controlled trials are not frequently performed in areas of social sciences, such as medical education, due to the multitude of factors which cannot be controlled by the assessors. There has been a recent drive however to engage in more rigorous designs of research within this field from a number of universities... This is an ambitious project, but we have designed a high quality protocol to address this topical issue and we are very excited”. The students were awarded the annual Innovation Grant by the Association for the Study of Medical Education (ASME) to perform their study.

They will be inviting 1st year medical students to participate in this exciting research in the near future.
James Barnard & Stephen Chapman, UG Medical Students, Leeds

Exploring new territories in Medical Education

TEMPUS MUMEENA is a European funded collaboration of thirteen stakeholders across seven countries which is aimed at Modernising Undergraduate Medical Education in Eastern European Neighbouring Areas. The project is underpinned by a drive for a more integrated curriculum and the establishment of Faculty Development in partner countries in Georgia, Ukraine and Azerbaijan in a post-soviet era. The project has just entered the third and final year with growing evidence of success in implementing project objectives.

The last few months have been busy with events including conference presentations at AMEE (Association for Medical Education in Europe) in Prague in August, which were delivered by Dr Anne-Marie Reid (LIME), Professor Gaiane Simonia and Professor Nino Chikhladze (Tbilisi, Georgia). These presentations provided an opportunity to showcase different strands of the work of MUMEENA and to network with other TEMPUS projects focused on developing Medical Education.

The Leeds team entered new territory in September with a trip to deliver training and provide strategic support to partners in the autonomous region of Nakhchivan in Azerbaijan. Nakhchivan is a land-locked exclave of Azerbaijan which has been separated from the rest of the country by Armenian occupied territory. The disputed nature of this area means that travel between Nakhchivan and the rest of Azerbaijan is only possible by air. This brings a number of logistical problems, not least to the delivery of comprehensive healthcare services. The government in Azerbaijan (an oil-rich nation) has invested heavily in health and education in order to make Nakhchivan as self-sufficient as possible; hence the Leeds team were very impressed by the modern facilities available in both the University and teaching hospitals in Nakhchivan, although modernising ideas is still something of a challenge. The Leeds team furthered the aims of MUMEENA through the opportunity to deliver training workshops to a receptive group of Faculty and students at the University as well as meeting with the Rector and senior staff to clarify project objectives.

The start of the final year of MUMEENA was marked by another trip to Azerbaijan in October, this time to a conference hosted by Azerbaijan Medical University in the capital city, Baku. The conference was opened by the University Rector, Ahliman Amiraslanov, with welcome speeches given by representatives of the Ministry of Health and Education in Azerbaijan and by the National TEMPUS representative. Professor Trudie Roberts, the MUMEENA project Grant holder from the University of Leeds, reminded the delegates of the context and aims of the project and congratulated partners on their achievements to date. Reports on individual progress were delivered by leads in each of the partner medical schools, highlighting the steps taken in curriculum and faculty development and the commitment to ongoing improvement.



Anne-Marie with students from Baku conference

are encouraged to provide peer training to develop further capacity and provide opportunities for dissemination. The workshops were enjoyed by delegates who were fully engaged in sharing ideas on good practice and reflecting on how these could be implemented within their own context. Student delegates from Azerbaijan enthusiastically voiced their support for the project and were equally active in contributing valuable ideas on how to improve medical undergraduate training.

Delegates were given the opportunity to view the modern clinical facilities in the University teaching hospital and the new clinical skills suite which is partly funded from TEMPUS and which will contribute to teaching and assessment of the integrated curriculum. Associate Professor Rahima Gabulova, who hosted the event, provided delegates with two

RESEARCH & INNOVATION

memorable evenings of traditional Azeri cuisine and entertainment, contributing to the success of a very enjoyable and productive conference.

Events planned for next year include a visit to Ivano-Frankivsk, the far Western region of Ukraine, in April, a final conference event in Tbilisi in Georgia in June and the opportunity to disseminate outputs and learning from MUMEENA at AMEE which will be held in Milan in August 2014. The Leeds project team are planning a further bid for European funding to continue the work with a project focused on modern assessment practice to complement the work already done.

Dr Anne-Marie Reid (on behalf of the Leeds team)

For further information please see project website www.mumeena.eu

Or contact Anne-Marie Reid, MUMEENA co-ordinator, or Anita Garvey, Project Assistant, Leeds Institute of Medical Education mumeena@leeds.ac.uk

Trudie and Rahima in Baku



LIME in South Africa

Improving healthcare that is highly responsive to the needs of low to middle income developing countries requires a new type of health worker. There is a lack of these health workers and the training requires development of clinical skills that align with the context within which they will be used – high numbers of patients with a complex mix of illnesses, few technical resources and a traditional community health belief system.

The response in South Africa has been to develop and implement several training programmes for mid-level health workers. The University of Pretoria has started the Clinical Associates programme that leads to the Bachelor of Clinical Medical Practice (BCMP) and this is run by the Department of Family Medicine, Faculty of Health Science.



Over the last three years, I have been regularly collaborating with Professor Jannie Hugo and his colleagues to deliver a new student-centred curriculum. The educational philosophy and principles that underpin the curriculum have been recently published in the African Journal of Health Professions Education <http://www.ajhpe.org.za/index.php/ajhpe/article/view/188/118>.

At the latest visit in August 2013, I provided workshops for both students and tutors on the importance of values in medical education.

It has been a great privilege to work with a group of medical educators who are dedicated to improving both the learning of the future health workers but also improving the healthcare of local communities. I can truly say that on my return I have learned a great deal, not only about myself but also about medical education in low resource settings.

Dr John Sandars, LIME

Providing effective feedback to trainees on their clinical diagnostic decision making

Background

The importance of making accurate diagnoses on the future care and management of patients cannot be argued. It is widely reported in both medical publications and the mainstream news that errors in misdiagnoses can and do lead to patient harm. The importance of being competent in accurate diagnostic decision making is reflected in guidelines published by the GMC for graduating medical students and for the continuing practice of medical practitioners. The marked importance of competence in this skill brings to the fore the importance of understanding how medical trainees learn how to make decisions between different courses of action to accurately diagnose patients. It is apparent that most trainees learn how to make a diagnosis informally whilst on clinical placements or in real clinical practice. As such it is rarely taught formally as part of the curriculum and any formal learning occurs as a result of interventions put in place by academics wishing to improve these skills. A recent systematic review revealed that whilst interventions to improve clinical reasoning and decision making appear to be effective overall there is not one specific strategy or teaching method which is solely superior in teaching these skills to trainees. Despite this, one key feature of an effective intervention is the provision of feedback on performance to trainees to highlight any deficiencies in their current decision making. Within the education literature there is vast evidence which supports the importance and vital role of feedback in improving performance. Hattie and Timperley's (2007) meta-analysis revealed that feedback was one of the top five instructional methods associated with achievement. With regards to the clinical setting, feedback can be seen as the provision of information about the comparison between a trainee's observed performance and a standard, given with the intent to improve their performance.

My Research Focus

Since there does not appear to be one best method by which to teach clinical decision making or making a diagnosis but that feedback on performance is universally important my research aims to further improve the feedback provided to medical trainees on their diagnostic decision making. To achieve this I will firstly investigate the current strategies and methods by which medical trainees are provided with feedback on their diagnostic decision making in authentic clinical settings. Based on these findings I will develop, implement and evaluate a trainer-led feedback intervention which will provide more effective feedback to trainees on their diagnostic decision making in authentic clinical settings.



Contribution to Medical Education

The primary motivation for my research is to develop an easy-to-implement tutor-led model of feedback provision. The purpose of this model is to improve the feedback given to trainees on their diagnostic decision making with the ultimate goal of enhancing these skills. If successful, after completion of my PhD I would aim to refine the model with the potential to implement it at other institutions and regions of the UK. **Heather Leggett, PhD Student, LIME**

A study into new medical academics' learning processes

My mixed methods comparative study is looking at the transitional learning processes of new medical academics in Malaysia and the United Kingdom. My research interest in this area grew from my experience as a new medical academic when I noted that many in my position were left to learn the art of Learning and Teaching (L&T) in Medicine on their own. This I considered to be more evident in newly established medical schools. As I am now employed as a lecturer in Medical Education I consider it my responsibility to ensure that new colleagues have a more seamless transition into the world of Medical Education.

My research will explore the experiences of new medical academics in regard to how they learn to teach medical students, this notably within the context of a limited knowledge of learning and teaching theory. As part of my research I will undertake a series of semi-structured interviews, these focusing on participants' current experience rather than their past, these interviews to take place over a period of one year.



Dr Suhaila Sanip
PhD Student, LIME

Interviews undertaken to date show that many new medical academics appear still to be trying to learn the art of L&T in Medicine on their own. Various resources are available to support them in this, however many appear to be unaware of these.

I now look forward to pursuing my research further as to explore new themes that may arise from the interview transcripts. Please contact me at umssan@leeds.ac.uk if you want to find out more.

The BSA Medical Sociology 45th Annual Conference 2013

The BSA MedSoc Group promotes scholarship and communication in the field of the sociology of health and illness in the UK. The group held its annual conference at the University of York in September. Presentations focused on topics such as health service delivery, experiences of health and illness, healthcare professions and patient and professional interaction, and the conference was attended by over 300 delegates from academia and practice. Shelley Fielden and Viktoria Joynes attended the conference and gave presentations on current LIME research projects.

Professionalization of patients: What is the problem? Shelley Fielden & Alison Ledger

This presentation reported findings from two projects which explored patients' experiences of involvement in medical education.

Increased and varied patient involvement in healthcare education, research and service development and delivery has led to concerns that patients become "professionals", an identity deemed separate and distinct from that of a patient. It is assumed that patients become professionalized through repeated involvement and that their narrative loses authenticity over time. We interviewed patients involved in medical education and service delivery and discovered that they perceived multiple benefits of involvement for their wellbeing and for their interactions with health and social care professionals. They also emphasized the importance of peer support and training for their confidence and for the quality of their contributions. These findings challenge the idea that "professionalization" poses risks to students' learning, to the wellbeing of patients, and to interactions between patients and professionals.

Professional Identity in an Interprofessional World Viktoria Joynes

This presentation, based upon research undertaken as part of a PhD in LIME, proposed that conceptualising and understanding 'professional identity' in the health and social care (H&SC) professions is more important than ever. The paper proposed that the push towards 'interprofessionalism' assumes that H&SC professionals have distinct professional identities ('doctor', 'nurse', 'social worker' and so on) and noted that at the same time there is a growing recognition that in order for interprofessional initiatives to work, more attention needs to be paid to the way in which individual professionals perceive and experience the boundaries between professional groups. Drawing upon the results of 30 interviews, the presentation explored how both academic and practicing H&SC staff perceive their own and others' professional identities, and looked at how this related to the interprofessional environment in which they are expected to teach and work. Particular consideration was given to the way in which many respondents identified themselves as belonging to a 'sub-group' of a profession, as opposed to feeling they had an identity defined by an overarching professional label, and to the implications of this for preparing students to work in interprofessional teams.

Both presentations were well received and helped us progress our ideas for academic journal articles. Viktoria will give a further paper based upon the results of her research at a lunchtime CRPE seminar hosted by the University of Leeds at 12.30 – 1.30 on February 12th 2014, all welcome, please look out for registration details.

Shelley Fielden, Viktoria Joynes, Alison Ledger, LIME



Dr John Sandars was invited to present at ICME 2013 (<http://www.icme2013.com/>). The International Conference on Medical Education 2013 ran from 4-6 October 2013 in Mauritius and was organised by the Faculty of Health & Medical Sciences, Riphah Academy of Research and Education, Riphah International University, Rawalpindi, Pakistan. LIME had previously welcomed a visiting delegation from Riphah Academy of Research and Education in November 2012, to identify university and non-university partners to develop international research collaborations with Knowledge Exchange activities.

Over 250 delegates attended the conference, mainly from Pakistan, the Middle East and South Africa. The main keynote speaker was Professor Ronald Harden (General Secretary of AMEE) who highlighted the importance of Scholarship in Teaching. The aim of scholarship of teaching can be simply stated as making transparent the process by which the educator has made learning possible, and includes reflection on teaching activities, informing teaching by reference to the relevant evidence and by performing inquiry into the process and outcomes of

teaching and learning.

John ran an AMEE ESCEL (Essential Skills in Computer Enhanced Learning) masterclass and presented a symposium on using technology to personalise learning.

The conference was a very useful event to continue and develop collaborative arrangements with several international groups of medical educators. **Dr John Sandars, LIME**

CONTINUING PROFESSIONAL DEVELOPMENT

Firstly, congratulations to our CPD Co-ordinator Nicola Lawlor, who had a beautiful baby girl at the beginning of October - the rest of the team wish the new arrival a very warm welcome. As Nicola is now on maternity leave, Helen Greenwood (h.i.greenwood@leeds.ac.uk) is covering her role as CPD Co-ordinator, and we have also been joined by Cait Dennis (c.dennis@leeds.ac.uk), who has taken over the role of Educational Staff Development Manager.

The CPD academic calendar is underway with various workshops and courses aimed to help and support clinicians with their teaching skills. This year, to further promote excellence in clinical teaching, we shall be aligning all CPD and clinician teaching/training activities to a framework of standards proposed by the Academy of Medical Educators and the GMC. The seven domains are listed below:

ENSURING SAFE AND EFFECTIVE PATIENT CARE THROUGH TRAINING

ESTABLISHING AND MAINTAINING AN ENVIRONMENT FOR LEARNING

TEACHING AND FACILITATING LEARNING

ENHANCING LEARNING THROUGH ASSESSMENT

SUPPORTING AND MONITORING EDUCATIONAL PROGRESS

GUIDING PERSONAL AND PROFESSIONAL DEVELOPMENT

CONTINUING PROFESSIONAL DEVELOPMENT AS AN EDUCATOR

In order to work through this framework the CPD website shall be rebranded and reformatted to provide greater transparency of activities and to make it easier for delegates to choose and book onto appropriate courses. This is beneficial in two ways - helping us adhere to the published standards and supporting clinicians with their CPD activity log. We look forward to your continued engagement and support.

Cait Dennis, Educational Staff Development Manager, LIME

EVENTS

Continuing Professional Development Programme For Medical Teachers 2013-2014

Workshop Title:	Date	Time	Location
Interactive Peer Review – Workshop for GP Tutors	28th Nov	09.00-16.30	Leeds
MCQ/EMQ Writing	11th Dec	13.30-16.30	Leeds
Educational Theory and Practice 3: Support, Supervision and the Challenging Learner	12th Dec	09.00-12.30	Leeds
Peer Observation <i>This workshop provides an introduction to Peer Observation as well as an opportunity to practice the skills required to carry out a successful Peer Observation session</i>	15th Jan	9.30-12.30	Leeds
Mentoring Workshop 2 <i>This is the second workshop for our Mentor Network of the academic year 2013/14. For more information about the network please contact h.i.greenwood@leeds.ac.uk</i>	17th Feb 26th Feb	09.30-12.30 13.30-16.30	Leeds Leeds
Mentoring Workshop 3 <i>This is the final workshop for our Mentor Network of the academic year 2013/14. For more information about the network please contact h.i.greenwood@leeds.ac.uk</i>	New dates to be confirmed		
Small Group Teaching <i>Looking at small group teaching techniques, theory and practice</i>	27th Jan	13.30-16.30	Leeds
Teaching Clinical Method 1: History taking and examination	5th Feb	13.00-16.30	Bradford
Teaching Clinical Method 2: Teaching using the consultation	27th Feb	09.00-12.30	Leeds
Teaching Clinical Method 3: Communication and consultation skills – The Art of Feedback	12th Mar	13.00-16.30	Saltaire
Introduction to Assessment <i>This workshop provides an introduction to assessment; particularly to the assessment methods used at the University of Leeds Medical School.</i>	18th Feb	14.30-16.30	Leeds
	26th Feb	13.30-16.30	Leeds
OSCE Examiner Training <i>*N.B. Some venues may be subject to change.</i>	3rd Mar	13.30-16.30	Leeds
	12th Mar	09.30-12.30	Leeds
	21st Mar	09.30-12.30	Leeds
	9th Apr	13.30-16.30	Leeds
	15th Apr	13.30-16.30	Leeds
	24th Apr	09.30-12.30	Leeds
	7th May	13.30-16.30	Leeds
	12th May	09.30-12.30	Leeds
	16th May	09.30-12.30	Leeds
Advanced Teaching Skills 1: Communication and consultation skills – Cultural diversity	21st May	13.00-16.30	Bradford
Advanced Teaching Skills 2: Teaching evidence-based practice and clinical decision making	5th June	09.00-12.30	Leeds
Advanced Teaching Skills 3: Creativity, the Arts and innovation in teaching	25th June	13.00-16.30	Saltaire
Careers Guidance (Theories, Models and Skills) <i>This full day workshop looks at the theories, models and practice of careers guidance. This workshop is particularly relevant to Personal Tutors.</i>	3rd Jun	10.00-16.30	Leeds

Visit our website to reserve your place:
http://medhealth.leeds.ac.uk/info/800/leeds_institute_of_medical_education

EVENTS

NEW STAFF IN THE SCHOOL OF MEDICINE



Professor Paul Stewart - New Dean of Medicine

A warm welcome to Prof Stewart who took over from Prof. David Cottrell in August 2013. Paul was previously the Dean of Medicine at the University of Birmingham.

A Consultant in Endocrinology, Prof Stewart is also chair of the MRC Training and Careers Board, a MRC Strategy

Board member, a trustee of the British Heart Foundation and Secretary-Treasurer of the International Society of Endocrinology. He has a strong commitment to research-led education and is passionate in his support for students.



Laura Stroud, Director of Student Education

Welcome to Laura Stroud who steps into Debbie Murdoch Eaton's shoes as Director of Student Education (DSE) for the School. Laura is looking forward to working with both known and new colleagues to ensure that the excellent work in education within the School is represented and showcased at Faculty and University level. She also has the less enviable task of being

the conduit for and signatory of the 'paperwork'....

Laura is continuing with her role as Head of Student Education for Primary Care and Public Health (alongside DSE) but she has stepped down as Lead for RESS – leaving the latter in the capable hands of George Ellison and Dan Stark.

NEW STAFF IN LIME



Dr Aurora Levesley – joined the Technology Enhanced Learning team in September and is responsible for developing and supporting innovative interactive teaching materials for use in the teaching of undergraduate medicine. Aurora has experience of post-doctoral research within the Faculty of Biological Sciences and has over 10 years experience of delivering national educational projects with an emphasis on technology enhanced learning and has an interest and publications in the area of education.



Dr Thomas Dessoify – Thomas is a Teaching Fellow in the School of Medicine, teaching a range of subjects related to hospital management on the international programmes of the Nuffield Centre for International Health and Development. Thomas will be working one day a week as International Officer within LIME.



Helen Greenwood – is covering Nicola Lawlor's post as CPD Co-ordinator while she's on maternity leave. Helen has 12 years' experience working in admin roles at the University of Leeds, most recently in FBS working as Project Officer with the Biosciences research group, ULBERG



Dr Cait Dennis – joined the CPD team in September as the new Staff Development Manager. Cait has a scientific research and training background and comes from the department of Oral Biology in the School of Dentistry, University of Leeds.

LEAVERS



Nicola Lawlor – CPD Co-ordinator in LIME went on maternity leave only three weeks before her baby was due. Abigail Louise was born on 6th October weighing in at 7lb 3oz. We would all like to congratulate Nicola and look forward to her returning to LIME next year.

Student Education Service

Sarah Drewery, Liz Allen and Jo Toner all leave us this Autumn. Sarah and Liz are moving onto new roles within the University and Jo is taking up a new post at Bradford College. We wish them all the best.

Prof. Deborah Murdoch Eaton has now taken up the post of Dean of Medical Education at The University of Sheffield, after 22 years in Leeds. We wish her all the best.

EVENTS

University of Leeds School of Medicine Student Support Conference 2013

Maximising Student Potential in Medical, Dental and Veterinary Education

4th and 5th December 2013

Liberty Building, University of Leeds

The 2013 Annual Student Support conference will highlight the importance of facilitating the development of both high performing students and also those struggling academically.

The conference will include

- evidence-based approaches to improving academic performance, including feedback
- developing students through mentoring
- supporting international students
- early career advice and planning
- learning support - developing reading comprehension and study skills.

Full details and the booking form are available on the web:
<https://www.medicine.leeds.ac.uk/mbchb/support/conference.aspx>

For further information please email SSConference@leeds.ac.uk

My Job – Viktoria Joynes



I am the Mobile Learning, Implementation, Evaluation and Development Officer in LIME, which means that I lead on the research and evaluation concerning all aspects of the mobile curriculum, from evaluating the resources we provide to students, to exploring the impact that using mobile technology is having on student learning and placement teaching. I am working on a number of different research strands currently but all of them contribute to the same aims: the need to understand the relationship between pedagogy, technology and learning and documenting the “value added” element

for students, staff and the institution of being able to access learning resources on smartphones. The most interesting part of the job is definitely undertaking interviews and focus groups with students, staff and our graduates, which is when I find out how they have all used technology in different ways, and what impact this has had on their learning. It's also been really nice to return to LIME after two and a half years working elsewhere in the University - I first joined the University in 2007 and worked for the core team of the ALPS CETL which was based in LIME. Amongst other things ALPS developed interprofessional assessments on mobile devices, so it's great to be back working on one of the programmes of work that developed from ALPS, and to see how far the technology, and our understanding of how it is being used, has come in this time.



UNIVERSITY OF LEEDS