



Comhairle na nDochtúirí Leighis Medical Council

REPORT ON MONITORING VISIT UNIVERSITY OF LIMERICK'S GRADUATE ENTRY PROGRAMME 13TH & 14TH MAY 2010

MEDICAL COUNCIL MONITORING TEAM

Professor Anthony Cunningham (Chairman of the Team)

Dr Diarmuid O'Donoghue (Medical Council Member)

Ms Katharine Bulbulia (Medical Council Member)

Dr John Monaghan (Medical Council Member)

Accompanied by **Dr Anne Keane** (Head of Education and Training)

Mr Emmet Murray (Executive Officer, Education and Training)

Statement with regard to the Freedom of Information Acts, 1997 and 2003

The Medical Council currently makes information routinely available to the public in relation to its functions and activities and, in line with that practice, a summary of this report will be available on the Council's website, www.medicalcouncil.ie in due course.

The Freedom of Information Act is designed to allow public access to information held by public bodies which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.

A. PREFACE

1. Context of the visit

The University of Limerick (UL) has established a four-year programme leading to the award of a degree of BM BS (Bachelor of Medicine, Bachelor of Surgery). It is at undergraduate (basic in the terminology of the World Federation of Medical Education) level with an exclusively graduate entry. The Medical Council following a visit in May 2007 provisionally accredited the programme; the programme began in September 2007; and the Medical Council revisited in November 2007, December 2008, May 2009 and December 2009.

A Monitoring Team representing the Medical Council undertook a visit on 13th and 14th May 2010. Its remit was to monitor the progress of the provisionally accredited programme and to formulate a recommendation to the Medical Council's Professional Development Committee. The focus of the visit to the University of Limerick was on the third year of the programme, specifically, the clinical placements in obstetrics and gynaecology, general practice, psychiatry and paediatrics, and on next year's medicine and surgery placements.

2. Appendices

- The agenda is attached as Appendix 1.
- The University staff that took part in the process are listed in Appendix 2.
- UL's presentation to the Team is attached as Appendix 3

3. Appreciation

The Team thanks Mr John O'Brien, HSE National Director and Integrated Services Manager in the Mid-West, for meeting the Team in a separate session.

B. SUMMARY AND MAIN RECOMMENDATION TO PDC

The Monitoring Team identified many positive features of the UL programme and its delivery. These included the comprehensive and very informative presentation by University of Limerick at the commencement of the visit, and the gratifyingly high turnout of UL staff for all sessions. The Team has highlighted a number of matters arising from the visit about which it will seek a UL response, and which it will be the subject of ongoing monitoring.

The Team met 16 third year students, many of whom had met Medical Council Teams on previous visits. The students continue to be positive about the quality of their educational experience at UL. Their views are incorporated into this report.

The Team recommends continued provisional accreditation for the programme. However, a revisit will be scheduled for autumn 2010 and spring 2011, when the first cohort of UL students will be in the final year of the programme.

The focus of the autumn 2010 visit will be the Medicine and Surgery programmes being delivered in Limerick Regional Hospital and the Affiliated Hospitals in Ballinasloe, Tullamore, Kilkenny and Clonmel.

The Monitoring Team wish to have a number of updates.

The Team asked for an update on the recruitment of the Senior Academic appointments in Regional Hospitals. The Team understands that the Professor and Associate Professor of Surgery posts have been interviewed and that UL and the HSE are confident of making high quality appointments.

The Team is aware of the logistical difficulties in filling the Professor and Associate Professor of Medicine posts and that the HSE component of the funding must be identified locally from within existing resources.

The Team understands that the appointment of a Professor of Medicine is imminent and wishes to receive an update.

The Team understands that a formal contract has been offered and accepted and the appointment is pending following Medical Council specialist registration and police clearance relating to the Chair in Obstetrics and Gynaecology. The Monitoring Team would appreciate an update on this particular appointment also.

The Team wishes to have an update on what contingency plans UL have in place should the appropriate senior academic positions in Medicine and Surgery not be in post in Autumn 2010 when the final medical year programme commences.

C. AGENDA ITEMS

Curriculum (WFME Standard 2: Educational Programme)

- **Student competence / Problem-based Learning**

The Plenary Session with the Clinical Faculty included discussion about their assessment of how the UL's problem based learning (PBL) focus in Years 1 and 2 of the programme prepares students for the clinical years. No negative aspects were reported and the consensus was that PBL was at least as good a foundation for Years 3 and 4 as were more traditional programmes.

Psychiatry Clinical Faculty provided positive feedback. Students integrated well into the teams.

The Plenary Session with students also included discussion about the relevance of PBL cases to real life clinical scenarios.

Students commented favourably on the ethics and legal medicine vertical theme and its integration in the curriculum. They are provided opportunities to consider the ethical dimensions of clinical practice during their clinical rotations.

- **Length of rotations**

There was some difference of opinion regarding the optimum length of General Practice rotations in the 3rd Year. A number of students stated they would prefer 2 x 9 week rotations as they felt 18 weeks in a single practice was too long. In addition 2 x 9 weeks would provide an opportunity for an urban and rural rotation.

UL contended that the relationship and depth of exposure that builds up in the longer 18 weeks attachment was beneficial, and that the GPs involved much preferred to have students for 18 weeks.

The Team did not come down on one side or the other and will accept the current 18-week rotations provided they continue appropriate and productive.

- **Relationship between campus / site based education and training**

A number of students commented that they feel rather "detached" from UL now that they are off campus, and feel that as UL's administrative structures are driven by the needs of the University as a whole, they may not always be optimum for medical students. The Team recognise that the relationship between students and the University changes during the predominantly clinical years. UL should guard against students becoming isolated during their hospital and GP rotations. The role of Clinical tutors can be vital in this regard.

UL accepted the student suggestion that a 2-day induction and orientation programme at the beginning of Year 3 would be beneficial.

- **Student Selected Modules (SSM) / Research Module**

Students in 3rd Year completed a Humanities and Research SSM which included written project and poster presentation. The Team were impressed by the range of SSMs undertaken, reflecting the diverse backgrounds of the students. Students would welcome an opportunity to publicly present their Humanities SSMs and such an opportunity and forum could be provided.

Assessment (WFME Standard 3: Assessment of Students)

Students and UL both identified “teething problems” with the electronic logbook. Students reported that its completion is very time consuming. The logbook is being redesigned (with input from UL GEP students who have an IT background) and a new version would soon be tested. The Team will monitor developments.

Senior Appointments (WFME Standard 5: Academic Staff / Faculty)

UL Faculty provided a detailed update on progress in filling Professor and Associate Professor of Surgery, Professor and Associate Professor of Medicine, and Professor of Obstetrics and Gynaecology posts.

Confirmation of the appointment of Professor of Obstetrics and Gynaecology awaits Medical Council Specialist Register status and Garda clearance. UL and the HSE are confident of making high quality Professor and Associate Professor of Surgery appointments.

The Team was informed that an appointment of a Professor of Medicine is expected within weeks. The Associate Professor of Medicine is intended to be a 0.5 WTE internal appointment. UL confirmed that contingency measures would be put in place in the unlikely event that the posts are unfilled by August 2010.

The Team highlighted the priority of appropriately filling these posts. The Team were encouraged by the comments from Mr John O’Brien, HSE that funding arrangements for the posts had been agreed.

Facilities/ Resources /Capacity (WFME Standard 6: Educational resources)

- **Capacity**

UL Faculty provided comprehensive details of the number and duration of clinical attachments in the major Limerick Regional Teaching Hospital and the Affiliated Hospitals in Ballinasloe, Kilkenny Clonmel and Tullamore.

Most Medicine and Surgery clinicians participating did not foresee any significant capacity problems, as the overall numbers involved in the first year were relatively small. Teaching responsibilities for students from other Medical Schools was deemed a benefit

rather than a difficulty, despite diverse curricula. Clinical training would be pitched at the appropriate level regardless of a student's "university of origin".

- **Education and Research centre**

Discussion focussed on the need for an Education and Research centre at Dooradoyle to include student facilities, clinical laboratories, library and IT, lecture theatres, tutorial rooms, research facilities and staff offices.

UL is aware of the deficiencies in the Dooradoyle campus, including the lack of clinical tutorial rooms near patient areas.

Contingency measures will have to be put in place for August 2010 and the Team will monitor developments.

- **Library / IT**

A number of deficiencies were identified, which UL acknowledge, in respect of the main UL library, including overcrowding and noise, attributed partly to the library's use by second level students studying for their Leaving Certificate.

The Team noted UL have no plans for a Medical Library in the new Medical School building. A planned extension to the main UL library will have a Life Sciences section and significant space for self-directed learning.

The Dooradoyle library is currently unstaffed. The HSE's view was that there would be a library assistant in a few weeks but that the appointment of a professional librarian was not imminent. This staffing issue needs urgent attention before students arrive on placements, and the Team recommends that every effort be made to resolve it.

On a positive note, the Team appreciate that a dedicated IT/AV officer appointment has been made and noted the general view that this had made a positive impact on UL's ability to optimise the use of IT / AV on the programme. UL has resolved the previously identified limited access to online journals and Wi-Fi availability.

The Team recommended that UL should make every effort to maximise video conferencing to affiliated clinical sites.

UL / teaching site links (WFME Standard 8: Governance and Administration)

The Team welcomed the Concordat agreed between Medical Schools and the HSE means there can now be 1:1 Medical School / Clinical Training Site Agreements / Memoranda of Understanding (MOU).

The naming of UL Teaching and Affiliated Hospitals is under active consideration. Inclusion of the term '*University Hospital*' could be a valuable quality indicator.

Senior faculty appointments and MoU between the Medical School and Hospitals should facilitate communications.

The potential impact of hospital reconfiguration in the region was discussed with the potential educational benefit if elective surgery was performed in dedicated centres.

Signed by Chair of the Visiting Team:

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Professor Anthony Cunningham
Chair of Visiting Team

Dated: 3rd August 2010

End of report



Comhairle na nDochtúirí Leighis
Medical Council

APPENDICES



Comhairle na nDochtúirí Leighis Medical Council

Appendix 1 - AGENDA

MONITORING VISIT TO UNIVERSITY OF LIMERICK GRADUATE ENTRY PROGRAMME

DATE: 13TH AND 14TH MAY 2010

VISITING TEAM

Professor Anthony Cunningham (Chair of the Visiting Team)
Ms Katharine Bulbulia (Medical Council Member)
Dr Diarmuid O'Donoghue (Medical Council Member)
Dr John Monaghan (Medical Council Member – Thursday evening only)
Dr Anne Keane (Head of Education and Training)
Mr Emmet Murray (Executive Officer, Education and Training)

VENUE: DAY ONE AT UNIVERSITY OF LIMERICK DAY TWO AT CLINICAL TRAINING SITES (AM) AND UNIVERSITY OF LIMERICK CAMPUS (PM)

DAY ONE – 13TH MAY 2010 – UNIVERSITY OF LIMERICK

- | | |
|----------------|--|
| 5.30 – 6.15 pm | Induction Session: Medical Council Team only
Venue: Library Board Room, UL |
| 6.15 – 8.00 pm | Plenary Session with University of Limerick and Affiliated Hospitals representatives from Medical, Surgical, Paediatric, Obstetrics and Gynaecology specialties to include presentation from (i) Tullamore Hospital and (ii) Kilkenny Hospital |

The Plenary Session will include a formal presentation to the Council team 6.15 – 6.50 pm. This is will be followed by a question and answer session from 6.50 pm to 8.00 pm.

The UL presentation will include:

- An overview of the delivery of Yr 3 during the 2009/10 academic year
- Plans for teaching in Medicine and Surgery during the 2010/11 academic year
- A statement by clinicians in the main affiliated hospitals (MWRH, Portiuncula, Tullamore, Kilkenny, Clonmel) on their level of preparation for UL students in 2010/11
- A statement on student assessment and on course evaluation processes.



Comhairle na nDochtúirí Leighis Medical Council

AGENDA

MONITORING VISIT TO UNIVERSITY OF LIMERICK GRADUATE ENTRY PROGRAMME

DAY TWO – 14TH MAY 2010 CLINICAL TRAINING SITES (AM) AND UNIVERSITY OF LIMERICK (PM)

Medical Council Team to split into two groups

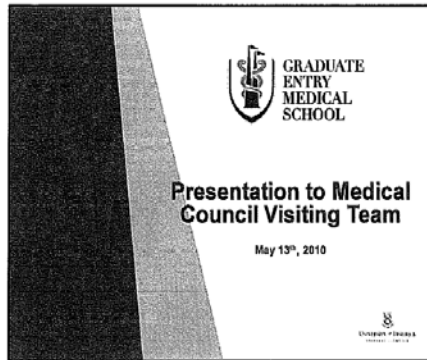
08.00 am	Taxis to collect Team A and Team B to go to clinical training sites
09.00 – 12.00 pm	Medical Council Team to split into two groups as follows: • <u>9.00 am – 10.00 am</u> Team A to first visit the Mid-Western Maternity Hospital (Ennis Road) to meet with clinicians and management and to review the facilities <i>The taxi will wait at the Maternity hospital to take Team A to MWRH Dooradoyle (departure 9.30; arrival at Dooradoyle 10.00)</i> • <u>10.00 am – 11.00 am</u> Team A to then travel on to the Mid-Western Regional Hospital (Dooradoyle) to meet with the local Paediatricians and to review the facilities • <u>9.00 am to 9.45am</u> Team B to meet with clinicians in the Dept of Surgery & Anaesthesia at the MWRH (Dooradoyle) • <u>9.45 to 10.30 am</u> Team B to meet with clinicians in the Dept of Medicine at the MWRH (Dooradoyle) • <u>10.30 to 11.00 am</u> Team B to review the physical facilities at the MWRH (Dooradoyle) Teams A & B to meet with hospital management and administration from 11.00 to 11.30. This session will take place in the MWRH Dooradoyle. A taxi will take teams back to UL arriving at 12.00 pm.
12.00 - 1.00 pm	Meeting with Students
1.00 – 2.00 pm	Light lunch for Medical Council Team (in private)
2.00 – 3.00 pm	Plenary session for Medical Council Team (in private)
3.00 – 4.00 pm	Meeting between University of Limerick staff and Medical Council Team

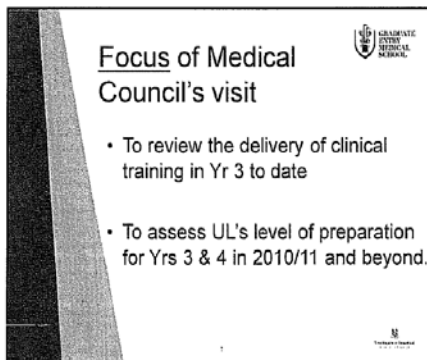
APPENDIX 2 - UNIVERSITY OF LIMERICK TEAM

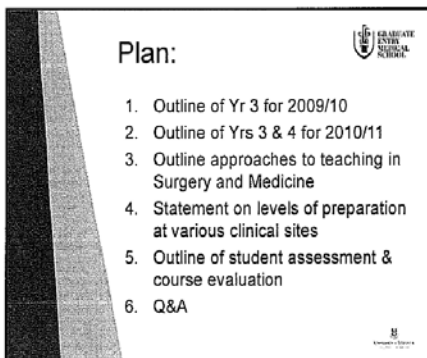
Prof	Paul Finucane
Prof	Bill Shannon
Ms	Mairead Waters
Ms	Denise Flannery
Ms	Mary Gamble
Dr	Deirdre McGrath
Prof	Nigel Lawes
Dr	Nabil Antwan
Dr	Siobhan Gallagher
Prof	Walter Cullen
Prof	David Meagher
Prof	Colum Dunne
Dr	Jean Saunders
Dr	Mike Watts
Prof	Billy O'Connor
Prof	Mary O'Sullivan
Ms	Donna O'Doibhlin
Dr	Louise Crowley
Prof	Pierce Grace
Dr	John Cooke
Dr	Peter Coyle
Dr	Gerry Burke
Dr	Garry Courtney
Dr	Colm McGurk
Ms	Anne Slattery
Dr	Anne Pardy
Dr	John McManus
Dr	Paraic Curran
Dr	Isweri Pillay
Dr.	Paud O'Reagan
Dr	Sam Kingston
Dr	James O'Hare
Dr	Con Cronin
Prof	John Fenton
Prof	Dominic Harmon
Mr	Mark Sparling
Mr	John O'Brien
Dr	Yvonne Williams
Dr	Phyllis O'Sullivan
Ms	Niamh O'Grady

**APPENDIX 3 - UNIVERSITY OF LIMERICK GEM PRESENTATION TO
MEDICAL COUNCIL VISITING TEAM**

8/4/2010





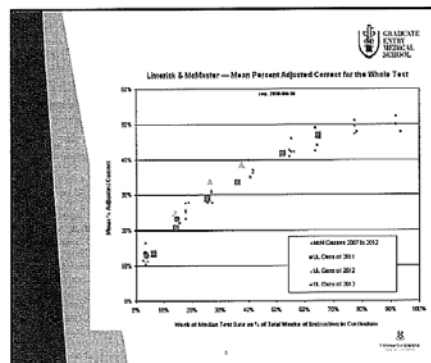


8/4/2010

Yr 3 in 2009/10:

General Practice (18/52)	SSM (3/52)	Ob/Gyn (7/52)	Paeds (7/52)	Psych (7/52)
21 weeks		21 weeks		

- All students have completed their Yr 3 SSM - *Humanities in Medicine*
- Clinical Attachments will finish on June 4th
- End-of-year exams from June 16th to June 23rd.



Change to Yrs 3 & 4:

Yr 3	General Practice (18/52)	SSM (3/52)	Ob/Gyn (7/52)	Paeds (7/52)	Psych (7/52)
21 weeks		24 weeks			

Yr 4	Med 1 (9/52)	Surg 1 (9/52)	SSM (3/52)	SSM (3/52)	Med 2 (9/52)	Surg 2 (9/52)

8/4/2010

Yr 4 in 2010/11:
(32 students)

(n = 16)	(n = 16)	(n = 32)	(n = 16)	(n = 16)	
Med 1 (9/52)	Surg 1 (9/52)	SSM (2/52)	SSM (2/52)	Med 2 (9/52)	Surg 2 (9/52)

21 weeks 20 weeks

At any given time:
16 students at the MWRH (Limerick, Ennis, Nenagh & St John's)
4 students at Portluncula, Ballinasloe
4 students at South Tipperary Gen Hospital, Clonmel
4 students at St Luke's, Kilkenny
4 students at Midlands Regional, Tullamore



Yr 3 in 2010/11:
(60 students)

(n = 30)	(n = 60)	(n = 15)	(n = 15)
General Practice (18/52)	SSM (3/52)	Med 1 (9/52)	Surg 1 (9/52)

21 weeks 20 weeks

GP Placements:

• Ballinasloe
• Tullamore
• Kilkenny
• Clonmel

Hospital Placements:
• 14 students
• 4 students
• 4 students
• 4 students
• 4 students



- 131 Clinical Conditions which students must be able to manage by graduation
- 100 conditions of particular relevance to Medicine
- 69 conditions of particular relevance to Surgery
- Electronic Logbook to document breadth and depth of experience
- Remedial action based on analysis of logbooks



8/4/2010

Typical Week:
(Yr 3 or Yr 4)



	MON	TUES	WED	THURS	FRI
AM	Self-directed learning	Self-directed learning	Self-directed learning	Self-directed learning	Self-directed learning
12-1pm	Formal teaching	Formal teaching	Formal teaching	Formal teaching	Formal teaching
PM	Clinical Skills/SDL	Self-directed learning	Self-directed learning	Self-directed learning	Self-directed learning

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Formal teaching



- Case Presentations; Journal Club; Topic Teaching; Review of Critical Incidents
- Workshops/Seminars on 'Prof Competencies'
 - Thurs afternoons for Yr 4
 - Wed afternoons for Yr 3
 - Students at different clinical sites will be linked by videoconference
- Clinical Skills sessions
 - Delivered on an ad hoc basis
 - Generally once per month (Tues afternoons)
 - ACLS, ALERT, Haemovigilance for Yr 4 students
 - BLS for Yr 3 students
 - Urinary Catheterisation sessions, etc. etc.
 - Participation in Phlebotomy, IV Cannulation teams

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Clinical Teaching in Medicine

Mid-Western Regional Hospital



Dr Mike Watts

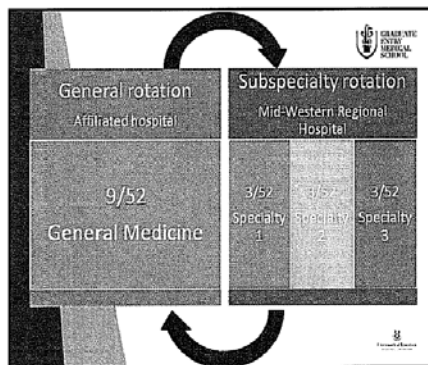
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Principles: Year 4

- 9-week placement at affiliated hospitals
– Aim on getting a **depth** of clinical experience.
- 9-week placement at the MWRH
– Focus on getting a **breadth** of experience.
- Sub-specialty Medicine will consist of both 'core' and 'elective' elements.
- Use of 'Anthology of Clinical Conditions' and the associated electronic logbook will ensure breadth of clinical experience.



Subspecialty "blocks":

3/52 Hem	3/52 Neck	3/52 Derm
3/52 Onc	3/52 Resp	3/52 Neuro

3/52 Pall	3/52 Rheum	3/52 I.D.
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- Speciality with "end of life" & cancer focus
- Speciality with significant general component
- Highly specialised area

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Elective opportunities:

- Acute Medical Assessment Unit
- Endoscopy (GI & Bronchoscopy)
- Interventional & non- Interventional Cardiology
- Dialysis unit
- Dermatology clinic
- Ophthalmology clinic
- Radiology unit (involvement in CT, U/S, MRI interventions)



Clinical Supervisors:

Each student will have a Clinical Supervisor (Consultant Physician) to oversee 9-week placement.

Clinical Supervisors responsible for student's In-Training Assessment (ITA).

List of Clinical Supervisors:

- Drs Peter Boers, Liam Casserley, Marion Conroy, Alexander Fraser, Raj Gupta, Brendan Meaney, Busi Mooka, Denis O'Keeffe, Bart Ramsay, Mike Watts.



Principles (Yr 3):

Focus is on a solid foundation in General Medicine

Each student will spend all 9-weeks with a single physician who participates in general medical call

All of the participating consultants also have subspecialty interest.



8/4/2010

Sample student journey

The diagram illustrates a student's clinical journey through various placements and rotations. It includes a timeline with arrows indicating the sequence of events. The placements are as follows:

- 1st placement: 1st year of placement
- 2nd placement: 2nd year of placement
- 3rd placement: 3rd year of placement
- 4th placement: 4th year of placement
- 5th placement: 5th year of placement
- 6th placement: 6th year of placement
- 7th placement: 7th year of placement
- 8th placement: 8th year of placement
- 9th placement: 9th year of placement
- 10th placement: 10th year of placement
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- 99th placement: 99th year of placement
- 100th placement: 100th year of placement

Clinical Teaching in Surgery & Peri-operative Medicine
Mid-Western Regional Hospital

The cover features a photograph of the Mid-Western Regional Hospital building. The title is prominently displayed in a large, bold font, with the author's name, Prof Dominic Harmon, below it.

Prof Dominic Harmon

Principles (Yr 4):

- General Surgery & Peri-Operative Medicine at affiliated hospitals will provide **depth** of clinical experience.
- Sub-specialty Surgery & Peri-Operative Medicine at the MWRH will provide **breadth** of clinical experience.
- Sub-specialty Surgery at the MWRH will provide both 'core' and 'elective' opportunities.

8/4/2010

'Core' Specialties and Supervisors:

- Colorectal Surgery
– Mr David Waldron; Mr Eoghan Condon
- Breast Surgery
– Ms Shona Tormey; Ms Ann Merrigan
- Vascular Surgery
– Prof Pierce Grace; Mr Eamon Kavanagh
- Peri-Operative Medicine
– Prof Dominic Harman; Dr Catharina Metherway

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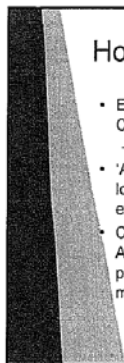
'Elective' opportunities:

- Colorectal & General Surgery
- Breast & Endocrine Surgery
- Vascular Surgery
- Peri-operative Medicine
- Urology
- Trauma & Orthopaedic Surgery
- Head & Neck Surgery (ENT & MaxFax)
- Ophthalmology

Where:

- OPD
- Surgical Theatre
- Surgical Day Ward
- Ward Rounds
- ICU/High Dependency Unit
- Surgical Assessment Unit
- Endoscopy Suites
- Ophthalmology Unit
- A&E Department
- Radiology Conferences

8/4/2010



How it will work:

- Each student will agree on a work plan with Clinical Supervisor at start of 9-week placement.
 - Will involve both 'core' and 'elective' activities.
- 'Anthology of Clinical Conditions' and electronic logbook will ensure breadth of clinical experience.
- Clinical Supervisor will 'sign off' on In-Training Assessment (ITA) at the end of the 9-week placement (with formative ITA assessment at mid-point of the placement.)

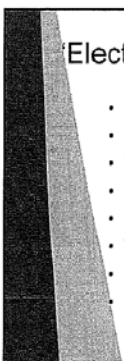




Principles (Yr 3):

- Focus is on a solid foundation in General Surgery & Peri-operative Medicine.
- Each student will spend the entire 9-week attachment with a single Surgeon involved in general call.
- Pool of Clinical Supervisors:
Prof of Surgery; A/Prof of Surgery; Mr Paul Burke; Dr Cross; Mr John Drumm; Mr L. Falke; Prof John Fenton; Mr Hugh Flood; Mr Joe Hughes; Mr Rafael Keane; Dr John Kennedy; Mr Michael Kilbride; Mr Mahmood; Mr S Naqvi; Dr John O'Dea; Dr Seosamh O'Riain.





'Elective' opportunities:

- Colorectal & General Surgery
- Breast & Endocrine Surgery
- Vascular Surgery
- Peri-operative Medicine
- Urology
- Trauma & Orthopaedic Surgery
- Head & Neck Surgery (ENT & MaxFax)
- Ophthalmology



8/4/2010



Clinical Teaching at Portiuncula Hospital, Ballinasloe



Dr Paraic Curran





Portiuncula Hospital

- Acute General and Maternity Hospital, which forms an integral part of HSE Western Region.
- East Galway, Roscommon, Midlands and Mid-Western areas.
- 196 in-patient beds and 12 day care beds
- Portiuncula is a teaching hospital affiliated to National University of Ireland Galway.
- Affiliation with University of Limerick 2010



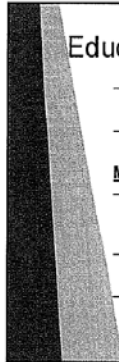


Clinical Activity

Activity	2008	2009	Difference
Inpatient Discharges	11,273	11,327	54
Day cases	6,398	7,162	764
Outpatients	39,261	43,313	4,052
Emergency Attendances	21,044	20,682	-362
No of births	2,180	2,229	49
Urology	742	823	81
Maxillary Facial	335	362	27
Surgery	2,447	2,555	108
Obstetrics and Gynaecology	1,716	1,728	12
Endoscopy Procedures	2,459	2,600	141
Dermatology New Attend.	64	135	111
Orthopaedics New Attend.	190	352	162



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Educational experience

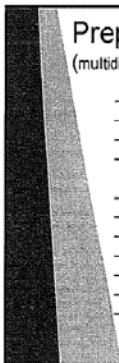


- School of Nursing
- Education committee

Medical education

- Existing clinical attachments – NUIG, UCD, German medical undergraduates.
- Undergraduate and postgraduate examinations
- Postgraduate teaching: SHO, SPR, GP Training.





Preparations

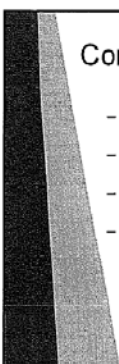
(multidisciplinary committee)



- Teachers and educators identified
- Inpatients and clinics
- Clinical tutor (0.5 whole time equivalent)
- Academic secretary

- Ward based tutorial rooms
- Library/ full time librarian
- Board room available for Teleconferences
- Internet access
- Lockers on site
- Accessible
- Accommodation





Conclusion:



- New program
- Enthusiastic clinicians
- Mentoring
- Emphasise on clinical teaching
 - patient and family centred experience



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**Clinical Teaching at South
Tipperary General Hospital,
Clonmel**



Dr Isweri Pillay

34


Demographics STGH

Population Served

Med/surg/mat/gynae/paeds: 110,000

Psychiatry: 150,000 (planned 88,000)

Pop. Profile: Mixed urban/rural (70% rural)

Major manufacturing farming equine centre

Geographic Area: Approx 1,000 sq miles

35


Emergency Department Activity

2009

New Atts	31,832
Return	3,079
Total	34,911



Consultant lead: Cyrus Mobed.
UCC Medical students rotate through

36

8/4/2010

Surgical Activity 2009



Admissions	3,066
Day Cases	2,527
Major ops	581
Minor ops	1,694
Endoscopies	2,381
OPD New Attendances	2,363
OPD Return	4,166

Consultant lead:
Peter Murchan.
3 Consultants, 2 due to start August/September 2010.
Tutor to be appointed

Medical Department



	2009
Admissions	4,864
Day Cases (inc MIC*)	2,861
Medical Oncology	2,336
Day Cases Total	5,197
OPD New Attendances	2,295
OPD Return	7,900
TOTAL	10,195
Endoscopies	1,712

8 teaching Consultants, 3 part-time
Existing medical tutor
UCC medical student teaching programme in place

Obstetrics

	2008	2009	% change
Admissions	1,957	2052	+5
Average Length of Stay/Days	3.17	3.16	
Births	1,178	1,365	+15

3 Consultant team
All 3 newly appointed within the last 3 years
Lead Consultant for UL: Vijay Hiramath

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 GRADUATE
ENTRY
MEDICAL
SCHOOL

Clinical Teaching at St Luke's Hospital, Kilkenny



Dr Colm McGurk

 GRADUATE
ENTRY
MEDICAL
SCHOOL

 GRADUATE
ENTRY
MEDICAL
SCHOOL

Background

Size: 317 beds

Consultants: 35 (9 others with visiting sessions)

Activity 2009: ~15,800 inpatients
~9,300 day-cases
~34,600 outpatients

Inpatient activity: ~5,500 medicine (+3000 MAU)
~3,400 surgery

~4,400 obs & gynae (~2,200 births)
~1600 paediatric
~900 psychiatric

 GRADUATE
ENTRY
MEDICAL
SCHOOL

 GRADUATE
ENTRY
MEDICAL
SCHOOL

Medical students

2009/2010 30 students from RCSI

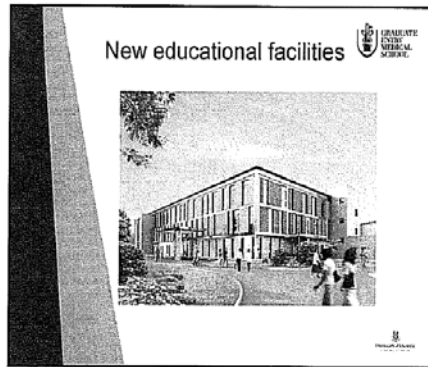
2010/2011 Additional 8 students from UL

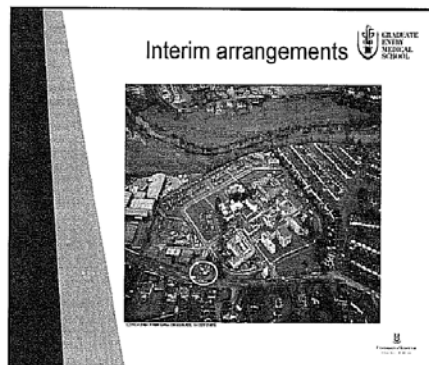
Extra support provided jointly by RCSI/UL

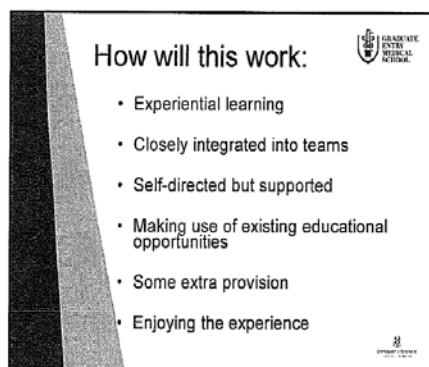
- Improved teaching & learning facilities on site
- Clinical tutorial staff
- Administrative support staff

 GRADUATE
ENTRY
MEDICAL
SCHOOL

8/4/2010







8/4/2010


Clinical Teaching at Midland Regional Hospital Tullamore




Dr John McManus MD, MRCP, M Med Sc,
Consultant in Geriatric and Stroke Medicine,
Midland Regional Hospital Tullamore




Background information

- New hospital-opened 2008
- 217 beds
- 18 day surgery beds
- Hospital Manager: Mr Peter Waters
- Clinical Director: Dr. Gerard Crotty




Hospital Specialties

• General Medicine	• General Surgery
• Gastroenterology	• A+E
• Rheumatology	• Anaesthetics
• Cardiology	• Palliative Care
• Haematology	• Orthopaedics
• Oncology	• ENT
• Nephrology	• Ophthalmology
• Geriatric Medicine	• Radiology
• Stroke Medicine	• Microbiology
• Diabetes	• Histopathology



8/4/2010



Surgical plans
(Lead: Mr Sean Johnson)

- Four students arriving 3rd August
- Will link in with A+E, ENT, Anaesthetics, Orthopaedics and Pathology
- Surgical tutor being appointed





Medical plans
(Lead: Dr John McManus)

- Four students starting on 3rd August
- Four named Consultant Supervisors:
 1. Dr. John McManus
 2. Dr. Paul Shiels
 3. Dr. Eoin Bergin
 4. Dr. Killian O'Rourke
- Week timetables organised by Dr. McManus
- Medical lecturer being appointed



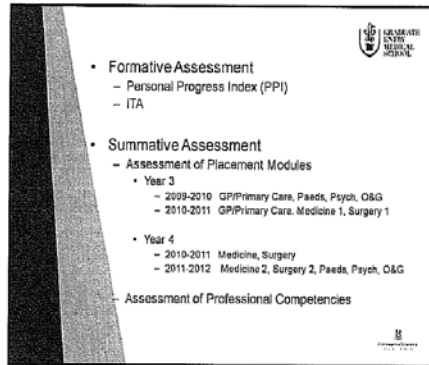


**Overview of assessment
in Yrs 3 & 4**

Dr Deirdre McGrath
Senior Lecturer; Chair of the Student Assessment &
Course Evaluation (ACE) Working Group



8/4/2010



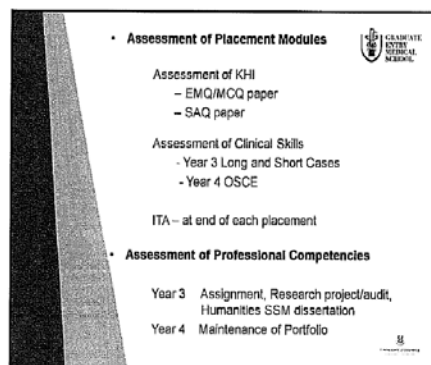
Slide 1: Formative Assessment
– Personal Progress Index (PPI)
– ITA

• Summative Assessment
– Assessment of Placement Modules

- Year 3
 - 2009-2010 GP/Primary Care, Paeds, Psych, O&G
 - 2010-2011 GP/Primary Care, Medicine 1, Surgery 1
- Year 4
 - 2010-2011 Medicine, Surgery
 - 2011-2012 Medicine 2, Surgery 2, Paeds, Psych, O&G

– Assessment of Professional Competencies

Logo: Graduate Entry Medical School



• Assessment of Placement Modules

Assessment of KHI
– EMQ/MCQ paper
– SAQ paper

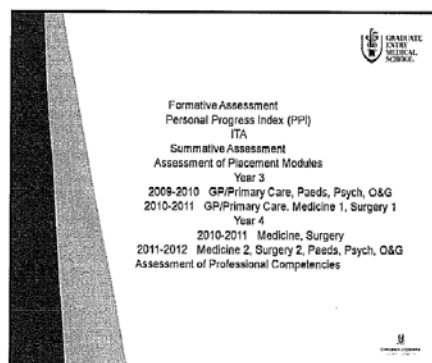
Assessment of Clinical Skills
– Year 3 Long and Short Cases
– Year 4 OSCE

ITA – at end of each placement

• Assessment of Professional Competencies

Year 3 Assignment, Research project/audit, Humanities SSM dissertation
Year 4 Maintenance of Portfolio

Logo: Graduate Entry Medical School



Formative Assessment
Personal Progress Index (PPI)
ITA

Summative Assessment
Assessment of Placement Modules

- Year 3
 - 2009-2010 GP/Primary Care, Paeds, Psych, O&G
 - 2010-2011 GP/Primary Care, Medicine 1, Surgery 1
- Year 4
 - 2010-2011 Medicine, Surgery
 - 2011-2012 Medicine 2, Surgery 2, Paeds, Psych, O&G

Assessment of Professional Competencies

Logo: Graduate Entry Medical School

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GEMS Course Evaluation



- Under the remit of the Assessment & Course Evaluation (ACE) Working Group
- End of module feedback – across all 3 years of programme:
 - Year 1 & 2: direct response to students
 - Year 3: discipline specific questionnaires; currently numbers are too small to analyse, feedback acted upon if appropriate by leads for relevant disciplines
- Dundee Ready Education Environment Measure (DREEM) and Teacher Ready Education Environment Measure (TEEM)
 - Students and teachers have a positive perception of the educational environment at UL GEMS and this perception has been maintained for those students after completing two years of the programme (D Moegher)

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Progress & Plans:



Academic Appointments:

- Prof David Mesgher (Psychiatry); Prof Amanda Cotter (Ob/Gyn); Prof of Surgery; A/Prof of Surgery

Progress on site-specific agreements at various clinical sites.

Plans for 2 senior academic appointments in Medicine.

Plans for 'Clinical Education & Research' facility at MWRH site.

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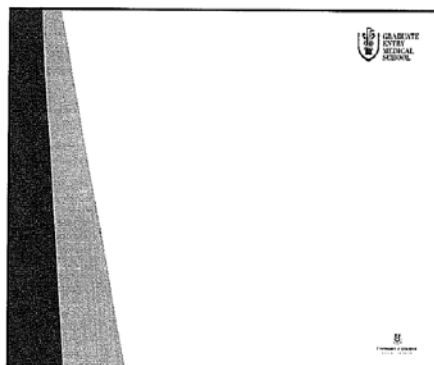
Presentation to Medical Council Visiting Team

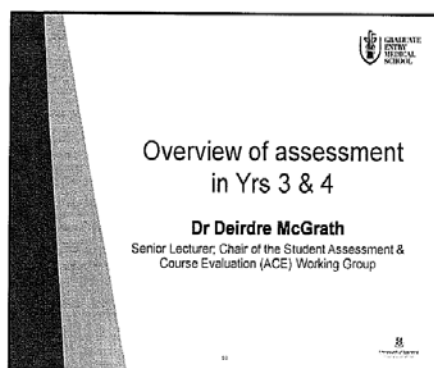
May 13th, 2010

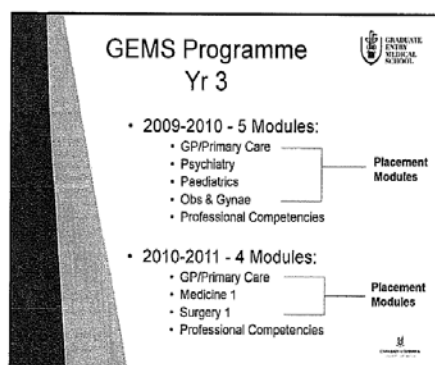


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Summative Assessment 
Yrs 3 & 4

- Assessment of placement modules
- Assessment of Professional Competencies



- Assessment of Placement Modules Year 3
 - Assessment of KHI
 - EMQ/MCQ paper
 - SAQ paper
 - Assessment of Clinical Skills (Long and Short Cases)
 - ITA – at end of each placement
- Assessment of Professional Competencies
 - 3 Assignments
 - » A) Research project/audit – EDM, Critical appraisal etc
 - » B) SSM Dissertation – Humanities
 - » C) Dissertation on either Occupational Med or Health Informatics



Year 3 2009-2010 

	KHI	Clin Skills	ITA	TOTAL %	ECTS Credits
General Practice	33.33	33.33	33.33	100	24
Ob/Gyn	33.33	33.33	33.33	100	9
Paediatrics	33.33	33.33	33.33	100	9
Psychiatry	33.33	33.33	33.33	100	9
*Prof Comp/SSM				100	9

*Due to integrated nature of programme the Professional Competencies may also be assessed within the KHI, Clinical Skills and ITA details of placement modules.



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**Year 3
2010-2011**



	KHI	Clin Skills	ITA	TOTAL %	ECTS Credits
General Practice	33.33	33.33	33.33	100	24
Medicine	33.33	33.33	33.33	100	15
Surgery	33.33	33.33	33.33	100	15
*Prof Comp/SSM				100	6

*Due to integrated nature of programme the Professional Competencies may also be assessed within the KHI, Clinical Skills and ITA domains of placement modules.

**GEMS Programme
Yr 4**



- 2010-2011 - 3 Modules:
 - Medicine
 - Surgery
 - Professional Competencies

Placement Modules





- Assessment of Placement Modules Year 4
 - Assessment of KHI
 - EMQ/MCQ paper
 - SAQ paper
 - Assessment of Clinical Skills (OSCE)
 - ITA - at end of each placement
- Assessment of Professional Competencies
 - TBC (as for Year 3 will include SSM)



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Year 4 2010-2011

	KH (EMQ/MCQ/ papers)	Clin Skills	ITA	TOTAL	Credits
Medicine	33.33	33.33	33.33	100	24
Surgery	33.33	33.33	33.33	100	24
*Prof Comp/SSM				100	12

*Due to integrated nature of programme the Professional Competencies may also be assessed within the KH, Clinical Skills and ITA domains of placement modules.

Summative Assessment Yr 3 & 4

- Students undergo a graded assessment (A1.....C3) and will be awarded distinctions
- QCS in Yr 3 & 4 goes towards final degree QCA

Module Grading

Conversion of percentages to UL grades

QPV	%	Grade	Distinction
4.0	87.5	A1	
3.6	80.0	A2	1st
3.2	72.5	B1	
3.0	68.8	B2	2.1
2.8	65.0	B3	
2.6	61.3	C1	2.2
2.4	57.5	C2	
2.0	50.0	C3	3rd
1.8	42.5	D1	
1.0	31.3	D2	F
0.0	12.5	F	

QCS in Yr 3 & 4 will contribute to the final degree QCA

Grades	QPV	Awards	QCA
A1	4.00	First	3.40
A2	3.60	2.1	3.00
B1	3.20	2.2	2.60
B2	3.00	3rd	2.00
B3	2.80		
C1	2.60		
C2	2.40		
C3	2.00		
D1	1.60		
D2	1.00		
F	0.00		
NG	0.00		

GEMS Course Evaluation

- Under the remit of the Assessment & Course Evaluation (ACE) Working Group
- End of module feedback – across all 3 years of programme:
 - Year 1 & 2: direct response to students
 - Year 3: discipline specific questionnaires; currently numbers are too small to analyse, feedback acted upon if appropriate by leads for relevant disciplines
- Dynamic curriculum

Dundee Ready Educational Environment Measure (DREEM)

- Students positive perception of the educational environment at UL GEMS has been maintained after completing two years of the programme (Meagher D)

8/4/2010



Teacher Educational Environment Measure (TEEM)

- Positive perception of UL GEMS educational environment





Comparison of total and subscale scores on the DREEM, DREEM-G and TEEM

	DREEM	DREEM-G	TEEM
Perception of Learning (0-40)	26.9 ± 4.5*	28.0 ± 8.5	38.1 ± 3.2*
Perception of Teaching (0-40)	35.4 ± 3.7*	30.3 ± 7.1	34.7 ± 4.3*
Academic Self-Perception (0-20)	21.6 ± 3.6*	16.4 ± 4.9	22.2 ± 2.9
Perception of Atmosphere (0-40)	37.0 ± 5.1*	35.3 ± 5.9	36.9 ± 4.8
Overall Self-Perception (0-20)	20.6 ± 3.1	19.9 ± 3.6	19.5 ± 2.4*
Total Score (0-200)	149.7 ± 15.7*	129.7 ± 22.3	151.2 ± 17.6

*DREEM > DREEM-G at p < 0.001, * at p < 0.01
*TEEM > DREEM at p < 0.05, *DREEM > TEEM at p < 0.001

David Moorhead, Masters Degree in Clinical Research



End of appendices