University of Glasgow

Academic Standards Committee - Friday 3 October 2014

Periodic Subject Review: Update on Response to Recommendation 5 arising from the Review of Undergraduate School of Medicine held on 21 and 22 March 2012

Mrs Catherine Omand, Senate Office

Recommendation 5

The Review Panel strongly recommends that the School undertakes a review of Problem Based Learning (PBL) provision to ensure uniformity of depth of content and to ensure that proper controls are put in place to prevent the educational benefits of PBL being undermined by inappropriate practices. *[paragraph 3.4.15]*

For the attention of: **Head of School**
For information: **Head of the Undergraduate Medical School**

Response:

The Problem Based Learning component of the curriculum has been reviewed and revised. The learning outcomes for sessions have been revised, it has been agreed the learning outcomes will be released to students immediately at the end of each session so that PBL groups can identify outcomes that they have missed and a process of peer observation of tutors has been developed that will involve external peer review (colleague from Nottingham) as well as internal peer to peer review to ensure consistency of approach.

Updated response – October 2013

The main revision to the curriculum has been a switch from Problem Based Learning to Case Based Learning in third year. Feedback from clinical supervisors about this revised component has so far been positive. The curriculum in years 1 and 2 has been revised to strengthen the range of learning methods available to students so that there is not so much dependence on Problem Based Learning and the PBL sessions are complemented by more lectures etc. It is early days to judge the success of these changes but we will continue to monitor student performance in the clinical phase.

Updated response – September 2014

In 2012, the PSR identified several issues in relation to the PBL component of the UG medical curriculum. One was about the depth of learning expected of the students and the degree to which this was reflected in the ILOs. There was also considerable variation in the students' experience of PBL, especially with regard to their perceptions of how much they were expected to learn, and whether or not they received one-to-one feedback from their facilitator. Finally, there was concern over practices that undermined PBL, which indicated a need for better quality-control of PBL.

Concerns about expected depth of learning possibly reflected our students' relative immaturity, the tension between a constructivist learning method where 'learning as process' is

emphasised, and students' need for defined boundaries to their learning (explicit ILOs); and/or poor facilitation. Practices that undermined PBL included widespread dissemination of Facilitators' notes amongst students, inappropriate distribution of the intended ILOs by some facilitators and not others, and the anecdotal failure of some facilitators to intervene appropriately (either dominating/teaching, or barely intervening at all).

We have taken several measures to address these issues.

(a) We sought to reassure students by providing the intended ILOs for a scenario immediately after the 7-step PBL process has been completed for that scenario.

(b) We reduced the students' reliance on PBL as the mechanism for learning in Years 1 and 2; PBL is now just one of several small-group or interactive learning methods (e.g., VS groups, surface anatomy sessions, interactive feedback sessions with EVS), in addition to lectures, labs and increased use of e-learning resources. In our course documentation and briefings to new students/potential applicants, we emphasise that the curriculum is PBL-containing, as opposed to PBL-based.

(c) We piloted a variation of PBL (our 'Phase 1 model') in which students undertook just a single scenario in a week; one aim of this was to allow space in the timetable for a greater variety of learning opportunities. Evaluation was carried out with different year groups and in successive academic years, and it was found that an increasing proportion of students preferred the 'Phase 1 model '(reduced PBL). Staff also found benefits (mainly time). We have gradually rolled out this model.

(d) In our documentation to staff and students we emphasised that the PBL component of the programme is not (any more) the main vehicle for learning the content of Years 1 and 2, but offers students an opportunity to integrate material from two or more scientific disciplines, and/or to integrate scientific and clinical material; and it offers students the chance to articulate their personal understanding of topics and to use dialogue to improve that understanding (socio-constructivist principles).

(e) We substantially revised a Guide for PBL Facilitators, which emphasised the fundamental principles of facilitation and, importantly, explained the rationale behind these.

(f) We implemented a peer observation programme for PBL facilitators. We invited the PBL Co-ordinator from Nottingham to tell us about their peer observation system and we held internal discussion about proformas and mechanisms. Our programme was piloted in 2012-13 and in session 2013-14, 18 pairs of facilitators participated.

(g) In 2013-14, we produced new video material of PBL sessions with Year 1 students and used the video clips for student induction, staff training and a new CPD event offered at different times of the year.

(h) To address the fact that many of our facilitators had been facilitating for many years without attending our regular bi-monthly CPD sessions (mid-Wednesday meetings), we initiated a revalidation programme. Revalidation certificates are issued on completion of peer observation & the new CPD session within 2-year period; 27 have been issued to date.