

The aim of Annual Monitoring is to maintain quality and improve provision through identifying action that can be taken to improve future student experience.

This form should be used to capture a focused and concise reflective summary of annual monitoring activity at school and subject level. Bullet list format is encouraged.

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| College | <p>Medical Veterinary and Life Sciences (Undergraduate Annual Monitoring Summary)</p> <p>Notes in parentheses indicate from which course AMRs specific comments arose.</p> <p>School of Medicine Dentistry and Nursing (SMDN) Medical School (MS) Dental School (DS) Nursing and Health Care School (NHCS) School of Veterinary Medicine (SVM) School of Life Sciences (SLS)</p> |
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Please comment on the following themes. Issues that are highlighted as requiring work will be reported to the College and/or University (please specify next to each issue)

Student support (including mental health)

| What is working well? | What needs work? |
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| <p>MS</p> <ul style="list-style-type: none"> • Close working relationship with colleagues in School of Life Science (particularly anatomy) and many clinical colleagues within NHS who deliver across the year. (MBChB1) • The opportunity for informal feedback by students and the excellent relationship with successive student liaison committees. (MBChB1) • Informal meetings with students and the MBChB2 Year Director every Tuesday mid-morning proved to be a very valuable exercise. A number of class and individual issues were addressed as a result. • End-of-the-block assessment brought forward with strict deadlines; this ensures better completion rates and also, students in difficulties are highlighted more quickly. (MBChB3) • Continuation of the general trend of an increase in student ratings for blocks and targeted interventions in various blocks/sites following poor feedback have improved the student experience. (MBChB4, MBChB5) | <p>MS</p> <ul style="list-style-type: none"> • There are still number of students who do badly in the finals whilst no concerns have been raised during any specialty blocks. (MBChB4, MBChB5) <p>(College and University)</p> |

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| <p>DS</p> <ul style="list-style-type: none"> • Evidence from the online student feedback system (EvaSys) questionnaire indicated a high level of student satisfaction. Of particular note the students found the course: intellectually stimulating; containing many different teaching styles; provided good clinical experience; had informative and approachable teachers and that they felt well supported. • Graduate Attributes activity, Special Study Modules, Peer Assisted Learning and Enhanced Management and Leadership components. (BDS5) • A mid-session student questionnaire trialled last year enabled feedback to be given to the student body regarding the course. This was successful and will continue. (BDS5) | <p>DS</p> <ul style="list-style-type: none"> • Improvement in information for students intending to enter Dental Foundation Training following graduation. (BDS5) <p>(College)</p> |
| <p>NHCS</p> <p>The National Student survey (NSS) results show 90% overall satisfaction with the programme. Free text comments indicate that the following points are valued by students:</p> <ul style="list-style-type: none"> • The Programme is intellectually stimulating. • Variety of clinical placements and some opportunity to select placements. • Level of support provided by lecturers is excellent, students feel comfortable approaching staff for help. • Plenty of opportunities to work with BN students from other year groups. • Staff are passionate and knowledgeable about the subjects they teach. • Spiral curriculum evident across the programme and students favoured this approach. • Small class sizes provide an opportunity to get to know everyone in the School. | <p>NHCS</p> <ul style="list-style-type: none"> • Ensure consistency in the support provided by dissertation supervisors. (BN4) • A noteworthy point is that over the last three years there has been an incremental rise in our UG student intake and with this we have observed that a significant proportion of students present with complex support requirements and this has impacted on staff workload. <p>(College and University)</p> |
| <p>SVM</p> <ul style="list-style-type: none"> • Psychological support for students – it is widely acknowledged that mental health issues are a major concern for the student body – this is of particular concern during assessment periods. Whilst the School has dedicated and trained staff in this area none of them are trained counsellors and the demand far exceeds our capacity to support our students particularly at times of high demand. There are plans for members of the central university CAPS service to be present at predetermined times on Garscube | |

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| <p>campus for the next academic session plus a 0.5 FTE post based at Garscube to support mental health and related issues. This is anticipated to be of great benefit particularly for final year students who have limited opportunities to engage with central services due to rotation commitments.</p> | |
| <p>SLS</p> <ul style="list-style-type: none"> • Field Course: this is an excellent opportunity for students to bond at start of the year. This is an immersive three day trip involving experimental field work, data analysis, laboratory report writing. (SLS) • Tutorials: students have the same tutor across the year which enables relationship/point of contact for the year to be established. (SLS) | <p>SLS</p> <ul style="list-style-type: none"> • Extend the use of Teams within the course to enhance student digital literacies. (SLS) • Course changes have to be implemented to ensure new accessibility regulations are met. (SLS) • General concern regarding absenteeism for many courses, particularly Level 4. (SLS) • Absence increases before deadline e.g. dissertation hand-in. (SLS) • Enrolment to Level 4 option courses causes student dissatisfaction due to the first-come-first-served system. Students who are out of country and without access to internet often cannot get into their preferred options. This negative feedback is frustrating to degree co-ordinators who cannot fix this problem. This is reflected in the NSS as the students do not differentiate between degree co-ordination and higher-level University practices. The enrolment system could be accessed by students during the term. Those students who do not progress to Level 4 could later be removed electronically. (SLS) <p>(College and University)</p> |
| <p>Learning and teaching (including assessment and feedback)</p> | |
| <p>What is working well?</p> | <p>What needs work?</p> |
| <p>MS</p> <ul style="list-style-type: none"> • Exam format, moving towards more Single Best Answer (SBA) style questions which students will increasingly meet as they move through the curriculum and during final year for the Medical Licensing Assessment (MLA) being introduced by the General Medical Council (GMC) within the lifetime of current student cohort. (MBChB1) • Failing students in Year 1 are encouraged to take up the opportunity to view exam scripts and are offered one-to-one feedback with Year Head/Deputy. Most students see this as a positive experience and helps identify weaknesses in exam techniques and knowledge base. (MBChB1) • The external examiners commented very positively about the course and the methods and standards of assessment. The depth and breadth of the written papers and the level of student performance in the | <p>MS</p> <ul style="list-style-type: none"> • The assessment material and assessment style used for exams to make sure it best measures performance and knowledge attainment for the level of the students. (MBChB1) • Revision of some teaching in terms of content and mode of delivery to cope with the increased number of students. (MBChB1) • There are still some specialty blocks which consistently have poor feedback. (MBChB4, MBChB5) • ENT and ophthalmology continue to give concern and student feedback is consistently poor. (MBChB4, MBChB5) • There is a need for an online assessment system for written examinations. |

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| <p>OSCEs. (MBChB2)</p> <ul style="list-style-type: none"> • Reports from external examiners describing MBChB3 as an excellent programme and that the overall standard and quality of the course and assessments are very high. • Generic and specific examination feedback is made available to students. | <ul style="list-style-type: none"> • There is a need for a standardised and integrated method of recording class attendance across the Medical School. Various options being reviewed. <p>(College and University)</p> |
| <p>DS</p> <ul style="list-style-type: none"> • The students appreciate formative assessment as a guide to the level of their learning throughout the year. The variety of teaching methods used and the use of technologies to support teaching. (EvaSys feedback - BDS1) • The introduction of a clinical OSCE style assessment in BDS1. • Detailed structured automated examination feedback provided via email to every student post professional examination provides a breakdown of student performance in each subject theme. Every student receives individualised feedback on their performance that can feedforward to clinical development in later years of the BDS programme. (BDS1) • Range of assessment and the use of clear model answers for marking guidance as well as double marking to ensure consistency and robustness. (BDS1) • A more structured 'introduction to clinic' module has been developed for the transition to treating patients. This has been initially well received and further feedback will be sought. (BDS2) • Use of the electronic assessment and feedback system, LIFTUPP for summative student progress in the clinics has been extremely valuable in identifying areas of student weakness and facilitating targeted training. (BDS5) | <p>DS</p> <ul style="list-style-type: none"> • Implementation of more on the spot formative assessments could be considered. E.g. the use of YACRS (Yet Another Classroom Response System). (EvaSys feedback - BDS1) • Annotation of scripts when marking needs to be consistent between staff to ensure it is clear to the external examiners where marks have been awarded. (BDS1) • The Pre-clinical Skills Assessment (PCSA) professional examination has a new format and now requires review and reflection. (BDS2) • LIFTUPP assessment in pre-clinical skills classes has issues of grading and feedback consistency and requires further work to enhance the feedback provided (BDS2). • Consistency of clinical teaching in BDS3 restorative clinics and standardisation of LIFTUPP assessment between clinicians (BDS3, BDS5). • There is a need for a standardised and integrated method of recording class attendance across the Dental School. Various options being reviewed. <p>(College)</p> |
| <p>NHCS</p> <ul style="list-style-type: none"> • Excellent range of topics, varied approaches to learning and teaching and the balance of theory and practice. (BN1) • External speakers were beneficial to student learning. Feedback highlighted the overall high quality of teaching from both internal and external speakers. (BN2) • Writing Retreats continue to be a very strong element. (BN4) • Marking and feedback is consistent and carried out to a high standard. (Graduate Diploma in Specialist Lymphoedema Management) | <p>NHCS</p> <ul style="list-style-type: none"> • Increase formative assessment opportunities. (BN1) • Increase opportunity for tutorials and group work. (BN3) • Ensure consistency in the support provided by dissertation supervisors. (BN4) <p>(College)</p> <ul style="list-style-type: none"> • Student feedback time within the Assessment Policy is 15 working days. Difficulty meeting these targets due to staff shortages and also external examiner's workload. Students commented in end-of-year evaluations that 'general class feedback' is less helpful, |

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| <ul style="list-style-type: none"> • Curriculum content, course organisation and staff enthusiasm. (Graduate Certificate in Burns and Plastic Surgery: Adults and Paediatrics) | <p>they prefer their own written feedback. Therefore a more realistic timeline is 28 days allowing for primary marking and adherence to QA processes.</p> <p>(College and University)</p> |
| <p>SVM</p> <ul style="list-style-type: none"> • In general, across both programmes run by the School, comments indicate that the students found the courses stimulating/challenging/interesting; with an appropriate balance between lectures and practical classes and that the variety of authentic workplace learning environments provides a rich and rewarding learning experience. In addition it was noted that courses are delivered by engaged, enthusiastic and proactive staff and that courses were general well run. • There has been a consistent call for more summative assessment in the BVMS courses and this sits alongside positive comments about use of continual assessment. <p>Aspects of assessment that were noted as working well were</p> <ul style="list-style-type: none"> • the use of a SLA timetables to ensure that coursework is spread throughout the semester (BSc Vet Bioscience 2) • the Continual assessment Tasks (CAT tasks) (BVMS2) • the development of clear and transparent marking schemes • detailed and timely feedback • structured feedback forms • how submitted work compares with others in their cohort • examination blueprinting (BSc Vet Bio2) • competency assessment (BVMS5) • improvements in question writing for the knowledge and application assessment (BVMS5) <p>(BVMS, BSc Vet Bioscience)</p> | <p>SVM</p> <ul style="list-style-type: none"> • There has been a consistent call for more summative assessment in the BVMS courses. <p>(College)</p> <ul style="list-style-type: none"> • Concern regarding rounding of final grades this will be addressed as part of Assessment Review. The Clerk of Senate is also looking at this issue. (BVMS1) • Attendance at lectures /attendance monitoring. While there is an argument for doing this there are currently no associated resources and the lack of an adequate system for monitoring. It has been flagged to the College Learning and Teaching Committee. Moodle engagement may serve as a proxy for attendance. N.B. CURRENT ISSUE & AMR 2017-18. (BVMS) <p>(College and University)</p> |
| <p>SLS</p> <ul style="list-style-type: none"> • Students appreciate being taught new science based on experiments and published papers. This gives them the confidence to read and critique scientific papers and understand the scientific process. (SLS) • Students have made it clear to staff they would like to have in-course assessment and for the exam not to constitute 100% of the final mark. All Level 4 Options in the first semester will have this in 2019/2020. (SLS) | <p>SLS</p> <ul style="list-style-type: none"> • Students find it useful when they present and discuss scientific papers. However students mention that they are not sure how these discussion sessions prepare them for the exam. Staff should explain in depth how this level of critical thought, analysis and summarisation of data will align with summative assessment. (SLS) • Delayed feedback on assessments: There were some delays in the release of feedback to students. Going |

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| <ul style="list-style-type: none"> • The External Examiners reports were overwhelmingly positive with huge progress made over the last year with only a few common areas identified for further improvement and related to the External Examiners' Quality Assurance role. These areas are model answers, exam script annotation and grade justification. (SLS) • The challenge for SLS has been preparing for the revised Year 4 that starts session 2019-2020. That has been a big deal and addresses the big issues and across the School: <ul style="list-style-type: none"> - Less emphasis on final examinations - More summative coursework - More opportunities for practice and feedback - Diversified, more authentic assessment - Better weighting of project work (to recognise the time put in) - More course choice <p>(SLS)</p> | <p>forward, markers will be made aware of the strict deadlines and how these affect ongoing assessments. (SLS)</p> <ul style="list-style-type: none"> • External Examiners identified areas for further improvement related to model answers, exam script annotation and grade justification. (SLS) <p>(College)</p> |
| <p>Quality and suitability of teaching spaces, and timetabling</p> | |
| <p>What is working well?</p> | <p>What needs work?</p> |
| | <p>MS</p> <ul style="list-style-type: none"> • Reassurance that large room teaching space will be available going forwards as numbers continue to increase. (MBChB1) • Working towards having block timetabling completed much earlier to ensure students have electronic timetables available and staff can have earlier confirmations of timings. Hopefully will also work with the process for teaching space allocation. (MBChB1) • The size of the MBChB2 class is increasing so this has raised issues of lecture theatre and laboratory space, and of a very constrained timetable to accommodate all the student groups. (MBChB2) • Timetabling of exams, marking and Exam Boards to allow adequate time to collate and prepare for Exam Boards (MBChB3) • The provision of teaching space that reduces the need for repetition of classes. (MBChB) <p>(College and University)</p> |
| | <p>DS</p> <ul style="list-style-type: none"> • There are still difficulties inherent in the CMIS timetabling system throughout the BDS course. The course is complex and includes an additional summer term (reverting to the provision of 'paper' timetables for this term). Students often give negative feedback about timetabling because of this CMIS issue. <p>(University)</p> |

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| | <p>NHCS</p> <ul style="list-style-type: none"> • Increase in student numbers for incoming first year has highlighted that there are few rooms available. <p>(College and University)</p> |
| | <p>SVM</p> <ul style="list-style-type: none"> • There is a need for appropriate teaching spaces for the active learning /clinical reasoning activities that are likely to be introduced into the course as an outcome of the short term clinical reasoning working group. <p>(College and University)</p> |
| <p>Staffing levels (including administrative support)</p> | |
| <p>What is working well?</p> | <p>What needs work?</p> |
| | <p>MS</p> <ul style="list-style-type: none"> • A requirement for appropriate staffing (both academic and administrative) in view of increasing student numbers is an urgent requirement. This is to ensure the continued success in the excellent metrics for the programme as well as to allow future developments. • The use of UMS “T” staff in teaching medical students in life science classes should be very significantly increased. • The size of the MBChB2 class is increasing so this has raised issues of staffing, and of a very constrained timetable to accommodate all the student groups. • Capacity of CBL for larger group needs future proofed. (MBChB3) • Many acute care days have had to be cancelled due to being unable to recruit sufficient clinical teachers. (MBChB4, MBChB5) <p>(College and University)</p> |
| | <p>NHCS</p> <ul style="list-style-type: none"> • The School has experienced extended periods of staff shortages owing to unanticipated absences and unfilled vacancies. Overseas teaching commitments coincide with peak workloads for the UG and PGT Programmes here in Glasgow. • Development of the New BN Programme for 2020 has generated further increases in workload. • The BN programme for September 2020 requires at the point of registration for newly qualified RNs to be prescribing ready. Pharmacology content is being reviewed and updated. Whilst pharmacology is in the |

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| | <p>existing BN curriculum, there is the need to increase the level and content of pharmacokinetics and pharmacodynamics across the programme and secure pharmacology input, with direct clinical relevance to comply with the BN philosophy i.e. course content delivered by subject experts.</p> <p>(College and University)</p> |
| <p>SVM</p> <ul style="list-style-type: none"> • New posts approved for teaching in the clinical skills and first opinion practice to improve staffing in this vital area. • Proposal developed with SSPCA (Scottish Society for the Prevention of Cruelty to Animals) for additional surgical and preventive medicine clinic opportunities. (BVMS5) | <p>SVM</p> <ul style="list-style-type: none"> • One new clinical skills post has been successfully filled and another new member of this team is due to start in October 2019. This has been a slow process and staff in this area have been under considerable pressure to maintain a significant cross-programme teaching load while awaiting recruitment of new/maternity cover members of staff. (BVMS) • There is a real need to retain good administrative staff within the teaching unit, to ensure the smooth running of courses/programmes and allow development of new and improved systems e.g. absence management, performance feedback and remediation of underperforming students. For a long time, the TU has been subject to high staff turnover. The very high turnover of staff in the TU may be being influenced by the differences in pay grades between posts and the use of short, fixed term, appointments. A full analysis of the reasons for the high staff turnover should be completed and a strategy developed to allow the issue to be resolved. <p>(College and University)</p> |
| | <p>SLS</p> <ul style="list-style-type: none"> • Insufficient staffing levels. The risk to course delivery is greater than ever. One member of staff being unable to deliver their teaching could now lead to full courses being unable to run. The current administrative and academic workloads of the current staff make it very difficult for them to engage with scholarship, CPD, or course development work. (SLS) <p>(College and University)</p> |
| <p>University facilities (including IT, conference and library facilities)</p> | |
| <p>What is working well?</p> | <p>What needs work?</p> |
| | <p>MS</p> |

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| | <ul style="list-style-type: none"> • IT support for assessment continues to be problematic. E.g. the direct import of coursework data from Moodle to VALE could not be actioned. <p>(College and University)</p> |
| | <p>DS</p> <ul style="list-style-type: none"> • A system to alert and address issues in respect to patient simulator maintenance and performance needs to be established to prevent significant capacity issues in the Pre-Clinical Skills Facility. <p>(College and University)</p> |
| | <p>SVM</p> <ul style="list-style-type: none"> • Heating problems in both the Jarrett and Mary Stewart Seminar rooms. N.B. CURRENT ISSUE & AMR 2017-2018 (BVMS) • Students have expressed concerns about the rest area provided for those on overnight duty in the Equine Hospital (BVMS5). There are limitations on what can be provided, as this is not residential accommodation, rather a workplace rest area. The rest area has been improved over the past 2-3 years with additional reclining chairs. The course leader will meet with estates and buildings, undergraduate school manager, student representatives and core rotation leader to establish the current constraints and consider whether additional resources need to be secured to improve provision in this area. (BVMS5) • Cattle handling areas for animal handling and DOPS need reconfigured at Cochno Farm to facilitate a safe environment for staff and students and to accommodate the increase intake in 2018-2019 (BVMS, BSc Vet Bioscience) • Heating problems in both the Jarrett and Mary Stewart Seminar room. N.B. CURRENT ISSUE & AMR 2017-2018 <p>(College and University)</p> |
| | <p>SLS</p> <ul style="list-style-type: none"> • Size of computer clusters to cater for all classes. (SLS) • Recognise that more teaching is moving to computer based and facilities need to be available. Adequate size flexible format. Implications for new buildings and the Boyd Orr. (SLS) • All computer facilities must have fast high efficiency connection. (SLS) |

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| | <ul style="list-style-type: none"> • Essential that the College and University are looking to the future as computer methods develop the University needs to as well. (SLS) <p>(College and University)</p> |
| University systems (including MyCampus, Moodle, URKUND and EvaSys) | |
| What is working well? | What needs work? |
| | <p>SVM</p> <ul style="list-style-type: none"> • Poor EvaSys response rate 12% compared to 45% in 2017/2018 (BVMS5). This may reflect engagement with alternative methods of feedback communication (e.g. monthly focus groups and end of rotation feedback surveys). <p>In 2019/2020 the EvaSys survey will be distributed at the same time as the Professional Phase formative assessment. It is hoped this change in timing, along with associated communication to students about the importance of the survey, will improve response rates for 2019/2020.</p> <ul style="list-style-type: none"> • Access to student portfolio after graduation (i.e. alumni access to Mahara). (FAO: College VLE Board) • Ongoing support to further develop functionality/maintain the performance feedback system. <p>(College and University)</p> |
| <p>SLS</p> <ul style="list-style-type: none"> • The Turnitin Moodle plugin was used for assignments and students found this easy to use. (SLS) • The course Moodle sites continue to be praised by students and other courses. Other colleges continue to seek advice on how to make best use of Moodle. (SLS) | <p>SLS</p> <ul style="list-style-type: none"> • EvaSys Feedback levels poor. EvaSys is a blunt instrument as the questions are not sufficiently course-specific and repeating the same set of general questions contributes to the students' questionnaire fatigue.(SLS) • When option organisers are required to check course timetables, there should be in an easier format than the current Excel worksheets which do not have calendar dates and are in a seemingly random order. These two small issues make the checking awkward, slow and error-prone. (SLS) <p>(College and University)</p> |
| Marketing, recruitment and admissions | |
| What is working well? | What needs work? |
| | <p>NHCS</p> |

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| | <ul style="list-style-type: none"> • Marketing is poor. (Graduate Diploma in Specialist Lymphoedema Management) • Registering as a PGT student for a Level 7 Programme is not straightforward. (Graduate Diploma in Specialist Lymphoedema Management) <p>(College and University)</p> |
| Other themes/issues | |
| What is working well? | What needs work? |
| | <p>MS</p> <ul style="list-style-type: none"> • There is a need for a standardised and integrated method of recording class attendance across the Medical School. Various options being reviewed. <p>(College and University)</p> |
| | <p>DS</p> <ul style="list-style-type: none"> • There is a need for a standardised and integrated method of recording class attendance across the Dental School. Various options being reviewed. <p>(College and University)</p> <ul style="list-style-type: none"> • Continued efforts are required both within Glasgow Dental Hospital (GDH) and with respect to dental outreach centres regarding patient recruitment (BDS3, BDS5) |
| | <p>SVM</p> <ul style="list-style-type: none"> • The supply of cadavers for anatomy classes is likely to be problematic in the future. Using embalmed specimens has health implications therefore plastination is the most practical solution. There are cost implications at the onset but this should be considered against the long term benefit as teaching aids. • The advancement in 3D imaging for human anatomy should be incorporated into veterinary anatomy. This will require a collaboration involving IT/software experts, human and veterinary anatomists and the identification of an appropriate funding stream. • Concern regarding rounding of final grades this will be addressed as part of Assessment Review. The Clerk of Senate is also looking at this issue. (BVMS1) • There is a need for a standardised and integrated method of recording class attendance. (BVMS) |

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| | (College and University) |
| | SLS <ul style="list-style-type: none"> • General concern regarding absenteeism for many courses, particularly Level 4. (SLS) (College and University) |

| Good Practice | |
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| What practices are innovative? (Please include a named contact for each piece of innovative practice) | Where, if anywhere, would you disseminate this innovative practice? |
| Peer-assessment using Aropa (SMDN-MS) Contact: Dr Camille Huser <ul style="list-style-type: none"> • Peer-assessment using Aropa for the mock Medical Independent Learning Exercise (MILE) encouraged students to engage with the marking descriptors. | College/University |
| Virtual learning environment (SMDN-MS) Contact: Dr Jim Boyle <ul style="list-style-type: none"> • Virtual learning environment MBChB3 with micro lecture series and use of virtual patients (endocrinology, nephrology, cardiology). | College |
| Near Peer Mentoring Programme (SMDN-DS) Contact: Mr Neil Nairn <ul style="list-style-type: none"> • As part of the existing Staff-Student Mentorship Programme each BDS1 group was assigned a BDS4 Peer Mentor. This programme has received positive feedback and has enhanced Staff-Student engagement. | College/University |
| Institutional links and student exchange programmes (SMDN-DS) Contact: Dr Aileen Bell <ul style="list-style-type: none"> • Increasing institutional links and student exchange programmes for the purpose of BDS4 Elective Studies e.g. Brazil, China, Germany, Hong Kong, Malawi, Poland, Rwanda, Singapore. | College/University |
| NHS Education for Scotland (NES) Portfolio (SMDN-NHCS) Contact: Dr Rosemary Mullen <ul style="list-style-type: none"> • BN1 students are encouraged to build their professional portfolio using the online NES portfolio accessed via the single unified digital platform 'Turas'. There is the required to maintain a professional portfolio for revalidation. • The NES portfolio is advantageous as it is available post-registration, unlike UoG's portfolio 'Mahara'. | College/University |
| Peer assessment using Aropä (SMDN-NHCS) Contact: Mrs Louise McCallum <ul style="list-style-type: none"> • Peer assessment of a summative BN3 written assignment, used Aropä to manage submissions and coordinate anonymous marking. The class developed their own rubric to use for marking/reviewing the assignment. • Student evaluation indicated that this was helpful on many levels i.e. helped to understand the marking process, what an examiner looks for in content and structure, helped to dissect the question and understand what was being asked. | College/University |

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| <p>Situational Judgement (SMDN-NHCS) Contact: Mr Robert Thomson</p> <ul style="list-style-type: none"> • BN3 students can experience increased anxiety as they transition towards professional registration. In response to this, situational judgement (SJ) questions were developed on various topics including commitment to the profession, coping with pressure, effective communication and working collaboratively. | <p>College/University</p> |
| <p>Live Link - Graduate Diploma in Specialist Lymphoedema Management (SMDN-NHCS) Contact: Dr Rhian Noble-Jones</p> <ul style="list-style-type: none"> • Live link with unique scanning and clinical tutor with consenting patients (students in classroom, clinic in South Wales) was highly appreciated by students and worked well. Noted by students as an excellent learning experience. | <p>College/University</p> |
| <p>Plastinated organ specimen bank to be increased (SVM) Contact: Prof Maureen Bain</p> <ul style="list-style-type: none"> • The use of plastinated specimens allows students to have more hands on experience, this assists with the explanation and understanding of the 3D/topography organisation of organs. | <p>College</p> |
| <p>A video of brain dissections (SVM) Contact: Dr Mark McLaughlin</p> <ul style="list-style-type: none"> • A video of brain dissections was used this year in response to student feedback and this was well received. Comparative Vertebrate Anatomy (CVA) | <p>College</p> |
| <p>Performance feedback system (SVM) Contact: Mr Paul Eynon, Dr Jenny Hammond</p> <ul style="list-style-type: none"> • This bespoke system implemented in May 2018 provides functionality to improve delivery of performance feedback for students in clinical placements. • The reporting elements of the system provide valuable data to track student performance and meet the outcomes assessment requirements of the accrediting bodies. • The new workplace-based assessment functionality allows the management of discrete assessments as well as performance feedback through a single system. • The system is also helpful as a tool to support audit of feedback timelines. (BVMS5) | <p>College/University</p> |
| <p>Professional e-portfolio (SVM) Contact: Dr Jenny Hammond</p> <ul style="list-style-type: none"> • Professional e-portfolio is consistently cited as a particular example of good practice in 'Programmatic assessment' and aligns with the demonstration of employability skills/graduate attributes. (BVMS5) | <p>College/University</p> |
| <p>Residential Field Courses (SLS) Contact: Dr Ashley Le Vin</p> <ul style="list-style-type: none"> • A study to evaluate whether additional resources for residential field courses would reduce student concerns about going away on residential trips. • These resources included pictures, videos and information on the different field sites and available to students in advance of field courses. • The study is currently being evaluated and will continue in 2019-2020. | <p>College/University</p> |
| <p>Online career platform (SLS) Contact: Prof Joseph Gray</p> <ul style="list-style-type: none"> • A LinkedIn group for University of Glasgow Microbiology students was created to give students (past and present) the opportunity to discuss areas of interest, highlight job opportunities and to stay in contact with their peers and staff. | <p>College/University</p> |

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| <ul style="list-style-type: none"> The University can track where students go and highlight this to current and future University of Glasgow students. Student feedback has been positive and as the group grows, it will become a valuable career platform. | |
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Hot Topics

Do you have any comments on the following topics?

1. Have you introduced any changes in your approach to assessment and feedback? If so, why, and what benefits have you derived for students and staff from the changes you made?

- Failing students in Year 1 are encouraged to take up the opportunity to view exam scripts and are offered one-to-one feedback with Year Head/Deputy. Most students see this as a positive experience and helps identify weaknesses in exam techniques and knowledge base. (SMDN-MS)
- The Examinations Team has refined the questions for clarity and the marking schemes for transparency and consistency. Effort has been made to ensure curriculum mapping of examination questions, and a colour-coding method of recording the pre- and post- review marking schemes has been adopted. Generic and specific examination feedback is made available to students. (SMDN-MS)
- There is a plan to make more material available in on-line form. An example would be the conversion of current PBL material in Head, Neck and Neurological Systems (MBChB2) to on-line resources and the further development of on-line formative exercises. (SMDN-MS)
- The introduction of quarantine in the OSCE has improved the perceived fairness of the examination process. (SMDN-MS)
- The introduction of the online OSCE platform should enable teaching staff to capture and analyse more data which will improve the detail of feedback returned to students. (SMDN-MS)
- The BDS1 Team completed a review of a particular assessment and changes were made. The benefit for students is early exposure to a clinical style examination and prepares them for OSCE assessments in later years. The benefit for staff is continuity in assessment style across the BDS curriculum enhancing sharing of good practice. (SMDN-DS)
- New detailed structured automated examination feedback provided via email to every student post professional examination was enhanced this year to provide a breakdown of student performance in each subject theme. Every student received individualised feedback on their performance that can feedforward to clinical development in later years of the BDS programme. The development has been well received by the students. (SMDN-DS)
- The Dental School is now using LIFTUPP (a continuous assessment tool) in a summative manner. This is helpful in identifying students for targeted training. (SMDN-DS)
- The Nursing and Healthcare School welcomed the UoG move to Turnitin with full grade mark function. Previous annual monitoring reports highlighted Urkund as unfit for purpose. (SMDN-NHCS)
- CVA: There is a continual increase in the amount of feedback being provided to students, Moodle quizzes were used, where there was deviation from the anticipated answer, individual comments were provided. (SVM)
- The BSc Vet Bioscience programme continues to embed standardise feedback forms across the programme. Also an exam performance feedback profile which students are required to reflected on. (SVM)
- A new online assessment system is currently under trial, and has been tested as a revision exercise for BVMS 1 and BVMS2 students. This may well assist in the running and marking of assessments, as well as potentially allowing for varying exam sites in the future (e.g. for resits). However further assessment and feedback is required, particularly on the use for varying question formats. (SVM)

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- Students have made it clear that they would like to have in-course assessment and for the exam not to constitute 100% of the final mark. All Level 4 Options in the first semester will have this in 2019/2020. (SLS)

2. Are you considering increased use of technology to enhance learning and teaching and, if so, what support and guidance would you need to achieve your aims?

- Increasing use of simulation and online modules. IT support and time for staff to progress with these activities would be welcome. (SMDN-MS).
- The Medical School would like to use rubrics for marking coursework and the MILE however there have been issues with the Moodle platform. It would be beneficial to have a learning technologist to ensure that assessments are set up effectively and best utilise current technologies. Being able to use rubrics would enable more efficient marking. (SMDN-MS)
- Currently plans to develop a new online induction course to support transitioning to the MBChB Programme. This will include training to support the development of students' digital capabilities. IT support and time for staff to progress with these activities would be welcome. (SMDN-MS).
- Currently developing the 'keeping people healthy' block for delivery as a Small Private Online Course (SPOC). IT support and time for staff to progress with this activity would be welcome. (SMDN-MS).
- Digital scanning technology for fixed prosthodontics is being implemented in the next academic year. Resources for integration of the digital workflow into the proposed upgrade of removable prosthodontic teaching and time for staff training would be desirable (SMDN-DS).
- The Dental School is currently looking at how Moodle is utilised with the aim of re-development to embrace the available active learning opportunities. A small team of staff and students working in partnership will oversee this Moodle enhancement in the academic session 2019-2020. IT support and time for staff to progress with these activities would be welcome. (SMDN-DS).
- The School of Nursing and Healthcare are planning to use Vital SIM to support clinical decision making in the BN3 ACS course. Within pharmacology teaching in Nursing 3 the School plans to roll out PeerWise. The School already has access to both of these systems. Microsoft Teams will be trialled with BN1 within the Biochemistry sessions and in BN3 within the ACS course. IT support and time for staff to progress with these activities would be welcome. (SMDN-NHCS).
- CVA, BVMS2 would like to enhance the use of 3D imaging and need advice and support. (SVM)
- BVMS1 and BSc Vet Bioscience3 plan to use the online exam format TestReach. This will require staff training and appropriate administration support as well as support from the project team regarding logistics of developing and running TestReach and its integration with wider reporting systems. (SVM)
- Support for BVMS1 staff in the early development process regarding exam banking. To use it effectively and inform its implementation. (SVM)
- Support for BVMS1 staff to create online resources. To increase the number of active learning sessions with associated resources on the VLE. (SVM)
- The School Office is converting more and more materials to electronic versions. However it is not clear how practical classes can be fully converted. Particularly if plotting graphs and drawing biological specimens are involved. Advice and support would be welcome. (SLS)
- A checklist to ensure course materials all meet accessibility guidelines would be useful. (SLS)

3. Are there any other topics that you wish to comment on?

- Active student learning is currently being reviewed within the BVMS programme with further development and expansion likely this session. In keeping with the University wide promotion of active learning, innovative new teaching spaces will shortly be available at Gilmorehill to facilitate the running of this type of class. However, logistical issues will be a barrier for access by SVM classes. Thus there is a

strong case for the development of similar teaching areas at Garscube to support the introduction of these new classes. (SVM)

Additional matters

Please highlight any additional matters that you wish to raise from this year's Annual Monitoring cycle