

**FACULTY OF MEDICINE
TEACHING AND LEARNING PLAN: 2004-2006**

What will we have achieved that is consistent with University and College plans?

- ✓ A wider and more innovative range of postgraduate and continuing education programs.
- ✓ More flexibility for students, with more choices in how, what and where they can study, especially in postgraduate education.
- ✓ Further strengthening of the USydMP, through mechanisms of continuous quality improvement, particularly in relation to student assessment
- ✓ Expansion of the Faculty's internationalisation program
- ✓ Improved and extended inter-disciplinary teaching and learning
- ✓ Increased contribution to scholarship in teaching and learning
- ✓ Diversity, access and equity
- ✓ Improved educational support services – both undergraduate and postgraduate
- ✓ Greater student satisfaction with learning experiences.

How will we achieve it?

As a priority, we will:

GOAL	GOAL ACTION	EVALUATION OF ACTION As at March 2006
<p>1. Expand the Faculty's profile as a provider of high quality postgraduate and continuing professional education</p>	<ul style="list-style-type: none"> • <u>Establish the Sydney Professional Master of Medicine Program (SPMMP)</u> • <u>Implement the SPMMP Business Plan:</u> <ul style="list-style-type: none"> - Submit a request for contributory University funding - Appoint a Senior Educational Designer for the SPMMP into CIPHE - Launch of new program planned for July 2006 including four specialist streams and additional units of study to commence in 2006 - Introduce scholarship program as one-off incentive - Continue roll-out of course proposals during 2007/2008 –interim review of progress to Faculty Academic Committee • <u>Introduction of other high quality postgraduate and continuing professional education programs</u> 	<p>The Sydney Professional Master of Medicine Program (SPMMP) received Senate approval in October 2004.</p> <p>The Vice-Chancellor, through the Innovation and Technology Education Ventures program, has approved a \$250,000 interest-free loan for the SPMMP.</p> <p>Ms Jenny Pizzica was appointed to this position in September 2005.</p> <p>Program is due to commence on 30 June with streams in Cardiology, Renal Medicine, Paediatric Medicine, Interdisciplinary Medicine</p> <p>10 scholarships to the value of half the fees for both local and international students have been established.</p> <p>Facilities have been reserved for the face-to-face residential component, and online learning modules have been designed. Liaison with the University's Flexible and Online Learning Team (FOLT) and Library staff has occurred to ensure service synchronicity.</p> <p>Proposals for 2007 offerings will be submitted in August 2006 including Sleep and Chronobiology, Dermatology, Liver Disease, Intensive Care, Anaesthesia & Perioperative, Pathology, Endocrinology</p> <p>As well as the SPMMP the Faculty has a number of other new courses starting in 2006, including an embedded Master of Medicine/Master of Science in Medicine (Infection and Immunity) and the Graduate Certificate in Health Policy.</p>

	<ul style="list-style-type: none"> • <u>Consolidate and expand the educational research and commercial development potential of the Faculty</u> <ul style="list-style-type: none"> - Merge CIPHE and OTLM to form the Centre for Innovation in Professional Health Education and Research (CIPHER) • <u>Implement recommendations of the 2003 review of the Coppleson Committee for Continuing Medical Education (CCCME) structure and functions – strategic plan in place</u> 	<p>CIPHE has over 2005 continued to grow its commercial educational activities including being awarded the Department of Health and Ageing contract to review all Continuing Professional Development for cancer professionals, GPs and counsellors. CIPHE has implemented a rigorous Project Management framework that has allowed ti to rapidly expand its capacity to deliver quality programs.</p> <p>The OTLM has recently made a number of academic appointments that enhance its research capability to service the USydMP and other educational programs within the Faculty.</p> <p>The proposed merger of CIPHE and OTLM into a 1:5:40 focussed organisation will establish the group as the leading health education research and development group in the country. The merger will allow for a focussed approach to educational research and development based on both commercial and internal educational projects. This will maximise research outcomes and position the Faculty to deliver ongoing professional development and training across the sector.</p> <p>A matrix management structure is proposed for the merged organisation and a management consultant is assisting in the development of the revised structure.</p> <p>The CCME continues to develop a number of programs in professional health education and training. The CCME will be located within the new CIPHER and its ongoing role will be developed over the next 12 months.</p>

<p>2. Maintain the process of continuous quality improvement</p>	<ul style="list-style-type: none"> • <u>Continue the process of curriculum renewal in the USydMP</u> <p>- one PBL case per study Block across Years 1 and 2 will be replaced each year;</p> <p>- Stage 3 PBL cases to be reviewed and/or renewed;</p> <p>- Reviews of Stage 4 rotations to be undertaken;</p>	<p>This is occurring. Cases to be renewed are identified as part of the Block review process, with renewed case data content and tutor guides provided by the following year.</p> <p>Year 3: The PBL cases are being reviewed as part of the Discipline Review process and the separate review of the integration of Years 3 and 4 (see below).</p> <p>Stage 4: A major review of teaching, learning and assessment in the Community Rotation was undertaken at the end of 2003 with subsequent work focussing on implementation of its recommendations. A further review of the Community Rotation was undertaken in February 2006 and a work plan for further changes agreed to, including review of problem-based learning.</p> <p>A review of the Child and Adolescent Health Rotation was undertaken in 2004-2005 and recommendations implemented including review and development of PBLs. A further review is planned for 2007. A Clinical Skills Centre is being developed at Westmead Children's Hospital. Psychological Medicine and Drug & Alcohol Studies reviewed its summative assessment at the end of 2004 with a number of changes being implemented. This rotation is undertaking a further review of summative assessment and of PBLs during 2006 and plans to have all teaching and learning resource material on the web by the end of this year.</p> <p>Perinatal and Women's Health has recently revised its PBLs and has reviewed the OSCE stations and MEQ bank used in its summative assessment.</p>
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	<p>- develop processes and IT resources for review of the vertical integration of curriculum content in disciplines of Basic and Clinical Sciences</p> <p>- establish a working party to extensively revise the curriculum by 2010, based on learning outcomes</p> <ul style="list-style-type: none"> • <u>Continue process of improvement in student assessment in the USydMP</u> <p>- increase number of item writing staff development workshops</p> <p>- improve system for support of 'at risk' students – report outcome of changes, to USydMP Committee</p>	<p>The Pre-Internship Committee has commissioned a stakeholder evaluation of its term and is reviewing the knowledge and skills requirements of interns in preparation for a review of the Pre-Internship Term curriculum.</p> <p>The processes for this review have been developed. New search procedures using the Content Management System (CMS) are in place. MESH tagging of all Program documents has been completed and two disciplines have begun to review the scope of those tagged as relevant to their discipline. Significant steps have been taken to facilitate communication with academics in clinical disciplines. In parallel, OTLM has begun to develop a top-down analysis of learning outcomes across the Program and this will be contributed to by the disciplinary reviews.</p> <p>The Dean's 2010 Curriculum Steering Group has been established to respond to the AMC's recommendations and to advise whether Faculty should undergo an overarching curriculum review.</p> <p>There has been some increase in participants attending workshops, as well as more workshops, in 2005/6 compared to previous years. Further efforts to increase participation and the number of item writing workshops in 2006 are underway.</p> <p>The Personal and Professional Development Committee has established a process for identification of "at risk" students and has set in place a mechanism for supporting these students on campus and in the Clinical Schools.</p>
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	<ul style="list-style-type: none"> - conduct larger trial of eMEQ; - if also successful, roll-out to all RFAs; - increase the use of assessment items from the International Medical Schools Consortium assessment item bank - evaluate clinical assessments – supervisors’ reports for Med 3; and changes to structure of OSCEs - promote increased student self regulation – improve and expand system of peer and self marking – <i>introduce into Med 3 RFA</i> 	<p>Recommendations arising from the 2004 eMEQ led to two further trials in 2005. Results of this trial showed the necessity for software changes that allow self- and peer-marking, as well as changes to the word limites of response boxes. Close collaboration with IT has ensured a project/progress plan for 2006, with the continued commitment to the roll out of eMEQ. This trial has the support of the Assessment Committee and the USydMP Committee.</p> <p>If the above is successful by September as planned, roll-out to all RFA2 is planned from November 2006.</p> <p>Assessment items from the Consortium were used in written formative assessments in 2005 and are planned for use in 2006.</p> <p>Revised supervisors’ reports in Year 3 were recommended by the Assessment Committee in 2005 for full implementation after the work of the sub-committee and are being evaluated currently. In addition, a further sub-committee has been established beginning in 2006 to investigate changes to assessment in Year 3 that will enable the replacement of the clinical long case with more reliable examination modalities.</p> <p>This system was expanded and evaluated in Year 1 in 2005. In addition, changes to the eMEQ will be made to enable self and peer marking to occur (see above).</p>
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	<p>- review of re-assessment procedure in BCS Theme</p> <p><u>Review of postgraduate coursework programs</u></p>	<p>A sub-committee is reviewing procedures for re-assessment in the USydMP during 2006. A report with specific recommendations for further action will be presented to the Assessment Committee and USydMP Committee by October 2006.</p> <p>The Faculty is implementing a systematic three-yearly review of all postgraduate coursework programs inline with Academic Board policy. A pilot was held in 2005 which indicated several areas not covered by the Academic Board review template that would be beneficial to include in future reviews, including finances and units of study. A website is being established with all the relevant documents and links to relevant University policies necessary to review process for access by staff within the Faculty.</p>
<p>3. Expand Faculty internationalisation, in line with University policy:</p>	<ul style="list-style-type: none"> • <u>Develop cotutelle PhD agreements</u> • <u>Further strengthen our relationship with Universities in Vietnam - Hanoi Medical University, Hue Medical College and Danang General Hospital</u> • <u>Strengthen the Faculty's educational profile in the Middle East – Saudi Arabia, Kuwait</u> 	<p>In 2005 as a result of activity of the Faculty's International Committee three cotutelle agreements were with two universities in France and one University in China were entered into.</p> <p>The existing relationships have been further strengthened and have been extended to two hospitals in Ho Chi Min City, Tu Du Hospital and Cho Ray Hospital.</p> <p>The Faculty is strategically placing itself to be recognised as an international provider of educational services. Curriculum design and development, assessment and staff development are some of the areas where the Faculty's expertise has been sought.</p>
<p>4. Provide more flexibility for students, with more choices in how, what and where they can study, especially in postgraduate education.</p>	<ul style="list-style-type: none"> • <u>In relation to PG education - The Sydney Professional Master of Medicine Program (SPMMP) will:</u> <p>- offer stand-alone study modules across a diverse range of medical specialties (modules can also be taken as one-off, non-award continuing education courses), enabling students to tailor a program according to their</p>	<p>All units of study can be taken as 'stand-alone' units without enrolling in the full Master course. No unit serves as a pre-requisite for any other. In</p>

	<p>background, intended career path and interests;</p> <p>- combine face-to-face, online and other distance teaching methods to offer busy professionals flexible learning options; and full or part-time study;</p> <p>- offer a strong online presence in terms of teaching, communication and administration to provide students with a state-of-the-art product and service.</p> <ul style="list-style-type: none"> • <u>In relation to undergraduate units of study taught by School of Medical Sciences disciplines within the BSc and BSc Advanced degree programs:</u> <p>- Unit of Study coordinators will propose modified intermediate level units of study to the Science Faculty Undergraduate Studies Committee, to replace existing 12 credit point units of study with 6 credit point units of study</p> <p>- new units to be introduced</p> <p>(All units of study within the third year of the degree program will be of 6 credit points, facilitating interchangeability amongst faculties and institutions. The timetable contact hours are standardised such that a 6 credit point unit of study involves 4-5 contact hours per week. These changes will facilitate the flexibility with which undergraduates in these generalist degree programs can assemble their courses of study across different faculties and different institutions.)</p>	<p>addition, the SPMMP offers an articulated award structure, from Certificate to Diploma to Master degree.</p> <p>The SPMMP used an innovative delivery model developed by Mr Stewart Barnet. Using an intensive face-to-face residential session, blended with online learning, allows busy professionals to enrol in the SPMMP while maintaining clinical practice.</p> <p>The School of Public Health also is increasing its offerings of blended-mode units of study, particularly in Clinical Epidemiology, Public Health and International Public Health. Others are following suit, e.g. Medical Education.</p> <p>In addition to University wide services offered by FOLT, Dr Jenny Pizzica provides customised, one-on-one WebCT training to all SPMMP academic and general staff. This breadth of knowledge will provide even greater support to SPMMP candidates.</p> <p>The new 6 credit point units of study in the intermediate year disciplines were successfully introduced in 2005. In 2006, this process has been applied to the 12 credit point Senior units of study. Concern has been expressed that the workloads for students may be high, unless the related 6 credit point units of study can be designated co-requisites.</p>
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	<ul style="list-style-type: none"> • <u>In relation to clinical practice:</u> <p>- Further develop the policy for flexible overseas study arrangements during the clinical years</p>	<p>The opportunity to undertake one of the Rotations or a PRINT term overseas was extended to all international students regardless of country of origin rather than just North American students. The policy and procedures for this have been clarified after review by the Stage 4 Committee in 2005 with input from the Medical Society to ensure fairness in procedures and are posted on the web.</p> <p>All students may undertake an elective overseas. The reporting of the Elective term has been streamlined and is now posted on the web. This enables easy access for other students to gain ideas and get some information about possibilities and potential problems.</p> <p>The ICA Committee has not made a formal decision to approve the proposal to allow international or other students to complete one of their ICA terms overseas. Practical difficulties and resource implications for monitoring students were some of the objections raised.</p>
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<p>5. Improve and extend inter-disciplinary teaching and learning - both within and beyond the Faculty</p>	<ul style="list-style-type: none"> • <u>Program Committee for the BMedSci will propose revised units of study to the Faculty of Science Undergraduate Studies Committee</u> • <u>In relation to clinical practice:</u> <p>- Review the success of the pilot program of interdisciplinary learning undertaken at Northern Clinical School with a view to providing a model for other clinical schools to adopt</p> <ul style="list-style-type: none"> • <u>Shared units of study</u> 	<p>The second year of the BMedSci degree is jointly taught by the Faculty of Science (School of Molecular and Microbial Sciences and School of Biological Sciences) and the Faculty of Medicine (School of Medical Sciences and Central Clinical School (Infectious Diseases and Immunology).</p> <p>Until 2004 the program consisted of 4 units of study worth 6 credit points each and 2 units of study worth 8 credit points each. The students also had to take a total of 8CP of elective during the year. From 2005 the second year of the BMedSci consists of 8 units of study worth 6CP each and no elective.</p> <p>In 2005 the Interprofessional Learning Clinical Program was expanded to three other sites: Westmead Hospital, Concord Hospital and Royal Prince Alfred Hospital. A comprehensive report has been prepared recommending further expansion of the project. In support of this recommendation Faculties within the College have jointly funded a 0.4 FTE IPL Placement Coordinator position.</p> <p>Out of the work of the College of Health Sciences Interprofessional Learning Working Group, two priority areas have been identified for 2006 and beyond: (1) Expansion of the Interprofessional Learning Clinical Program (as above) and (2) Development of a module on teamwork health for early year healthcare students. Project teams have been established for both projects.</p> <p>Units of study from other Faculties are increasingly being used in the Medical Education course. Similarly, units of study developed by the School of Public Health have been incorporated in the Faculty of Veterinary Science's Veterinary Public Health course.</p>
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<p>6. Improve and extend the Faculty's contribution to scholarship in teaching and learning</p>	<ul style="list-style-type: none"> • <u>Increase staff development opportunities in medical education – particularly through enrolment in the Graduate Program in Medical Education offered by the Office of Teaching and Learning in Medicine (OTLM)</u> • <u>Improve the return to the Faculty from the University's Scholarship Index by implementing the recommendations of the Scholarship Index Working Party</u> 	<p>The OTLM commenced the Postgraduate Program in Medical Education in March 2004, which is now entering its third year. Fee waivers are offered to staff (including title holders) of the Faculty for one or both core units of study. Seven Faculty staff completed the two units of study in 2004; 10 enrolled in 2005 and 6 in 2007. In 2007, the first two candidates to complete the Masters degree will graduate and by the end of 2007 it is expected that up to 3 more students will have completed the Masters. The Faculty continues to encourage staff to undertake formal study of medical education. In addition to the Postgraduate Degrees, we are planning to offer academic development workshops across all the teaching sites of the Faculty to meet the professional needs of our medical educators.</p> <p>Recommendations of the Faculty's Scholarship Index Working Party were implemented in 2004 – specifically, nominating School representatives for distribution of guidelines and collations of data. Points awarded to the Faculty from the University's Scholarship Index have continued to increase. OTLM continues to be a significant contributor to this Index.</p>
<p>7. Diversity, access and equity</p>	<ul style="list-style-type: none"> • <u>Across all of the Faculty's education programs, attract and retain meritorious students from diverse backgrounds in Australia and overseas</u> 	<p>The Faculty continues to make a major contribution to the implementation of components of the College Strategic Plan (2004-08) relating to Indigenous students, students from rural Australia and overseas students. Educational programs in rural health, Indigenous health and international health are in place. The Faculty and its School of Public Health and rural sites actively seek to attract rural and Indigenous students through national conferences, high school promotions, rural 'road shows', networking with Indigenous communities, accessible information on the web site and rural and Indigenous health careers promotion. Many of the Faculty's courses, including the USydMP and courses in International Public Health (MIPH) are actively promoted in overseas countries, and USydMP application interviews are undertaken in</p>

	<ul style="list-style-type: none"> • <u>Structure teaching and curriculum to encourage interactions between local and international students</u> 	<p>some overseas countries. The establishment of facilitated entry schemes for both Indigenous and rural applicants who meet entry requirements for the USydMP means these applicants have a competitive advantage in the selection process for entry. Indigenous students enrolling in postgraduate courses are eligible for College bursaries. International students enrolling in the USydMP are eligible for International Student Merit Scholarships for 50% of the Program.</p> <p>The establishment of the Rowan Nicks Sir Russell Drysdale Fellowship in Australian Indigenous Health and Welfare in 2004 has promoted the Faculty within Indigenous health networks and communities. Two Fellows have been appointed in 2004 for two years. The Fellowship funds both community based and research projects as well as supports individuals undertaking further education or training, providing scholarships for Graduate Diplomas or Master degrees.</p> <p>International students are fully integrated into all aspects of teaching in the USydMP, including the rural component of the Community Rotation in Year 4. They are evenly distributed across the Clinical Schools in the same proportion as local students. They are encouraged to attend the Rural Clinical School but are not required to do so. International students are very active participants in the activities of the Medical Society.</p> <p>International postgraduate coursework students also undertake their studies alongside their local counterparts. In the School of Public Health, and in particular in the Master of International Public Health, there have been reported benefits of students from developing countries interacting with students from developed countries. This has had mutual benefits and continues to be encouraged.</p>
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	<ul style="list-style-type: none"> - encourage interactions between research students - <u>Increase the numbers of enrolments of Indigenous students and increase the numbers of enrolments of students from rural backgrounds</u> - Recruitment of a Director of Indigenous Studies (Yooroang Garang) for the College - Review of the report of the Working Party on Indigenous and Rural Background Students; establish process to develop and implement recommendations 	<p>To date there has not been a coordinated effort to encourage interaction between research students, but this is currently under consideration by the Faculty. A number of Clinical Schools and Institutes have established seminars and social programs for research students within their precincts.</p> <p>A pilot of the Rural Interviewers project for the 2005 USydMP cohort of students was undertaken. This involved the recruitment of Indigenous and non-Indigenous community members from rural and remote areas in which the University has educational centres for participation as community members in the USydMP admission interviews. The pilot was very successful, helping to promote the Faculty and health careers in rural and remote communities.</p> <p>The Faculty took part in a high level College-led review chaired by Professor Ian Ring. The Faculty supported the recommendations, however, the report added little to resolving the issue of leadership in this area. Accordingly, a further internal high level review was conducted by Professor Bruce Armstrong in 2006. This recommended the appointment of an Associate Dean for Indigenous affairs and an Associate Dean for rural affairs, with a supporting executive and budget. The restructuring of the University, however, has left the current plans, particularly for Indigenous matters, in need of further refinement before making a major strategic investment to provide integration and driving forward of many good but separate initiatives.</p> <p>Resolutions regarding facilitated entry for Rural and Indigenous students have been amended and corresponding processes have been incorporated into the Medical Program Administration Unit, Admissions Office. Faculty has successfully negotiated with ACER to include a rural indicator</p>
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	<ul style="list-style-type: none"> - Implement the recommendations of the CDAMS Conference on Indigenous Studies in Medical Curricula - Admission of Indigenous and rural students 	<p>on the initial application form which will allow it to identify rural applicants early and assess rural performance in the Graduate Australian Medical Admissions Test. This information will facilitate support during the application process as well as identify target areas for marketing and recruitment activities. Follow up on the Faculty rural survey has ensured a very high response rate which allows more accurate identification and reporting of rural students in the USydMP. External scholarship programs have been identified and application assistance has been given to Indigenous students. Lines of communication between the Faculty and the following organisations have been strengthened, facilitating the integration of approaches and resources:</p> <ul style="list-style-type: none"> University of Sydney Koori Centre Rural clinical teaching sites Rural Doctors Network Rural Doctors Association Australia Australian College of Rural and Remote Medicine RUSC Medical Society MIRAGE(student rural society) Local Indigenous community AIDA (Australian Indigenous Doctors Association) Health Mentoring Program (RCAP) National Rural Health Alliance Australian Rural Health Education Network National Rural Health Network Northern Territory General Practice Education <p>This will be a major project for Faculty in 2005-2006. Key groups within the Faculty have been identified for implementing cultural awareness training as a starting point.</p> <p>In 2005 the Chair of the USydMP Admissions Committee personally reviewed applications from Indigenous and rural students for 2006 admission. The Faculty uses different admission requirements for Indigenous and rural students. Indigenous and Rural students are given a specific orientation to the campus and the on-campus resources specific</p>
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	<ul style="list-style-type: none"> • <u>Implement improvements to student communication, and record keeping:</u> <p>- Implement SMS for more efficient communication – trial, report to Curriculum Process Group;</p> <p>- Begin conversion to electronic submission of projects (eg Options, Honours, Electives) – report of progress to Curriculum Process Group;</p>	<p>increased communication and efficiencies between the two groups. The planned relocation of the two groups to one side will further improve the integration. The new location (Holme Building) will also provide better access to the Student Services by the USydMP students with their primary lecture theatre and PBL rooms being located in the Mackie and Holme Buildings.</p> <p>SMS has been implemented and is proving very successful with students and teachers appreciating the improved communication of last minute changes to schedules and curriculum content.</p> <p>Electives has been set up for electronic submission in 2005 and it is planned to introduce this for Options in 2006.</p>
<p>9. Improve student satisfaction with learning experiences</p>	<p><u>Maintain the Faculty's high relative ratings in the SCEQ</u></p>	<p>The Faculty had high satisfaction ratings, relative to other faculties, in the SCEQ in 2005, though the ratings were not as high in some areas as in other years. The USydMP Committee and the Board of Postgraduate Studies will consider this during 2006 and try to identify strategies to improve student satisfaction in the face of increased student numbers and pressure on resources.</p>