Doctor of Medicine:

Evaluation, and Continuous Improvement 2024

UWA MEDICAL SCHOOL

THE UNIVERSITY OF WESTERN AUSTRALIA

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Contents

"High quality evaluation in medical education will ultimately contribute to delivering training that will ultimately produce quality patient care and a healthy population" (Lovato and Peterson, p 443, 2018) (1)

1.0 Introduction

This document outlines the purpose of evaluation of the Doctor of Medicine (91850), the framework, approach, reports, closure of the feedback loop to students, and continuous improvement cycle. Evaluation refers to the systematic collection and analysis of information to make judgements, usually about the effectiveness, efficiency and/or appropriateness of an activity.

This document outlines the formal approach to be undertaken by the Medical School and recognises the valuable role of informal processes and methods for collecting the views of its stakeholders and the role of The Western Australian Medical Students' Society (WAMSS) in collecting feedback from students. The approach has been developed using the research literature, best practice adopted in the sector and ensures compliance with the Higher Education Standards (HES) (2021) and the Australian Medical Council (AMC) Standards (2024).

Standard 6 (Evaluation and continuous improvement) of the AMC Standards for Assessment and Accreditation of Primary Medical Programs (2024) outlines the requirements for the accreditation of Medical Education Programs in Australia and New Zealand. The areas of the standards that are particular to the most recent AMC revision are highlighted in teal for easy reference.

The Standard states:

6.1 Continuous review, evaluation and improvement

> 6.1.1 The medical education provider continuously evaluates and reviews its medical program to identify and respond to areas for improvement and evaluate the impact of educational innovations. Areas evaluated and reviewed include curriculum content, quality of teaching and supervision, assessment and student progress decisions. The medical education provider quickly and effectively manages concerns about, or risks to, the quality of any aspect of the medical program.
>
> 6.1.2 The medical education provider regularly and systematically seeks and analyses the feedback of students, staff, prevocational training providers, health services and communities, and uses this feedback to continuously evaluate and improve the program.
>
> 6.1.3 The medical education provider collaborates with other education providers in the continuous evaluation and review of its medical program outcomes, learning and teaching methods, and assessment. The provider also considers national and international developments in medicine and medical education.

6.2 Outcome evaluation

6.2.1 The medical education provider analyses the performance of student cohorts and graduate cohorts to determine that all students meet the medical program outcomes.

6.2.2 The medical education provider analyses the performance of student cohorts and graduate cohorts to ensure that the outcomes of the medical program are similar.

6.2.3 The medical education provider examines student performance in relation to student characteristics and shares these data with the committees responsible for student selection, curriculum and student support.

6.2.4 The medical education provider evaluates outcomes of the medical program for cohorts of students from equity groups. For evaluation of Aboriginal and/or Torres Strait Islander and Māori cohorts, evaluation activity is informed and reviewed by Aboriginal and/or Torres Strait Islander and Māori education experts.

6.3 Feedback and reporting

6.3.1 The outcomes of evaluation, improvement and review processes are reported through the governance and administration of the medical education provider and shared with students and those delivering the program.

6.3.2 The medical education provider makes evaluation results available to stakeholders with an interest in graduate outcomes, particularly prevocational training providers, and considers their views in the continuous evaluation and improvement of the medical program.

2.0 Purpose

Evaluation methods are employed to capture data on the quality of the course and feedback from all relevant stakeholders and systems including students, graduates, the teaching team (including clinicians), employers and clients as partners in the provision of education (all aspects of learning, teaching and the student experience) and of the graduate's preparedness for practice.

Feedback is obtained from 1) university data, 2) the administration of a series of regular, systematic and methodologically sound surveys, 3) national surveys and 4) focus groups which are systematically analysed and interpreted to inform continuous improvement in course and teaching quality, and the quality of UWA graduates.

Evaluation reports provide longitudinal data to monitor change in the provision of education and in the graduate's preparedness for practice.

Evaluation results allow benchmarking from within the university and with other postgraduate Doctor of Medicine programs.

Evaluation informs the professional learning needs of stakeholder groups.

3.0 Principles

The following principles guide the proposed evaluation process for the Medical School.

1. The Medical Program Committee (MPC) is responsible for the governance and approval of all surveys to students and stakeholders, including those proposed for research.
2. Evaluation of stakeholders is valid, responsive and fit for purpose.
3. Feedback is collected and reported in a systematic and timely manner avoiding over-surveying of the schools' core stakeholders.
4. The use of internal surveys does not duplicate data collection including that conducted through other university surveys and the AMC.
5. Feedback is triangulated with other sources of quality data.
6. Evaluation practices adhere to appropriate ethical standards.
7. Evaluation data is disseminated and utilised appropriately.
8. The Medical School is committed to:
    - a whole of school approach to evaluation with all stakeholders being partners in their commitment to quality improvement;
    - providing stakeholders with the opportunity to give feedback on the provision of education (all aspects of learning, teaching and the student experience) and in the graduate's preparedness for practice;
    - actively promoting a range of methods to engage students in the feedback process;
    - 'closing the feedback loop' with all stakeholders on actions resulting from feedback received;
    - conducting surveys within strict ethical guidelines, ensuring confidentiality is upheld;
    - ensuring that the methods used to seek feedback do not disadvantage any stakeholder from participating; and
    - providing support and professional learning for stakeholders to make improvements.
9. All feedback reported from evaluation surveys will be de-identified to ensure anonymity.
10. Stakeholders are educated on value of feedback and are expected to:
    - recognise the importance of their feedback for continuous improvement;
    - contribute constructive, professional and honest feedback; and
    - not provide feedback which is offensive or vindictive.
11. The Medical School will ensure that the privacy of stakeholders is preserved at all times when publishing evaluation data in any form.
12. The Medical School is responsible for supporting the evaluation process through the provision of guidelines, professional learning and support for stakeholders.
13. The Medical School is responsible for monitoring, analysing and communicating student evaluation outcomes, in conjunction with other data sources, and making recommendations to guide improvement in the quality of education, the student experience and quality of UWA graduates.
14. The Medical School is responsible for the appropriate dissemination and secure storage of data.

4.0 Evaluation Framework for the Doctor of Medicine

4.1 Scope of Evaluation

Figure 1 outlines the scope of evaluation relevant to the Doctor of Medicine course and, as demonstrated, is centred **on Course and Teaching Quality**. The areas are largely aligned with the domains of the Higher Education Standards (HES) (2021) and are intended to provide a holistic framework for evaluating all components of the course from the perspective of all stakeholders. These provide overarching considerations which are operationalized through close attention to AMC Standard 6: Evaluation and continuous improvement.

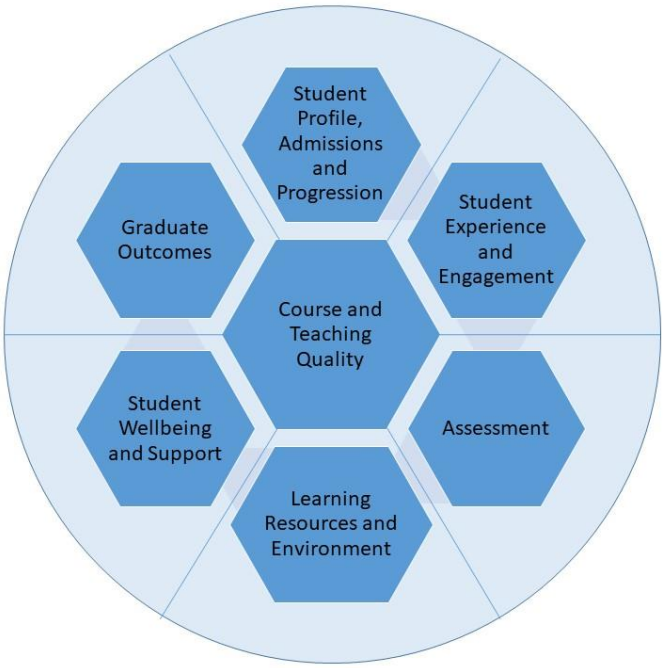

Figure 1. Scope for the evaluation of the Doctor of Medicine course

Table 1 shows the measures which are used to demonstrate each area within the scope of evaluation and how these areas are aligned with the domains within the Higher Education Standards (HES, 2021).

Area	Measure	HES
Student Profile, Admissions and Progression	Direct pathway and PG Entry: Number of applications, offers and offers accepted Basis of admission (admission requirements and selection) and Pathways (Indigenous, Broadway, Rural, Oral and Maxillofacial Surgery Pathway, International) – (Domestic Graduate Pathway, International Graduate Pathway, Domestic Direct Pathway, International Direct Pathway) Commencing load (Headcount) • Commonwealth Supported • Domestic Fee paying • International Onshore • SES applications Attrition rates (first year, course, by entry pathway) Progression rates on basis of admission and pathways (domestic, International, low SES, Indigenous retention, Direct pathway, PG Entry)	1.1 2.2.2-3 1.1 1.3.4-5
Student Experience and Engagement	SES – student satisfaction (QILT) SELT (or alternative UWA Unit Evaluation Survey) Clinical Placement/Block Survey Focus Groups Student learning data (e.g. attendance, learning analytics, survey response rates) Student representation on governance committees	2.1 3.3
Assessment	System of assessment: fairness, flexibility, equity, validity, reliability and fitness for purpose SELT (or alternative UWA Unit Evaluation Survey) Moderation practices (MD Rubric)	1.3 1.4.3 5.2.1 - 4

	Grade profiles Feedback to supervisors on assessments Assessment appeals Standardisation of assessment practices and outcomes	2.4.4 - 5
Learning Resources and Environment	SELT Item (or alternative UWA Unit Evaluation Survey) SES Survey (including library resources, IT, computing) (QILT) Facilities and Infrastructure – SES Survey (QILT) CPS Surveys	2.1.1 - 3 3.3.1 - 3
Student Wellbeing and Support	Student Grievances and complaints SES Survey (QILT) Study Smarter uptake Feedback from Student Affairs team including Sub Dean network Number of application for special consideration and approved leave Targeted surveys on aspects of student and staff wellbeing)	2.4 2.3 3.1.1 – 4 2.4.4 - 5
Graduate Outcomes	Graduate Outcomes Survey (QILT) Medical Schools Outcomes Database (MSOD) Survey	5.2 5.3 1.4.4
Course and Teaching Quality	Course and unit monitoring Clinical Placement Survey AMC Preparedness for Internship Survey Medical Schools Outcomes Database (MSOD) Survey SES – Teaching Quality Items (QILT)	1.4.1 - 1.4.2 3.1.1 - 3.1.5

	Teaching Awards Academic Promotions Educational Research/ SOLT publications Uptake in Professional Learning in Learning and Teaching Staff Profile (Teaching, Teaching and research, Research, other) by engagement type: casual academic or casual, clinically/non-clinically qualified, research (gen) honorary and adjunct); Equivalence of qualifications Peer observation of teaching AMC Accreditation	3.2.1 - 5 5.1.1 - 5.1.3 5.3.1 - 7 5.4.1

Table 1. Scope, evaluation measures, and aligned HES standards in the Doctor of Medicine course

4.2 Evaluation Framework Measures related to AMC Standard 6: Evaluation and continuous improvement

The overall remit of AMC Standard 6: Evaluation and continuous improvement can be understood through the domains outlined in Figure 2. The purpose of standard 6 is to apply continuous review and improvement practices to the following areas: student experience, curriculum, teaching and supervision, assessment, outcome evaluation, and feedback and reporting.

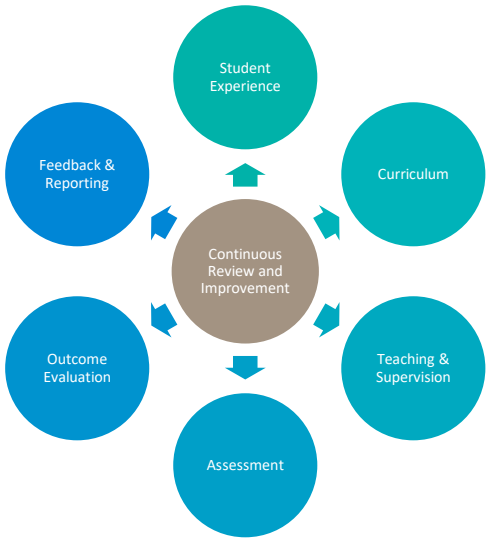

Figure 2: Domains of AMC standard 6: Evaluation and continuous improvement.

A number of these domains are supported with evidence gathered in response to other standards and a number of evaluation practices provide documentary evidence to support other standards in the AMC assessment and accreditation requirements.

4.3 Surveys Approach

Specifically, it is proposed that feedback is gathered from:

1. Students on their experience of:
    - components of the course (units [SELT], discipline rotation experiences, The Rural Clinical School experience, preparedness for internship);
    - the course and university (Student Experience Survey – Learner Engagement, Teaching Quality, Learning Resources, Student Support, Skills Development)
    - factors affecting their wellbeing (e.g. sources of stress, bullying)
    - targeted focus groups
2. Graduates on their experience of:
    - the course (Course Experience Survey – Generic Skills Scale, Good Teaching Scale, Overall Satisfaction Index)
    - Graduate Destination (Graduate Destination Survey - Employment and Further study)
    - Units (SELTs clinical placement experience, internship);
3. Teaching Team (Confidence and satisfaction in teaching the MD Course Learning Outcomes)
4. Employers and stakeholders (Feedback on graduates on attainment of the Competencies / Course Learning Outcomes)

Additional feedback will be sought from stakeholders at the request of the MPC in response to strategic initiatives (e.g. evaluation of the Back to Base program) or in response to gaps identified (e.g. student wellbeing and support such as the mentoring program).

Continuous evaluation leading to unit and course review provide the process for course improvement.

The Medical Deans Medical Schools Outcomes Database which provides national data on final year students at Australian medical schools will inform course review and benchmarking activities.

4.4 MD Surveys

4.4.1 Student Surveys

The experience of students is gathered through a number of official university or government surveys which seek the views of students and graduates. National Surveys which are administered by the Government and reported on the Quality Indicators of Learning and Teaching (QILT) Website and suitable for benchmarking at the Field of Education (see https://www.qilt.edu.au/).

The Student Experience Survey (SES) is a national Quality in Learning and Teaching (QILT) survey that collects information about the student experience inside and outside of the classroom. The survey is administered to Semester 2 first year and final year coursework students who study at Australian campus locations. This survey aims to gain an understanding of the experience that

students have at each institution. The 50 questions of the SES capture feedback on: Overall Quality of Educational Experience, Skills Development, Learner Engagement, Teaching Quality, , Student Support, and Learning Resources.

The Student Experience of Learning and Teaching (SELT) survey provides student perceptions of the course and teaching quality at the level of the unit. SELT is a survey instrument developed at UWA for students to evaluate their units. The SELT survey relates to the unit and also offers an opportunity to provide feedback on an individual's teaching. There are six mandatory and up to four optional questions chosen by the unit coordinator at the unit level and at the teaching level there are six mandatory questions and up to four optional questions chosen by the teachers.

The SELT survey is administered towards the end of a unit through Blue, typically in the last four weeks of the teaching period.

The Clinical Placement Survey (See Appendix 1: Clinical Placement survey) provide student perceptions of the course and teaching quality at the level of the clinical rotation. This School of Medicine survey was developed in-house and aims to gain an understanding of the experience that students have at each clinical rotation and location. This survey is administered towards the end of designated clinical rotations through BlueX.

The **MD1 Block Survey** (See Appendix 2: Block survey) provides student perceptions of the course and teaching quality of various blocks in first year. This survey was developed to gain an understanding of the students' perception of the course and teaching quality during their first year block rotations. The survey is deployed at the end of designated blocks through BlueX.

Table 2 provides a summary of each survey including its purpose, measures and implementation. The student Experience Survey is used in rating the teaching and learning quality of the university and course (https://www.gooduniversitiesguide.com.au/university-ratings-rankings).

Survey name	Purpose & Measures	Target population	Frequency Data collection
Student Experience Survey (SES)	National survey collecting information about the student experience inside and outside of the classroom. Measures: Overall Quality of Educational Experience' Learner Engagement, Learning Resources, Student Support, Skills Development	First and final year students.	Annually in Aug
Student Experience of Learning and Teaching Survey (SELT)	SELT is a survey instrument developed at UWA for students to evaluate their units. Unit Coordinators use this feedback to improve the design and delivery of units. Individual teachers use this feedback to note areas needing improvement and are encouraged to seek professional development	All students	At the end of each unit
Clinical Placement Survey (including RCSWA version)	A survey created by the School of Medicine to evaluate students' experiences of their clinical rotations.	All MD2, MD3 and MD4 students	At the end of designated Clinical Rotation/ RCS

MD1 Block Survey	Discipline Leads and Unit Coordinators use this feedback to evaluate students learning and teaching experiences in clinical rotations.		
	MD1 coordinators use this feedback to evaluate students learning and teaching experiences in MD1	All MD1 students	At the end of designated blocks of teaching

Table 2 Student Surveys

4.4.2 Graduate Surveys

Graduate Outcomes Survey (GOS)

The Graduate Outcomes Survey (formally the Australian Graduate Survey or Graduate Destination Survey) is completed by graduates of Australian higher education institutions approximately four months after completion of their courses providing information on the labour market outcomes and further study activities of graduates. This national QILT survey collects information regarding employment status, type of work gained and further study activities of recent graduates (see https://www.qilt.edu.au/surveys/graduate-outcomes-survey-(gos) for further information). The information gathered includes: current employment status (full-time, part-time or looking for work); name of employer; job title; gross annual salary; country and sector of employment and whether the graduate is undertaking further studies.

The GOS is conducted by UWA in association with the Social Research Centre, Melbourne. The survey population includes all course completers who studied at or via an Australian Campus. The year reported refers to the year of course completion.

Table 3 provides a summary of the survey including its purpose, measures and implementation. Measures highlighted in Bold are published on the QILT Website, are used in rating the teaching and learning quality of the university and course (https://www.gooduniversitiesguide.com.au/university-ratings-rankings). Such ratings are critical to the reputation of the course.

Survey name	Purpose & Measures	Target population	Frequency Data collection
Graduate Outcomes Survey (GOS)	National survey collecting information regarding employment and further study information and perceptions of the course and what skills have been developed. Measures: Employment, Overall Employment, Median Salary Further Study	Graduates ~4 months after course completion.	Annually in May
Medical Schools Outcomes Database (MSOD) Survey	Graduate demographics, career intentions and practice preferences	Interns	Annually in October - December

Table 3 Graduate Surveys

Medical Schools Outcomes Database (MSOD) Survey

This survey is administered to all graduating medical students from all Australian Universities and collects data on demographics, career intentions, medical school experiences and practise preferences

The MSOD collects data exclusively from medical students on a national scale and the data is stored and managed by the Australian Institute of Health and Welfare (AIHW). Medical Deans have completed work on a data linkage project with the Australian Health Practitioner Regulation Agency (AHPRA) and the Department of Health (DoH). The project links the MSOD dataset with the Australian Medical Registration dataset and subsequently the National Health Workforce Data Set (NHWDS), providing a powerful tool for medical workforce strategy that will contribute to informing evidence-based policy regarding issues within the Australian health system

4.4.3 Engaging students in course and unit evaluation

The Medical School aims to engage student as partners in their education process. Partnerships are based on respect, reciprocity, and shared responsibility between students and academics (3). This section describes ways for engaging students to give feedback on their units.
The evaluation lead systematically approaches each year group of students on commencement of the academic year and outlines plans for evaluation including the rationale and emphasizing closing loop and invites further dialogue. When introducing the unit to students in the first week of contact (face to face or online), students are given a short educational session on the value and expectations around evaluation. Unit coordinators are asked to support this session by ensuring the evaluation education session is also available on LMS. Students are reminded that there are several opportunities for giving feedback on their unit:

1. The University Unit Survey called SELT administered at the end of the unit; and/or
2. The Clinical Placement Surveys administered at the end of designated rotations in Years 2, 3 and 4).
3. MD1 Blocks surveys
4. Informal feedback is also received through emails, WAMSS representatives, and anecdotally at the end of teaching sessions.

Students are advised regarding:

- the need for students to reflect on their own contribution to their education,
- their responsibility to provide **professional feedback** that focuses on what factors are helping or hindering their learning (give students examples of useful feedback comments and examples of comments that are not useful with an explanation on why; alternatively, ask student to share their views on what comments they believe are useful and professional in relation to their learning), and
- what feedback can/cannot be acted on (e.g. that a unit coordinator does not have control of timetable scheduling, parking, online outages).

Unit Coordinators are asked to provide current students with examples of how feedback from students enrolled in the previous study period has been acted on. Closing the loop is crucial to student engagement in the evaluation process and is monitored through a dynamic action plan

The Program Director will encourage all student to participate in unit and course evaluations particularly the SES, AMC Preparedness for Internship Survey and Graduate Surveys.

It is however important to ensure students are **not over surveyed** to reduce survey fatigue. To monitor the rates at which the students are surveyed, a register of all surveys deployed to the students is kept updated by MEU staff and monitored for relevance and need.

Tables 4 & 5 demonstrate how the domains in the AMC standards are operationalised and supported.

Standard	Sub-standard number	Sub-standard	Operationalisation	Evidence from other sources
6.1 Continuous review, evaluation and improvement	6.1.1	The medical education provider continuously evaluates and reviews its medical program to identify and respond to areas for improvement and evaluate the impact of educational innovations. Areas evaluated and reviewed include curriculum content, quality of teaching and supervision, assessment and student progress decisions. The medical education	Evaluation Framework document which outlines the process of continuous evaluation, review, and improvement including information on improvement and feedback processes. Reports presented to Year group committees, Medical Program Committee, and student body. Evaluation reports pertaining to other areas of the program such as student feedback on OSCEs.	Assessment and student progression are reviewed through processes outlined in Standard 3: Assessment and Standard 4: Students including but not limited to assessment benchmarking and blueprinting, summaries of student appeals, and dashboards showing student progression.

	provider quickly and effectively manages concerns about, or risks to, the quality of any aspect of the medical program.		
6.1.2	The medical education provider regularly and systematically seeks and analyses the feedback of students, staff, prevocational training providers, health services and communities, and uses this feedback to continuously evaluate and improve the program.	Evaluation process map which includes information on actioning improvements, how concerns are monitored (Action plan register), and how feedback is delivered to students. Student Experience of Learning and Teaching – university wide survey Clinical Placement survey Evaluation reports pertaining to other areas of the program such as student, staff, and community volunteers' feedback on OSCEs. Preparedness for Internship (PFI) survey - internal	

	6.1.3	The medical education provider collaborates with other education providers in the continuous evaluation and review of its medical program outcomes, learning and teaching methods, and assessment. The provider also considers national and international developments in medicine and medical education.	Rural Clinical School evaluation collaborations SES Graduate Outcome Survey (GOS) Evaluation of FYCPM Medical Schools Outcomes Database (MSOD) Survey AMC Preparedness for Internship survey	Participation in benchmarking activities such as ACCLAiM. Medical Education Unit and teaching staff participation in national and international medical education conferences, professional development activities and reports on how innovations and developments are incorporated into the medical course
6.2 Outcome evaluation	6.2.1	The medical education provider analyses the performance of student cohorts and graduate cohorts to determine that all students meet the		Descriptions of the performance analysis process including but not limited to the identification of students at risk, pass rates across the curriculum, and rates of graduation.

		medical program outcomes.	
	6.2.2	The medical education provider analyses the performance of student cohorts and graduate cohorts to ensure that the outcomes of the medical program are similar.	Description of the tools used to track and analyse student and graduate performances with specificity applied to equity groups and Aboriginal students.
	6.2.3	The medical education provider examines student performance in relation to student characteristics and shares these data with the committees responsible for student selection, curriculum and student support.	Record of discussions with staff on student selection, curriculum and student support, in relation to the data on performance and retention

	6.2.4	The medical education provider evaluates outcomes of the medical program for cohorts of students from equity groups. For evaluation of Aboriginal and/or Torres Strait Islander and Māori cohorts, evaluation activity is informed and reviewed by Aboriginal and/or Torres Strait Islander and Māori education experts.	Evaluation of Aboriginal students is overseen by the Associate Dean Aboriginal.	The outcomes of cohorts of students from equity groups and Aboriginal cohorts are evaluated through progression reports, rates of passing, rates of graduation, and rates of attrition. Retention rates (first year, course, by entry pathway)
6.3 Feedback and reporting	6.3.1	The outcomes of evaluation, improvement and review processes are reported through the governance and administration of the medical education provider and shared with students and	Evaluation Framework document which outlines the process of continuous evaluation, review, and improvement including information on improvement and feedback processes. Reports presented to Year group committees, Medical	

		those delivering the program.	Program Committee, and student body.
	6.3.2	The medical education provider makes evaluation results available to stakeholders with an interest in graduate outcomes, particularly prevocational training providers, and considers their views in the continuous evaluation and improvement of the medical program.	Evaluation process map which includes information on actioning improvements, how concerns are monitored (Action plan register), and how feedback is delivered to students.

Table 4: Operationalisation of Standard 6

Standard	Sub-standard number	Sub-standard	Supporting evaluation data
2.1 Medical program outcomes and structure	2.1.2	Students achieve assessment outcomes, supported by equitable access to learning and supervisory experiences of comparable quality, regardless of learning context. These outcomes are supported by appropriate resources in each learning environment.	CPS data related to access to learning, supervisory experiences, and learning resources. Back to Base Surveys (See Appendix 3: Back to Base Survey)
2.2 Curriculum Design	2.2.9	The curriculum outlines the specific learning outcomes expected of students at each stage of the medical program, and these are effectively communicated to staff and students.	CPS data related to learning outcomes
2.3 Learning and teaching	2.3.2	Learning and teaching methods promote safe, quality care in partnership with patients.	GP survey data
	2.3.3	Students work with and learn from and about other health professionals, including through experience of interprofessional learning to foster collaborative practice.	CPS data related to interprofessional collaboration
	2.3.4	Students develop and practise skills before applying them in a clinical setting.	CPS data related to procedural skills

	2.3.5	Students have sufficient supervised involvement with patients to develop their clinical skills to the required level, and have an increasing level of participation in clinical care as they proceed through the medical program.	CPS data related to bedside teaching and interactions with patients
	2.3.9	Students undertake a pre-internship program.	Preparedness for Internship survey – internal
3.1 Assessment design	3.1.1	Students are assessed throughout the medical program through a documented system of assessment that is: • consistent with the principles of fairness, flexibility, equity, validity and reliability • supported by research and evaluation information evidence.	Evaluation of OSCE from student and staff perspectives - include Sample feedback forms and rubrics.
3.3 Assessment quality	3.3.1	The medical education provider regularly reviews its system of assessment, including assessment policies and practices such as blueprinting and standard setting, to evaluate the fairness, flexibility, equity, validity, reliability and fitness for purpose of the system. To do this, the provider employs a range of review methods using both quantitative and qualitative data.	OSCE, CPS, and other evaluation data related to assessment.

5.1 Facilities	5.1.2	Students and staff have access to safe and well-maintained physical facilities in all learning and teaching sites. The sites support the achievement of both the medical program outcomes and student and staff wellbeing, particularly for students and staff with additional needs.	CPS data on facilities
5.5 Clinical Supervision	5.5.3	The medical education provider monitors the performance of clinical supervisors.	CPS data on clinical supervision

Table 5: Evaluation data required as supporting evidence in other AMC standard

4.4.4 Collating the evaluation data

Initially the evaluation data is received by the Evaluation Lead, MEU. The data is saved in a locked online folder. Before it is analysed, it is deidentified in accordance with best practices. The Evaluation Lead, MEU organises the qualitative data into themes and converts the quantitative data into a cohesive report. This information is sent to the Unit Coordinator and on to the Discipline Leads. After some collaboration, a list of responses and action items is produced and a report is prepared for discussion at the relevant year group committee. Following this discussion, a response is prepared and shared with the student body via the student representatives on the various committees and also via an announcement on the Learning Management System.

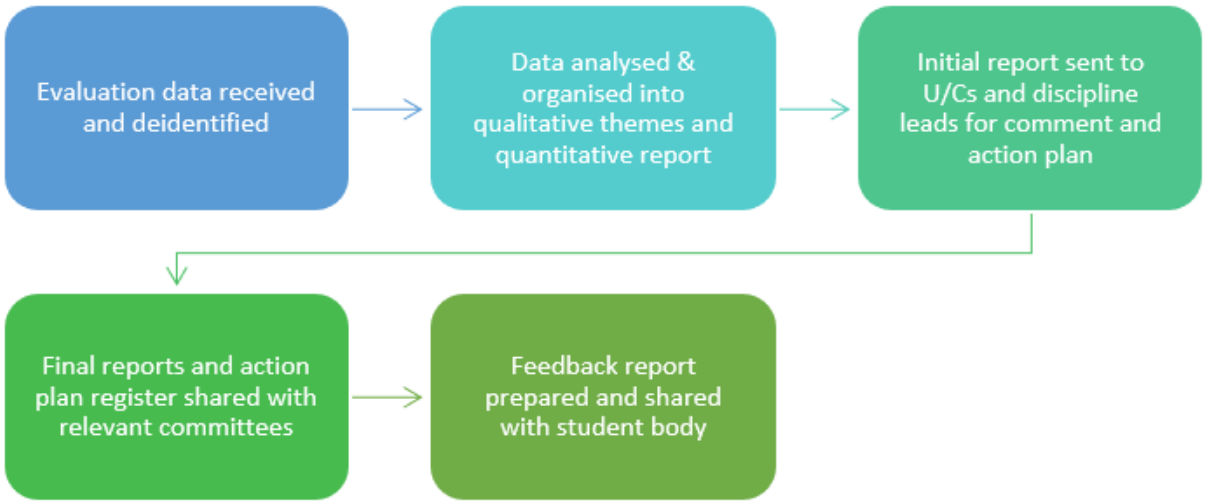

Figure 3: CPS Evaluation Process Map

Occasionally, it is necessary to implement a rapid response to urgent feedback which occurs outside of the standard evaluation process. For example, a preceptor may receive an email directly from a student with concerning feedback. In this situation, staff will follow the process outlines in Appendix 4: Rapid Response to Urgent Feedback. The process is visually depicted in Figure 4: Rapid Response to Urgent Feedback process chart.

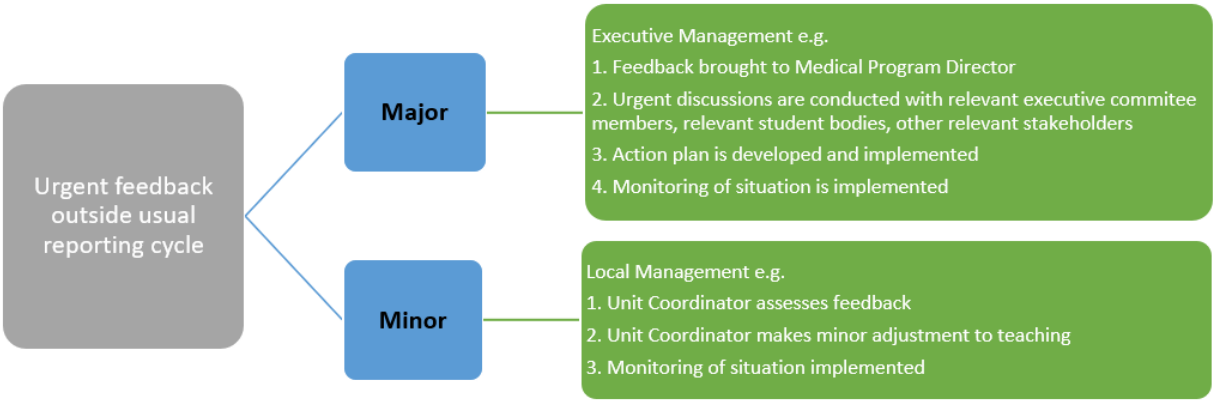

Figure 4: Rapid Response to Urgent Feedback

It can sometimes be very challenging for staff to receive student feedback which is not complimentary. It is important that these issues are handled sensitively and in a supportive manner. It is important to make sure that feedback is acted on and that negative feedback is not 'avoided' or 'ignored'.

The purpose of the feedback is to improve the quality of the unit from everyone's perspective – students and staff - and this may require help from colleagues. Staff are often not able to develop all of the solutions for unit issues on their own. It can often be very helpful to discuss feedback and ideas or suggestions for improvement with other staff. In this way you are likely to obtain a richer range of options.

Interpreting the data

The gathering and reporting of student feedback through surveys is not a science in that students' perspectives are not definitive judgements on the worth of a unit or a teacher's ability. At best, student feedback can indicate areas that are likely to be working well, and areas that need further exploration and possibly development.

Ideally, it would be best if every student in the unit gave feedback however 100% response rates are very rare. Ideally, student evaluation surveys should draw on a sample of the total population. It is important to remember that every student response to the unit survey is valid: each survey response represents one student's perception and must be taken seriously. The collective responses of students to the unit survey are representative of those who provided feedback. Likewise responses from what might appear to be an unrepresentative minority are still valid—they cannot be disregarded simply because they are few; nor should they be taken as a definitive indication of the quality of the unit.

It is important to compare the number of student responses (n) to the total class enrolment to determine whether survey results are representative of the views of the total student group enrolled in a unit. A minimum response rate is required and that response rate differs according to the number of students enrolled in the unit. The following table gives an indication of the response rate required in units of varying sizes to ascertain the representativeness of the whole group.

Student enrolment in the unit	Response rate	No of student responses required
100	50%	**50**
125	44%	**55**
150	39%	**59**
175	35%	**62**
200	33%	**65**
225	30%	**68**
250	**28%**	**70**

Table 6: minimum number of student responses (and response rate) required for representative feedback

Using this table, staff can be 95% confident that the actual percent agreement is within 10% (+/-) of the observed percent agreement for the total student group enrolled in the unit. The minimum number of students required to achieve 95% confidence can be calculated via Sample Size Calculator (abs.gov.au) by entering the population size and adjusting the confidence level to 95% with a confidence interval of 0.1.

Student comments should be compared with the quantitative feedback as they may provide information about the responses to the quantitative feedback or identify discrepancies between quantitative feedback and comments. It is helpful to determine the proportion of negative to positive comments for interpretative purposes.

Sometimes, student comments can be contradictory. These inconsistencies are often due to variations in student development and/or preferred student-learning style. Large introductory level classes, with students from a wide range of motivation levels, may be especially prone to these inconsistencies. There may be students who are not yet developmentally capable of accepting the challenges of your unit. They may not be comfortable thinking independently, accepting a high degree of individual responsibility, or reasoning at higher cognitive levels. If this is the case, a discussion with your teaching team or the Medical Educational Unit can result in the development of strategies to help students to develop to the levels you consider appropriate.

Check whether the comments are consistent with the ratings for each of the items, and the extent to which there appears to be a problem. An isolated comment, which is not supported by other quantitative or qualitative data should probably be disregarded. Alternatively, if there are problems with a particular aspect of the unit, then it is important to find ways to improve those, and that this can only occur if information about the problem is provided.

4.4.5 Developing an action plan

Action plan statements should be a list of actionable steps which offer a clear roadmap of how the improvements will be achieved. The following steps assist in the development of an effective action plan.

- Choose an appropriate goal/ outcome which is achievable and realistic. When writing the goal or outcome, consider the following:
    - Can I make a change in response to this theme?
    - Is it an isolated incident which needs monitoring rather than immediate action?

- Is it a change in this particular instance not achievable and should I be explaining the reason and context to my stakeholders?

Discipline	Best Aspects	No. of responses	Needs Improvement	No. of responses	Student Suggestions	Correlation with Quant data	Action: Change Monitor Explain	Action details/rationale/staff responsible	Feedback to students

Table 7: Sample action Plan

- Create the action plan with the teaching team, relevant teaching support staff and students.
- Choose action steps that are tangible, measurable and attainable.
- Identify who is responsible for each action step and note a date for completion of the action.
- Review and update your action plan as it is implemented and review the whole action plan register at the end of each semester.
- Communicate with stakeholders about the plan's progress.

Action plans from each student survey are collated in a spread sheet and reviewed for completion at the end of semester. See Table 8: Action plan register for details of how the actions are monitored to ensure that progress and improvements are made.

SURVEY	DATE DEPLOYED	CONCERNS	ACTION	RESPONSIBLE	STUDENT FEEDBACK	LOOP CLOSED	END OF SEMESTER REVIEW

Table 8: Action plan register

4.4.6 Closing the feedback loop: acknowledging and responding to student feedback

Unit Coordinators in consultation with discipline leads and MEU staff collate a summary of the feedback, staff responses, and relevant details from the action plan. This response is presented to students via the WAMSS reps at Year group committees and Medical Program Committee (MPC), and also a report is disseminated via the Learning Management System (LMS).

The literature in the field of student evaluation of teaching and learning states repeatedly that the biggest disincentive for student participation in evaluation systems is that they never see any changes in response to their feedback. Closing the feedback loop by being responsive to student feedback and communicating that to students is universally considered to be excellent practice in teaching and learning.

All staff are asked to acknowledge and enjoy the positive feedback received from students. They should consider the content and value of feedback perceived as negative or challenging. If there are critical comments, staff should consider whether a change in practice could lead to a better learning experience for future students and a better teaching experience for themselves.

Appendix 1: Clinical Placement Survey (CPS)

Question Number	Question *Please indicate your level of agreement with the following statements*	Scale/ Response
1.	The learning outcomes were clearly communicated to me at the commencement of the placement	Strongly agree/ Agree/ Disagree/ Strongly disagree
2.	I was given clear expectations at the commencement of the placement	
3.	Orientation to this placement was informative	
4.	I felt supported by the supervising staff during this placement	
5.	The learning resources helped me learn	
6.	The workload was not too heavy	
7.	In training assessments helped me learn	
8.	Feedback on my clinical performance helped me learn	
9.	The following experiences helped me learning in my clinical placement	Strongly agree/ Agree/ Disagree/ Strongly disagree / Not applicable
	Lectures or seminars	
	Small group tutorials	
	Bedside teaching as an observer	
	Bedside teaching as a participant	
	Interviewing and examining patients	
	Presenting patients (e.g., on ward rounds, mini-CEX)	
	Procedural skills sessions	
	Online learning resources	
	Attending team meetings	
	Attending ward rounds	
	Attending operating theatres	
	Attending hospital meetings (e.g. Grand Rounds)	
	Non-scheduled interactions with senior doctors e.g. consultants, GPs	
	Non-scheduled interactions with junior medical staff including registrars	
	Interactions with nurses	
	Interactions with allied health professionals	
10.	Overall, this clinical placement was a good educational experience	Strongly agree/ Agree/ Disagree/ Strongly disagree
11.	What were the best aspects of this clinical placement?	Open Response Item
12.	What areas could improve your overall educational experience during this clinical placement?	Open Response Item
13.	Please identify a clinical teacher you believe is an excellent educator and explain why you have nominated them	Open Response Item

Appendix 2: Block Survey

System Block Evaluation

1. The teaching within the **XXX** System Block was well integrated
2. Content was presented in a way that I could understand and feel engaged while learning
3. The lectures were effective
4. The medium size group teaching (Labs/SGLs/TBLs) were effective
5. The small group teaching (Clinical Skills) was effective

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

6. (**Free text**) What areas of this block worked well as an educational experience and why?
7. (**Free text**) What areas of this block could be improved as an educational experience and how?
8. (**Free text**) Please identify a teacher you believe is an excellent educator and explain why you have nominated them. (You may wish to nominate in several categories: large group teaching; medium group teaching; small group teaching; and teams teaching)

Appendix 3: Back-to-Base 2024 MD4 Survey

This survey form is to gather information about the Back-to-Base sessions being run throughout 2024 by a variety of clinicians. Data will be de-identified by the Medical Education Unit (MEU) and comments will be carefully grouped to reflect the common themes amongst the student body with the purpose of providing data to improve B2B as we go. we cannot do that without your specific feedback.

1. Enter the name of the SPEAKER you are providing specific feedback
2. What was positive about the presentation style (e.g. clarity, communication, engagement, examples, interaction, topic content)?
3. What could have been better about the presentation (e.g. clarity, communication, engagement, examples, interaction, topic etc)?
4. Overall, I would rate the session as (1 star=lowest to 5 stars-highest):
5. Any other topics you would like to see on the B2B list?

Appendix 4: Rapid Response to Urgent Feedback from Students

Rapid Response to Urgent Feedback from Students

On occasion, urgent feedback may arise through informal means such as, but not limited to, email to discipline or evaluation lead, post-teaching discussions, informally notification to student representatives. In these situations, it is important to demonstrate a process whereby urgent feedback is addressed. The process will be predicated on whether the feedback is minor or major. (See flow chart below, Figure 1). Decision on whether the issue is major or minor is made by the Unit Coordinator(s) in collaboration with the Program Director, if required.

Urgent Minor Feedback:

Urgent minor feedback will require adjustment at a local level. For example, minor urgent feedback may consist of equipment failure, missing teaching materials, or timetable discrepancies. In cases like this, the matter will be brought to the attention of the unit coordinator or discipline lead by whomever was the point of contact for the feedback. The feedback is assessed as minor but needing urgent attention at this local level and an action plan devised and implemented. Formal reporting will subsequently occur at the next committee meeting relevant to the situation. If appropriate, a report will be prepared for circulation to the student body. The situation will be monitored for a period determined by the relevant committee to ensure that the action has had a desirable effect and that the concern has been adequately addressed.

Urgent Major Feedback:

Urgent major feedback will require input and management from a senior level. As an example, major urgent feedback may consist of behaviour by academics or by other students that raises concerns about professionalism or wellbeing. The urgent concern should be brought to the attention of the unit coordinator or discipline lead who will then consult with the Medical Program Director. The Medical Program Director will then consult with relevant members of the executive team. It may also warrant urgent discussion with relevant student bodies and other stakeholders or a rapidly deployed extraordinary survey of the relevant student cohort. Once information has been gathered in detail regarding the concern, an action plan is devised and implemented. Formal reporting will subsequently occur at the next committee meeting relevant to the situation such as MPC. If appropriate, a report will be prepared for circulation to the student body.

The situation will to be monitored for a period determined by the relevant committee to ensure that the action has had a desirable effect and that the concern has been adequately addressed.

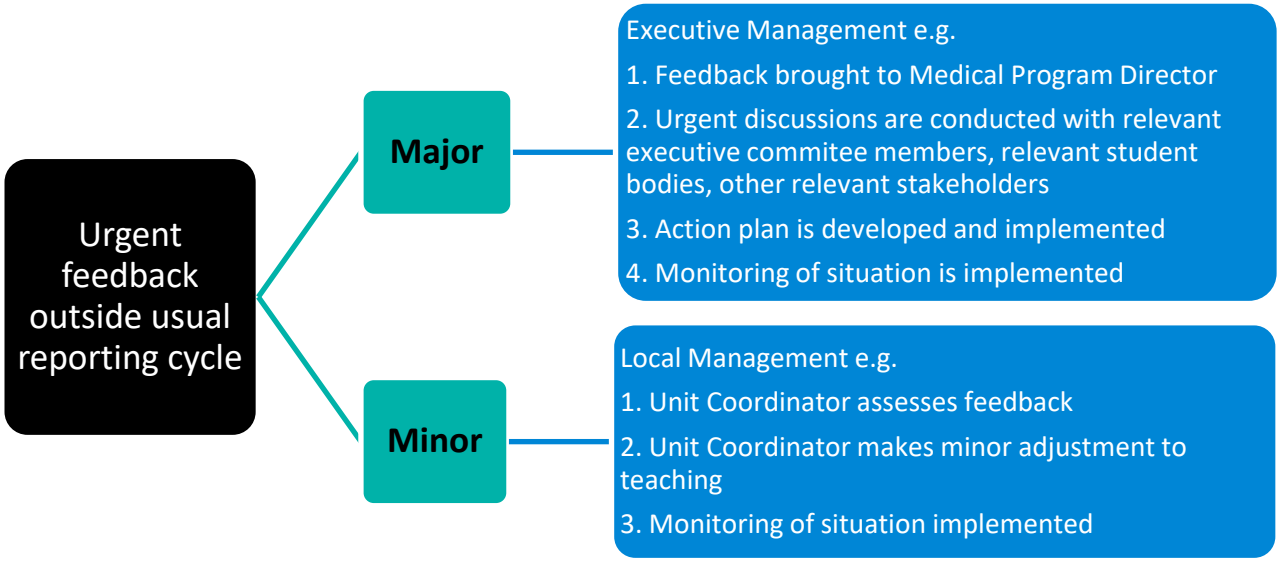

Figure 1: Rapid response to urgent feedback


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