

Variation to the Course Information Document

For Academic Year 2020/21

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| Name of programme(s) and award type(s): <i>(such as Single Honours History with International Year)</i> | MBChB |
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Dear students,

As part of our commitment to continually work to improve our programmes, and in light of our plans to start next academic year with a hybrid delivery model due to the impact of Covid-19, we are confirming in this document the changes to your programme in the Academic Year 2020/21. More general information about what studying at the University will be like in 2020/21 can be found here:

<https://www.keele.ac.uk/coronavirus/operations/>

Specific planned changes

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| <p>How the programme will be taught <i>(include any significant changes to the balance between on campus and digital delivery and what students can expect)</i></p> | <p>We very much appreciate this is an extremely challenging time for all our students. Although this document provides some information about our approach for the coming year, our main ways of communicating with students will be via regular updates from your Year Leads, and introductory sessions at the start of the year. We will use these routes to go into much more detail with how we are planning to deliver the course. Our priority is to support student learning and ensure that you are ready for work as a Foundation doctor by the time of graduation.</p> <p>1. Phase 1 (Years 1+2)</p> <p>Our approach to years 1 and 2 will build on our experience over recent months when much of the course was effectively delivered remotely.</p> <p>Phase I (Years 1 and 2) will comprise a balance between in situ and remote teaching. In situ activities will focus on those that require access to specialist equipment (Laboratories), facilities (Anatomy) or include some areas of clinical skills training that cannot be effectively delivered remotely. These sessions will all be supported with additional online resources. The remote learning activities consist of both synchronously (Problem Based Learning, Experiential Learning, Wrap-ups, Ask the Expert, Workshops) and asynchronously (Lectures and Plenary sessions) delivered materials.</p> <p>Students will typically have two to three in situ activities each week. As conditions allow, we would hope to add Problem Based Learning to the in-situ activities – this will require two additional in situ attendances.</p> <p>2. Phase 2 (Years 3 and 4)</p> |
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| | <p>More in situ clinical opportunities will be made available to students as these open up gradually, but access to patients may also diminish in the event of a surge in COVID-19 cases and any local lockdown. Online teaching will continue for sessions that do not require the physical presence of students as teaching room space is very limited due to social distancing requirements.</p> <p>3. Phase 3 (Year 5) The majority (90%) of the programme will remain an Assistantship. As previously, students will be required to be physically present in the clinical workplace for their learning. No significant changes are planned though students will be supported to become proficient with new consultation strategies including the use of virtual technology. Formal teaching: Approximately 50% of taught sessions will move to on-line platforms (synchronous remote) rather than physically present classroom sessions. Simulated clinical practice will continue to use physical presence (plus social distancing plus PPE measures)</p> |
| <p>Changes to placements, field courses or other practical activities (<i>where applicable</i>)</p> | <p>We are going to do our best to ensure that students have appropriate clinical experience to ensure their readiness for work as a doctor. The resumption of clinical placements is crucial and is being strongly encouraged by the GMC. We will ensure that we provide the best opportunities available and that we support students in preparing them for what may at times be a challenging environment.</p> <p>Phase 1 (Years 1 and 2) Placements within primary and secondary care environments will be particularly challenging for phase I. Certainly for the first semester, only remote GP early placements in support of clinical communications skills will take place. During the second semester, as opportunities allow, some early clinical placements with secondary care will be explored (although these will most likely remain remotely delivered for the 20/21 academic year). Our phase 1 activities across both years are supported by placements within local third sector providers. We are currently establishing the capacity to deliver these community placements, particularly in semester 2, recognising the value that the School, our students and the placement providers place on this activity.</p> <p>Phase 2 (Years 3 and 4) We will be communicating with students at the start of the term about the complex issues around placements for Years 3 and 4. We will be trying to deliver as many of our placements as possible, but this will depend on how clinical services are configured and timetable changes may well occur. Remote consultations make up the vast majority of patient consultations across specialties and general practice and are likely to continue long term. These are therefore a key skill for students to master with simulated and real patients (in teaching clinics, real clinics and ward rounds). There will be several specific changes to the course structure:</p> <ol style="list-style-type: none"> a. Year 4 IMP1 and IMP2 have been separated and are now paired with either Women’s Health or Surgery, in order to reduce the risk of increased disruptions to a whole 12-week block of IMP. |

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| | <p>b. Y3 and Y4 SSC time may be used to address gaps in learning due to COVID-19 disruptions. These gaps are not yet known and will depend on potential variations in placement delivery and experiences as future COVID-19 impacts vary.</p> <p>c. A longitudinal Y4 SSC pilot, threaded through the year, will be offered this year, as a sign up, in addition to the usual SSCs</p> <p>Phase 3 (year 5) The Assistantship period will be extended to accommodate remediation of lost learning from academic year 2019-20 and any ongoing disruption due to COVID from 30 to 34 weeks. The elective will be shortened from 8 to 4 weeks. There will be the addition of more asynchronous learning to support new skill acquisition e.g. prescribing using the SCRIPT e-learning platform.</p> |
| <p>Learning resources and any potential additional costs (<i>such as equipment requirements</i>)</p> | <p>Given an increasing level of online teaching and assessments for this programme, it would be preferable if students had access to computer equipment with a webcam and microphone. It may also be preferable for students to have adequate Wi-Fi connectivity and associated internet speeds. Students who need support in accessing appropriate IT equipment may be eligible to apply for support from the University's hardship fund.</p> |
| <p>How the programme will be assessed (<i>a general summary of changes to assessment methods</i>)</p> | <p>Our approach to assessments reflects both the likely impacts of Covid-19 during the coming year, and also the impact of the pandemic on last year's assessments and learning. Where possible assessments will be in situ but if needed, they will be conducted remotely. There are several significant changes to assessments for the coming year and a detailed assessments plan for all years has been finalised and will be communicated with each year group at the very start of term.</p> |
| <p>How students are supported (<i>any alternative arrangements such as communication methods, support networks etc.</i>)</p> | <p>We will continue with regular communications from Year Leads, as well as additional sessions with senior staff explaining how the course is being delivered. Senior staff have had their first meeting with the Student Council to discuss our response to the pandemic and will continue to have regular meetings with Student Council throughout the coming year, in addition to usual SSVC processes. This will be a way of improving communication and also receiving feedback and being able to discuss that feedback. Individual year leadership teams are also planning ways of enhancing online communication with each cohort.</p> |