# Light Review for MB ChB, February 2012

#### Notes :

All appendices supplementary files are on the internet. Please use the Word file contained in the disc of this document and the hyperlinks will automatically take you to the relevant documents or websites.

## 1. M.B., Ch.B. Programme, Last Reviewed in May 2009

#### Introduction

MB ChB is a multi-disciplinary integrated programme taught by a large number of units and a large number of teachers and part-time teachers, whose primary duties or appointments are often with the Hospital. We will not repeat the organization and governance of the programme here, which is a little complex. Please refer to our previous submission to the University (URL: <u>http://www.oes.cuhk.edu.hk</u>) for more details.

As the Panelists for the Light Review will have the previous Review Report as well as our Action Plans available to them, we will not repeat all the Recommendations and Commendations here. Suffice to say that our Curriculum was regarded as well run and excellent and ranked very well among the group of undergraduate programmes reviewed in 2009.

Only a little over two years have passed since the last review and meanwhile, enormous efforts have been spent on preparation for 334, so there have only been minor changes in the programme as listed below in the Action Plans. Other than continuous monitoring, a detailed systematic review of the existing curriculum has not been performed as we have been rather absorbed by the efforts required to prepare for 334; we have major challenges other than curricular matters here. Please see Section 10 below.

Also, the MB ChB curriculum is also governed by the Hong Kong Medical Council. Their visit accreditation visit is 2013/2014. We have to take care of the opinions of the Council when planning major changes. The curriculum last underwent an accreditation exercise in 2009.

## Part A: Reflection

#### 2. Progresses on Action Plans

In the interest of brevity, we will not repeat the Recommendations of the last University Review and what we said we would do in the last Action Plan here. Please refer to the previous review papers and the subsequent Action Plan papers for the rationale of the following actions.

1. All External Examiners' reports (about 17 every year) are evaluated by the Faculty Executive Committee and all Department Chairs have to write a response on those reports to be discussed and endorsed by the Faculty Executive Committee.

2. Monitoring and Evaluation Committee – we continue to meet 2-3 times with the Class Representatives of the five years. Please see minutes of a meeting in 2010-11. (*Appendix 2-1*).

3. Year co-ordinators are now routinely sent a list of weak students from their previous results at the beginning of the year and they will take a close monitor.

4. Any student who is absent from class or ward work for more than two weeks will be followed up by the Associate Dean (Education). Absence from class for more than two days will be noted and whenever necessary, followed up by the Year coordinators.

5. Reduce didactic teaching : we have continued to expand our e-learning in place of didactic lectures. Examples are : Biostatistics learning available on Moodle (Appendix 2-2), a multi-purpose web-based platform for self-learning, as compared against the learning outcomes – See Appendix 2-3) and the institution of a platform for learning with mobile devices by the Teaching & Learning Resource Centre (Appendix 2-4)

6. Teachers' rotation – All junior classes have teachers rotating now.

7. Debriefing sessions for MCQs after summative examinations – either face-to-face for some panels and emails sent to the whole class explaining common mistakes and misconceptions

8. All summative assessments are now analyzed in details, including difficulty level of individual questions and normalization and data sent to whoever made up the paper.

9. Impact of formation of School of Biomedical Sciences – The School with its pooled resources, is now able to employ 8 Instructors of a inter-disciplinary nature so that they can teach in a variety of classes in the MB ChB programme, as well as Nursing and Chinese Medicine, all being multi-disciplinary programmes.

10. Most clinical module teaching now incorporates clinico-pathologic conferences as part of the students' experience. In these regular conferences, professors from the laboratory disciplines almost always are involved.

11.Professor Gavin Joynt, a clinician, is now in charge of the Life Skills Panel so as to provide more clinical input into the teaching of biostatistics in this panel.

12. Academic Advisory system – All students now have a professor as Academic Advisor.

13. Assistant Internship - During Final Year rotations in Medicine, Surgery and Orthopedics, a one-week compulsory Assistant Internship is now in place.

14. Clinical examination videos (Medivision) are now available to our students via intra-net. There are a total of 58 videos and form a part of the Panel of Clinical Skills teaching.

15. Mapping of methods of assessment with stated Learning Outcomes – We have mapped all components of the Year 5 final examinations of 2008/9, 2009/10, 2010/2011 to our Learning Outcomes. Please see <u>Appendix 2-5</u> for 2008/9 & 2009/10.

In addition to these actions which arise out of the previous University review, we have also instituted the following or continue the following:

16. Our yearly Curriculum Retreat in which all faculty members attend and discuss various issues related to the MB ChB curriculum. All the proceedings are available on the internet : <u>http://www.oes.cuhk.edu.hk</u>. The last Curriculum Retreat was attended by113 professors of the entire faculty. They serve as an excellent platform for all professors to voice their views of the MB ChB curriculum. As the curriculum is so multi-disciplinary and involves so many teachers, this is the only occasion in which all can participate to some degree to curriculum planning.

Other than items listed in the Action Plans, as described above, we have continued to monitor the quality and satisfaction of the MBChB graduates by the following means:

17. An exit questionnaire for all students right after graduation. See <u>Appendix 2-6</u> for the analyses of responses from May 2011 graduates.

18. Intern Assessment Report to all Chief of Service in the first year of service of our graduates. This Report evaluated 11 attributes of good practice of medicine and has been used for many years on which we do the analysis for the Hospital Authority (for graduates of both medical schools) and are in possession of a large amount of data. Please see <u>Appendix 2-7</u> for some analysis we performed for the Hospital Authority. We are generally satisfied with the performance of our graduates in the first year of service.

19. We interview, on behalf also of the Hospital Authority, young doctors who fail to perform in their first year of service. We would like to be sure that the underperformance is not due to any deficiency in the curriculum (<u>Appendix 2-8</u>). For these new graduates, we provide counseling and remedial help.

20. We continue, with the participation of the Hospital, with the post-graduation education and training for our graduates in their first year of service – (<u>Appendix 2-9</u>).

21. In line with the University's call for our students to have international experience, we continually to actively encourage our students to go outside Hong Kong for their fourth year Elective. In the year 2010, 92% of the class did so (*Appendix 2-10*).

We continue to foster teachers' development in education matters by:

22. Good practice sharing in the Curriculum Retreat (<u>http://www.oes.cuhk.edu.hk</u>) by those teachers who were awarded Teachers of the Years by the students. The selection of teachers is based on a combination of students' and Deanery's selection and so is not merely a popularity vote. The Deanery looks at overall contribution to education, teaching innovation, etc..

23. A large number of workshops organized by the Office of Education Services as well as the Teaching and Learning Resource Centre of the Faculty (<u>Appendix 2-11</u>). They cover aspects like item writing, item quality analysis, etc..

24. Continue with our international benchmarking with the IDEAL Consortium. This is a Consortium of Item Bank contributed to and made use of 29 renowned international medical schools (<u>http://www.idealmed.org/</u>). We were the hosting medical school from its inception to May 2011. Although we no longer are the host medical school, we continue to share the item bank with these medical schools and use it as an international benchmark. Our professors continue to sit on the Consortium's Steering Committee and contribute to the development of the Consortium.

25. The Associate Dean (Education) continues to be a Council Member of the Association of Study of Medical Education (UK) and participates actively in their meetings and deliberations so as to ensure that our curriculum is on par with leading international medical schools.

26. Our Faculty continued to play a leading role in the Association of Medical Education of China, Taiwan and Hong Kong. We are one of the three chairing institutions and home of the Secretariat (<u>http://www.mea.org.hk</u>). The Associate Dean (Education) is the Secretary of the Association and on November 25-26, 2011, the Faculty hosted its 13<sup>th</sup> Conference. A total of 195 professors from 26 medical schools attended the conference and there were 48 abstracts. Members of CLEAR also participated.

## Part B: Programme Design

## 3. Introduction

MB ChB is an integrated system-based medical curriculum with a goal to train doctors to meet challenges in the ever changing health care service sector. It is primarily system-oriented with an multi-disciplinary approach to enhance integration of clinical and basic sciences and to avoid overloading students with factual knowledge. The core curriculum encompasses essential knowledge, skills and attitudes that students must acquire before graduation. After graduation, medical graduates have to successfully complete a one-year internship (guided clinical practice) in recognized hospitals in Hong Kong before they can become registered doctors in Hong Kong.

In September 2012, there will be two MB ChB curricula – a five year curriculum and a six year curriculum including the foundation year as stipulated by University.

## 4. Alignment with OBA Initiatives

Given that the expected outcomes at graduation are well acknowledged (see below) and received by faculty and teaching staff, there has been an emphasis placed on the continuous assessment of outcomes at every level.

This continuous assessment is reflected not only in the end-of course or module examination but in the very delivery of educational resources and materials for students. (see under Progress on Action Plans, 15)

Students are made aware of the connection between what is being taught and what is expected or how it contributes to a particular area of skill or knowledge development. (See under Progress on Action Plans, 5, appendix 2-3)

Both students and teachers need to see the "big" picture and our integrated course helps students and teachers to realize the long term objectives and the expectation of outcomes at a graduating level.

The Faculty has also identified the "Intern" as an operational reference point for the evaluation of learning outcomes (see under Progress on Action Plan, 18).

## 5. Outcomes Statement for the Programme

The faculty has adopted an internationally acknowledged generic framework for mapping Student Learning Outcomes. This framework has enabled us to define 12-Key Graduate Level Outcomes as listed below.

- 1. Competence in clinical skills.
- 2. Competence to perform practical procedures.

- 3. Competence to investigate a patient.
- 4. Competence to manage a patient.
- 5. Competence in health promotion and disease prevention.
- 6. Competence in skills of communication.
- 7. Competence to retrieve and handle information.
- 8. With an understanding of the basic, clinical and social sciences.
- 9. With appropriate attitudes, ethical understanding and understanding of one's legal responsibilities.
- 10. With appropriate decision making skills, clinical reasoning and judgment.
- 11. Appreciation of the role of a doctor within the health service.
- 12. Aptitude for personal development.

Outcome expectations for clinical disciplines and subspecialties have been integrated into exit level assessments. The planning of the final year examination (graduating examination) takes into consideration not only the distribution of subject matter, but also the cognitive domains covering the 12-key desired outcomes (see under Progress for Action Plans, 15).

Some areas of concern have been identified (such as procedural skills, patient safety awareness communication skills etc.) (see Progress under Action Plans, 17). Specific interventions to help improve the desired outcomes in these areas have been implemented. These include some obligatory courses in the final year such as the Very Basics Course of emergencies, the Assistant Internship programme (see under Progress on Action Plans, 13) and supervised exposure towards the non-technical dimensions of patient procedures.

A web-based student friendly format for the navigation and access of learning outcomes has been developed and implemented (URL: <u>http://facs.med.cuhk.edu.hk/slo/</u>).

## 6. Description of Programme Design for 334

The structure of the core curriculum including the foundation year 1 is as Figure 1 (see Page 9).

As our curriculum was historically heavily based professionally on the English model (and we were fully recognized for licensure without examination in UK until 2002), the present curriculum also follows current UK standard as laid down in their important document "Tomorrow's Doctor" (URL: <u>http://www.gmc-uk.org/education/undergraduate/undergraduate\_policy/tomorrows\_doctors.asp</u>).

The medical curriculum is not credit unit based. Every year has a curriculum which is about 80% prescribed overall except the final year, which is entirely prescribed. There are examinations in the middle of each year and at the end of the year and yearly promotion. Students failing in any examination have to take supplementary examination and failing a supplementary examination, have to repeat the whole year and not some of the courses only. This differs from other programmes at the University. Students must graduate within 8 years (beginning 2012) after entering the medical school. This is similar to the mode of operation of most UK medical schools.

We do not have a capstone stream like some other programmes as we are a general degree. However, gifted students with a talent for scientific research have the opportunity of in-depth study of one additional year in the Intercalated B Sc programme. Due to a variety of reasons, there have been very few students opting to do this extra year; in fact, there have been none in the last two or three years.

Since our curriculum is long and students may change their mind or interest with time, we introduced the degree of B Sc (Medical Studies) for those students who do not want to go further after three years or afterwards.

The MB ChB curriculum is integrated and divided into the core and non-core components.

The core knowledge of the curriculum consists of different system panels (with the prefix P), and the clinical modules starting from year 4 (2012) for knowledge and clinical practice. This approach breaks down the traditional boundary of the basic medical sciences and reinforces the multi-disciplinary nature of medical care.

In the terminology of medical education, we call this "horizontal integration".

In addition, there is a core portion of skills. Clinical skill is introduced in the first year (not all medical schools in the world did that), and there are panels for life skills, communication skills and IT skills. Also, basic medical science is re-visited in the sixth year (2012); radiology is taught in the second year (2012) and medical ethics in Years 2, 4, 5 and 6 (2012 terminology). We call this "vertical integration" and this fosters the longitudinal, cumulative nature of essential knowledge and skills in medicine.

Other than the core curriculum, there is a non-core curriculum making up more than 15% of total time, consisting of:

- 1. Selected Study Modules (SSM) in Years 2-4
- 2. The Elective at the end of Year 5
- 3. General Education, as per University regulation
- 4. Physical Education, as per University regulation

5. Language requirement, as per University regulations (please see section 10 also)

All non-core courses are selected by students, on the web. Year 2 SSM (2012) consists of several afternoons devoted to Human Structure and also a topic of diverse nature. There is a poster presentation at the end of Year 2 SSM. Year 3 SSM consists of journal analysis and healthcare data analysis of several sessions' duration. Year 4 SSM (2012) is a seven-week full time period for research, at the end of which there is a poster and oral presentation.

At the end of fifth year (2012), students go to 4-6 weeks of Elective to practically anywhere in the world they like (or Hong Kong which we discourage) to work in a

medical unit or institution. Currently, about 90% of students go outside Hong Kong each year.

How the panels, modules and SSMs fulfill the objectives of the Medicine programme is listed in Table 1 (see Page 10).

Year 1	Year 2	Year 3	Year 4		Year 6				
	COSK, PCLM	I/CLMO, LLSK <sup>1</sup>	embedded in clinical modules						
<ul> <li>Public Health and Healthcare Ethics;</li> <li>Communication Skills;</li> <li>Foundation Course for Health Sciences I;</li> <li>Foundation Course for Health Sciences II</li> </ul>	<ul> <li>University &amp; College General Education;</li> <li>Language, IT &amp; Physical Education Courses;</li> <li>Human Structure SSM<sup>2</sup>;</li> <li>Topical SSM<sup>2</sup></li> </ul>	<ul> <li>General Education</li> <li>Healthcare-related Database Analysis SSM<sup>2</sup>;</li> <li>Journal Paper Analysis SSM<sup>2</sup></li> </ul>	- General Education - Medical Research SSM <sup>2</sup>	Community & Family Media (CFM), Paediatrics (PED), Obstetrics & Gynaecology ( Psychiatry (PSY) modules Combined Clinical Exam	cine OBG),	<ul> <li>Senior Medical Clerkship &amp; Senior Surgical Clerkship;</li> <li>G), Medicine &amp; Surgery subspecialties</li> </ul>			
University Core Requirements for GE, Languages, IT and PE		PCAR, PGIN, PHES, PHOM, PMUS <sup>3</sup>			hment				
	PHUS <sup>3</sup>		Junior Medical Clerkship & Junior Surgical Clerkship & Combined Clinical Exam	located overseas or locally (4 weeks)	4 to 6				
	PFOS <sup>3</sup>	PHAE, PMDT, PNI							
	First Prof Exam		Second Prof Exam	(Part I) Third Prof Exa	am	(Part II) Third Prof Exam			
<sup>1</sup> Skills Panels: CLMO - COSK - LLSK - PCLM -	Clinical Modules Communication Skills Life Long Learning Skill Clinical Methods	<sup>2</sup> SSM: Selected S			(MB ChB) One-Year Internship				
<sup>3</sup> System Panels (P): PCAR - PFOS - PGIN - PHAE - PHES - PHOM - PHUS - PMUS - PMUS - PMUS - PNEU - PNEU -	Cardiovascular-Respiratory Foundation Studies GI/Nutrition Haematology, Infection and Im Health and Society Homeostasis (Renal, Endocrino Human Structure Mechanisms of Disease and Th Musculo-Skeletal Neuroscience	nmunity blogy and Metabolism) herapeutic Approaches			<ul> <li>3-months: General Medic</li> <li>3 months: General Surger</li> <li>3 more months of GM or Subspecialty (PED, PSY, O</li> <li>3 more months of GS or S</li> <li>Subspecialty (O&amp;T or OBO</li> </ul>				

		12-Key Learning Outcomes	(1) Competence in Clinical Skills	(2) Competence to perform practical procedures	(3) Competence to investigate a patient	(4) Competence to manage a patient	(5) Competence in health promotion and disease prevention	(6) Competence in skills of communication	(7) Competence to retrieve and handle information	(8) With an understanding of the basic, clinical and social sciences	(9) With appropriate attitude, ethical understanding and understanding of one's legal responsibilities	(10) With appropriate decision making skills, clinical reasoning and judgement	(11) Appreciation of the role of a doctor within the health service	(12) Aptitude for personal development
		Prescribed/												
Course Code	Course Title	Self-select												
Year 1														
MEDF1021	Public Health and Healthcare Ethics	Prescribed					√			√	✓			
MEDF1031	Communication Skills	Prescribed						~			~			
MEDF1011	Foundation Course for Health Sciences I	Prescribed								✓ ./				
Vear 2	Foundation Course for Health Sciences in	Prescribed								v				
MEDU1293	Health & Society I	Prescribed					√			√	✓			
MEDU1100	Integrated Medical Sciences	Prescribed								~	~	~		
MEDU1200	Skills Modules I	Prescribed	√	√	√	√	√	✓	√	√	~	~	~	√
MEDU1220	Communication for Medical Students	Prescribed						✓			$\checkmark$			
SSMU1000	Selected Study Modules I	Self-select								√	$\checkmark$	√		
MEDU1001	First Professional Examination	Prescribed	√	✓	$\checkmark$	√	√	√	√	√	$\checkmark$	~	$\checkmark$	$\checkmark$
Year 3		D 11 1												
MEDU2293	Health & Society II	Prescribed					~			✓ ./	✓ √			
MEDU2100	Skills Modules II	Prescribed	√	✓	√	√	√	√	√	<b>v</b> √	✓ ✓	• √	~	√
SSMU2000	Selected Study Modules II	Self-select							·	√	· ✓	~		
Year 4	,													
MEDU3293	Health & Society III	Prescribed					✓			√	√			
MEDU3100	Integrated Medical Sciences	Prescribed								√	$\checkmark$	√		
MEDU3200	Skills Modules III	Prescribed	√	✓	√	√	✓	√	√	√	✓	√	√	✓
MEDU3110	Junior Medical Clerkship	Prescribed	<ul> <li>✓</li> </ul>	<ul> <li>✓</li> <li>✓</li> </ul>	✓ ✓	<ul> <li>✓</li> </ul>	<ul> <li>✓</li> </ul>	✓ ✓	✓ ✓	✓ ✓	✓	<ul> <li>✓</li> </ul>	✓ ✓	✓ ✓
MEDU3210	Junior Surgical Clerkship	Prescribed	~	~	~	~	~	~	✓ ✓	✓ (	✓ 	✓ (	~	~
MEDI 13510	Combined Clinical Examination	Prescribed	1	1	1	1	1	1	v V	v V	✓ ✓	▼ √		
MEDU3310	Second Professional Examination	Prescribed	• •	· ·	• ✓	• •	· ·	• •	• •	• √	• •	• √	√	√
Year 5		Tresended												
MEDU4010	Community and Family Medicine Module	Prescribed	√	✓	√	√	✓	√	√	√	✓	√	√	√
MEDU4110	Obstetrics and Gynaecology Module	Prescribed	√	√	√	√	√	√	✓	√	$\checkmark$	√	√	√
MEDU4210	Paediatrics Module	Prescribed	√	√	√	√	√	✓	✓	√	$\checkmark$	~	√	✓
MEDU4310	Psychiatry Module	Prescribed	√	✓	√	√	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$	√	$\checkmark$	✓
MEDU4201	Skills Modules IV	Prescribed	✓	✓	✓	✓	✓	✓	✓	√	✓	~	√	✓
MEDU4410	Elective	Prescribed	✓ 	<ul> <li>✓</li> <li>✓</li> </ul>	✓ ✓	✓ 	<ul> <li>✓</li> <li>✓</li> </ul>	✓ ✓	✓ ✓	✓ ,	<ul> <li>✓</li> <li>✓</li> </ul>	<ul> <li>✓</li> <li>✓</li> </ul>		
MEDU4510	Combined Clinical Examination	Prescribed	✓ /	✓ /	✓ /	✓ /	✓ /	✓ ✓	✓ ✓	✓ /	✓ 	✓ /	1	1
Vear 6	(Part I) Inito Professional Examination	Prescribed	v	v	v	v	v	v	v	v	v	v	v	v
MEDI 1/202	Skills Modules V	Prescribed	~	✓	~	~	~	~	~	~	~	~	~	~
MEDU4610	Senior Medical Clerkship	Prescribed	✓		✓	✓	✓	✓	✓	√	· ~		√	✓
MEDU4710	Senior Surgical Clerkship	Prescribed	✓	√	✓	✓	√	✓	✓	✓	~	~	✓	✓
MEDU4002	(Part II) Third Professional Examination	Prescribed	✓	√	✓	✓	√	✓	✓	√	~	~	√	√

## Table 1: How panels, modules and SSMs Fulfill the Learning Outcomes of the MB ChB Programme

In September this year, there will be a cohort (210) of students doing a five-year curriculum and another cohort of 210 doing a six-year curriculum (<u>Appendix 6-1</u>).

For the latter cohort, aside from the University core of GE and language courses, they will do a Faculty package of four courses.

Foundation Course for Health Sciences I Foundation Course for Health Sciences II Public Health & Healthcare Ethics Communication Skills

The other five years will be similar to our current five-year curriculum.

Details of the four faculty package courses and our complete 334 programme as endorsed by the Senate are listed in <u>Appendix 6-1</u>.

After extensive discussion with the Senate Committee for General Education and Committee for Language Enhancement, some of our non-Jupas entrants will be given significant exemptions from the University core requirements (See also Section 10, 3). This has recently been endorsed by the Senate.

After extensive negotiations with the Senate Committee for Language Enhancement and the English Language Teaching Unit, our present curriculum in Years 2,3, and 4 (2012) are given credits for University requirements. Instead of the regular University requirements for Years 2 and 3 English, the Faculty will work with the English Language Unit on a special 2-credit English course tailored for medical students in Year 3.

The Faculty is extremely grateful to the University and to the two Committees listed above for their support and understanding of the special situation of the MB ChB curriculum.

#### 7. Sample course outlines

See <u>Appendix 7-1</u> for some examples of course outlines.

#### 8. Learning activities

The learning activities of the MB ChB programme are largely (see also <u>Appendix 8-1</u>):

- 1. Traditional lectures all the power points are on the web.
- 2. Tutorials

3. Practical classes for the laboratory subjects

4. Clinical skills teaching in the Clinical Skills Laboratory and also at the bedside in the hospitals

5. Clinical ward work and teaching. That includes bedside tutorials, ward rounds, observations of various clinical activities like operations, procedures, radiological imaging, patient counseling, etc. The list is too long to be complete.

6. e-learning :

Timetabling, grouping, laboratory notes, lecture power points are on the curriculum website. Formative assessment is done via WebCT.

Examples of active e-learning. Examples are : Biostatistics learning available on Moodle (hyperlink), a multi-purpose web-based platform for self-learning, as compared against the learning outcomes – See <u>Appendix 2-3</u> and the institution of a platform for learning with mobile devices by the Teaching & Learning Resource Centre (see <u>Appendix 2-4</u>)

7. Selected Study Modules (SSMs) in which learning is of diverse nature, from didactic lectures to research projects

#### 9. Assessment scheme

<u>Appendix 9-1</u> lists the different types of assessment methods used in different panels and modules.

- a. <u>Formative assessments</u>: These are MCQs done on line in designated computer laboratories.
- b. <u>Continuous assessment</u>: They are usually laboratory reports and participation at skillbased workshops in system panels which account for a proportion of marks.
- c. <u>MCQs</u>:

These form the mainstay of our high-stake examinations, i.e., the <u>Summative</u> <u>Assessments</u> of the panels, the year-end examinations and clinical module written examinations. They are mostly of 1 in 5 type (X-type). In the panel examinations, they are mono-discipline. In the year-end examinations, they are often integrated, and applied, i.e., a single applied or clinical scenario is followed by several questions contributed by different panels.

Extended matching type (R-type) MCQs are used in some Formative Assessments and Summative Assessments.

As described below under Section G on Accreditation & Benchmarking, some modules make use of our IDEAL international item bank. In those examinations, it is

possible to set an examination with "blueprinting" - stating the specific proportions of the examination questions which test recall or reasoning.

#### d. Short Answer Questions (SAQs):

These are used extensively throughout all our examinations and form the mainstay of our written examinations other than MCQs.

The current thinking of medical education internationally is against long essay for examinations. In some North American medical schools, examinations are entirely by MCQs.

e. <u>OSCE</u>: Objective Structure Clinical Examination is extensively used in clinical examinations. Both real and surrogate patients are used. Other than conventional OSCE stations, the latter may also contain data and imaging analysis and conduction of simple side-ward tests.

Clinical skills OSCE is in place since Years 2 and 3. This is one of the major differences from the conventional medical curriculum, say ours before 2001.

- f. <u>OSLER</u>: OSLER is a type of continuous assessment for clinical students for history taking and physical examination when a student examines a "long case" under close scrutiny by a teacher. It is used in the Medicine module before the final Professional Examination in year 6 (2012).
- g. <u>"Practical Examinations"</u>: These are modified practical examinations provided in some panels where students write SAQ type of examinations against images of laboratory situations or results.
- h. <u>Viva Examinations</u>: Viva examinations are critical to the training of medical students as all examinations in their future careers have viva components, though it must be admitted that they are stressful situations for undergraduates. Viva examinations are held for the "pass/fail" and "distinction", or "medal" students for the year-end examinations in years 2,4,5,6 (2012). All clinical module examinations in years 4-6 have a face-to-face component.

Grading of examination results is according to the University distribution of grades. However, normalization is done only AFTER a discrete pass / fail cut off has been made, and in the high stake examinations, those are always determined after a viva examination.

## 10. Challenges

The challenges we face for 334 are enormous and not only curricular. The challenges are much bigger for MB ChB than the other programmes for the following reasons.

1. Sheer number of students. On top of the double cohorts, UGC has decided to increase each class' intake from 160 to 210, a raise of over one third, to compensate for the shortage of

doctors in Hong Kong. That means we have a total of 420 new students in September. There are great logistical concerns of how to handle them, including issues like space, staircases, lifts, toilets, etc.. The classroom issue is even more serious, please see below.

The problem is even more acute for the Faculty Packages when the total number of new students for the entire Faculty in September 2012 approaches 1,100.

2. The admission of good quality students (essential for medicine). While in theory, the quality of students to be admitted is not affected by the double cohort intake, due to the availability of both Form 6 and Form 7 JUPAS students for selection, in the MB ChB programme, the situation is complicated by the large numbers of non-JUPAS students we traditionally take. As described in the last Review exercise, our non-JUPAS students regularly account for 1/3 of our annual intake and it is a huge challenge to try to find twice the numbers of high quality non-JUPAS students in September.

3. The official 334 curriculum for MB ChB is not suitable for many of our non-JUPAS students. Many of them will have qualifications suitable for Advanced Standing as defined by the University; also many will have completed 1 year of medical studies in a renowned international university with a curriculum similar to ours (e.g. UK, Australia, Ireland) and others will have completed or nearly completed a Bachelor's degree, usually in a science subject, in a well known overseas university. A few have higher degrees. A rigid six year curriculum with a generic year will make our MB ChB curriculum very uncompetitive compared to local and other international universities.

Moreover, the MB ChB programme traditionally admits a small number of highly qualified students transferring from overseas medical schools and these students already completed 2-4 years of medical studies. These students may not have the requisite requirements as demanded for in Advanced Standing (e.g. IELTS) and yet we will be highly uncompetitive for transfers if these students are required to complete all the University core requirements of up to one year.

As described in the Section 6, we are extremely grateful for the understanding and help of the PVCs, the Registry, the Senate Committees for Teaching and Learning, General Education and Language Enhancement and the GE and English Language Teaching Units. Great exemption has been given to these groups of students by the Senate based on the recommendations of these Committees and Units (see <u>Appendix 10-1</u>).

In spite of the great support from the rest of the University, we realize there remains a small group of non-JUPAS students who will still need to complete the MB ChB programme this September in a fast track within five years and we will need to put up a set of Faculty packages this summer.

4. The biggest challenge to us as regards 334 is actually facilities. The current building of Basic Medical Science (BMSB) will be turned into a completely teaching block for all the programmes of the Faculty (Medicine, Nursing, Pharmacy, Public Health and in the future School of Chinese Medicine) after the School of Biomedical Science vacates their present offices and research laboratories and move to Lot 39 at the campus. The latter is taking place at the time of writing this report (January 2012). Nonetheless, significant funds are being

required to turn the infrastructure of BMSB into a building that can accommodate the teaching needs of some 2,500 students of the entire Faculty. Also, many of the existing teaching facilities of BMSB, e.g. dissection laboratories, are more than 30 years old and fall short of current work safety standards and desperately require updates.

The Faculty has applied and obtained a one-off support from UGC of 21 million dollars for renovation of BMSB but we are still short of about 29 million to turn the building into satisfactory teaching facilities. Intense discussion has taken place between the Faculty and the University for some time as regards the financing of this project. At the time of writing this report, preliminary agreement has been reached with the University.

The teaching facilities at the Prince of Wales Hospital is a better story. The Faculty obtained support of 20 million from the UGC to renovate the lecture theatre at the Hospital so as to support the bigger class of 210 and with further financial support from the University, the lecture theatre was successfully renovated in late 2011 for modern teaching purpose and also, the associated area of Medical Library, Seminar Room, the Medical Information Technology Unit and parts of the Clinical Skills Laboratory were upgraded. The facilities of the Medical Library are vastly upgraded with the creation of open learning areas and teaching commons.

However, the current Clinical Skills Laboratory at the Hospital is still too small for a class of 210 : it was built for a class of 125 and although the Hospital has given the space required for its expansion, applications are currently made to the Minor Works Funds and are still pending.

The logistical and other technical matters for preparation for 334 and other admission concerns have absorbed most of our energy rather than curricular aspects in the last year or so.