Welcome to the March edition of DoME News!

Spring is a time for optimism and new beginnings, and this edition of DoME News is full of exciting novel ideas.

Public engagement is a hot topic in higher education. Across the country, academics are being encouraged out of their ivory towers to share their ideas and findings with the general public, with the aim of improving the sector’s relevance to, and impact on society in general.

Medical education, with its focus on patient care, is an academic discipline especially well-placed for public engagement. Read what DoME staff and MBBS students are doing to forge closer links with the general public on pages 2, 7 and 14.

Another topical issue in education is widening access. With changes to our funding system, universities have to show increased commitment to enabling students from less privileged backgrounds attend university.

Target Medicine is a fantastic student-led and student-delivered widening access project. It aims to provide school pupils from non-selective state schools, whose parents have not been to university, with the inspiration and the practical knowledge and skills to gain a place to study medicine. Read about how the Target Medicine Summer School changed students’ lives on pages 7 and 8.

Lastly, we always look forward to hearing about what students and staff have been up to. Don’t be shy: if you’re doing something others might benefit from hearing about, please get in touch!

Dr Katherine Woolf
Lecturer in Medical Education, DoME

DoME news is a termly newsletter from the Division of Medical Education (DoME) that aims to keep Medical School staff updated about developments in the Medical School and the MBBS (undergraduate) curriculum, and to enable sharing of good practice between medical educators.
Public engagement in the education of tomorrow’s doctors: UCL Beacon project

‘Public engagement’ describes the many ways in which universities can connect with the public by sharing knowledge, expertise and skills. It has recently gained currency as a way of increasing relevance, access and quality. As one of six UK Beacons for public engagement, UCL has a dedicated public engagement team, which provide funding and support for public engagement activities www.ucl.ac.uk/public-engagement.

The General Medical Council’s document, “Tomorrow’s Doctors” (2009) includes a requirement for patients to be involved in all aspects of medical education: teaching, assessment, quality control, curriculum design and governance. DoME has received £8,000 from the UCL Beacon fund to involve the public and students actively in exploring mechanisms for a systematic, coherent and sustainable approach to public engagement in the MBBS programme in three areas:

1. Patient voice in curriculum development and governance
2. Co-ordinated and creative involvement in teaching and assessment
3. On-going partnership with existing organizations representing patients in both the health service and the voluntary sector.

The very first step of the project was to appoint a representative from the Patients Association to sit on the New Curriculum External Review External Group. The next stage was a series of student-led exploratory, semi-structured interviews seeking views of medical students and medical school staff on methods of implementing the wider project. Staff and student identified overlapping sets of advantages and barriers to public involvement, and described a wide range of ways to overcome these barriers.

The next steps involved five focus group discussions (1-3 now complete) with:

1. Patient and Public involvement (PPI) leads from PCTs, NHS trusts and GP practices.
2. Patient Representatives and Medical students, in collaboration with the Patient Association (GMC in attendance)
3. Patient members of PPI groups and medical students (NHS Trust & GP)
4. Simulated Patients, GTAs and medical students
5. Advocates for hard to reach groups (homeless, cognitively impaired, refugees, substance users) and medical students.

The project has strong emphasis on direct dialogue between UCL medical students and the public. So far MBBS students have proved great ambassadors for the programme and advocates for greater patient engagement through as interviewers and participants in focus groups.

One of the most striking interim findings is that members of the public have little idea of what medical students actually do! Three Peer Assisted Learning medical students have produced a great video “A day in the life” which proved helpful in informing focus participants.

The requirement for PPI in the undergraduate curriculum has proved one of the most controversial aspects of the new GMC standards and supplementary guidance is currently out for consultation: www.gmc-uk.org/education/undergraduate/8889.asp We are actively liaising with the GMC as the project evolves.

Dr Anita Berlin
Launch of the TEDIs: TARGETED EDUCATIONAL DEVELOPMENT & INNOVATION FUND

The MBBS programme is pleased to announce this new fund, aimed at improving the quality of medical education for UCL students.

We are now inviting proposals and commissioning educational development projects up to a total of £10,000.

Aims of the TEDI fund
Address significant educational priorities, as identified by student feedback, external monitoring and/or other quality review procedures;

Respond to issues raised by the College’s annual monitoring and internal quality review systems and the GMC’s Quality Assurance of Basic Medical Education (QABME) reviews.

Targeting your application - the scope
Priorities are reviewed and updated annually (see list on page 4).

Who can apply
Applications are welcome from staff and students (with a UCL staff signatory) involved in any year of the MBBS programme. Applicants need to nominate a budget holder and indicate the organisation/account to which funds will be paid.

How to apply
Please complete the application form which is available from the Quality Assurance Unit (QAU), or on the QAU website. http://www.ucl.ac.uk/medicalschool/quality/TEDIs

Commissioning and Selection
Applications will be open to all FLS and FBS faculty, associated clinical staff at NHS sites, and students (with a nominated UCL staff signatory).

Where expertise can be identified, proposals will be commissioned by the Quality Assurance Unit from named groups or individuals.

Commissioning and evaluation of proposals will be undertaken by a subgroup of the MBBS Quality Management and Enhancement Committee (mQMEC)

Mentoring and advice
Members of DoME or the Quality Assurance Unit will be very happy to mentor or advise prospective project leaders on request.

Timetable
A rolling process will be set up, with the aim of commissioning one or two projects per term. Applicants will usually be notified regarding the outcome of their application within one month of submission.

We look forward to working with you on this exciting development.

If you have any queries please contact Ann Glasser (a.glasser@medsch.ucl.ac.uk) or Paru Jeram (p.jeram@medsch.ucl.ac.uk) in the QAU.
### Priority | Summary | Reason for Priority | Year of MBBS study
---|---|---|---
1 | Feedback to students on their performance | Improve quality and quantity of teachers feedback across all aspects of the course  
- On written work  
- On clinical attachments  
Qualitative data from students needed to clarify where problems lie | - UCL key educational priority  
- Student Feedback  
- National Student Survey  
- Student Exit Data  
- GMC (QABME) | All
2 | Addressing the “hidden curriculum” | Monitoring and staff development strategies are needed to examine and address discrimination and bullying  
*The hidden curriculum is the norms, values and social expectations indirectly conveyed to students by the attitudes and styles of teachers, unarticulated assumptions in teaching materials and the organizational characteristics. The influence of the hidden curriculum on educational outcomes can be equal to, or greater than, the overt or intended curriculum.* | - Woolf et al *BMJ* 2011; 342:d901  
- Student feedback  
- UCL Students Union  
- UCL Dean of Students  
- Tomorrow’s Doctors 2009 | All
3 | Introduce a portfolio to support learning and assessment | The new VLE provides the opportunity to harness self-directed learning and in-course and work-based assessments through an e-portfolio | - GMC (QABME)  
- UCL response to Burgess  
- GMC (QABME)  
- External Scrutineer report  
- Tomorrow’s Doctors 2009 | All
4 | UCL graduates preparation for practice and employers view | To gain an up to date perspective on UCL graduates and their employers view about whether FY1/2 are prepared for practice | - GMC (QABME)  
- Tomorrow’s doctors 2009  
- Medical schools council  
- Goldacre research ([http://www.uhce.ox.ac.uk/ukmcrg/publications.php](http://www.uhce.ox.ac.uk/ukmcrg/publications.php)) | All
5 | Feedback from patients about involvement in medical student teaching | To gather data from patients involved in the education of medical undergraduates  
Consider:  
- Formal teaching  
- Informal/opportunistic  
- Involvement in assessment  
- Curriculum design | - GMC (QABME)  
- Tomorrow’s doctors 2009 | All
6 | Supporting on-line resource development | tbc | - Student feedback | All
7 | Public Engagement and Patient Participation | tbc | - Tomorrow’s doctors 2009 | All
DoME NEWS

Women Role Models in Medicine: University of Cape Town perspective

During a recent visit to the University of Cape Town (UCT), Dr Jean McEwan (Sub Dean for Curriculum, Phase 2 and for MBBS Facilities and Resources) conducted two interviews for the series Women Role Models in Medicine, Surgery and Dentistry-Leading Change.

Prof Vanessa Burch is Chair of Clinical Medicine and the Director of the MBBS programme at UCT. She has a National Excellence in Teaching and Learning Award from the Council of Higher Education and the Higher Education Learning and Teaching Association of South Africa, is Deputy Editor of Medical Education, Associate Editor of Advances in Health Sciences Education. In the interview she speaks about her early life ambitions to be a doctor and the challenges of developing a parallel track career in medical education.

The second interview is with three inspirational women in the Medical School at UCT. Prof Janet Seggie discusses curriculum development that addresses the changing requirements of the South African healthcare system. Dr Cynthia Sikakana talks about her work on widening access to the profession and supporting development of able students from disadvantaged backgrounds, while Prof Nonhlanhla Khumalo considers the influence of role models in the career choices of women. You can listen to the podcasts of the interviews [http://www.ucl.ac.uk/slms/leaders_medicine/women](http://www.ucl.ac.uk/slms/leaders_medicine/women) and [http://www.youtube.com/user/LeadersInMedicine](http://www.youtube.com/user/LeadersInMedicine)

Dr McEwan said “What really struck me were the challenges they face such as transparency of funding for education, the creation of a medical workforce that is fit for the local healthcare environment, and building support to ensure they attract the best people to medicine and enable everyone in the achievement of full potential. These are universal goals, and parallel what we are having to address here in the UK. We look forward to welcoming Professor Burch on a visit to UCL later this year.”

Dr Jean McEwan interviewed on Radio 4’s Woman’s Hour

Dr Jean McEwan, a consultant cardiologist and Sub Dean in the Medical School was recently invited to contribute to the BBC Women’s Hour programme to discuss how best to manage two high input careers and a family. Jean is the improving Working Lives Officer at the Royal College of Physicians and the London member of Council for the Medical Women’s Federation. She is married to Mike Almond a consultant nephrologist and medical military reservist. They have three children, now all in their late teens.

Dr McEwan explains: “Around the time of the interview (at which I was a late substitute for Professor Jane Dacre) I had been talking with colleagues about balancing work and family life and it is clearly necessary for both partners to share domestic responsibilities, and to delegate jobs to others (usually by paying for childcare and cleaning) and family care that is undertaken by women.

[continued on page 6]
“There still are recognised imbalances in the proportion of domestic and this becomes particularly manifest for women who are doctors and daughters/carers to elderly parents.

“Demanding careers often require almost total immersion at intervals and this may require travel, and at these times the successful partnership requires that the other one becomes a single parent, taking on all family duties as well as working, without resentment or irritation. I feel you have to really enjoy the job to keep up that sort of pace and we are very fortunate in medicine and medical education to have a constant stream of rewards in our contacts with patients and students, to keep us going.”

The broadcast can be listened to at http://www.bbc.co.uk/programmes/p00cl9fh

MBBS Finals Recruitment

As June looms ever nearer the need for suitable patients for MBBS Finals becomes ever more pressing. Please can any clinicians contact Vicky Edwards in Clinical Skills with the details of any suitable patients?

Also please make contact if you would like information on the types of patients we need or would like some forms/posters for your clinics.

Please note: you are more than welcome to pass this on to any clinical colleagues, but please do not inform any students of your recommendations.

Vicky Edwards
v.edwards@medsch.ucl.ac.uk
020 7288 5210
Awards
Dr Katherine Woolf, DoME Lecturer, has been honoured in a UCL-wide scheme for the Reel Health Stories project she ran with Dr Jayne Kavanagh and Dr Luci Etheridge (as featured in DoME News issue 8, May 2010). Kath has received a Provost’s Public Engagement award in the Academic staff category.

The Public Engagement Unit stated:

“This prize recognises the innovative approach Kath has taken to engage with the public around her work, giving people in Archway and beyond an opportunity to influence medical education. Through Reel Health Stories, Kath and her team have contributed towards a change in perceptions of the university and healthcare education through listening rather than simply talking to groups outside the university, creating an ongoing two-way relationship.”

Kath received her award from Professor Malcolm Grant, UCL Provost, at a ceremony on 26th January 2011.

Find out more about projects funded by the Beacons programme at UCL. MBBS Beacon Team: Anita Berlin, Itunu Johnson (final year student), Craig Seymour and Shirley Cupit.—http://www.ucl.ac.uk/public-engagement/projects

Dr Jayne Kavanagh, DoME Lecturer, has been awarded funding for Target Medicine from the Outreach Departmental Initiatives. The Initiative is designed to support original projects which support recruitment, retention and widening participation activities in undergraduate and graduate degree programme areas for full-time, part-time or affiliate students. The Target Medicine project aims to improve the confidence and ability of state school students from under-represented groups in making applications to medical school.

For more on the Target Medicine project take a look at the article below.

For more information on the Outreach Department Initiatives, please visit: http://www.ucl.ac.uk/prospective-students/widening-participation/Dept_Initiatives

Hitting the mark with the Target Medicine Summer School

Research shows that patients benefit when doctors represent the communities they serve. Just one good reason to ensure medical students hail from diverse backgrounds – there are many more! And while widening participation programmes have always aimed to achieve this, they have gained greater significance recently thanks to imminent changes to tuition fees.

One example of a well-organised and highly successful widening participation programme is the Target Medicine Sum-
Target Medicine is part of a broader initiative that includes inspiring and encouraging younger students from non-selective state school backgrounds to pursue a career in medicine, as well as providing practical support to Year 12 and 13 students as they progress through the application process.

The Summer School serves students in a variety of ways but, for many, it turns a dream into reality. Lady-Namera Ejamike and De Jun Lao are two talented students from the state school sector who attended the Summer School in 2009. Both have recently accepted places at UCL to study medicine in 2011.

Other students, further along in their training, are still grateful to the Summer School for the confidence and practical support it gave them. Nadir Chowdhury now in his fourth year at UCL Medical School, says, ‘The Summer School was so much more than a simple five-day taster to medicine…it helped me channel my passion into obtainable goals, plus instilled me with a self-belief I’ve carried with me ever since.’

Other UCL Medical Students had equally positive experiences. Zoya Georgieva says, ‘The Summer School began to solidify my dream of studying medicine into a reality,’ and Negin Amiri adds, ‘The opportunity to speak to patients of different backgrounds, with chronic diseases, and to discuss their management later at the Ground Round, was absolutely crucial to my understanding of medicine as a profession.’

What can amount to a life-changing experience, and provides the medical profession with a host of talented doctors, is the product of a great deal of behind-the-scenes activity. Project lead, Dr Jayne Kavanagh, says ‘The Summer School wouldn’t be the success it is without the many hours and great amount of expertise contributed by UCL and NHS staff – and it’s all provided on a voluntary basis.’

Since its launch, six years ago, the Pre-medicine Summer School has gone from strength to strength. Given the current climate, it’s poised to play an even more significant role, providing practical support and – perhaps even more importantly – inspiration to the doctors of the future.

For more information, visit: www.ucl.ac.uk/dome/ssc/targetmedicine
DIVISION of MEDICAL EDUCATION

DoME NEWS

Explore the new modular Post-graduate Programme in Health & Medical Sciences at UCL

Do you want an accredited program of learning that supports your own career development? One that is flexible, involves working with colleagues across the professions and seeks to develop your contemporary practice? If so, explore this new UCL postgraduate programme.

From September 2011 UCL will be running a fully flexible Graduate Programme in Health and Medical Sciences. This innovative programme will advance the professional skills needed for effective working in healthcare settings and integrate these with key areas of personal development. Based in the School of Life and Medical Sciences, the programme allows you to assemble your own curriculum to meet your individual needs. You will choose from a library of modules drawn from diverse disciplines such as Medical Education, Leadership, Health Informatics, and a range of clinical specialties. A course of study designed by you is sure to meet your individual professional and career development needs. Moreover, the programme allows you to study at your own pace, making it feasible to combine study and full-time work.

There are three different awards:

MSc in Health & Medical Sciences
   flexible study over 2-5 years

Postgraduate Diploma in Health & Medical Sciences
   flexible study over 2-5 yrs

Postgraduate Certificate Health & Medical Sciences
   flexible study over 1-2 years

The programme is led by specialists at the UCL Centre for Health Informatics and Multiprofessional Education - CHIME and the UCL Division of Medical Education (DoME).

Entry requirements
The programme is aimed primarily at clinicians (doctors, nurses and allied healthcare professionals), healthcare managers, and others interested in healthcare. Applicants will typically have a qualification in medicine or one of the other healthcare professions; or a minimum of an upper second class UK Bachelor's degree in a relevant discipline; or an overseas qualification of an equivalent standard. Students who do not meet these requirements but have appropriate professional experience will also be considered. Students who have previously undertaken CPC may apply for accreditation of prior learning.

To find out more...
We welcome enquiries and applications. Please visit the website: www.chime.ucl.ac.uk/study/health-sciences.

Or direct your enquiries to:

The Programme Administrator
UCL CHIME
4th Floor, Holborn Union Building
The Archway (Whittington) Campus
Highgate Hill
London N19 5LW

Email: courses-chime@ucl.ac.uk
Tel: 020 7288 3487
Fax: 020 7288 3322

Tel: 020 7472 6861  Fax: 020 7472 6191  Email:v.edwards@medsch.ucl.ac.uk  website: http://www.ucl.ac.uk/dome
Student involvement in the Curriculum

This term, RUMS Executive Officers have been working hard to build on successes from term one. Our events have been sold-out, and this term looks to be even better, with our inaugural RUMS Spring Ball and Ski Trip taking place towards the end of the term. We will also be holding the Bender Cup for the first time, which is a First Year vs. Second Year Sports Derby. Our AGM is also in the last week of term, and we look forward to hosting Professor Dacre and Dr Gill to give an update and take questions on the new curriculum.

Our academic representatives have been busy seeking out and representing the views of students on various committees and New Curriculum Working Groups, and there will be another wave of SSCCs over the next few weeks, so we look forward to them. We also look forward to working with the Medical School to improve our representational structures in the future as we bring them into line with the structure of the new curriculum.

We are also working on some basic student expectations for IT access at our DGHs and some research around Work-place-Based Assessment as a result of the UCLU Feedback Campaign, and are looking forward to presenting our findings to the relevant committees.

The Student-Led Welfare Committee is also up and running, and we are piloting a series of welfare seminars run by students, for students on Money Issues, Housing and Exams. These are all ably supported by UCLU’s Rights & Advice Centre. We will also be running some de-stress sessions for both Phase 1 and Phase 2/3 students during the exam peri-

ods this year and look to running an awareness campaign around Fitness-to-Practice later this year.

Another project that RUMS Executive are working on is the RUMS Alumni Association. We are making some significant progress in setting this up, so watch this space!

Finally, we are looking forward to expanding our Union facilities into the Lewis’ Building on the corner of Gower St and Gower Place. The new bars and cafe will open in May (fingers crossed), and work to prepare the building is ongoing.

In March, I’ll be jetting off to Chile to run a 250km footrace in the Atacama Desert, so if anyone has any queries relating to anything mentioned above, please get in touch with Negin, the RUMS Senior President at uclu-senior.president@ucl.ac.uk.

Alex Nesbitt

Medical and Postgraduate officer
New Staff

Dr Hilary Spencer—MBBS Implementation Project Manager

Hilary is a Maths BSc graduate from Nottingham. She has half a Computer Science MSc at Birkbeck (“sent overseas so didn’t finish”), and was awarded her UCL PhD for “Use of computers in HE teaching”) in 2011. Hilary is ex-Governor and Chair of Audit for Sheffield Hallam University. Her early working life was in Operational Research and computer software design, and most of her recent working life has been spent in in management (BP, EDS), management consultancy (oil & electricity industry, Ernst & Young) & project management (both private & public sector). She has managed scores of projects, large and small, most recent three for Professor Dacre, all piloting different ways of using of computer-based tests in medical recruitment selection.

In his clinical life, Gil is a Child and Adolescent Psychiatrist at the Maudsley Hospital with a year left of training before becoming a consultant. The move south of the river was a traumatic one as Gil completed his undergraduate training at the Royal Free before coming back at as psychiatry SHO. He was also born at the Royal Free making him truly North London born and bred.

Dr Kaz Iwata—Clinical Teaching Fellow

I am Japanese and attended an American international school in Japan, until I graduated from high school in 1994. After high school, I came to UCL and studied for a BSc in Human Sciences and following that, studied Medicine at UCL. I took a year out between my pre-clinical and clinical years (spent a year in Montreal as a visiting student at McGill University), and qualified in 2003. I did my pre-registration house officer year at the North Middlesex Hospital and became fully registered with the GMC in 2004.

After my house officer year, I joined the UCL SHO Training Scheme in Psychiatry. During this time, I passed all parts of the MRCPsych and also did an MSc in Psychiatric Research at UCL.

Dr Gil Myers—Clinical Teaching Fellow

Gil Myers has recently joined ACME fulltime as a Clinical Training Fellow in Medical Education having spent his time between graduating from the Royal Free (and University College London) School of Medicine involving himself with TiPS and other ACME projects. He will be working on the GMC project, preparing assessments for poorly performing doctors who are asked to sit a Test of Competence by the GMC, and helping to shape the new curriculum.

Gil recently bought a fold-up bicycle so you may see him of a morning looking tired and flustered as he attempts to pack the bike away having just cycled up Archway’s demanding hill. He has to wear a fluorescent jacket and helmet because his mum made him promise to.

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I also managed to author and publish a book on psychiatry for medical students during this time.

In May 2008, I started my SpR Training in General Adult Psychiatry on the UCL/Royal Free Higher Training Program. I am due to complete training and achieve consultant status in May 2011, but have deferred this to undertake the position of Clinical Teaching Fellow at UCL Medical School from February 2011. I am interested in medical education for both undergraduate and postgraduates, and my previous experience includes: being a question writer/standard setter for MRCPsych; standard setting for UCL Clinical Neuroscience finals paper; supervising the Year 4 Clinical Neuroscience OSCE; interviewing potential medical school students; and being a PDS tutor.

As Clinical Teaching Fellow at ACME, my main responsibility lies in undergraduate teaching and assessment, and specific projects include reviewing of the new curriculum, helping with the Year 4 assessments, organizing PALS SSC, devising Year 4 portfolios, and being the deputy site lead for final year OSCEs at the Whittington. I am also currently enrolled in the Postgraduate Certificate in Medical Education at UCL/Royal College of Physicians.

**New baby!**

We are pleased to announce the birth of Isobel Cue, daughter of Dr Luci Etheridge, DoME Clinical Teaching Fellow, and her husband Aaron Cue born on 15th January 2011. Mother and baby are doing well. Congratulations!

**Charity**

For many years some of the DoME ladies have taken part in the Cancer Research Race for Life 10k, and this year is no different.

On Saturday 23rd July 2011 Deborah Lucas-Georgiou, Jayne Kavanagh, Tara-Lynn Poole, Marcia Rigby from DoME and Heather Mitchell and Ceylan Beydilli from Div. of Surgery will take to the paths of Finsbury Park to raise money for Cancer Research UK. Please show your continued support for Team DoME and the worthwhile work of Cancer Research UK by sponsoring the ladies for their race. [http://www.raceforlifesponsorme.org/deborahlucas-georgiou1005](http://www.raceforlifesponsorme.org/deborahlucas-georgiou1005)
Applying for Fellowship of the Higher Education Academy

Potential applicants for Fellowship of the Higher Education Academy are strongly recommended to attend a Workshop for Application to The Higher Education Academy run by the Academic Centre for Medical Education, UCL Division of Medical Education (DOME). The application form is daunting in itself but can be tackled with thought. It is primarily with the style of response that applicants require assistance.

Each workshop comprises 2 sessions separated by approximately 3 weeks. At the initial session applicants receive general advice about how to complete the form which covers 6 different areas of educational activity, make a start on completing a single section of the form and receive feedback on their initial attempt. The 6 sections of the form are Design and planning of learning activities and/or programmes of study, Teaching and/or supporting student learning, Assessment and giving feedback to learners, Developing effective environments and student support and guidance, Integration of scholarship, research and professional activities with teaching and supporting learning, and Evaluation of practice and continuing professional development. Each section requires a submission of 500 words, statements of fact are discouraged and reflection upon educational activities enforced. The requirement to describe reflective practice throughout makes you think about why you teach as you do but can lead to a heavily stylised final submission containing a certain amount of educational jargon. Candidates are asked to e-mail their draft submissions to a designated mentor for comment prior to the second Workshop session at which further feedback is returned and, usefully, several previous successful applications reviewed for content. Thereafter timing is down to individuals. Applications can require several revisions before they reach the required standard for submission but applicants have a designated mentor from DOME to assist them in this process. Two structured references are required from referees positioned to provide peer review of an applicant’s educational practice and these need to accompany the completed form.

Review by The Higher Education Academy takes around 12 weeks with applications reviewed against published criteria. Successful applicants are required to send a one off £50 recognition fee to The Academy before they receive their Fellowship certificate and can use the lifelong the post nominals FHEA (Fellow of the Higher Education Academy) thereafter with no requirement for re-accreditation.

Those involved in education can choose to apply for Fellowship of The Higher Education Academy or where appropriate, The Academy of Medical Educators. Fellowship of either offers professional recognition of an individual’s contribution to education, and provides useful corroboration within the appraisal system of an individual’s commitment to high quality education, particularly important where high profile local or national educational roles are held. Personally, I was prompted to apply for FHEA after appointment by London Deanery to a National Training Programme Director role for my clinical specialty. I was keen to prove my personal commitment to medical education and to lifelong learning. I have no regrets.

Dr Liz Prvulovich
Consultant Physician in Nuclear Medicine
Five UCL MBBS students were involved with the Birdshot Patient Day, ran by the Birdshot Uveitis Society and Miss Narciss Okhravi, Consultant Ophthalmologist at Moorfields.

This work has been presented by these medical students, at the Academy of Medical Educators Conference (2 posters, by medical students Rebecca Morris and Ruthiran Kugathasan, Jan 2011), at the Undergraduate Ophthalmology Conference (1 poster by medical student Louise Ramskold, March 2011), at the Moorfields Academy meeting (December and March 2011) and is due to be presented at the Royal College of Ophthalmologists Annual Congress (1 poster by Louise Ramskold, May 2011).

Below Emily Kirkby and Rebecca Morris write about their experiences with this project.

Birdshot Patients Day

The first ever ‘Birdshot Patients Day’ was held on 11th Sept 2010 to which medical students from UCL and trainees were invited and involved from early stages of planning. My consultant at Moorfields, Miss Narciss Okhravi, took a particular interest in this rare disease after being approached by the newly formed Birdshot Uveitis Society (BUS). She began to establish a unique partnership between a patient support group, the Birdshot Uveitis Society (BUS) and staff at 3 hospitals in London, UK and Paris, France. With the help of her team of students, registrars, colleagues and BUS members, we were able to put on this successful day for patients and family.

But what is ‘Birdshot’? Birdshot Chorioretinopathy presents many challenges, in that there is considerable variability in patients' symptoms and signs at time of presentation, partly explaining the commonly seen delay in diagnosis and therefore treatment. Imprecise monitoring and difficulty assessing adequacy of immunosuppression, also present considerable challenges for all those involved.

The aim of this day was to develop a community of individual patients with Birdshot Chorioretinopathy and health care professionals, from all backgrounds and services to foster a partnership approach to this rare, potentially blinding disease. We anticipated that such a ‘community’ would make it easier to raise awareness of this disease in UK and abroad, plan future Birdshot Patient Days and develop a pool of people interested in collaboration and research.

The 'Birdshot Patients Day' was held at UCL and involved 125 people including 50 patients, 50 health care professionals and 25 supporters / relatives. As a basis for medical education this taught us about a novel way of enhancing patient care, providing support for patients, their relatives and the professionals looking after them, decreasing medical errors by increasing awareness of the disease (and the potentially toxic drugs used to treat it) and optimising the strength of the doctor-patient relationship. Through this effort as medical students we have not only learnt about the disease, but enhanced our communication, organisational and evaluation skills. We have discussed with patients

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and professionals the problems of caring for patients who have a chronic visually disabling disease (for which there is no cure) and understood the disease from the patients’ point of view.

Emily Kirkby
Year 5 MBBS Student

Illustrations from Birdshot Patient Day

Birdshot Chorioretinopathy is a rare, potentially blinding eye disease. Patients often feel isolated, suffering from deteriorating eyesight.

A patient day was held in collaboration between UCL, Birdshot Uveitis Society and Moorfields Eye Hospital in order to bring health professionals, patients and their carers together. It was a successful day for exchange of patient stories in combination with consultant specialist led lectures on the current understandings of Birdshot.

As a component of the day an ‘art zone’ was set up; manned by a professional artist and two medical students (including myself) with arts training. The aim of the project was to encourage patients, carers, and medical professionals to depict in picture form, their experiences/ideas of living with Birdshot. We found this to be extremely beneficial to patients, enabling them to talk through their diagnosis and their current disabling symptoms. As a medical student, the opportunity to learn first hand with patients was invaluable. Using visual exploration of the condition, we were able to gain a greater sense of disease impact upon the patient and their families. The use of imagery to depict symptoms provided us as medical students, with simple, yet informative illustrations. Visual tools provide powerful stimulus for learning, and we believe there is potential in this concept for enhancing student understanding with a patient centred approach. In addition, a visual documentation of patient symptoms provides a ‘dialogue’ between patient and doctor, enabling comparison to be made over time and analysis of treatment success.

There were many positive outcomes following the Patient day, most importantly of all, bringing together sufferers of a rare disease and enabling patients to discuss what they hope to obtain from their care and treatment. The use of illustration created an outlet for these discussions and was a fascinating component of the day.

Rebecca Morris
Year 5 MBBS student