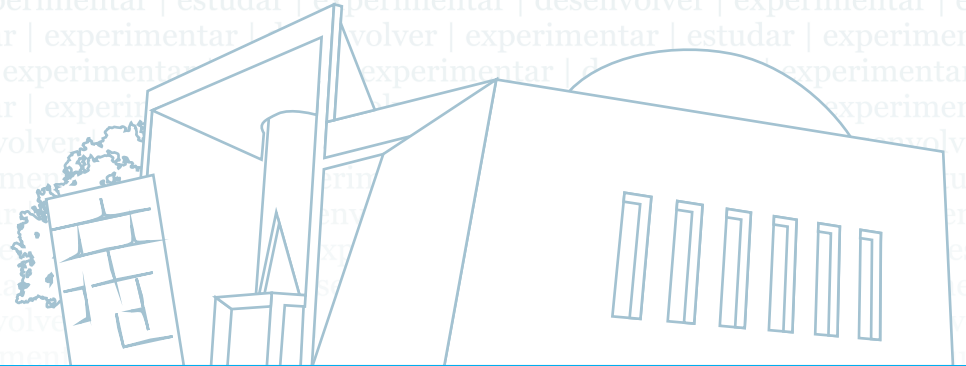


dar | experimentar | desenvolver | experimentar | estudar | experimen
volver | experimentar | estudar | estudar | experimentar | desenvolve
imentar | estudar | experimentar | desenvolver | experimentar | estud
dar | experimentar | desenvolver | experimentar | estudar | experime
perimentar | estudar | experimentar | desenvolver | experimentar | es
idar | experimentar | desenvolver | experimentar | estudar | experime
volver | experimentar | estudar | estudar | experimentar | desenvolve
perimentar | estudar | experimentar | desenvolver | experimentar | es
ar | experimentar | desenvolver | experimentar | estudar | experiment
experimentar | estudar | experimentar | desenvolver | experimentar
ar | experimentar | desenvolver | experimentar | estudar | experiment
volver | experimentar | estudar | estudar | experimentar | desenvolve
imentar | estudar | experimentar | desenvolver | experimentar | estud
ar | experimentar | desenvolver | experimentar | estudar | experiment
perimentar | estudar | experimentar | desenvolver | experimentar | est
dar | experimentar | desenvolver | experimentar | estudar | experimen
volver | experimentar | estudar | estudar | experimentar | desenvolve
imentar | estudar | experimentar | desenvolver | experimentar | estud

DOCUMENTOS UALG 6

dar | experimentar | desenvolver | experimentar | estudar | experimen
volver | experimentar | estudar | estudar | experimentar | desenvolve
imentar | estudar | experimentar | desenvolver | experimentar | estud
dar | experimentar | desenvolver | experimentar | estudar | experime
perimentar | estudar | experimentar | desenvolver | experimentar | es
idar | experimentar | desenvolver | experimentar | estudar | experime
volver | experimentar | estudar | estudar | experimentar | desenvolve
perimentar | estudar | experimentar | desenvolver | experimentar | es
ar | experimentar | desenvolver | experimentar | estudar | experiment
experimentar | estudar | experimentar | desenvolver | experimentar
ar | experim
volver
iment
ar | exper
da
volve
iment



AVALIAÇÃO DO CURSO DE MEDICINA

**AVALIAÇÃO DO CURSO DE MEDICINA
DA
UNIVERSIDADE DO ALGARVE**

**FARO
2010**

Índice

PREÂMBULO	5
Relatório de Autoavaliação do Curso de Medicina	9
da Universidade do Algarve	9
1. Introduction	11
2. Admissions policy	13
3. The first year of the course	14
4. Assessments and feedback	15
5. So far, what has and has not gone according to plan	16
5.1 Acquisition of knowledge	16
5.2 Communication Skills	17
5.3 Practical clinical skills	18
5.4 Problems with the students	18
5.5 Problems with the tutors	19
6. Proposed plan for the visit – May, 2010	19
Relatório de Avaliação Externa do Curso de Medicina	21
da Universidade do Algarve	21
1. Introduction	23
2. Structure of the visit	24
3. Observation of problem-based groups	24
4. Meeting with students	25
5. What's working well?	25
6. What's not so well?	26
7. Mixed views	27
8. Visit to Unidade de Saúde Familiar Farol, Faro	28
9. Meeting of core curriculum group	29
10. Visit to Faro Hospital	29
11. Conclusions and issues for consideration	30
12. Acknowledgments	31
13. References	32

PREÂMBULO

João Guerreiro¹

A Universidade do Algarve iniciou em 2004 os estudos preliminares com vista à criação de um curso de Medicina. As iniciativas tomadas pelo então Reitor, prof. Adriano Pimpão, conduziram à criação de uma Comissão de Instalação do curso e ao estabelecimento de uma rede de contactos junto de universidades nacionais e estrangeiras com vista à melhor consolidação da respectiva proposta.

Uma primeira proposta foi apresentada ao Ministério da Ciência, Tecnologia e Ensino Superior no início de 2006 e avaliada nesse mesmo ano por uma Comissão Científica de Acompanhamento². Nesta primeira avaliação, a Comissão pronunciou-se sobre a proposta apresentada pela Universidade do Algarve, afirmando que era “a mais inovadora que a Comissão jamais [tinha analisado], bem escrita, bem documentada, com imaginação e com clareza”. A Comissão apontava ainda alguns obstáculos relacionados com a fragilidade então detectada no número de académicos em medicina clínica associados ao projecto e solicitava ao Governo maior esclarecimento sobre a necessidade de criação de uma nova Escola de Medicina.

A Universidade do Algarve empenhou-se ao longo dos anos de 2007 e 2008 na reformulação da proposta, a qual viria em Julho deste último ano a receber o parecer positivo da referida Comissão Científica de Acompanhamento. O Governo entendeu, de imediato, criar o curso de Medicina da Universidade do Algarve.

¹ Reitor da Universidade do Algarve

² Esta Comissão Científica de Acompanhamento integrou os Profs. Sir Colin Berry (University of London), António Campos (Universidad de Granada), Ruy Lourenço (University of New Jersey), Fernando Lopes da Silva (University of Amsterdam), Hugo Lagercrantz (University of Stockholm), João Lobo Antunes (Universidade de Lisboa), António Rendas (Universidade Nova de Lisboa) e Manuel Sobrinho Simões (Universidade do Porto). Presidia à Comissão o Prof. Alberto Amaral (Universidade do Porto e Grupo de Missão para a Saúde), a qual integrava também o Dr. Mário Carreira em representação do Ministério da Saúde.

Trata-se de um curso de pós-graduação que confere o grau de Mestre, de características inovadoras, que admite apenas candidaturas de licenciados com formações em áreas afins à Medicina e que se baseia em metodologias pedagógicas³ já testadas noutras universidades e diferentes das adoptadas nos cursos de Medicina das universidades portuguesas. O perfil defendido para o futuro Mestre em Medicina obrigou à adopção de um complexo método de selecção que valoriza as competências humanas, a experiência de voluntariado, a capacidade de integrar equipas, as valências de comunicação e as aptidões cognitivas, para além de um conhecimento fluente da língua inglesa.

O resultado destes procedimentos, que vão brevemente entrar no terceiro ano de aplicação, têm-se revelado excepcionais permitindo não só a selecção de um conjunto de candidatos a médicos com sólidas características humanas e com uma enorme dedicação às actividades do curso, como também garantiu a atracção de professores, com origem diversa, mas que ajustaram os respectivos percursos científicos e profissionais para se poderem integrar neste projecto de reconhecida relevância.

O carácter inovador do curso, as reacções de alguns “Velhos do Restelo”, sempre disponíveis para questionar as novidades, e a necessidade que a Universidade do Algarve tem, permanentemente, de validar o seu desempenho, conjugaram-se para que, no final do primeiro ano de funcionamento do curso, fosse lançada uma acção de avaliação desta linha de formação. A Reitoria solicitou então a uma equipa externa, integrando os Profs. Sir Colin Berry (University of London) e John Spencer (University of Newcastle) para procederem a uma avaliação do curso, o que veio a acontecer no mês de Maio de 2010.

Esta avaliação ocorreu em duas fases. Numa primeira fase, a equipa interna, liderada pelo Prof. José Ponte, Director do curso, elaborou um Relatório de Autoavaliação destinado a descrever o processo de instalação do curso e a sua actividade ao longo do primeiro ano. A segunda fase foi preenchida pela produção de um Relatório de Avaliação, da autoria dos avaliadores externos e elaborado na sequência de uma visita de três dias à Universidade do Algarve.

³ O curso adoptou o método internacionalmente designado por PBL (problem based learning).

A publicação destes dois Relatórios permitirá dar pública expressão à qualidade do trabalho desenvolvido no âmbito do curso de Mestrado em Medicina da Universidade do Algarve, identificar os aspectos mais salientes do respectivo desempenho ao longo do primeiro ano e revelar as sugestões que os avaliadores externos apresentaram para melhorar a organização do curso nos anos vindouros.

Faro, Dezembro de 2010

Relatório de Autoavaliação do Curso de Medicina da Universidade do Algarve

*Self-assessment document. Masters in Medicine
Course. **University of the Algarve***

Prepared by:

Professor José Ponte, MD, PhD (Course Director)

1. Introduction

The medical degree course of the University of Algarve (UAlg) awards a Master's Degree in Medicine, in accordance with the recent Bologna regulations, after a 4 year programme of study. All candidates for admission in the course must possess a minimum of a BSc (1st cycle of Bologna) in one of the sciences, providing the equivalent to a minimum of 120 ECTS units (European Credit Transfer System).

The course was approved by the Cabinet (Portuguese Council of Ministers) in July 2008 and the first intake of 32 students occurred in September 2009.

The curriculum is delivered over four years, in which the first two years are principally based in the Gambelas Campus of UAlg, with one whole day each week spent in primary care practice.

The acquisition of knowledge in the basic and clinical sciences is based on twice a week 3-4 hour tutorials of problem based learning (**PBL**), covering a portfolio of 66 clinical problems over the first two years of the course. There are weekly seminars and sessions on clinical skills accompanying the PBL clinical scenario of each week. A sample of a weekly time-table appears in Appendix 1. The PBL portfolio was purchased as a package, together with the appropriate teaching resources and formative examination papers, from St George's University of London Medical School (SGUL). This PBL programme, which is identical to that used in SGUL fast-track 4 year medical degree course, is being translated into

Portuguese and adapted to the local conditions. The translation of the year one series is completed and the process to translate year 2 has been initiated.

In addition to the PBL programme and the GP attachments, students have one whole day each week to dedicate to a project of their choice that runs over 10 weeks (**SSM – student selected module**). These can be laboratory, library, clinical and public health projects, under the supervision of members of UAlg staff or invited clinicians and public health officers in the region. Students must produce an essay (library project) or a report (other projects) which is marked by the supervisor. A list of available projects appears in Appendix 2.

During the 4 year course, students have to follow 3 patients in the community, one patient with a chronic illness, one with a handicap and a pregnant woman over the last 6-8 weeks of pregnancy and at least the first 3 months of the new born baby. Students for these follow-ups are organised in pairs and are assessed by means of an oral presentation, presented to four designated members of UAlg-DCBM staff.

All students have been offered the support of a personal tutor who are either members of UAlg-DCBM full-time staff, or part-time clinical tutors, or members of the clinical staff of one of the two NHS hospitals of the region. At this date, the full-time staff in place and engaged in the running of the course include (“Core Group” - CG):

- Prof José Ponte (Course Director, part PBL tutor)
- Prof Pedro Marvão (Admissions Coordinator, PBL Coordinator and PBL tutor)
- Prof Patricio Serendero (IT coordinator and part-PBL tutor)
- Prof Isabel Palmeirim (PBL tutor and seminars coordinator)
- Prof Álvaro Tavares (PBL tutor)
- Prof José Bragança (Coordinator of SSMs)

Part-time staff contracted at 30% include:

- Dr Pedro Leão Neves (Faro Hospital Coordinator + CG)
- Dr José Parra (Pathology Coordinator)
- Dr Luis Filipe Gomes (GP Coordinator + CG)
- Dr Luisa Mateus (GP, part-PBL tutor)
- Dr Dina Gaspar (GP, part-PBL tutor)
- Sixteen GPs working in health centres of the region (Appendix 3)

2. Admissions policy

All information is available in the web pages of the University dedicated to the MSc course (www.medicina.ualg.pt). Interested candidates must obtain the initial information through these pages but a telephone line and an e-mail address are provided for enquiries. The basic requirements are: (1) possession of a minimum of the first cycle of Bologna (old "licenciatura") in one of the sciences; (2) A-level in chemistry; (3) work experience or/and voluntary work in an approved charity, (3) fluency in the Portuguese language, spoken and written and (4) knowledge of the English language, spoken and written.

Applications usually open in January and consist in the filling of a form providing the basic information about candidates such as name, date of birth, address, contact details, ID card number, school A-level results and higher qualifications which is submitted electronically. In addition, candidates have to submit proof of their qualifications and pay a registration fee of €150.

For the 2009-2010 intake there were initially 1018 candidates who sent application forms, of which 770 satisfied the minimum requirements. Of these, 612 sat the initial tests.

The admissions process starts with an aptitude test consisting of abstract, verbal and numeric reasoning, followed by an English language test. Both these tests are carried out in three locations (Porto, Lisbon and Faro) exactly at the same time by an outside firm, experienced in admission tests for large corporations and who possess in their records recently acquired standards for the Portuguese population with a university degree.

Once the results of these tests are available a formula is applied:

$$CS = Pa + Pi \times 0,2 + GA + Id + UAlg + Vol$$

In which CS - means serial position, Pa - result of the aptitude test, Pi - result of the English test, GA - points for additional academic qualifications (+2 MSc +10 PhD), Id - negative points for age (-5 age 35 to 40, -10 age over 40), UAlg - offers 2 extra points for those with a degree by UAlg, Vol -

offers 2 points for voluntary work 2-12 months, 5 points for more than 12 months and an extra 5 if voluntary work carried out in a developing country.

The 70 candidates with highest CS are selected for a second phase of the selection process in which 32 candidates will be selected and offered a place to study medicine in UAlg. This second phase consists in a series of 10 mini interviews, lasting 8 minutes each, some of them requiring an interaction between the candidate and an actor (MMIs – multiple mini-interviews). These resemble an OSCE test in which each station starts with a 2 minute period allowing the candidate to read the introduction to the station and an 8 minute period of interview which may consist solely of a dialog with an actor or a structured interview with an interviewer. Interviewers and actors receive training a few days before the tests; less than half of the interviewers are clinical doctors. A scoring sheet specific for each station, with a grading 1-5 and a box available for “red flagging”, is provided to interviewers, to be filled for each candidate immediately after each interview. Twenty four candidates are interviewed each day (12 in the morning) over a period of 3 days. Interviewers meetings take place after each session and discussion is invited when candidates score either 1, 2 or 5 (1 – very poor; 2 – poor; 3 – satisfactory; 4 – good; 5 – excellent). All candidates who reached this phase of the process start in equal circumstances, the score of the first phase only being of interest if the last two candidates score the same mark.

3. The first year of the course

The first day of the course was the 8th of September 2009. On that date none of the ordered books, anatomical models or clinical simulators had arrived. The delivery of these essential items took place over a period of six months, starting with the books in October and finishing with the anatomical models in March 2010. This was due to the fact that monies to finance the course were only released at the end of June 2009. It was thus decided that initially we would offer the students a higher proportion of seminars, in substitution of skills lab sessions.

A course handbook (copy attached) was provided to all students and tutors, containing essential information about the organization of the course, resources available, geographical locations, assessment procedures, etc. GP tutors received a specific manual with instructions on how to proceed with the training, what the objectives are and how to assess the students.

Students were grouped in 4 groups of 8 for the PBL tutorials and were distributed throughout the 16 GPs to attend on Tuesdays and Wednesdays, half the course in each day, such that each GP expects only one student each day. The half of the course not attending primary practice is timetabled for the SSM.

The academic year for the PBL was divided in three blocks of 11 weeks each. At the end of each block students are re-grouped for the PBL tutorials. For the GP attachments, the year was divided in 4 blocks of 10 weeks each, so the students rotate through four different GPs.

Five PBL tutors were recruited from a group of 8 members of staff who enrolled in a 3 day course which was run in July by Prof Peter McCrorie and Dr Angela Hall from St George's Med School. Three PBL tutors run tutorials for all the academic year and two share the same student group, alternating every 10 weeks.

4. Assessments and feedback

Formative assessments of knowledge are carried out regularly throughout the year, usually at 4-6 weeks intervals and students receive no warning. These tests are the same as run by SGUL and are short answer questions based on the PBL programme.

Summative tests of knowledge are carried out three times each year at dates advertised in advance. We joined an international consortium led by McMaster (PPIs – personal progress index) which involves 5 medical schools in 3 continents (North America, Europe and Australia) which takes

place simultaneously in all schools and consists in an 180 question MCQ drawn from a bank kept and maintained by McMaster University. Each test tests knowledge in all fields of medicine and each school applies its own marking system; the test is identical across the schools within the consortium and across the years in each school; it is expected that students increase their score as they progress through the course from about 10% at the very beginning to at least 60% at the end. So far, our students sat only one such test in April 2010. They sat a first test in January but with a formative character, where the influence of the language was tested. In this test, half the questions were in English and half in Portuguese (randomly distributed). The April test and all future tests will be run in Portuguese.

A weekly assessment sheet is received for each student from GP sessions (Appendix 4) containing information about communication skills, attitudes and knowledge of the primary care system.

The “Core Group” (6 full-time + 2 part-time staff as above) meets weekly on Wednesdays to discuss the routine running of the course and future needs or resolutions. For example, feedback from students about seminars and skills labs, guides future decisions as to who will be invited to run those sessions.

Students fill in an attendance form for all sessions and an assessment form for each seminar or skills lab session. Assessment forms for GPs and PBL tutors are filled at the end of each 10 week block.

5. So far, what has and has not gone according to plan

5.1 Acquisition of knowledge

The PBL programme has run according to our expectations, in terms of the amount and quality of knowledge acquired. It has been a measure of the effectiveness of the selection process in the sense that all students

have developed a good capacity to work as a team in each group, share information and express knowledge verbally. This has happened equally across the PBL groups for different mixes and across all the tutors. Two of the tutorial groups have non-medical tutors and two have medically qualified tutors, each with different styles of management of tutorials. The two PPI tests which the students sat to date revealed that the mean score was comparable to that of the other schools within the consortium than expected with a average dispersion. The 3 formative tests run so far have been consistent with the PPI results in the spread of the results. A third PPI test will take place in July. We are confident that the students are on track in the acquisition of knowledge.

Recently the “Core Group” has started to plan ahead for the second year, considering the sharing of some seminars and skills sessions between years one and two. A second PBL course for tutors will take place in July and we hope to recruit 6 new tutors, 2 of which are GPs and 2 hospital doctors.

5.2 Communication Skills

During the academic year three meetings take place in the campus between all 16 GPs and the “Core Group” for discussion of problems, improvements, substitutions during holidays, generally obtain feedback and suggestions, etc.

All GPs involved in the programme have received training as tutors via the EURACT system. Some of the GP tutors are themselves tutors in these EURACT courses and many are tutors for GP trainees.

It has become apparent during the meetings that the GPs involved in the programme are enjoying the contact with the students and have extended their tutoring well beyond what was expected. That is, in addition to communication skills, history taking and knowledge of the primary care system, GPs have been able to teach many basic clinical procedures such as physical examination, including auscultation, abdominal palpation, otoscopy, gynaecological examination and other skills, originally unscheduled for these sessions. Thus, we are considering including the

acquisition of some of these clinical skills in the handbook distributed to GPs.

We are now in the process of recruiting more GPs with the required skills for the new intake of students in September. A special EURACT course will be run during August for those not yet trained as tutors.

The GPs are also the vehicle for recruitment of chronic patients, handicapped subjects and pregnant women for the projects of following patients in the community.

5.3 Practical clinical skills

The running of skills laboratory sessions was somewhat limited during the first three months of the course due to the lack of equipment. However, some sessions were run by hospital specialists where little equipment was required or equipment could be borrowed from the hospital. Examples were (1) the examination of auditory function, where tuning forks and otoscopes were borrowed, (2) the examination of peripheral pulses where Doppler equipment was borrowed from Faro Hospital and (3) basic neurological examination where opthalmoscopes, tuning forks, reflex hammers and other small equipment were borrowed from Portimão Hospital. On other occasions, students were scheduled for sessions at Faro Hospital to observe audiograms, cardiac echography and angiography and GI tract endoscopies.

5.4 Problems with the students

One student decided to interrupt her attendance due to exceptional family reasons, but we expect her to re-join for the 2010-11 intake. This event occurred during the sixth week of the course which inhibited the option of admitting another student.

So far, the means and the spread of the formative and summative examination marks do not raise major preoccupations. There is only one

student who fell below the pass mark in the knowledge tests and this problem is being addressed by the personal and PBL tutors.

5.5 Problems with the tutors

Overall, there are no major problems with tutors judging by the feedback provided by the students. One substitute GP and one substitute PBL tutor had poor feedback and will not be acting as such from September onwards.

Most of the tutors invited for seminars had favourable feedback; based on these results from the student feedback, approximately one tenth of the invited tutors who received unfavourable comments will be replaced in future occasions.

6. Proposed plan for the visit – May, 2010

We have two whole days (10th and 11th) and the first half of the morning of the 12th to carry out the visit. It is proposed the following:

Mon 10 th 9 am to 12 noon	observation of PBL sessions
Mon 10 th 2 pm to 5 pm	interviews with the students
Tue 11 th 9 am to 12 noon	visit to a nearby GP practice taking students
Tue 11 th 2 pm to 4 pm	meeting of assessors with the “Core Group”
Tue 11 th 5 pm	meeting of assessors with the Reitor (an alternative time may be required)
Wed 12 th 9 am to 10 am	visit to Faro hospital if deemed necessary and compatible with return flights

Relatório de Avaliação Externa do Curso de Medicina da Universidade do Algarve

*Report of a quality review of the
University of the Algarve Masters in Medicine Course*

Prepared by

Professor Sir Colin Berry, MD, PhD, DSc, FRCP, FRCPATH. F Acad Med Sci.
(Professor Emeritus of Pathology, Queen Mary, London)

Professor John Spencer, FRCGP, FAcadMedEd
(Sub-Dean for Primary and Community Care, Newcastle University, Newcastle)

1. Introduction

The establishment of a medical degree course at the University of the Algarve (UAlg) was approved by the Council of Ministers in July 2008. Broadly the aim of the course is “*to produce doctors with a lifelong attitude to learning and ready to be productive in the first week of internship.*” (1) Other important intended outcomes include encouraging doctors to work in the (relatively under-doctored) Algarve, and acting as a testing ground for implementation of approaches to medical education that, whilst well established in ‘anglo-saxonic’ countries, are novel in Portugal (1).

The 4 year graduate-entry, community-orientated problem- based programme leads to the award of Masters in Medicine, and took its first intake of 32 students in September 2009. The Reitor, Professor João Guerreiro, commissioned an independent evaluation of the course in May 2010.

We were furnished with a self-assessment report prepared by Professor José Ponte. This provided background information about the course, including: curriculum structure; admissions policy and process; the assessment schedule; and plans for the immediate and long term future. The report also highlighted what, so far, had and had not gone to plan. Positives included knowledge acquisition (in comparison to students in

other similar medical schools); communication skills; teaching by general practitioners. Problems included delayed arrival of clinical equipment; poor feedback about a small number of teachers. Future plans include appointment of more core staff, and negotiating placements in local and regional clinical facilities.

2. Structure of the visit

May 10th

- a.m.** Monday morning briefing session
Observation of problem-based groups
- p.m.** Meeting with students
Meeting with Reitor

May 11th

- a.m.** Visit to Unidade de Saude Familiar Farol
- p.m.** Core curriculum group meeting

May 12th

- a.m.** Visit to Faro Hospital

3. Observation of problem-based groups

We observed all 4 groups in action. In the first half of the morning, students rounded up the case from the previous week; after coffee they brainstormed and discussed a new case. The cases are based on the tried and tested St George's (UK) problem-based, graduate entry curriculum and have been adapted for the local context and translated into Portuguese.

The learning atmosphere in all groups was relaxed and congenial, the tutoring style was facilitative, and students were actively involved and engaged.

The seminar rooms were airy and comfortable, and adequate and appropriate learning resources (whiteboard, books and computers) were to hand. There were also several workstations in the briefing room available for independent study, and a small but growing library.

4. Meeting with students

We met students in groups of 3 or 4 (27 in all) at about 20 minute intervals through the afternoon. We explained we were there to find out what they felt was working well, what not so well, what the challenges were and suggestions about possible solutions. The students were, without exception, articulate and thoughtful, and were generally very positive about the course.

5. What's working well?

- There were very emphatic comments from all about the caring approach and strong support given by the core staff, and an emphasis on how the students felt they were listened to when they commented on the course; they felt that the (programme) evaluation process was effective and that there were good lines of communication between students and faculty.
- The PBL system works very well for them and they feel their varied backgrounds (which included biological and hard sciences, nursing, pharmacy, cardiac physiology, and teaching) make this system of teaching and learning very suitable. They contrasted it favourably with their previous didactic experiences.

- They liked the concept of mixing those from different backgrounds in the tutorial groups and this diversity had proved informative for them all – this brought different attitudes and a variety of perspectives to the course.
- The change of tutors and group composition from block to block was also valued by most students.
- There was an overall impression of strong motivation and enthusiasm from all. The students all realised that there was an enormous amount to learn, but recognised this was an inevitable consequence of the kind of course they were undertaking, and few seemed to be daunted by this.
- The weekly contact with patients was felt to be important, and a distinctive feature of the course. It helped them put classroom learning into a clinical context, and also increased their confidence in interacting with patients.
- Clinical skills teachers were felt to be effective, pitching the teaching at the right level and helping contextualise the skills.
- The extra teaching sessions on basic biology at the start of the course had been very helpful for students coming to the course from a professional/clinical background.
- When seminars ‘worked’ (see below) they were highly valued and helped ‘close the loop’ of learning in relation to a particular case or topic.

6. What’s not so well?

- The students would prefer the feedback on how they are doing to have a summative element (at the moment continuous assessment is formative); they dislike an assessment system that does not give them a sense of achievement. They would also like the correct answers to questions used in these assessments to inform them as to where they had gone wrong

- Related to 1. They feel "exposed" in the sense that they do not know how much they should know about things and know enough to realise they don't know it all.
- The SSM modules need attention – according to the students many of the tutors seem unprepared and/or poorly briefed, and provide either a fragment of their own work for the students to work on (similar to a 'post-doc' student) or do not make positive or helpful suggestions. Some do not prove easy to contact, and the work can be time-consuming. Students were unclear about the purpose of SSMs. One student said "*They (the SSMs) are a bore, actually*". Another said that SSMs were something you *had* to do, not something you wanted to do.
- They felt the delay in getting books, models and clinical simulations had caused initial difficulties, but appreciated this was not the fault of the institution. Now the facilities were available and accessible they found them satisfactory.
- Teachers who contribute seminars need to be briefed about the appropriate level and emphasis of topics; this is a critical group of learners who need to know what they are getting, why and where the teaching fits in.
- Their reception in Health Centres and Clinics clearly varies –there appears to be some suspicion of the course in some centres.
- Uncertainty was expressed about the purpose and potential educational benefits of the patient follow-up projects.

7. Mixed views

There were (inevitable) mixed views about a number of issues: transparency of assessment; whether a PBL tutor with a clinical or non-clinical (science) background was more or less effective; the educational value of being 'pushed in at the deep end' versus the desire for more explicit guidance about what to learn; and the variable quality of seminars.

8. Visit to Unidade de Saúde Familiar Farol, Faro

We visited this urban health centre which receives students on two days a week. Each student attends once per week for a whole day, during which time they sit in clinics, observing a GP tutor, and conduct some consultations and carry out procedures under supervision. The Unidade de Saude Familiar Farol is a large health centre which has taken medical students on clinical placements from other Portuguese medical schools for many years. It is also a GP training practice. The clinic provides a wide range of services in addition to family medicine, including diagnostic services (e.g. imaging on site) and joint consultations with visiting specialists.

We were shown round by, and talked with Drs Alda Viegas (the named link GP tutor) and Helena Boavida (who is regional coordinator of GP training), along with a GP trainee and the UAlg medical student attached to the practice that day. The clinic set-up was described to us, and it seems that more or less everyone is involved in the teaching and training. It was clear that students are enthusiastically welcomed in the clinic, are exposed to exemplary role models and to best clinical practice, and generally enjoy a powerful educational experience. They have opportunities to see a wide range of patients and observe different approaches to practice as well as rehearse and consolidate skills and apply knowledge learned in the classroom. The potential educational gain of this early patient contact cannot be underestimated (2).

At the moment students do not log their patient contacts in any detail, which may be a lost opportunity.

We were led to understand that although the majority of students have very positive and gainful experiences on their weekly clinic visits, a minority do not see. However the school has systems in place to monitor student experience, and to respond in a timely fashion to negative feedback.

9. Meeting of core curriculum group

This group meets weekly, usually on a Wednesday afternoon, but this week's meeting was brought forward for our benefit. The following people were in attendance:

Prof José Ponte MD, PhD (Course Director, part PBL tutor)
Prof Pedro Marvão PhD (Admissions Coordinator, PBL Coordinator and PBL tutor);
Prof Patricio Serendero PhD (IT coordinator and part-PBL tutor)
Prof Isabel Palmeirim MD, PhD (PBL tutor and seminars coordinator)
Prof Álvaro Tavares PhD (PBL tutor)
Dr Pedro Leão Neves MD, PhD (Faro Hospital Coordinator + CG)
Dr Luis Filipe Gomes MD (GP Coordinator + CG)

Issues discussed included:

- Results of the first sitting of the admissions test (which had taken place the previous weekend)
- Recruitment of GPs for clinical placements in light of increased student numbers next academic year
- Need for more PBL tutors
- Questions for both the formative and summative exams, and the OSCE
- Topics and speakers for seminars in the next academic year

10. Visit to Faro Hospital

A visit to two units at the hospital showed them to be well equipped and staffed. There appeared to be enthusiasm for the new group of students and this attitude was reiterated in subsequent interviews with the administrative staff who showed an understanding of the needs of the course and of the students.

There is a large clinical load which is certainly composed of a mix suitable for teaching.

11. Conclusions and issues for consideration

The course appears to be going well and to be meeting expectations. The educational environment is conducive and scholarly, staff are perceived to be supportive, and the learning process is stimulating, notwithstanding a heavy workload. The PBL process works well, and other learning opportunities (seminars, clinical skills lab sessions, placement in the community) are, on the whole, effective and complementary.

Few problems of any significance were identified, and most were already known to the curriculum team who had strategies in hand to deal with them. Based on our observations and discussions we highlight the following issues for the attention of Professor Ponte and his team:

- Although the PBL group process appears to work well, it is still possible for less assertive group members to 'disappear' (or even hide) in the discussion. Adopting a system whereby students take it turns to chair a group session would ensure universal participation (at the same time as helping foster group and leadership skills); the role of tutor would necessarily become more facilitatory and less didactic.
- The SSMS need consideration: their purpose and focus needs to be clarified from the point of view of both faculty and student, and providers adequately briefed; perhaps written guidance including expectations about levels of supervision in the form of a study guide might help.
- The same approach might encourage seminar providers to pitch their sessions at an appropriate level.

- Consideration should be given to making the formative assessment summative to give students the kind of on-going feedback they feel they need to monitor their own progress.
- It may help students to keep a clinical logbook when on placements; this would enable them to monitor case-mix, procedures undertaken and skills attained. It could be used as a reflective tool, and help with revision.

12. Acknowledgments

We thank the Reitor, Professor João Guerreiro, for inviting us to undertake this assessment; Professors José Ponte and Pedro Marvão for organising and hosting the visit; and to the students and staff who took the time to meet with us.

13. References

- (1) Ponte J, on behalf of the Steering Committee (2006) *Application for the establishment of a degree course in Medicine*. University of Algarve.
- (1) Dornan T, et al. *The contribution of experience in clinical and community settings to early medical education. BEME Spotlight No 6*. (2006)
http://www2.warwick.ac.uk/fac/med/beme/published/dornan/bemespotlight6_ee.pdf

June 2010

Contactos:

Departamento de Ciências Biomédicas e Medicina
Universidade do Algarve
Campus de Gambelas, Edifício 7, Piso 3
8005-139 Faro –Portugal
medicina@ualg.pt
www.medicina.ualg.pt
Tel.: +351 289 800 094

DOCUMENTOS UALG

1 – HORIZONTE 2010

Princípios Estratégicos para a Universidade do Algarve
2007

2 – UNIVERSITY OF ALGARVE

EUA FOLLOW-UP EVALUATION REPORT
(Relatório de Avaliação Institucional)
2007

3 – ESTATUTOS DA UNIVERSIDADE DO ALGARVE

2009

4 – UNIVERSIDADE DO ALGARVE 2006-2009

Roteiro de Uma Transição
2009

5 – PLANO DE ACTIVIDADES - 2011

2010

6 – AVALIAÇÃO DO CURSO DE MEDICINA

2010