Module Convenors Governance and Evaluation Guide
This document supplements the MB ChB Module Convenors Role Description booklet with information on the governance of the MB ChB, and evaluation principles and processes within the MB ChB programme and your module.

**Governance of the MB ChB**

As a module convenor you report to your Head of Department on resource and professional development. However on educational matters you will liaise with your Associate Dean for Medical Education (ADME) in Advanced Learning in Medicine (ALM) or the Associate Dean and Director of Early Learning in Medicine (ELM) for ELM, and with the MB ChB Curriculum Sub-Committee (CSC) of your school/campus. Chaired by your ADME, who also heads the local Education Unit, the CSC meets approximately every six weeks. The ADME’s and CSC’s requirements of you during the year are outlined in the MB ChB Module Convenors Role Description and supplementary documents.

See the Otago Medical School Education Development and Staff Support Unit (EDSSU) website for further information on CSCs.

The CSC reports regularly to the MB ChB Curriculum Committee (MCC), which decides on educational direction, policy and structure.

**A number of other MCC sub-committees reporting to MCC are important to your role:**

- **MB ChB Assessment Sub-Committee (MASC)**
  MASC informs and advises MCC on the principles and policy of assessment and oversees the assessment programme.

- **MB ChB Education Research and Evaluation Sub-Committee (MERE)C**
  MERECC advises on evaluation policy for the programme including modules.

- **Curriculum Map Sub-Committee**
  This group advises on the structure of the Curriculum Map, and oversees and approves content, for example Core Presentations, Conditions, and Professional Activities (CPs, CCs, CPAs). Sub-committees responsible for specific domains within the course (clinical skills, professional practice, population health for instance) report to this group on their specialist areas.
Guidelines

The following MCC-endorsed guidelines direct the evaluation of modules. Modules include any block or vertical module in the course from Years 2-6. MCC requires documentation confirming that evaluation occurs regularly to ensure quality improvement of modules and, where appropriate, modification of modules. As convenor, you are responsible for all module evaluation, including content within the module that you have delegated to other specialists to coordinate under your direction.

The outcome of evaluation of your module should be formally reported to the module’s CSC (DSM, UOC, UOW or ELM) at least once every three years. This does not preclude more frequent evaluation although the value of this should be carefully considered against the resource (student and staff time and input) required.

1. You should decide what needs evaluating, the method/s of evaluation and identify scheduled time within your module for this activity. The local Education Unit (EU) or CSC may occasionally determine common areas of evaluation across modules.

2. You should plan the evaluation over the three-year period.

3. The evaluation plan you choose should include a range of methods. For ideas of the different methods of evaluation please see Appendix 1 or contact your local Education Advisor. The methods chosen should not just rely on student feedback and should include performance data (i.e. assessment data related to your module).

4. Where feedback from any source names individuals and is of a non-constructive nature, you should ensure that identifying details are removed before wider circulation to staff / students. (Your Education Advisor (EA) may help with this.) This is to avoid defamation and the difficulties that might arise as a consequence.

5. You should discuss evaluations with relevant teaching staff, ADME or HOD.

6. Consistent constructive and negative comments about individuals or experiences within a module should be discussed with ADME/HOD to identify strategies for resolution; otherwise, the acceptance of the insolubility of the issue should be stated.

7. You should prepare a module digest for discussion at your CSC (pages 6-7 for examples, meeting dates to be advised by the EU) indicating areas of concern and strategies for change, where applicable.

8. The EU will work with you to ensure that relevant staff and students receive the digest, and support strategies for change.

Process

- The CSC plans the campus MB ChB evaluation cycle in advance. You will be notified by your local EA which year the formal reporting to the CSC is expected.
- Your module evaluation should also be planned well in advance of data collection and should include data over the three-year period.
- Your completed module digest should be forwarded to the local CSC.
- CSC will report, through the ADME, on your module at the relevant meeting.
Appendix 1
Common Methods of Evaluation (Evaluation tool box)

The following grid aims to inspire a module convenor to consider evaluation tools, other than student feedback, to evaluate their course.

-√- May be used
-√√- Appropriate tool
-√√√- Appropriate tool, routinely use

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<tr>
<th>Areas of evaluation (with some example questions)</th>
<th>Observational analysis</th>
<th>Data analysis (Assessment)</th>
<th>Document analysis</th>
<th>Questionnaire - Quantitative</th>
<th>Questionnaire - Qualitative</th>
<th>Focus groups</th>
<th>Structured interviews</th>
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<td>Student learning experience</td>
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<td>• Is the School a responsive employer?</td>
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<td>• Do staff understand the philosophy of the curriculum?</td>
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<td>• Are staff members supported?</td>
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<td>Achievement of outcomes by students</td>
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<td>Exam Log book</td>
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<td>• Are the outcomes reflected in the assessment, using CPs and CPAs as a framework?</td>
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<td>Opportunity to learn outcomes</td>
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<td>• Is the correct weighting/time allocation present for the outcomes?</td>
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<td>• Are the outcomes reflected in the learning opportunities?</td>
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<td>Assessments</td>
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<td>Module guides</td>
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<td>Questionnaire - Qualitative</td>
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<td>• Do the assessments reflect real life assessments?</td>
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<td>• Is the formative/summative balance appropriate?</td>
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<td>• Do staff members enhance student learning coherent with the educational philosophies of the course e.g. Are they able to give constructive feedback?</td>
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Common Methods of Evaluation (Evaluation tool box):

- Observational analysis
- Data analysis (Assessment)
- Document analysis
- Questionnaire - Quantitative
- Questionnaire - Qualitative
- Focus groups
- Structured interviews

Appendix 1
Common Methods of Evaluation (Evaluation tool box)
Module Name: Hauora Māori Vertical Thread 4th Year
Module Convener: Tania Huria
Data collection period: (indicate the 3 year period when data is collected i.e. 2012 to 2015)

Method(s) used to gather, and who were asked for, feedback (Guide note 1)

HEDC
- Hauora Māori Vertical Module Students
- Orientation Fortnight – including evaluation of Hauora Māori Introductory Block Noho Marae

Peer Review (National and International)
- Application for LIME (Leaders In Indigenous Medical Education Awards Panel)

Leaders in Indigenous Medical Education Curriculum Design and Innovation – Judged by a panel of experts from Australia and New Zealand.

Collegial Presentations
- Department of Medicine UOC 2013
- Module Conveners UOC 2013

Overall feedback and observations (Guide note 2)

Hauora Māori Noho Marae (as part of Clinical Orientation Fortnight)
- Data collected over the past 5 years (2009-2013) identifies that students consistently rate the noho Marae as a very useful aspect of the orientation fortnight (mean for the 5 years = 1.32) 1=very useful – 5=useless

Hauora Māori Vertical Thread Module HEDC
- 2013 HEDC Data Collected to date – MICN401 Hauora Māori
- Qu 12: Overall are you satisfied with this course – Median 1.2 (1=Extremely – 5=not at all)

Overall Median for HEDC questionnaire (12 questions) 1.15 Class Response rate 99%

International

Area(s) identified for, and strategy to address, improvement (Guide note 3)

Increased Patient Contact/Awareness
As a vertical module one of our key areas that we are conscious of is increasing student exposure to Māori patients. In order to address this we have come up with several strategies to meet the student requests for increased Māori patient contact.

Strategy 1 – Māori Patient Written Case. Students are required to interview a Māori patient (using the indigenous clinical framework of the Meihana Model and Hui Process) that is aligned with the Calgary Cambridge Model. This process is subsequently repeated in 5th and 7th year but as an oral presentation in front of peers and Hauora Māori Clinical lecturers

Strategy 2 – 4th year students are provided with several simulated patient experiences to provide them with learning experiences to enhance their practice and to ensure they are prepared for the student led Māori Community clinic that we run in 5th year in collaboration with Paediatrics.

Strategy 3 – Students are required to submit Māori patient logbooks over the three ALM clinical years.

The objective of this is to highlight to students where Māori patients present in our health system.

Strategy 4 – Introducing students to the Nga Ratonga – CDHB Māori Health Workers service. This includes the Nga Ratonga team coming in and informing students what they do, how to make a referral to them and where they work. This has had a positive effect for both students and the Nga Ratonga service with many students initiating contact with this service on behalf of patients.
Area(s) not changed when previous feedback/digests advocated change, and explanation why change has not occurred (Guide note 4)

1. The main area identified by students was the opportunity to meet more Māori patients. We are restricted in our ability to meet this request, however above states some of the ways we have tried to address this issue.

We have had requests from students to reconsider the use of a log-book type assessment. This has been addressed in 4th year as it has been changed from a summative to a formative assessment.

2. The objective of the logbook to increase student awareness of Māori patients appears to be working (results from focus groups of 2012 5th year UOC students), which is why the Hauora Māori Clinical Lecturers have opted to keep the log-book as a part of our formative assessment.

3. We often have requests for more ‘down-time’ at the Marae. We understand that the Marae environment is quite intense, we have introduced a historical walk into the last night which we think addresses some of this, however we are reluctant to introduce any more ‘downtime’ due to the amount of content that needs to be covered on this introductory course.

Staff development request(s), individual or group (Guide note 5)
The Clinical Lecturers at MIHI are constantly striving to be leaders in Indigenous Medical Education – with a particular focus on designing indigenous medical education curriculum that is clinically focused. As a team we believe that in order for us to stay at the forefront of indigenous medical education, we need to be encouraged to attend medical education conferences (AMEE, OTTAWA), workshops and training.

What’s working for you that others could learn from? (Guide note 6)

Collaborative teaching between runs and threads
• Department of Medicine and Department of Psych Med development of online learning modules (Bronchiectasis and Schizophrenia)

Collaborative teaching between clinical schools
• Hauora Māori core content with similar structures and assessment taught across the three clinical sites in 4th year.
• Linking in with Hauora Māori ELM to ensure vertical alignment between ELM and ALM

Collaborative work with communities
Involvement with local Māori community at Onuku. Locals from Onuku are utilised as actors in simulated patient scenarios. This has lead to the local Māori community at Onuku to feel more comfortable in clinical environments (This was the basis of an accepted abstract presentation at AMEE 2012)

International collaborations
Working closely with the University of Western Australia, University of Melbourne and University of Hawaii JABSOM schools of medicine Indigenous medical educators, sharing resources including immersion programme and indigenous medical education assessment pedagogies.

Development of online resources
• 2013 was the first year we have utilised an ibook type application so students can download the ‘e-kete’ onto their smartphones. Included in the e-kete is: Iwi Map, Te Reo Māori (including names for body parts, particularly useful when working in paediatrics), CDHB Tikanga Guidelines.

Return your module evaluation digest to your local Education Advisor
Guidance Notes

**Guide Note 1:** Method(s) used to gather data on the quality of the module – List all the methods used to gather feedback (e.g. performance data, HEDC questionnaire, SurveyMonkey, focus group…) and if applicable who gave the feedback (e.g. staff, students…).

**Guide Note 2:** Consistent feedback and observations – List and describe areas/aspects identified by those that gave feedback. Include both strengths and suggestions for improvement.

**Guide Note 3:** Area(s) identified for, and strategy to address, improvement – State any areas/aspects significant to the success of the module, including learning delivery, assessment and resources – e.g. posting to Moodle, too many objectives, staff and equipment resources, accommodation etc. and the strategy that will be adopted to address those areas.

**Guide Note 4:** Area(s) not changed when previous feedback advocated change, and explanation why change has not occurred – State aspects of the module that were previously identified through evaluation/module digests as areas for improvement but were subsequently not improved on, and indicate why change has not occurred (e.g. students wanted more bedside tutorials but staffing numbers too low to accommodate).

**Guide Note 5:** Staff development request(s), individual or group – Please state and briefly describe any requests identified for development support, including who requires the stated support (e.g. staff would like a general intro session on Moodle).

**Guide Note 6:** What’s working for you that others could learn from? – Identify any good practice that could have a wider relevance. Also any approaches, developments or innovations that have proved successful and may be of interest to other staff. Examples could include comments regarding:

- promoting student engagement and motivation
- promoting student achievement and progression
- promoting learning of transferable skills
- effective classroom teaching/learning techniques
- effective use of electronic resources.

**NOTE**
This document will be presented to the local CSC, which has representation from both staff and students, and as such should be considered a public document. Comments regarding specific individuals or groups should be done in a general manner avoiding the use of names. Contact your Education Advisor if you require further information about this report.

Resources cited in this publication can be downloaded from the Otago Medical School’s Resources for staff page otago.ac.nz/medical-school/for-staff/index.html

For more information or support, please contact:

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Produced by the Otago Medical School Education Development and Staff Support Unit in March 2017. Please send feedback on this publication to Joy Rudland: joy.rudland@otago.ac.nz
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