

10/11-ESWCE-Work Package 5, Curriculum Trends in Medical Education



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Welcome

Dear colleague,

Numerous challenges are facing medical education including advances in medicine, changes in health care delivery systems, evolving public expectations, new approaches to education and developments in educational technology. In medical schools, curricula are being re-examined in the light of these challenges. To help in this process, a survey of curriculum trends is being undertaken as part of the MEDINE 2 initiative funded by the EU. We are sampling the views of individuals from diverse backgrounds and we would very much like to include your views.

A number of developments have been identified by the MEDINE 2 Work Package 5 Task Force under the leadership of AMEE, from a literature review of curriculum trends in medicine. The developments have been classified in terms of developments relating to (1) the "product" or the doctor, (2) the "student" entering medical studies, and (3) the "education process" including teaching and learning methods and strategies, and student assessment.

We would very much welcome firstly your views with regard to the current position of the trends in your institution, and secondly your vision as to the desirable developments in medical schools over the next 3 to 5 years. We are asking you for your vision as to what should happen in medical education rather than your prediction as to what will happen in reality. Please rate your perception for each development as "not" a feature, a "minor" feature, or a "major" feature. Alternatively you can select the "don't know" option if you feel you are not in a position to give an answer. Finally, we ask you to identify any trends or development that you think are missing from the list.

The curriculum trends referred to in this survey are presented as short statements. A more detailed description of some of the trends is also available online through the "More Info" links provided on relevant webpage(s) of the survey. You will notice that there is an overlap of some developments between the different categories.

Complete confidentiality will be maintained. The data we collect will not contain any personal information about you. No-one will be able to link the data you provide to your identity and name. A summary of the findings will be produced and we will send you a copy if you let us know of your interest. The collated findings from the research will be accessible through MEDINE 2 website and it is hoped that the results will be disseminated at academic conferences and published in an academic journal.

Your cooperation in filling in this questionnaire is much appreciated. Thanks for your contribution.

If you have any questions or comments about this study, please contact me at:
r.m.harden@dundee.ac.uk

Professor Ronald M Harden
Work Package 5 Leader and General Secretary of AMEE

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Information on completing the survey/Disability/Data Protection

Information on completing the survey

The survey consists of statements which briefly describe each curriculum trend identified so far in medical education. You are asked to give your views with regard to the current position of the trends in your institution, and secondly your vision as to the desirable developments in medical schools over the next 3 to 5 years. We are asking you for your vision as to what should happen in medical education rather than your prediction as to what will happen in reality. Please rate your answers with regard to each curriculum trend as "not" a feature, a "minor" feature, or a "major" feature. Alternatively you can select the "don't know" option if you feel you are not in a position to give an answer.

To assist you in completing this survey, we have included a definition to many recommendations in the "More Info" link provided on relevant webpages of the survey.

Note that after pressing the continue button in each page, you cannot return to or amend the previous page.

Please note that you can complete the survey in different stages by selecting the "Finish Later" button.

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If you have any queries about this survey or require the survey in an alternative format please contact:

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Tel: 01382 385934/385935
Email: LLC-Surveys@dundee.ac.uk

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All data collected in this survey will be held anonymously and securely.

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Information about you

<p>1. Name:</p> <input type="text"/>
<p>2. Title:</p> <p> <input type="radio"/> Prof <input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms </p>
<p>3. University or Institution:</p> <input type="text"/>
<p>4. Country:</p> <input type="text"/>
<p>5. Role in the Institution: (select all that apply)</p> <p> <input type="checkbox"/> Dean <input type="checkbox"/> Vice Dean <input type="checkbox"/> Head of Medical Education Unit <input type="checkbox"/> Head of Undergraduate Studies <input type="checkbox"/> Head of International Relations <input type="checkbox"/> Head of EU Project <input type="checkbox"/> Head of Curriculum <input type="checkbox"/> Teacher <input type="checkbox"/> Student <input type="checkbox"/> Administrator <input type="checkbox"/> Other (please specify): </p> <input type="text"/>
<p>6. Professional Background:</p> <p> <input type="radio"/> Doctor <input type="radio"/> Nurse <input type="radio"/> Lay person <input type="radio"/> Other (please specify): </p> <input type="text"/>
<p>7. Gender:</p> <p> <input type="radio"/> Male <input type="radio"/> Female </p>
<p>8. Age:</p> <p> <input type="radio"/> <20 years <input type="radio"/> 20-29 years <input type="radio"/> 30-49 years <input type="radio"/> 50-65 years <input type="radio"/> >65 years </p>
<p>9. E-mail Address:</p> <input type="text"/>
<p>10. Telephone number:</p> <input type="text"/>
<p>11. Fax number:</p> <input type="text"/>

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Trends relating to the graduate doctor as the product of the curriculum

12.

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	Current Position (in your institution)				Future Developments/Trends (more generally)			
	Not	Minor	Major	Don't know	Not	Minor	Major	Don't Know
a. The curriculum has well defined and easily accessible learning outcomes which are communicated to the students and teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Decisions about the curriculum with regard to course content, the teaching methods and assessments are based on the stated learning outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Learning outcomes are harmonized across medical schools in the same country.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Learning outcomes are harmonized across medical schools in Europe while, at the same time, respecting cultural and individual differences between schools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The curriculum emphasises the importance of attitudes and professionalism in the doctor as well as the acquisition of knowledge and the development of skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Learning outcomes include communication skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The curriculum equips the student with the ability of critical thinking including making inferences, building arguments, and making sense of what is observed and expressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The curriculum equips the students with the ability to evaluate evidence presented in publications and reports of research studies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The curriculum equips medical students with research skills and provides them with opportunities to undertake small scale research projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. The curriculum equips medical students with the IT skills that will allow them to retrieve and acquire knowledge whenever and wherever needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question 12

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DEFINITIONS OF TRENDS

12a: The curriculum has well defined and easily accessible learning outcomes which are communicated to the students and teachers.

Definition: Learning outcomes are the statements defining what learners should be able to do at the end of a learning experience. They are often categorised into knowledge, skills, and attitudes and can be used to make a constructively aligned curriculum.

12e: The curriculum emphasizes the importance of attitudes and professionalism in the doctor as well as the acquisition of knowledge and the development of skills.

Definition: The medical curriculum prepares students to adhere to a set of values comprising both a formally agreed-upon code of conduct and the informal expectations of colleagues, clients and society. The key values include acting in a patient's interest, responsiveness to the health needs of society, maintaining the highest standards of excellence in the practice of medicine and in the generation and dissemination of knowledge. In addition to medical knowledge and skills, medical professionals should present psychosocial and humanistic qualities such as caring, empathy, humility and compassion, as well as social responsibility and sensitivity to people's culture and beliefs. All these qualities are expected of members of highly trained professions.

12f: Learning outcomes include communication skills.

Definition: Curriculum has components of how to develop effective patient-doctor communication including forming and maintaining relationships with colleagues, to gather and share information, to gain informed consent, to support problem solving, to provide reassurance, to alleviate distress and to make best-evidence based decisions. In sum, medical students learn about how doctors and patients talk with each other in search for mutual understanding and shared solutions to problems.

12g: The curriculum equips the students with the ability of critical thinking including making inferences, building arguments, and making sense of what is observed and expressed.

Definition: Curriculum emphasizes the development of critical thinking in medical students. This involves determining the meaning and significance of what is observed or expressed, or, concerning a given inference or argument, determining whether there is adequate justification to accept the conclusion as true.

12i: The curriculum equips medical students with research skills and provides them with opportunities to undertake small scale research projects.

Definition: Curriculum equips medical students with scientific inquiry skills with which they become able to systematically search for new knowledge and better understanding, such as of the natural world or determinants of health and disease. Research can take several forms: empiric (observational), analytic, experimental, theoretical and applied.

12j: The curriculum equips the students with the IT skills that will allow them to retrieve and acquire knowledge whenever and wherever needed.

Definition: The curriculum is designed to equip medical doctors with the IT skills that will allow them to (1) find and manage information, (2) collaborate online with colleagues worldwide, and (3) use relevant software and hardware appropriately.

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Trends relating to the graduate doctor as the product of the curriculum (cont'd)

13.	Current Position (in your institution)				Future Developments/Trends (more generally)			
	Not	Minor	Major	Don't know	Not	Minor	Major	Don't know
	More Info							
a. The curriculum prepares the students with the skills to report, analyse and prevent medical errors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The curriculum equips students with the ability to prescribe drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Graduates from the medical school are trained to collaborate and cooperate effectively in teams.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The curriculum promotes health promotion as an important learning outcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The curriculum provides opportunities for medical students to learn about the functioning of the health care system including health economics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Expected learning outcomes include an understanding of complementary or alternative medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The graduate of the medical school is equipped with skills in teaching.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The curriculum prepares students with the skills expected of global citizens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The curriculum develops students' ability to assess their own competence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. The curriculum empowers students to take responsibility for their own learning and equips them for their life-long learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trends relating to students

14. On admission to medical school	Current Position (in your institution)				Future Developments/Trends (more generally)			
	Not	Minor	Major	Don't know	Not	Minor	Major	Don't know
	More Info							
a. There is an increased number of students admitted to medical schools to study medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Students admitted to study medicine are from diverse backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Students admitted to study medicine have a first degree in another area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Students admitted have a high level of literacy in information technology and expectation with regard to the use of technology in their learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Selection methods are used that assess a range of abilities and not just academic achievement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question 13

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DEFINITIONS OF TRENDS

13a: The curriculum prepares the students with the skills to report, analyse and prevent medical errors.

Definition: The curriculum provides medical students with an understanding of how they should report, analyse, and prevent medical errors that often lead to adverse healthcare events.

13c: Graduates from the medical school are trained to collaborate and cooperate effectively in teams.

Definition: The curriculum emphasizes the acquisition of collaborative and team skills through pedagogical strategies like problem-based, peer assisted and interprofessional learning.

13e: The curriculum provides opportunities for medical students to learn about the functioning of the health care system including health economics.

Definition: The curriculum includes the application of the principles and rules of economics in the sphere of health. In broad terms, it addresses the analysis and evaluation of health policy and the health system from an economic perspective. In particular, it includes health system planning, market mechanisms, demand for and supply of health care, micro-economic evaluation of individual diagnostic and therapeutic procedures, determinants of health and its valuation, and evaluation of the performance of health care systems in terms of equity and allocative efficiency.

13f: Expected learning outcomes include an understanding of complementary or alternative medicine.

Definition: Complementary or alternative competence means the competence of any healing practice that does not fall within the realm of conventional medicine. It encompasses therapies with an historical or cultural, rather than a scientific, basis like homeopathy, acupuncture etc... Alternative medicine practices are as diverse in their foundations as in their methodologies. Practices may incorporate or base themselves on traditional medicine, folk knowledge, spiritual beliefs, or newly conceived approaches to healing. Jurisdictions where alternative medical practices are sufficiently widespread may license and regulate them.

13h: The curriculum prepares students with the skills expected of global citizens.

Definition: Graduates should have sound knowledge of global issues, the skills for working in an international context and the values of a 'global citizen' including moral and ethical disposition to practice their profession in local and global contexts and remind them of their relative responsibilities within various communities.

13i: The curriculum develops students' ability to assess their own competence.

Definition: The curriculum is geared toward involving the students into the process of evaluating their own deficiencies, achievements, behaviour or professional performance and competencies. Self-assessment is an important part of self-directed and lifelong learning as it creates a need for improvement while it justifies confidence in ones competence.

13j: The curriculum equips medical students for life long learning.

Definition: Life-long learning **is** the "lifelong, voluntary, and self-motivated" pursuit of knowledge for either personal or professional reasons. As such, it not only enhances active citizenship and personal development, but also competitiveness and employability. Therefore, with the increasing knowledge in medicine, the curriculum equips students with sound learning habits which will stand them in good stand throughout their professional life.

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Question 14

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DEFINITIONS OF TRENDS

14b: Students admitted to study medicine are from diverse backgrounds.

Definition: Students come from different social, ethnic, cultural and educational backgrounds.

14e: Selection methods are used that assess a range of abilities and not just academic achievements.

Definition: Selection methods assess not only academic achievements but a range of competencies in students for example, problem solving skills, creativity, communication skills, and attitudes.

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Trends relating to students (cont'd)

15. After admission to medical school

More Info

	Current Position (in your institution)				Future Developments/Trends (more generally)			
	Not	Minor	Major	Don't know	Not	Minor	Major	Don't know
a. Attention is paid to student's health and well being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Students have opportunities to go abroad for a recognized short or long term period of time as part of their undergraduate studies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Students contribute to the teaching programme as peer tutors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Students are co-authors and collaborate in the development of learning resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The teaching and learning programme is adapted to the needs of individual students and to the rate at which they progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Trends relating to the educational process

16. Tools

More Info

	Current Position (in your institution)				Future Developments/Trends (more generally)			
	Not	Minor	Major	Don't know	Not	Minor	Major	Don't know
a. Electronic versions of printed medical books are used.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Courses are conducted as blended learning combining face-to-face & web-based learning opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Some courses are available entirely online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Games are used to assist medical students in their learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Less reliance is placed on the use of lectures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Lecture content is available through electronic recording.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Students use simulators or devices to complement the use of real patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. People are trained as standardised patients and used to complement work with real patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Virtual patients presented electronically are used.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Students work in small groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Students are encouraged in the curriculum to be part of or build a social network to support their learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Opportunities are provided specifically to help students develop team work skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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DEFINITIONS OF TRENDS

15c: Students contribute to the teaching programme as peer tutors.

Definition: Medical students are given opportunities to provide help to and be helped by peer students. The help given or received can be under different forms including mentoring, assisting, supporting, teaching, instructing, facilitating and advising.

15d: Students are co-authors and collaborate in the development of learning resources.

Definition: Students contribute to the development of learning resources including electronic or print-based learning materials.

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DEFINITIONS OF TRENDS

16b: Courses are conducted as blended learning combining face-to face & web-based learning opportunities.

Definition: Blended Learning refers to a mixing of different learning environments including for example face-to-face lectures, small group work and learning opportunities online.

16f: Lecture content is available through electronic recordings.

Definition: In addition to lecture being delivered face-to-face to students, recordings of lectures are made available through audio and video file (or both) for example podcasts.

16g: Students use simulators or devices to complement the use of real patients.

Definition: Simulation devices serve as an alternative to the real patient and permit educators to gain full control of a pre-selected clinical scene without the risk of distressing patients or encountering other harmful aspects of learning on real patients.

16h: People are trained as standardised patients and used to complement work with real patients.

Definition: Standardized patients are individuals who have been trained to reliably reproduce the history and/or physical findings of typical clinical cases. Sometimes health care providers or actors are used to accomplish this goal. They can be used for teaching or assessment and are designed to make examination and assessment of a student's clinical skills as objective as possible.

16i: Virtual patients presented electronically are used.

Definition: The term **virtual patient** is used to describe interactive computer simulations used in health care education. Virtual patients allow the learner to take the role of a health care professional and develop clinical skills such as making diagnoses and therapeutic decisions. The use of virtual patient provides medical students with the opportunity to practice in a safe environment. There are many different formats a virtual patient may take. However the overarching principle is that of interactivity - a virtual patient will have mechanisms for the learner to interact with the case and material or information is made available to the learner as they complete a range of learning activities.

16k: Students are encouraged in the curriculum to be part of or build a social network to support their learning.

Definition: A social network is a service which focuses on building and reflecting social relations among people who share the same interests including professional and voluntary activities. The best example of social networks is Facebook. It essentially consists of a representation of each user's profile and a variety of additional services. Social networks are web-based and provide means to interact over the internet.

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Trends relating to the educational process (cont'd)

17. Contexts [More Info](#)

	Current Position (in your institution)				Future Developments/Trends (more generally)			
	Not	Minor	Major	Don't know	Not	Minor	Major	Don't know
a. Students are trained in Ambulatory care settings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Training is provided in clinical skills units.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Training is provided in the local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Training is provided in a rural setting in addition to an urban setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Training is provided through work-based learning such as shadowing a junior doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Strategies [More Info](#)

	Current Position (in your institution)				Future Developments/Trends (more generally)			
	Not	Minor	Major	Don't know	Not	Minor	Major	Don't know
a. The curriculum demonstrates a planned continuum of learning with a seamless transition from undergraduate to postgraduate training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. In addition to the core curriculum, students are provided with the opportunity to study in more depth areas of interest to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The curriculum adopts horizontal integration across the subjects taught in the same year or phase.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The curriculum adopts a vertical integrated approach with courses built around themes running across different years of the curriculum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Students for part of the course are taught alongside students from other professions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A problem-based approach is adopted with the learning structured around a set of problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question 17

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DEFINITIONS OF TRENDS

17a: Students are trained in ambulatory care setting.

Definition: Ambulatory care is medical care delivered on an outpatient basis.

17b: Training is provided in clinical skills units.

Definition: Clinical skills units are places where students, using simulators and standardized patients, can practice and acquire technical, communication and examination skills in a protected environment without being concerned with the distress such learning may cause on real patients.

17e: Training is provided through work-based learning such as shadowing a junior doctor.

Definition: Work-based learning refers to formal learning that is based wholly or predominantly in health care setting. It is a form of work experience. An example is medical students shadowing the doctor on duty.

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Question 18

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DEFINITIONS OF TRENDS

18a: The curriculum demonstrates a planned continuum of learning with a seamless transition from undergraduate to postgraduate training.

Definition: The continuum of learning is a continuous process of acquiring new knowledge and skills during undergraduate education, postgraduate training and throughout one's professional life.

18b: In addition to the core curriculum, students are provided with the opportunity to study in more depth areas of interest to them.

Definition: In the medical educational programme, students are given the opportunity to select subjects or projects of their own choice, not covered by obligatory medical courses. This enables students to study an area in more depth and to pursue individual aspirations. It provides students with increased responsibility to further their own learning, and facilitates career choice by providing an opportunity to explore various areas of interest.

18c: The curriculum adopts horizontal integration across the subjects taught in the same year or phase.

Definition: This is a teaching method that interrelates subjects frequently taught in separate academic courses. In integrated teaching, subjects are presented as a meaningful whole. Horizontal integration functions between parallel disciplines normally taught in the same phase of the curriculum such as anatomy, histology and biochemistry in the early years or medicine, surgery and obstetrics and gynaecology in the later years.

18d: The curriculum adopts a vertical integrated approach with courses built around themes running across different years of the curriculum.

Definition: This is a teaching method that unifies subjects which are often taught in detached academic departments. Integrated teaching is geared towards providing a holistic and meaningful presentation of subjects. Vertical integration functions between disciplines traditionally taught in different phases of curriculum; it occurs throughout the curriculum with clinical and basic sciences beginning together in the early years and continuing in the later years.

18f: A problem-based approach is adopted with the learning structured around a set of problems.

Definition: PBL is an approach where the students' learning occurs related to a presented problem. Students learn in small groups supported by a tutor. The problem contains triggers designed to evoke objectives or concepts which are used to set the agenda for individual or group investigation and learning after the initial session. Students monitor their achievements and to set further learning goals as required. The tutor's role is to offer support for learning and to help reach the expected outcomes.

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Trends relating to the educational process (cont'd)

19. Student Assessment [More Info](#)

	Current Position (in your institution)				Future Developments/Trends (more generally)			
	Not	Minor	Major	Don't know	Not	Minor	Major	Don't know
a. Attention is paid to authentic assessment with assessment closely related to the work of a doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Assessment is integrated rather than each subject being assessed independently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Multiple Choice Questions (MCQs) are used to assess students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The Objective Structured Clinical Education (OSCE) is used as a method of student assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Electronic assessment is used.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Portfolios are used as a tool to assess students' competence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other professions as well as doctors contribute to the assessment of students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Patients contribute to the assessment or rating of the students' performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Assessment is closely matched to the stated learning outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. There is an element of peer assessment where students assess each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. A progress test is used.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Staff with training and experience in assessment support the assessment programme in the medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Management - Curriculum Evaluation [More Info](#)

	Current Position (in your institution)				Future Developments/Trends (more generally)			
	Not	Minor	Major	Don't know	Not	Minor	Major	Don't know
a. The curriculum is systematically and objectively evaluated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Programmes and courses are evaluated for their efficiency and cost-effectiveness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The education environment in medical school is measured using instruments such as DREEM (Dundee Ready Education Environment Measure).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question 19

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DEFINITIONS OF TRENDS

19a: Attention is paid to authentic assessment with assessment closely related to the work of a doctor.

Definition: Authentic assessment refers to the measurement of intellectual accomplishments and competences that are worthwhile, significant, meaningful and related to the real world of medical practice.

19b: Assessment is integrated rather than each subject being assessed independently.

Definition: In an integrated curriculum, the overall learning outcomes and the integration of the different subjects are assessed rather than the students' mastery of each subject being assessed separately.

19d: The Objective Structured Clinical Examination (OSCE) is used as a method of student assessment.

Definition: OSCE is a standardized way of assessing clinical competencies where students' clinical skills are assessed in the examination as they rotate round a series of stations. One or more components of competence are assessed at each station.

19e: Electronic assessment is used.

Definition: E-assessment is the use of information technology on-screen testing. It can be used to assess cognitive and practical abilities. Cognitive abilities are assessed using *e-testing* software; practical abilities are assessed using *e-portfolios* or *simulation* software.

19f: Portfolios are used as a tool to assess students' competence.

Definition: A Portfolio is a collection of evidence that learning has taken place, usually set within agreed objectives or a negotiated set of learning activities. Some portfolios are developed in order to demonstrate the progression of learning, while others are assessed against specific targets of achievement. In essence, portfolios contain material collected by the learner over a period of time. They are the learner's practical and intellectual property and the learner takes responsibility for the portfolio's creation and maintenance. Because the portfolio is based upon the real experience of the learner, it helps to demonstrate the connection between theory and practice, accommodating evidence of learning from different sources, and enabling assessment within a framework of clear criteria and learning objectives.

19g: Members of other professions as well as doctors contribute to the assessment of students.

Definition: Other Health care professionals including nurses, physiotherapists, speech therapists, and health visitors can contribute to the assessment of the students' competence.

19j: There is an element of peer assessment where students assess each other.

Definition: Peer assessment is the process of students grading each other's performances, competences and assignments usually based on teachers' benchmarks. The typical measurement tools for this form of testing are checklists and questionnaires.

19k: A progress test is used.

Definition: Progress test is a form of assessment where groups of learners of different seniority (i.e., different classes in a curriculum) are given the same written test. The test is comprehensive by sampling all relevant disciplines in a curriculum. The test is repeated regularly in time. Test items are usually different with every test occasion.

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Question 20

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DEFINITIONS OF TRENDS

20c: The education environment in medical school is measured using instruments such as DREEM (Dundee Ready Education Environment Measure).

Definition: The education environment is the material social or emotional context in which the learning occurs. It may encourage or support the learning or work against it. The Dundee Ready Educational Environment Measure (DREEM) is a generic instrument for measuring students' perceptions of undergraduate health professions curricula.

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Trends relating to the educational process (cont'd)

21. Management - Curriculum Planning [More Info](#)

	Current Position (in your institution)				Future Developments/Trends (more generally)			
	Not	Minor	Major	Don't know	Not	Minor	Major	Don't know
a. There is a committee responsible for curriculum planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Students are full members of the curriculum planning committee.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Members of the public are consulted in curriculum planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Other health professionals are consulted in planning the curriculum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Recent graduates are consulted in curriculum planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. A medical education unit or department supports the education initiative in the medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. One or more staff with specific training and expertise in education support the local education initiative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Decisions about the curriculum are based on an examination of the evidence reported in medical education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Teacher

	Current Position (in your institution)				Future Developments/Trends (more generally)			
	Not	Minor	Major	Don't know	Not	Minor	Major	Don't know
a. The teaching performance of staff is evaluated with feedback given to the member of staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Other healthcare professionals contribute to the teaching of medical students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Professionalism in teaching is acknowledged and rewarded in the school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Staff members can be promoted on the basis of their performance as a teacher.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. All staff members are expected to have had training in teaching.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Programmes are in place to assist staff to keep up to date with their teaching expertise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Question 21

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DEFINITIONS OF TRENDS

21f: A medical education unit or department supports the education initiative in the medical school.

Definition: A Medical education unit or department is a made up of a group of people with particular interest and expertise in medical education and with responsibilities for supporting curriculum planning, staff development or research in medical education.

21h: Decisions about the curriculum are based on an examination of the evidence reported in medical education.

Definition: Evidence-based education is a move away from teaching-related decisions being taken on the basis of teachers' hunches opinions or guesses to decisions being made informed by evidence from research studies or documented experiences.

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23. Other developments not listed in the survey:

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THANKS FOR YOUR KIND COOPERATION.

If you have any queries please feel free to contact Prof Ronald Harden at: r.m.harden@dundee.ac.uk

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