

# ***JASME e-Newsletter***

April 2009

Volume 1, Number 3

<http://www.asme.org.uk/jasme/>

## **In this issue**

- **Editor's note**
  
- **Hot stuff**
  - Conferences & meetings
  
  - Useful websites
  
  - Resources
  
  - Don't forget to keep an eye on...
  
- **Interview with Professor Patsy Stark from the University of Sheffield**

Contributors: Professor Patsy Stark, Lina Fazlanie

Editor: Ourania Varsou

Design: Mark Pickett

## Editor's note

JASME is a constantly evolving organisation, aiming to provide accessible and comprehensive information in the field of medical education and research. This is the third issue of our monthly e-Newsletter and we hope that you find it useful and interesting. Our newsletter is also available online at <http://www.asme.org.uk/jasme/whatsnew.htm>. If you would like to write for the JASME e-newsletter, please send your ideas and articles to [jasmnewsletter@googlemail.com](mailto:jasmnewsletter@googlemail.com).

## Hot stuff

### Conferences & meeting

- BEME (Best Evidence Medical Education)
  - BEME Conference – The use of portfolios in the education of healthcare practitioners: an evidence-based approach
  - 14 to 15 May 2009
  - University of Warwick, Coventry, UK
  - <http://www.bemecollaboration.org/beme/pages/conference.html>
- ASME (Association for the Study of Medical Education)
  - ASME Annual Scientific Meeting 2009 – Medical Education: in pursuit of excellence
  - 15 to 17 July 2009
  - The Royal College of Physicians, Edinburgh, UK
  - [http://www.asme.org.uk/conf\\_courses/2009/asm.htm](http://www.asme.org.uk/conf_courses/2009/asm.htm)
- AMEE (Association for Medical Education In Europe)
  - AMEE Conference
  - 29 August to 2 September 2009
  - Malaga, Spain
  - <http://www.amee.org/index.asp?lm=108>

### Useful websites

- Medical Research Council (MRC)
  - <http://www.mrc.ac.uk/index.htm>
- MedSin
  - <http://www.medsin.org/>
- Money 4 Medical Students
  - <http://www.money4medstudents.org>
- IFMSA (International Federation of Medical Students' Association)
  - <http://www.ifmsa.org/>

### Resources

- Medical Education
  - <http://www.mededuc.com/>
- Understanding Medical Education
  - A booklet series published by ASME
  - [http://www.asme.org.uk/pub\\_ume.htm](http://www.asme.org.uk/pub_ume.htm)

### Don't forget to keep an eye on...

- ASME
  - <http://www.asme.org.uk/index.html>
- JASME website
  - <http://www.asme.org.uk/jasme/>
- JASME Facebook group
  - <http://www.facebook.com/home.php#/group.php?sid=0dc9b4672d1ec00b69050706ccc888d5&gid=2222238701>
- Foundation Programme website
  - <http://www.foundationprogramme.nhs.uk/pages/home>

## Interview with Professor Patsy Stark from the University of Sheffield

By Lina Fazlanie, 3rd year medical student, University of Sheffield

### **Hi, could you please introduce who you are and your role within Medical Education please?**

I'm Patsy Stark, professor of Medical Education in Sheffield and my role really centres on the curriculum. I came to Sheffield several years ago and at that point Sheffield was beginning to develop the curriculum for launch in 2003. So my role was to work on that, particularly around Student Selected components (SSCs). As a result of my interest in professionalism, I then started to work on the PPD elements as well. In the run up on the implementation of the curriculum, I chaired the implementation team, which made it all happen. I suppose if I have any strengths, then making things happen is one of them. That's really my major role.

Over the last few years, I have increasingly become involved with international work around the curriculum, but also around clinical skills, which was my previous role as the head of the clinical skills centre in Leeds. Even though I don't really have much involvement here in Sheffield with clinical skills other than being the academic lead and to support the skills team, I am known for clinical skills internationally so I do work mainly around that.

### **So which countries do you work with?**

Well, mainly it is the Middle East. I have been to Libya and Saudi Arabia. We have a relationship with the WHO in these regions and with the British Council in Egypt. We have been working for a couple of years now with the university in Alexandria, who wish to change their curriculum. In fact Professor Bax and I are going out next month to see their work. They have done a fantastic job and they will be submitting it to the Egyptian Medical Council for ratification. That is really interesting.

We have also done some work with a university in Cairo, the Islamic university, AL-Azar. When we go back this time we are going to do some work with the University of Cairo. The interesting thing about those (the universities in Alexandria and Cairo) is the numbers. Alexandria has a 1200 student intake each year and Cairo has an intake of 1500 student intake per year, each with a 6 year course. So just the sheer numbers makes the logistics of curriculum design and development really very challenging as there just aren't enough clinical placements for the students. They are working on how to modernize the curriculum, taking it away from the really Flexinarian model they have to a modern model, bearing in mind it is difficult to get enough placements for all the students.

We also work with an Australian medical school who are using the Sheffield curriculum as the basis of theirs, and also with Malaysia. I go there most years to interview students and conduct workshops. So yes....I'm pretty widespread.

### **So you obviously have had a lot of experience in Medical Education, What has been your highlight?**

There's more than one as they are all to do with students. My role would be nothing if I didn't have contact with students, so I feel that they are a great joy really. In Leeds for instance, the students elected me as their Staff president of MedSoc, which was a great honour. And here in Sheffield, last summer we saw

the first graduates of the new course, and it was really wonderful to see that group of students. So for me those are the highlights.

**I am aware you are involved in the recruitment of the academic FY1 and FY2 jobs. Could you just explain what an academic job is please?**

These are fairly new posts that have come in over the past few years. Previously, before MMC took off a few years ago, students applied for a 6 month medicine and 6 months surgery job before they went off for specialist training. But now, in many deaneries, and ours is one, they apply for both years together as a whole package of 2 years, with 3-4 months jobs in each of the years. For us, we have a small number that are available for research and some for the academic side like teaching. So we have a 4 month rotation in FY2 where the doctors get to do a rotation in education research or other kind of scientific research or medical education per se.

It was interesting because the first year they were introduced, we didn't even fill the jobs and we had to do a second round of recruiting to fill the jobs. The second year it was available, it was way oversubscribed and I know for a fact that the next year will be even more significantly oversubscribed.

**So you have obviously got to be very selective. Could you explain what you select for please?**

One thing on our mind is that we know, obviously that we are all strategic when applying for jobs, and we know that a number of the students just apply because they want to stay in Sheffield. They think it is an easy banker really as you need to apply for these jobs before the general UKFPO applications, and if they get the job then they are sorted now for the next 2 years. But as interviewers, we know this and so what we are looking for people who demonstrate some experience, enthusiasm and commitment to medical education. And it's not hard because here in Sheffield we have a large group of students who are truly committed to medical education, for example through the peer education programme, MedSoc and people like yourself in JASME. So we are very rich with that, and we do have a very good pool to draw from.

We are really looking for people who really have a commitment to Medical Education, who see it as part of their ongoing career development and not just for a short term gain. We do get a number of people who want to do surgery and so want the academic job for personal gain in order to be an anatomy demonstrator. This is more about them as they want further experience in prosecting and dissecting and although we don't rule these people out, they do need to show true commitment to medical education, and not just their own personal gain.

**So you have already hinted some hints for student who would like to go into Medical Education, do you have any others for students to increase their chance of being accepted onto an academic job?**

Well it is really about "walking the walk" really. It's about doing it. So for students who are really interested in developing medical education as their long term career, and we have seen that lots of students have that as a long term goal, we advise you to get involved as an undergraduate and make it known that you are doing it. Get involved in things like peer teaching. Many medical schools have something like this, some more developed than others, some are focused more on clinical skills, other aren't. Here in Sheffield we have clinical skills, we have students giving lectures and tutorials and a wide range of teaching and

support. But you need to demonstrate that you have a commitment to it and an understanding of medical education, because it is different to the scientific side of the things the students learn as undergraduates.

Also in many medical schools, students can undertake SSCs in medical education, and again this strengthens their application as it demonstrates an understanding of medical education. It is also valuable to try and get publications or presentations within the subject to disseminate your work and to support your application by showing your dedication to the subject.

**There some students out there who are unsure whether they want to pursue a career in medical education. What would you advise to them?**

Well, I think they really need to search their soul and see if they are going to make the best of the job and to think whether they can contribute to medical education. They need to be sure they will be able to contribute and not just get gain and benefit themselves.

**With the academic jobs, there are a few for research and a few for teaching. Could you just expand on the research ones please?**

I haven't had a lot to do with those, but as part of the 4 months they do some kind of research. You need to appreciate it is difficult in 4 months, especially with ethics approval you can spend 4 months just doing that, so often they just tap into some existing research that's already going on. Here at Sheffield we offer a SSC for students, which is pretty similar where they get experience doing some research. Some do some medical educational research whereas some do scientific or clinical research.

**After FY1 and FY2, how do doctors remain in Medical Education? Is it just a personal interest or is there some specific route they can pursue?**

Well there is a personal interest and doctor means "teacher" and so all doctors are expected to teach. We need to make a differentiation between a doctor who teaches and one who is a medical educator, because all doctors should be able to teach. Those who wish to continue in medical education can pursue it by doing further qualifications. All over the country now there are certificates, diplomas and master's degrees in medical education, some by distance learning and some by attendance. They are available everywhere now and so for those who are interested in medical education; those are the routes they may take.

**And finally, do you have any hints and tips for those filling out their academic applications and those who are going to have their interviews?**

Well the application form currently, and it changes every year, is very dependent on high quality reflection. I know students all over the country feel that we have conspired somehow about this notion of reflection and they don't want to do it, but they really see the fruit of it when it comes to filling out the application form. It is really about understanding what you are doing during your undergraduate studies, both clinically, educationally and professionally; being able to reflect and pull out the key things.

You don't have many words under each heading to do this, about 200-250 words so you need to be a very good experienced reflector to do this. You need to show what activities you have been involved in, any innovations you have been involved in, and any leadership you have been involved in. Leadership is really taking off in the NHS and it is going to take off even more so being able to demonstrate leadership as part of teaching would be a real strength.

And in the interview, the questions will be based very much on the questions in the application form, getting candidates to elaborate on their experiences and to explain what they gave back as well as what they gained. So it's really just an elaboration on the application form.