

A Journey to Medicine Student Success Guidance

Medical Schools Council | Selecting for Excellence

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Acknowledgements

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Executive summary and top ten tips

This guidance looks at the different approaches to supporting students, particularly from under-represented backgrounds, throughout their medical student life and into their future careers. This is a Journey in Medicine. Building on *A Journey to Medicine: Outreach Guidance*, this report looks at the next stages in the student lifecycle and seeks to understand how medical schools can and do support their students. The guidance follows a student's journey as medical schools seek to develop a sense of belonging and support student academic success and transition to practice. It will also explore how the management and leadership culture within the medical school can support student success.

This guidance builds on best practice in medical schools across the UK and also seeks to improve future practice. Through this work we have established a top ten tips for medical schools and would recommend that medical schools consider these approaches, further strengthening their practice.

Top ten tips:

1. Medical schools should determine through evaluation and consideration of the culture and ethos of the school and wider university whether to offer targeted support to under-represented groups or continue to develop their provision for all students. Medical schools may adopt different approaches at different stages of a student's journey.
2. Developing a sense of belonging to the medical school needs to be nurtured from the earliest opportunity. The medical school's outreach needs to realistically prepare students for medicine and higher education.
3. Peer mentoring is one of the most common approaches used by medical schools to support their widening participation students. In most cases additional consideration is given to the pairing and matching the mentor to the mentee, with interests and socio-economic background often being considered.
4. The way in which the programme is taught can instill a sense of belonging and support academic success. Medical schools are increasingly giving students responsibility for their own learning and encouraging them to understand their own academic development, to reflect on their own learning and take steps to improve or enhance the way they study.
5. Students should have formal and informal relationships with staff who recognise students as individuals and value their contribution.

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6. Medical schools should evaluate the outcomes of their students, including transition to practice and consider whether it is necessary to introduce targeted careers advice and support, particularly for students from under-represented groups.

 7. Career planning and consideration of specialty can be particularly effective when delivered within the medical degree.

 8. Medical schools should continue to support students' extra-curricular activity ensuring that students get the most out of these experiences.

 9. The leadership within the medical school should explicitly value student support and require all staff to be involved. This can be practically supported by encouraging staff engagement, providing resources (including time), staff development opportunities, recognition and reward, and including student support explicitly within the staff appraisal system.

 10. Support students and staff to work in partnership to deliver the education programme and to facilitate change and development. This can include students supporting the management of the medical school in curriculum development and delivery and being involved in research activity.

This guidance forms just one part of a series of measures undertaken by the Medical Schools Council. To see the breadth of information and resources available, visit www.medschools.ac.uk.

Introduction

The widening participation and fair access agenda has long emphasised the importance of taking a lifecycle approach, that is, supporting students not only as they access higher education but also on their journey through and beyond it, looking at retention, academic success and future career success measures. Building on *A Journey to Medicine: Outreach Guidance* this second piece of guidance in the series will look at the different approaches to supporting students throughout their medical student life and future.

There is significant research regarding student success, including within a higher education environment. However, there is relatively little which translates this into practical steps, and more specifically practical steps within a particular discipline. Individual academic departments have a huge influence on student success and so this guidance looks specifically at the support within medical schools. This guidance provides a synthesis and overview of the support provided by medical schools. The guidance provides:

- A summary of key messages.
- Suggestions for improving student success, covering engagement, belonging, retention, success, and transition into practice.
- Illustrative examples of specific ways in which medical schools have improved student success. These case studies whilst located in particular sections often demonstrate how work supports all other elements of student success.

This guidance will directly address the current policy landscape for social mobility and widening participation. The National Strategy for Access and Student Success (produced by the Office for Fair Access and the Higher Education Funding Council for England) has placed emphasis on widening participation encompassing the whole student lifecycle: preparing to apply and enter higher education; receiving study support and achieving successful completion; and progressing to

postgraduate education or to/within employment. These latter stages have often been overlooked with entry to higher education often seen the ultimate goal. However, increasing emphasis is now being placed on student outcomes – which includes retention, degree success and progression to future careers. As the recent *State of the Nation* report (2014) from the Social Mobility and Child Poverty Commission puts it ‘improving access will make no difference to social mobility unless those who enter also complete their courses ...[and] graduates are able to progress to good jobs afterwards’. Building on *A Journey to Medicine: Outreach Guidance*, this report addresses those challenges as we look at the next stages in the student lifecycle and understand what medical schools can and do support their students.

This report supports widening participation in the context of undergraduate medical education. This has a focus on supporting medical students from lower socio-economic background. Over the last ten years medicine has made steps to tackle the problems faced by other cohorts, such as disabled students who wish to study medicine.¹ Evidence collected by the Medical Schools Council shows that currently socio-economic background is the key issue that medicine needs to address.² Whilst certain ethnicities are under-represented in the medical student cohort it is the Medical Schools Council’s view that this is linked to socio-economic background and, therefore, if medical

1 http://www.gmc-uk.org/static/documents/content/Gateways_to_the_professions_1010.pdf

2 <http://www.medschools.ac.uk/Publications/Documents/MSC-Selecting-for-Excellence-End-of-year-report.pdf>

schools focus on this issue then the demographics should improve. The Medical Schools Council will monitor and evaluate this to ensure that this is the case.

We have defined 'under-represented' groups as those who have one or more of the following characteristics, which are:

- From lower socio-economic groups and neighbourhoods in which relatively few people enter higher education
- From lower income groups
- Individuals who have been in local authority care

Whilst this report focuses on students from under-represented groups, the suggestions and case studies can in many ways be used to support all students.

There are many different approaches to supporting students from under-represented groups – from those

that support the whole year group, to those that are targeted at individuals. This framework will look at all approaches to inform and support medical schools in determining the best approach for them and their students. By being aware of the issues students from under-represented groups may face helps medical schools to determine the best way of tackling the matter.

The framework will be structured in three phases:

- A sense of belonging
- Student academic success
- Transition to practice

It will also explore how the management and leadership culture within the medical school can support student success.

College of Medical and Dental Sciences, University of Birmingham Enhanced Student Support

What is it?

Medical students at the University of Birmingham have a specifically designed enhanced support system.

Who is it for?

It is for all medical students regardless of the year of study.

What does it do?

During Welcome Week all medical students are introduced to their support system. This consists of a personal mentor group, year tutors (welfare tutors) and transition review for first year students.

Students are allocated to a personal mentor group when they arrive in year 1 at university. This group consists of about 15 students covering each year of study from years 1 to 5 and two personal mentors – one member of academic staff (who may also be a clinician) and one NHS doctor. The group meets as a whole twice per academic year, once in the autumn and once in the spring, but students also meet individually with their personal mentor three times per academic year to discuss any welfare issues, academic progress and development. They also meet ad hoc if the student requests a meeting.

In addition, all first year students are allocated two buddies, these are second year students from their personal mentor group, who meet the first years on the first day of Welcome Week, spending a couple of hours showing the new students the campus and the medical school. They commit to meeting once a week until Christmas and then as they decide. Many of these relationships are sustained throughout the course offering extra support and advice.

The medical school also has a student services centre for students to drop in and ask for any kind of help or welfare advice they might need. The staff are experienced in signposting students to university support

services such as counselling, disability and mental health advisory services.

Personal mentors and student services staff ensure that students with significant welfare issues affecting their studies will be given an appointment to see their year tutor. During a meeting with the year tutor any welfare concerns will be explored in a confidential setting where advice and help will be offered to the students to enable them to deal with their issues. This often involves referring the students to other university support services or services outside the university, usually the student's GP.

In addition to this, all first year students have a 'transition review'. The review happens at the end of January/beginning of February and students meet with their personal mentors to discuss academic progress and development, the discussion being based around a questionnaire, which students submit before the meeting. The meeting concludes with a study skills analysis, guidance on the range of academic skills and personal and professional development resources available and an opportunity to discuss early career planning. The importance of this review is emphasised to students and mentors as it also helps students to understand the feedback received to date and the importance of acting on it.

Attendance is monitored closely throughout the programme for all students. Attendance records are reviewed monthly and students are seen if they have been unexpectedly absent for more than a couple of days. This has proved an effective way of detecting problems early.

To enable greater consistency the medical school have adopted a 'concern form'. Any member of staff, or student, may submit a concern form about a student who is then seen by a year tutor to explore whether a problem is affecting the student and what can be done to help. It has been in use for over 10 years and enables the medical school to identify students in difficulty due to personal or family problems and put support in place to ensure they progress normally. It is also used to identify times when a student does not meet the professional behaviour expected by medical students. It is particularly valuable in enabling the medical school to identify patterns of low-level poor professionalism and to act. If this is the case the school's Professional Support Unit works with the student, sometimes through role-play, to enable them to understand and have insight into their behaviours and the need for change.

There is also a commendation form, which staff can submit to highlight an outstanding student. They receive a copy of the form, a letter from the Dean and their year tutor and a list is published annually.

In addition to this support the school have introduced a hardship fund for all students. Any students who cannot access other support can be helped in this way, or those who need emergency funding.

What is the impact?

Early introduction to the support available has led to those students requiring extra help being identified quickly. Year (welfare) tutors have been able to intervene promptly to ensure students access support and guidance. This has included advising and supporting students to take a break from their studies, rather than dropping out from the course completely. Student retention has improved.

In an academic year the number of concern forms and commendation forms are normally both around 100, from a cohort of nearly 1,900 students.

Who is this Framework for?

a. Medical schools

This guidance is primarily aimed at medical schools as they are responsible for coordinating support for their students. The General Medical Council's guidance, *Tomorrow's Doctors*, contains standards for undergraduate medical education, which medical schools must follow. *Tomorrow's Doctors* says that medical schools need to give appropriate support to their students. This guidance gives advice to medical schools on how they can give the best possible support to their students from under-represented groups.

b. People and organisations involved in postgraduate medical education and training

This guidance is also aimed at those responsible for doctors in postgraduate medical education and training, such as training programme directors and educational and clinical supervisors. They should understand the support systems that medical schools use in order to better understand the environment their trainees come from. This guidance covers important issues about the transition from medical school to postgraduate training.

c. People and organisations involved in widening participation and access

This guidance is also aimed at those in the wider community who support widening participation outreach and access.

Those who lead and deliver outreach and access programmes will be able to understand how medical schools support their students once on the course and, therefore, be able to tailor their messages and programmes accordingly.

For other organisations involved they will be able to identify opportunities for engagement and for working in partnership with medical schools.

d. People and organisations involved in student support within higher education

This guidance is aimed at those involved in student support within higher education, either at an institutional or policy level or within other subject disciplines.

They will be able to understand the approaches that medical schools take and be able to ensure their programmes support and align to the work undertaken. They will also be able to use, as appropriate, the examples and recommendations, within this guidance for other disciplines, either in healthcare or areas outside of health.

Universal or targeted provision?

Medical schools currently adopt one of two different approaches to support their students' personal and academic success. They either provide support to all students, irrespective of background, or they identify those students (from statistical analysis) who are more likely to struggle personally or academically and provide bespoke additional support. Currently, there is no consensus as to which approach works better, with many factors such as the wider culture and ethos of the university playing an important role.

The preferred model for medical schools is to offer universal provision rather than targeted approaches. The review of retention initiatives *What Works?* concluded that typically within higher education a universal approach is favoured, stating that:

'a mainstream approach to addressing student retention through a culture of belonging that maximises the success of all students, as opposed to interventions targeted at particular groups of students. This approach, which places the academic sphere at the heart of improving student retention and success, recognises the need for institutional transformation, as opposed to a student deficit approach that blames students and/or requires them to change in order to benefit from higher education.'³

However, specific interventions have had some significant impact, with peer mentoring in particular being cited. There are also studies, primarily from the United States, which show that the provision of bespoke support has a significant impact. The University

of Texas, for example, places students with 'adversity indicators'⁴ onto the Texas Interdisciplinary Plan.⁵ On the plan, students are placed in their own, smaller group and lectures are supplemented with extra teaching, advisors and peer mentors. Importantly, the students were told they were part of a community of high-achieving scholars. This has had a significant effect on the students and their success. However, in addition to this, at Texas they have developed a 'Mindset', this includes a 45-minute activity which all students regardless of background are asked to complete.– While every student at the university undertook the activity, it was found to have the most significant effect on those students most at risk.

Medical schools should be aware of the issues students from under-represented groups may face and determine the best way to address them. Medical schools should determine their own approach based on their own impact analysis and the culture and ethos of their school and wider university.

³ Thomas, L (2012) *Building student engagement and belonging in higher education at a time of change: final report from the What Works? Student Retention and Success programme*. Paul Hamlyn Foundation.

⁴ These are defined as low SAT results, low family income and less-educated parents.

⁵ Paul Tough, *New York Times Magazine*.

Sense of belonging

Belonging is the feeling of how a student feels connected to the medical school as a community, how they personally feel accepted, respected and included. This sense of belonging can be further strengthened or weakened by the social and cultural capital of students and the way in which they talk, act or speak. Recent What Works? research from the Paul Hamlyn Foundation shows that a sense of belonging is critical to student retention and success.

Goodenow (1993) described sense of belonging in educational environments as the following:

'Students' sense of being accepted, valued, included, and encouraged by others (teacher and peers) in the academic classroom setting and of feeling oneself to be an important part of the life and activity of the class. More than simple perceived liking or warmth, it also involves support and respect for personal autonomy and for the student as an individual.'

Many of the initiatives to develop a sense of belonging address retention. It can be difficult to know which students are most likely to withdraw on the basis of student entry characteristics alone; mainstream approaches reach all students, particularly those who are considering withdrawing, and enable each student to maximise their success. This can be supplemented by paying attention to the ways in which students integrate, behave and perform once they are in higher education through a range of engagement indicators, and then intervening if necessary.

Pastoral care is often the term that is used to describe the practice of universities to inculcate a sense of belonging. It is often used to describe a tutor or

member of staff to whom a student can turn to. However, the sense of belonging needs to be nurtured from the earliest opportunity. The medical school's outreach (see the *A Journey to Medicine: Outreach Guidance*) needs to realistically prepare students for medicine and higher education. If students' expectations are not realistic regarding what studying medicine will entail or what the medical school or university itself is like, then it will impact on their engagement and sense of belonging. Students need to understand the difference in:

- Learning styles and the degree of autonomy and self-directed learning.
- Education delivery, including lecture format and size of classes.
- Assessment and how it is undertaken and the nature of feedback.

Whilst outreach supports aspiration and access to higher education it should also enable the building of relationships with current students and staff and introduce them to the medical school's programme and culture.

Barts and The London School of Medicine and Dentistry

Bridge the Gap

What is it?

Bridge the Gap is an outreach programme which is designed to support students not only to consider and access medicine but develop skills and knowledge that will make them successful medical students.

Who is it for?

Students are recruited in years 8 to 13 from nine schools serving disadvantaged areas of London. In year 8 the schools identify up to 20 students for an introductory session in health careers. Once in year 9 the schools select 5–6 suitable students to join Bridge the Gap. Students selected remain on the programme until year 13.

What does it do?

This programme starts early in the school lifecycle allowing the school students to see themselves at medical school and mirror behavioural attributes. With continual mentor support and yearly visits to the university the intention is that the students see themselves positively placed within this new identity.

In year 8 there is a health careers day with speakers across a range of careers (this includes veterinary science, nursing, medicine, dentistry, dental therapy, dietetics, physiotherapy, medical engineering and biomedical science).

In each of the subsequent years 9 to 13 the school children visit the campus for a summer school day, which is co-delivered by teaching staff and medical students. Each year the activities are matched to the corresponding year of the medical course and delivered by medics in that year (that is, year 9 students are matched with year 1 medics, year 10 students are matched with year 2 medics).

The summer school is matched to individual needs and is largely based around interactive stations. The summer school for years 9, 10 and 11 focus on the subject and include problem-based learning (for example, pathology – being a disease detective). Years 12 and 13 focus on application to medicine.

The medical students also visit the schools during the year to mentor the school students.

Students who choose to leave the program and pursue an alternate health career are also supported.

School students who complete the program will be offered an interview if they meet the minimum entry requirements and there will be a number of places reserved for those on the programme which will be awarded based on their portfolio presentations. These will receive reduced tariff offers (currently in the range of BBB).

What is the impact?

Evidence suggests that longitudinal interactions that focus on modelling and supporting behaviours have the greatest chance of success. The programme is in its initial stages with the first cohort entering university in 2018. Initial feedback from school students, staff and medical students has been resoundingly positive.

Students from more advantaged backgrounds often have a strong sense of entitlement about going to higher education and are self-assured as successful learners (Crozier and Reay). This is set against the lack of self-confidence and a more fragile learner identity displayed by some students from less advantaged backgrounds. Pre-entry preparation and transition to higher education programmes can support the students' move into medicine. Some medical schools have introduced pre-entry programmes or induction. Often these are introduced for students moving from an access course or other foundation programme into medicine. Induction often involves activities to encourage the development of friendships, an opportunity to get to know the staff of the medical school, understand the expectations and develop skills (such as use of the library and referencing). Induction often takes place within the medical school and can last for several weeks using mechanisms to encourage students to get to know each other. It also often provides further information and recommended reading lists.

New students benefit from interaction with, and support from, current fellow students. This is often critical to facilitating integration and fostering the sense of belonging that is so vital to retention and success in medical school. Buddying, used over a short period of time, requires no specialist training and supports students, often as they join medical school to facilitate their initial integration. However, peer mentoring is a more common feature in medical schools and is either part of induction or a separate programme. It can help new students 'learn how to learn' at a higher level, and make expectations more explicit. Peer mentoring is most common in the first year with new students being mentored by students typically in their second year. Some medical schools have introduced peer mentoring throughout the students' study with second year students mentored by those in their third year, third year students mentored by those in their fourth year, and so on. It often focuses on orientation, socialisation, motivation and general support. Students acting as peer mentors should be trained in their role so they are aware of other support services, confidentiality issues and boundaries of their role. Peer mentoring is one of the most common approaches used by medical schools to support widening participation students. In most cases additional consideration is given to the pairing and matching the mentor to the mentee. Interests and background are often considered.

Monitoring systems are used by most medical schools to alert staff to students who are experiencing personal

or academic difficulties. Early intervention can improve a students' likelihood to succeed and graduate. These warning systems rely on different indicators including attendance monitoring, library attendance data, e-learning access, poor quality of submitted work or missed work and information from tutors or other support staff. Students are often directly contacted and support is offered.

Medical schools should promote well-being among all of their students. The *Supporting Students with Mental Health Conditions*⁶ guidance from the General Medical Council and the Medical Schools Council provides useful advice on how to support all students including delivering group learning exercises on how to deal with stress, and providing resources on healthy lifestyles.

Most medical schools offer some form of financial support through bursaries or scholarships to support students throughout their studies. This is in addition to the support provided by the Government and the NHS where, in the first four years of study, medical students can access the tuition fee loan, living cost loan and the maintenance grant. When students move to the fifth year they may access funding through the NHS or additional loans from the Student Loans Company. In addition to this medical schools offer additional bursaries and scholarships often awarded to students from families with low household income. There is significant debate nationally regarding the effectiveness of bursaries on retention and student success. The Office for Fair Access is about to commission significant research to understand the impact on students. Medical schools will be able to use the research to inform their provision.

The pedagogy and the way in which the programme is taught can instill a sense of belonging. Medical schools are increasingly giving students responsibility for their own learning. Many medical schools seek to match the learning experiences to the needs of the students. This is done by giving students more opportunity to choose the area they wish to study in more depth and giving some students more time to master the core programme.

Students learn best in different ways. Some students may prefer small group discussions; some prefer individual study using books in the library whilst others prefer online learning (e-learning) methods. To accommodate various learning preferences a wide range of teaching and learning methods are often provided throughout the programme. These methods include: small group discussions, clinical teaching, lectures, e-learning, clinical skills sessions, peer learning,

6 <http://www.medschools.ac.uk/Publications/Documents/Mental-Health-Guidance.pdf>

simulation, integrating science and specialties (ISS) sessions, laboratory and practical work.

Medical schools (and their associated universities) have different teaching methods. It is important whatever methods are adopted they support a student's social

integration as well as their academic success. For example, the University of Oxford has a particular form of tutorial support, however, they have used this to support their students' sense of belonging and transition to practice alongside academic success.

Oxford University Medical School Tutorial Support

What is it?

All students receive weekly one-to-one to four-to-one hourly tutorial sessions that ensure student engagement with each specific subject area, monitor attendance and support understanding and work progression by marking and commenting on regular submitted essays.

Who is it for?

It is for all students, but is tailored for each individual student according to need. This offers a sensitive and targeted pastoral and academic support for all, and automatically includes individual responses to all widening participation students.

Tutorial support is provided for all students for all three years of their pre-clinical course, and in a modified form for bedside clinical skills teaching for students in their graduate clinical years.

What does it do?

Every student has a main college tutor responsible for his or her pastoral care and academic development throughout his or her time at university. The main tutor is supported by a group of specialist subject tutors who provide college-based personalised teaching across all subject areas. This is in addition to the complete university course (of lectures, seminars, journal clubs, practicals, etc) offered as central provision by the medical school.

The support takes the form of regular tutorial sessions that include submission, marking and commenting on written work. These are hour-long oral discussions in very small groups (one to four students) to ensure comprehension of material and continued academic progress. The tutorials also monitor student engagement with subject matter, closely follow attendance and provide the opportunity for tailored additional teaching and pastoral support as needed.

The effectiveness of this enhanced tutorial provision is monitored by termly meetings with the head of college and senior tutor, reinforced by informal internal written assessments at the start of each term.

The tutor role is embedded in recruitment processes, made explicit in job descriptions, is directly addressed by staff mentoring programmes, is reinforced by the availability of University-based staff training for all newly appointed staff, and forms an important element of staff appraisals. The Oxford Learning Institute offers additional training at all levels, including senior staff undertaking the Postgraduate Diploma in Learning and Teaching in Higher Education.

What is the impact?

The impact of this process is that every student receives personally tailored academic and pastoral support. The exact support students receive will be unique to them. The outcome is an engaged student population with the lowest dropout and failure to progress rate of any UK medical school (according to MSAR data).

Effective approaches to improving a sense of belonging is achieved through:

- Supportive peer relations
- Meaningful interaction between staff and students
- Developing knowledge, confidence and identity as successful medical school students
- A medicine experience that is relevant to interests and future goals.
- Build pre-entry or induction programmes that support a student's move into medicine.
- Use peer mentoring to support widening participation and the wider student community.
- Develop and embed monitoring systems to identify students becoming at risk.
- Consider the way the programme is taught and how it can further instill a sense of belonging.
- Ensure the medical school's priorities, policies, processes and practices support the sense of belonging.

To build a sense of belonging medical schools are encouraged to:

- Develop a sense of belonging at the earliest opportunity through their outreach programmes

Academic Success

Academic success is about ensuring that all students, regardless of background, achieve and realise academic success. Within this guidance academic success means helping students to become more engaged and more effective learners in medical school, thus improving their academic outcomes.

For academic success it is important for students to actively engage in their learning. Students should be encouraged to understand their own academic development, to reflect on their own learning and undertake any further work. There are many ways of doing this, for example, through student-centred learning and teaching strategies which encourage group-based learning, allowing the students to interact with each other, share their own experiences and learn by doing. This can facilitate staff and student interaction, enabling students to develop academically and staff to develop a better understanding of their students. These learning approaches can also promote peer interaction and the development of friendship groups.

In order to build academic success, most medical schools provide specific learning support. In some cases the specific learning support is targeted at widening participation students but invariably available to all. Often designed to help students to identify their own

learning style and develop skills for studying, they are provided in a number of different formats, from additional class-based sessions to printed materials through to interactive e-resources.

For medical students, learning on clinical placements provides the opportunity to interact with patients and start to feel what it may really be like to become a doctor. In order to do this, medical students need to engage with the staff working within clinical teams to ensure ready access to patients. It is important for the medical school to continue to support the students as they enter this clinical part of their training and this can often be instrumental in students' effective participation. Lave and Wenger's (1991) work examined how a learner's participation within an established community (for example, a hospital ward) is related to their success in learning what they need to know in order to practise. Medical students from under-represented groups may have, or may feel, that the legitimacy of their participation is more readily

contested than their peers. Therefore, it is important that the medical school supports all students, as the degree of effective participation within clinical teams directly affects what students learn. Medical students develop a medical habitus, or a way of going about things, once in a clinical environment that helps them gain access to learning opportunities by 'fitting in' with the clinical team and being accepted by patients (Nicholson, S 2013, Thesis PhD). The relationship between a student's social capital and ability to effectively network with both colleagues and medical staff is instrumental in facilitating this professional development. Medical teachers can highlight the advantages and means to achieving such opportunities to students from backgrounds where such activity is less pronounced. Simple suggestions like ensuring all students take part in informal conversations and are not excluded by topics that would be alien to them are ways in which a sense of belonging is generated. The main issue is highlighting to staff that such issues remain pertinent.

As discussed previously, peer mentoring can develop a student's sense of belonging, yet mentoring is also used to support academic success and is often called academic mentoring or peer tutoring. It can enable students to discuss academic issues in a more open and transparent manner with their peers and encourages learner autonomy. It typically focuses on course content and assistance with study skills such as time management. Often on a one-to-one basis it can also be in small groups but the aims are the same: to provide support and encouragement, and a sounding board for ideas. This is not designed to teach material or pastorally support students but to provide additional value to the material already covered in course.

Many medical schools believe that scholarships and bursaries can often support academic success by enabling students to spend more time on their studies, invest in suitable resources (such as books and IT) and alleviate the distraction of worrying about finances. There is more to understand about the effect of

financial support on academic success (as in developing a sense of belonging) and as yet there is no conclusive evidence of its effectiveness. We encourage medical schools to consider the findings from the research commissioned by OFFA (due to be completed in mid 2015).

Staff points of contact for help and assistance are central to academic success. These formal and informal relationships recognise students as individuals and value their contribution. Key elements include staff knowing a student's name, having an interest in the students and their progress, responding in an appropriate and timely manner, having an interest in their input and treating them as an adult. All these inculcate a sense of community, can build a student's confidence and esteem and support their academic success. Personal tutors are used to provide students with a relationship with an academic member of staff, and reassurance, guidance and feedback on their academic studies but also other pastoral areas. Effective personal tutoring within medicine was found to involve a proactive tutor who met with students early, who provided structured support, had a strong academic focus, provided support to those students who were at risk and were aware of other pastoral and social support. Good practice has identified timetabled pastoral support with students actively encouraged to attend. Staff act as role models for students and so it is important for students to be able identify sufficient commonality with their tutors in order to develop good relationships. This is particularly important for students from under-represented groups. It is important to note that GMC guidelines and findings from their research to identify good practice in supporting students with mental health concerns stressed the importance of separating out performance and pastoral issues – to the extent of having different people taking on these responsibilities. As the report states 'Those providing pastoral support should not be in a position to make decisions on academic progression', students must feel they are in a 'safe environment to raise concerns'.

Dundee University School of Medicine Academic Mentor

What is it?

The Academic Mentor (Educational Guidance and Support Tutor) assists any student who has a barrier to their progression within medicine – be that due to academic, social, financial, health, disability or other grounds.

Who is it for?

The Academic Mentor supports all students within the medical school, either as individuals or groups. Individuals self-refer or are referred by faculty members. The groups' needs are identified through assessment results, feedback, discussions with student representatives and suggestions from the faculty. Current group activity includes those with academic failure, international students and transfer students.

What does it do?

The Academic Mentor role is a 0.5 full time equivalent position at Consultant/Clinical Senior Lecturer level and has been in operation in the medical school for the last five years. The Academic Mentor is both a reactive and proactive role. Students are seen on an individual or group basis. One to one support is the most common activity; however, specific groups of students are targeted for workshops and remediation classes. Widening participation students access assistance for one to one support but there is currently no recognised need for a group approach.

The Academic Mentor offers a confidential service. Students are able to discuss issues with the Academic Mentor with the understanding that this will not be shared with the medical school unless the student agrees that this is appropriate. This confidentiality is limited only by severe risk to health or life.

The Academic Mentor is a provider of academic assistance, referral to medical school, university and external services and short-term counsel. Counselling is deferred to those with appropriate experience and training.

The Academic Mentor is also a point of support for those going through procedures linked with professionalism or Fitness to Practice. The Mentor does not make decisions on academic progression.

What is the impact?

One hundred and fifty-seven different students were seen face to face by the Academic Mentor from January 2013 to May 2014 in a medical school of 900 students. Ninety-four of the students were seen with academic issues, 85 had issues related to health, 43 with social or family issues, 14 with issues linked to professionalism and 18 with other issues, such as careers advice.

A majority of students were seen just once or twice, but others were seen on multiple occasions (over 10 times in some cases). These figures do not include advice or contact by email, telephone or in teaching in lectures, small groups or workshops.

The position of the Academic Mentor has enabled the medical school to further improve the practice and image of student support. It continues to help improve the culture to one that is increasingly student centred.

Guidance and support on assessment is important, with processes and criteria made transparent. The understanding of the assessment mechanisms needs to be developed early and students should feel able to ask for clarification. Feedback on work submitted should be helpful to the students and inform their future learning. Some medical schools explicitly link assessment and

feedback to support measures ensuring that it is seen as a developmental process rather than solely grading and performance measures. Performance, per se, can provide an indication of whether a student is struggling either personally or academically and continual monitoring can provide a mechanism for early intervention.

Plymouth University Peninsula School of Medicine Progress Test

What is it?

The Progress Test has been designed to monitor students' progress enabling students and staff to measure learning effectively. The test gives a clear demonstration of personal growth, as well as highlighting problem areas and enabling students to remediate rapidly where needed.

Who is it for?

All medical students participate in the test, which assesses applied medical knowledge.

What does it do?

The Progress Test is an assessment tool, which is independent from the curriculum. It does not allow for intensive pre-test revision and gives a frequent and true reflection of the knowledge base of the student.

All students sit the same test paper on four occasions each academic year throughout their study. Questions are multiple-choice, and are in a clinical scenario format designed to assess medical knowledge, including basic medical sciences. The test is set to the knowledge level required by a junior doctor. It means that students in their first year will score low, but that their performance improves as they advance through their course. Students are judged on their grade over a series of tests.

What is the impact?

It enables students and staff to identify areas in which improvement is needed. The medical school has created a unique online log, which provides extensive feedback, and over the years, students build up a picture of their relative performance in different curriculum areas to guide their learning. The online log has been recognised as an effective model which medical schools in other parts of the world have expressed an interest in replicating. Figure 1 shows a graphical representation of a student's progress in relation to all other students in the same year cohort. Individual students with poor progression are identified by academic tutors for appropriate remediation.

Grade boundaries and score

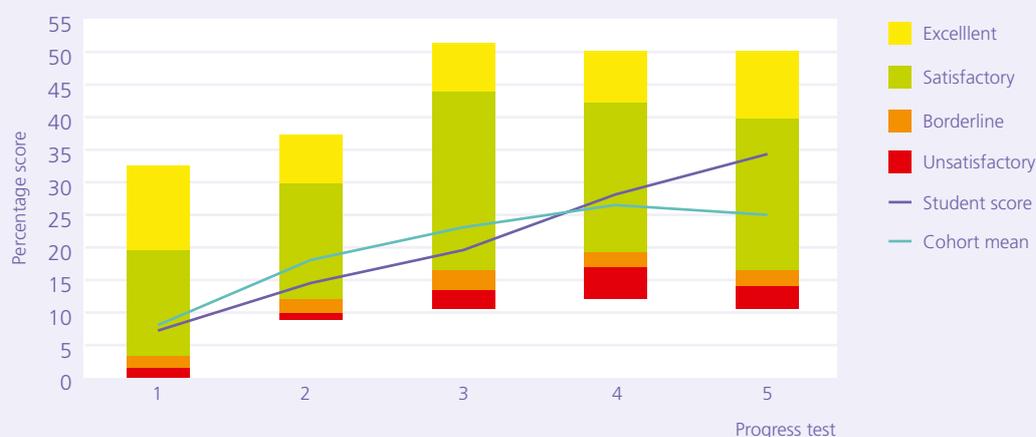


Figure 1: Progress test graph for a student who is improving well compared to the cohort mean over five tests.

Effective approaches to improving academic success are:

- Ensuring that students become engaged learners
- Meaningful interaction between staff and students
- Constructive feedback on work submitted and progress to date

To develop academic success, medical schools are encouraged to:

- Encourage students to actively engage in their learning
- Provide specific learning support and building study skills
- Have staff points of contact who relate to students and treat them as individuals, providing feedback on work submitted, progress to date and guidance and support on assessment

Transition to practice

Transition to practice encompasses a students' progression to employment after graduation.

The vast majority of medical schools at this stage of the journey in medicine do not deliver or provide additional or separate activities for students from under-represented backgrounds. This reflects the approach taken by many universities across their portfolio. However, with the increasing focus by policy makers on the whole student lifecycle, particularly for students from a widening participation background, it is becoming of interest to universities, with many reconsidering their strategies and considering specific employability measures. Medical schools may, therefore, wish to review their approach, after considering their statistical evidence.

Within universities there are many services available to support students. However, many students are often not aware of the services and/or do not use them. Professional services such as career planning can be

particularly effective when they are delivered within the academic programme and are tailored to the subject being studying. These programmes can include an understanding of the roles within the NHS and the labour market, consideration of specialty, building confidence and aspiration and improving job search skills. Delivering within the academic programme is particularly relevant to medicine for many reasons, such as the fact that the progression from a medicine degree is so different from most other courses, there are significant time constraints for the students and often under-represented groups have a limited capacity to engage in activities outside of the curriculum. Within the higher education sector there is a move to introduce targeted career planning approaches to widening participation students, however, the practice is limited and there is very little evaluation.

University of Aberdeen School of Medicine Careers Advice

What is it?

The medical school has a dedicated careers adviser to advise and guide medical students on their future career choices.

Who is it for?

The careers adviser supports all medical students across all years of the curriculum, although the main efforts are directed towards years 1, 2 and 5.

What does it do?

The adviser coordinates all careers advice for medical students throughout their studies liaising, as appropriate, with teaching coordinators, NHS Education for Scotland and the university's careers service. The careers advice focuses on developing self-awareness as well as informing students about their options for a future career.

In addition to individual support the adviser maintains a medical careers website www.abdn.ac.uk/medical/careers and organises events in both year 1 (on career planning) and the final year.

An annual report is provided to the Head of the Division of Medical and Dental Education and the Undergraduate Director of Medical Education.

Work in development includes opportunities for medical students to meet trainees at foundation and speciality level, further web-based resources and closer links with the postgraduate training structures.

What is the impact?

Feedback from students confirms that they appreciate the opportunities offered to focus on their future career but timing needs to be appropriate in the light of their immediate concerns about assessments.

Informal sessions with postgraduate trainees are particularly effective

Medical schools have always supported their students' extra-curricular activity. Medical schools often actively promote volunteering, cultural and social activities, including, in some cases, by funding particular societies. Students are encouraged to take advantage of the plethora of options available to them to expand their experiences beyond their medical school education and become active participants in the wider university and broader community. It is often seen as important in promoting a work-life balance, which is understood as central to becoming a successful doctor. Many universities recognise extra-curricular activities through specific programmes such as accredited courses (for example, the York Award), or dedicated prizes for students who have excelled in their volunteering work; whilst many others set aside and protect time for students to engage. However, what is of greatest importance is that students gain from the experience and understand and reflect on their skills and learnings. Medical schools are encouraged to ensure that students are getting the most out of these experiences.

Effective approaches for transition to practice are:

- Building provision into the curriculum
- Encouraging students to understand and reflect on their skills and learnings
- Supporting students to achieve a work-life balance

To develop transition to practice medical schools are encouraged to:

- Consider specific programmes for widening participation students
- Deliver professional services, such as career planning, within the curriculum
- Promote and enable students to engage in extra-curricular activities.

Developing the Culture

Building a successful programme of student support requires a culture within the medical school in which it is valued by all staff.

Responsibility for managing and promoting student support should be at the most senior level within the medical school. The leadership within the medical school should explicitly value student support. To develop staff capacity, inclination and opportunity to nurture student success across all the elements of the journey requires leadership and resources, ensuring the priorities and culture are supportive. Alongside this, student support should be embedded in the medical school's key policy documents, including its learning and teaching strategies, which must be actively endorsed by senior managers.

Continuous monitoring and evaluation is the norm within medical schools. Medical schools should ensure that evaluation is valued, sought out and seen as essential to good management. Frequent assessment of whether student success practices support all students should be an explicit part of the culture.

Developing student support throughout the medical school requires all staff to be involved – it is not a task that can be left to a few committed individuals. Building staff responsibility for student support should be part of the culture within the medical school. This can be practically supported by encouraging staff

engagement, providing resources (including time), staff development opportunities, recognition and reward, and including student support explicitly within the staff appraisal system. It can include embedding support into staff recruitment procedures, for example including it within the advertised role and having specific sessions in new staff induction.

Staff training and development is crucial in order to ensure all staff understand the importance of student success within the teaching and learning relationship. Staff who provide support must have the right training for the role so they can appropriately help and signpost students, and be aware of the boundaries of their role.

Whilst most medical schools include student support within staff development programmes and relevant job descriptions it is also important to recognise it within the appraisal and award process.

Most medical schools are moving towards a singled named lead person with responsibility for student support. These are often at a senior 'director' level. This provides a focus for the strategy but also all the student support functions within the medical school.

Lancaster Medical School Director of Student Support

What is it?

Lancaster Medical School has appointed a dedicated Director of Student Support.

Who is it for?

The Director of Student Support assists all medical students.

What does it do?

The university provides various types of student support, including a system of college advisors who provide pastoral support. However, the medical school found that their students had particular needs that were not

served by the general student support mechanisms and appointed a Director of Student Support from the academic staff.

Having one person with a particular responsibility for student support means that students know exactly who to go and see if they are having problems; all staff know exactly to whom they should refer students; and the Director of Student Support is aware of other sources of support that are available to students, and can help navigate them through the centrally provided services. A single person responsible for student support helps to reassure students that their cases are kept confidential, which in turn encourages them to come forward with problems at an earlier stage. This readily accessible support is believed to be particularly important for widening participation students. The Director of Student Support is also able to refer medical students for psychological counselling, if deemed appropriate, through a scheme delivered specifically for medical students.

What is the impact?

Since the inception of this role, the number of students self-referring to the Director of Student Support has continued to increase, demonstrating increased awareness and acceptance of the role. Early awareness of problems has ensured that appropriate measures have been put in place as soon as possible and has prevented problems becoming crises.

Students report feeling well supported.

Developing the culture within medical schools also involves the students. Student engagement is often used to describe students and staff working in partnership to deliver the education programme and to facilitate change and development. Student engagement can encompass:

- Support in the management of the medical school, including policy and strategy
- The education programme, such as the delivery of teaching and assessment
- The wider academic discourse, such as the medical school's research programme
- The local community and volunteering

Research has suggested a strong link between academic and social engagement, with a sense of belonging aiding student learning (Bok, 2006). The importance of student engagement in extracurricular activities and voluntary activity has been highlighted. However, the demanding and intensive nature of medical school curricula can often leave little space for personal development and engagement within the academic community.

Medical schools can encourage student engagement by:

- Defining and promoting opportunities for any student to engage

- Creating and maintaining an environment within which students and staff engage in discussions and share information
- Ensuring effective representation of the collective student voice at all organisational levels
- Giving students training to support their roles
- Recognising and celebrating the role of students
- Keeping engagement under regular review

Effective approaches for a culture of valuing student success are for:

- All staff to be engaged
- Leaders and managers explicitly valuing the contribution of student support
- Building engagement of students

To develop transition to practice, medical schools are encouraged to:

- Have a senior lead person with responsibility for student support
- Ensure all staff are valued and recognized for their work within student support
- Actively promote student engagement at all levels

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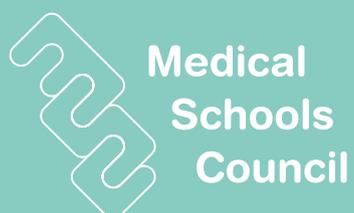
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