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CEO HEFCE 2014

"If you were going to be an outstanding researcher Megan, you would have done it by now"

Madeline Atkins 1999



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Refreshing the curriculum context University



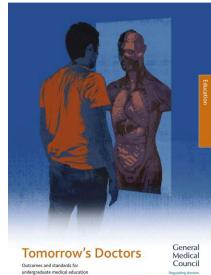
- Across the UK curricula have been updated in response to GMC revisions of Tomorrow's Doctors, but have they kept pace with the changing educational and healthcare environment? Students today have unprecedented access to online information, education and social interaction: new dimensions are being explored for education and training.
- Authentic patient experiences and holistic student support (while reducing administration) is essential to enhancing student success while modernising approaches taken to teaching. This talk aims to lightly challenge and stimulate local responses to new contexts.

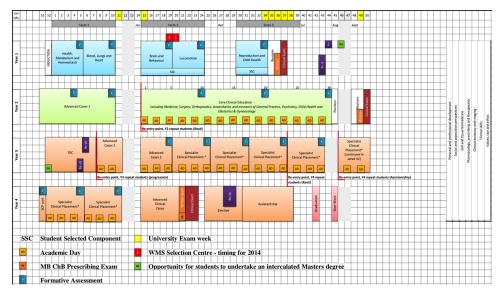


Refreshing the curriculum context



- Tomorrow's Doctors first published in 1993 (now 2009)
- · Emphasis on outcomes
- Major curriculum redesign across the sector ~2000
- Reduction in basic science teaching
- Increased patient contact/early experience
- Student selected options
- Increased focus on varied pedagogy
- Revised assessment TD image ©GMC all rights reserved (go on, let them sue me)





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Refreshing the curriculum context



'Clever timetabling'



Quote: Reg Jordan, Newcastle University, a long time ago

Pedagogical concepts



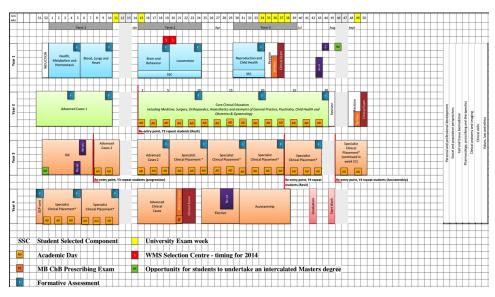
- Lectures
 - Synchronous
 - Transmission of knowledge from sage to learner
 - Promotes rote learning and knowledge recall
- Cases/problem based learning
 - Group work around a trigger problem
 - Based on theories of a 'conversational framework' for learning (Laurillard 1993, 2002)
- Clinical experience, skills, professionalism
 - Community, primary, secondary and tertiary care
- Self-study
 - Student selected components, research and inquiry











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 "Imagine a world in which every single person is given free access to the sum of all human

knowledo Sustainal National http://w



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© <u>()</u>

Sugata Mitra image: ©Newcastle University. Used with consent.

Disruptive technology

- Academic papers open publishing: results of publicly funded research 'free at the point of use'
- Open access to publicly funded research data
- Open educational resources (OER)
- MOOCs and open courses
- · International collaborations
 - OpenCourseWare, EdX, Coursera, Udacity, OERu, FutureLearn, etc.
 - OER programme in the UK
- Social networking







Jack Andraka

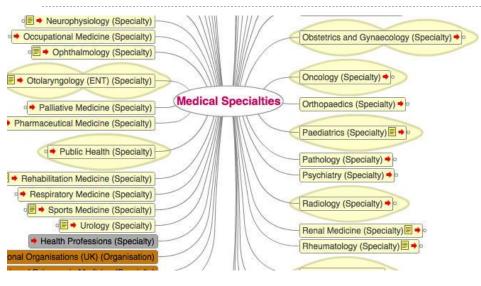


Teen Genius Develops Cancer Test

©National Geographic, http://newswatch.nationalgeographic.com/2013/04/10/teen-genius-develops-cancer-test/

Dynamic learning maps





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7

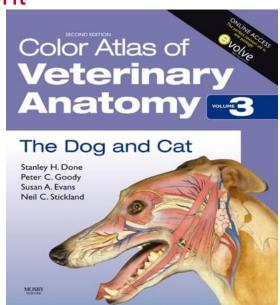
Social media (many-to-many)



Image created using Wordle; designs, etc. all theirs. Online at http://www.wordle.net/

Elsevier content

- veterinary small enough market sector to test approaches
- social media interfaces
- original image:
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 To purchase: http://amzn.to/l5jH2t



Outputs from Student App Development Day





Search: tuberculin

Search

Showing 1 to 20 of 40.

Results

Mashing up content - student app

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• A lead is the recording or circuit between two recording points. Depending upon the wiring within the electrocardiograph the same potential difference across a lead could result in an upward or downward deflection of the recording pen

Line: 214 - /publish_oer/uploads/epubs/fileuploads/9780702039911_Veterinary Medicine/original.epub - View in contex

More objective tests have been developed for the horse, which include evaluation by means of telemetry from horses timed over a measured distance on race tracks3 or the use of a treadmill 1,4 to provide a defined amount of exercise. The amount and intensity of exercise can be varied by the speed and incline of the treadmill and by the duration of the exercise period. The treadmill allows the recording of a variety of cardiorespiratory measurements in the exercising horses,6 and can be used for evaluating the significance of cardiopulmonary disease and for establishing the cause of poor racing performance.

Line: 1905 - Populating, performance and the cardiopulation of the c

The pulmonary blood flow and syste shunt (physiological shunt) caused to pulmonary-to-systemic flow ratio sho the magnitude of the left-to-right shur (oxygen content of arterial blood), M\ animals with a patent ductus arterios Pvo2 (oxygen content of pulmonary Pao2).8 This method assumes the a blood) is calculated from the measu O2content = [Hb] × 1.39 × O2 satural arterial blood = 97.5% and that Po. ventricular septal defect, atrial fibrilla using the right atrial content as the m calculation indicated the presence flowing through the lungs was from right atrium to right ventricle (2.1 mL was confirmed at necropsy.

Dyspnea, fatigue and a prolonged elevation in heart rate following exercise are signs suggestive of cardiac insufficiency. Frequently, animals with suspect cardiac disease are exercised in an attempt to clicit these signs and to get an estimate of exercise tolenance. Je Il most practice situations the assessment of exercise tolerance is subjective. There is obviously a considerable difference in the amount of exercise that a beef bull and a trained racehorse can tolerate under normal conditions, and the amount of exercise given to any one animal is determined by the clinician's judgment. The rate of fall in heart rate following exercise and the time required to reach resting levels depend upon the severity of the exercise, even in fit horses. Heart rate falls rapidly over the first minute and then more slowly over the ensuing 10–15-minute period.

More objective tests have been developed for the horse, which include evaluation by means of telemetry from horses timed over a measured distance on race tracks³ or the use of a treadmill ^{1.4} to provide a defined amount of exercise. The amount and intensity of exercise can be varied by the speed and incline of the treadmill and by the duration of the exercise period. The treadmill allows the recording of a variety of cardiorespiratory measurements in the exercising horse^{5.6} and can be used for evaluating the significance of cardiopulmonary disease and for establishing the cause of poor racing performance.

There are many noncardiac causes of exercise intolerance and, in a report on the eval biochemical and physiological consequence were found to have more than one problem leading to poor athletic performance.

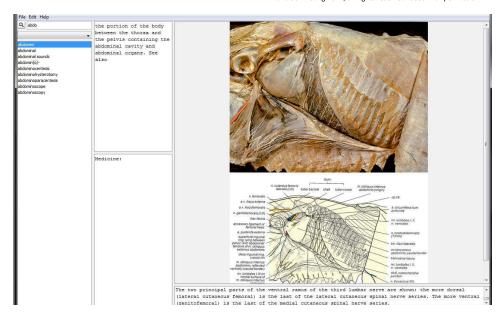
| Application | Content of the eval biochemical and physiological consequence were found to have more than one problem leading to poor athletic performance.

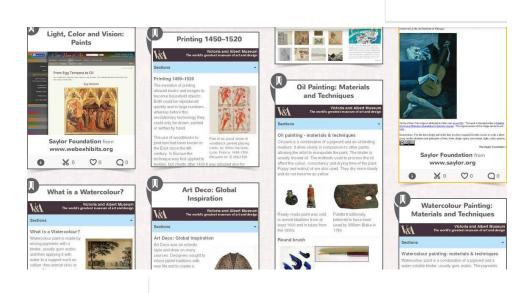
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9

Mashing up content - student app

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Authentic patient cases

- Hundreds of examples of patient cases online
 - Many are not licenced for re-use
 - Mostly drill and practise (with MCQs)
 - Some offer triggers
- Authentic experience and structured learning
- Using systems to allow students to sign up for additional clinical teaching
- Systems HAVE to be fully automated / easy to use











The Newcastle "offer"





Professor Suzanne Cholerton, PVC Teaching and Learning

Photographs ©2012 Newcastle University

- THE Leadership and Management Awards, 2013
- Signposting learning resources
- Recordings of all lectures
- Student support / ePortfolios
- Flipped classrooms (signpost content but use curriculum time supporting the learning process)
- 'Teaching support environment' to support clinical teachers
- · Community and public health
- Student careers in aging, mental health and general practice

Professions education

- Newcastle University
- · Rethinking the process of learning
- Educating educators to teach
- Student engagement and support enhancing the student learning environment for all students
- Space for development of professional skills
- New transparency in research environments
- Managing risk in higher education
- Need for leadership development





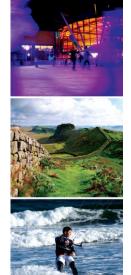




Opportunities

- Can we improve learning with less knowledge delivery and more early patient experience (i.e. is the balance right)?
- Should we take yet more basic science out of the curriculum/move to post-registration?
- If assessment drives learning should we use more 'open' assessment (rewarding inquiry and synthesis)?
- What are the issues for clinical teachers?







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