



MBCHB STUDENT SELECTED COMPONENTS Y4 SUPERVISORS GUIDE

SSC Director: Dr Antonia Roseweir

Y4 Deputy Director: Dr Hamish Runciman

SSC Administrator: med-sch-ssc@glasgow.ac.uk

Wolfson Medical School Building,
University of Glasgow,
Glasgow, G12 8QQ

SSC Format

The format of a year 4 SSC can be described as falling within two broad categories: project-based, or clinical modules. Project-based modules are usually flexible where there might be a topic to be investigated by the student (e.g., library-based project) and staff input might be limited to regular meetings to discuss progress. Clinical modules often involve combinations of a project with clinical activities such as interviewing and examining patients, attending theatre, outpatients, or ward rounds.

Menu-based SSCs

SSC proposals are welcome from any members of academic and honorary academic staff or equivalent. If submitted by staff the module will be offered to students in an online “menu” form for the specified SSC block(s) and therefore an outline of the module will be required to allow students to make an informed choice. The first step in the process is to submit an outline of the module, which should be sent to the SSC administrator in electronic form. Any modifications required will be notified to the SSC Supervisor prior to being offered to the students. Particularly important issues are the assessment processes (see below), the timing of the module and the maximum student numbers that can be accommodated. Once students have made their choices, the SSC Supervisor will be given the names and registration numbers of the students before the start of the module. The students will then be asked to contact the Supervisor for joining instructions (i.e., date, time, location of first meeting).

Essential steps to follow in order to offer a 4-week SSC to Year 4 undergraduate medical students:

1. Select which block you wish to supervise. There are nine timetabled blocks across Year 4. Details on the exact dates can be found here: [Recruitment Leaflet](#)
2. Decide on the minimum and maximum number of students which is usually 1-2
3. Set aside time to supervise (this varies depending on the nature of the SSC) and carefully consider content, delivery methods, aims, intended learning outcomes and the most appropriate assessment instruments (the norm tends to be 60% written report, 20% supervisor’s assessment/judgement and 20% oral presentation)
4. Complete a written module menu form, **an exemplar can be found in Appendix 1 or here:** [Menu Module Outline Exemplar](#)
5. Submit electronically to the SSC administrator for approval (med-sch-SSC@glasgow.ac.uk)

Student-proposed SSCs

These require the student to identify the subject area and a supervisor. Thereafter it will be necessary for a module outline, which is considered to be a Learning Contract, to be agreed between the student and the Supervisor. The student would normally approach staff and develop the module in collaboration with the proposed supervisor (sometimes other students will ask to join the module). Whether these other students are accepted is entirely up to the supervisor who will determine student numbers based on available resources. The crucial elements of the learning contract are the intended learning outcomes and the assessment process (**see Appendix 1**). Whether these are achieved by the end of the module can be used to gauge student performance, assuming that they have not been set too high at the outset. The contract can be re-negotiated in such circumstances (SSC Director to be advised of any changes to the original learning contract). More detailed information about SPSSCs can be found at the following link: [SPSSC information](#).

Students are strictly not permitted to self-propose a module which the supervisor has already submitted as a menu choice as this is unfair to other students.

Attendance and Absence Reporting Regulations

Attendance in all the SSC blocks is compulsory with students being required to pass in order to progress to the next academic year. Lack of attendance could result in students having to remediate the missed time over the summer. If there is any medical or other problem that will interfere with attendance, students are told that they **must** inform the SSC supervisor **and** the SSC administrator immediately (med-sch-SSC@glasgow.ac.uk). Students must also record absences through My Campus. This is in line with University Regulations: students have already signed the Student Agreement which includes agreeing to attend all MBChB sessions and to follow absence procedures.

if unable to attend. Patterns of absences are closely monitored by the Medical School and may constitute a concern in relation to fitness to practice.

Students who miss more than 5 days (25%) will need to remediate this time, so please inform the SSC administrator (med-sch-SSC@glasgow.ac.uk) if any student meets this absence threshold, so we can arrange a welfare check and remediation.

SSC Content and Menu Allocations

The activities undertaken by the student during the module will vary depending on the nature of the module and the local availability of resources.

For allocation of SSC menu places, a computerised ranked-choice allocation system is used. From the menu of available SSCs, students are asked to rank their choice of 6 SSCs and submit these online. Thereafter, the algorithm runs many times until the best possible 'fit' is obtained in terms of all students getting their highest choice possible within the constraints of the number of places available. Once student's choice has been finalised both the student and supervisor will be informed of the outcome.

Students are told to contact their supervisor before the start of the module to obtain joining instructions (i.e., date, time and place of the first meeting).

SSC Assessment

As all SSCs are assessed, with a requirement to pass each one to progress to the next academic year, and this process is scrutinised by the External Examiners, therefore, a particularly important issue is how the module is assessed. Academic rigour is expected of all written work and at least 60% of the assessment must be in a form accessible to External Examiners (e.g., written report, case reports with reflections, etc).

Normally, the main assessment instrument should consist of a properly referenced **report/dissertation/essay/audit** (2400 to 3200 words, depending on the instruments and weighting) on some aspect of the speciality, although depending on the nature of the SSC other written work e.g., written examination and/or laboratory report may be appropriate. This should be the main outcome measure with the largest weighting of at least 60%. Although other more subjective assessments (e.g., oral presentation) can also be included, these will be limited to a weighting of 20%.

All SSC assessments must include a supervisor's assessment which considered engagement and participation, which must be set as 20% weighting.

In educational terms, improved reliability is achieved if more than one form of assessment is used. Supervisors regularly ask for guidance about assessment instruments, word count, etc. Therefore, preferred breakdown examples are shown below and help to encourage equity in workload across the programme, although we appreciate that these may not be appropriate for all SSCs. **For written assessments, the word count should follow the principle of 800 words for every 20% weighting.**

Preferred Examples of Assessment Breakdowns

Supervisors Assessment/Judgement	20%
Oral Presentation (15 mins including answering questions)	20%
Individual Written Report (2400 words)	60%

OR

Supervisors Assessment/Judgement	20%
Individual Written Report (3200 words)	80%

OR

Supervisors Assessment/Judgement	20%
Case Report with Reflection (1600 words)	40%
Individual Written Report (1600 words)	40%

OR

Of course, other types of assessment instruments can be used such as lab book, literature review, reflective portfolio, blog, website, learning resource but should follow one of the weighting combinations above. For these, like the above regular used methods the word count suggestion is 800 words for every 20% weighting.

Audits are acceptable and strongly encouraged, although should be completed and written up by the end of the module.

Group Report - An important point to bear in mind is that if one of the major assessment instruments is a group report then some other means of assessing **individual** student contribution is required, for example, a referenced summary or reflective commentary of 400 words.

Simple case reports (i.e. clerking of patients) - are acceptable but must be accompanied by a **reflective commentary of ~ 400 words**, which should also include references. This commentary can cover aspects such as pathophysiology/management/epidemiology etc., with the patient's history and findings being illustrative. If only this type of case report is to be presented for assessment, two are expected, each with reflective commentaries totalling about 1600 words (e.g. 1,200 words on each case and 400 words on reflection).

Format of Students Written Work

Students are provided with the following instructions.

- General formatting and referencing should follow the School of Medicine formatting guidelines used for other MBChB coursework found on Moodle
- The first paragraph should include a short introduction into what the piece of work(s) is/are covering. This will help orientate the reader/marker including the External Examiners who review the SSC programme
- The work should have logical sections, for example an academic paper may have sections such as Introduction, Methods, Results, Discussion, Conclusions and References
- Diagrams, figures, and tables should be used to complement the text

AI declaration and use

All students must submit an AI declaration form along with their assessment, declaring if they have used any Generative AI to help with their submission. Please also ask your student to review the university guidance on AI use in assessment (<https://www.gla.ac.uk/myglasgow/sld/ai/students/>).

Student Submission

Year 4 SSC supervisors will be emailed the assessment material and Turnitin output directly from the student(s). We only ask supervisors to acknowledge they have seen the Turnitin report, as we will look at the output centrally, although some supervisors are also keen to look over the similarity score. Students will then send their supervisors a ticket via NHS ePortfolio which will contain a link to the formal marking form, for formal marking purposes.

For information, below is the 3-step process which we have asked the students to follow.

1. Submit to Year 4 SSC Moodle assessment tab to generate a Turnitin report for each piece of assessment (this is date stamped and considered final submission)
2. Submit assessment with Turnitin output to your supervisor via email (if the file is large then you may have to zip)
3. Send a ticket from your NHS ePortfolio to your SSC supervisor for marking purposes (marking form is housed here)

Method of Assessment

Once you receive the students' work, please input grades and feedback via the online link, please complete the relevant components of the online SSC marking form using Schedule A. Marking should normally be completed within **10 working days** of receipt of the students' work. Please see below for more information including marking schedules with descriptors.

Assessment Regulations

To comply with university regulations, it is necessary to mark all work produced by students using Schedule 1 of the **University of Glasgow code of assessment (Schedule A)**. This involves using a A to H grading system which employs descriptors of student performance based on learning outcomes – in effect the learning objectives of the module. Within each grade, supervisors should decide on the secondary band. For each relevant assessment (e.g. report, supervisors' assessment) please award a grade with sub-banding (e.g. A3, C2 etc) which relates to a 22 point numerical scale. These will be summed subsequently to calculate the overall grade awarded. Supervisors should also please provide written feedback about the assignment and performance using the comments section with at least two positive comments and one thing to work on for each piece of assessment material.

For the more subjective forms of student assessment, supervisors will find the guidelines for supervisors' assessment (Schedule 2) and oral presentations (Schedule 3) below.

Any student awarded E to G grades should normally be offered the opportunity of reassessment unless the reason for failure relates to non-submission of work or non-attendance. Students are expected to submit their work by the end of the SSC block but may apply to the university for an automatic 5-working day extension, if agreed with their supervisor, if a minor delay is expected. If there is a major problem with submission, students should submit an extenuating circumstances (EC) claim to the university. Both can be applied for via the extenuating circumstances portal (<https://www.gla.ac.uk/myglasgow/policy/extenuatingcircumstances/>). **Failure of students to submit work by the deadline without either of these will result in deduction of two sub-bands per day.** Appendix 2 shows a flow diagram of the procedure for submission and applying penalties.

Once supervisors have marked the work online using the assessment grid, students will be informed of their grade and feedback. Supervisors having any issues arising from returning grades or feedback should get in touch with the SSC administrator and we will assist (med-sch-SSC@glasgow.ac.uk). Please note, the grades awarded at this time are provisional until formally approved by the External Examiners. External Examiners will review a selection of grades, along with all the fail grades. In line with University regulations, responses from External Examiners and students, the students' work will also be **moderated** by the SSC Director and Deputies. Feedback from supervisors about this process has been extremely positive.

Supervisor Evaluation

An electronic evaluation form is available for students to complete at the end of every SSC module. This re-enforces good practice and helps to inform future module improvements. In addition, some supervisors use this for appraisal purposes. Several reminders are sent out to students to complete this valued task which is distributed to supervisors following the External Board of Examiners meeting.

Progression and Graduation

In addition to passing all the professional examinations, students must pass each SSC block in order to progress to the next academic year. To comply with the Data Protection Act, students' written work (electronic or otherwise) will be kept for 6 months after publication of the SSC grades for that block and thereafter destroyed, these grades being immutable thereafter.

Ethics Approval and Disclosure of Patient Information

In designing the SSC, it is important for the Supervisor to bear in mind that if there is to be a research element involving patients, ethics committee approval must be sought well before the start of the module. It is the Supervisor's responsibility to ensure that research studies have ethical approval. Where appropriate, clinical audits should be registered with the Clinical Effectiveness Coordinator in the NHS Greater Glasgow and Clyde Clinical Governance Support Unit. Forms for this are available on the NHS intranet. The Clinical Governance Support Unit may offer support for some audits.

GMC guidance states that if students need access to a patient's personal information, but are not providing or supporting the patient's care, anonymised information should be used whenever possible. When it is necessary for students to use identifiable information about a patient, or it is not

practicable to anonymise information, wherever possible the patient's consent should be sought before disclosing it. Case reports produced by students should be written in such a way that the patient should **not be identifiable**. Students should not use initials and the date of birth but instead use terms such as Mr/Mrs/Ms X and the age of the patient.

SSC Marking Scheme 1 for Written Work encompassing Schedule A (University Code of Assessment)

Primary Grade & Description	Secondary Band	Primary verbal descriptors for attainment of Intended Learning Outcomes
A Excellent	A1 A2 A3 A4 A5	University Descriptors Exemplary/ range and depth of attainment of intended learning outcomes, secured by discriminating command of a comprehensive range of relevant materials and analyses, and by deployment of considered judgement relating to key issues, concepts and procedures. Additional Guidance Understanding: Shows <i>excellent</i> breadth of understanding, synthesis, insight and originality for all intended learning outcomes. Contains all of the relevant material with no omissions and/or inclusion of irrelevant material. Data interpretation: If appropriate, statistical analysis is correctly used in all places. Data is perfectly well interpreted. Resources: Based on a wide range of relevant literature. Presentation: <i>Excellent</i> presentation of work demonstrating a high quality and structure of writing and layout, figures, diagrams with references being correctly formatted.
B Very good	B1 B2 B3	University Descriptors Conclusive attainment of virtually all intended learning outcomes, clearly grounded on a close familiarity with a wide range of supporting evidence, constructively utilised to reveal appreciable depth of understanding. Additional Guidance Understanding: Shows a <i>very good</i> breadth of understanding, synthesis and insight for virtually all intended learning outcomes. Contains mainly relevant material with few omissions and/or inclusion of irrelevant material. Data interpretation: If appropriate, statistical analysis is generally well used. <i>Very good</i> attempt at data interpretation. Resources: Based on a relevant range of literature. Presentation: Presentation of work demonstrating a <i>very good</i> quality with structure of writing and layout, figures, diagrams and references being correctly formatted.
C Good	C1 C2 C3	University Descriptors Clear attainment of most of the intended learning outcomes, some more securely grasped than others, resting on a circumscribed range of evidence and displaying a variable depth of understanding. Additional Guidance Understanding: Shows a <i>good</i> breadth of understanding and insight for most intended learning outcomes. Contains relevant material with some omissions and/or inclusion of irrelevant material. Data interpretation: If appropriate, statistical analysis is used in most places but may be missing or inaccurate in others. Data is mostly well interpreted but there may be errors in places. Resources: Based on a limited range of literature, but literature used is relevant. Presentation: Presentation of work demonstrating a <i>good quality</i> with structure of writing and layout, figures, diagrams and references mostly formatted correctly.
D Satisfactory	D1 D2 D3	University Descriptors Acceptable attainment of intended learning outcomes, displaying a qualified familiarity with a minimally sufficient range of relevant materials, and a grasp of the analytical issues and concepts which is generally reasonable, albeit insecure. Additional Guidance Understanding: Shows <i>satisfactory</i> understanding and insight of intended learning outcomes. May contains irrelevant material and/or significant omissions of relevant material but shows some inclusion of relevant information. Data interpretation: If appropriate, statistical analysis is sometimes used, but mostly missing or inaccurate in others. Data is interpreted in places, but there may be errors. Resources: May be based on a single or very limited range of literature, some of which might not be entirely relevant. Presentation: <i>Satisfactory</i> presentation of work demonstrating an acceptable quality and structure of writing and layout, figures, diagrams with references being correctly or incorrectly formatted.

E Borderline Fail	E1 E2 E3	<u>University Descriptors</u> Attainment deficient in respect of specific intended learning outcomes, with mixed evidence as to the depth of knowledge and weak deployment of arguments or deficient manipulations. <u>Additional Guidance</u> Understanding: <i>Unsatisfactory</i> understanding and insight of intended learning outcomes. Contains irrelevant material and/or substantial omissions of relevant material. Data interpretation: If appropriate, statistical analysis is largely missing or inaccurate with data being incorrectly interpreted. Resources: Not based on literature or irrelevant literature cited. Presentation: <i>Unsatisfactory</i> presentation of work demonstrating a poor quality and structure of writing and layout, figures, diagrams with references generally formatted incorrectly.
F Clear fail	F1 F2 F3	Poor attainment of intended learning outcomes appreciably deficient in critical respects, lacking secure basis in relevant factual and analytical dimensions. Largely (but not completely) irrelevant material presented.
G Fail	G1 G2	Very poor and markedly deficient in respect of nearly all intended learning outcomes, with irrelevant use of materials, incomplete and flawed explanation.
H Fail	H	No material submitted for assessment.

SSC Marking Scheme 2 for Supervisors Assessment & Judgement

Primary Grade	Secondary Band	Primary verbal descriptors for attainment of Intended Learning Outcomes
A Excellent	A1 A2 A3 A4 A5	Overall The student was able to demonstrate an <i>excellent</i> attainment of all the relevant intended learning outcomes for the SSC, specifically understanding of the SSC, analysis and interpretation, problem solving and autonomy, organisation, motivation and reliability (including attendance), and interpersonal skills. Additional Guidance Understanding of the SSC: The student showed an <i>immediate grasp</i> of the aims and objectives of the SSC. Any gaps in knowledge were quickly and proactively filled by questioning those more experienced, or by retrieving information from journal articles, books or manufacturers' websites as appropriate. The student devoted time throughout the SSC to reading and understanding the literature relevant to the SSC, and was able to use this knowledge when discussing findings or planning new approaches. The first draft of the written work revealed an <i>excellent</i> understanding of the literature and the aims of the SSC. Analysis and interpretation: The student was able to analyse and correctly interpret literature <i>with very little help</i> from the supervisor, both during the SSC and in the first draft of written work. Creativity, problem solving and autonomy: The student showed an <i>excellent</i> ability to suggest new ideas and think of ways to troubleshoot problems. The student worked <i>independently</i> on a day to day basis, and was able to use initiative to solve minor problems. Organisation: The student showed an <i>excellent</i> ability to organise his/her time and plan his/her work efficiently. Motivation and reliability: The student was <i>always</i> punctual and reliable with attendance and in carrying out tasks. Interpersonal skills: The student showed an <i>excellent</i> ability to interact with other members of the team, showing respect, honesty and integrity as well as <i>excellent</i> communication skills when asking for advice and discussing results and ideas.
B Very good	B1 B2 B3	Overall The student was able to demonstrate a <i>very good</i> attainment of the relevant intended learning outcomes for the SSC, specifically understanding of the SSC, analysis and interpretation, problem solving and autonomy, organisation, motivation and reliability (including attendance), and interpersonal skills. Additional Guidance Understanding of the SSC: The student <i>quickly</i> grasped the aims and objectives of the SSC. Any gaps in knowledge were filled by questioning those more experienced, or by retrieving information from journal articles, books or manufacturers' websites as appropriate. The student devoted time throughout the SSC to reading and understanding the literature relevant to the SSC, and was <i>sometimes</i> able to use this knowledge when discussing findings or planning new approaches. The first draft of the written work revealed a <i>very good</i> understanding of the literature and the aims of the SSC. Analysis and interpretation: The student was able to analyse and correctly interpret literature <i>with some help from the supervisor</i>, both during the SSC and in the first draft of written work. Creativity, problem solving and autonomy: The student <i>was able to suggest some new ideas</i> and could think of good ways to troubleshoot problems. The student worked <i>mostly</i> independently on a day to day basis, needing only very limited guidance, and was <i>often</i> able to use initiative to solve minor problems. Organisation: The student showed a <i>very good</i> ability to organise his/her time and plan his/her work efficiently. Motivation and reliability: The student was <i>nearly always</i> punctual and reliable with attendance and carrying out tasks. Interpersonal skills: The student showed a <i>very good</i> ability to interact with other members of the team, showing respect, honesty and integrity as well as <i>very good</i> communication skills when asking for advice and discussing results and ideas.
C Good	C1 C2 C3	Overall The student was able to demonstrate a <i>good</i> attainment of the relevant intended learning outcomes for the SSC, specifically understanding of the SSC, analysis and interpretation, problem solving and autonomy, organisation, motivation and reliability (including attendance), and interpersonal skills.

		<u>Additional Guidance</u> Understanding of the SSC: The student attained a <i>good</i> understanding of the aims and objectives of the SSC. Some gaps in knowledge were filled by questioning those more experienced, or by retrieving information from appropriate resources. The first draft of the written work revealed a <i>good</i> understanding of a range of relevant literature and the aims of the SSC. Analysis and interpretation: <i>After discussion with the supervisor</i>, the student was able to understand and correctly explain the findings, both during the SSC and in the first draft of written work. Creativity, problem solving and autonomy: <i>With some help from the supervisor</i>, the student was able to suggest some new ideas and could think of good ways to troubleshoot problems. The student <i>sometimes</i> worked independently on a day to day basis, needing <i>some</i> guidance, and was <i>sometimes</i> able to use initiative to solve minor problems. Organisation: The student showed a <i>good</i> ability to organise his/her time and could usually plan the workflow of his/her work. Motivation and reliability: The student was <i>usually</i> punctual and reliable in attending meetings and carrying out tasks. Interpersonal skills: The student showed a <i>good</i> ability to interact with other members of the team, showing respect, honesty and integrity as well as <i>good</i> communication skills when asking for advice and discussing results and ideas.
D Satisfactory	D1 D2 D3	<u>Overall</u> The student was able to demonstrate a <i>satisfactory</i> attainment of the relevant intended learning outcomes for the SSC, specifically understanding of the SSC, analysis and interpretation, problem solving and autonomy, organisation, motivation and reliability (including attendance), and interpersonal skills. <u>Additional Guidance</u> Understanding of the SSC: The student attained a <i>satisfactory</i> understanding of the aims and objectives of the SSC. The first draft of the written work revealed a <i>satisfactory</i> understanding of a range of relevant literature and the aims of the SSC. Analysis and interpretation: <i>After several discussions</i> with the supervisor, the student was able to understand and correctly explain most of the findings. Creativity, problem solving and autonomy: The student needed <i>regular reassurance</i> in order to carry out his/her day to day work, and was somewhat <i>reluctant</i> to make his/her own decisions. Organisation: The student had <i>some problems</i> in using his/her time effectively. The student made <i>some errors</i> in planning the workflow. Motivation and reliability: The student was active for most of the time allotted, although <i>some absences were unexplained</i>. There were a few <i>problems</i> with punctuality or reliability. Interpersonal skills: The student was <i>generally able to interact</i> well with other members of the team, although there were some <i>problems</i> to do with communication, respect, honesty or integrity.
E Borderline Fail	E1 E2 E3	<u>Overall</u> The student achieved some of the intended learning outcomes, but the work was generally <i>unsatisfactory</i>. There was <i>poor understanding</i> of the SSC, and/or <i>poor</i> organisation, attendance or communication. <u>Additional Guidance</u> Understanding of the SSC: The student did not achieve a satisfactory understanding of all the aims and objectives of the SSC. The first draft of the written work revealed an unsatisfactory understanding of the literature and the aims of the SSC. Analysis and interpretation: Even after several discussions with the supervisor, the student was not able to understand and correctly explain all of the findings. Creativity, problem solving and autonomy: The student needed <i>careful supervision</i> in order to carry out his/her day to day work, and was <i>reluctant</i> to make his/her own decisions. Organisation: The student had some <i>major problems</i> in using his/her time effectively. The student made some <i>major errors</i> in planning the workflow. Motivation and reliability: The student was <i>not active</i> for most of the time allotted, although some absences were unexplained. There were <i>numerous</i> problems with punctuality or reliability. Interpersonal skills: The student was generally able to interact well with other members of the team, although there were some <i>major problems</i> to do with communication, respect, honesty or integrity.

F Clear fail	F1 F2 F3	The student achieved some of the intended learning outcomes, but the work was generally of a <i>poor standard</i> . The deficiencies were sufficient to mean that the work should be graded as <i>unacceptable</i> .
G Fail	G1 G2	The student achieved few if any of the intended learning outcomes and the standard of work was generally unacceptable.
H Fail		The student failed to achieve any of the intended learning outcomes.

SSC Marking Scheme 3 for Oral Presentations (see schedule 3b for an easy to use marking template)

Primary Grade	Secondary Band	Primary verbal descriptors for attainment of Intended Learning Outcomes
A Excellent	A1 A2 A3 A4 A5	Introduction: background explained very clearly at level appropriate for a general medical audience. Diagrams and images used in an appropriate manner to illustrate key points. No information missing or superfluous to needs for this presentation. Introduction supports aims. Aims, methods, results, conclusions: very clear aims, following excellent reasoning. Methods are entirely appropriate for aims, and very well explained. Results are presented very clearly, with appropriate statistical analysis. Results are interpreted perfectly, and conclusions are very clear. Slide presentation: Slides are very clear and succinct. No superfluous wording. Images and diagrams are used appropriately to illustrate key points. Speaking style: Speaks very clearly, at appropriate pace. Speaks to audience rather than slides. Does not read from a sheet or slides although may have some prompts. Answering questions: Demonstrates excellent further knowledge of topic, and excellent understanding of project, methods, and data interpretation. Thoughts of what next steps for project would be are excellent.
B Very good	B1 B2 B3	Introduction: background explained clearly at level generally appropriate for a general medical audience. Diagrams and images mostly used in an appropriate manner to illustrate key points. Some trivial information missing or superfluous to needs for this presentation. Introduction largely supports aims. Aims, methods, results, conclusions: Clear aims, following very good reasoning. Methods are generally appropriate for aims, and well explained. Results are presented clearly, with generally appropriate statistical analysis. Results are interpreted very well, and conclusions are clear. Slide presentation: Slides are clear and succinct. Not much superfluous wording. Images and diagrams are generally used appropriately to illustrate key points. Speaking style: Speaks clearly, at generally appropriate pace. Speaks mostly to audience rather than slides. Does not read from a sheet, but may have read from slides occasionally. Answering questions: Demonstrates very good further knowledge of topic, and very good understanding of project, methods, and data interpretation. Thoughts of what next steps for project would be are very good.
C Good	C1 C2 C3	Introduction: background explained well, at level generally appropriate for a general medical audience. Some of the diagrams and images used in an appropriate manner to illustrate key points. Some information missing or superfluous to needs for this presentation, but the important information is present. Introduction largely supports aims. Aims, methods, results, conclusions: Clear aims, with some reasoning. Methods are somewhat appropriate for aims, and explained to some extent. Results are presented in a correct manner, although not necessarily the most appropriate manner, with some statistical analysis, although some might be missing. Results are mostly well interpreted, although some minor conclusions might be missing or unclear. Slide presentation: Some, but not all, slides are clear and succinct, but may have superfluous wording. Images and diagrams are generally used appropriately to illustrate key points, but the purpose of some images may not be clear. Speaking style: Speaks mostly clearly, but the pace may be slightly slow or fast. Speaks mostly to slides rather than audience. May read from a script occasionally, or mostly from slides. Answering questions: Demonstrates some further knowledge of topic, and some understanding of project, methods, and data interpretation. Thoughts of what next steps for project would be are good.
D Satisfactory	D1 D2 D3	Introduction: background explained although either too vague or too specific for a general medical audience. Diagrams and images used to illustrate key points, although they are not immediately clear. Some key information missing or superfluous to needs for this presentation. Introduction not always aligned with aims. Aims, methods, results, conclusions: Aims stated, but reasoning leading to them is missing. Methods are somewhat appropriate for aims, but not explained. Results are presented in a confusing manner, with very limited statistical analysis. Results are interpreted correctly, although one major conclusion might be missing or unclear, or one minor conclusion might be inaccurate. Slide presentation: Slides are generally lacking in clarity, but can be understood eventually. Slides may be very word-heavy and impossible to read in the time. Images and diagrams are not used where they could illustrate key points, or the purpose of images is unclear. Speaking style: Speaks clearly sometimes, but the pace may be significantly slow or fast. Reads entirely from script or does not look at audience. Answering questions: Demonstrates minimal further knowledge of topic, and minimal acceptable understanding of project, methods, and data interpretation. Has not thought of next steps for project.
E Borderline Fail	E1 E2 E3	Introduction: Unclear background and level inappropriate for a general medical audience. Diagrams and images used inaccurately to illustrate key points, or not used when would have benefitted. Most of the key information is missing or inaccurate. Does not align with aims. Aims, methods, results, conclusions: Aims missing or unclear. Methods are not appropriate for aims, although attempt is made at justifying them. Results are presented in a confusing manner, with no statistical analysis. Important results are interpreted incorrectly, but some of the minor interpretations may be correct.

		Slide presentation: Slides are generally lacking in clarity, and some are not understandable. Slides may be very word-heavy and impossible to read in the time. Images and diagrams are never used where they could illustrate key points, or inappropriate images are used. Speaking style: Does not speak clearly, and pace is inappropriate. Answering questions: Demonstrates no significant further knowledge of topic, and no minimally acceptable understanding of project, methods, and data interpretation. Has not thought of next steps for project or thoughts demonstrate lack of understanding.
F Clear fail	F1 F2 F3	Introduction: Background unrelated to topic, or clearly aimed at level other than a general medical audience. Diagrams and images used very inaccurately to illustrate key points, or not used when would have clearly benefitted. All of the key information is missing or inaccurate. Does not align with, or contradicts aims. Aims, methods, results, conclusions: Aims missing or inaccurate. Methods are clearly not appropriate for aims, and no attempt is made at justifying them. Results are sparse, unclearly presented and without statistical analysis. Important results are missing or interpreted clearly incorrectly, with none of the minor interpretations being correct. Slide presentation: Slides are generally confusing and difficult to understand. Slides may be very word-heavy and impossible to read in the time. Images and diagrams are never used where they could illustrate key points, or inappropriate images are used. Speaking style: Does not speak clearly, and pace is inappropriate. May be rude or otherwise unprofessional in conduct. Clear lack of enthusiasm for topic. Answering questions: Demonstrates no significant knowledge of topic or project, methods, and data interpretation, even that presented. Answers incorrectly to a question. Thoughts on next steps for project are clearly unsatisfactory.
G Fail	G1 G2	Introduction: Missing, extremely short or irrelevant. Aims, methods, results, conclusions: Missing, extremely short or irrelevant. Clearly not understood by student. Slide presentation: Slides are extremely difficult to understand or completely irrelevant. Speaking style: Very difficult to understand, shows no enthusiasm for topic at all. Unprofessional behaviour. Answering questions: Lack of ability to answer questions, or demonstrate understanding of topic/project.
H Fail	H	Did not present

Schedule 3b

SSC Marking Template/Guide for Oral Presentations

Presenter.....

Marker.....

Date.....

Time.....

Criteria	Grade	A Excellent	B Very good	C Good	D Satisfactory	E Weak	F Very weak	G Poor	H Very poor	Scores
	Secondary band	1, 2, 3 , 4, 5	1, 2 , 3	1, 2 , 3	1, 2 , 3	1, 2 , 3	1, 2 , 3	1, 2	1	
	Score	22, 21, 20 , 19, 18	17, 16 , 15	14, 13, 12	11, 10 , 9	8, 7 , 6	5, 4 , 3	2, 1	0	
Introduction		19								19
Aims, methods, results, conclusions			16							16
Slide presentation				14						14
Speaking style		18								18
Answering questions					11					11
Total										78
Average (total / 5)										15.6

Assign a score for each criterion: assign the middle score (in bold) unless you genuinely believe the student is borderline for that specific category. Each marker should provide an average score (figures in grey are an example). **It is important that the scores awarded by different markers be discussed at the conclusion of the session to agree on the overall score for each student.** This overall score is then converted to a grade and secondary band as shown below and this final grade submitted on line.

22 - 18 = A1-A5;

17 - 15 = B1-B3;

14 - 12 = C1-C3;

11 - 9 = D1-D3,

8 - 6 = E1-E3.

Appendix 1 SSC MENU MODULE EXEMPLAR

Please note that the red text below denotes instructions while black text illustrates an exemplar

2. Breast Cancer: who lives and who dies? **NO MORE THAN 10 WORDS**

SSC Supervisor:	Mr John Meechan
Hospital/Organisation:	Queen Elizabeth University Hospital
Specialty:	Surgery
Available in:	Year 4
Number of students:	2

Overall Aim: **1 or 2 BULLET POINTS**

The overall aims of the module should encapsulate the intentions of the SSC supervisor (i.e., overall purpose).

- The student will gain a broad experience of breast cancer. This will include all aspects of care from diagnosis and staging through to both the surgical and oncological treatment of the disease.
- The student will further their knowledge of the pre-clinical aspects of the disease through reading of current research and spending time in affiliated laboratories in the Institute of Cancer Sciences.

Objectives/Outcomes: **4 OR MORE BULLET POINTS**

Educational objectives should inform the students of what they ought to be able to do as a result of the SSC learning experience/activities. Verbs should be in the active case (e.g., explain, identify, describe, analyse, communicate, demonstrate). Avoid the passive case (e.g., understand, be aware of, appreciate, recognise) and should avoid being statements of belief or philosophy.

Also please note objectives should be assessable/examinable and further examples are in the Appendix at the end.

- To identify the salient scientific and clinical issues from a review of the literature on breast cancer
- To describe the clinical presentation of breast cancer and describe how it is investigated and staged
- To explain the surgical and oncological treatments offered and decision-making employed in choosing breast cancer treatment
- To describe the impact of a diagnosis of breast cancer on the patient
- To analyse a specific area of current research from the breast cancer database
- To demonstrate a professional attitude/behaviour throughout the SSC module

Module Description/Outline: **ONE OR TWO PARAGRAPHS PROVIDING AN OVERVIEW**

This module will allow the students to gain a comprehensive grounding in the current surgical treatment of patients with breast cancer as well as obtaining some insight into potential future developments. The students will also learn first-hand how breast cancer patients are managed by the multi-disciplinary team and explore other aspects of current breast cancer management. In parallel, using data from the Department of Surgery's breast cancer database, the students will undertake a small audit in investigating the challenge in predicting outcome in breast cancer. Assessment will be in the form of a written report (on a topic which will be mutually decided), a departmental oral presentation and supervisors assessment which will be based on interest, motivation, reliability and attendance etc.

Timetable of Events:

- Week 1 & 2: Attend outpatient clinics, ward rounds, theatre sessions and start literature review
- Week 2/3: Mid-block meeting with supervisors to discuss progress

- Week 3 & 4: Continue to attend clinical sessions, have one-to-one sessions with allied specialists (e.g., nurses, oncologists, pathologists) and examine clinical data using appropriate statistical analysis
- Week 5: Oral presentation and write up report for submission before 5pm on Friday

OR

Weekly attendance at the following:

- 1 clinic, 1 lumpectomy/mastectomy theatre list, 1, 1 departmental and MDT meeting, with ward rounds interspersed
- Mid-block meeting with supervisors to discuss progress
- Throughout the five-week block, sessions with breast care nurse specialists, radiologists, oncologists, and pathologists will be arranged
- A short audit will be undertaken during week 3 of the block
- Time not attending clinical sessions will be spent either in Institute of Cancer Sciences or self-learning
- Time in the final week will be dedicated to a departmental oral presentation and submission of the final report

Resources:

Online journals, textbooks, National guidelines, databases, hospital clinics. ward rounds, theatre list, case notes, Department educational meetings, tutorials on breast cancer, pathology sessions, Doctors, nurses, and other healthcare staff.

Assessment: PREFERRED EXAMPLES OF ASSESSMENT BREAKDOWNS ARE SHOWN BELOW

Supervisors Assessment/Judgement	20%
Oral Presentation (15mins including answering questions)	20%
Individual Written Report (2400 words)	60%

OR

Supervisors Assessment/Judgement	20%
Individual Written Report (3200 words)	80%

OR

Supervisors Assessment/Judgement	20%
Case report with Reflection (1600 words)	40%
Individual Written Report (1600 words)	40%

Please note, that it is good practice for all SSCs to use at least two assessment techniques and the methods used be appropriate for assessing the learning outcomes of the SSC. Supervisor's assessment of 20% should be considered for clinical placements to ensure that an element of professionalism is assessed in the modules although we appreciate that; this may not be possible in modules that take large numbers of students. At least 60% of the assessment must be in a form accessible to the External Examiners (e.g., written report, case reports with reflections, lab books, etc.). Ideally, the main assessment tool should be a properly referenced report/dissertation/essay/audit (3000-4000 words depending on the other assessment weighting). If case reports are used, then each must be accompanied by a reflective commentary with a suggested word count of 1000 words in total for each.

Contact:

Mr. John Meechan. Surgery, Queen Elizabeth University Hospital, 1345 Govan Road, Glasgow, E-mail: john.meechan@glasgow.ac.uk

