

A GUIDE TO QE PEP



QUALITY AND EVIDENCE PERSONAL
EXCELLENCE PATH (QE PEP) 2013-14

Introduction

An overview of QE PEPs and the
importance of Quality Improvement



Introducing QE PEPs



What is the Quality and Evidence Personal Excellence Path?

The Personal Excellence Path (PEP) is an integrated series of student-selected modules which forms part of the Manchester Medical School MBChB Programme. The PEP is designed to educate medical undergraduates, focusing primarily on the GMC Tomorrow's Doctors' theme 'Doctor as a Scientist and Scholar'.

In Year 3 you will undertake two PEP modules; one in January and one in June. Both modules will provide you with a chance to select a clinical area that you are interested in and work with an expert in that field, giving you valuable experience in that area. At the same time you will be asked to

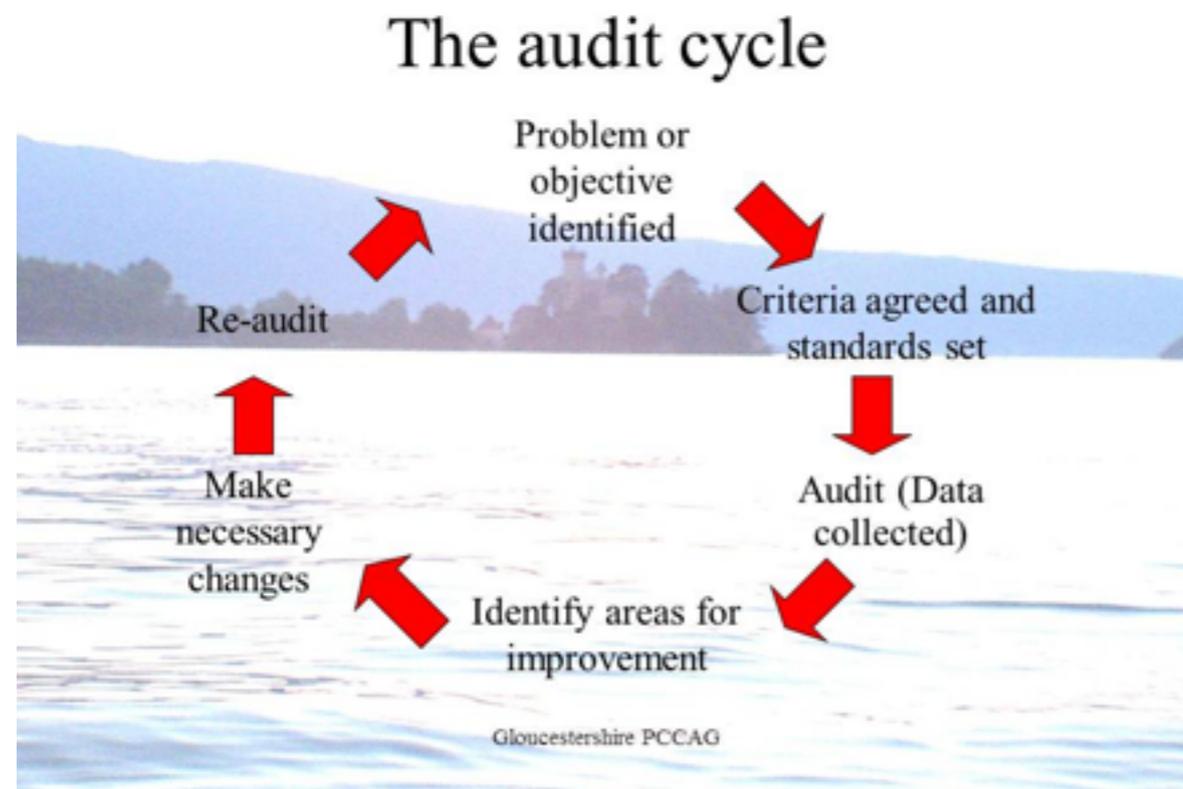
explore the area from the perspective of Quality Improvement (QI) and the role of evidence in modern healthcare.

Why the focus on Quality?

The concept of improving the quality of healthcare is not new. However, over the past 20 years improving the quality and safety of healthcare and Clinical Governance have taken on new importance in the UK. Incidents such as the **Bristol Heart Scandal** and the **Francis Report** demonstrate the importance of effective Clinical Governance and QI. Research suggests that a lack of knowledge and skills among clinicians and managers is a significant barrier to improving quality in healthcare, yet training in this area at undergraduate level is minimal. In the US, QI training is now mandatory for medical students. By contrast, in 2012 the Health Foundation reported that there is little focus on training students in QI and little integration of QI concepts in the UK. This must change and it is likely that the GMC will make QI a mandatory part of the curriculum in future versions of Tomorrow's Doctors. By introducing the QE PEP, Manchester Medical School is at the forefront of medical education and will prepare you to be better Foundation Year doctors, where quality and audit will be a compulsory element of your role.

A study by the Health Foundation in 2012 showed not only the importance and need for training in Quality Improvement (QI), but also that the most effective way of teaching it involves experiential learning, where students are able to

contextualise and apply what they learn in the clinical setting. Manchester Medical School seeks to follow this recommended approach, using QE PEP modules to deliver a blend of experiential learning, online training and access to a range of professionals.



What are the key elements of Quality and Evidence PEPs?

- 🎧 You will be expected to complete a number of agreed QI type activities in this area **alongside** clinical experience: for example, you might spend 3 days of the week in a department gathering evidence for your QI project and

gaining clinical skills, then 2 days researching and writing up your activity or activities.

- 🎧 **We do not expect you to get carry out a complete audit during the module.** Quality Improvement activities might include looking at previous audits and evidence, or planning implementation of recommendations. You might get involved with existing or previous QI work, or use the experience to investigate theoretical proposals for audits or QI (i.e. ‘what I would do if...’). A bank of example activities will be provided for you and your supervisor to choose from, or you may devise your own.
- 🎧 You should complete an Activity Log Book on eForms that will help you to plan and record the QI activities you carry out during your placement.
- 🎧 You will also be assessed on two written reports (one per 4 week block): a QE Report (3,000 words) and a Lay Document accompanied by a 1,500-3,000 word report on the document itself. (See chapter 4 for further information).
- 🎧 Specialists in audit, research and statistics will provide advice and guidance in their particular area of expertise. This will be facilitated through an online forum.

Student Story

The best way to illustrate how PEPs work is describe a typical student's journey through a QE PEP. This story is based on the pilots we have run to date and provides an example of how PEPs might be tailored to your own interests.

Students give their views on the Quality and Evidence PEP



September

I started year 3 which was a bit daunting. Once I'd got used to the hospital rules and procedures, I made sure I read about the QE PEPs on Medlea. The information there was really useful, such as the Activity Log Book and examples of activities I could do. I have also started the online course on Quality Improvement to get some understanding of QI before I start my PEP in January.

October

I'm still doing the online course and now I have a chance to choose the PEP I want to do. The available modules are listed on Medlea and I get to choose up to 8; I will then be allocated one of those. I used the Vocation and Context themes to help me choose my 8, and I know I have to do at least one of my two modules in Community so choose 4 from Community and 4 from Secondary care. Now I'm waiting to see what I get.

November

I've been notified that I have been allocated to a PEP with a consultant dermatologist. This wasn't my first choice, but I'm happy with it. I've sent my supervisor an email to introduce myself and asked for ideas on what I might do as my QI activities.

December

I've got some great ideas from my supervisor about possibly

What to Expect

This chapter contains the PEP timetable, an overview of the key tasks you need to complete and practical information about selecting your PEP module, self-arrangement, undertaking a PEP module abroad and travel bursaries.



The PEP Module



QE PEP Calendar

As a year 3 student you will be taking a QE PEP module in January and a second in June. Both these modules will run for 4 weeks. There are other important dates you need to be aware of preceding and following the modules themselves. These are laid out below.



October

Online course on Quality Improvement available to students and supervisors.

November

Students are offered PEP modules. You will select 8 modules, 4 from Community and 4 from Secondary care. One of the Community choices must be a Group placement.



December

Students allocated to a PEP module & supervisor and given access to Piazza, an online Q&A Forum.

January

Students start 1st PEP Module, planing and agreeing tasks and assessment to be undertaken

February

Students complete the Module

Students complete Assignment

Supervisors assess Lay Document or QE report

April

Students offered 2nd PEP Modules

May

Students allocated PEP Module & supervisor (as above)

June/July

Students undertake 2nd PEP Module (as above)



The PEP Module

Once you start the PEP Module there will be certain expectations of you and your supervisor during the 4 weeks in terms of what should be carried out, when and for how long. These are laid out in the boxes below.

Before the Module

You Should:

1. Have completed the online course on QI
2. Have made contact with your supervisor to discuss possible QI activities
3. Looked on Medlea and the Online Q&A Forum for ideas and resources.

The Supervisor should:

1. Have responded to your contact to discuss ideas
2. Made preparations for your placement

During the Module

You Should:

1. Have have an initial meeting with your supervisor to agree tasks, activities and assessment
2. Complete at least one QI related activity
3. Expect to spend around 3 days per week in clinic practicing clinical skills and completing your QI activity or activities
4. Write up and submit one written assessment
5. Complete your Activity Log book (see below)
6. Meet with your supervisor at least once a week to review progress

The Supervisor should:

1. Have an initial meeting with you to agree tasks, activities and assessment
2. Agree a timetable for you which should include time in the clinic and self-study
3. Signpost you to resources or staff needed to complete your activities
4. Meet with you at least once a week to review progress and advise you

After the Module

You Should:

1. Complete any Evaluation forms provided

The Supervisor should:

1. Assess your written assignment within two weeks of the Module ending

Activity Log Book

The QE PEP Activities Log Book should be used during both 4 week modules. It has been created to help you to record and reflect upon your developing knowledge and understanding of Quality Improvement (QI).

The Log Book will not be part of your assessment but completing it will help you to plan activities, identify resource requirements and risks and help you to manage your time effectively.

You can include your completed Activity Log Book in your portfolio, and it can also be used as evidence towards an Achievement award.

The workflow opposite shows when each part of the Log Book should be completed.

You should try and provide evidence of some or all of the following skills in each of your activities:

1. Use of initiative and independent working;
2. Evidence of working with a clinical team, or individuals involved in QI;
3. Activities which have/will helped you in the production of your Lay Document or QE Report.

This will help your supervisor in his final assessment of your engagement and performance during the module.

Completing the Activity Log Book

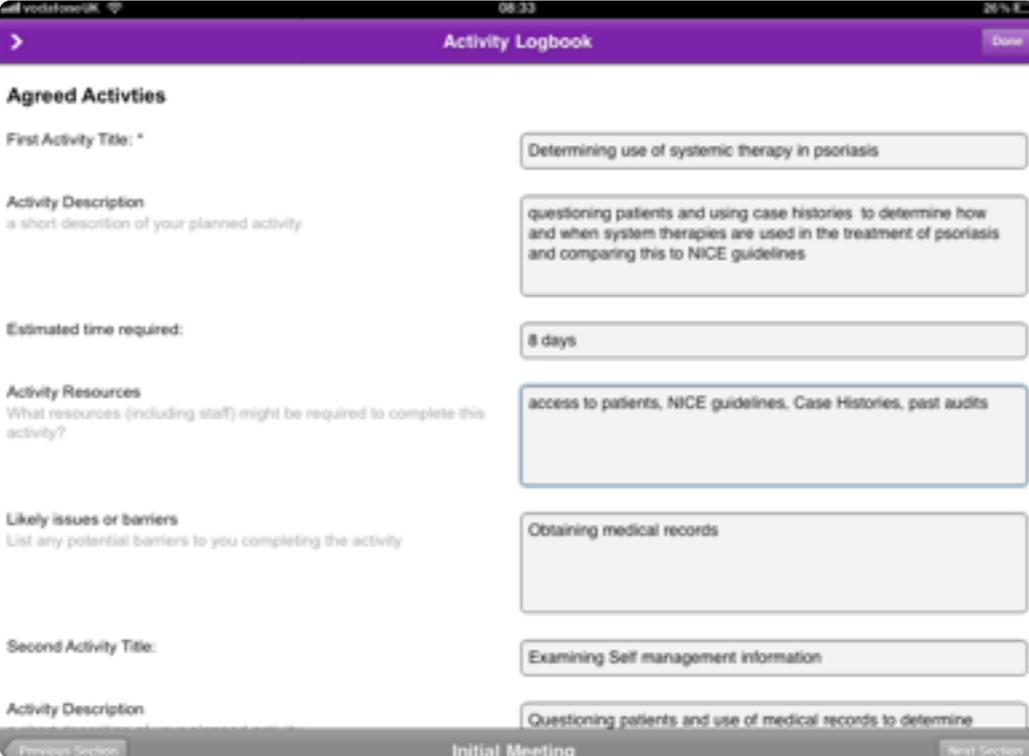


The Log Book is available on eForms and should appear automatically when you log onto the app. When you submit the form it will be emailed back to you as a Word document.

You can access the eForms app [here](#)

Alternatively, you can download a PDF version of the form from Medlea [HERE](#)

Screenshots of completed Activity Log Book in eForms



The screenshot displays the 'Activity Logbook' app interface. At the top, there is a purple header with a back arrow, the title 'Activity Logbook', and a 'Done' button. Below the header, the section 'Agreed Activities' is visible. It contains two activity entries. The first entry has a title 'Determining use of systemic therapy in psoriasis', a description 'questioning patients and using case histories to determine how and when system therapies are used in the treatment of psoriasis and comparing this to NICE guidelines', and an estimated time of '8 days'. The second entry has a title 'Examining Self management information' and a description 'Questioning patients and use of medical records to determine'. The app also shows 'Activity Resources' as 'access to patients, NICE guidelines, Case Histories, past audits' and 'Likely issues or barriers' as 'Obtaining medical records'. At the bottom, there are navigation buttons for 'Previous Section', 'Initial Meeting', and 'Next Section', along with a progress indicator showing four dots, with the first one filled.

Details of the activity

PEP Practicalities

Choosing a PEP module in the Manchester Region

The **Manchester Region** refers to the area covered by Manchester Medical School. It includes the District General Hospitals, the Primary Care Centres and the communities linked to the 4 teaching sectors (Central, Salford, South and Preston).

The University of Manchester has a formal contract with supervisors in the Manchester Region affiliated to Manchester Medical School.

MedLea contains a list of all QE PEP placements and supervisors, updated by each of the 4 teaching sectors, the School of Primary Care and the Medical School (for disciplines which are not evenly distributed across the sectors such as oncology, infectious diseases and dermatology). The scope of PEPs is large and influenced by the interests, resources and individual enthusiasms of supervisors.

Selecting your PEP

In November you will be asked to choose 8 titles ranked in order of preference from the availability lists in MedLea. 4 of your choices must be based in Community and the other 4 from secondary care. 1 of your Community choices must be a group placement. You will then be allocated to one of your chosen PEP modules. Every effort will be made to allocate you to one of your most preferred choices.

To avoid a potential conflict of interest, your supervisors must not be a close relative or spouse and you should not undertake a PEP module in a location where a close relative is working.



Self-arranging a PEP module

The opportunities available within the standard allocations for PEP are hugely diverse, covering almost all subjects.

Nevertheless, occasionally students identify a potential PEP module with learning opportunities not offered in the available options. In this situation, students wishing to organize their own PEP not offered on the placement list should make a formal request via their teaching hospital PEP administrator or teaching hospital Community administrator at least 2 weeks before the release of Medlea applications in November.

You will still have to complete the normal allocation process in case a decision regarding your application is not approved.

Self-arrangement will not be permitted with Supervisors and Teams already on the Medlea system, since this disadvantages other students.

Self-arranged PEPs cannot be done outside Manchester Medical School and its affiliated Teaching Hospitals/Practices.

Community PEPs

Think broadly about opportunities for PEPs in the Community, including topics related to Disability or Culture, the Arts and Sports. Suggestions for topics can be found on the [Community Based Medical Education Unit \(CBME\) website](#).

If you are having difficulties with planning, seek assistance early on from the [CBME team](#).

Can I study a PEP module outside the Manchester Region?

PEP modules cannot be done outside Manchester Medical School and its affiliated Teaching Hospitals (other than the exceptions listed overleaf). There is virtually no topic which cannot be pursued in Manchester, other than obscure or highly specialized areas of sub specialization that are more relevant to a postgraduate than an undergraduate student. For example, spending time working in a mountain rescue team is not an appropriate introduction to medicine in the

community, and is something that would be more appropriate to the elective period.

Students undertaking European Studies

If you are on the European Studies programme you may undertake one of the two PEP modules in a European country where the language that you are studying is spoken (subject to authorisation by your Hospital Dean and Language Tutor). You must satisfy all of the intended learning outcomes of a PEP module undertaken in the Manchester Region and confirm that the module will be undertaken wholly in the language being studied as part of your European Studies programme. The PEP assessment must be a Lay Document and must be completed in the language that the you are studying. This will be marked by the local supervisor and be in the language of that country. You may need to translate the document into English if it needs to be second or externally marked. As with self-arranged PEP modules in the UK, students must make all arrangements themselves.

Canadian students

If you are able to provide evidence of your intention to undertake postgraduate medical education training in Canada, you will be allowed to undertake one Year 3 PEP module in Canada (subject to the approval of your Hospital Dean and the Academic Lead for PEP). Evidence of the Dean's approval must be submitted to your local PEP Administrator.



As with self-arranged PEP modules in the UK, students must make all arrangements themselves. Working with your Canadian supervisor, you will need to fulfil the criteria of all PEP modules in mixing experiential learning with developing your understanding of the Quality Improvement agenda in healthcare.

Students given permission to undertake a QE PEP module in Canada must undertake and submit a risk assessment for approval prior to departure and should liaise with the Phase 2 Coordinator (phase2.coordinator@manchester.ac.uk).

Can I claim expenses relating to my PEP module?

Manchester Medical School is able to offer a small bursary (£50) to help offset the costs of presentation of research as a poster or oral presentation at national or international meetings.

The School has introduced this scheme in its current form specifically to help our students to be as competitive as possible in their applications for Foundation Year One posts through the UK Foundation Programme Office (UKFPO) process. As we have limited funds the presentation must be of a type that is acceptable for UKFPO points towards F1 applications.

Because of UKFPO rules, awards can only be made if the following criteria are met:

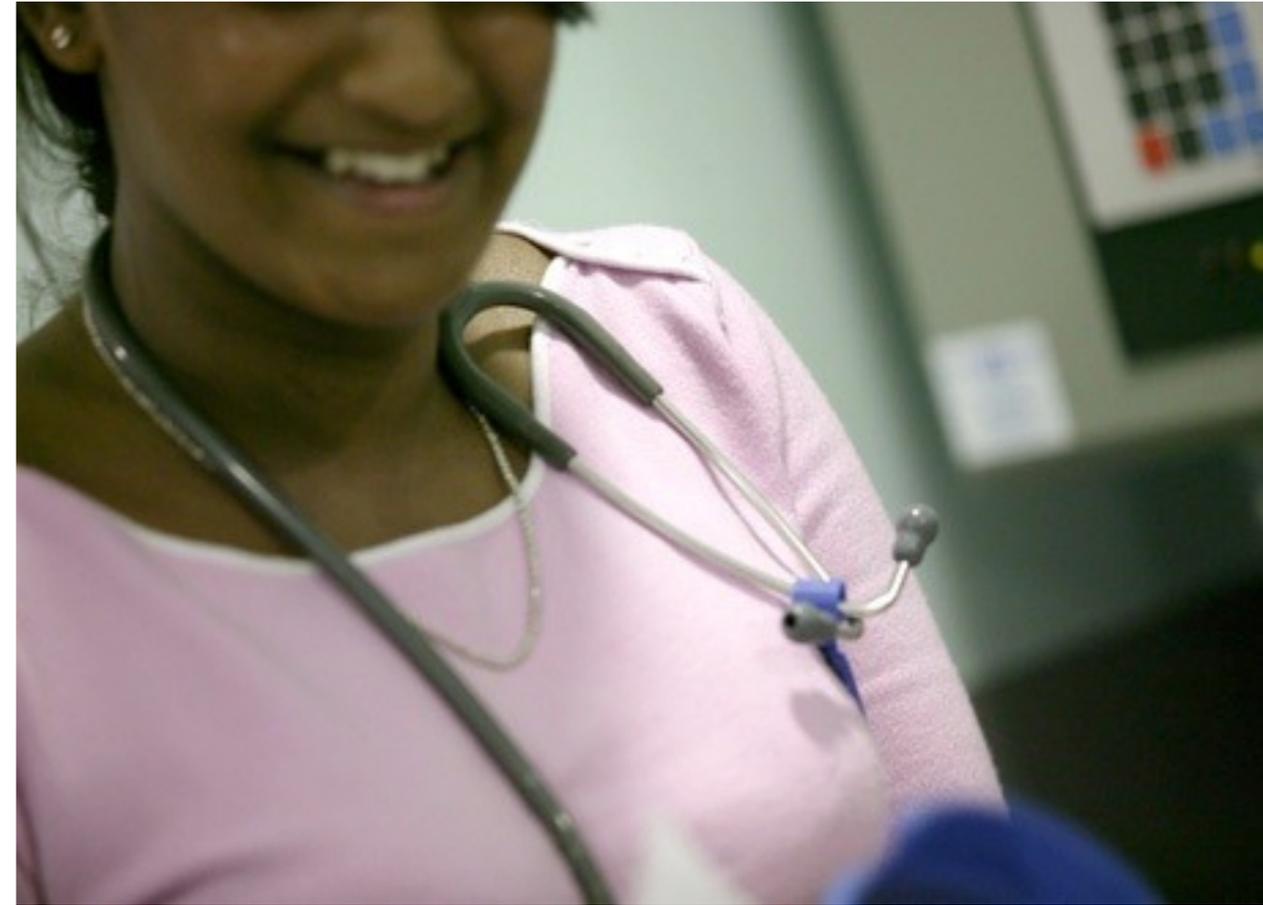
- The meeting must be organised by a recognised national or international scientific or professional body (the UKFPO does not recognise local meetings or meetings organised by student bodies).
- The submitted presentation must be accepted for either an oral or a poster presentation
- A clear demonstration can be made of a link between research conducted in the medical school and the presentation.
- The submitted presentation must include the student as lead or co-author.
- The student reflects their status as a student of the Manchester Medical School in the address line of the poster/presentation
- The time away from studies can be made up and a period of absence has been agreed with the relevant Hospital Dean.

Students and supervisors will need to demonstrate evidence of satisfying these criteria by submitting both meeting abstract and letter of acceptance for the nominated meeting.

To ensure optimal opportunities for the every student, and reflecting the fact that you can only submit 2 papers/ presentations towards UKFPO "points", you can only be awarded 2 such bursaries during your undergraduate career.

QI Activities

The Quality Improvement (QI) activities or projects you will carry out during QE PEP will form the backbone of your work and help you understand QI and its application in a clinical context. This chapter provides some examples to help you and your supervisor devise an action plan for the module.



QI Activities



Your choice of activity will depend on the resources available to you and your supervisor in the clinical setting. It should also take into account your interests and the

expertise and knowledge of your supervisor. You should contact your supervisor as soon as you are allocated to suggest or discuss possible QI activities that you can carry out during your 4 week placement. We have provided a bank of activities that you can select from, with details of how these might be carried out. Each activity will have details about the resources required, the work to be carried out and the expected time required. These are listed on the [QE PEP page](#) on Medlea.

Below is a list of some example activities from this bank, but we **strongly encourage students and supervisors to devise their own set of activities** related to the processes of Quality Improvement and Clinical Governance. When devising an activity there are two questions the activity should address:

1. Is the activity directly related to measuring or improving the service provided or the standard of patients' health?
2. Can the activity be used to produce either a QE Report or a Lay Document?

If the answer to both these questions is yes, then go ahead!

Example Activities

Planning Your Activity

| | |
|------------------------------|--|
| Activity Title: | Determining Compliance with MHRA Alert |
| Activity Description: | Use an Alert to identify key actions, stakeholders and whether the key actions have been implemented |
| Time: | 4 -5 days |
| Output: | Possible letter to patients explaining the changes |

| | |
|------------------------------|---|
| Activity Title: | Evaluating Patient Recall |
| Activity Description: | Use the Category Cambridge Sharing Information template in observation to check patient recall and suggest how this might be improved |
| Time: | 10 - 15 hrs |
| Output: | QE Report on how this recall may be improved via best practice |

| | |
|------------------------------|--|
| Activity Title: | Carry out a Re-Audit |
| Activity Description: | Review an existing audit and on a small sample carry out collection of data and compare to the original. Write a report with recommendations |
| Time: | 4 - 5 days |
| Output: | QE Report on how things have improved since the original audit and the possible barriers to change |

| | |
|------------------------------|--|
| Activity Title: | Design Patient Satisfaction Survey |
| Activity Description: | Talk to patients and staff and decide on a target group. Build an evidence based survey and implement it |
| Time: | 20 - 40 hours |
| Output: | QE Report based on the findings or the survey itself as a lay document |

| | |
|------------------------------|--|
| Activity Title: | Review Outcomes from an existing complaint |
| Activity Description: | To review a complaint that has been made and determine if the action taken was successful |
| Time: | 3 - 5 days |
| Output: | QE Report based on management of change and barriers to improvement or Lay document - draft a reply to the complainant to explain what has been done |

Your QI activity or activities will need to be carefully planned and managed as you have a limited time in which to complete them and write up your assignment. Some basic project management skills and tools will be useful. Once you have chosen your activity you should:

1. Agree the end-point or output of the activity. What objective are you trying to achieve?
2. Break the activity down into a series of tasks you need to do to achieve the objective.
3. Timeline the objective. Create an Action Plan to ensure that any tasks that have other tasks dependent on them are carried out first.
4. Identify any resources or support you might need.
5. Complete the activity!

It's a good idea to use a simple project management tool to help keep track of the activity, whether this is simple task list or a more sophisticated tool.

There are also plenty of apps for your iPad that can help such as **Wunderlist**, which is an easy to use tasklist or **Trello**, which is a brilliant Kaban style project management tool. Other tools include **Easy Task Manager** and **E-Task**.

Assessment

All QE PEPs will be assessed through a written assignment together with your ability to engage and perform during the placement. This chapter details how you will be assessed.



Assessment Types



You will be assessed on your QE PEP module two ways. These are:

1. Production of a Written Assignment

During both 4 week PEP modules you will have to produce a single written assignment based on the QI activity or activities that you undertake. This will be either an academic style QE Report or a Lay Document with accompanying Work Report. **Over the course of the year, you must do both types of assignment** - for example, if you complete a QE Report in the first module in

January, you must submit a Lay Document and accompanying Work Report for the second module in June. Both papers will be marked by your supervisor and represent 90% of the total module mark. The two document types are outlined below:

a. Production of a Quality and Evidence (QE) Report

You will be asked to write a report on any of your QI activities, explaining how it relates to existing standards and best practice OR how it might lead to improved clinical care or services. You can also show evidence of your activities by submitting full audit data as an appendix to the Report. You can use evidence from an audit that you have been involved with in some way, or data/observations from your placement.

The report should be a single document (4,200 words – excluding references) structured to include:

1. An abstract (maximum 200 words), then a brief introduction and a relevant literature review (between 1,500-2000 words with 10-20 references). The literature review should include rationale for selection and a search strategy with metrics.
2. The report itself (i.e. discussion and conclusion with subdivisions if required, maximum 2,000 words). Any further data (such as audit results) may be submitted in appendices (maximum 2,000 words).

b. Production of a Lay Document

For this assessment you will produce two elements:

i). A Lay Document. The creation of any text or other agreed medium in the form of a flyer, brochure, webpage or other publication aimed at a non-medical audience. For example, a Lay Document might be a leaflet that explains the reasons for a change in practice as the result of an audit. This should be between 400-500 words.

ii) A Work Report. A description and justification of the development of the Lay Document (1500 - 3000 words). This should include:

- A small literature review to justify the choice of topic (10 -20 references).
- A description of how you developed the leaflet, justifying what went in and what was left out in terms of ease of use by the patient (preferably with patient involvement)
- Lessons learned

You will be able to decide which of the two blocks to complete each assignment in. Your PEP supervisor will provide advice and guidance about how to write the paper, with support for both students and supervisors from academic staff from the University and Hospital libraries.

The Marking Criteria for the Papers can be viewed below:

INTERACTIVE 4.1 Report Marking Criteria

Personal Excellence Path

Quality and Evidence Year 3 Personal Excellence Path: Assessment

Author: Dr Mark Perry

Introduction:

The two PEP modules in year 3 to be delivered from 2013/14 represent a significant change in the way Student Selected Components are structured and assessed. The objectives for each of the 4 week PEP modules in January and June of Year 3 are for the student to enquire into and experience quality improvement initiatives in the workplace, alongside other learning. There is no intention to reduce clinical experience or to overwhelm the student with demands such as undertaking a complete audit cycle. Instead, students are expected to experience a 'part' of an audit cycle or a related governance enquiry relating to a topic such as an aspect of patient safety. As at present, students will upload a separate document for assessment on Medlea toward the end of each PEP period. The focus of the two PEP modules could be related.

Assessments:

1. Attendance

The attendance of the student during their four week Q&E PEP module will be dealt with in similar way to current SSC modules. Student and supervisor agree a weekly timetable. The student records their attendance in their Activity Logbook and provides this as evidence to the supervisor who signs this off.

[Download the PDF to view](#)

2 . Performance and Engagement

Importantly, your Supervisor will also confirm that your performance and engagement have been satisfactory and assess your ability to work independently, with others, and to reflect on your work. Ideally this will be demonstrated through your Activity Log Book which, although it is not formally assessed, should provide evidence of these attributes. You are not required to complete the Activity Log Book, but are encouraged to do so; you can transfer reflections from your Activity Log Book into your Portfolio. The Log Book should also include a short description and reflection on your work and how you have worked with others to achieve your objectives. Ideally the Activity Log Book should be reviewed by the supervisor at the end of each module – this may help to inform the supervisor’s assessment of Performance and Engagement.

This element represents 10% of the module mark. It will not be possible to re sit the Performance and Engagement element of the marking criteria.

Any significant concern about a student’s performance or engagement will be raised immediately with the relevant sector administrators to take appropriate action, such as referral to the PEP Lead and/or student’s Academic Advisor.

Full attendance is a compulsory element of the module and supervisors will also be able to indicate that this has been satisfactory on Medlea. Attendance will be marked

at Pass on 80% of the agreed weekly plan, or Fail if less. It is your responsibility to document the weekly plan and to request that this is signed off.

You are also encouraged to keep a record of your work in your Activity Log Book during the module to demonstrate that you have covered and understand the different aspects of Quality Improvement. Completion of the Log Book is optional but it may assist supervisors to determine a grade for each criteria below. In the case of some excellent students, the supervisor may make a recommendation to the Medical School and the Log Book may be used in decisions on Awards.

The Supervisor will assess using their observations of the student over the module, against the three criteria displayed overleaf:

Performance and Engagement criteria

| Criteria | 5-4 Excellent - Very good | 3 -2 Good – Satisfactory | 1 – Fail |
|---|---|--|---|
| Use of Initiative and independent working | Student demonstrated ability to take initiative in achieving objectives and worked well with limited supervision | Student was able to work well on own with relevant guidance and supervision and took initiative when prompted | Student was unable to work independently and needed high level of guidance and supervision by others |
| Student's ability to work with others in a QI context | Student demonstrated clear ability to work with a range of professionals in completing their activities and was professional and respectful in their approach | Student was able to work well with others, though may have required additional support, guidance or prompts to collaborate successfully | Student only worked with others in a limited sense, or not at all and failed to realise the importance of a team approach to QI |
| Student's ability to reflect on QI and its role in their own work | Student was able to identify the relationship between best evidence and improving their own practice and a commitment to self-regulation | Student showed some understanding of the link between best evidence and their own work and how to use this to improve their own practice | Student demonstrated no or limited connection of the outcomes of audit or QI and what they do in their own work |

3. Submitting your assignment

You will need to submit one copy of your assessment (either a QE Report or a Lay Document and Work Report) via the Medlea submission process. You must submit via Medlea by 12.00 midday on the last day of your PEP module.



4. Resit Procedure

The student will be assessed on a combination of their written submission (either a Quality and Evidence Report or a Lay Document) and their Performance and Engagement during the four week module. Attendance will also be monitored with a minimum expectation of 80%. If a student fails to achieve any of these elements, then they may be asked to repeat or resit certain elements. The grade boundaries for the written assignment are:

| | |
|--------------|--------------|
| Fail | 49% or below |
| Satisfactory | 50–69% |
| Good | 70-79% |
| Distinction | 80-100% |

1. Student fails on attendance criteria but passes assessed element (consisting of Lay Document or QE Report plus performance and engagement)

If attendance is 50% or above but below 80%: arrangements will be made on a case by case basis for the student to make up the additional time at the sector student is based.

If attendance is below 50%: the student must re sit the module in full regardless of the mark awarded to their assessment. The timing of when the student would re sit the module would be arranged on a case-by-case basis. It will be facilitated by the sector administration team with responsibility for PEP identifying potential suitable times.

2. Student passes on attendance criteria but fails assessed element (Lay Document or QE Report plus performance and engagement)

The student must resubmit their Lay Document or QE Report within 10 working days of date set by Academic lead for PEP and the phase 2 coordinator in agreement with assessment office. Guidance on the resubmission will be provided by their supervisor's feedback comments which will be clarified by the academic lead for PEP where there is ambiguity.

It will not be possible for students to re sit the Performance and Engagement element of the marking criteria (weighted at 10%).

The mark for the resit QE PEP will be based on combining the original mark for Performance and Engagement plus the mark for the second report document to give a final mark. The mark will be capped at below the level which leads to Good or Distinction outcome.

3. Student submits their Lay Document or QE Report after the deadline

The student is deducted 5 marks from the total number of marks awarded per calendar day to a maximum of 5 days. If the student fails the assessed element as a result they must resit the whole QEPEP module. The assessed elements will be capped at below the level which leads to Good or Distinction outcome.

After 5 days the assessment is considered as having not been submitted (as opposed to submitted late) with the student receiving a fail for the module and requirement to re sit it entirely. The mark will be capped at below the level which leads to Good or Distinction outcome.

4. Combinations of unsatisfactory marks in QEPEP

On occasions students will receive unsatisfactory marks for both attendance and the marked elements. This will be dealt with as follows:

1. If student is below 80% attendance but above 50% with unsatisfactory for marked elements they will re sit both item individually. When both are completed then they will receive a satisfactory grade

2. If the student is below 50% attendance with unsatisfactory for marked elements this will lead to requirement to re sit the module completely. The mark will be



capped at below the level which leads to Good or Distinction outcome.

5. Honours points and Publishing your Assignment

If you achieve a final assessment grade of Distinction at the first attempt in both of the two PEP modules you will be awarded an Honours Point. A specified number of Honours Points have to be acquired during the undergraduate course for you to be eligible for an Honours Degree. In line with University policy, a Distinction grade awarded in a second attempt cannot be counted towards an Honours Point and will be published as 'Satisfactory'.



Publishing your Assignment

Many students considering a career in academia or interested in research are keen to put their paper forward for publication in Journals or at Conferences and we would certainly encourage this. In the near future the Quality and Evidence PEP will offer a new opportunity for students to do so. In 2014 students will be invited to convert their Quality and Evidence Report into a journal article of around 5,000 words. Students will receive advice and guidance in converting their reports, which they can then submit for peer review. The best submission will be published in a new Journal focussing on Quality Improvement that is being created by Manchester Medical School in partnership with John Rylands Library. Further details on this opportunity will follow later in the year.

If you are considering submitting your paper for publication for this or any other journal or conference, you should consult your supervisor first and you must always acknowledge your supervisor and other contributors in the paper.

An example of a high quality QE report

What would an excellent QE Report look like? Have a look at this abridged QE Report (an audit on prescribing antipsychotic medication for Dementia patients) with supervisor marks and feedback.

This report demonstrates effective presentation and organisation, but also highlights the student's knowledge about setting an audit standard (Clinical Audit) and her ability to plan a realistic project with her supervisor. Importantly the full report incorporates an anonymised Medication Review – so after making appropriate reflection within the Activity Log Book, this student can also demonstrate completion of Clinical Safety and Clinical Governance activities.

Her next PEP would focus on the Lay Document and probably an aspect of patient participation. Other activities listed under Clinical Governance could be appropriate e.g. Staff Management and Training (which she might have chosen to cover here).

Example QE Report



The student received the following feedback:

| MARKING SCHEME FOR PEPS ESSAYS | |
|--|--|
| <p>Introduction, outline, aims</p> <p>Marks available 5;</p> <p>Marks awarded 5</p> | <p>Commendably clear, discussed limitations of the audit</p> |
| <p>Part 1: Literature review, ranking evidence, citation and referencing</p> <p>Marks available 30;</p> <p>Marks awarded 27</p> | <p>This is a good account of your literature review, including your search strategy. You have cited key references but also investigated relevant local resources. You could have signposted your evidence ranking a bit better by giving it a heading, and perhaps said what system you have used, which seems to be Cochrane. The ranking is correctly done. Your citations are correct, including dates that on-line resources were accessed. You could have included page numbers in some of the references- you haven't done this consistently.</p> |
| <p>Discussion: addressing the topic, relevance of information to topic, interpretation and accuracy of information</p> <p>Marks available 30;</p> <p>Marks awarded 28</p> | <p>This is an interesting, well-balanced discussion, which includes your own opinions, and with careful interpretation of your findings.</p> |

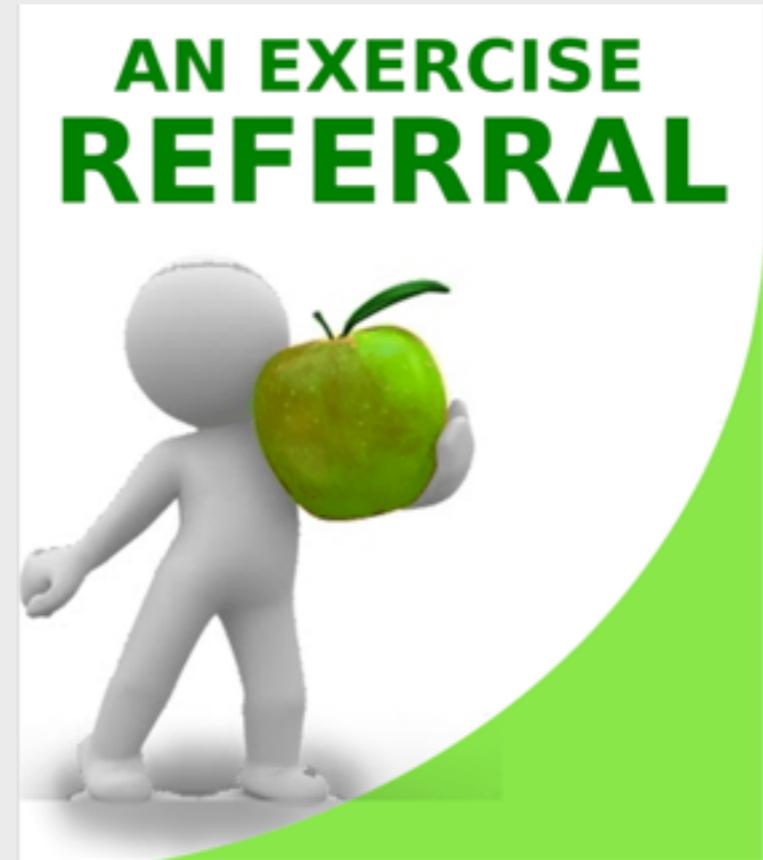
| | |
|---|--|
| <p>Conclusion and evaluation</p> <p>Marks available 5;</p> <p>Marks awarded 5</p> | <p>Your conclusions are sensible and wide-ranging. I especially like your recommendation to train carers in behaviour management.</p> |
| <p>Presentation & Organisation: quality of word processing, tables, figure notation, subdivisions, use of text tables and figures</p> <p>Marks available 15;</p> <p>Marks awarded 13</p> | <p>The report is clearly laid out, with divisions, and with no spelling or typing mistakes apart from ...<i>(corrected)</i></p> <p>You don't use any tables, you could perhaps have presented some of your bullet points as tables, but as this is a mainly narrative report I think this is acceptable.</p> |
| <p>Use of English</p> <p>Marks available 15;</p> <p>Marks awarded 14</p> | <p>The report is beautifully written: you have made a complex topic seem very clear.</p> |
| <p>Total: 92%</p> | <p>This is an excellent grade.</p> |

Example of a Lay Document

Similarly, we have included a good example of a completed Lay Document. This particular student has designed a poster for the GP Clinic where they were based following an audit they completed on patients who were given exercise advice. From this they identified potential targets for Exercise Referrals and designed the poster to promote this to patients.

The poster is accompanied by a literature review related to the content of the poster and the student's rationale for its design and content.

Example Lay Document



Top Tips for writing a great lay document

Health information empowers patients and the public in sharing decision making, managing their own conditions and making choices. When lay documents are produced to a high standard they can improve the health literacy of patients and enable them to determine greater control over their health. For many patients and their carers, healthcare systems can be highly complex and trying to understand information regarding their wellbeing can be intimidating and frightening. Well-produced lay documents can help to support patients and give them the knowledge and confidence to understand the processes which underpin their management.

“Health Literacy has been defined as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.” (Source: [Patient Information Forum](#))

Planning:

- Consider the relevance, application and benefits of your lay document. Why is the lay document needed?
- What are your objectives – is the lay document intended to inform, change behaviour, reassure or support?
- Identify your reader – who is the lay document aimed at? Consider levels of health literacy in your readers.
- Create a plan of the information that you wish to convey.

- Perform a literature search for any existing information – include published data and current lay information from other sources such as peer groups, expert patient groups, charities.
- Think about the type of lay document that you wish to create – be innovative (e.g. poster, Facebook page, website, phone app, braille or large print leaflet, audiobook).

Content

- Ensure that the information you are providing is current and relevant. Have you anticipated and fulfilled the needs of your audience correctly?
- The title should be brief and simple but eye-catching.
- Summarise the purpose of your document early on.
- Present factual information and try to avoid unnecessary personal opinion or anecdotes to enable an informed decision to be made.
- Use sentences of around 25 words or less, and present one idea per sentence.
- Is the information presented in a logical manner which flows well through the document, using headings where needed?
- Use bullet points to summarise more complex information or lists.

- Safety netting: if medical information or advice is given, then do specify that patients should also discuss any health issues with their usual doctor.
- Have you included a 'Resources' or 'Further Reading' section to signpost your reader to other information?

Language

- The tone of the document should be supportive and friendly, but assertive where instructions are being given.
- Be concise and brief.
- Use the active rather than the passive voice.
- Avoid jargon and scientific terms, opt for plain English. The Plain English Campaign will give feedback and advice on your leaflet and award a Plain English crystal mark if your leaflet fulfils their criteria.
- Avoid acronyms and abbreviations. If you do use one, explain it.
- Proof-read for grammar, spelling and punctuation.

Design

- Use a font which is clear, legible and reflects the target audience.
- Align the text to the left.

- Is there economical but relevant use of graphics such as illustrations and diagrams?
- Ensure that any graphics used will print at an acceptable quality.
- Add colour where needed to make the layout interesting and to direct the reader to important information.
- Do not use underline or italics if possible.
- Use space efficiently but do not overcrowd the document.
- Create a logo if appropriate and choose a colour scheme and style which continues as a theme throughout the document.
- Refer to RNIB guidelines on producing documents for the elderly and visually impaired. Font size should be 12-14 to be clear.

Review

- Evaluate your lay document – ask a lay person as well as peers and your supervisor to read it for you and give constructive feedback.
- Ensure that your document is updated regularly to reflect changes in evidence-based best medical practice.

Resources

INVOLVE guidance. INVOLVE is a national advisory group that supports greater public involvement in NHS, public health and social care research.

NHS Improving Quality. NHS Improving Quality works to improve health outcomes across England by providing improvement and change expertise.

NHS photo library. The NHS Photo Library is a comprehensive resource for the NHS and related social care organisations, providing access to cost-effective photography for use in their communication materials.

Patient Information Forum. The Patient Information Forum (PiF) is the UK association for professionals that work in the field of consumer health information.

Transforming participation in Health and Care. A guide to help commissioners of health and care to involve patients and carers in decisions relating to care and treatment and the public in commissioning processes and decisions.

Plain English Campaign. Campaigning against “gobbledygook, jargon and misleading public information” since 1979.

Plain Language Commission.

Royal National Institute for the Blind.

University of Manchester, Faculty of Engineering and Physical Sciences Tips for Writing a Lay Summary.

Support

Before and During your PEP, we will provide you with a range of resources and support to help to make the most of your QE PEP. This chapter describes the support available to you.



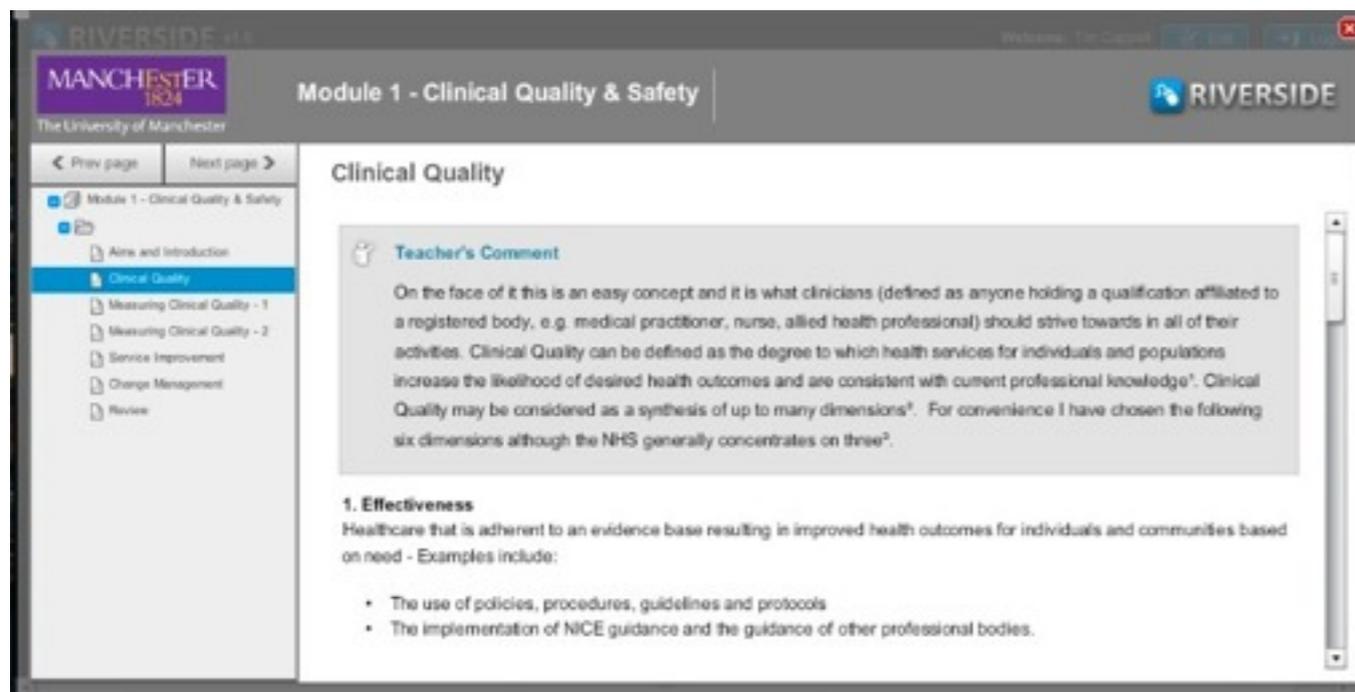
Online Course in Quality

As a prelude to the two PEP modules in Year 3, every student will be expected to complete an online course we have developed specifically for this initiative. This course has been written by Prof. Danny Keenan, Consultant Cardiothoracic Surgeon at the Manchester Heart Centre and National Clinical Advisor to the Healthcare Commission and National Clinical

module in January. The course will be available from the start of Year 3 and also be available to all PEP Supervisors as a point of information and reference.

The Course is available in **Blackboard** or **Medlea** and includes packages from BMJ and the Healthcare Quality Improvement Partnership (HQIP), which will provide certificates for completing the course that you can add to your Portfolio.

The Course should take around 10 hours to complete and can be done anytime during Semester 5, in preparation for your PEP in January. The Course will be available to refer back to anytime during the rest of Year 3, so you can use it for revision purposes or to support your written assignments.



Audit Advisory Group, with supplementary material from other healthcare and e-learning professionals. *

The purpose of the course is to provide you with a clear understanding of Quality Improvement (QI) in the modern health care environment prior to undertaking your first PEP

*Authors include:

- Dr Mark Perry - GP and Senior Teaching Fellow
- Dr Paula McDonald - GP and Senior Teaching Fellow
- Dr Pip Fisher - GP and Senior Teaching Fellow
- Matt Keane - Lead for Evidence Based Medicine
- Alison Leather - Clinical Audit & Effectiveness Manager, Preston
- Yvonne Murray - Head of Clinical Audit, MRI
- Debbie Moore - Curriculum Manager, Preston
- Alex Drury - Project Manager
- Tim Cappelli - Project Manager

Expert Advisors



To support both supervisors and students, Manchester Medical School has recruited a community of Expert Advisors to offer specialised advice and support. The Expert Advisors are drawn from Hospital audit teams, Clinical Governance staff, public relation and communication teams as well as University academics that are involved in medical education.

Expert Advisors will provide information, answer queries and offer resources to students and supervisors around the Expert's specific area of expertise. This will be provided both as:

1. Information sessions or workshops: These will consist of short (less than 1 hr) sessions delivered to students in the first week of the PEP Blocks. For example, an Audit Team Manager may deliver an information session to let students know how to access existing audit reports, how to request data, and who to speak to for information, etc. Some experts will also provide drop-in 'surgeries'.

2. Answering queries: During each 4 week PEP block, and 2–3 weeks before and after, students and supervisors will be able to ask questions and request advice from any of the Expert Advisors in the Expert Advisors network. They will do so using an online Q&A tool called Piazza (www.piazza.com) which is designed specifically for educational use. On here students and supervisors can submit questions which anyone else in the community can respond to (fellow student, supervisor or Expert Advisor). Expert Advisors will be given 'approved' status so that the response they provide will carry 'approved answer' status. Alternatively, Expert Advisors can bestow 'approved answer' status on responses given by others.

A full list of the Experts Advisors and what workshops are available will be published in Medlea.

Appendix

Additional information regarding Academic Malpractice, Mitigating Circumstances, Academic Appeals, Information Security and Clinical Images.



Academic Malpractice:

All written work submitted by students at the end of their PEP modules is reviewed for evidence of plagiarism. Data generated from the Turnitin software are considered by the MMS SSC Management Team following submission of the written report. Supervisors can also report evidence of plagiarism they have identified by contacting the Phase 2 Coordinator – phase2.coordinator@manchester.ac.uk.

Most instances of plagiarism are accidental rather than malicious. Please see the University's [Guidance on Plagiarism and other forms of Academic Malpractice](#) and [Introduction to Referencing and Avoiding Plagiarism](#) for helpful advice on how to avoid accidental academic malpractice.

Mitigating Circumstances:

If you feel your studies or examinations and assessments are being or have been affected by personal circumstances, you should inform the Medical School immediately. Please see more information please see the [MB ChB Mitigating Circumstances Panel page](#) on Medlea.

Academic Appeals:

Please visit the [Faculty of Medical and Human Sciences intranet](#) for information regarding the University's policy on Academic Appeals.

Information Security

- Personal Data is governed by the Data Protection Act and there are strict rules governing its use which you must be aware of. Please see [A Brief Guide to Data Protection at the University](#) for more information.
- Each Trust will have specific rules and procedures which you must adhere to regarding the use of patient data. Patient identifiable data must NEVER be kept on laptops, PCs, or portable storage (such as USB drives) unless the device or the file has been encrypted. Further information regarding what data should be encrypted and how to do so is available on the [IT Services website](#).
- Patient identifiable data must NEVER be emailed unless it is contained in an encrypted file attachment.
- Files must be deleted in accordance with the arrangements agreed with data subjects or the ethics approval procedure for projects.
- Papers containing patient identifiable data must be kept secure in locked storage until they are no longer required, at which time they must be shredded.
- If personal data is lost, stolen or disclosed to unauthorised persons you must inform your supervisor immediately.

Clinical Images

Supervisors and students may consider using clinical images in the written report. Images of patients (including radiographs) are considered to be clinical records in Healthcare Organisations. These images are created with consent for their use as part of the patient's management of their condition. Such images, and their consent, taken for this purpose will not include agreement for their use in student reports by Manchester Medical School undergraduates. Clinical images of patients contained in their clinical records or obtained in a Healthcare environment cannot be used in the written reports submitted as part of the QE PEP. As an alternative, the supervisor and student should look for images of the index condition from copyright approved sources.