

Focus Group 1

FACILITATOR: By means of introduction, how did you feel about using the visual Likert scale in general?

A: Yeah it was grand; it's easy to use, very straightforward.

B: It's quick

C: Probably quicker and easier to use than numbers because you're not trying to decide...

FACILITATOR: So you prefer just having to draw the line on it rather than 1,2,3,4?

C: Yeah

D: It's probably easy to analyse as well, because we were doing it before and after so you can see the big change rather than people writing words.

FACILITATOR: Had you done a similar thing before in any other modules or at any other stages?

E: Not in any other modules – we normally use those Survey Monkey feedback questionnaires where you write...

F: Like mostly agree, agree, disagree.

C: I don't think I've ever used one of those before.

A: You kind of use the scale with the numbers on it, so you have to pick a definite number, rather than putting a mark on it.

FACILITATOR: So you can sit on the fence better?

A: Yeah!

FACILITATOR: And do you think that using this visual Likert scale helped you understand your learning needs in the Aging and Health module at the beginning of the module?

B: Yes I think so. The drug bit – there was a question about your drug knowledge and my mark was quite low on that one so I knew I needed to concentrate on that.

FACILITATOR: And as a result of that did you pay more attention to the drug bit?

B: I think so. During attachment I was looking at Kardexes a lot.

F: I couldn't really remember what I did beforehand so I couldn't really judge how much progress I made. I was thinking "where did I put it for this one last time?" so I couldn't tell whether I was further to the left or to the right. It was just my own fault like!

E: I honestly can't remember what I'd put on the first one – I didn't really know we'd done one before. I'd really forgotten that!

FACILITATOR: Do you think that's an issue because you'd done one before and after – do you think if you'd still had the 'before' one when you were coming to fill in the 'after' on...

F: You'd probably judge it better!

FACILITATOR: So back to the Aging and Health module, would you normally consider, if you weren't forced to do that, would you have considered "Right, what do I need to do during this placement?" or "What do I need to learn during this placement?"

A: I suppose during the lecture weeks you try and pick up what are the key things you need to learn for the exam.

C: But I did think it was quite good to help structure and give us different areas to think about, of where your needs were that I wouldn't have really thought about, probably, if I hadn't filled it out.

E: Although the study guide is very good for Aging and Health.

FACILITATOR: So did it relate to the questionnaire, did you find?

E: Yeah it did, although probably the study guide is in a lot more detail.

FACILITATOR: But were the same topics covered?

E: Yeah.

FACILITATOR: So would it be fair to say that you would sometimes look at the learning outcomes in the study guide.

E: Yeah I probably would be more likely to do that. I could see how the Likert thing would be useful as well.

FACILITATOR: And then towards the end of the Aging and Health module – did you think it was helpful to have the questionnaire? I know you maybe mentioned earlier that you can't always remember where you drew the line to start off with, but did you think having the questionnaire to recap was of any benefit?

A: It does let you see "I've learned this, this and this over the last few weeks, so I've progressed something over the last few weeks, I haven't just stayed where I am or gone backwards".

B: I suppose it encourages you at the end, as well, that you've a wee bit more clinical knowledge having been on placement.

FACILITATOR: Well you mentioned, for example, about the drugs – did you find that on the equivalent question that that was up?

B: Yeah, and that made me feel a bit better.

FACILITATOR: So if you weren't filling in the form, would you normally consider what you've learned?

D: I'm really bad, I don't normally do that, no.

B: Because it was sitting there in front of you, it made you think about it.

FACILITATOR: I suppose there's maybe a tendency, at the end of one placement, just to worry about the next one when the exam's over?

B: Yeah.

FACILITATOR: Did you feel that using the visual Likert scale, and completing it, helped you focus on what you'd learned or where you had gaps in your learning?

C: I think it did help me see where there were gaps in my learning, because I knew that on certain bits I didn't feel I knew it a lot better than I did beforehand, I wasn't confident with it still afterwards, for one or two of them. It helped me to sort of identify the gaps that were still there.

FACILITATOR: I know that, in particular, the Aging and Health module doesn't have a formal exam at the end of it, so do you think that maybe in light of having no exam, people could potentially have been less focused on what they needed to learn?

ALL: Yes!

E: Especially as ours was the last attachment of the year, I think it probably was good to have some reflection on what we've learned. We could have drifted into summer without thinking of it!

D: Although even though we didn't have a formal exam, because we were at the end, so close to the OSCE, we were, well I was, still kind of thinking "What do we actually need?". We did still have an exam for Aging and Health as part of the OSCE.

FACILITATOR: Well I suppose the issue arises when filling in these forms – I know you weren't told about this focus group before you filled them in - do you think people, when they're filling in the forms really consider their learning needs or outcomes when they're filling in such questionnaires?

D: Not everybody, no.

C: I think they're given out at bad times as well. I think they sort of throw them out to you before you have a break and people are just scribbling whatever they can think of to get rid of it and get it finished.

FACILITATOR: So have you any suggestions as to how you could improve that?

A: Make it the very first thing that you do – the very start of the module, the very first lecture – "here's this, here's these topics, what do you think you know about them?"

E: Yeah, part of the lecture.

C: And maybe discuss it rather than just handing them out and asking them to be filled in.

FACILITATOR: So do you think if the lecturer explained...?

C: I think it would have been helpful, because when we were filling it out, the person sitting beside me was writing numbers on the line, as if the line was a space to write a number in the middle of it. The scale itself wasn't really explained.

D: Oh yeah I did that, I'm sorry!

C: There was another person as well actually!

FACILITATOR: Well this is anonymous so we'll not worry about that! But do you think there maybe is a tendency to over- or under-exaggerate when filling in, or do people necessarily view half the line as being "I only know half", or do you think people really relate the line as to being accurately how they view it?

E: I sort of felt like I had to go one extreme or the other.

C: Yeah!

E: Like 1 or 2, or like a 9, 10, otherwise it was a neutral opinion, like I was sort of saying I don't really have an opinion at 5, whereas I suppose you could think of it as an 'average' level of knowledge.

C: It would probably be helpful to have that explained how they want you to grade it before.

FACILITATOR: So say, for example, the very bottom of it – would you have taken that as "I know absolutely nothing about that" or would you have taken that as "My knowledge is lacking in that"?

E: Absolutely nothing.

FACILITATOR: And do you think there would be a tendency when they're filling in the forms to maybe over-exaggerate what you know?

C: Well I think you always tend to mark higher afterwards just because you want to appear as though you've done some progress!

D: Yep!

C: Even though you haven't made a lot of progress!

A: That's true. You tend to maybe under-exaggerate beforehand. You tend to think, "well it's been years since I've done that so I'll mark that down".

FACILITATOR: And do you think there's maybe any influence if you could see what the person beside you was doing?

F: Oh aye, you'd definitely say "What did you put down for that?". Everyone kind of copies everyone!

B: Because you're sitting beside your peers as well, you don't really want to put a really low mark when someone beside you is putting a high mark.

E: At the same time it's a bit competitive, though you're not going to put a 10 for everything!

C: Because even though they're anonymous to the people that collect them, they're not...

FACILITATOR: So I suppose that means you wouldn't want to completely say "I know everything" when you don't as other people would be like "What are you doing?"! Well I know you've all to complete a Personal Development Plan for the portfolios. Do you think that assessing your own

learning needs using a similar scale, or not even a formal scale, but sitting down and thinking of each thing and “how far am I along?” – do you think that would link with setting up the Personal Development Plan in your portfolios for Phase 4?

C: I think it would actually give you some structure for setting out your PDPs.

E: Yeah, headings.

F: Because all we do at the minute is just copy the learning outcomes straight from the study guide!

D: That’s kind of what I do!

F: We don’t actually think “I need to know this” – you just copy and paste across to get what they want.

B: If it means another piece of paperwork to fill out people would probably not want that.

E: But if it replaced the current PDP?

ALL: YES!

E: Perhaps with a little comment box beneath each scale – that would be very good, wouldn’t it?

C: That would be really good.

E: Instead of a blank document of a PDP you could just have the Likert scale with little optional comment boxes below your ranking for each question.

FACILITATOR: So you could maybe right something like ‘I need to improve on this’ or something?

E: Yeah.

FACILITATOR: So you’re essentially saying that it might be useful in the future to be incorporated into the actual e-portfolio?

ALL: Yes

E: At the minute we just have a blank document, and that’s the PDP, and it’s the same for every specialty. There are no specific questions so then you end up copying and pasting.

FACILITATOR: So people would tend to copy and paste rather than considering what’s actually relevant to them?

ALL: Yes.

B: It’s time constraints. People don’t have the time to sit and think for each one. There’s a lot of modules, especially this semester.

C: And with exams and everything else, there’s so much happening all semester.

E: It’s not worth your while to spend ages on it!

FACILITATOR: Well what do you think of the importance of assessing your own learning needs as a preparation for life-long learning in your future career?

B: I think it is important for your career.

C: I think it is important, but I don't think the e-portfolio... I think if you were having those kind of scales and it was more focused the e-portfolio would be more beneficial. At the minute it's kind of vague.

A: The more formal and the more kind of 'examined' you put the reflections – the more you just kind of ignore it and treat it as a 'tick-box' exercise. If you kind of just take yourself away for five minutes and think "Okay, what do I need to actually know for this module?" you've got it done in five minutes and that's far more productive than having to write it out and reflect on it just so as you get a mark in the portfolio.

FACILITATOR: So you think they could be more of a beneficial way of filling in the e-portfolios?

ALL: Yes.

FACILITATOR: Well I think there was a general consensus there that you do think that assessing your own learning needs would be important in your future career. Could you expand a bit on that?

A: It's all about improving your skills and improving where you are now to where you want to be. You've got to reflect on what you know, but there are better ways to do it than portfolios!

C: And there's so much to know that it's really important to be able to identify where you're weaker and what areas are weaker for you.

D: I have to admit I wouldn't reflect normally, so being forced to do it for the portfolio is the only way I actually reflect. I don't like doing them and I do treat them as a bit of a tick-box exercise so if I wasn't doing portfolio I wouldn't be reflecting at all, I don't think.

FACILITATOR: So would you suggest then that if you incorporated some sort of Likert scale into the e-portfolio...?

D: I think that would be good. Instead of having a blank box where you have to just type loads of waffle – and everybody does just type loads of waffle – if you had a scale, I think it might be a bit easier, and quicker as well.

FACILITATOR: I know you've mentioned the e-portfolios can be a bit of a tick-box exercise, but do you think that they are important when they do require you to assess your own learning?

D: Yeah, like I said, I probably wouldn't assess my learning if we didn't have to do portfolio, but that's just me!

B: We always will have to throughout our career so we might as well get started now and get used to it.

FACILITATOR: I know certainly the junior doctors have to complete e-portfolios as well, so do you think that starting it now will help you in the future?

C: Yeah it'll definitely help us get into the way of the routine of filling them in and knowing how to do it, definitely.

FACILITATOR: So you're in agreement that it is good, but just that the current way isn't the best way?

ALL: Yeah.

FACILITATOR: I think we've answered all the questions that I have noted here. Does anybody else have any general points about the Likert scales, how you find them...?

B: They're a good visual representation. When you see something on a scale like that it makes more sense than reading a lot of portfolio words that maybe don't mean that much to you.

FACILITATOR: Do you think it would be beneficial if other modules employed them?

C: Yeah I think they're easier to use than either numbers or good/ very good/ agree/ disagree. Sometimes then the statements can be positive or negative and you're trying to work out whether you agree if that's good or disagree... I think they're more straightforward to use.

FACILITATOR: Do you think each module would require them to be tailored to the module content?

E: Definitely do.

FACILITATOR: Or is there any way you could see potentially like a general – I know this is maybe bringing you back to what you were saying about the e-portfolio and it's just a blank PDF and you end up copying your learning outcomes across – but do you think there is any potential for each module, for example obs and gynae, a tick-box in how you feel in the relevant history and examination, medications...? Do you think there is a potential way that it could be like that?

B: Well we always have a structure for the history. With a normal history you do presenting complaint, and then drugs and things like that, so I think you could make it quite general.

C: But I think more focused may be more beneficial.

A: I think if you focus each of the questions on the learning outcomes for each of the modules, it would be a lot better than 'Do you feel confident in the history in this module?' 'Do you feel confident in the examination in this module?', whereas if you actually go into the specifics it'll make you think a bit more.

E: Yeah I think it would have to be a bit more specific.

FACILITATOR: So you think that would be more beneficial in flagging up what you really don't know, or still need to know?

ALL: Yeah.

B: The problem is, not all modules have clear learning outcomes.

A: Very true!

B: Fractures and radiology...

C: Yeah it was a disaster!

FACILITATOR: Well in modules that don't have clear learning outcomes, how would you go about assessing what you need to know?

E: I think the co-ordinators would need to put together a Likert scale – even ten questions – it wouldn't need that much effort.

A: They've just got to get their learning outcomes right! Every other module can do it!

E: If they can set an exam I'm sure they can set learning outcomes!

FACILITATOR: So in cases like that how would tend to go about thinking "What do I need to know?"

C: It was really hard.

E: Really random.

A: You start asking other people who have done the exam, you start going on hearsay, you start either going too detailed into stuff or not going to enough detail...

C: And then missing things!

D: I think I ended up just writing 'be able to understand x-rays' because I didn't even know how much detail you needed to go in to specific x-rays.

E: On the PDP for that I just wrote 'Be able to understand chest x-ray, abdominal x-ray...' and just went down the list and just made it up completely.

FACILITATOR: And obviously something like the placement you've just described there's quite a lot of... Like as a student you're only expected to know general things so I'm guessing you're probably wanting something to go on to stop you looking into something that's too registrar level?

ALL: Yes!

C: There's so many different things you could be covering in that module that...

F: And they didn't give you the content!

C: And we'd no lectures!

D: It was a really bad module, wasn't it?

A: Geris was much better!

ALL: Yes!

E: Excellent study guide!

D: And learning outcomes!

FACILITATOR: Somebody here is looking for an extra bun!

FACILITATOR: So any other comments?

F: I think you just have to be in the mood for them. Because I know sometimes when I'm doing them I would just put X's all in the same place just to get it over and done with! So get us when we're caffeinated and in a good mood!

ALL: Yes!

FACILITATOR: So would your ideal setting be...?

E: First day.

FACILITATOR: First day, and for the lecturer to present them as being something important?

ALL: Yes.

C: Definitely.

F: It's just like the wee intro thing, they just get handed out and you think "Another one of these!" But if they talked us through it and said 'do this and this' we'd take it seriously.

FACILITATOR: And you mentioned earlier if you keep your before and after?

ALL: Yes.

C: Because we hand them in I think for some reason that it's just for somebody else to assess them rather than for my own learning.

FACILITATOR: So you're maybe not getting any benefit out of...?

C: Yeah – not thinking about it!

E: If it was like a page that you could have at the start and get explained and then you kept it with you throughout the attachment and then handed it in with your cases, and it had on it the 'before' and 'after' scales on the same page, I think maybe that would be good.

FACILITATOR: Yeah so you could see... Say, for example, you mentioned that you were quite proactive with the drugs section. When you filled it in and then you were looking at Kardexes on the ward... Would anybody else have any sort of if for example one section of yours was lower did you actually act on that or did you hand the sheet in and forget about it?

E: I handed the sheet in and I couldn't remember anything about the sheet. I couldn't remember what the titles were... So I wasn't able to act on my weaknesses.

Focus Group 07/04/2016

Me: In general, how did you feel about using the Likert scale? Had you used a similar thing in other modules? Or other points during the course? Or since?

1: I don't actually remember it at all!

2: I'd never used it before. Think that's the only time I've ever seen it.

3: I don't think we've used it since.

4: Likert scales... Usually they're supposed to be one to seven? But that's like a graphical one? I think everyone just puts seven, or just under ten. Those are pretty basic skills – nobody's going to say 'I put a three' in the fourth year of the course!

3: Well, I don't think I'd ever done a nutritional assessment before Care of the Elderly. I don't remember what I put, but, looking back, I think I might have said pretty low!

Me: Do you think that using the Likert scale at the start of the Ageing and Health module, or if you were using a similar scale at the start of any module, would help you understand your learning needs?

5: Yeah, I think it's a good indicator of where your baseline knowledge is. But, as somebody said there, you'd never really put anything lower than a four or higher than an eight.

4: I think it probably works variably, like for a question on how you rate your history taking skills, you could have a bit of wiggle-room, but for something like nutritional assessment, it's really a bit of a yes or a no for proficiency.

1: I suppose it's good, otherwise you don't really think unless someone asks you where you are. So it's probably good for yourself, just to be like 'Oh I actually don't know what a MUST assessment is!' It makes you aware that you need to figure it out.

3: I guess it summarizes the key points of the module for you and what you need to focus on.

1: It's probably better than listing learning outcomes as you're actually asking yourself...

3: It makes you notice it more than listing the learning outcomes.

1: As no-one, well, I, don't really look at the learning outcomes of a module until I have to revise, and this is separate, so it's like an extra leader to gauge where you are.

Me: Would you normally consider what you need to learn at the start of a new module?

All: No!

2: Well for some new modules you'd have some things that I know I'd want to learn or do, or whatever, but never as many as that and I'd never think about different things. Like, for example, nutrition and swallowing assessment – I'd never have thought of that without that.

3: Well I guess you don't know what you need to know so I guess it kind of summarizes that for you!

4: You probably find out pretty quickly, and with one like Care of the Elderly, you go and start your first day and you realise 'Oh right this is where they see a lot of the strokes' and things... It's important to flag up things like that and realise that that's

maybe your biggest exposure.

Me: And do you think completing a form like that would help flag issues like that up?

4: Well there's nothing about, say, stroke medicine on it so you'd have to select the right kind of questions on it.

1: I guess you kind of do it in a second...

3: It's like if you're handed something you'll do it really quick, you'll hand it back in to them. Like I honestly don't remember doing it at all so it clearly didn't stick in my brain! So maybe if you had to take it home, a copy of it... Because I don't think it made me focus on those things.

1: I suppose if you stuck it in the start and the end of the logbook as an extra thing?

3: Yeah, so you could see...

2: I think stuff like that very easily just turns into a tick box exercise that someone just does without really thinking about it. Especially if it's just there and it's just another page in a 20-page log book!

3: But you do it, run out the door. Just get it done as quickly as you can.

Me: Well do you think completing the same sheet at the end of the module would help you understand your learning needs at the end?

2: I suppose it helped you think 'Actually maybe I haven't spent enough time during this placement on some of these things!'

Me: And if you weren't completing a Likert scale, would you normally think what you haven't learned?

3: Well all of those [modules] last year, we did have exams at the end of each module so you were thinking really hard about what you didn't know! But I guess now, when they don't have exams, and in Ageing and Health, when we didn't have exams, I probably wouldn't have thought about it. But the rest of the modules – yes – because you were studying.

Me: And do you think if you found an area on the Likert scale that you still weren't sure about you'd go and have a quick read over that area?

5: Yeah. I think potentially as well there's an idea, but there should be certain things that could be used... Like you should be a 'ten' in this, a 'ten' in that, and there might be other categories that you could maybe afford to be an 'eight'. A bit like whenever you start to be a bit further up in the postgraduate stuff. Like MRCP where you've 'should be really competent in', 'should have a knowledge of'...

4: Yeah, like you say, there's some of these questions don't really lend themselves towards a proficiency-based thing. Something like 'you're understanding of the importance of swallowing assessment...' That's pretty broad!

3: I can say it's important – it doesn't mean I can do it!

Me: So you think there should be some sort of hierarchy of the scale?

4: I just think you either know absolutely nothing about that or you pretty much have it. There's no 'I know a sixth about the importance of swallowing assessment'.

Me: Well even then for a junior doctor, swallowing assessment would be done by a speech therapist so do you think there should be some way of weighting that?

4: Well that's more about understanding the importance of it... It's not saying you need to actually be proficient in doing it, which would be a different thing entirely. I think it'd be a waste of our time entirely to try and do that!

Me: Well did you think that using the Likert scale helped you focus on what you had learned or where you had gaps in your learning?

2: I think it maybe made me think 'Well actually I haven't really looked at that at all during the placement' or whatever. Or there's some stuff where you're maybe happy with it and you're like 'yeah I can maybe leave that for a while and come back to it.'

3: I think it would probably have been more useful had it been in a log book where you could then see your progress between the first and the last one, rather than just handing it back in and never seeing it again.

4: Yeah, we had to do something like that for our [fifth year] portfolio, didn't we? Where we took our Tomorrow's Doctors competencies and you had two columns comparing the start of the thing and the end of the thing. Was it a Likert sort of thing? Like 'agree', 'strongly agree'?

3: It was out of five?

4: But yeah, actually have it there for your own record.

1: I was actually thinking that. Because you actually knew that you needed to be competent in it whenever you did it.

3: You could see you were going to have to fill it in again, so you need to go and do your learning so that you could...

4: Then again, having the two of them there might just make you fall into that whole narrative of fallacies where you just fabricate an improvement! Everyone likes to see the lines going up, not down!

3: That's true!

4: No-one's going to come away and say 'I know even less about it now, I've lost what I did know!'

1: I feel like for me, when I was in geris, I was like 'MUST score' – I didn't really know how important it was. But coming to Tomorrow's Doctors, it was like 'this is going to be your job – you need to be able to do this'. It stressed how important it was. Whereas just a random piece of paper with just a list of things that I didn't really realize were important or not is a bit different. Whereas if it was like 'by the time you are starting F1 you should be good at this in relation to geris...' it would probably be more beneficial. Because if you're working on a Care of the Elderly ward, what do you need to be doing as an F1?

3: I suppose we're very F1-focused now. It's kind of what we're thinking of and we're suddenly all freaking out about August! Whereas in fourth year, I don't know even if it had said that if I'd have got my head into that space!

Me: Do you think that when people are filling these in they really consider their learning needs?

All: No.

1: In fourth year, all you really want to do is pass your exams.

3: I think it's really only this year that I'm suddenly thinking about work life!

Me: Do you think that if a similar scale was used in final year before and after placements, do you think that would be of any help?

2: I think, maybe, particularly with F0 it would be. It would be stuff like you've said, the actual skills we're going to be using next year. It would make you think 'Oh actually I do need to be good at this stuff' and 'I don't feel confident in this – how do I improve it?' But maybe before the medicine and surgery placements it'd be just another thing that you have to do, when you're really not wanting to think about filling in forms. I think now it would be good, but if I had to do it the two weeks before finals and hand it in somewhere...

5: But then should we not be proficient at these sort of things before finals? But have it early in final year?

Me: I suppose in our final year portfolio we had to tick 'strongly agree', 'disagree'...?

4: The problem with something like this is it won't actually – I don't want to say 'catch' – it won't help the people who are really struggling. Because they'll just tick away for everything.

3: I guess it's about identifying and finding your *own* learning needs.

4: It's hard to have something that's completely objective or proficiency-based, like not 'Oh I'm confident in cannulas' but 'I've done this many...'

1: I suppose it depends on the person, because some people are going to care about this more than others. It's really subjective. Like if you've someone that would want to be good at things in fourth year then it would help them, but there's people – myself included – who at the time were like 'this doesn't matter for me right now so I'm not going to worry about it right now...'. So it probably very much depends who is filling out the form.

3: And I don't think you could compare someone's 'seven' with another person's 'seven'.

2: It's all personal.

1: It's for self-reflection.

2: Yeah, it's not really for making up statistics and stuff.

Me: Well do you think doing the scale would have helped you set up your Personal Development Plan in your fourth year portfolio?

2: No!

1: It probably would have given you something to write about.

3: You could have copied the points down!

2: But then, for a lot of that you just kind of look at the learning outcomes and stuff. But if they were quite similar to that it might be a bit of a redo?

Me: Well what about assessing your own learning needs as a preparation for lifelong learning in your future career? Or in your use of the ePortfolio?

3: I think it's something I'm only really seeing the importance of now. Now that we're actually faced with the world of work.

2: I think it's kind of good to know what you are kind of good at and what you kind of need practice at, or maybe just a bit more of a go at.

Me: Do you think you'll think of those things during F0 in preparation for starting work in August?

4: There's no time for thinking!

3: No I think you do. I don't think you can help it. Because you're thinking 'What can I do for August?' I think I am thinking constantly about what I need to get better at.

4: I'm slightly more cynical...

Me: What do you mean by that?

4: Oh I don't know. It's just that... Well again these example questions are quite broad, but there's things that you need from people that have already went through it, and what they tell you is important. If you've got someone on the other end saying 'All you need to know how to do is put in a cannula and manage an emergency' or something, you prioritise certain things for when you start, I guess, rather than some of the more esoteric ones.

Me: Well looking back from now to fourth year, can you think of any advantages associated with the Likert scale? I know we've already touched on this... Did you find them difficult or easy to use?

4: I guess from the collective amnesia, they didn't really make too much of a big impression on anybody!

2: Well they are easy to use and they probably do make you think 'I need to have a look at that..', but whether or not you have the self-drive to do that is another question.

1: Especially if you hand it back in. You forget about it.

5: And there is definitely a possibility that it just becomes another paper exercise. To be of use it should maybe be done away from when you've got other bits of paper.

Me: You had mentioned earlier about nobody wanting to put themselves way down at the one or two for a thing, even if they didn't know much about it. Because these are anonymous, can you think of any reasons why that might be?

5: Because you don't want to show yourself to be terrible in case somebody else would see it! Like even if something's bad in a restaurant, you give it a four, a four out of ten, you never give something a one or a two, really.

4: It's partly how good a judge of your own performance you think you are but also that nobody goes round intentionally doing a bad job, everybody thinks they're doing it the right way. If the outcome is bad for a different reason, well, no-one sets out to do bad for any of the stuff.

Me: Do you think that you don't want to admit to yourself that you're not good at a thing or is it more for your peers around you?

4: There's a great deal of cognitive dissonance around being bad at something! I've no idea really about the motivation of it...!

2: I think part of it is also that you don't want to admit you're not good at something to then have to put in the work to get yourself up. I think a lot of it is 'Ahh I'm okay at that'

3: Especially in a kind of portfolio way, where if you had said you were... This isn't that, but in portfolio where you had to say before and after, and if you said you were bad at it you had to do a whole PDP! So you were like 'agree'...

4: The other side of the coin is, are you comparing yourself to some other standard, or are you thinking 'I'm probably all right in comparison to most of the people at my stage'

3: I think I probably would have put myself at a one or a two for those things that are more black or white, do you know this or not, like a MUST assessment. Stuff like history – I think you'd be more likely to put yourself in the middle. But the likes of a MUST assessment, you'd either put yourself at a one or a nine because you didn't or did know how to do it.

Me: And can you think of any suggestions for improvement for the use of Likert scales?

5: In my opinion there should be 'must-knows' where you should be a ten at, then there's other stuff that you should have a good knowledge of – a seven or an eight is quite all right for that. Maybe as well, well I know the idea of them is to have a one to ten scale, but just if you had some sort of definition of what a ten was versus what a one was, and what a five was, in words. I know it's meant to be numerical, but it gives more of a flavour of where you think you are, rather than...

4: Though it lends itself better to certain questions better than other ones, like history and exam, maybe, rather than a specific thing, like 'do you know how to use the stroke scale' or something. You could split it up that way.

Me: And can you see yourself using a similar scale in the future?

4: I wouldn't use it on your friends if you cooked for them or anything!

2: Yeah I'm sure it will be used again because we probably will have to reflect on our skills or competencies or whatever.

3: I don't know if I would ever draw one out for myself!

Me: But if you were 'forced' to fill one in, do you think you would take it more serious in the future, when you're actually working and actually doing the things?

1: Yeah, whenever you actually have to do a job and you're responsible for things then you're always going to take something like this more seriously. But when you're in fourth year and you're just scooting about, following somebody doing their job, you're not having an input.

5: Now we're in final year... I think as you get on up and you have a goal and you know what you have to achieve...

3: I think it would be interesting to do a focus group with fourth years; it would be interesting to see what they think about it...?

4: I think another part of it is, fourth year is the longest year of our entire course. I think it's about ten months from start to end? So there is so much in there, that adding extra things in... You should probably be wary of it – it's probably over-stuffed as it is!

Me: Do you think that that [Likert scale] is suitably linked with the Ageing and Health learning outcomes? I know you mentioned that stroke isn't on it, but by and large...? I suppose stroke could come in to the history and examination sections? Do you think the form is reasonably...?

4: Stroke's probably the big omission from that. Because there is the NH Stroke Scale and the training for that is actually very useful to do, and you do get a certificate from that that's valid for a number of years. And it's something that people wouldn't necessarily do unless they were being made to do it? Not that I'm saying you should introduce that!

5: I think there's scope for having a few more boxes. Like actually having learning outcomes, and having a scale for some, rather than trying...

4: I'm just thinking from the logbook, like we'd to do a mental state assessment and stuff, like how confident are you with those tests that you would be doing in geriatric medicine?

1: I suppose if you link it up with the learning outcomes and just do like one... I think having two isolated things is a bit... It's just another thing. But if you have it alongside the learning outcomes? And also, once you've done it, how are you going it... I suppose it would be good to have someone be like 'so how are you at...' I suppose for MUST score, you know you just need to go and look at the thing yourself, but for other practical things it's like 'to improve this you should x, y and z...' or 'go and speak to...'

5: I think as well, what is it now? Three weeks? If you did this at the start, and maybe after two weeks, and that would be your general learning bit. And then for that last week you could actually refine certain things. Because you go in to these modules blind; you haven't done any of it before. So if you do two weeks and you re-evaluate where you are, and there'd be certain things where you'd think 'oh I still haven't a clue about that'!

Me: So do you think with these, there's a certain amount of not knowing that you don't know how to do something?

All: Yes!

Me: You think your history taking skills are okay but it's only when you've been in the job a while and you realise...

5: That you don't actually know what a stroke is!

4: I'm getting into the Donald 'unknown unknowns' kind of thing! The famous quote 'there are known unknowns - things we know we don't know, and unknown unknowns - things we don't know we don't know'.

Me: Anything else?

3: I do think your idea of having to do it after two weeks and then having a week to refine it is a good idea; the problem is that if you give them all out in a log book everyone would just do them all at the end. I don't know how you'd make sure...

5: You'd just have to sit down with your supervisor wherever you're in on attachment and make sure they're going to check if you have them filled in in advance or if you haven't got them filled in. I know it's extra work but if you're going to...

2: But then again, it's up to the learner to use these to their abilities, and if they don't, it's their loss. But it's a very personal and subjective thing.

5: But you don't see the significance of it in fourth year. You just see it as a...

2: As another thing to do!

5: It's only when work starts approaching that...

1: That you start to freak out!

2: That you don't know what anything is!

Me: Nothing else? Okay thanks very much for coming.

Focus Group 20/04/2016

Me: In general, how did you feel about using the Likert scale?

1: A bit of a tick-box exercise. I just did it because it was part of the course.

2: I'm not sure I overly remember using the Likert scale, but I certainly don't think I would object. Someone sets it in front of you and you fill it in! No strong feelings either way.

3: I think I know what was the idea behind it, as a reflective exercise, and I do think a reflective exercise would benefit me, especially if done before and after.

1: In opposition to that viewpoint, I would say that because I feel that it's a tick-box exercise, sometimes I just glance at the form and I circle 'agree' or 'no strong feelings' all the way down just because it has to be done as part of the module.

Me: Do you think because this form didn't have 'agree', 'disagree', 'neutral', but you actually had to put a mark on a line, do you think you might have been less inclined just to go 'agree, agree, agree'?

1: I think it does force you to think it a wee bit more. Because you can't just circle it all the way down; you have to put a mark and you're more conscious that if you put a mark at the exact same point on the lines all the way down then it's really obvious that you haven't thought about it.

2: Yeah, I would second that. Certainly more than 'agree/disagree' it makes you think about it a little bit more? But compared to the modules where you actually have to set your own learning objectives on things, it obviously required a bit less brain power than that'.

1: I think that – and this isn't really related to Ageing and Health – but do you remember that as part of the FPAS application you'd to say whether we agreed/ strongly agreed with a list of skills and how strongly we felt competent in them? I remember whenever I did that, because I think I knew that in the future we'd have to write reflections on it or something, I actually made a note about the ones that I didn't feel I was competent at. I made a list of stuff that I needed to learn how to do.

2: On the same light, in that one you had to say at least four that you didn't feel confident in, so it was a little bit artificial, because you had to make sure that you had at least four that you could go along and improve on!

1: Yeah, come to think of it, I think there was some of the ones I chose to reflect on - even though I felt confident in them, I had to say I wasn't competent in them, because I had to be not competent in something.

2: Yeah, exactly.

4: I think there's an element of, regardless of what scale you use, it's what the repercussions are after that. Because you could tick 'strongly agree' or put your line at the ten mark and it doesn't make a difference because you walk away that day and you're never going to see this again or face the consequences of this again.

Me: Well do you think similar scales could help you understand your learning needs?

4: I think you don't even need a scale, I'm going to be honest. I think if you are a reflective person you tend to reflect, you kind of analyse yourself. I think the question needs to be phrased for the people who aren't reflectors naturally.

3: For final years, I think a checklist would be useful, which may define an area of weakness. You need to come up with a number of things you need to revise and if one to ten is the things you need to tick, is it the things that score five that you need to revise, or is it the things that score two that you need to revise? So I would be more in favour of 'competent' or 'not competent' rather than a Likert scale.

Me: Well at the start of a new module, would yourselves or students in general normally consider ones learning needs?

2: Usually because we're prompted to do so!

1: Yeah, like, for our GP attachment for F0, I think the first thing is you have to list what your personal learning outcomes are. I found that a bit of a chore.

2: Especially at the start when you don't really know what a module's going to entail. You know, you learn what you learn. That's sort of the nature of medicine – you see what's thrown at you, you see what the day brings. It's hard to actually – especially for a placement – it's hard to actually say 'I'm definitely going to learn these things' or 'that's definitely what I'm going to try to learn. You just see what you learn. It's almost better to reflect afterwards and think 'well I learned these things'.

Me: If you remember in fourth year you filled in the Likert scale at the end of the module, do you think there's any use in that?

2: I think if you're going to use it, you should definitely use it before and after because there's no point doing it in isolation. You need to have a... Did we get them back at the end to see what w...?

4: No.

1: I think it would be interesting if you could do it online and you did it at the start and at the end of a six week module and then it was able to give you instant feedback, like 'you are this much more in doing...'. Like if it gave you instant feedback comparing your before and after.

Me: Do you think it would have helped you consider any gaps in your learning?

4: I think at the very start, whenever you start off with something as vague as 'your history taking skills', you're the unconscious incompetent. You don't know that you don't know and so you probably tick the right-hand side of the scale...

1: You're not aware...

2: Whereas the things down towards the bottom, say about nutritional assessment in Elderly Care medicine – it's maybe not something I really knew at all before I did Geriatrics – so I would have put it like a two or something and thought 'I don't know anything about that!' But history taking – I was like 'yeah, good' but in reality.... Though compared to my nutritional assessment abilities....!

Me: At the end of modules in fourth year, would you have normally considered what you had learned, or hadn't learned?

4: Well, assessment drives learning, so you're going to do it at some point during the year. Whether it's at the end of the module or two weeks before the exam. You will come back to reflect on what you learned because that's the nature of the game.

2: I think the set-up of our fourth year exams sort of made you do that. You got to the end of that module and you were going through learning objectives, making sure you know everything and you go 'oh no I didn't see that' or 'I don't know how to do that'. And knew what you had to see to fill in those gaps in your knowledge.

1: But is that reflection or revision?

2: True! Revision....?

1: Because I think at the end of the module I'd just sit down and learn it. I don't think I'd really thought what I'd learned – I'd just sit down and learn it for the sake of an exam.

2: True.

Me: So you're saying that in fourth year you felt very exam-focused?

1: The only thing is, it's maybe going to be different for upcoming fourth years as their exam's right at the end?

2: Yeah.

1: The only thing I could say about my [fourth year] GP practice is that my GP set me down on the first day and said 'how are you feeling about this?' and I was like 'I am terrified of GP'. And at the end of the week he sat down with me and was like 'are you still terrified?' and that kind of forced me to reflect on GP.

Me: And do you think you'd have done that without the prompt?

1: I don't think I'd have consciously thought about it but I was aware that I was still terrified after four weeks!

4: I think the problem I have with these is that you can sit here and tick anything. It's going back to what I said about the consequences. If I, at the end of it, still haven't improved, what am I going to do about it? I'm not going to go back on placement; I'm just going to revise for the exam.

1: If you were revising for, like, say an Obs & Gynae placement and you were like 'oh I didn't get a chance to see an assisted delivery', you're not really going to get a chance again! What's the point in reflecting if there's not really an opportunity to do anything about it?

4: I wonder if it should be a mid-point reflection? Then you have the educational opportunities upcoming that you can tailor to what you need then.

2: Yeah, the ship has sailed then by the end of the placement.

4: All this is assessing is whether the module was worthwhile or not from an educator's point of view, not a pupil's point of view.

Me: And do you think people would really consider their learning needs when filling the forms in?

2: Depends who it is. Some people will take it semi-seriously and some people will just put six for everything...

1: Yeah, that's me! There's something about filling in lists of questions which just seems really artificial? Maybe I'm just very dubious to start off with. Maybe if somebody showed me evidence to show that it actually improves learning, maybe then I'd engage with it a bit more. Like, if it was an evidence-based exercise?

4: I liked the point earlier about 'competent' and 'incompetent' – I think if you made it binary, and, even if the list was longer? You know, 'history taking – presenting complaint', break them down a bit more, and just make them binary, I think it would engage people a bit more. Because then you can say 'oh, actually there's a bit of my history taking skills that I hadn't thought of'...

3: I think that the reflective exercise itself is beneficial and I think there already is some sort of evidence base for it. But the more we discuss, I realise that the Likert scale wouldn't be the best method to reflect on how competent you are. I would agree with binary instead of Likert scale.

Me: And do you think there's some areas on, for example, that Likert scale, which may lend themselves more towards a yes/ no assessment? Is there any room for different styles of questions?

4: I think that needs to come down to what the module co-ordinators want to achieve. If they want a nutritional assessment, that's fine, that's a yes/ no. If they want a bit of finesse and panache coming through... History taking is so varied. It's not an assessment where it's either yes or no. There are some questions I think need to be tailored by the module co-ordinator.

2: Yeah I think history taking and examination skills in particular would be very difficult to fit binary answers.

1: Because there's a spectrum of how you do them.

2: Exactly. And probably from first or second year I would have said 'oh yeah I feel confident in my history taking skills', but I'm obviously a lot better at them now than I was then, and I hope to keep improving. But I would have probably been answering yes from like second year!

1: It might be interesting to do a Likert scale for confidence in a skill and competence. You could be very confident in, say, blood-taking, but not be very good at it!

3: I know with me, some questions could benefit with a scale from one to ten, but then what's your next action? You yourself decide whether you want to act on that very low end of the scale. Or 'no

it's not low enough, it's okay' in certain things. After doing the Likert scale you have to make that decision whether you want to improve on that area, and that's a yes or no decision.

Me: And do you think there's personality issues there or what would stop people doing that?

1: Big egos!

4: Or not wanting to disappoint people - 'yeah I did well'. You know?

1: One problem if it were just a binary competent/ not competent is at the end of your attachment, if you're not competent and your supervisors sees that, what are the repercussions for that?

2: Do you get told you have to do remedial placements over the summer?!

1: Because yes, some F1 on the wards has probably signed you off for something. But you've done it once for the sake of that signature. It doesn't mean that you're properly competent and also confident in it.

2: And again, it comes down to personality. I mean, one man's competent is another man's incompetent. It just depends how you feel. It depends how much a perfectionist you are.

Me: So do you think a certain personality will take to using the Likert scales properly, whereas...

1: Yeah, probably.

3: And depending on who you are. Somebody could have exactly the same skills as somebody else and one person might rate themselves as a four, and somebody else might rate themselves as an eight because they feel like they can push themselves harder, or whatever. So I don't think they're comparable between people in that sense, but probably within yourself for improvement.

Me: Well do you think considering your learning needs would be useful regarding lifelong learning or your future career? Or the ePortfolio?

4: Well ultimately I don't know what my career is going to require of me – that's the reason for the module co-ordinator. They're the ones who work on this and they know what the key points are. So it's down to them to say 'this is what you need to know'. And I'm taking their word for it. I don't know whether this is absolutely essential or this isn't.

Me: But thinking generally, do you think considering your own learning needs, the process...?

1: I think in our future careers there's going to be a lot of tick-box exercises. If you start onto a training program you're given a curriculum and your curriculum will say you need to have your ALS course, and so you'll go on it, and that's a ticked box. There is still curriculum and I suppose that tells you what your learning needs are. You don't sit down one day and think! Well I suppose you could say 'I want to learn about that' but....

2: They don't really allow room for that, really. Because there's so much tick boxing!

Me: Do you think considering your learning needs would have helped you in your ePortfolio in fourth year?

2: I think you do have to consider your learning needs to meet the criteria for the ePortfolio. You wouldn't really pass it if you didn't!

4: Although, saying that... When we did fractures, it was a two-day placement, and radiology was a day, and we were forced to make a reflection on that. This is a bug-bearer of mine – I think it's ridiculous that you were forced to reflect for a two-day placement when you've done weeks elsewhere and there's two or three things you'd want to reflect on. But that's by the by!

Me: Do you think a similar scale would be useful for any of the modules in fifth year?

3: For history taking skills, yes.

2: Maybe for, you know the way medicine and surgery is split up into four weeks and two weeks? So unless you do one at the start of your four weeks and you do another one at the start of two weeks to see how much you've progressed during those four weeks? It might work well for that?

4: I think it'd be good because you work out what you need to learn and then you've got two weeks to actually do it. If you do it at the end of the module, I think it's just going to go in the bin!

2: So you might look at your book and go 'I was a six, and now a seven, my finals are in three weeks so I need to be a nine or a ten! I need to work on....'

Me: So you think it'd help highlight areas you're less confident with?

2: Yeah. Or maybe you'd just forgotten because you'd got so wrapped up in finals revision.

Me: Do you think there'd be any difference filling these in in final year rather than fourth year? Do you think in fourth year you're more exam-focused whereas in fifth year you're more focused for your future career?

3: Yes.

1: Because even now, I know my first job in August is urology, so I've made a personal aim that I want to do loads of catheters during F0. And that's just something I want to do because I know that it's going to be really useful come August. And I went on an ECG course because my second job in F1 is cardiology. And so I think whenever you know something is going to be useful it drives you to want to do it.

Me: So do you think exams drive learning in fourth year?

4: Yeah, certainly for us. It might be different for the current fourth years.

1: I don't think it's a bad thing though! Well I suppose sometimes it can be?

2: You need something to motivate you.

4: It's obviously a stressor for us. But again it goes back to whoever sets the exams. In their head, you know, a 'fifty per cent of you will get what I expect a doctor to be, anything above that is good, anything below we need to fail'-type thing. It's just how exams are set.

2: I think any time you have an exam ahead of you it's going to drive your learning. It's just inevitable because you're in for that exam and you want to pass it. We're in quite a nice position now that we've passed our finals and the drive at the moment is 'okay I'm starting work in August so I need to know how to do this!' It's quite nice for once not to be driven by someone saying 'you're doing an exam in two weeks...'

1: I think if in December somebody tried to teach me how to do a discharge summary I would have been like 'not listening, it's not going to be on finals!' And now I really want to learn how to do a discharge summary.

2: And F0 is really nice for that because for the first time ever in medical school you're saying 'yeah I want to learn how to do that'.

Me: Well if you identify on a Likert scale what you 'know', does that necessarily mean that you understand it, and that you'd be able to apply it down the line? Or do you think it's a very yes/ no, what knowledge is in your head-type questionnaire rather than actually understanding it and being able to apply it?

4: It's probably a comparison to what you think you need to know. It's very easy to say 'yeah I know most things' because we probably do know most things. But when it's two in the morning and you need to make a decision on stuff, do you know enough...? I would probably say no!

2: I think it all comes down to deeper levels of understanding. So you know something, then you understand it, then you can apply it... So it's an ongoing process.

1: So maybe if you were to make another Likert scale and you were able to say ten out of ten and know all this stuff, maybe that's not a very good reflection on your ability to translate it?

2: Yeah, because you might not be at the application stage.

1: Like you could memorise the algorithm for tachy- and bradycardias but if you get thrown into an arrest you're just going to freeze!

Me: So you think there is a distinction...?

1: Yeah.

3: I think it depends on the Likert scale – it depends what questions you are asking. If the question is 'are you confident *enough* managing hyperkalaemia?' and you say ten out of ten, I think it would translate that you are more confident than somebody putting five out of ten...?

4: I think that's a very good point, because if you take a look at our OSCEs – everyone knows how to manage hyperkalaemia, but yet an awful lot of yellow cards went out because they couldn't write it on a Kardex. You know, it is completely different for knowledge application.

Me: And have you any ideas in general as to how that could be driven forward? Or do you think it comes with practice and from being on the wards etc?

2: I think that's where OSCEs are good, because it's one of the only times where you get to perform a skill in front of somebody else, and something you think - and I'm sure everybody thought they

were competent in hyperkalaemia – but it's sometimes only when you're put in that situation that you realise...

1: You don't ever get an opportunity really on the ward... I'd never seen hyperkalaemia managed till F0. And even if you had seen it managed, you've never had to write on the back of a Kardex, so seeing the back of a Kardex and knowing to write insulin there happened on the day of the exam...

Me: I know we've touched on this, but can you think of any pros, cons or limitations to filling Likert scales in?

1: I think they depend on how critical you are of yourself. So one person's nine could be another person's five.

2: I suppose if you're just using it for self-reflection it doesn't really matter.

1: Yeah I think personality... Like if you just think you're competent in everything then maybe it's not that useful for you.

2: And I think, as you're saying, is it for self-reflection or is your tutor or supervisor going to see it? Because that's going to alter what you say about yourself. Because you know you're meant to improve a certain amount, so you might say 'I'm a six at the start so I can make myself an eight or a nine in a few weeks' time because I have to show that I've improved'.

3: I think one of the major cons is that barrier we're mentioning. I think it's something we have learned in this focus group... When you're doing the scales it's just because you don't want someone to criticize you and give you poor feedback and ask you to come again.

Me: What about the influence of other students? Do you think there's any issues there?

1: I think if this is all done online where other people watching you write or whatever doesn't matter, and the only person that ever saw it was you, then you'd be more inclined to be honest with yourself.

2: Or even if it was just on your ePortfolio and your tutor could see it or something? Then you could discuss it with them? But it wasn't like the supervisor of the module was going to say 'oh you've to go back and become competent in that'!

3: I think you can do it online but just your supervisor can see that you are doing it? And they can see that it's done but they can't see what the scale is? But they can monitor that you are actually doing the reflection?

Me: So you're saying that your supervisor should know that you have completed it for their marking purposes, but if they don't know what you've written...?

3: Yeah if you can choose...?

Me: You can choose for them to see it or not? But add it as a hidden entry or something?

3: [nods]

1: I would argue that your supervisor shouldn't ever need to be made aware of it, and you should just do it for your own learning. It shouldn't be compulsory; it should just be a thing that if you're the kind of person that it helps go ahead, do it, take advantage of it, because it's your learning that's going to improve. If you force people to do it – like I don't enjoy doing them, I feel they're a big tick-box exercise – but if I felt less forced to do it I might think 'well I don't have to do this but maybe I will'. Because I'll be doing it for myself, I'll spend more time on it.

Me: You mentioned earlier about repercussions and the main repercussion you were saying about would be that if you put a low score you'd have to do a PDP or something on it? Is there any other issues you can think of?

4: Well I think if you're being genuine and you've used these and you genuinely thought you had a low score, you would want an opportunity to improve that. And unfortunately I think it's got to the case where 'oh they've got to do another week'. It might not necessarily need that – it might just mean a sit-down and chat with someone over this topic. I think it needs to be tailored to what the actual thing is and what the question is on the scale. Like for history taking, you're probably going to benefit from a day going on the take and seeing patients; if it's nutritional assessment, it's half an hour with the dietician. Rather than just everyone needs to do remedial work!

Me: Any other thoughts?

1: I suppose like if it's compulsory and you don't do it, then your supervisor's going to be asking you 'why haven't you done it', 'we're going to fail you on this module because you haven't done this tick-box exercise'. I think it should be voluntary.

2: Do you think you would do it if it was voluntary?

1: I might. Like if somebody showed me it was evidence-based and taking personal ownership of it...

Me: Well I suppose in fourth year you did these and then handed them in, do you think that's a good idea?

4: I just don't see how it benefits you! Because you're just going to appease the person you're handing it to – 'yes I did improve, thank you very much, I'll see you whenever'.

2: Yeah I agree.

4: You know what I mean? It needs to have some benefit. The next stage has to benefit the student, otherwise it's pointless. And handing them in as you walk out the door, I think, is pointless.

Me: Do you think in fourth year you have a tendency to confine knowledge to a given module and then move onto the next module and forget it?

1: That was just the way our exam structure was, that you'd learn everything, dump your knowledge in the exam, and then... Like after my six weeks in paediatrics I've never opened a paediatrics textbook or looked at my paediatrics notes again.

2: Because they're very specialty-based in fourth year... If you're going from paediatrics to psychiatry or something it doesn't feel like there's much overlap there anyway so you don't really... Now and

again you might be like 'oh yes I remember that from obs and gynae', but very seldomly does it actually cross over between the specialties.

4: I had GP first, like in the first block. If you had it second, you would pull in an awful lot of knowledge there.

2: Yeah, I had it last, and it was very good, because I'd done everything then. It was nice.

4: I think it depends on what you're doing at that time, whether it's applicable.

Me: So you're saying there's not really much vertical integration of the knowledge through modules?

2: Apart from generic skills, like history taking and examination or practical skills.

4: Usually it happens by coincidence. Like GP emergencies – they're going to teach it anyway – regardless of whether you've done POEM. They're not building on it; they're not saying 'you've already done this so let's take it a step further' but it's 'we're going to teach you exactly what we've taught everyone else'.

2: Yes, like they can't assume that you've prior knowledge because everyone did it in a completely different order.

Me: That everything? Okay, thank you.