

**Dr Phil Davies, Deputy Dean writes:-****Student Selected Components**

Student Selected Components (SSCs), also known as Special Study Modules, Selective Study Modules or Selective Study Components, are optional elements within the undergraduate medical syllabus in the United Kingdom. They were introduced following recommendations by the General Medical Council in their 2002 report "Tomorrow's Doctors" which felt that the syllabus should include more student choice. The GMC stated that one of its principal recommendations was that the core curriculum should be augmented by a series of special modules, which would "allow students to study areas of particular interest to them, provide insight into scientific method and the discipline of research and in general an approach to medicine that is questioning and self critical". In 2003 the GMC required that between 25% and 33% of curricular time should be available for SSC activity. This requirement was changed in 2009 so that a minimum of 10% of the curriculum should be down to student choice. Tomorrow's Doctors (2009) also stipulated that:

- SSCs must be an integral part of the curriculum enabling students to demonstrate mandatory competencies whilst allowing choice in studying an area of particular interest to them
- The purpose of the SSCs is the intellectual development of students through exploring in depth a subject of their choice
- SSC learning outcomes must be mapped to outcomes in Tomorrow's Doctors and contained within the assessment blue print for the programme thus helping to make SSCs transparently relevant and clarify how SSCs contribute to the programme
- The assessment of these elements of the curriculum must be integrated into the overall assessment of students
- Information on the extent and nature of the choice available in each SSC and details how they will be assessed and contribute to the overall assessment of students must be publically available for prospective and current students

SSCs can cover a broad variety of topics including scientific research, service evaluation, clinical research, audit and medical education. All of these should have the broad remit that is aimed at improving patient care. They can be differentiated into a number of clinical and educational areas including:

- A *structured review* SSC allowing students to undertake a literature review on a certain area
- A *survey based* SSC where students can familiarise themselves with the process of undertaking primary research and developing a research proposal (which may or may not include writing up results)

**DATES FOR YOUR DIARY:-****EXAMINERS REQUIRED: -****Final Year Long Case Exams 2015**

9.00-13.00

25<sup>th</sup> February @ GRH4<sup>th</sup> March @ GRH12<sup>th</sup> March @ CGH**Year 3 Long Case Exams**

w/c 11/5/15

We are still desperately seeking examiners for the above exams. If you are available and interested in examining for any of the above dates please email [helena.bowen@glos.nhs.uk](mailto:helena.bowen@glos.nhs.uk)

**ESSC Dates 2015**Yr3 6<sup>th</sup>-31<sup>st</sup> JulyYr4 13<sup>th</sup>-21<sup>st</sup> July**USEFUL LINKS:-**

Gloucestershire Academy Website – [Click Here](#)

Gloucestershire Academy Contacts – [Click Here](#)

- *An interpretation* SSC allowing students to interpret qualitative or quantitative data (perhaps more commonly known as an audit)
- *A laboratory based* SSC where students carry out experiments or undertake a review of laboratory methodology
- *A case based* SSC where students interpret patient related information in the context of current literature. Examples of this may be treatment outcomes, management of an illness or the pathology of a disease

Generally students select SSCs from a list compiled centrally by their medical school. Each SSC is assigned a convener or supervisor, who is generally a senior clinician or academic that will oversee the project.

SSCs are thought to be important for a number of reasons. They can introduce students to smaller specialities that they may not usually get a chance to experience in depth, for example clinical genetics, radiology or ophthalmology. They also introduce important skills that students can develop. These may relate to critical analysis, especially if associated with a research project. In his book, *Succeeding in your Medical Degree (becoming Tomorrow's Doctors)* Simon Matmough identifies the SSC as being able to do more than extend experiences and interests beyond the core curriculum. He feels it provides the opportunity to choose and pursue topics of personal, academic and vocational interest, as well as learn about the application and development of skills in research and the evaluation of the scientific basis of practice. Students will commonly learn transferrable skills such as information gathering, IT skills, initiative, time management, planning and organisation skills that can enhance personal and professional development. Many students see them as a perfect opportunity for career exploration to be able to learn more about a particular specialty and make early career decisions.

Dr Caroline Elton, who has set up a service for providing career planning for doctors and dentists, recommends that when choosing a topic or area for study, students may wish to consider the following factors when trying to decide on a suitable SSC:

- *Counter balance.* Try to study something that is not already in the undergraduate curriculum, which is typically seen as content heavy and factual. SSCs should provide a balance to these studies. Counter balance may be

provided for instance for choosing an SSC in humanities or the arts.

- *Compassion.* Many junior doctors identify that they are less empathetic on qualifying from medical school than they were on entry. SSCs that relate to patient experience or around topics such as ethics and humanities can bring patient experience to the fore and promote empathy and compassion.
- *Career.* Although not an overriding principle, SSCs will often allow you to take part in a much more structured way in a speciality that you may wish to consider as a career.

The final guiding 'C' that she identifies as an overarching guide is that students should be *curious* about what they want to learn, as it is likely that they will gain much more in value from the experience if they are interested in what they are studying.

Last year medical some of the Student Selected Components that students undertook in Gloucestershire Academy included:

- Understanding Myelodysplasia
- Clinical Audit of Immunisation of Infants born at risk of Hepatitis B in Gloucestershire Royal Hospital
- Post-operative complications and how to approach them: an e-tutorial for third year medical students
- Ophthalmological Micro-surgery Simulation Literature Review and future study design
- The Blind Leading the Blind? Medical Student peer-teaching as a method to improve student professionalism online
- Tutorial and video instruction for the management of lacerations in the emergency department
- Look, Learn and stay safe - Using peer-assessment as a tool to change medical student behaviour online
- A review of the risk factors that lead to retinal detachment following cataract surgery
- Social media presence and e-professionalism amongst medical students and doctors
- Implantable Cardioverter Defibrillator devices – iOS assistant application

Our thanks go to all the clinical staff that supported these projects. This year the SSCs will run from (6<sup>th</sup>-31<sup>st</sup> July in year 3) and (13<sup>th</sup>-31<sup>st</sup> July in year 4). Please contact the Academy office if you have an idea for a student project or feel that you would be able to support an SSC in some way.