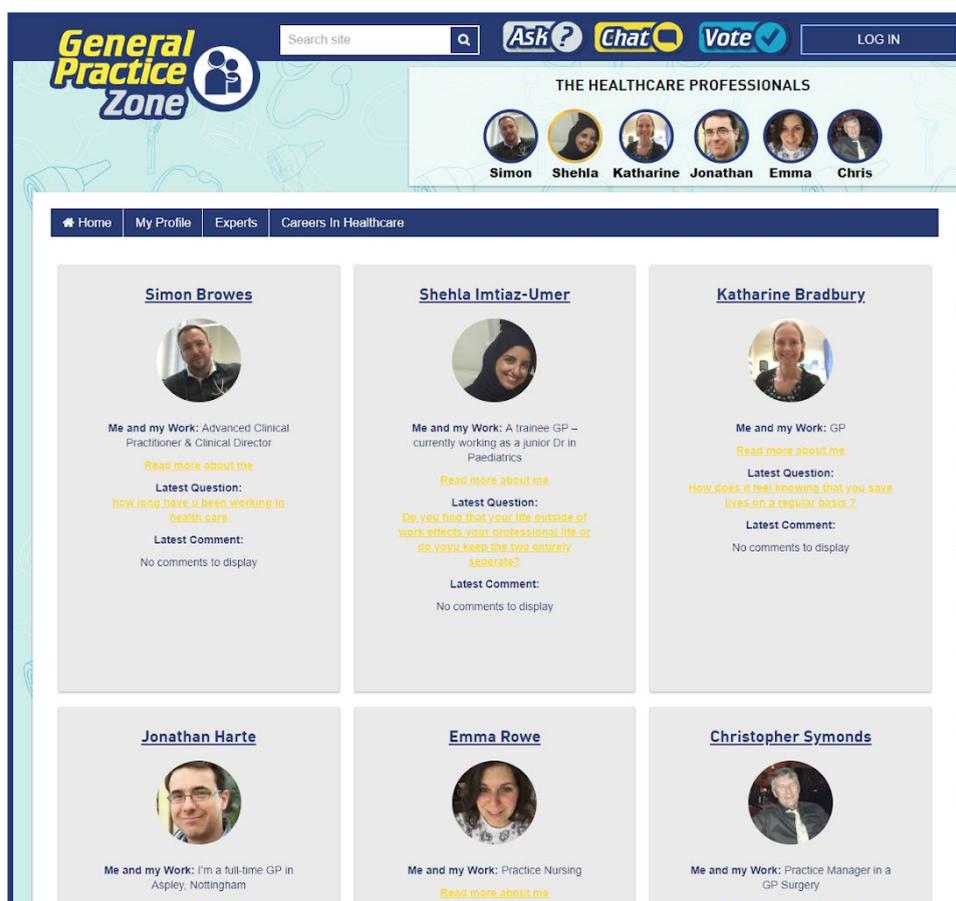




# I'm a Medic, Get me out of here Pilot Evaluation Report

September 2018

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**In 2017 Health Education England funded Mangorolla CIC to work with The University of Nottingham, The University of Leicester, and Derby and Derbyshire LMC to pilot the *I'm a Medic, Get me out of here* programme in the East Midlands.**

The programme was based on the long running *I'm a...* series of projects including *I'm a Scientist, Get me out of here*, running since 2008; *I'm an Engineer, Get me out of here*, running since 2012; and *I'm an Astronaut, Get me out of here* which ran in 2015–16.

This report summarises the work done and the impact on students, teachers, and healthcare professionals. The intended audience is Health Education England, and potential partners looking to develop digital healthcare engagement programmes.

## Executive summary

80% of medical students come from 20% of schools. Half of schools don't have any medicine applicants. Those figures from Dr Paul Garrud shocked us.

We didn't hesitate to decide to work with him and Sarah Greaves to see if our *I'm a...* platform could help reach students at those schools who are not currently producing medicine applicants in the East Midlands.

There was some new ground for us: working with Primary Healthcare Professionals; targeting schools in one specific area; a greater focus on careers than we're used to.

There were risks: would the original format work with primary healthcare professionals; would we be able to get buy-in from enough new schools; would an authentic portrayal of a GP's professional life be attractive.

There were significant challenges in the pilot.

Connecting with new teachers from specific schools and supporting their participation was time-consuming. In our other projects we rely on a large national population of teachers to choose to participate and this is more efficient.

Although the primary objective is to help more students see being a GP as a viable career path, we needed to include a wider range of options to cater for all abilities and ambitions within a class. Even so the professionals' availability for live chats was limited. We need to look at our options for the future: more professionals; longer event duration, but fewer chat windows; more focus on non-chat elements of activity.

This was a pilot. We wanted to see if the format worked and how it could be improved. We aren't quite so concerned about quantitatively measuring the effectiveness of it. Anecdotally we heard from students and teachers that the activity does broaden their aspirations to include primary healthcare. The limited quantitative work we have conducted so far shows that we are helping students decide on career pathways, but it is also fair to say that not all students are more likely to consider becoming a GP.

**Interest in this project remains strong and we would welcome the chance to expand the geographical reach and medical scope beyond the East Midlands and General Practice.**



**Shane McCracken**  
Director, Mangorolla CIC

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# Background

## Purpose of the project

*I'm a Medic, Get me out of here* (IAM, [imamedic.uk](http://imamedic.uk)) is an online schools STEMM engagement project based on the long running *I'm a...* series of projects (IAS, [imascientist.org.uk](http://imascientist.org.uk); IAE, [imanengineer.org.uk](http://imanengineer.org.uk); IAA, [imanastronaut.uk](http://imanastronaut.uk)).

The IAM pilot was initiated as one of a range of interventions that seek to improve widening participation in medicine with a view to addressing problems in GP recruitment in the longer term.

*"The Selecting for Excellence project<sup>1</sup> confirmed the very poor representation of people from socially disadvantaged backgrounds in medical school and the medical profession; indeed, around 80% come from managerial and professional backgrounds, around 80% come from only 20% of UK schools and colleges, and roughly half of UK schools and colleges have no applicants to medicine at all. Accordingly, the recommendations included considerable focus on outreach as well as the equity of selection processes and support for widening participation students at medical school. Ceri Nursaw's recent report (2016) shows there are a large number of secondary educational establishments that are missing out on engagement with medical schools and higher education in general: it's likely there is considerable overlap with those who supply no medicine applicants.*

*Nationally, there is also growing concern about the shortage of qualified doctors choosing to train in general practice<sup>2</sup> against figures that model the need for a 50% increase in GP workforce by 2020<sup>3</sup>. In 2015 43% of F2 doctors chose not to apply for specialty training, and while we don't know what proportion of those will apply later, the figure suggest we may see critical shortages in other areas (e.g. psychiatry, histopathology, ED) as well."*

— Paul Garrud, Chair Medical Schools Council selection Alliance, Initial Project Proposal, January 2016

The IAM pilot — as part of a wider programme of interventions — aimed to address these issues by increasing applications to medical school from young people from the East Midlands. This would be done by engaging with schools in the East Midlands with

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<sup>1</sup> MSC, 2014; [medschools.ac.uk/AboutUs/Projects/Widening-Participation/Selecting-for-Excellence/Pages/Selecting-for-Excellence.aspx](http://medschools.ac.uk/AboutUs/Projects/Widening-Participation/Selecting-for-Excellence/Pages/Selecting-for-Excellence.aspx)

<sup>2</sup> e.g. Matthews-King, 2015; [pulsetoday.co.uk/your-practice/practice-topics/education/gp-trainee-figures-increase-by-100-on-last-year-but-huge-shortfalls-remain/20030742.article](http://pulsetoday.co.uk/your-practice/practice-topics/education/gp-trainee-figures-increase-by-100-on-last-year-but-huge-shortfalls-remain/20030742.article)

<sup>3</sup> RCGP, 2015; [rcgp.org.uk/news/2015/february/new-league-table-reveals-gp-shortages-across-england.aspx](http://rcgp.org.uk/news/2015/february/new-league-table-reveals-gp-shortages-across-england.aspx)

low levels of application and entry to medical school, and with which university outreach teams had more difficulty engaging. Secondary schools targeted in the outreach work done by the widening participation teams at both the Universities of Nottingham and Leicester were prioritised for this provision.

The pilot comprised three zones in total, originally planned for one in June 2017 and two in November 2017. This was changed later to one zone each in June 2017, November 2017, and March 2018.

In order to show the diversity of jobs in the medical field, which may appeal to as wide a range of students as possible, zones were populated by individuals in different healthcare roles; including qualified GPs, trainee GPs, medical students, practice nurses, practice managers, and nurse practitioners.

## Objectives, challenges, and outputs

Objectives and challenges were identified during interviews with the project teams in January 2017.

### Objectives

**Key objectives were identified as:**

- **To develop an interactive web-based forum enabling school pupils to talk with healthcare professionals including GPs directly**
- **Engagement from schools:**
  - Successful participation from the target schools (they take part, are active and have a positive experience).
  - Change in attitude towards general practice; more positive, but importantly, more informed and realistic view of it.
  - Increased number of young people who feel that medical school is a realistic possibility for them.
- **Engagement from healthcare professionals:**
  - Medical practitioners have a better understanding of how they are viewed by young people.
  - Medical practitioners feel more confident talking to young people (especially about medical careers).

**Additional objectives were identified as:**

- Young people are more interested in science and its applications.
- Young people are more enthused to study (especially those who “could try harder”).
- Teachers have a more positive attitude with respect to applying to medical school and associated careers.
- Visible evidence of enthusiasm and positive engagement from all involved.

- There is increased engagement from target schools in other medicine-related enrichment and enhancement opportunities (especially in relation to careers).

## Challenges

### Key challenges were identified as:

- Reaching the target schools
- Recruiting candidates
  - An oversupply is needed to give choice and to make sure the zones have a range of backgrounds and professions represented.
  - Candidates need to be available and be able to participate fully.
- Time commitment required for candidates
  - Healthcare professionals are generally more time-poor than is the case for academics taking part in IAS.
- Ensuring equal participation for all candidates
- Meaningful evaluation with low numbers

### Additional concerns and challenges were identified as:

- Some concern was expressed that low morale and negativity being felt by some within the profession at the time would manifest itself in the tone of the online conversations. But it was felt that the professions should be portrayed in a realistic, and not an idealised way.
- A possible scenario for the event where teachers selected young people who already had some underlying interest in medical professions (especially doctors), rather than IAM being for any class.

## Outputs

Key outputs are summarised in the table below, and can be found in the Zone

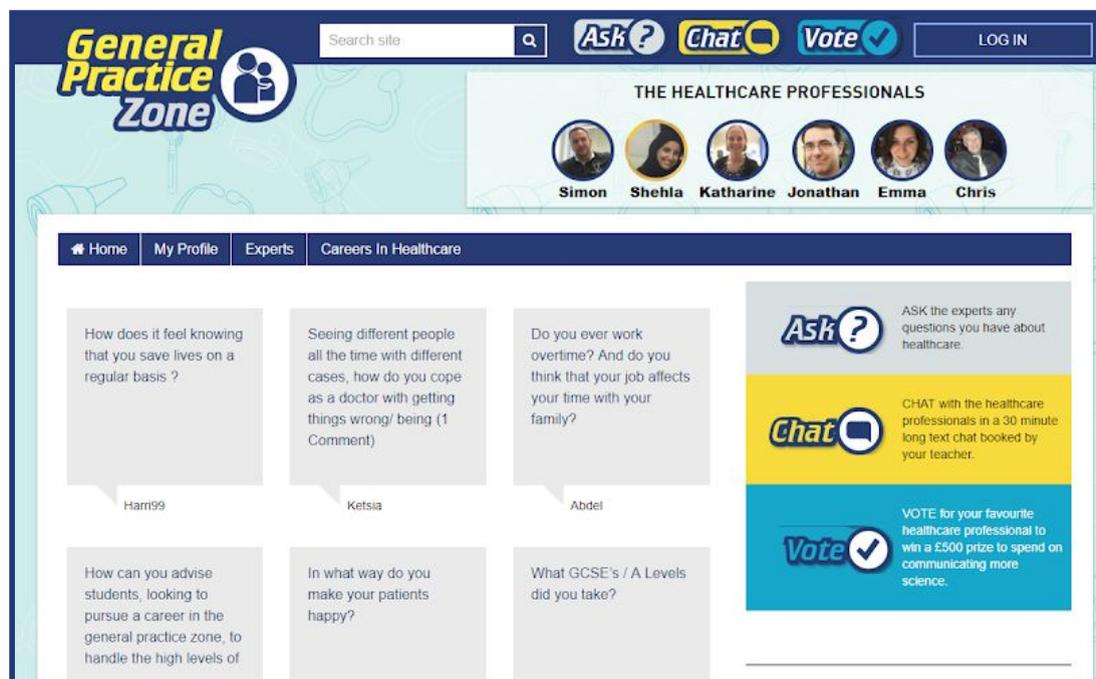
Reports available at: [imamedic.uk/category/zone-reports/](https://imamedic.uk/category/zone-reports/)

	JUNE 2017	NOVEMBER 2017	MARCH 2018	2017-18 TOTAL
Schools	11	12	12	30 <sup>4</sup>
Students logged in	237	272	369	878
% of students active <sup>5</sup>	77%	79%	78%	78%
Healthcare professionals	6	7	9	22
Questions asked	141	143	169	453
Questions approved	82	83	109	274
Answers given	263	239	248	750
Comments	6	53	30	89
Votes	100	154	194	448
Live chats	11	14	16	41
Lines of live chat	2,262	2,709	3,285	8,256
Average lines of live chat	206	194	205	201
Page views	11,629	10,229	10,359	32,217

<sup>4</sup> Some schools took part in multiple events.

<sup>5</sup> Students who asked a question, took part in a live chat, cast a vote, or posted a comment.

## Description of I'm a Medic



***I'm a Medic, Get me out of here* is an online outreach project that gets secondary school students in the East Midlands connected with healthcare professionals working in general practice. It takes place online at: [imamedic.uk](http://imamedic.uk)**

The students read healthcare professionals' profiles, ask them questions, have conversations in real-time text chats, and vote for the healthcare professional in they want to win. The healthcare professional with the largest number of votes receives a prize of £500 to spend on further outreach projects with schools.

Students are brought to the site by their teachers who are supported by teaching resources which get students thinking about the roles of general practice and healthcare professionals, and using their critical thinking skills.

### **The aims of the project are to:**

- To develop an interactive web-based forum enabling school pupils to talk with doctors directly
- To increase understanding of the work of doctors
- To increase interest in training as a doctor
- To increase interest in working in general practice and other shortage areas

## Partners

### Mangorolla CIC



Mangorolla a Community Interest Company set up to deliver excellent public engagement projects. We aim to help organisations connect with the communities with whom they need to be in conversation. We have a strong, but not exclusive focus on education and reaching school students.

Our work tends to be online. It's our speciality and allows us to scale up our excellent work both nationally and internationally.

### Health Education England



#### Funder

Health Education East Midlands is the vehicle for providers and professionals, working as part of NHS Health Education England (HEE) to improve the quality of education and training outcomes so that they meet the needs of service providers, patients and the public. Through HEE, health and public health providers will have strong input into the development of national strategies and priorities so education and training can adapt quickly to new ways of working and new models of service.

### The University of Nottingham



#### Partner

The University of Nottingham combines a commitment to academic excellence with a truly global perspective. They aim to create an environment which celebrates learning and knowledge and facilitates leading-edge research which will change the world we live in.

## The University of Leicester

### Partner



The University of Leicester is committed both to undertaking research that saves, improves and enriches lives, and to fostering a teaching and learning environment that transforms the prospects of students and those they will go on to influence.

## Derby and Derbyshire LMC

### Partner



Derby and Derbyshire LMC exists to represent and support general practice, to ensure that GPs are properly valued, and their skills properly utilised; and that, while serving the public, they are able to uphold appropriate standards of practice, and enjoy a standard of living commensurate with their profession, commitment and training.

# What happened

## Timeline

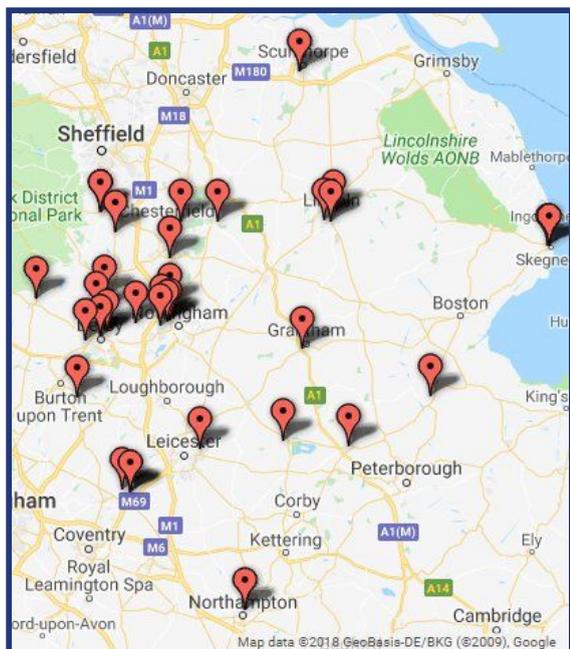
- **January–March 2017** — Formative research
- **April–May 2017** — Prepare website and recruitment with teachers and healthcare professionals for first event
- **June 2017** — First event
- **September–October 2017** — Prepare website and recruitment with teachers and healthcare professionals for second event
- **November 2017** — Second event
- **January–February 2018** — Prepare website and recruitment with teachers and healthcare professionals for third event
- **March 2018** — Third event
- **April–May 2018** — Evaluation
- **July–August 2018** — Post-project team interviews

## Schools

**Schools were recruited by the Mangorolla team from a variety of sources:**

1. The project was promoted to schools using a range of methods; posting letters, flyers, posters, as well as contacting Heads of Science, Heads of Sixth Form, Careers Advisors, and Heads of Years 9 and 10 via email and over the phone.
2. The project was promoted to existing lists of teachers based in the East Midlands who had signed up on the *I'm a Scientist* and *I'm an Engineer* interest lists.
3. Secondary Schools targeted in the outreach work done by the widening participation teams at both the Universities of Nottingham and Leicester were prioritised for this provision. Communications were sent via both pre 16 and post 16 contacts in schools.
4. Recruitment was circulated via University Teachers And Careers Advisors Conferences and Nottingham Schools Careers network, the latter networks were broader and included both target and non target schools.
5. Reached out to STEM Hubs — East Midlands and North Midlands, South and East Yorkshire — who agreed to circulate physical posters and digital information to their schools.
6. Promotion to teachers via Twitter.

**Across the 3 events, 30 schools in the East Midlands took part with some schools taking part in multiple events.**



*Above: Map of participating schools June 2017 – March 2018*

## June 2017

- Bluecoat Academy
- Brookfield Academy Trust
- Fernwood School
- Hinckley Academy and John Cleveland
- Into University
- Landau Forte College
- Meden School
- Redmoor High School Academy Trust
- The Dukeries Academy
- The Pingle School
- The Priory Academy LSST

## November 2017

- Brookfield Academy Trust
- Gateway Sixth Form College
- Hinckley Academy and John Cleveland Sixth Form Centre
- Lincoln College
- Malcolm Arnold Academy
- New College Stamford
- Nottingham Girls' Academy
- Queen Elizabeth's Grammar School
- Skegness Grammar School
- The Bulwell Academy
- The Ecclesbourne School
- Tupton Hall School

## March 2018

- Belper School and Sixth Form Centre
- Catmose College
- Da Vinci Academy
- John Leggott Sixth Form College
- Landau Forte College
- Meden School
- Saint John Houghton Catholic Voluntary Academy
- Skegness Academy
- Spalding High School
- The Priory City of Lincoln Academy
- Walton Girls' High School & Sixth Form
- West Nottinghamshire College

## Healthcare professionals

Information and recruitment materials were provided by Mangorolla, and the recruitment of healthcare professionals was led by partners at the University of Nottingham and publicised through multiple networks, including alumni, staff and students, The Royal College of General Practitioners (RCGP), Local Medical Committees, Health Education East Midlands, and GP Training hubs from the Universities of Nottingham and Leicester. We also reached out to potential candidates online, using Twitter.

Additionally, promotion was carried out by Sarah Greaves at the University of Nottingham via HEEM GP Training Hubs; GP work experience contacts; UoN Primary Care; UoN GP Soc (medical student society); WAMS (medical student society); UoN Alumni; equivalent avenues from University of Leicester; Derby, Notts and Lincs LMC; RCGP; UoN Pharmacy; and through personal contacts.

### **Seventy healthcare professionals applied to take part and 22 were selected across the three events, some taking part in teams where profiles were shared.**

Healthcare professionals working in a range of roles within general practice were invited to participate including qualified GPs, trainee GPs, medical students (clinical phases) with an interest in general practice, practice nurses, practice managers, and nurse practitioners. Overall, the selection of healthcare professionals taking part in each event aimed for diversity and representation of professionals across the East Midlands.

### June 2017

- **Simon Browes** — Clinical Director (Primary & Urgent Care), Advanced Practitioner (General Practice), NEMS Community Benefit Services
- **Shehla Imtiaz-Umer (Winner)** — Junior Dr in Paediatrics, Royal Derby Hospital
- **Katharine Bradbury** — GP partner, Hucknall Road Medical Centre
- **Jonathan Harte** — GP Partner, Aspley Medical Centre
- **Emma Rowe** — Practice Nurse, Church Walk Surgery
- **Christopher Symonds** — Practice Manager, Newark Road Surgery

### November 2017

- **Robert Cullum (Winner)** — Clinical Teaching Fellow, United Lincolnshire Hospitals NHS Trust
- **Philip Williams** — Partner, Nettleham Medical Practice
- **Kit Tigwell** — Foundation year 2 doctor in general practice, Chesterfield Royal Hospital
- **Deborah Draycott** — Advanced Nurse Practitioner, Derbyshire
- **Charnelle Lusuku** — Medical student, University of Nottingham
- **Ali Blatcher** — Care of the Elderly Medicine Junior Doctor, Worthing Hospital
- **Adrian Taylor** — Practice Business Manager, The Manor Surgery

## March 2018

- **Catherine Harrison** — GP Partner, Tuxford Medical Centre
- **Philippa Horner** — Foundation Year 2 doctor working in paediatrics, aspiring to be a GP, Chesterfield Royal Hospital
- **Nicola Hickman** — Deputy Practice Manager, Whittington Moor Surgery
- **Jo Arthurs and Lucy Clayton (Shared profile)** — GP Registrars, Nottingham
- **Jamie Hynes (Winner)** — GP Partner, and Training Programme Director, Health Education England
- **Gail Allsopp** — GP in Derbyshire, Academic at University of Nottingham, clinical specialist at Royal Derby Hospital. Teacher nationally for urgent care.
- **Amanda Henchcliffe** — Practice Nurse Manager/Advanced Nurse Practitioner, Wellbrook Medical Centre
- **Adil Rashid** — Medical Student, University of Nottingham

## Activity and zone reports

Across the 3 events 878 students logged in, 78% of whom were active on the site (asked a question, took part in a live chat, cast a vote, or posted a comment). The students asked 453 questions, and 750 answers were given. There were 8,256 lines of live chat.

The zone reports produced for each event detail everything that happened in the zones.

### Zone reports

- June 2017 General Practice Zone Report — [imamedic.uk/2017/07/general-practice-zone-june-2017/](http://imamedic.uk/2017/07/general-practice-zone-june-2017/)
- November 2017 General Practice Zone Report — [imamedic.uk/2017/12/general-practice-zone-report-november-2017/](http://imamedic.uk/2017/12/general-practice-zone-report-november-2017/)
- March 2018 General Practice Zone Report — [imamedic.uk/2018/04/general-practice-zone-report-march-2018/](http://imamedic.uk/2018/04/general-practice-zone-report-march-2018/)



*Above: Word cloud of keywords from live chats in the March 2018 General Practice Zone. More detail in the zone reports detailed above.*

# Challenges

## Schools recruitment

### Reaching new schools

The main challenge was speaking to teachers. Teachers are very difficult to get hold of, especially if they don't know the person trying to contact them. We tried a range of methods; posting letters / flyers / posters, emailing and calling. We contacted Heads of Science, Heads of Sixth Form, Careers Advisers, Heads of Year 9 / 10 and reception teams. We also promoted via East Midlands and North Midlands, South and East Yorkshire STEM hubs who agreed to circulate physical posters and digital information to their schools. We promoted on Twitter too.

Promotion to schools was supported by the Universities of Nottingham and Leicester to pre- and post-16 schools contacts. Emails and follow ups were sent, features in activity newsletters to target widening participation schools and Into University centres, presented to careers and teachers advisors at Nottingham and Lincoln based conferences, information in delegate packs, and via Twitter on the widening participation and outreach, and Schools of Medicine accounts. Some promotion was also carried out via direct school visits by outreach officers, and via careers advisor networks for Nottingham. Additionally, Sarah Greaves' direct work and regular contact with post-16 teachers, and requests to forward information to colleagues in lower year groups.

Creating demand for the activity as opposed to meeting an existing demand runs the risk of participation being undervalued by teachers. In *I'm a Scientist* a scarcity of availability means that successful teachers ensure they get the most value from participation that they can. A number who we did get through to said they'd be interested but they then didn't apply. All IAM teachers were offered support throughout the event. A number never responded or dropped out last minute.

Most teachers who did take part only wanted to take part once in an academic year so didn't apply for the later events but said they would in 2018-2019 year.

- 16 schools applied with minimal input from us (maybe they saw a flyer or received a generic letter)
- 18 schools applied after we reached out directly to them
- 13 schools we tried to recruit said they were interested but never applied
- 8 schools never replied to our attempts to contact them

Sarah Greaves at the University of Nottingham noted that there is scope for much more publicity of the project — via local authority networks for example — and recommended a longer lead in time to promote to schools and booking window.

## School drop outs

With *I'm a Medic* being a new event, with a lot of new teachers taking part, there were a high proportion of drop outs, some due to factors including severe weather and school closures, especially during the March 2018 event.

To compensate for this, we over-allocated the March 2018 General Practice Zone, increasing the activity in that zone.

## Representing a range of careers in healthcare

Feedback from teachers — both from formative research before the events began, and as part of the post-event feedback surveys — suggested that the event would be of more value to students and classes where a diverse range of healthcare professionals were represented. It was thought that this would increase the interest for students with interest in healthcare but not specifically interest in becoming a doctor.

## Recruitment of healthcare professionals

It was difficult to recruit a range of professionals as this was a new network (not part of Mangorolla's existing networks of scientists and engineers). This difficulty was increased when we were looking to represent more specific roles, and backgrounds; a male pharmacist, for example.

This remains a challenge, and more work is needed to find an effective solution. The model needs to accommodate the reality of time available from health professionals in order to enable their participation. Professionals were interested though didn't have the time required to take part. The time that was actually required was also unknown, until schools made their bookings for live chats.

## Live chats

Furthermore, once the healthcare professionals had signed up to take part, schedules remained an issue, and candidates too often were not able to join live chats. This meant that — with 36% of chats in the June 2017 event having only one candidate take part — the range of careers were not being represented in the live chats.

Feedback from teachers implied that this range represented in the chats was not diverse enough, especially for the students who had already decided on the career path they wanted to follow.

*"[Time commitment for candidates] was a problem and we didn't entirely overcome this — hence low numbers in live chats. Technical operation on mobile phones would help. Getting groups to take part as teams is still a sensible way to go — though greater clarity about what they are committing themselves to is needed." — Paul Garrud, University of Nottingham*

In the November 2017 event we increased the number of healthcare professionals taking part, increasing it further in the March 2018 event, where two profiles had multiple people taking part. This meant that there was a larger pool of professionals, and more were available to join any given chat. In November 2017 and March 2018 the number of overall chats increased in each event, and the number of chats with only one candidate taking part dropped to 14% and 19% respectively.

These numbers are still not ideal, and we need to adapt the format to provide more non-live-chat interaction between students and the professionals.

*"From speaking to a couple of professional participants at UON, they certainly found it much easier and more effective when there were more panel members in chats, to share questions with and also to perhaps redirect questions to if another professional better placed to respond." — Sarah Greaves, University of Nottingham*

Additionally, Sarah noted the logistical challenges of scheduling chats, suggesting that schools could have more time to book and be made aware at time of booking which professionals will be available for students to chat with. Sarah also noted that future publicity needs to be clearer in terms of how scheduling will work.

## Teachers aiming the activity at students with pre-existing interest in healthcare

A concern was raised at the beginning of the project that teachers may aim the activity only at students with a pre-existing interest in healthcare, or becoming a doctor. Indeed, through speaking with teachers prior to taking part, and through post-event feedback, it became clear that there were some teachers using the activity in this way.

When speaking with teachers, we didn't actively discourage this as often these schools were our target schools. A number of schools wanted to offer IAM only to students interested in healthcare and run the activity as an opt-in session. Some teachers applied for their health and social care courses, or for self-selecting groups who had already decided on their future career paths.

In phone conversations with these teachers, we highlighted the value of the activity for students who hadn't yet thought about careers, and suggested having whole classes involved (e.g. science groups) as well as an opt in session. Ultimately however, if the teacher only wanted to target specific students we didn't tell them not to.

Publicity was equally aimed at years 9–12. The interest and engagement of year 12's and those already with an interest in healthcare also needs to be seen as positive.

We know that it is difficult for students to gain insight into General Practice and related work experience. Nottingham partners, together with RCGP have devised a year 12 GP work experience placement scheme to help remove this barrier.

The IAM intervention is another means of reducing this work experience and professional network barrier, and enabling increased access for these students to find out what the professions are like and have direct conversations with healthcare professionals.

When looking at students' opinions before taking part in the activity — see also Students: Attitudinal questions below — we see 29% of students (n=384) who filled in the pre-event survey reporting an interest in becoming a doctor; and 41% (n=382) an interest in other healthcare. Overall, 61% of students agreed with at least one of the statements: "I would like to be a doctor", or "I would like a job in healthcare but I don't want to be a doctor" (Some students agreed with both).

The ASPIRES Project<sup>6</sup> found that, across the country, 33% of young people aspire to a career in medicine. This suggests that the IAM project did reach more young people with aspirations towards medicine than is average for the population, however while these students may have been in the majority, 39% of students were either disinterested, or neutral towards a career in medicine before taking part in the activity.

While many students may have had a pre-existing interest in healthcare and medicine, there was still value in taking part for these students. Through the activity, students were able to clarify their career aspirations, gain an idea of the range of career paths, professions, and entry routes which they may not have previously considered, and gain advice, as well as realistic insight into the healthcare profession. Answers in the ASK section were also supported by university admissions advisors who were able to clarify many factual admission questions.

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<sup>6</sup> ASPIRES, Young people's science and career aspirations, age 10 –14, 2013; [kcl.ac.uk/sspp/departments/education/research/ASPIRES/ASPIRES-final-report-December-2013.pdf](http://kcl.ac.uk/sspp/departments/education/research/ASPIRES/ASPIRES-final-report-December-2013.pdf)

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# Impact

## Data collection methodology

### Web metrics

Data were collected through web analytics including numbers of page views, and when and from where the site was accessed.

The *I'm a Medic* site also collects data on numbers of questions asked and answered, lines of live chat, comments, and votes. We are able to identify which users are posting questions, and use this to determine activity levels for each school or healthcare professional.

**Key activity data are included in previous sections, and in the zone reports.**

### Zone reports

- June 2017 General Practice Zone Report — [imamedic.uk/2017/07/general-practice-zone-june-2017/](http://imamedic.uk/2017/07/general-practice-zone-june-2017/)
- November 2017 General Practice Zone Report — [imamedic.uk/2017/12/general-practice-zone-report-november-2017/](http://imamedic.uk/2017/12/general-practice-zone-report-november-2017/)
- March 2018 General Practice Zone Report — [imamedic.uk/2018/04/general-practice-zone-report-march-2018/](http://imamedic.uk/2018/04/general-practice-zone-report-march-2018/)

### Feedback surveys

Teachers and healthcare professionals were asked to answer a feedback survey, emailed following each event.

Students were asked to answer some attitudinal questions displayed on their profile pages. The same questions were asked at the beginning and end of each event allowing answers to be compared and thereby measuring any change in attitude. Following the event they were also asked to reflect on what they had gained from taking part.

### Interviews

Interviews with teachers and healthcare professionals were conducted by telephone, and over email in April and May 2018.

## Students

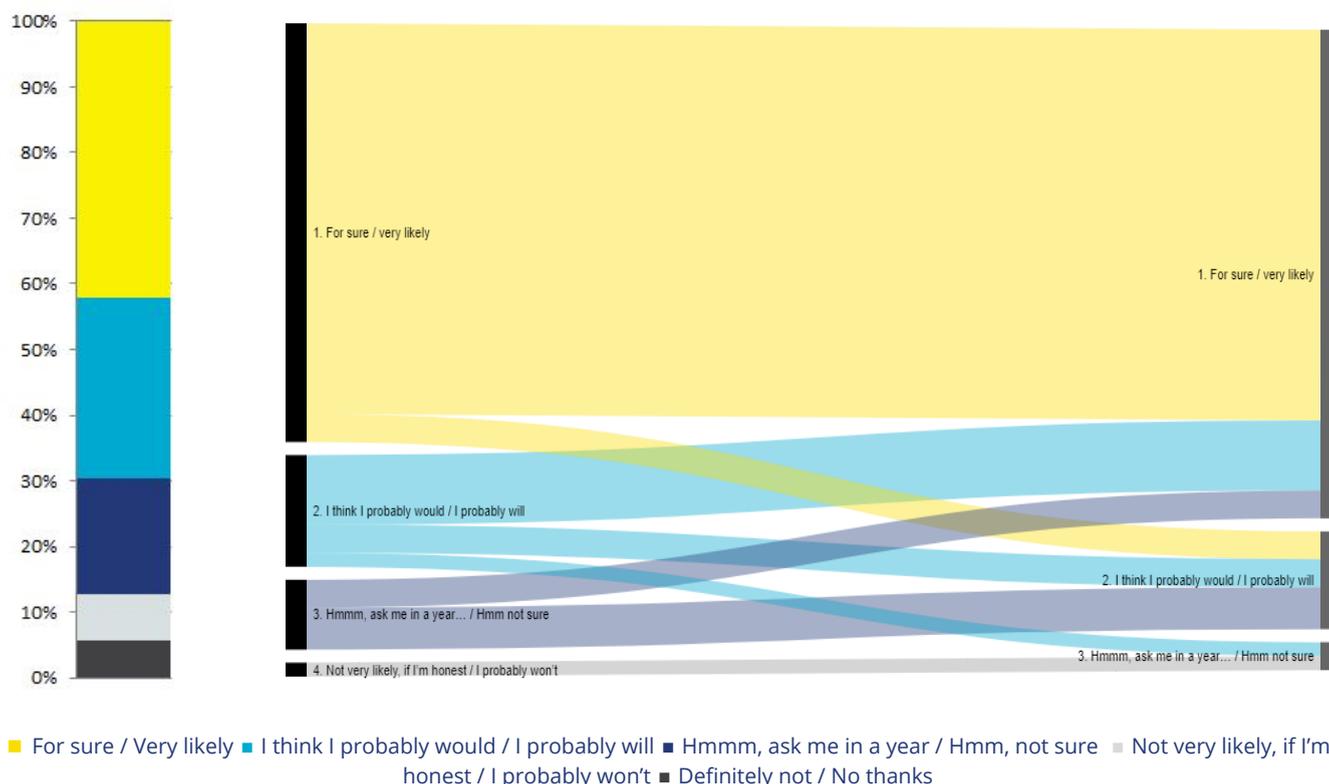
### Attitudinal questions

Students were asked to answer four attitudinal questions before taking part (pre-event survey) and then answer those same four questions after taking part (post-event survey), with the intention that their pre- and post- responses could be compared to measure their change in attitude after taking part in the project.

**While nearly 400 students answered the pre- or post-event surveys, only 44 students answered both, allowing limited comparison of their answers.**

It is worth noting the very small sample size here of students filling in both the pre- and post-event surveys, the changes in attitude shown in the diagrams below do seem to conflict with the anecdotal evidence from teachers, and the open-text answers on students' learning talking about their increased aspirations.

### *When I finish my education I would like to have a job that uses my science knowledge and skills*



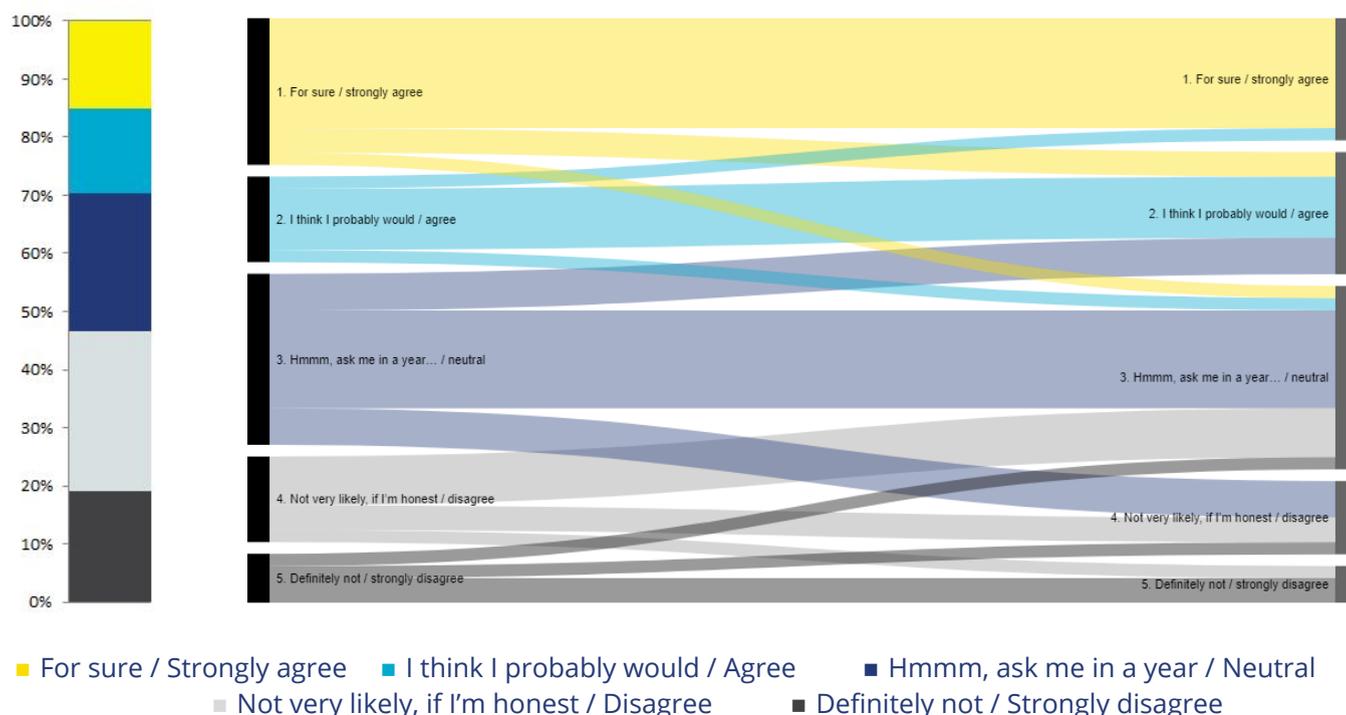
**Left diagram:** Whole population pre-event (384 respondents)

**Right diagram:** Change of students answers from pre-event on left, to post-event on right (44 respondents answered both surveys)

Looking just at the pre-event population (responses from 384 students), the majority of students taking part had a pre-existing interest in pursuing a career which uses their science knowledge and skills — this may be due to teachers using the activity with students in higher STEMM sets, there is also a self-selection representation factor here, as just over 40% of the students who logged in, completed these questions.

Comparing pre- and post-event answers, we see a large majority of students in this sample (n=44) answering that they would like to follow a STEMM career in the future, reinforcing that this is not a representative sample. However, this pattern is similar to the answers on from the larger population on the pre-event survey.

### When I finish my education I would like to be a doctor



**Left diagram:** Whole population pre-event (384 respondents)

**Right diagram:** Change of students answers from pre-event on left, to post-event on right (44 respondents answered both surveys)

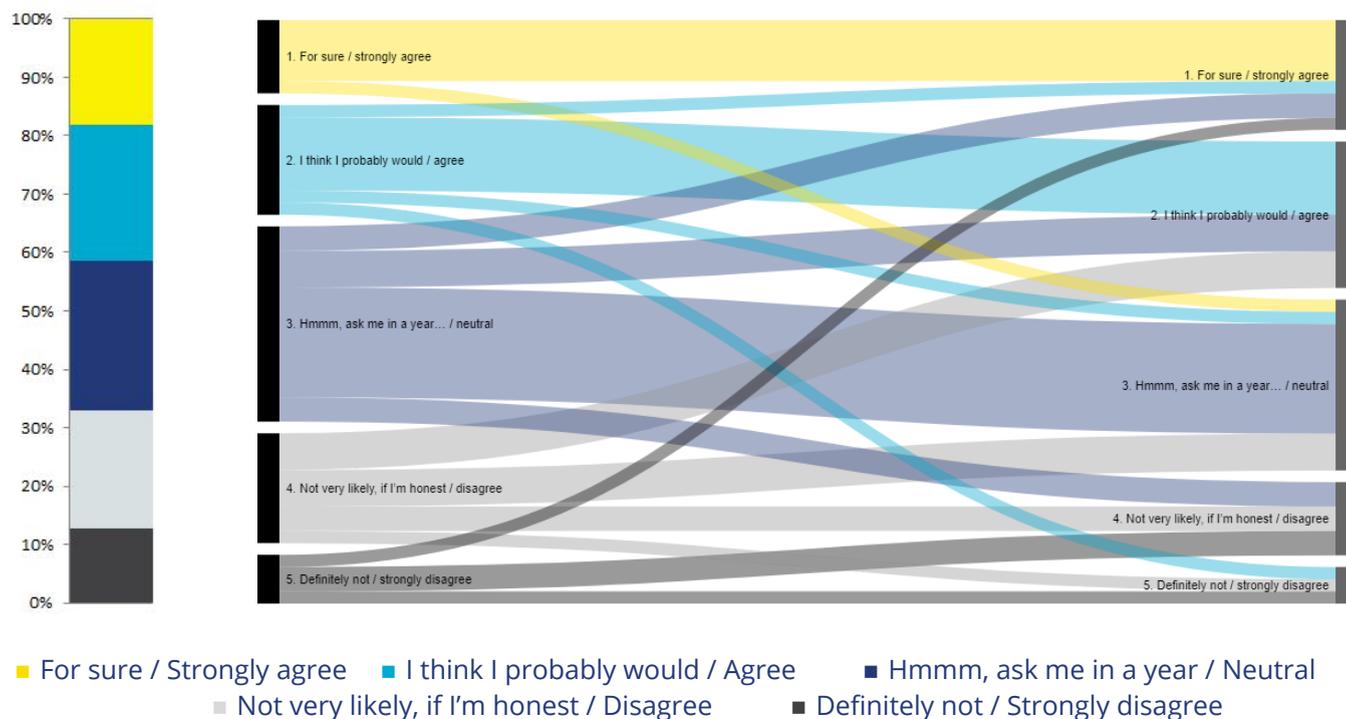
We see some students who were previously certain that they wanted to become a doctor, becoming less certain now that they have learnt more about the profession.

Around half of the students who were neutral before taking part have become either more positive, or more negative implying that taking part has helped them reach an opinion.

Around half of the students who answered “Not very likely” before taking part, responded with the neutral (“Hmm, ask me in a year”) answer after the event, which

suggests that these students may now be starting to consider medicine as part of their future career, and be more open to career options.

### **When I finish my education I would like a job in healthcare but I don't want to be a doctor**



**Left diagram:** Whole population pre-event (382 respondents)

**Right diagram:** Change of students answers from pre-event on left, to post-event on right (44 respondents answered both surveys)

Again, we see the activity clarifying decisions for some students.

A large proportion of students who were uncertain (chose the neutral answer) before taking part, have formed an opinion — mostly a more positive one — after the activity.

Most of the students who were previously negative about a career in healthcare have formed more positive opinions, and now may consider healthcare as part of their future career. While the majority of students who were previously positive have remained so, some have, however, formed more negative opinions.

## Learning outcomes

In addition to the attitudinal questions, students were asked to reflect on what they had learnt taking part in the project. This was an open text question. General themes included:

- Learning about range of careers and courses available
- How medics work
- How to apply for jobs, and skills needed
- About the lives of the healthcare professionals

*"I'm a medic has given me a great insight into the skills needed to get a job in medicine. It has provided me with an amazing insight into the strengths and weaknesses of being a medical professional, including the rewarding parts of the job as well as the struggles that it entails. Through I'm a medic, I have gained a better understanding of the steps that I can take to better my chances of getting into medical school, and to gain some of the skills needed to excel in a job in the medical field. For example, from the questions that I asked the medics, I have gained an insight into the requirements for medical school (including the type of work experience that I need) and how to prepare myself for my future in medicine." — Student, post-event survey*

*"I learnt that being a medic can be stressful but the joy it brings to patients that are helped always brings joy to the medics. I also learned about uni and some of the courses and their duration." — Student, post-event survey*

*"That, although being a doctor is very full on it's important to make time for other hobbies and that there are over 50 jobs in the nhs so there's plenty of alternative jobs to just being a "traditional" doctor." — Student, post-event survey*

*"I've learned a lot more about my chosen career in Nursing and it has brought back the excitement of what I am studying so hard for." — Student, post-event survey*

*"I'm a Medic has been a helpful and informative experience; providing me with a clear insight into the world of medicine, as well as guiding me with future related decisions." — Student, post-event survey*

*"I was able to ask any questions concerning specific areas of healthcare and gain knowledge about studying medicine at University, tips about interviews as well as generally working within the NHS (specifically as a doctor)" — Student, post-event survey*

*"The importance of grades, but also the importance of a being and well rounded person and also to not be afraid to go and spend time out of education before becoming a medical professional" — Student, post-event survey*

*"I've learnt that there is a lot more to being a doctor than just seeing patients and it has allowed me to address important questions about the work-life balance of both doctors and med students."* — **Student, post-event survey**

## Teachers

20 teachers from June 2017, November 2017, and March 2018 filled in the post-event feedback survey.

**19 respondents said they would participate again, and all 20 said they would recommend the event to a colleague.**

## Expectations

17 teachers said the project met with their expectations (8 responded, "yes, entirely"; 9 responded, "yes, in most aspects"). 2 teachers said the project "partially" met their expectations, and 1 responded, "not really, just in a few aspects."

The only teacher to say they would not participate again commented:

*"It is clearly designed for a whole class to be involved in and for a teacher to use the materials to plan lessons around it and to book computer time for the whole group. My responsibility is post-16 pastoral so I offered this to Y12 students interested in medical careers therefore much of the lesson materials were not relevant and also it was time consuming to advertise the opportunity then explain and liaise with students interested over what to do and when to arrange the webchat. It added a significant amount of extra time to my workload and I 'm not sure if it was overly beneficial for students of this age. I can certainly see how it could be great for younger students who have less knowledge and experience. My students already have a clear idea of what they need to do, have numerous hours of work experience and probably did not learn as much as younger students would have done."* — **Teacher, feedback survey**

## Selecting students to take part

11 of the 20 teachers said they ran the project, "with a whole class"; 9 said they ran it, "as an opt-in activity". 2 teachers said they ran it in another way, both cherry picking students with an interest in a career in medicine. This reflects feedback from the post-event interviews where two teachers said they hand selected students to take part.

One teacher interviewed said that it would be good to open the event up to a whole year group, but thought it could be logistically difficult.

Three of the four teachers interviewed said they took part with older year groups (Years 11, 12, or 13). Teachers who took part with younger year groups (Years 9 or 10) seemed to have a focus on choosing options. One teacher commented that if they took part again they would focus on Year 10, not Year 11, as recruitment for Sixth Form is being

pushed more into the younger year group; students who have not yet made choices for AS-Level.

*“We chose to involve Year nine students because they were in the process of choosing their options and we thought it would be a good opportunity for them to appreciate how their subject choices would be relevant for their future careers. Also, some had no or very little knowledge of different careers or that they were available to them.” —*

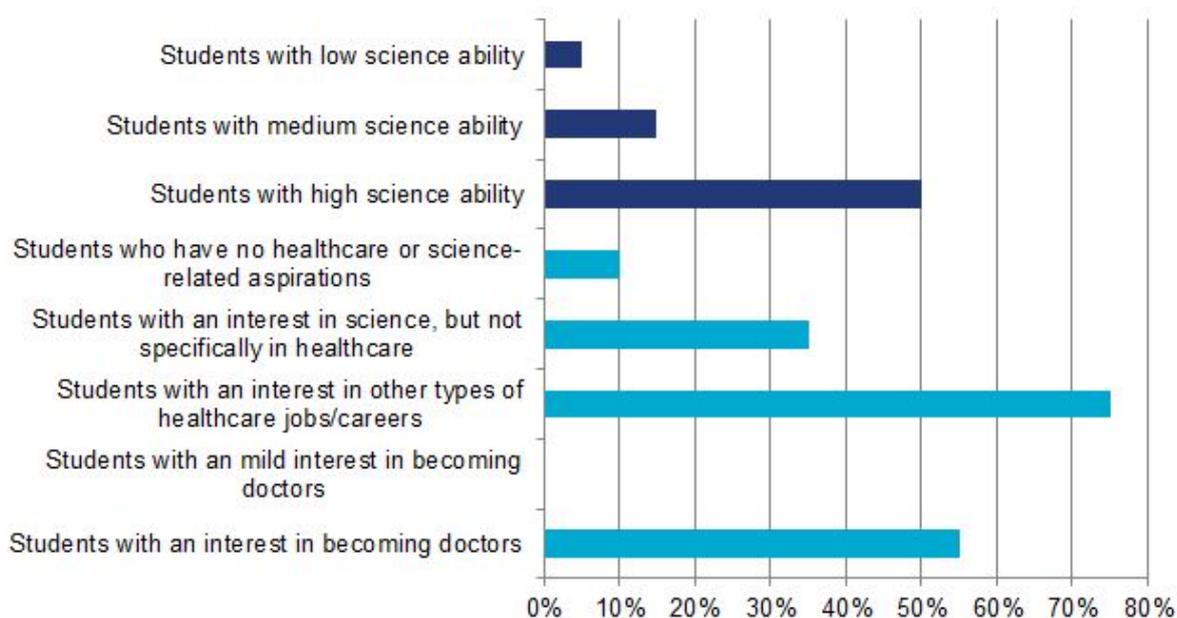
**Teacher, post-event interview**

One teacher who had taken part with a Year 7 class commented:

*“They are more willing to be open to lots of different careers. They have less prejudice about “suitable” careers.” —*

**Teacher, post-event interview**

**In the feedback survey teachers were asked which kinds of students they aimed the activity at:**



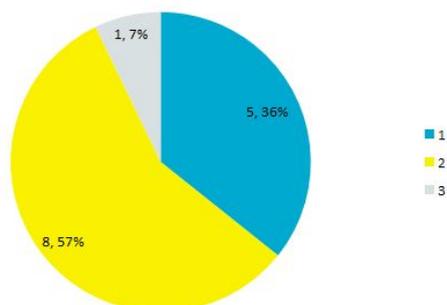
One teacher listed an “other” option: *“Level 3 Health & Social Care classes”*

From the feedback then, it seems clear that there are teachers who are aiming the activity at students with a pre-existing interest in healthcare or medical careers, and at those with higher abilities. There are however teachers aiming the activity at younger students, and those with no pre-existing interest in healthcare.

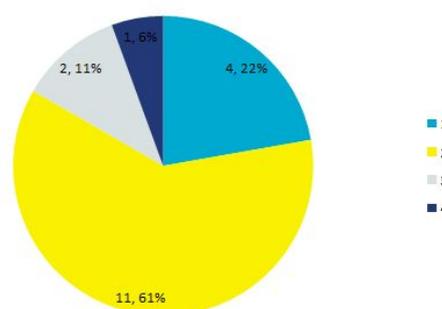
## How the activity was run in schools

13 teachers responded to say when they ran their live chat session: 6 were run during lesson time; 6 either during lunch, after school, during tutor time, or during a free lesson. (1 teacher responded to say they did not take part in a live chat.) This number of teachers running chats outside of lesson time would reflect the feedback above, on selecting specific students to take part.

### How many classes took part?



### How many lessons per class did you spend on I'm a Medic?



Feedback shows that the majority of teachers spent two lessons on the activity.

## Best time of year to run the activity

When asked in interviews when would be the best time of year to run the activity, teachers focussed on fitting the activity around choosing options, and exams.

Consensus was that summer would be good for Year 12 as this is when they tend to think about options for university.

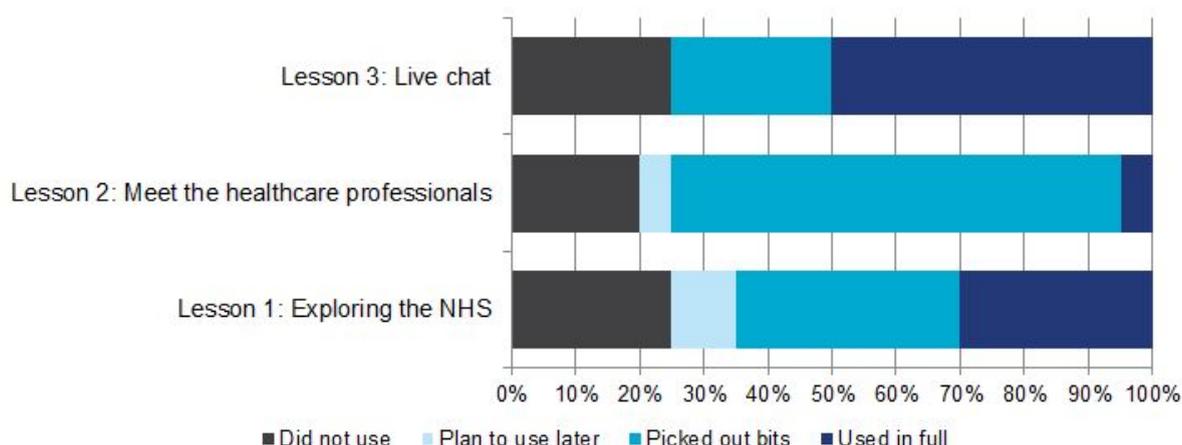
For Years 11 and 10, earlier in the year would be better. For younger year groups, there seemed to be much more flexibility, and most times of year would suit.

## Teacher packs and lesson plans

18 teachers said they found the teacher pack useful (15 responded, "very useful"; 3 responded, "quite useful"). 2 teachers said they did not read the teacher pack.

*"I think your teachers pack and resources are fabulous - there is always a lot of effort goes into them, they're easy to follow and the pupils get thoroughly engaged with them too."* — **Teacher, post-event feedback survey**

Teachers were asked which of the lesson plans were used (lesson plans are available online at [imamedic.uk/resources-for-teachers/](https://imamedic.uk/resources-for-teachers/)):



## Outcomes after taking part

Teachers were asked what they found valuable about the activity, general themes included:

- Contact with real, and engaging healthcare professionals
- Enthusiasm and engagement from students
- Range of healthcare careers represented
- Motivated students to pursue medical careers
- Good resources
- Good technical support

In post event interviews teachers talked about the event allowing students to gain a broad perspective of what life is like as a doctor. One teacher commented how her students appreciated the honesty of one GP, who told them that if they had their time over again they wouldn't go straight into medicine, but do so as a graduate option. This gave the students a good idea of the different routes into medicine.

*“Students are definitely more aware of the different careers. They were amazed that professionals were willing to speak to them and if we were not limited with ICT support, I would have encouraged more classes to participate. Of those who took part, more are speaking about healthcare as a possible career” — Teacher, post-event interview*

One teacher talked about how one of their students had changed their plans for university after one of the healthcare professionals discussed a route that one of his colleagues had taken, which the student had not previously considered.

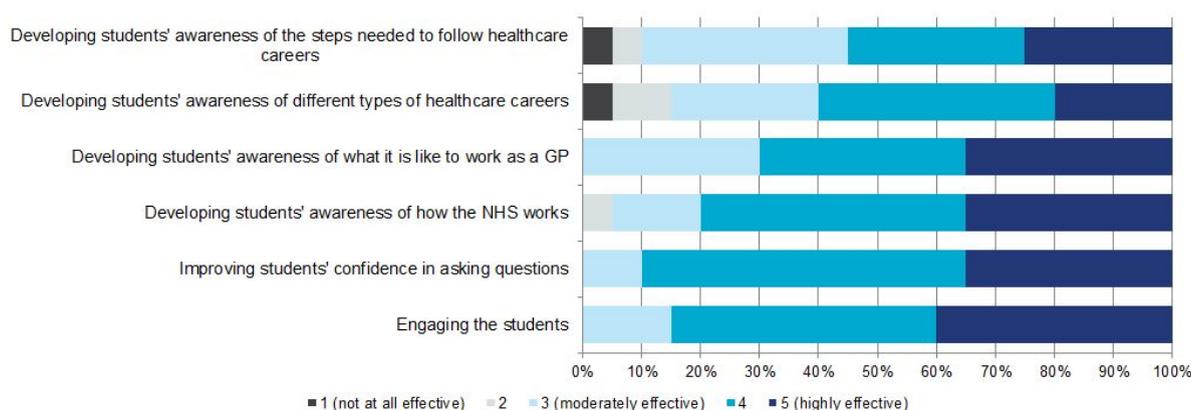
The same teacher commented on the value of the activity, in that the students are much more likely to listen to advice from the healthcare professionals than they were to the teacher, as they are doing the job.

Teachers also commented on the activity working as a motivational tool; clarifying career options, and exam grade requirements.

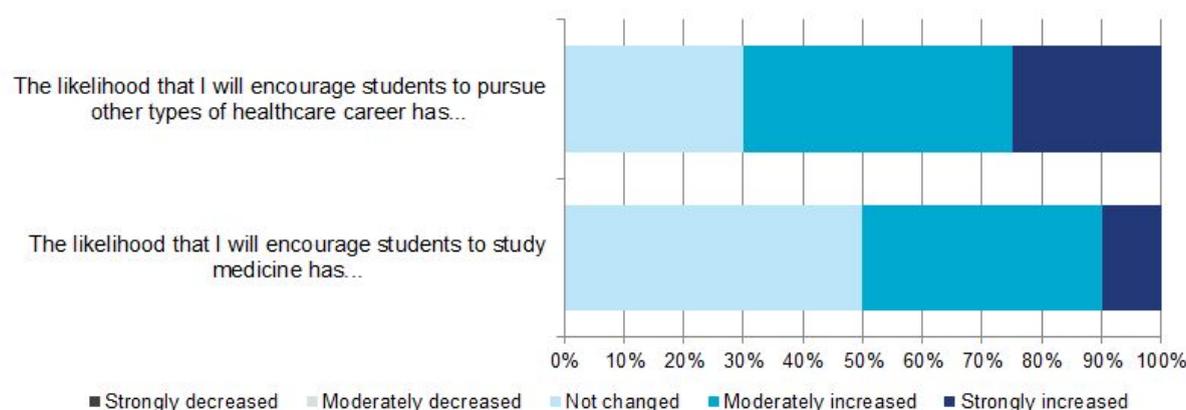
*“It strengthened their aspirations to get into that career or it made them realise the true aspects of the job and changed their minds.” — Teacher, post-event interview*

Teachers also talked about the activity giving students a chance to engage with professionals in careers which they may aspire to, but may not be able to otherwise engage with.

### In the post-event survey, teachers reported on the effectiveness for student learning:



### In the post-event survey, teachers reported the effect the event has had on their teaching:



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## Improvements for the future

When asked where there lay room for improvement, general themes included:

- More flexibility with booking chat times
- Wider range of healthcare professionals available in chats

## Technical issues

No technical issues were reported during the teacher interviews, one teacher commented that it was “easy to set up, even with limited IT skills.”

Through the feedback surveys, 16 teachers reported having no technical issues. 3 teachers reported issues, though those issues were either quickly resolved, or with school equipment:

*“For some reason the second live chat took a while to work, but after call and advice changed explorer and it worked.” — **Teacher, Feedback survey***

## Healthcare professionals

Six participants from the November 2017 and March 2018 events filled out the post-event feedback surveys. All six respondents said they enjoyed taking part (3 responded, “Yes, it was fantastic”; 3 responded, “Yes, it was OK”). Four said they would participate again. Four said they would recommend taking part to a colleague.

*“This was a great event and I really enjoyed taking part! I'd love to do it again. The whole thing was extremely well organised and your staff are a credit, having been very polite, efficient and a pleasure to work with.”* — **Healthcare professional, post event feedback survey**

### Preparation and time spent taking part

Four of the six survey respondents said the time taken to prepare for the event was “about what I expected”, one said the time taken was “a bit more” than expected, and one, “a lot more”.

All six respondents found the briefing notes useful (3 responded, “very useful”; 3 responded, “quite useful”).

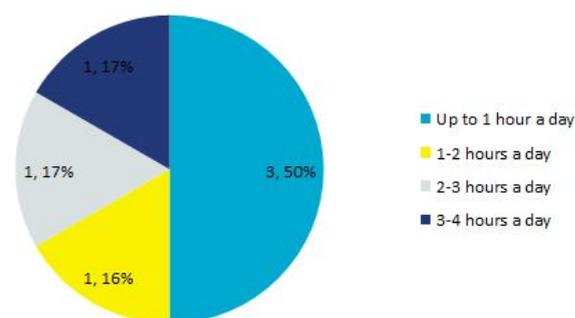
50% of respondents in the post-event feedback survey estimated that they spent up to 1 hour per day taking part in the event.

In terms of ease of fitting the event into a working schedule, responses were mixed, as may be expected with people from different professions and levels of seniority taking part.

One trainee GP reported that it was easy to fit in doing the chats, as working in a GP surgery allowed plenty of time for breaks, while one qualified GP said that chats were sometimes difficult to attend when they clashed with surgery.

For another GP (a registrar), it was difficult to find time to attend chats while working full time; chats over lunchtime were good, but it was difficult to attend any while working on-call. A practice manager reported that making time for chats was easy, as he was responsible for his own schedule; he did comment though that he thought it would be very difficult to get his full time GPs to take part because of their busy schedules. Another GP commented on the post-event survey about the difficulty of working live chats around clinic times.

#### How long did you spend participating in the event?



## Outcomes after taking part

A common theme among participants was that taking part rejuvenated their passion for their careers, and reminded them why they got into it in the first place.

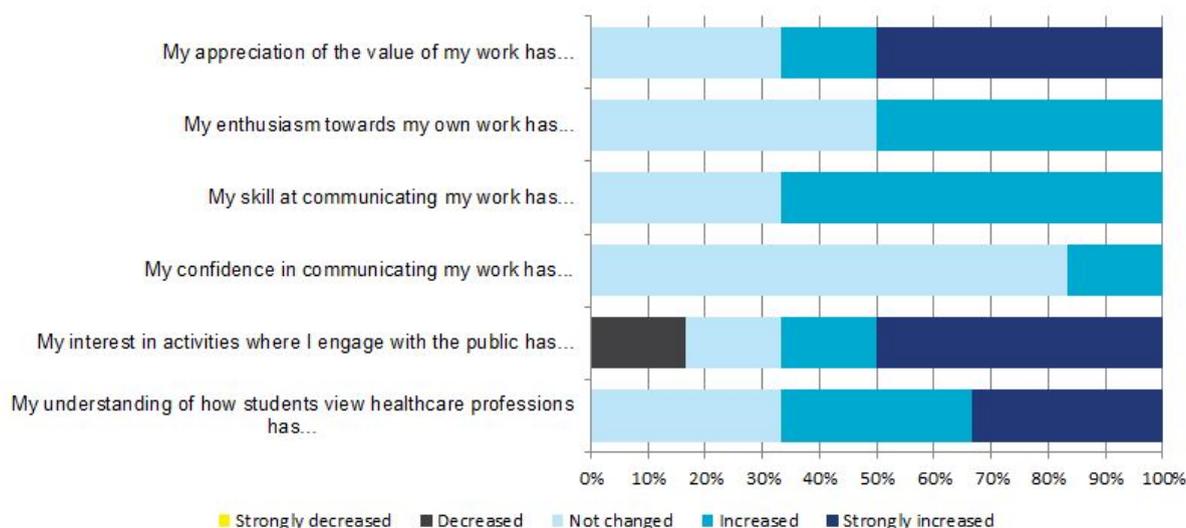
*"Taking part was beneficial in that I enjoyed the chance to engage with young people and give them insight into the realities of the career. Their questions and enthusiasm also did a lot to remind me why I am inspired and enthusiastic about medicine, which was great as it can be easy to forget! The events did give me confidence to do more like this and look at other ways I could promote healthcare careers that I might not have engaged with before."* — **Healthcare professional, post-event interview**

*"I think I benefited by testing myself outside my comfort zone — it's fairly safe to promote GP in my own area, where I have positions of influence and recognition, but this was a step into new geography, so it's good to know my message for general practice has the ability to travel and resonate! This was also my first foray into school-level promotion of a career in medicine, and it's great to see within the chats and of course from the votes how much a straightforward and honest approach pays off."* — **Healthcare professional, post-event interview**

*"I feel I've benefited from the interaction with students and my colleagues who took part, reading their views and opinions. It's helped me formulate/ consolidate my own views on medicine as a career."* — **Healthcare professional, post-event interview**

On a more practical, career, level, one participant who is looking to go into education — teaching medical students — said that this kind of event gives them recognition, and is good experience to talk about in future job interviews.

In the post-event feedback survey, participants were asked about the effect taking part has had:



Participants were asked to compare *I'm a Medic* to other engagement projects and events they had been involved with:

*Useful to have the opportunity to engage with a wide range of young people not just those who traditionally would consider medicine or those in a healthcare family. — Healthcare professional, post-event feedback survey*

*Brilliant to be able to address the questions of so many young people directly. — Healthcare professional, post-event feedback survey*

*There's continuing and detailed feedback, through voting intentions and within the chats. — Healthcare professional, post-event feedback survey*

## Improvements for the future

Suggested improvements from interviews with healthcare professionals included in adding more notice and flexibility in live chat booking times. One suggestion was a calendar where teachers would be able to see healthcare professionals' availability to help make decisions about when to book chats; another suggestion was simply to be given more notice, where teachers would book live chats much earlier. Participants also commented on likelihood of schedules being more flexible between clinic hours (often between 12pm and 3pm).

*"More information about the amount of input expected over the 2 weeks. I was not able to commit to so many requested chats if I had realised this I would not have applied and felt I had wasted your time." — Healthcare professional, post event feedback survey*

One healthcare professional — after observing evictions taking place in the *I'm a Scientist* and *I'm an Engineer* projects running at the same time — suggested introducing the evictions element to the IAM project.

*“Bring on evictions! I think medics egos should be able to take it! I'd like to see this done with undergraduates & postgraduates as the audience- there'd be a bigger concentration of challenging questions but the recruitment element would be very useful.”* — **Healthcare professional, post event feedback survey**

## Technical issues

No major technical issues were reported. In the post-event feedback survey, four participants responded that using the site was, “quite simple and straightforward” or “very easy”; two responded, “quite difficult to start but easy once I was used to it”.

*“When clicking on a comment/question it would show at most the single question and the single response given- it would be useful to see a thread if it were a few Q&As, or if we could click on the user name and see the whole conversation.”* — **Healthcare professional, post event feedback survey**

Additionally, there were comments on the live chat function:

*“Worked really well. The only thing that was slightly annoying was that at the end of the chat time the screen just went - sometimes it would be nice to be able to read over e.g. to be able to pick out the student I want to nominate [as student winner].”* — **Healthcare professional, post event feedback survey**

*“Not being able to use symbols like & to save time typing was annoying.”* — **Healthcare professional, post event feedback survey**

## Prize winner projects

Each of the winning healthcare professionals were given £500 to be spent on projects with schools, further extending the reach of the *I'm a Medic* project.

Shehla Imtiaz-Umer, Junior Doctor at the Royal Derby Hospital, and winner of the June 2017 General Practice Zone, plans to spend her winnings helping to promote medicine as a career for young people from disadvantaged backgrounds:

*"I grew up in a socially deprived area and had to work very hard to get to where I am currently. I would use the money to help engage inner-city students to think seriously about a career in medicine – it really can be done! I think it's really important to have doctors from a wide-range of backgrounds because it only enhances the patient journey. I am really keen to spend the money working to promote medicine for young people from disadvantaged backgrounds so that they can be motivated to do the best job in the world!"* — **Shehla Imtiaz-Umer**

Robert Cullum, a Clinical Teaching Fellow at the United Lincolnshire Hospitals NHS Trust, and winner of the November 2017 General practice zone plans to use his winnings with the Lincoln County Hospital Work Experience and Interview preparation schemes:

*"I would use the money to provide a bursary scheme for the Lincoln County Hospital Work Experience and Interview preparation schemes so that students from less privileged backgrounds had the opportunity to access these opportunities."* — **Robert Cullum**

Meanwhile, the winner of the March 2018 General Practice Zone, Jamie Hynes, a GP Partner, and Training Programme Director with Health Education England, has previously created videos promoting careers in General Practice (e.g. The National Health: [youtube.com/watch?v=Xm4njB6sSnA](https://www.youtube.com/watch?v=Xm4njB6sSnA), and GP Training: [youtube.com/watch?v=nfMn6vaCqOw](https://www.youtube.com/watch?v=nfMn6vaCqOw)). Jamie plans to use his winnings to further this work.

## Project team interviews

At the end of the IAM pilot, the project team — Shane McCracken (SMcC) at Mangorolla, and Paul Garrud (PG) and Sarah Greaves (SG) at the University of Nottingham — were asked to reflect on the project.

These interviews were carried out over email in July and August 2018.

*“The online platform, provides the opportunity for students, to communicate directly with a panel of health professionals, asking them what they would like to know about their roles and themselves as ‘normal’ people.*

*A targeted intervention to widen access to career awareness and inspiration in medicine for students in schools with least access to educational, personal, community resources.” — SG*

*“This is a great opportunity to engage kids and schools in discovering what the work of medics is like. It reaches out over the geographical barriers and it puts control of what’s asked and discussed into the hands of those youngsters.” — PG*

**The team were asked to reflect on what had pleased them most about the project.** Team members highlighted the variety of different healthcare professionals who participated:

*“It shows how much of healthcare is about teamwork and it allows the youngsters taking part to find out and think about many different roles.” — PG*

The scale and reach of the project was noted:

*“Getting 36 schools and nearly 900 pupils involved: because organising and delivering that scale of contact and personal engagement by (say) visits to schools or visits to the medical school would have been almost impossible logistically and very substantially more costly in time as well as expense.” — PG*

*“Even within a fairly tight geographical area we were able to work well with Sarah and Paul to get the right schools involved.” — SMcC*

That students asked about what it was like to work in the NHS rather than about diseases was also mentioned as a positive highlight.

For the University of Nottingham team, the way in which the project complimented other outreach, as well as providing a new approach to outreach was commented on:

*“It has complemented the other forms of outreach we’re engaged in: fitting well into other events and activities like discovery days, clinical work experience placements, summer schools – helping kids’ aspirations at younger (pre-16) stages as well as the later ‘choose your university course’ cohorts.” — PG*

*“Piloting a new approach to medicine related outreach — to enable greater and easier reach to students and schools.” — SG*

The positive response from participants was mentioned:

*“Positive responses about the value of the approach from participants – education and health partners. Also the very positive interest / uptake from primary care partners in extending their involvement in outreach, following on from their engagement in other wp/medicine outreach initiatives (e.g GP Work Experience scheme).” — SG*

Delivering the project through collaborative partnerships was highlighted also:

*“Enabling shared resources, expertise, endorsements, scope for greater sustainability.” — SG*

**When asked which aspects of the project which could have gone better**, all three team members mentioned the difficulty in getting enough professionals to the live chats:

*“We should have recognised that earlier and tweaked the formula to lessen the importance of live chats.” — SMcC*

*“Ensuring the range of professionals on the panel for students to engage with and to enable them to explore different roles.” — SG*

Time commitments and engagement levels of participants were also discussed:

*“Professionals engagement in the project (Much more realistic in relation to time commitment and scheduling). This was the most significant difficulty of the project, which affected other areas. Interest and enthusiasm was there. The practical barriers need removing.*

*I am not certain how clear / easy it was for schools / medics to realise the actual requirements of the project at registration stage and for them subsequently to maintain commitment. More detailed information at promotion stage with easier booking logistics?” — SG*

As well as finding ways to encourage teachers to make better use of the resource:

*“We could be clearer about the school prioritisation and ensuring that teachers didn't just give it to students already interested in medicine.” — SMcC*

*“I think if schools knew more in advance which professionals their students would be communicating with, it would have helped with their students preparation and engagement in the activity. Majority of classes that I observed, students hadn't looked at profiles before the live chat started.” — SG*

Further suggestions were also made that too much time was spent setting up the project, that improvements could be made to include more comprehensive careers lesson plans and resources.

**The project team were asked to reflect on what they had learnt during the project.** Shane McCracken highlighted the statistics raised at the beginning of the project: *80% of applications from 20% of schools. 50% of schools have no applicants to medical school.*

*"Medicine does not present equality of opportunity." — SMcC*

Interest in the project concept was discussed:

*"The general interest in the concept of the online intervention from both health and education ... In equal measures - partners risk aversion to new ideas and other partners enthusiasm for new ideas." — SG*

That work restrictions present a real challenge for healthcare professionals taking part in live chats was noted, though so too was their enthusiasm and passion to inspire young people into their professions.

Team members also mentioned learning how little warning schools give before withdrawing from a project, and the impact teacher preparation has on the quality of live chats.

**The project team were asked to consider the potential challenges raised at the beginning of the project, and whether and how they were overcome;** challenges including reaching target schools, recruiting candidates, time commitment for candidates, and equal participation of candidates from different roles. *(Additional comments are included in the previous section; see also: Challenges.)*

Largely it was felt that the challenges of recruitment were overcome, this was done through a variety of avenues of promotion, and working collaboratively with partners. Thinking about ways in which this might be improved in the future:

*"Looking at teachers feedback the targeting of age groups and relevance to different years is a definite consideration for moving forward. Years 9/10, benefitting from the broader range of health professionals to explore different roles with ... Post-16; seemed like teachers were then spending time organising selecting groups / out of hours who in this case were more interested in medicine." — SG*

Time commitments for healthcare professionals remained a challenge throughout.

*"There was a good level of interest from initial publicity and enquiries. Challenges of recruitment for an unknown time schedule for professionals, therefore not sure what they were realistically able to commit to and signing up for." — SG*

Suggested improvements included asking professionals to present their availabilities in advance, and recruiting a wider pool of professionals for live chats.

*“From speaking to a couple of professional participants at UON, they certainly found it much easier and more effective when there were more panel members in chats, to share questions with and also to perhaps redirect questions to if another professional better placed to respond.” — SG*

### **Finally, the project team were asked to consider the working relationship between the University of Nottingham and Mangorolla:**

*“Excellent. I've really appreciated the slightly more detached viewpoint that Paul has brought to the funding application process and to the evaluation of the project. Sarah has been very helpful in terms of ensuring a successful delivery of the project.” — SMcC*

*“A delight. Worked really well and you guys were very professional. Only (small) regret was not liaising better over the idea to develop some ethics resources for classroom work.” — PG*

*“Generally positive and refreshing to work with creatives! ... A new pilot and working relations always brings uncertainties.*

*We were developing new channels of communication across the University in order to support a very new style project. Felt a bit maverick! and certainly not a clear fit / approach within the Institution. (ie. Outreach, Medicine, Alumni). This was a strength and a challenge.*

*Helpful to have had input from University of Leicester as a willing supportive partner and proactively fulfilling an admissions role for an event.*

*Some initial apprehension with the pilot if the model was going to remain fixed. It then felt like the need to take a step back and see how it would work with the proposed model.” — SG*

## **Press coverage**

The project was written about in the local news in January 2018, featuring interviews from partners and participants, and promoting the upcoming March 2018 event:

***Medical professionals needed for ‘I’m a Medic, Get Me Out of Here’; West Bridgford Wire:***  
[westbridgfordwire.com/medical-professionals-needed-im-medic-get](http://westbridgfordwire.com/medical-professionals-needed-im-medic-get)

The winner of the March 2018 event was also featured on the Horseley Heath Surgery Tandon Medical Centre patient news blog:

***March 2018: I’m a Medic, get me out of here!; Horseley Heath Surgery Tandon Medical Centre:*** [hhs-tmc.co.uk/patient-information/news](http://hhs-tmc.co.uk/patient-information/news)

## Next steps

This pilot has demonstrated that *I'm a Medic* has a positive impact on students attitude to studying medicine and entering the healthcare profession.

**The next steps for the project are:**

## Project improvements

- Tweak the format to create less reliance on live chats.
- Encourage teams of medics to enter to improve numbers at live chats.
- Greater integration with *I'm a Scientist* Careers Zone: [careers.imascientist.org.uk](https://careers.imascientist.org.uk)
- Improved integration with other resources on studying and working in healthcare.
- Continued improvements to chat booking system.
- Continued shared development with rest of *I'm a...* family of projects.

## Increase geographic distribution

- A focus on the East Midlands has made school recruitment difficult.
- We intend to expand the project across England, while retaining a focus on more remote schools that tend to send fewer than average students to medical school.
- Northern Ireland, Scotland and Wales will follow. We will need to make a decision on combining the regions into one project.
- International expansion will be investigated.

## Increase topical distribution

- Primary Healthcare was a good start for *I'm a Medic*, however many sectors of the healthcare profession face shortages and most school students are unaware of the wide range of job opportunities within the NHS.
- Future zones should include a range of professionals and trainees. They should always include a selection of the most needed sectors and a selection of other professionals based on supply of volunteers and demand from teachers.

## Contact

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