



OxPal

STRATEGIC PLAN



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# Mission

Oxpal exists to ensure all medical students have access to high quality education and are best prepared for clinical practice. We help create a long-lasting improvement in the quality of medical education in austere environments by complementing and supporting local medical teaching.

# Objectives

## Primary Objective

- To prepare clinical students for future medical practice in Palestine.

## Secondary Objectives

- Utilise available technologies to overcome geopolitical barriers to quality medical education.
- Create sustainable, scalable and replicable education model suitable for other complex environments.
- To build local educational capacity for medical education in a sustainable and self-reinforcing way.

# 3 Year Plan

## Year 1: 2018/19

### Goals completed:

1. Conduct Needs Assessment of Palestinian students to inform teaching programme content and design
2. Create founding Advisory board and initial organisational structure.
3. Conduct initial term of tutorials on General Medicine as Pilot Project
4. Evaluate Pilot Project to obtain information on challenges faced and success of initial strategy in delivering high quality education.
5. Trial and test different distance learning platforms.
6. Review needs-assessment and pilot project to develop further strategic design of organisation.
7. Explore options for financial support for pilot project in FY1 and FY2.
8. Create Oxpal brand and engage medical students and clinicians in Gaza Strip and West Bank.
9. Develop reliable means of communication with medical schools and medical students in Gaza Strip and West Bank.
10. Enact methods for programme evaluation.

## Year 2: 2019/20

1. Finalisation of organisation goals, structure and strategy.
2. Director to recruit and train full committee.
3. Committee to recruit and train roster of coordinators and tutors.
4. Development and delivery of full schedule of fortnightly teaching.
5. Review of feedback from students and analysis of strength of project between Term 1 and Term 2.
6. Presentation of findings of Year 1 and 2 to wider medical education community.
7. Engagement of stakeholders.
8. Website and communications overhaul.
9. Engage support and advice from Oxford based and/or Palestine focused organisations with an interest in Medical education.
10. Application for further funding to secure future of organisation.
11. Long term sustainability review and handover planning.
12. Further recruitment to clinical advisory board

## Year 3: 2020/21

1. Successful handover to new committee and continued tutor recruitment.
2. Continued schedule of teaching adapted to needs of tutors/ students.
3. Presentation of findings in medical education literature.
4. Consider long term expansion plans and select deliverables.

## Long term expansion goals

- To expand into other global conflict zones or austere environments facing barriers to medical education.
- To produce a replicable model for more privileged medical education centres to replicate: allowing a more global boost in the provision of medical teaching via distance-learning platforms.
- To present our findings and improvements to our model to the wider medical education community, in order to positively influence medical education globally.

# History of Oxpal

Beginning around the turn of the century, senior clinicians from University of Oxford had been making annual visits to one of the four clinical schools in Palestine - Al Quds Medical school – in order to provide bedside teaching and help administer/ externally validate finals examinations.

In 2011, some Oxford medical students were invited onto this trip and they observed barriers to the delivery of high-quality medical education in this austere environment. This inspired them to develop the OxPal Medlink project to help augment the learning experience of students in this austere environment.

The model was a virtual classroom approach in which tutorials were conducted between Oxford tutors and Palestinian students. This utilised existent web-based distance-learning technology pioneered by MedicineAfrica. Launching its first tutorials in March 2012, the project delivered high quality teaching to over 300 students in Gaza and the West Bank over 4 years. Delivering around 2 tutorials a week, across 4 clinical specialties. The initial scheme lasted for a total of four years.



# Oxpal relaunched

In 2019, the obstacles to delivering high quality clinical education in the West Bank and Gaza Strip remain. The positive impact of supplementary clinical teaching from Oxford clinicians was proven extensively by the first rendition of this organisation. It was further confirmed by an overwhelmingly positive response to a needs-assessment of >120 students in the West Bank and Gaza Strip with 89.4% of respondents agreeing or strongly agreeing with the concept of online distance-learning tutorials offering an effective method of teaching and 99.2% believing they could access an online platform for weekly tutorials.

The new model, which will focus on different educational needs determined locally, involve a wider network of students/tutors outside of Oxford and use more up-to-date technological capacity. By conducting a needs-assessment prior to launch we were able to identify a number of areas we could improve the previous model and narrow down which topics and styles of teaching the students believe would best fit their needs.

Many of the members of the original project are to serve on the new organisation's advisory board, providing the institutional memory and strategic advice required to help guide the project towards success.

The new organisation will again be pioneered by students at Oxford University who have a passion for improving the medical education of those in Palestine and thus the future care of those patients in the West Bank and Gaza.

However, some of the original barriers to the continued success of the scheme have been alleviated by technological progress, meaning a more sustainable and effective operation could be conducted. This progress has occurred both by the reduced cost and improved reliability of distance-learning platforms and by the improved access to web connectivity on the ground in Palestine – with a near 20% increase in households with internet access in Gaza Strip and the West Bank since the founding of OxPal, and 99.2% of medical students able to access our platform regularly for teaching.

Therefore, this project aims to deliver a year-round education platform to allow a mutual education partnership. This should help improve clinical preparedness and confidence of medical students in the West Bank and Gaza, and in the long term this should improve clinical and research outcomes in the region.

Further, we will aim to increase engagement by providing 'taster sessions' in Arabic on topics the students have highlighted as outside their standard curriculum but of importance, such as research.

# Need for Oxpal 2.0

**“Links between healthcare and education providers in Palestine and countries with advanced health systems have great potential for allowing best practice in medical education to be shared and to provide high quality training opportunities that address gaps in Palestine’s health education system.”**

With the expansion of internet accessibility and home internet provision in the West Bank and Gaza Strip has also come the proliferation of online resources for medical students. A number of lecturers, medical schools, charities and medical education providers now publish an array of learning resources online. These videos, lecture notes, quizzes etc. are accessible to many Palestinian medical students and have already improved their clinical knowledge. Based on our needs-assessment, however, these students feel there is a gap in interactive tutorial-based teaching and case-based teaching that Oxpal could meet. Though there is a place for the provision of remote-access teaching material, it is not sufficient to produce fantastic clinicians. It must be supplemented by bed-side experience and interactive teaching with skilled professionals. This allows medical students to walk through cases and see the clinical decision methods and structure of clinical decision making.

The recognition of the strength of this method has led to a growing number of medical schools in the UK switching from traditional models of teaching towards Problem-Based Learning (PBL) centred curriculum.

**“Undergraduate medical education has developed rapidly since the first medical school opened in 1994. Traditional and lecture-based courses remain: the introduction of modern learning is hampered by a lack of qualified teaching staff.”**

With only 4.1% of students desiring teaching to help them prepare for university examinations, the vast majority (63.4%) desired help with preparation for future practice, 16.3% wanted to gain research skills and 12.2% desired a better understanding of healthcare context outside of Palestine.

# Current state of medical education in Palestine

**In 2009, the Lancet-Palestinian Health Alliance highlighted many of the geopolitical barriers to Palestinian healthcare and medical education.**

The separation wall between Israel and the West Bank and the presence of numerous checkpoints prevents many students from accessing clinical learning environments; in a survey of 50 students from Al Quds Medical School (AQMS) conducted by OxPal in 2012, 37% of students stated that they experienced disruption whilst travelling to classes at least once per week on average. Furthermore, difficult economic conditions resulting from the unique geopolitical situation means that private clinical practice is often prioritized over the teaching and education of medical students. Additionally, a lack of dedicated teaching hospitals and learning spaces in wards and other clinical settings has stunted the growth of a robust teaching culture in many Palestinian hospitals.

Additional research, over the past five years, suggests medical students living and studying in the occupied Palestinian territories receive sub-optimal training due to 'ambiguous permit rules, barriers at checkpoints, and the psychological burden of the process'. This is in addition to the already poor status of many healthcare indicators in the area.



## Service description

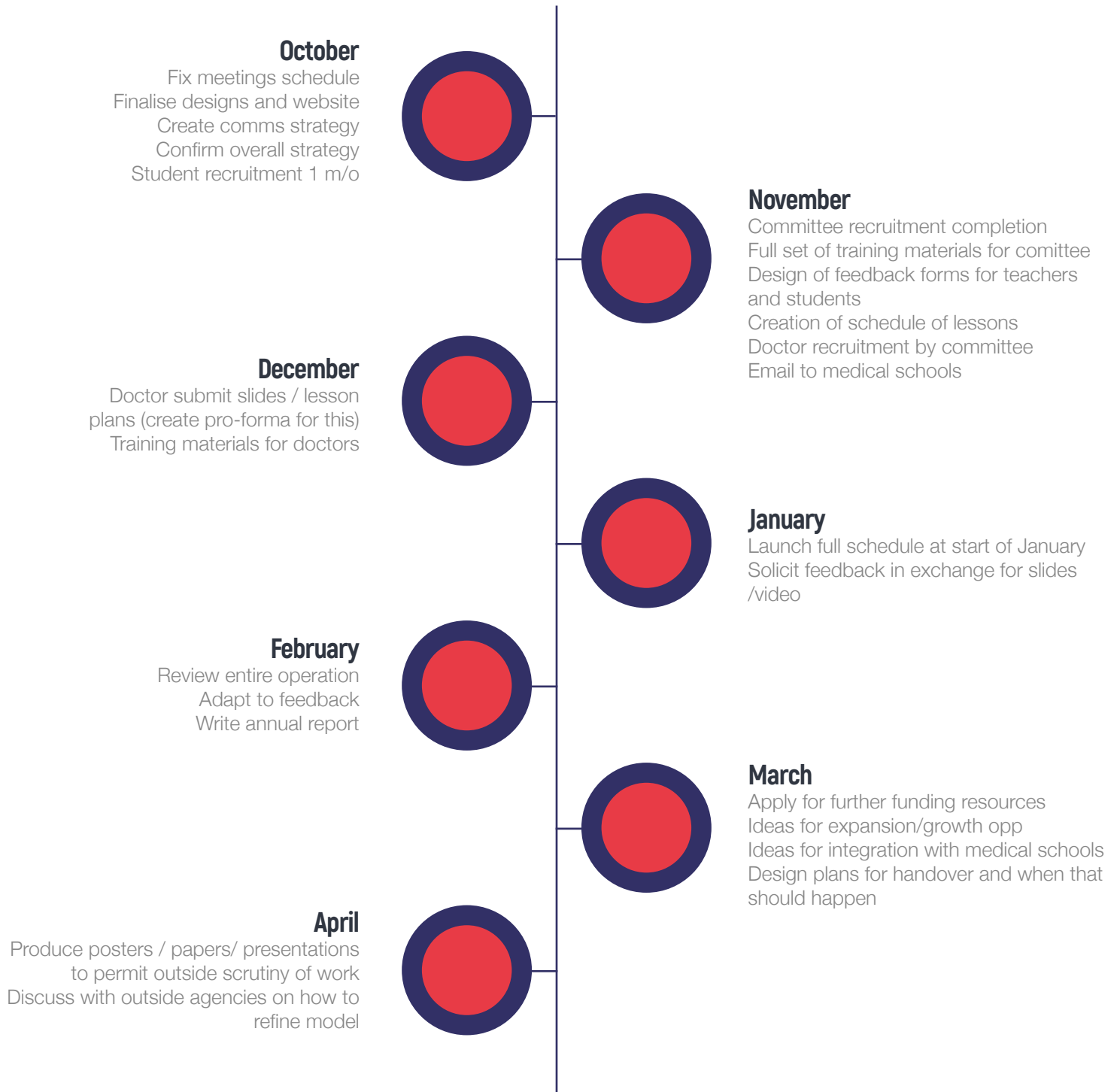
Oxpal will meet the need for supplementary clinical teaching in the Occupied Palestinian territories. Currently, these students are chronically underserved by a stretched education system, overworked medical staff and a demoralising environment. These challenges throttle the opportunity for a thriving medical community that provides effective care to patients. We will step in and address the deficiencies in their medical education and thus reshape patient care. This will be achieved, primarily, via a distance e-learning platform based programme of teaching. Regular tutorials will be provided to students in all four medical schools by Oxford clinicians and clinicians at other centres of medical excellence.

## Key Performance indicators

1. Feedback from students on teaching quality and effectiveness; preparedness for future practice
2. Feedback from tutors on ease of platform use and effectiveness of teaching method.
3. Attendance of pupils over time – including repeated engagement.
4. Number of tutorials delivered per annum.

# Strategy

## Implementation timeline



## In addition to this formal schedule:

There would be considerable value in producing teaching during this term that the students could access on a more ad hoc, less formal basis.

Following this teaching solicitation of feedback would be useful and more brainstorming of ideas/ways to improve teaching.

## Full details of the training materials to follow but will include:

### 1. For committee:

- a. Training on how to use Zoom platform - in video format.
- b. Training information on how to email potential tutors (and what specific information/ requirements we have of tutors)
- c. Training on how to supervise tutorials and what the responsibilities will be

### 2. For students: (likely published on website)

#### Information on how to use zoom

- a. How to provide feedback
- b. How to access slides/ video of tutorials in future (if we can make this accessible)

### 3. For tutors:

#### How to use Zoom – basics i.e how to set up first lesson etc

- a. How to use Zoom effectively
- b. Broad information so they are aware of issues faced by students and the specific styles of teaching that the Palestinian students have asked for.

# Challenges faced:

The challenges faced can be separated. Firstly into a few overall sections, which are then further described herein.

## 1. Palestine

- a. Electricity - these students will face continual variations in availability of electricity required for participation in these tutorials. Often this is sporadic and will require last minute changes in teaching timings.
- b. Internet connectivity - Again a serial challenge in the Occupied Palestinian territories and access can be restricted during times of unrest. Further, internet connectivity and speed are far lower than in the West and not all medical students have access to the internet via a suitable device.
- c. Communication - Maintaining regular communication with students in Palestine may be difficult and therefore a representative for the entire cohort should be used as a primary means of communication.
- d. Occupying authority - Economic and security based restrictions can impair our ability to carry out this programme in unexpected ways.
- e. Regular scheduling - The difficulty can arise from the non-synchronous termly schedules of Palestinian students and those in Oxford co-ordinating the effort.

## 2. Oxford

- a. Recruitment of a suitably qualified committee, able to consistently schedule teaching sessions whilst 1/3rd of their own placements are outside of Oxford will be difficult.
- b. Handover - consistently maintaining high quality human capital and teaching resources to keep the project dynamic and impactful will be a challenge. This will be addressed by the recruitment process.

## 3. Financial

- a. Regular applications for funding will be required to maintain the project, and keep it in a solid financial position.
- b. Broad information so they are aware of issues faced by students and the specific styles of teaching that the Palestinian students have asked for.

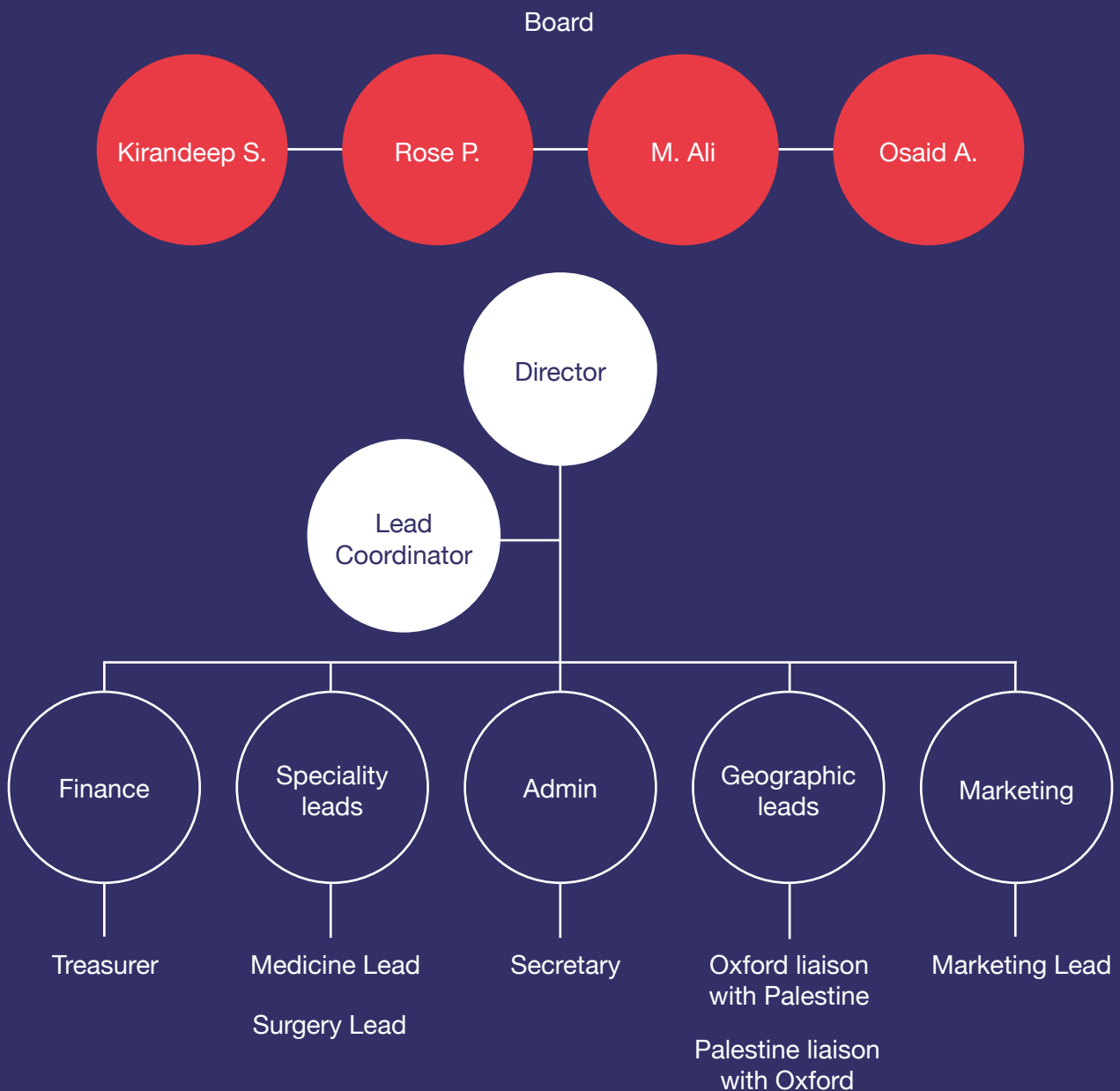
# Teaching strategy:

Though this will be developed in coordination with the tutors, the broad concept style of teaching offered would be one of:

1. Case based discussion – tutor provided
2. Case based discussion – student witnessed cases
3. Interactive tutorial around specific topic
4. Lecture style teaching on areas not covered by curriculum e.g. Research/ Audit
  - a. With opportunities for questioning
5. Quarterly newsletter for students detailing:  
Available opportunities for research.
  - a. Available opportunities for funding.
  - b. Available opportunities for education outside of Palestine.
  - c. Medical education resources available to students.



# Organisation structure summary



## **Board:**

Responsible for supporting and holding to account the committee, helping find the new committee/ holding discussions with the senior leadership team on issues of strategy, finance etc. Organised and managed by a chairman/chairwoman serving 1-year terms at the discretion of the board. Will add new members as required.

## **Director:**

- Responsible for constructing and organizing the committee.
- Responsible for constructing handover document that allows the subsequent committee to take over smoothly.
- Must ensure feedback is listened to and appropriately acted upon.
- Writing a brief for all tutors including information such as: how to use the software, how the tutorials work etc.
- Must construct an analysis of the current educational challenges faced in Palestine
- Must write an annual report on Oxpal
- Responsible for producing any publications related to Oxpal 2.0
- Crafting the strategic direction of the organisation alongside the board

## **Lead coordinator:**

Responsible for day to day organisation, such as: ensuring tutorials are scheduled in appropriate time slots, a room is available for use, other members of the project are doing their job appropriately

## **Treasurer:**

Application for grants and managing of the finances of the organization

## **Secretary:**

Maintain a Google drive with – all meeting notes, plans for the organization and other relevant materials. Also – collecting contact details and relevant teaching materials from all teachers. Writing up annual reports and other proposals.

## **Geographic leads –**

An oxford lead who liaises with an appropriate equivalent in Palestine to ensure organization of the tutorials and appropriate marketing occurs on the Palestinian side (Oxford lead could likely be the Lead co-ordinator for first years programme). If there were a desire to get more areas involved (either in teaching or in being taught), the Oxford geographic lead then could easily work on expanding the organization to other areas by working with people from those areas (e.g. coordinating with teachers in Manchester or new students in other Palestinian medical schools)

## **Medicine/ Surgery/ Other specialty leads –**

recruitment of tutors for the sessions. Must relay schedule for tutorials to tutors. Train tutors on how to use software and conduct session. Must attend first 2/3 sessions for any given tutor to get feedback from tutor. Must also solicit feedback from Palestinian students.

## **Communications leads –**

Responsible for any promotional material associated with Oxpal, plus all website maintenance updates. Data collection from students will be GDPR compliant.

After the initial launch and review, a review will be conducted to ascertain whether the original plan to fully integrate with Oxford Global Health group, in the long term, remains viable. This will be the subject of a review, in March, of how to coordinate and construct the handover.



# Communications plan

A recent study at AQMS stated their comms strategy to increase engagement was: “Students were made aware of the study by announcements and information sheets provided at the end of lectures, through student body representatives providing members with study information sheets, and an email from the Secretary of Student Affairs - this method will be replicated, in part.

The main means of engagement will be via Facebook (the Oxpal page already has almost 500 likes) and email. The comms lead will further develop and direct this strategy.



# The Board:



**Director and Board Member**  
**Kirandeep Saini**  
(University of Oxford)



**OxPal tutor, Coordinator for medical schools in Palestine, Board Member**  
**Osaid Asler**  
(Postdoc research fellow at Massachusetts General Hospital, Harvard Medical School and graduate from University of Oxford (MSc by Research) and IUG Medical School (MD))



**Board Member**  
**Rose Penfold**  
(Academic junior doctor in London, Master of Public Health, graduate of Oxford Medical School)

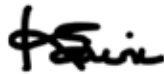


**Board Member**  
**Mohammad Ali**  
(Cardiology ST3, MPH Harvard University, University of Oxford)



**Author:**

Kirandeep Saini  
Director and Board member of Oxpai  
Final Year Medical student (University of Oxford)

A handwritten signature in black ink, appearing to read 'KSaini'.