

MEDICINE IN SOCIETY GUIDE 2019-20
MBBS YEAR 2



**BARTS AND THE LONDON SCHOOL OF MEDICINE AND
DENTISTRY**
**COMMUNITY BASED MEDICAL EDUCATION DEPARTMENT
(CBME)**

Table of Contents

1. MEDICINE IN SOCIETY TUTOR GUIDE	3
2. TIMETABLE 2019/20	4
3. AIMS AND LEARNING OUTCOMES	5
4. ASSESSMENT	6
4.1. INTERPROFESSIONAL LEARNING	7
4.2. END OF PLACEMENT ASSESSMENTS FOR EPC	8
4.3. CASE PRESENTATION (50% OF TOTAL MARKS)	10
4.4. PROJECT REPORT (50% OF TOTAL MARKS)	11
4.5. PROFESSIONALISM ASSESSMENT	13

1. MEDICINE IN SOCIETY TUTOR GUIDE

Medicine in Society is a community-based course for students in Years One and Two of the MBBS curriculum. The global aims of the course are to introduce students to patients and the patients' experience of health and ill-health over the course of their lives. In year two, students attend for a full day once a fortnight, for 11 days (Tuesday) throughout the year, but with breaks for holidays and selected study components (SSCs or electives). Students are placed with a clinical team in a hospital or community setting, the teams work in a variety of fields including mental health, care of the elderly, palliative care, chronic disease management, child health and rehabilitation. They will be assessed by you at the end of the year on a case presentation, a project report and their completion of a logbook.

ACADEMIC AND ADMINISTRATIVE CONTACTS

UNIT CONVENOR	Mrs Maria Hayfron Benjamin m.j.hayfron-benjamin@qmul.ac.uk Tel: +44(0)20 7882 2505 Dr Meera Sood m.sood@qmul.ac.uk
UNIT ADMINISTRATOR	Ms Lorane Smith l.a.smith@qmul.ac.uk Tel: +44(0)20 7882 2522

2. MEDSOC TIMETABLE

Medicine in Society Year 2 Course dates		
Week	A/B Group	C/D Group
1	15/10/19	8/10/19
2	29/10/19	22/10/19
3	12/11/19	5/11/19
4	26/11/19	19/11/19
5	SSC and Christmas Break	17/12/19
5	7/1/20	SSC and Christmas Break
6	21/1/20	14/1/20
Students swap to new placement		
7	4/2/20	28/1/20
8	18/2/20	11/2/20
9	3/3/20	25/2/20
10	17/3/20	10/3/20
11	31/3/20	24/3/20
12	28/4/20	21/4/20

4. Barts and The London School of Medicine and Dentistry

3. AIMS AND LEARNING OUTCOMES

AIMS FOR MEDICINE IN SOCIETY YEAR 2

The aim of Medicine in Society in Year 2 is to introduce students to the patients' experience of chronic ill-health, and the healthcare systems that are responsible for providing the care and management for those individuals and their families.

LEARNING OUTCOMES FOR MEDICINE IN SOCIETY YEAR 2

By the end of the unit, students should be able to:

- Appraise the impact of chronic illness on the patient and their family
- Identify common themes in the management of chronic conditions
- Recognise the role of patients in caring for themselves and identify and learn from patient expertise, particularly in dealing with chronic conditions
- Explain the roles played by different members of the multi-disciplinary health care team (MDT) and how the patient's care is optimised by effective team working
- Discuss the different roles that may be played by the doctor in working with the MDT to care for the patient e.g. clinical leader, patient advocate, team manager, teacher
- Reflect on the doctor's role as leader and the prerequisite skills to lead
- Demonstrate the taking of a social history from a patient
- Distinguish the roles played symptoms from that played by social factors (such as housing, education and employment) on the impact of illness on the patient and their family
- Debate the impact of issues relating to equality and diversity i.e. disability, race, gender, sexuality on access to services, and on health behaviours and outcomes
- Identify and evaluate the health promotion interventions provided by your service for its client group
- Describe the impact of public health measures on population health in your service area and specifically related to your patient and their illness
- Identify interventions made to ensure services are accessible to all client groups with respect to equality and diversity

4. ASSESSMENT

Attendance

Student attendance is recorded at each placement. Tutors must inform us at the time of any non-attendance.

Any student unable to attend must submit an self-certificate to the University.

Placement tutors are responsible for student assessment. There are a number of tasks that students should complete and get signed off while on placement. If it is not possible to complete

some of these tasks in your particular clinical area tutors should substitute equivalent tasks and sign them off when students have completed them e.g. if it is not possible to interview a carer or relative of a patient students might interview a patient advocate or a member of the team looking after the patient about their role in supporting the patient.

A case presentation and one piece of written work, the project report, will form the end of course assessment. Students will keep a reflective log of learning activities, but this will be for their personal use, and not for assessment.

Formative assessment:	Logbook and MDT shadowing report
	Professionalism assessment
Summative assessment:	Case presentation
	Project report

4.1. INTERPROFESSIONAL LEARNING

Preparing to meet/shadow a health care professional

During your MEDSOC2 placement you will have the opportunity to meet and shadow other members of the multidisciplinary team providing care to your patient/s. This experience will broaden your knowledge of the doctor's role within the team, and help you to achieve the MEDSOC learning objective "explain the roles played by different members of the MDT and how the patient's care is optimized by effective team working".

Another important aspect of this experience is to develop your skills in interprofessional communication. One of the GMC requirements for new graduates is to be able to communicate clearly, sensitively and effectively with colleagues from the medical and other professions (GMC 2009, Tomorrow's Doctors Outcome 15a). Developing your skills in quickly establishing a professional rapport with other members of the MDT will help you to become an effective member of the interprofessional teams you will meet in your future clinical role.

To prepare for each shadowing experience:

i) Reflect on what you already know about the role of the professional you will be shadowing, and what you would like to find out. For example, you might consider finding out about their training, professional regulation, work and shift patterns, range of patients/conditions worked with, patient referral routes, screening and assessment processes, interventions carried out, and how they interface with the MDT. Consider also whether you hold any preconceptions about the type of person who is a member of that profession (professional stereotypes), and what these preconceptions are based upon.

Identify three questions about this profession that you want to answer through this shadowing experience, and write them down.

ii) Consider what the professional needs to know about you and your learning needs prior to the shadowing experience, and how best to communicate this with them in a professional manner.

iii) Contact the professional in advance (or on the day if the shadowing has already been set up for you) to introduce yourself and negotiate the shadowing arrangement. You should take account of the professional's workload and work patterns, and be prepared to be flexible.

Assessment

Following each shadowing experience you should complete a Multi-disciplinary Team Shadowing Report (a proforma is provided for this).

- a) At the end of each 6 day placement you must show one shadowing report to your placement supervisor
- b) You must upload two multi-disciplinary Team Shadowing Reports to QM+ during the year, one at the end of your first 6 day placement, the second at the end of the 2nd placement .

If you have any queries about this interprofessional activity please contact Dr Celia Woolf, Senior Lecturer in IPE - c.a.woolf@qmul.ac.uk

Failure to complete either of these requirements will be considered a matter of professionalism and may incur professionalism points.

Attendance

Student attendance is recorded at each placement. Tutors must inform us at the time of any non-attendance.

Any student unable to attend must submit an [extenuating circumstances](#) form to the University.

4.2. STUDENT LOGBOOK

Student Logbook

Students must complete nine 'logbook activities' – three patient interviews, one interview with an 'expert patient', one interview with a relative/carer and one presentation of a social history - while on placement with you. They must also complete use the template provided to prepare to meet and shadow a health care professional, they should complete three of these during the year. Tutors do not need to mark these only to check that it has been done. Tutors should monitor these logbooks through the year and ensure students have completed the tasks by the end of the placement. On the mark sheet tutors should indicate whether or not the logbook has been completed. You do not need to return the logbook.

Attendance is compulsory on each placement day. Tutors must keep a record of attendance.

Medicine in Society Year 2 Log Book

Each student has a logbook; each activity must be completed and signed off while on placement. If a particular activity is not achievable at your placement, please suggest an alternative and annotate the student's logbook.

Student Name:

Placement:

Lead Tutor:

Activity	Date Completed	Print name	Signature
Interview with Patient 1			
Interview with Patient 2			
Interview with Patient 3			
Interview with 'expert patient'			
Presentation of social history			
Interview with relative/carer			
Proforma for meeting with HCP 1			
Proforma for meeting with HCP 2			
Proforma for meeting with HCP 3			

4.3. CASE PRESENTATION (50% OF TOTAL MARKS)

A 20-30 minute case presentation (students in pairs) describing a clinical condition, the effect of the condition on a patient's life, and the social factors affecting the patient's ability to respond to their condition i.e. personal relationships, family support, employment history, educational history etc. Students should also consider the health promotion interventions both at an individual and societal level for that condition and the role of the multi-disciplinary team in caring for the patient.

The presentation should include:

- A comprehensive account of the clinical aspects of the case, demonstrating understanding, rather than regurgitation of clinical and pathological details
- Discussion of the patient's and carer's perspective
- Evidence of understanding of the health promotion aspects of the case
- An account of the multidisciplinary care provided for the patient
- Appropriate use of information technology and presentation skills

For example on a psychiatry placement a student may choose to focus on a patient with chronic depression. The case presentation should include the patient's diagnosis and treatment and their history of illness, a discussion of the mental health promotion strategies at individual, community and policy level that affect that patient. They should present the patient's view of their condition and how they perceive it impacts on their own and their family's life. They should include an account of the multi-disciplinary care provided for this patient and how this compares with other care options for patients with this condition e.g. are there other models of care for patients with this condition? Are patients with this condition sometimes hospitalised? Etc.

Cases should be chosen by day 3. The presentation should be assessed by the placement tutor; some/all of the placement team and also peer assessed (graded) by other students in the group. The presentations should be made and feedback given to students on day 8.

CASE PRESENTATION ASSESSMENT MARKING SHEET

The presentations will be graded on the following areas:

	4/4	3/4	2/4	1/4	0/4
Area	Excellent	Good	Average	Borderline	Unsatisfactory

Presentation of the Clinical Case with evidence of understanding of pathology and clinical aspects					
Patient's perspective of their condition and Relatives/Carers' perspective of case					
Understanding of the health promotion aspects of the case					
Discussion of Multidisciplinary Aspects of the Case					
Use of IT and Presentation Skills					

Students should be given a numerical mark out of 20 for the case presentation.

4.4. PROJECT REPORT (50% OF TOTAL MARKS)

You must produce a **1500 – 2000 word** write-up of an aspect of your case study that you have chosen to study in depth; the choice of topic should be negotiated with the tutor. It **must** be completed and handed in to the tutor for marking **by Day 10**.

It must also be submitted electronically to the MedSoc Project Report folder on the JISC Plagiarism Detection Website by Day 10. Please submit the entire document including your reference list and any pictures or tables.

Any essays that are graded <8 /16 or >14/16 will be second marked and if necessary moderated. The **choice** of project should be **agreed** no later than **Day 5**. The project can take a variety of forms, for example:

- an audit of some element of service provision;
- a patient information leaflet

- an analysis of the health promotion strategies relevant to a particular condition,
- a description of one illness/condition, and an analysis of its impact on the patient, his family and their immediate community
- a description/appraisal of one type of intervention (treatment or management), including the underlying scientific principles, its acceptability to patients and their family and its effectiveness
- a description and analysis of the work of the placement team or one particular professional group.

You can undertake projects in pairs or small groups, but each student must undertake a write-up of their project individually.

- The project report must have a suitable structure. Students may wish to use their own, or the following: an overall introduction; discussion and a conclusion.
- The introduction to the project should include the reason why it was chosen, the background, and an outline of the aims and objectives the student intends to cover.
- The discussion should demonstrate an ability to look critically at the topic using references to literature to support the argument.
- The conclusion should address whether the aims and objectives set out in the discussion were met, and any further issues/questions for further study.
- Literature cited must be referenced. Referencing must follow the Harvard or Vancouver style (See Appendix for guidelines on referencing). Referenced material should include up-to-date journal articles as well as basic textbooks and Internet resources.
- It must be word-processed with a clear layout and neat presentation, including appropriate 'signposts', diagrams, graphs, tables, illustrations.
- Appendices with other relevant data (e.g. a copy of a leaflet that has been a product of the project etc.) may be added.
- The marked report, with comments, should be returned to you on Day 11.

There is a prize for the best project report in the year, your tutor may nominate you to be considered for the prize. Students can also self-nominate.

Project Report Marking Criteria

Each of the four sections – introduction, discussion, conclusion and presentation/referencing – is marked out of four.

4/4	3/4	2/4	1/4	0/4
<p><u>Good introduction</u>, covering the reasons for selecting the project topic. Interesting and comprehensive background information, demonstrating background reading/research.</p>	<p>Appropriate introduction, with some explanation of choice of topic. Good coverage of background information on the topic.</p>	<p>Adequate introduction, some gaps in rationale for choosing the project topic. Adequate coverage of background information.</p>	<p>Some attempt at an introduction; background information and rationale for the topic of the project, but not to an appropriate level.</p>	<p>Inadequate introduction, no evidence of background reading.</p>
<p><u>Discussion</u> of topic covered in a way which shows a depth of understanding, exploration and synthesis of information, not superficial reporting of facts.</p>	<p><u>Discussion</u> of area addressed shows good understanding.</p>	<p><u>Discussion</u> demonstrates basic understanding, but limited to a factual account only, with little discussion.</p>	<p>Superficial reporting, no demonstration of in-depth understanding of topic.</p>	<p>Lack of evidence that student has understood the information, with a tendency to regurgitate facts. Poor discussion.</p>
<p><u>Conclusion</u> shows good integration of introduction and discussion, introduces issues for further exploration.</p>	<p>Good <u>conclusion</u> demonstrating curiosity.</p>	<p><u>Conclusion</u> does not raise issues for further exploration.</p>	<p>Weak <u>conclusion</u>.</p>	<p>No <u>conclusion</u>.</p>

<p>Excellent presentation. Clear structure, well laid out (with signposts).</p> <p>Wide range of recent sources of literature listed, with full referencing in Harvard or Vancouver style.</p>	<p>Readable and clear layout, good illustration with some diagrams, adequately annotated.</p> <p>Good range of literature and sources (since 1995), fully referenced in Harvard or Vancouver style.</p>	<p>Acceptable presentation.</p> <p>Basic sources listed on a limited range of subjects. Referenced in Harvard or Vancouver style.</p>	<p>Disorganised presentation, poor or no illustration.</p> <p>Few sources referenced, only basic texts (e.g. Kumar and Clark) on a restricted range of subjects.</p>	<p>Poor presentation, no obvious structure, difficult to read. Inaccuracies.</p> <p>Limited, incomplete or no referencing.</p>
--	---	---	--	--

Students should be given a numerical mark out of 16 for the project report.

4.5. PROFESSIONALISM ASSESSMENT

Please complete a Professionalism assessment on each student at the end of the placement.