

**COMMUNITY CARE  
TUTOR GUIDE 2019-2020**

**MBBS YEAR 5**



**BARTS AND THE LONDON SCHOOL OF MEDICINE AND  
DENTISTRY**

**COMMUNITY BASED MEDICAL EDUCATION DEPARTMENT  
(CBME)**

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## 1. COMMUNITY CARE

This handbook should be used together with the Academic Regulations and the Student Guide. It provides information specific to Barts and The London School of Medicine and Dentistry (SMD), while the Student Guide gives information common to all students of the College.

The Academic Regulations provide detailed information on all aspects of award requirements and governance.

**NOTHING IN THIS HANDBOOK OVERRIDES THE ACADEMIC REGULATIONS WHICH ALWAYS TAKE PRECEDENCE.**

The School's handbooks are available on QM+.

The Student Guide is available from the SMD Student Office; the Student Guide and Academic Regulations are also available on-line at:

[www.arcs.qmul.ac.uk](http://www.arcs.qmul.ac.uk)

The information in this handbook was correct at the time of printing. In the event of any substantial amendments to the information herein, the SMD will attempt to inform students of the changes.

The College cannot accept responsibility for the accuracy or reliability of information given in third party publications or websites referred to in this guide

## 2. CONTACTS

The Academic Unit for Community Based Medical Education

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**For any problems, concerning the attachment, please contact**

**Lorane Smith IN THE FIRST INSTANCE**

### 3. UNIT OVERVIEW

<b>Unit Title</b>	<b>Community Care</b>
<b>Year</b>	5 (Final Year)
<b>Length</b>	Six weeks <sup>1</sup>
<b>Days</b>	Monday to Friday (9 Sessions) throughout the six weeks Wednesday PM - Half Day for Sport First working day of Week 1 involves Central Teaching at the College - Intro Day Last working day of Week 6 involves Central Teaching at the College - Closing Day
<b>Group size</b>	Two (occasionally one)
<b>Learning in Practice (Practice lead)</b>	Regular Student Surgery sessions with feedback Some Professional shadowing One Tutorial session per week - approximately 40 to 60 mins in length Working as part of the Practice Team - attending appropriate meetings, learning from various team members Self-Directed Learning sessions - to allow time for assessment work and general learning
<b>Additional Learning (College Led)</b>	Half-Day Hospice Morning - St Joseph's Hospice E8 4SA, date to be confirmed at start of block One Out of Hours OR Walk-In Centre session (4 hours) - ONLY ONE REQUIRED Clinical Scenario Workshop - Intro Day Ethics Lecture and Workshop - Closing Day Mock OSCE session - Closing Day
<b>Assessment</b>	Two MiniCEXs - one during Week 1 and one during Week 6 Patient Case and Reflection on Professional Practice Principles Complex Chronic Care Pan  Practice Project (in pairs)  Assessment of Professional Attitude and Conduct Form  Overall Tutor Assessment of Performance
<b>Dates in practice</b>	There are two centrally based Plenary Days on the first Monday and the last Friday of the six week placement. Details of these 'Intro' and 'Closing' Days are available on QMPlus.  Otherwise students are required to attend their Practice every day except for Wednesday afternoons, which is the School's protected sports time. There may be flexibility and this can be negotiated between the Tutor and the Student. Time off in lieu of attendance at the Out Of Hours or Walk-In Centre should be negotiated with the GP Tutor.

<sup>1</sup> For students on two three-week placements see details under assessment section

## 4. INTRODUCTION

Welcome to the 5th Year Community Care attachment. We hope you will find it an interesting and stimulating experience. Our overall aim is "to help all students to become better doctors, irrespective of their current career preference or eventual career choice"<sup>1</sup>. We also aim to provide both an introduction to General Practice and Primary Care in all its facets and to help students experience independent practice whilst learning good medicine in that context.

The General Practice placement is an integral and compulsory part of the curriculum.

Students will experience and learn about the involvement of all those working in community based healthcare including the early discharge team, primary healthcare nursing teams, community pharmacists, home nursing and community rehabilitation.

The majority of General Practitioners work from their own premises in primary health care teams; some are self-employed, some are salaried and provide general medical services to a defined practice population. They generally work within a multi-professional team involving ancillary staff, nursing staff and other service providers. They see patients of all ages - "from the cradle to the grave" and usually in undifferentiated consultations. There are a number of other important differences between care in Hospital and in General Practice which will become clear during your attachment.

At the heart of General Practice is patient centred care. McWhinney identified three core principles of patient-centred care:<sup>2</sup>

1. Committing to the person rather than to a particular body of knowledge.
2. Seeking to understand the context of the illness.
3. Attaching importance to the subjective aspects of medicine.

"A person-centred approach is more than just a way of acting; it is a way of thinking. It means always seeing the patient as a unique person in a unique context, and taking into account patient preferences and expectations at every step in a patient-centred consultation. Sharing the management of problems with the patient and disagreement over how to use limited resources in a fair manner may raise ethical issues that challenge the doctor; the ability to resolve these issues without damaging the doctor-patient relationship is important. Person-centred care places great emphasis on the continuity of the relationship process. McWhinney stresses that the key word is responsibility, not personal availability at all times."

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<sup>1</sup> Fraser, R C. (Ed.) Clinical Method: a General Practice Approach. Second Edition. 1992.

<sup>2</sup> [RCGP 2010 "THE CORE CURRICULUM STATEMENT: Being a General Practitioner", p11](#)

## 5. LEARNING NEEDS

This handbook is a guide to the course. You will learn most from the direct experience of Primary Care. Try to identify your personal learning needs and discuss these early in the attachment with your Tutor. A lot of the time will be spent in one to one learning with a General Practitioner or other Health Worker. This teaching will to some extent be opportunistic since it will depend in a large part on the particular patients who consult your GP Tutor during your placement. This can be very enjoyable for both parties provided that you take every opportunity to learn by questioning and by doing.

You should use the specific learning outcomes in this guide and other core documents from Year 5, including the practical procedures log book, to guide your learning. You may find it useful to read the document “Tomorrows Doctors”<sup>3</sup>, if you have not already done so.

### INTRODUCTORY TUTORIAL CHECKLIST

You may find the following check-list helpful during your Induction session with your Tutor:

- **House Keeping** - important practical details about working in the Practice, things to do and not to do, and how to contact your Practice and Tutor if you are delayed or ill (such as mobile numbers or bypass phone lines)
- **Timetable** - an outline of your schedule during the placement.
- **Assessments** - what you are expected to complete, and when this should be done.
- **Learning opportunities at the Practice** - this may include GPs with Special Interests, Protected Practice Learning times or teaching sessions, special Community Clinics, and Nursing Home ward rounds amongst others.
- **Log Book of Practical Procedures and Clinical Skills** - go through this with your Tutor and agree the best approach to covering the relevant procedures and skills in Primary Care.
- **Specific Learning Needs and Outcomes** - discuss your learning needs with your Tutor, and consider the learning outcomes specific to this placement. This will help inform your Tutorials and Self Directed Learning time.

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<sup>3</sup> [“Tomorrows Doctors” p77 – 81, GMC, 2009](#)

## 6. AIMS

"To help all students to become better doctors, irrespective of their current career preference or eventual career choice".

*Fraser, R C. (Ed.) Clinical Method: a General Practice Approach. Second Edition. 1992*

We also aim to provide an introduction to General Practice and Primary Care in all its facets, and to help you experience Independent Practice whilst in a safe learning environment.

You will find the Learning Outcomes for this placement on the following pages.

## 7. SPECIFIC OUTCOMES

I) Knowledge

II) Skills

III) Attitudes

### 7.1 KNOWLEDGE

#### SPECIFIC OUTCOMES

##### I) KNOWLEDGE

Students will be expected to acquire clinical knowledge in areas of medicine particularly relevant to community based practice. The following list is not exhaustive or exclusive, however can be used as a guide during the placement.

#### DISEASE MANAGEMENT IN PRIMARY CARE

To acquire assessment and management strategies for the following common issues;

- Common symptoms and presentations (e.g. back pain, abdominal pain, headaches, chest pain, vaginal discharge, lethargy, dizziness)
- Common infections (e.g. respiratory tract infections, viral illnesses of childhood, urinary tract infections)
- Ischaemic Heart Disease, Hypertension and Heart Failure
- Asthma and COPD
- Depression and Anxiety
- Osteoarthritis
- Common skin conditions including Eczema and Psoriasis
- Diabetes and Thyroid Disease
- Routine Antenatal care



## **RECOGNITION AND MANAGEMENT OF SUDDEN AND UNDIFFERENTIATED ILLNESS IN THE COMMUNITY**

Acute and new onset presentations can include;

- Cardiac pain
- New onset Diabetes Mellitus
- Shortness of Breath
- The Unwell Child

## **PALLIATIVE CARE**

- Consider team working in End of Life Care.
- Identify examples of End of Life decision making.
- Explain common problems and solutions around pain control, drug choice, and drug administration including syringe drivers.
- Consider the role of Funeral Directors and support for bereaved families.
- Consider relevant details regarding rituals for death management, and legal aspects of Death Certification and cremation.

## **COMMUNITY ORIENTATION**

- Understand the role of Informal Carers in the community.
- Understand the relationship between Primary Care, Secondary Care, Social Services, and the Voluntary Sector.
- Compare and contrast the differences between General Practice and Hospital based practice.

## **THE PRIMARY CARE TEAM**

- Understand the role of each member of the Primary Care Team in the care of patients and their families.

## **OUT OF HOURS CARE**

- Understand why patients access health care in an urgent manner.
- Obtain experience of either the Out Of Hours or Walk-In Centre setting.
- Consider the difference in the Doctor-Patient relationship in the OOHs setting, as well as the differing challenges.
- Appreciate the potential clinical risk in unsupported settings, as well as the undifferentiated presentation of illness out of hours.

## HEALTH PROMOTION AND DISEASE PREVENTION

- Identify the benefits and problems of early or pre-symptomatic diagnosis.
- Understand the need to identify high risk groups in General Practice.
- Consider the importance of Health Education in Primary Care.
- Consider methods of Disease Prevention and Health Education within the Community setting including screening.

## FAMILY PLANNING

- Demonstrate counselling for different contraception types, and Termination of Pregnancy.
- Understand special concerns and considerations around sub-fertility and describe referral options.

## 7.2 SKILLS

During the GP attachment students will have a chance to observe and learn from experienced Clinicians, and consider how they practice the science and art of medicine in a Primary Care context.

Students will also have the opportunity to develop their own skills both in clinical areas, and in communication with patients and colleagues.

## CLINICAL PROCEDURES

Students should refer to the Year 5 Practical Procedures and Clinical Skills Logbook which includes many of the following common techniques. A number of these are listed below;

- Examining the Eyes including fundoscopy
- Examining the Ears, Nose, and Throat including syringing ears
- Measuring the Blood Pressure
- Testing Urine - dipstick and pregnancy tests
- Measuring Blood Glucose on a meter
- Performing a Vaginal examination and taking a Smear Test
- Examining the Breasts
- Performing a Rectal examination
- Performing Intramuscular, Intra-dermal, and Subcutaneous injections
- Examining the Musculoskeletal system - including the back, knees, and shoulder joints
- Examining a child

## **COMMUNICATION SKILLS**

Skills and techniques should include some of the following;

- Explaining how to use devices for the treatment of Asthma
- Advising and instructing on the use of Contraceptives
- Taking an Alcohol and Smoking history
- Communication between Doctors and other Health Professionals regarding Patient Care
- Communication across the Primary and Secondary Care interface
- Discussion of follow up management with Doctors, Patients, and Carers
- Discussion of risk potential and expressing perceptions of risk

## **PRESCRIBING**

- Illustrate the requirements for Prescribing in General Practice
- Demonstrate the importance of, and problems with patient adherence to therapy
- Identify the clinical risks associated with poly-pharmacy and drug interactions
- Identify the role of Community Pharmacists in patient care including, medicine usage and understanding, concordance, dispensing rules, and regulations including Controlled Drugs

## **7.3 ATTITUDES**

### **COMMUNITY ORIENTATION**

- Understand the effect of illness on the community.
- Demonstrate the importance of the family as well as the cultural, socio-economic, and psychological background on the management of patients and how they present in General Practice.

### **THE PRIMARY CARE TEAM**

- Demonstrate the importance of team working in Primary Care.
- Consider the skills and responsibilities of individual team members, both within the Surgery and with continuing care at home.

### **CLINICAL CARE**

- Engage in the care of patients within the Practice.
- Appreciate that uncertainty exists in Primary Care, and consider how to minimise the risk to Patients, Carers, and the Doctor.

## **THE DOCTOR-PATIENT RELATIONSHIP**

- Demonstrate Professional Behaviour when undertaking independent tasks.
- Value and practise good Communication Skills.
- Analyse the nature of the Doctor-Patient relationship, and how this relationship is used whilst interacting with patients.
- Appreciate how the Doctor's own views, feelings, and life experiences can influence patient care, and consider how this should be managed.
- Demonstrate the importance of making decisions in Partnership with colleagues and patients.

## **8. TEACHING AND LEARNING ACTIVITIES**

Students need to experience the breadth of Primary Care Medicine, and increase their understanding of the holistic approach to care in the community. They should undertake a mixture of tasks in order to improve their communication and clinical skills.

### **CENTRAL TEACHING**

There are a number of taught sessions at the Medical College on the First (Intro Day) and Last (Closing Day) days of the block. These include lectures and workshops on clinical scenarios, prescribing skills, and ethics.

In preparation for the Intro Day students should review the relevant online resources on QMPlus which cover Public Health, Occupational Health, Clinical Governance, and Leadership.

As part of the Closing Day we will run a formative OSCE in clinical skills relevant to Primary Care.

### **STUDENT SURGERIES**

During this placement students are required to see and assess patients independently and then discuss the management and prescribing needs with their GP tutor. This should include regular sessions to see 'their own' patients. The supervising GP should always make their own assessment of the patient and will need to prescribe any medication required. This experience represents independent practice in a safe setting.

On occasion students may work in pairs. When this happens one should consult whilst the other observes, takes notes, and gives feedback to their colleague at the end. This supports independent practice and the development of skills in giving professional feedback.

### **SELF-DIRECTED LEARNING**

Students are expected to learn independently as part of their time in Primary Care, and will undertake a shared project during the placement. It is appropriate for students to use self-directed study time for both the completion of assessed work, and to follow up learning from patient contact.

## SMALL GROUP TUTORIALS

Tutors should arrange at least one Tutorial a week for the group of students at the Practice. These should cover the breadth of Primary Care learning, and consider the students' learning needs. There are specific placement objectives outlined on QMPlus which may provide a useful guide.

## PROFESSIONAL SHADOWING

Although not the main aspect of this placement, some time can be spent 'sitting in' with or shadowing members of the Primary Care Team. Particularly relevant experiences include District Nursing, Community Pharmacists, Palliative Care Specialist Nurses, and Practice Nurse Clinics specialising in Chronic Disease management.

Where possible this should involve some form of active learning that encourages the student to reflect on and summarise what they have learnt.

## HALF DAY MORNING IN PALLIATIVE CARE

This session has been arranged at St Joseph's Hospice, Mare Street, London E8 4SA.

It consists of a half-day session facilitated by Palliative Care Specialists, and students will be informed in advance of when to attend. There are further details of the content on our [website](#).

Students who have arranged to be placed outside of London are required to attend a Local Hospice, or meet equivalent objectives through discussion with their GP Tutor. On such placements GP tutors will be required to make the necessary arrangements, and a standard fee can be claimed for Hospice based teaching. Please contact the Unit Administrator for further details.

## OUT OF HOURS AND WALK IN CLINIC PLACEMENT

A single Out Of Hours session has been commissioned for each student through NHS providers and is an important component of this block. These sessions are available on weekday evenings from 6.30pm onwards, as well as weekend days. A session will usually be four hours in duration, and can be done in pairs if appropriate.

Details of commissioned providers, and booking details are available on QMPlus. **Students should use these contact details to arrange their Out Of Hours sessions themselves, and are advised to do this early in their placement as demand will be high.** Students may seek support and assistance from their GP Tutors in some cases.

It is acceptable for GP Tutors who undertake their own Out Of Hours sessions to facilitate this learning themselves. Tutors should arrange payment for this through the Unit Administrator.

There is also an opportunity for students to undertake a Nurse-Led Walk-In Centre session. This can be done in lieu of the Out Of Hours session, and both are not required. These sessions usually take place during the normal working day. Details of commissioned providers, and booking details are available on QMPlus. Walk-In Centre experience provides students an opportunity to see a growing part of NHS and Primary Care provision.

Students should use these sessions to consider how risk is managed by Clinicians seeing patients without access to notes, without continuity of care, and without the tests available in A&E.

## **PRACTICE BASED PROJECT<sup>1</sup>**

Students will be expected to work in pairs during their placement on a short Practice Based Project (those students placed individually in a Practice should work on their own). The subject and type of project can vary but should be related to an area of Primary Care where a team approach to care is needed.

A topic for the project should be agreed with the GP Tutor, and students are encouraged to develop their own ideas, whilst considering the needs of the Practice. There is no set type of project, and options include an audit, a patient survey, a leaflet, or a poster. The GP Tutor will assess and grade the project at the end of the placement.

We hope that the project will provide an opportunity for students to learn, as well as allowing the Practice to positively impact patient care.

## **PATIENT CASE AND REFLECTION ON PROFESSIONAL PRACTICE PRINCIPLES**

This task consists of a reflective case write-up followed by a discussion between the Student and Tutor about the issues raised. Both aspects of the task are important, and contribute towards the assessment. The write-up should be now more than 1000 words long, including a short case summary of no more than 300 words.

The patient chosen should have complex needs such as Palliative Care, or a high risk of admission. The student must show reflection on two of the GMC "**Duties of a Good Doctor**" criteria.

**At least one of these principles should be either "Relationship with Patients" or "Working with colleagues"**. Once the cases have been marked Tutors should arrange for the learning outcomes to be shared and discussed in a group session, to encourage peer review and learning.

## **COMPLEX CARE PLAN**

The aim of this task is to develop skills in gathering relevant clinical information about a patient with chronic conditions and needs, summarising this information, and communicating the management plan to colleagues in an appropriate written manner. This is particularly important in the Primary Care setting where chronic issues present often.

Students should spend time interviewing and examining a patient, whilst reviewing the medical record. It would be preferable to focus on a patient that requires a Home Visit if possible as this provides a unique opportunity in the community. The patient selected should have chronic and complex needs, more than one chronic condition, and be taking multiple regular medications.

The task provides students with an opportunity to assess a case in further detail, review a patient in their own setting, and consider how they can share and communicate their plan effectively with colleagues.

The Care Plan should be written for colleagues, using the template available on QMPlus.

<sup>1</sup>For students on two three-week placements see details under Assessment

## 9. ASSESSMENT

There will be **COMPULSORY ASSESSMENTS** throughout the placement, and grades will be assigned by the GP Tutor after consultation with others in the Practice who have been involved in teaching.

A full summary of all assessments required for this placement is shown below;

- Mini-Clinical Evaluation Exercise (Mini-CEX) - Two of these are required for each student during the placement. One should take place during Week 1, and the second should take place during Week 6. **PLEASE NOTE: grades for the Mini-CEXs DO NOT need to be uploaded on to the online assessment form, or submitted to the Medical College. After the assessment a copy should be given to the student for their records.**
- Patient Case and Reflection on Professional Practice Principles - Please see activities above.
- Practice Based Project in pairs - Please see activities above.
- Complex Care Plan - Please see activities above.
- Assessment of Professional Attitude and Conduct - Online Form to be submitted by the GP Tutor at the end of the Placement.
- Overall Assessment of Performance - Online Form to be submitted by the GP Tutor at the end of the Placement.

The overall grades will range from **Commended, Pass, and Referred**. The latter should be awarded if attendance has been unsatisfactory without an appropriate reason, or if poor performance warrants it.

Significant periods of absence need to be notified to the Unit Convenor as soon as possible, and may lead to the student repeating the block and refused entry to Finals or Graduation.

### STUDENTS RECEIVING A REFERRED GRADE:

Students who receive a Referred grade (considered to have particular difficulties needing support) ***MUST have comments outlining the concerns included in the assessment sheet for the placement.*** These students will be asked to meet with the Unit Convenor for a further discussion.

### STUDENTS ON THREE-WEEK PLACEMENTS

Some students have chosen to split their placement between two Practices. This provides the opportunity to compare General Practice between two different Practice populations and demographics, and is an option we support and encourage for this block.

The learning outcomes and activities are the same for these students, and the assessments are equivalent. Specific requirements for two three-week placements are shown below;

- One Mini-CEX should be completed in each placement.
- The Complex Care Plan should be completed during the first placement.
- The Patient Case and Reflection on Professional Practice Principles should be completed during the second placement.
- The Practice Based Project should span both placements, and should focus on an aspect that compares the two Practices.
- An Assessment of Professional Attitude and Conduct Form should be submitted by each Practice.
- A separate Overall Assessment Form should be submitted by each Practice.

## 10. EVALUATION

The process of evaluation is vital to help develop teaching activities, and the learning experience.

During the final session, **before being assessed by the Tutor the student should complete an Online Evaluation Form**. The URL will be emailed to both the Practice contact and each student a few days before the end of the placement. Students on split placements should complete the whole form twice, once for each three week placement.

The information provided by these anonymous forms is entered on to our database. Practice specific reports are then generated and emailed to the Practice a few weeks after the end of placement, once student grades have been received and logged. This helps guide teaching activities in the future.

More general evaluation reports are sent to Practices at the end of the Academic Year providing a general overview of feedback from the year.

At Medical School level, the evaluation results also inform the development of the module, and the continuous improvement of the Undergraduate Primary Care experien



## 11. FREQUENTLY ASKED QUESTIONS

### Where are the assessment forms?

These are under the assessment section on the Community Care section of QMPlus [here](#)

### Is the Patient Case and Reflection Task marked centrally like previous SSCs?

No. The Patient Case and Reflection Task is marked by the GP Tutor. A discussion between the Student and the Tutor about the Professional Principles outlined in the case also contributes to the overall grade.

### Are the Mini-CEXs marked?

Yes. They are marked by the GP Tutor however the marks are not uploaded onto the central online system. You are expected to complete two Mini-CEXs during the placement; one during Week 1, and one during Week 6 (or one Mini-CEX per placement if you are doing two three-week placements).

### Can I see patients on my own?

Yes. Indeed this is expected. You should be able to see and manage a lot of the problems that present in a safe and supervised manner. You should always check the management with your supervising GP before the patient leaves, and your GP Tutor remains clinically responsible for the patient so they will decide how independently you can work safely. You are not able to legally issue prescriptions but can either write 'shadow' prescriptions, or prepare a prescription for a qualified doctor to sign.

### Can I take time off for other activities?

Time off is subject to the normal College Policies. This includes attendance at Academic Conferences, religious requirements, and other special leave requests. These policies are available from QMPlus and the Student Office. The department of CBME will inform your GP Tutor about the few exceptional days that you may have to miss due to central exams (e.g. SJT, PSA). Regardless of this, it is good professional practice to directly inform those that need to know of any planned absences such as your GP Tutor, and those organising your Timetable, with as much notice as possible.

### I am ill, who should I tell?

Make sure you know how to contact key people at your Practice out of normal opening hours if needed. Either get mobile numbers of your supervising GP or Practice Manager, or the 'bypass' number for the Practice. If you are ill please inform whoever is supervising you at the Practice as soon as possible, and keep them informed of how long you are likely to be away. You will also

need to follow the usual process of keeping the Student Office informed of your absence through Tom Schindler at [t.schindler@qmul.ac.uk](mailto:t.schindler@qmul.ac.uk).

Should you sustain a needle stick injury whilst on placement in the Community, you are advised to access emergency treatment via local services. If there are no clear guidelines then you should attend your nearest A&E as soon as possible for assessment and treatment. Please also contact the CBME Admin Team urgently, who will direct you to Occupational Medicine at Mile End for follow up.

### **Where are the plenary days held? Is there a time table?**

The 'Intro Day' is usually held in The Garrod Building, Whitechapel, and the 'Closing Day' is usually held in The Robin Brook Centre, Barts. Timetables for these days are shared on QMPlus.

The 'Intro Day' begins with Private Study in the morning, followed by lectures and workshops from 12.30pm. The day usually ends by 4.30pm.

The 'Closing Day' begins with an Ethics Lecture at 10am, followed by workshops and a Mock OSCE in the afternoon. The day usually ends by 4.30pm.

### **I am having difficulty booking an OOHs or WIC session, what should I do?**

Contact the Unit Administrator, Lorane Smith, at [l.a.smith@qmul.ac.uk](mailto:l.a.smith@qmul.ac.uk).