HUMAN DEVELOPMENT TUTOR GUIDE

MBBS YEAR 4

BARTS AND THE LONDON SCHOOL OF MEDICINE AND DENTISTRY
COMMUNITY BASED MEDICAL EDUCATION DEPARTMENT (CBME)
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1. HUMAN DEVELOPMENT UNIT

During their fourth year medical students rotate through fourteen-week blocks of clinical specialties. The Human Development Unit consists of child health, obstetrics and gynaecology and an integrated primary care community placement. Each student will spend 2 weeks in general practice (1 week after their child health and 1 week before their obstetrics and gynaecology hospital teaching). It should be noted that not all students will be allocated GP placement at the same time. Students will either be allocated to weeks 1 and 11 or 6 and 7. All students should have been notified via email of their allocated practice, which they will attend for both weeks. Students will also have been sent a web link for directions and contact details for their allocated practice so that they can enquire what time they are to attend on their first day of their placement.

Students will be usually allocated in groups of 4 (occasionally in pairs) to the same practice for both week of their placement.

The Primary Care Community Human Development Unit provides the students with an introduction to Obstetrics, Gynaecology and Child Health from the community perspective. Its main aims are for students to practice consultation and clinical skills and to learn about common and important conditions relating to women and children which present in the community.

The students’ previous experience will affect whether the emphasis is on introducing students to the subject or on consolidating their learning, as some groups will have already completed their paediatric hospital placement. If the students are allocated to the split week GP placement (weeks 1 and 11) then they will have only had their Obs & Gynae introductory central teaching week before they start their GP placement with you. If the students are allocated the consecutive week GP placement (weeks 6 and 7) then they will have already had their paediatric hospital placement before their GP placement with you.

The General Practice based teaching is intended to complement the teaching in the hospital setting, so learning objectives will overlap to some extent. However some areas are ideally suited to community teaching such as: common infectious childhood illnesses, family planning, screening and health promotion and routine antenatal care.
## 2. WHO'S WHO

<table>
<thead>
<tr>
<th><strong>Dr Dev H. Gadhvi</strong></th>
<th>Co-Lead, Year 4, CBME Clinical Teaching Fellow</th>
<th><a href="mailto:d.h.gadhvi@qmul.ac.uk">d.h.gadhvi@qmul.ac.uk</a>&lt;br&gt;Tel: +44(0)20 7882 2506</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dr Siobhan Cooke</strong></td>
<td>Co-Lead, Year 4, CBME Clinical Senior Lecturer</td>
<td><a href="mailto:s.d.cooke@qmul.ac.uk">s.d.cooke@qmul.ac.uk</a>&lt;br&gt;Tel: +44(0)20 7882 5758</td>
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<tr>
<td><strong>Mr Jim Manzano</strong></td>
<td>Year 4 Administrator, CBME</td>
<td><a href="mailto:j.manzano@qmul.ac.uk">j.manzano@qmul.ac.uk</a>&lt;br&gt;Tel: +44(0)20 882 6421</td>
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For all initial enquiries or issues about the GP community placements please contact [Jim Manzano](mailto:j.manzano@qmul.ac.uk).
3. LEARNING OUTCOMES - CHILD HEALTH

AIMS

• To develop an understanding of common paediatric conditions presenting in General Practice, considering how these illnesses affect children and their parents and carers in the community

• To be able to take a focused history and examination and develop a differential diagnosis

• To be able to develop a management plan, including investigations, for a child in consultation with parents

LEARNING OUTCOMES

By the end of this module students will have:

• been introduced to patients with common paediatric conditions

• considered patient centred care and its application in the consultation

• received GP tutor feedback on some aspect of their observed clinical skills

KNOWLEDGE

Students will be expected to acquire clinical knowledge in areas of medicine relevant to community based practice. The following list is illustrative of diseases we would expect students to learn about during Human Development (including the GP placement).

- Otitis externa, Otitis media and ‘glue ear’
- Viral upper respiratory tract infections
- Other childhood infections (slapped cheek, hand foot and mouth, viral rashes, fungal skin infections, threadworm)
- Asthma
- Eczema
- Urinary tract infections
- Bed-wetting
- Behavioural problems
- Describe current routine vaccination schedule (and contra-indications); child health surveillance (6-8 week check) and developmental examinations, in particular up to 12 months
- Child Protection and Social Paediatrics for example accident prevention, impact of smoking, drugs and alcohol on child health, the impact of social deprivation and neglect on the psychological development of children.
4. LEARNING OUTCOMES - OBSTETRICS & GYNAECOLOGY

AIMS

- To develop an understanding of common obstetric and gynaecological conditions presenting in General Practice, considering how these illnesses affect women in the community
- To be able to take a focused history and examination and develop a differential diagnosis
- To be able to develop a management plan, including investigations, for women who present with common obstetric or gynaecological conditions

LEARNING OUTCOMES

By the end of the module students will have:

- been introduced to patients with common obstetric and gynaecological conditions
- considered patient centred care and its application in the consultation
- received GP tutor feedback on some aspect of their observed clinical skills

KNOWLEDGE

Students will be expected to acquire clinical knowledge in areas of medicine relevant to community based practice. The following list is illustrative of diseases we would expect students to learn about during Human Development (including the GP placement).

OBSTETRICS

- Describe routine antenatal care, including booking, risk assessment, options in patterns of care (shared, midwife-led), normal symptoms of pregnancy
- Early pregnancy: miscarriage, ectopic pregnancy, hyperemesis
- Common problems in pregnancy: hyperemesis, reflux, pruritus, symphysis pubis dysfunction, dependant oedema, UTI, hypertension
- Bleeding in pregnancy
- Understand the place of screening in obstetric care e.g. Down’s syndrome
- Postnatal care
GYNAECOLOGY

- Describe different methods of contraception for men and women and discuss their advantages and disadvantages
- Unplanned pregnancy, counselling and terminations
- Understand community gynaecological screening e.g. cervical cytology
- Dysmenorrhoea, menorrhagia, oligomenorrhoea, amenorrhoea
- Intermenstrual bleeding and post-coital bleeding
- Pelvic pain - acute and chronic
- Vaginal discharge
- Preconception counselling
- Subfertility
- Climacteric and Menopause
- Postmenopausal bleeding
- Gynaecological cancers and criteria for 2 week wait referrals
- Pelvic floor dysfunction
- Therapeutics in Obstetrics and Gynaecology
- Sexually transmitted infections and pelvic inflammatory disease
- Uterine disorders
- Puberty and pubertal problems

5. TEACHING ACTIVITIES

LEARNING ACTIVITIES

Most students are attached to practices after their Child Health hospital teaching and before their Obstetrics and Gynaecology firms. However, both subjects will be taught together in an integrated way during the primary care weeks. Covering both specialties helps with continuity and enables the learning objectives to be covered flexibly using shared learning opportunities such as baby clinics and postnatal checks. Students should bring their Human Development logbooks to the practice so that GP Tutors can sign off the activities and skills which they have supervised. The logbook forms part of the whole module continuous assessment.

Students would be expected to have experienced the following during their attachments:

- Community antenatal clinic
- Family planning clinics or teaching
- Taking gynaecological histories
- Observing and taking cervical smears
- Baby clinics
- Vaccination and child development clinics
- Sessions with the practice nurse, midwife and health visitor
• Meeting children and their families both in surgery and on home visits, particularly for childhood disability
• A mixture of relevant emergency and routine surgery appointments

STUDENT LEARNING AND TEACHING

An area gaining increasing emphasis in the curriculum is that of the students' learning process and development of teaching skills. The GMC expects graduates to be able to demonstrate appropriate teaching skills and to identify their learning needs. Please take the opportunity to encourage students to reflect on how they learn best. Students could also be asked to research a topic - and then deliver as a short teaching session on this to the rest of the group. Ideally they would receive feedback on their teaching skills from both the tutor and other students.

4TH YEAR HUMAN DEVELOPMENT – SAMPLE TIMETABLE

Below is a sample timetable as a guide to some of the sessions you might want to include; please adapt according to your local resources/personal ideas.

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<thead>
<tr>
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<th>O&amp;G</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
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<tbody>
<tr>
<td>AM</td>
<td>Intro &amp; sitting in Simulated session with pelvic model</td>
<td>SSC time</td>
<td>Practice Nurse cervical smear clinic</td>
<td>Tutorial &amp; presentation of project</td>
<td></td>
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<tr>
<td>PM</td>
<td>Community MW</td>
<td>Specially arranged gynae patient clinic</td>
<td>Sports</td>
<td>SDL</td>
<td>Active sitting in</td>
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<table>
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<tr>
<th></th>
<th>PAEDS</th>
<th>MON</th>
<th>TUES</th>
<th>WEDS</th>
<th>THURS</th>
<th>FRI</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Intro &amp; sitting in Health visitors &amp; Baby clinic</td>
<td>SSC time</td>
<td>Tutorial &amp; presentation of project</td>
<td>Active sitting in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>Specially invited patients clinic</td>
<td>SDL</td>
<td>Sports</td>
<td>Practice nurse imms</td>
<td>Debrief tutorial</td>
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6. CHILD HEALTH REFLECTIVE WRITE UP

Students are expected to write a short reflective case history as part of their assessment of the module. The expectation is to encourage students to consider the challenges of consulting with children and their parents/carers. Student instructions are included below.

Students should be able to:

- Discuss needs and concerns of children and their carers about illness and healthcare
- Discuss developmental stages of childhood and implications for communication
- Identify what helps communication between health professionals and children and their careers
- Communicate effectively with children of different ages to establish rapport, and gain cooperation for examination and simple procedures
- Feel more confident about talking with children

Community placements are ideal settings to see how the basic principles of good communication are applied with children of different ages and their careers. The aim, as with adults, is to establish a trusting relationship, provide the opportunity for the child to talk and explain to children in ways that help them understand and cope with procedures and treatment. Please ensure the students receive the following teaching session:

**Activities should include:**

1. Tutorial (1.5 hr) supported by tutor materials
2. Opportunity for the student to talk to a child and carer
3. Reflective write-up
4. Debrief tutorial (1 hr)

**STUDENT INSTRUCTIONS**

Paediatric Reflective Write-up: (Communication and Professionalism)

You will be talking to a child today to find out about the health problem that has brought them to the clinic.

Think about the things you would like to discover e.g. How the child is feeling, what has happened, how the child describes the problem, what the child thinks about coming up to the clinic and seeing the doctor/nurse, what the child thinks the doctor/nurse will do etc….

Makes some notes on the areas below – and anything else that is of interest to you.

Ensure you keep confidentiality and explain to the carer you will be writing up notes which won’t contain the child’s name.
You will be discussing these with your tutor and group at the de-brief session:

1. Age of the child
2. How did you establish rapport with the child?
3. How did the child describe the problem – any particular language used?
4. What did you notice about the child’s verbal and non-verbal communication?
5. What adjustments if any did you make in your communication?
6. What, if any, where the ethical and medico-legal considerations in this case?
7. What learning did you get from this experience?

7. OBSTETRIC & GYNAECOLOGY PROJECT

OBSTETRICS & GYNAECOLOGY

Students are expected to complete a short project in obstetrics and gynaecology during the placement. Students may have a particular area of interest, which GPs can support and facilitate. Students may prefer to work individually or in pairs. The obstetrics and gynaecology project will be completed as Self-Directed Learning. GP Tutors are responsible for the project assessment.

The following are suggestions for the project however students and tutors can choose to devise their own:

- First cycle of an audit on the uptake of cervical smears in the practice, what changes, if any need to be made in order to improve figures?
- First cycle of an audit looking at how many women have BPs and urinalysis taken at their first antenatal booking appointment with the GP. How can this be improved?
- A case study of a patient with a history of recurrent miscarriage or chronic pelvic pain. Students could be asked to explore the biological, psychological and social issues
- A case study or literature search exploring the issues surrounding teenage pregnancy

Tutors may need to encourage students to decide on topics from the learning objectives that they have not yet covered. Students may choose individual projects or may work as a group, setting each other tasks.

GPs can benefit from teaching students in pairs or giving one-to-one feedback whilst the remaining students work independently on their projects. This feedback is particularly appropriate for vaginal examinations and smears.
8. STUDENT SELECTED COMPONENTS (SSC)

During their 4th year students are expected to undertake an SSC project; the output of which is a 6000-8000 word dissertation on their selected topic. In order to facilitate this dedicated SSC half days have been incorporated into their timetable throughout the year. During the Human Development placement it would be preferable if Wednesday mornings to be allocated as SSC half days, however we understand that the day may vary depending on your clinic arrangements.

9. RESOURCES

Women’s Health:

Faculty of Sexual and Reproductive Health


Family Planning Association

- https://www.fpa.org.uk/

British Menopause Society


Paediatrics:

Virtual Paediatric Hospital

- http://www.virtualpediatrichospital.org/

QM plus Virtual Hospital - O&G and Child Health Virtual Patients

- https://qmplus.qmul.ac.uk/mod/page/view.php?id=318678
10. ASSESSMENT

ONLINE ASSESSMENT FORM

The students’ overall assessment of the Community Human Development Unit is based on the following:

- Attendance and level of participation and engagement during the placement; All students are required to attend all of the Community Human Development sessions.
- Two written projects (the Paediatric reflective write up and the Obstetrics and Gynaecology project) that they will be expected to undertake during their time in General Practice.

At the end of the GP placement, the tutor is asked to complete one overall online assessment form (for both the child health and obstetrics and gynaecology parts of their GP placement), covering:

- STUDENT ATTENDANCE
- GP PLACEMENT ASSESSMENT FORM
- GP PLACEMENT PROFESSIONALISM ASSESSMENT FORM (PAC FORM)

A link to an online assessment form for your students will be emailed to you by the administrative team in advance of the placement. Please complete an online form for each student on the last day of the placement, with the student present. Students will need to countersign the online form following private feedback and discussion with their tutor. Tutors will receive an email copy of each completed form. It is essential that tutors retain these copies in case of any later queries and for payment reconciliation purposes. CBME will also automatically receive a copy of the forms and once forms have been received for all of the students on the placement, payment for the placement will be processed.

It is estimated that approximately 10% of students will be referred and this is usually due to poor attendance. This is because it is not possible to assess a student who has attended insufficiently to have fully participated in the placement. It is particularly difficulty to assess a student who is not attending on a short placement.

If there are attendance issues or you feel the student is under-performing, please contact Jim Manzano (j.manzano@qmul.ac.uk) for further guidance before completing the student’s online assessment form.

STUDENT ATTENDANCE

The students are expected to attend all their GP sessions. If a student does not attend on the first day of the placement please let the CBME administrative team know as soon as possible so that we can follow this up. Please also let us know if there are any ongoing attendance problems or unexplained absences.

It is important to notify us of any attendance issues as soon as possible during the placement, so that the Medical School can follow this up as part of our duty of care to the students.

GP PLACEMENT ASSESSMENT
All students are required to complete certain tasks that have been observed. Tutors should assess students on their progress and achievement according to the grading criteria (indicated on the online assessment form) and confirm that the required tasks for the placement have been undertaken in a satisfactory manner.

The students will also have log books for the **whole Human Development** unit (including one for Obs & Gynae and one for Child Health). The benefit of the overall log books is that student's progress can be monitored by both the GP and Hospital Tutors and gaps in their experience addressed. Please help the student to complete their log book.

The students will have an In Course Assessment at the end of the 12 week unit; this is in the form of a Single Best Answers and Extended Matching Questions paper.

At the end of the year they will have three exams to sit: an Extended Matching Questions/Single Best Answer paper, a data interpretation paper and an OSCE (Objective Structured Clinical Exam.) GPs are well placed to help the students with the OSCE as they are examined at 5 and 10 minute stations. You may want to get the students to observe how to take a focused history and practice this skill with you in supervision. This becomes particularly relevant towards the end of the year. GPs are welcome to become OSCE examiners.

If you would like to receive OSCE examination training, please contact [Kate Scurr](mailto:kate.scurr@bartsandthelondon.ac.uk).

**GP PLACEMENT PROFESSIONALISM ASSESSMENT FORM**

**Professional Attitude and Conduct (PAC)**

We take professionalism very seriously and would encourage you to give constructive feedback on all aspects of student professionalism. If you have deeper concerns, please fill out the professionalism form accordingly. Without the form we cannot take action to support an under-performing student.

We want to ensure that our students develop appropriate professional attitudes and behaviour from the very beginning of their medical training; we recognise that some students may need more help and guidance in their professional development than others and we want to be able to identify them as early as possible so this support can be provided. GP tutors already play a very valuable role in flagging students that need pastoral and/or academic support and we hope that the professionalism assessment will help to improve this process and ensure that we appropriately support students that need help.

This assessment has been introduced in line with General Medical Council guidance on medical education in ‘Tomorrow’s Doctors’ which states that:

- Attitudes and behaviours that are suitable for a doctor must be developed;
- Only those students who are fit to practice as doctors should be allowed to complete the curriculum;

You will see that the form is based on the GMC’s *Good Medical Practice* document.

We would like all General Practice tutors to complete the professionalism assessment of your students in addition to their usual assessment. Please give your students some formative feedback during their placement with you and complete your assessment at the end of the placement.
Professionalism form will be completed on each clinical placement allowing the School to build up a longitudinal profile of each student across the 5 years of the course.

Completing the PAC assessment

A Professionalism Assessment Form must be completed for all students.

Feedback should be given to every student about their professionalism during their placement and upon completion of this form.

Please inform the Unit Lead if there are concerns regarding professionalism.

If you are UNCONCERNED about a student's professionalism:

Then an OVERALL PROFESSIONALISM ASSESSMENT of "Satisfactory" may be given without marking "Satisfactory" on every criterion. If you cannot assess a criteria because you have not been able to observe it, please select ‘unable to observe’. We do not require you to make any comments about a student unless there are problems.

If you are CONCERNED about a student's professionalism:

Then THREE or more "Cause for concern" or "Unsatisfactory" in any category results in an overall assessment of "Unsatisfactory". Please give FULL reasons for any "Cause for concern" or "Unsatisfactory" assessments in the GP Tutor Comments box.

If you feel a student is unsatisfactory in a domain then please give them some feedback and monitor to see if the situation improves. If it improves to your satisfaction then we don’t need to know about it; however if you still have concerns please tick the ‘cause for concern’ box and provide us with any relevant additional information in the comments box. Being unsatisfactory in a particular domain does not necessarily mean that the student’s overall performance in attitude and conduct will be unsatisfactory, but rather it is meant to draw the student’s attention to an area that can be improved.

However, if you feel that a student's performance is unsatisfactory overall, please provide any relevant supporting information in the comments box and sign and date the form before returning the form. Please give the student an opportunity to complete their section of the form before your return it – particularly if you have assessed the student as unsatisfactory. If you have grave concerns about a student please retain a copy of the assessment form and contact the unit convenor with your concerns as soon as possible.

We are confident that the students will gain a great deal from their placement in general practice. If however, you do have concerns about a student please contact the Unit Administrator in the first instance, who will be able to advise any further action.
### 11. DATES

Human Development

*(Please note that 1 session of each teaching week needs to be set aside for SSC work)*

<table>
<thead>
<tr>
<th></th>
<th>4 students 10.5 sessions (standard sessional rate)</th>
<th>4 students 12 sessions (standard sessional rate)</th>
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<tbody>
<tr>
<td></td>
<td>2 students 5.25 sessions (standard sessional rate-£20)</td>
<td>2 students 6 sessions (standard sessional rate-£20)</td>
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<table>
<thead>
<tr>
<th></th>
<th>Week 1: Mon – Fri</th>
<th>Week 2: Mon – Thurs</th>
<th>A two week block</th>
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