MEDICINE IN SOCIETY TUTOR GUIDE MALTA 2019-20

MBBS YEAR 1 AND 2

BARTS AND THE LONDON SCHOOL OF MEDICINE AND DENTISTRY

COMMUNITY BASED MEDICAL EDUCATION DEPARTMENT (CBME)
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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 one students, in groups of 4, will go to a general practice placement for 12 alternate Thursdays throughout the academic year. Each day is themed and has clear learning objectives. As far as possible the theme relates to the system the students are covering at the time, e.g. day 6, Respiratory Medicine, is during the cardio-respiratory system and day 12, The Young Child, is during the human development system teaching. However you may find that you are covering a topic before the students have had any formal teaching on it, in this case please assess what your students as a group already know and fill in some basics for them so they can engage fully with the day.

A community tutor, with skills and experience complementary to those of the GP tutor, assists with the teaching. Community tutors are drawn from a wide variety of backgrounds, some will be working or have worked with a social care or health care (conventional or alternative) organisation, or with a voluntary agency providing support or advice for people in need. Ideally, they will represent the sort of partnership and collaboration that can exist between the statutory and voluntary sectors.

Students will be engaged in many different activities over the course of the module, for instance: small group tutorials, shadowing and interviewing clinicians and other health professionals, having contact with patients (including home visits), self-directed learning, etc. Students do not spend their whole day in the practice - some of their time is spent elsewhere in the community on activities related to the day's learning objectives, however, the practice is their base.

ACADEMIC AND ADMINISTRATIVE CONTACTS

<table>
<thead>
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| UNIT ADMINISTRATOR  |                                               |

1. Barts and The London School of Medicine and Dentistry
2. INTRODUCTION TO MEDICINE IN SOCIETY

The curriculum at Barts and the London has been developed in accordance with the GMC’s *Outcomes for Graduates* (2015. Formerly Tomorrow’s Doctors). These included recommendations that in all medical school curricula there should be:

- a greater emphasis on teaching outside the lecture theatre, hospital and laboratory, in community settings;
- a broader understanding of public health, and
- a greater degree of “vertical” integration of clinical and non-clinical subjects throughout the medical curriculum.
- and that the principles of professional practice must form the basis of medical education

Aims

The aim of the Medicine in Society Year 1 unit is to introduce students to patients and the patient’s experience health and ill health over the course of their lives.

Learning Outcomes

By the end of the course students should be able to:

- explain how patients are affected by their condition
- recognise how cultural diversity affects the experience of health and healthcare services
- list the public health influences that affect the development of ill-health and the restoration of health
- describe the roles of different members of the primary health care team
- develop, good communication skills with patients, health professionals and between peers
- identify the consultation skills of healthcare professionals
- perform some basic physical examinations
- reflect on their own learning in terms of personal and professional development
### 3. TIMETABLE 2019/20

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<td>Brain and Behaviour</td>
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4. THEMED DAYS

1. Introduction to the Placement
2. The Doctor-Patient Relationship
3. Social Issues in Primary Care
4. The Older Patient
5. Nutrition and Gastrointestinal Disorders
6. Diabetes
7. Mobility and Stroke
8. Mental Health and Addiction
9. Respiratory Medicine
10. Choices in Pregnancy and Childbirth
11. Mother and Baby
12. Chronic Pain

4.1. DAY 1: INTRODUCTION TO THE PLACEMENT

SYSTEM: FUNMED

In preparation for their first placement day, students should have:

- Made sure that they know how to reach the practice in good time
- Thought of questions to ask a team member, focusing on finding out about their training, role and responsibilities within the Primary Health Care Team, and reasons for working in Primary Health Care/the Community/voluntary sector.
- They should bring both their questions and their findings about primary care with them to the placement.

Aims

To orientate students to the practice team and practice area, including student safety in the local area; and to clarify learning outcomes for the course.

Learning Outcomes

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

- Describe the overall aims of the course
- Interview a member of staff about their role and responsibilities within the primary care team
- Report on findings from the interviews and observation with each other
- Reflect upon what their observations tell them about the area and the community
Suggested Activities:

- Introductory tutorial: meeting tutors; going over safety ground rules; discussing the aims and outcomes of the course; outlining behaviour and dress expected of students i.e. time keeping and contacting practice if unable to attend etc. and collecting contact details for each student.
- Interview with member of the Primary Care Team about their role.
- Community Profile: In pairs, walk around the local area, noting down their observations.
- Writing up their notes, students should attempt to generate hypotheses about possible health (and other) problems (and opportunities) for the practice.
- Debrief with GP and/or Community Tutor

Work to be included in learning log

- Reflective worksheet
- Self-assessment on learning outcomes

Student Reflective Worksheet – suggested questions

- Please note below the name and a brief job description of the person you interviewed today. Did anything you found out about that person’s role surprise you? Were you aware that there was such a role? Were you aware that so many different people were part of the primary health care team?
- Having completed your community profile, what did you think of the area? Were you taken aback by anything? Did you think the facilities in the area would help people to live a healthy lifestyle? What would you like to change about the area and why?

4.2. DAY 2: THE DOCTOR PATIENT RELATIONSHIP

In preparation, students should have:

- Read the recommended readings on good medical practice and ethics. (The ‘key concepts in ethics’ article is from the BMA’s Ethical Tool Kit for Students which contains lots of useful and accessible information for students - I would recommend making it one of your ‘favourites’. The GMC have also produced specific guidance on Doctor’s use of social media). Please also read a student perspective on the doctor-patient relationship.
- Decided on the sort of information they would like to find out from the patients (e.g. why the patients have come to surgery today; how satisfied they are generally with their general practice; do they always follow the advice they are given; and so forth).
- Found a definition and the main principles of health promotion.
- They should bring their research findings with them.
Aims
The aims of this day are to introduce students to the professional and ethical framework of the health professional-patient relationship in clinical consultation, and for student to meet their first patient as a medical student. To introduce health promotion and illness prevention activities in primary care.

Learning Outcomes
By the end of the day, students should be able to:

- Report and reflect on their experience of meeting a patient for the first time as a medical student.
- Describe some reasons why patients present in general practice
- Describe some differences in relationships between patients and different members of the Primary Care Team, and how these are expressed
- Identify some of the skills doctors use in their relationships with patient
- Demonstrate how to obtain consent from a patient for history-taking
- Explain the ethical and practical guidelines for interviewing patients
- Describe a health promotion intervention they have observed, such as a new patient check

Suggested Activities

- Tutorial on doctor-patient relationship, to include ethical issues, and obtaining consent for interviewing and physical examination.
- Prepare to meet ‘first’ patient, prepare questions, how to begin and end an interview with a patient, discuss dos and don’ts.
- Interview a patient in the practice having first gained consent.
- Observe different staff-patient interactions.
- Observe a member of the primary care team carry out a health promotion intervention e.g. new patient check, dietary advice, routine health check.
- Health promotion: note generally what health promotion information the practice displays within the waiting areas;
- Debrief with GP and/or Community Tutor.

Work to be included in learning log

- Reflective writing
- Self-assessment on learning outcomes
- Reflections on meeting a patient for the first time as a medical student (see Appendix 3)
Student Reflective Worksheet - Suggested questions

- What reasons do patients present in general practice? Do patients communicate differently with non-clinical and with clinical staff. How did you feel you did when you were interviewing a patient? Did you feel the patient felt comfortable talking to you?
- Why should you ensure patient’s consent to any examination and treatment has been obtained?
- Why is health promotion important in primary care? What do you think the GPs role is in health promotion? Which other health care professionals have health promotion roles?

4.3. DAY 3: SOCIAL ISSUES IN PRIMARY CARE

Aims

To introduce students to ‘social issues’ that impact on patient’s health and their response to ill-health, including social support, ethnicity, educational attainment, sexuality, poverty and deprivation, teenage or lone parenting, drug and alcohol abuse, poor housing, domestic violence etc. and the role of the health service and other agencies in supporting these patients.

A parliamentary report from 2010 gives a political perspective on social issues in UK Society

Dr Jonathon Tomlinson describes the impact poverty and deprivation have on his practice as a GP in his article ‘A perfect Storm’ from his blog ‘A Better NHS’.

Preparatory work

Before arriving at the placement students will have read the recommended reading and researched national and local statistics on social deprivation local to the practice area.

Objectives

By the end of the day students should be able to:

- List some of the social issues that impact on patient’s health and their experience of health care.
- Demonstrate an awareness of the importance of considering social factors when treating patients.
- Describe the impact social issues can have on the work of the GP and the PHCT (Primary healthcare team).
Discuss the role of the PHCT in support and treatment of patients whose social circumstances impact on their health.

Suggested Activities

- Tutorial based on readings and student's knowledge and awareness of social issues that might impact on patient's health.
- Interview with GP or other HCP on their experience of a particular social issue – this should be negotiated in the tutorial and should be of particular significance in the GP practice area.
- Sit in with GP or nurse on routine surgery and observe when social issues are discussed and how this is done.
- Meet with patients known to have significant social issues e.g. poor/temporary housing, unemployment.
- Visit an organisation providing support for local people with social issues e.g. homeless shelter, cultural centre, refugee support organisation etc.
- Debriefing tutorial.

Work to be included in learning log

- Reflective writing
- Self-assessment on learning outcomes

Student reflective worksheet - suggested questions:

- Were you surprised at the impact social factors had on the patient you met or discussed? Are these problems the doctor should address?
- Is the health service doing enough to make services accessible to people of all social groups e.g. those of different ethnicities, sexualities, homeless people etc.? What could be done differently?

4.4. DAY 4: THE OLDER PATIENT

System: FunMed

In preparation students should have:

- Read the recommended reading about ageing including a blog account of Elderspeak
- Considered the implications for society, and medical and social services of an increase in the elderly population

Aims
To introduce students to the biomedical and social implications of ageing, the demographic changes in the population and the implications for health and the use of services.

**Learning Outcomes**

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

- Recognise ageing as a natural, developmental process
- Describe different ways that the elderly are regarded within different groups and communities
- Describe the range of services, people and agencies that are involved in the support of the older patient in the local community
- Demonstrate appropriate communication with an older patient (with suitable empathy, respect and interest)
- Explain some of the implications for the health and social services of an ageing population
- Identify key policy documents relating to care of older people

**Suggested Activities**

- Tutorial on ‘ageing’.
- Prepare, in pairs, for the visit to an older patient. Students should decide what they would like to learn from the home visit, and note down some questions.
- Visit to an older patient living in his/her own home.
- Group discussion on comparisons and contrasts between the patient at home, and the patient they met on the ward.
- Visit an agency or meet with a professional providing services for older people.
- Write up notes from visits.
- Meeting with GP and/or community tutor for formative feedback on progress to date with learning log and on professional attitude and conduct.

**Work to be included in learning log**

- Reflective worksheet
- Self-assessment on learning outcomes

**Student worksheet – suggested questions**

- Did the patient you met describe any benefits of being older? Did anything surprise you?
- What were the main points of difference and similarity in your home visit, and the visit you made to the patient on the ward? Did you notice any difference in yourself between the two encounters? Did you think the person felt comfortable talking to you?
- You will have a meeting today with one of your tutors. How do you feel you are progressing? Have you noticed any changes in yourself? Do you feel comfortable at the practice? Do you feel comfortable meeting patients? Have you set yourself any goals for next term?

4.5. DAY 5: NUTRITION AND GASTROINTESTINAL DISORDERS
System: Metabolism

In preparation students should have:
- Read the recommended reading including looking at the NHS Choices website pages on food, diet and weight management.
- The Mental Health Foundation has produced some guidance on diet and mood.
- For a patient perspective on living with an inflammatory bowel condition please click here. Alternatively take a look at Michael Serres' TED talk on his bowel transplant and on his views about how health care practitioners should communicate with and involve their patients in the decision making processes.
- If you have a bit more time you might want to take a look at Dr David Kessler's lecture on weight management (it is a bit of a slow start) or perhaps you might want to take a look at his book - The End of Overeating.
- Considered the sensitivities of investigating patients’ attitudes to diet and exercise.

Aims
To increase students awareness of the relationship between food, health and ill health and to introduce students to patient presentations with GI disorders.

Learning outcomes
By the end of the day, students should be able to:
- Describe the components of a ‘healthy diet’.
- List the current recommendations for daily exercise.
- Describe some of the broad spectrum of symptoms that relate to the GI tract.
- Describe the impact of a chronic bowel disorder on a patient’s life.
• Discuss how embarrassing symptoms might influence people’s decision to visit their doctor.
• Discuss the role of the primary care team in encouraging people to lead healthier lives.

Suggested Activities

• Tutorial on GI disorders
• Introduction to abdominal examination.
• Visit to an organisation/activity relevant to diet and/or exercise e.g. local group providing advice on diet, nutrition and/or cooking to young mothers, meeting with fitness instructor providing ‘exercise on prescription’, meet adviser from local ‘Weight Watchers’ group.

Work to be included in the learning log

• Reflective worksheet
• Self-assessment on learning outcomes

Reflective Worksheet – suggested questions

• If you met a patient with a bowel disorder – how comfortable did they feel about discussing the problem? How comfortable did you feel? What helped or hindered your discussion? What can you do to help put patients at ease in talking about potentially embarrassing topics?
• What did you learn about weight management and nutritional advice in primary care? Did the healthcare team see this as an important part of their role? Do you think this should be the responsibility of the healthcare team? What alternative sources of help/support might patients use?

4.6. DAY 6: DIABETES

System: Metabolism

In preparation students should:

• Read the recommended reading from their reading list. The Diabetes UK website is a good starting point for information about diabetes and its treatment. There are resources for patients and health care professionals so whatever your level of prior knowledge you should be able to find some useful information.
For a patient perspectives on living with diabetes please see the HealthTalk Online resource - the **diabetes area** is introduced by Anthony Worrall Thompson.

Revised/researched the causes and treatments of Type 1 and Type 2 diabetes. Please cover this at a basic level the **Diabetes UK** website will have adequate information.

**Aims**

To introduce students to the pathophysiology of diabetes; and to the impact diabetes has on the individual and society.

**Learning Outcomes**

By the end of the day students should be able to:

- Describe the incidence and prevalence of Type 1 and Type 2 diabetes and the impact of diabetes on the general practice workload.
- Discuss some factors that may be contributing to the rise in prevalence of Type 2 diabetes.
- Describe the impact of diabetes on an individual.
- Describe some health promotion interventions to reduce the prevalence of Type 2 diabetes.
- Practice blood pressure monitoring, blood glucose testing, height and weight measurement.

**Suggested Activities**

- Introduction to the monitoring of patients with diabetes at the practice.
- Observe a consultation with a patient with diabetes e.g. sit in with GP, visit a patient at home with district nurse.
- Interview a patient with diabetes about the impact of their disease on their life.
- Interview a health care professional involved with the care of the patient they have met.
- Compare the patient’s and professional’s views on the management of diabetes and its impact on the patient’s life.
- Debriefing tutorial.
- Individual formative feedback discussion with tutors on progress on learning log, end of year poster assignment and professional attitude and conduct.

**Work to be included in the learning log**

- Reflective worksheet
- Self-assessment on learning outcomes

**Reflective Worksheet – suggested questions**
If you met a patient with diabetes – what did you learn about the impact the condition has on their day to day life? Did anything they told you surprise you? Did you think they could do anything to improve their own situation? How can health care professionals help patients to help themselves?

If type 2 diabetes is increasing because of our sedentary lifestyle and increasing weight (as a population) what is the role of the doctor in diabetes? Should efforts be concentrated on prevention? How far should we go to ‘encourage’ people to make healthy choices? Or should doctors concentrate on treating the patients that present?

How do you feel you are progressing? Have you set yourself any learning outcomes as a result of your experiences so far? Were you surprised at your tutor’s analysis of your progress?

4.7. DAY 7: MOBILITY AND STROKE
System: Brain and Behaviour

Preparatory work

Students should revise what they already know about the pathophysiology of stroke. The current guidance on management of acute stroke can be found at Stroke-NICE Guidance. For an account of a linguists recovery from stroke and the impact on his life please read ‘Me talk funny’: A stroke patient’s personal account.

The HealthTalk Online resource has a number of interviews with patients including some young stroke survivors including a young mother.

Aims

To introduce students to the effects of stroke, particularly in relation to mobility and the part played by environmental factors, healthcare and other agencies in supporting the impaired person.

Learning outcomes

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

- Discuss the impact of stroke on an individual and their family and the role of voluntary agencies in providing support
- Demonstrate an understanding of the effect of poor mobility on the individual; and the changes needed within the community
- Identify important members of the MDT in assessment and care of patients with impaired mobility
- Describe a health promotion intervention that can reduce the risk of stroke in an individual at risk
- Practice blood pressure measurement, examination of central and peripheral pulses, communication skills
Suggested Activities

- Tutorial on stroke and the health promotion interventions that can reduce a patient’s risk.
- Meet with member of MDT to discuss role of team members stroke / disability care
- Visit to / meeting with a local voluntary agency providing support to stroke patients.
- Prepare an interview schedule to use with a patient who has problems with mobility. Include brief review of their home and work circumstances etc with respect to how well different environments are adapted to help overcome the patient’s disability
- Visit a patient with impaired mobility at home
- Debrief with tutor

Work to be included in learning log

- Reflective worksheet
- Self-assessment of achievement of learning outcomes

Student Reflective Worksheet – suggested questions

- How did you feel meeting a person that had suffered a stroke/had a mobility problem? What aspects of the meeting were most difficult? Did the patient seem comfortable with you? Were you surprised at the impact it has had on their life?
- Did anything about the MDT surprise you? Were you aware that so many different professional were involved in the care of patients with mobility problems? What role did the GP play? Was this what you had expected the GPs role to be?
- Consider the health promotion interventions you have heard about or observed today; what effect do you think that being told you are at high risk of stroke or heart disease has on an individual?

4.8. DAY 8: MENTAL HEALTH AND ADDICTION

System - Brain and Behaviour

Preparatory work

Before arriving at the placement students will have read the recommended reading and researched the national statistics on the incidence and prevalence of mental health. The Mental Health Foundation is one source of statistics on mental health.

The Mind website is a good starting point for learning about mental illness and how it impacts on people’s lives. It has an A-Z of mental health conditions and blogs/video diaries telling people’s stories.
For recommendations on mental health services from service users please see the Comment is Free article from the Guardian.

Before arriving at the placement please look at the NHS Choices website pages on Addiction it has information on different addictions, treatment options, patient stories etc.

The Action on Addiction website has information for patients and health professionals and also logs any news items on addiction so you can get a feel for how addiction stories are covered in the media.

**Aims**

To introduce students to health promotion strategies to improve mental health; to the impact of chronic and acute mental illness on the health of the population and the multi-agency support needed in promotion of mental health and management of mental illness. To explore the links between mental illness and addiction

**Objectives**

By the end of the day students should be able to:

- Identify local and national strategies to improve mental health
- Discuss the national and practice prevalence of mental illness
- Identify the addictions commonly encountered in the practice population
- Describe the local support services for people with addictions and/or mental illness
- Discuss the different needs of patients with acute and chronic mental health problems

**Suggested Activities**

- Tutorial on mental health promotion and acute and chronic mental illness and addiction
- Prepare for a meeting with a patient with chronic mental illness and/or drug or alcohol addiction
- Home visit to a patient with chronic mental illness or addiction
- Visit to voluntary agency providing support for people with mental illness or addiction
- Debriefing tutorial

**Student reflective writing – suggested questions**
• How do you feel about mental illness is it something that can be treated and cured like ‘other’ illnesses that doctors treat? Are you comfortable speaking to patients with mental health problems? If not why not?

• How does society regard people that are addicted to drugs or alcohol? As sick, mentally ill, deviant, bad, dangerous? What is the role of the doctor in supporting such patients?

4.9. DAY 9: RESPIRATORY MEDICINE
System: Cardio-Respiratory

Aims
To introduce students to respiratory illness, its impact on patients, society and the practice workload; and to introduce students to health promotion measures designed to improve respiratory health.

Preparation
The Inhale website provides a breakdown of the impact of respiratory disease for each CCG area (in London many CCGs cover the same population as the local authority area) to find out which local authority your practice is in please see Directgov website and insert practice postcode. A summary of the burden of respiratory disease can be found on the British Thoracic Society website.

For further information please visit Asthma UK or British Lung Foundation. The British Lung Foundation exists to provide a complete package of support for people living with lung disease and the people who look after them, in hospital and at home.

Learning outcomes
By the end of the day students should be able to:

• List common respiratory illnesses in children and adults that are seen in primary care.
• Describe the basic assessment of a child with an upper respiratory tract illness (URTI).
• Describe and reflect on the impact of chronic respiratory disease from a patient’s perspective, focusing on the issues of loss of function, autonomy, and well-being and its impact on daily life.
• Outline the health promotion interventions, including smoking cessation interventions, provided by the practice team to prevent or manage respiratory illness.
• Demonstrate a basic examination of the respiratory system
• Demonstrate the measurement and interpretation of peak expiratory flow

Suggested Activities
• Tutorial on respiratory diseases and its impact on patients and the practice team’s workload
• Sit in on routine surgery and observe particularly respiratory presentations
• Visit patient in pairs
• Introduction to examination of the respiratory system, practice examination on each other
• Debrief with GP and/or community tutor

**Work to be included in the learning log**

• Reflective worksheet
• Self-assessment on learning outcomes

**Student Reflective Worksheet – suggested questions**

• If you met a patient with COPD – how did they describe their life, what did they find most difficult, did they see themselves as ill?
• Did you see or discuss acute respiratory disease? How did this impact on the GP’s workload? Should patients do more to self-manage minor illness? How can healthcare professionals support them to do this?

**4.10. DAY 10: PREGNANCY AND CHILDBIRTH**

**System: Human Development**

**In preparation students should have:**

• Found out about the range of local maternity services available to women; and some local and national data relating to childbirth
• Prepared some questions in order to talk to a pregnant woman about her choices for antenatal care and the birth of her child
• Please look at the **NHS Choices website**, it has a wealth of information for patients from everything from conception to childrearing. Please take a closer look at the **antenatal care** area.
• For a short account on the current situation regarding teenage pregnancy see Polly Toynbee’s account **The drop in teenage pregnancies is the success story of our time.**
• There are thousands (at least) of blogs written by women (and a few men) detailing infertility, fertility treatment, pregnancy, childbirth and parenting. Some are of questionable quality.
• The Health Talk online site has a number of interviews with parents a number of them focus on choices around how and where to give birth **Thinking about where and how to give birth**
Aims

To view pregnancy and childbirth as normal processes and the implications of this for health services; and to understand the factors that influence women's choices around birth.

Learning Outcomes

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

- Describe a normal pregnancy and childbirth
- List the possible choices that women can make in relation to ante-natal care and place of birth
- Discuss the different factors that influence women’s choices in pregnancy and childbirth
- Describe a health promotion intervention for pregnant women provided by the practice
- Critically consider the health promotion information available within the practice
- Practise blood pressure measurement and urinalysis.

Suggested Activities

- Tutorial: ‘Is childbirth a normal process? If so, what is the role of the medical profession – both doctors and midwives?’ – based upon preparatory readings
- Health promotion: smoking, diet, exercise, and alcohol in pregnancy. What information is available within the practice? What services does the practice offer for antenatal care and childbirth?
- Visit to pregnant woman, to discuss her choices, and how she (and her partner/family) arrived at them
- Return to practice for debrief; write up findings

Work to be included in learning log:

- Reflective worksheet
- Self-assessment on learning outcomes

Student Reflective Worksheet – suggested questions

- How did you view childbirth before today? Have your views changed at all as a result of today’s meetings and discussions?
- How important do you think it is that women should have choices in pregnancy and childbirth? Do you think these choices could pose difficulties for the health care professionals caring for pregnant women? How would you deal with patients making choices that you did not agree with?
4.11. DAY 11: ‘MOTHER AND BABY’
SYSTEM: HUMAN DEVELOPMENT

In preparation students should have:

- Read or reviewed the recommended resources including taking a look at the NHS Birth to Five book, this book was until recently given to all new parents in the UK. It is still available as a PDF from the Northern Ireland Public Health Agency. In England and Wales it has been superseded by the NHS Choices website pages, particularly the Babies and Toddlers and Your Newborn tabs.
- Both resources provide information for parents on all aspects of caring for a new baby and both include the voices of new parents.
- The Mumsnet website is worth taking a look at it, in particular as it hosts many discussions threads and will enable you to see some of the concerns both new parents, and more experienced ones, have about caring for their children.
- You may see the administration of vaccines in a baby clinic or a routine appointment. The current UK vaccination schedule can be found here
- Prepared for their meeting with a mother and her baby
- Finished working on their learning logs

Aims

To give students an opportunity to meet with and talk to a mother and her baby and to gain an understanding of the health monitoring and health promotion provided for babies and young children by the primary health care team

Learning Outcomes

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

- Describe the daily routine for one mother and baby or young child that they have met
- List some of the health promotion services provided by the practice for mothers and their babies
- Describe in detail one health promotion intervention provided for babies or young children
- Describe some of their experiences communicating and engaging with the children
- Discuss the most significant changes parents have to deal with after the birth of a child
- Practise interview skills, and communication through play

Suggested Activities

- Tutorial: health promotion for mothers and babies
- Visit a mother/family and baby; or talk to mother and baby at the practice
- Meet with practice nurse/health visitor to discuss their role in caring for babies and young children
- Complete reflective worksheet for the day and add to learning log.
- Final feedback from tutor on leaning log and professionalism

Work to be included in learning log:
- Reflective worksheet
- Self-assessment on learning outcomes

Student Reflective Worksheet – suggested questions
- Did anything surprise you about your meeting with a mother and young child? What sort of support do you think new fathers might need from health care professionals?
- There have been some well–documented controversies around vaccination of children. What do you think the role of the GP/Health visitor is in this area? How would you deal with patients whose views conflicted with the advice you were giving to them?

4.12. DAY 12: CHRONIC PAIN

System: Locomotor

In preparation students should have:
- Looked at the following links:
  1. for definitions and descriptions of Chronic pain click here
  2. to hear some descriptions of the effects of chronic pain on individuals see the Health talk Online website
  3. and for information on clinical management of this condition please see Arthritis Research UK website
- Considered questions to ask a GP or a patient about dealing with chronic pain.

Aims

To introduce students to this common disabling condition, its effects on individuals, families and societies, and to clinical management of this condition.
Learning outcomes

By the end of the day, the student should be able to:

- Describe the factors that are important in development of chronic, disabling back pain or other pain
- Summarise the socio-economic impact of these condition on individuals, the community and the health services
- Identify pharmacological and non-pharmacological treatments for chronic pain
- Discuss the effect of chronic pain on the doctor patient relationship.
- Practise interview skills

Suggested Activities

- Tutorial to discuss causes and treatments for chronic pain, discuss readings on chronic back conditions.
- In pairs, plan interview with a GP or a patient about chronic pain (if possible please arrange for some students to interview a GP and some a patient so they can compare findings when they meet again as a group).
- Interview one of the GPs at the practice or a patient about dealing with chronic pain.
- Debrief with student group and tutor.
- Meeting with GP and/or community tutor for formative feedback on progress to date with learning log and on professional attitude and conduct.

Work to be included in the learning log

- Reflective worksheet
- Self-assessment of achievement of learning outcomes

Reflective Worksheet – suggested questions

- How did dealing with patients with chronic pain affect the health care professional you interviewed? How did they feel about patients with chronic pain? How do you think you would deal with this situation?
- How did you feel meeting a patient with chronic pain? How did you think they were coping with their situation? What sources of support were they drawing on?
5. ASSESSMENT

STUDENT ASSESSMENT

There are three components to the student assessment for Medicine in Society:

- Attitude and application (AA)
- The Learning Log and
- The Poster

At the end of the year your tutor will be asked to submit an attendance record, a grade for AA, a numerical value for the learning log and a numerical mark for your poster.

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.

There may be occasions during the year when students have an in-course assessment exam on the Friday after a MedSoc day; these exams contribute only in a relatively small way to the students' end of year marks. Students must attend their placement as usual. If tutors have any concerns about a student’s attendance, behaviour, health etc. they should contact the unit convenor as soon as possible.

5.1. ATTITUDE AND APPLICATION

ATTITUDE AND APPLICATION (15% OF TOTAL MARKS FOR MEDSOC)

It is expected that students will do any recommended preparation and will contribute fully to group discussions, activities etc. on each placement day. At the end of the year students should receive a grade from A-E based on the descriptors below.

<table>
<thead>
<tr>
<th>Attitude and Application</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punctual, preparatory work done, contributes in an exceptional way to group activities and discussion</td>
<td>Punctual, preparatory work done, contributes well to group activities and discussion</td>
<td>Good timekeeping, some preparatory work done, contributes to group activity and discussion</td>
<td>Reasonable timekeeping-some lateness, some preparatory work done, contributes to group activity and discussion</td>
<td>Poor timekeeping, inadequate preparatory work, poor contribution in group activities and discussions.</td>
<td></td>
</tr>
</tbody>
</table>

22. Barts and The London School of Medicine and Dentistry
5.2. POSTER PRESENTATION

POSTER PRESENTATION (30%)

Students (in pairs) should produce a poster on a health-promotion theme and deliver a 5-10 minute presentation of the poster on day 10 or 11 to the GP tutor, Community Tutor, the other students and any other members of the practice team available. The topic should be decided in consultation with the tutors, but should be on a health promotion theme they have observed during their placement, for example flu vaccination in the over 65s. Students should be prepared to answer questions. Tutors will give feedback and grade the presentation. Pairs (or threes) of students should normally receive the same grade. Your tutors should discuss your grade with you and suggest areas where you might improve.

Assessment Criteria for Poster Presentation

<table>
<thead>
<tr>
<th></th>
<th>Merit</th>
<th>Pass</th>
<th>Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
<td>Score 7-10 for each category if:</td>
<td>Score 4-6 for each category if:</td>
<td>Score 1-3 for each category if:</td>
</tr>
<tr>
<td></td>
<td>Theme explored thoroughly and logically and relevant to the students’ own experiences and the needs of the patient/client groups they have met. Literature referenced.</td>
<td>Theme is explored in a logical manner with reference to the students’ own experiences.</td>
<td>Theme is explored in a haphazard manner; reference to the students’ own experience is muddled. No reference to the literature.</td>
</tr>
<tr>
<td><strong>Verbal presentation skills</strong></td>
<td>Students present their work in a very clear, understandable and interesting fashion. They show great enthusiasm for the subject and engage with their audience fully.</td>
<td>Students present their work in a clear, understandable and interesting fashion. They show enthusiasm for the subject and are able to engage with their audience.</td>
<td>Students’ ability to present work clearly is less developed and their interest in their subject is superficial. Their enthusiasm and level of engagement with the audience is limited.</td>
</tr>
<tr>
<td><strong>Poster presentation skills</strong></td>
<td>Visually very interesting, excellently laid out, contains a balance of different written, pictorial and diagrammatical images and leads to an increased understanding and engagement with the subject under consideration.</td>
<td>Visually interesting, reasonably laid out, contains a balance of different written, pictorial and diagrammatical images and leads to understanding and engagement with the subject under consideration.</td>
<td>Not very interesting, is not very well laid out and lacks balance between written, pictorial and diagrammatical images. It does little to enhance understanding and engagement with the subject under consideration.</td>
</tr>
</tbody>
</table>
5.3. LEARNING LOG

LEARNING LOG (55%)

The learning log is intended to be a tool that you use to record and reflect on your learning and professional development through the year. (In addition to your learning log you may want to collect research in preparation for each MedSoc day, notes made in the course of the day, and any leaflets and information you collect during the day. This information should be collected and held in a separate folder rather than in your Learning Log.) There are two components to the learning log: reflections on your activities and self-assessment of your meeting of the learning objectives:

Reflective writing

- Students should complete a reflective piece of writing after each themed day. The reflective writing should be limited to 300 words, or 30 minutes of writing.
- Students should reflect on the day, your tutors may suggest an issue for the group to reflect on or you may want to choose the aspect of the day on which to reflect yourself. The issue for reflection should be discussed in the debriefing tutorial.
- There are some suggested questions that you might want to answer and reflect upon but these are simply provided for guidance. You are not required to answer the questions if you have identified an area on which you want to reflect.
- See Appendix for guidance on reflection.
- You will be asked to submit your reflective logs at 3 points across the year.
- On Day 4 you will be expected to submit the previous 3 pieces of work, Day 8 the previous 4 pieces of work and Day 12 the previous 4 pieces of work.
- Group A Submission Dates: Day 4 (7/11/19) Day 8 (16/1/20) and Day 12 (23/4/20)
- Group B Submission Dates: Day 4 (14/11/19) Day 8 (23/1/20) and Day 12 (30/4/20)
- If a student misses a day from Medsoc they will be asked to reflect on an item presented by the University.

Self-assessment of learning objectives

- At the end of each day you should write a brief summary of how you have covered each learning objective.
- If learning objectives have not been covered you should explain when and how it will be covered – this might mean that a student does some work independently or that the objective is covered on another placement day.
- Students should cover each objective in 50-100 words. Please be brief. You may wish to refer to notes you have made elsewhere or to material you have read but you do not need to transcribe material.

Assessment of the Learning Log

- The learning logs should be assessed on Day 4, Day 8 and Day 12.
- Students should be given guidance and feedback on their performance to date.
• When giving feedback the emphasis should be on determining whether performance is satisfactory or not, rather than on grading the work.
• At the end of the year students should be awarded a numerical value for their learning logs.
• On day 12 the numerical value for the learning log should be discussed with the student, alternatively the log can be retained at the practice and graded later.

Guidance for grading the Learning log

<table>
<thead>
<tr>
<th></th>
<th>43 - 50</th>
<th>32 - 42</th>
<th>25 - 31</th>
<th>20 - 24</th>
<th>&lt;20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning objectives</strong></td>
<td>Each learning objective addressed, evidence of consideration of own learning needs, strategy to meet learning needs where necessary</td>
<td>Most/all learning objective addressed, some consideration of own learning needs, some strategy to meet learning needs where necessary</td>
<td>Most learning objectives addressed, limited evaluation of own learning needs, weak strategy to meet identified learning needs</td>
<td>Some learning objectives not addressed, no evidence of ability to assess own learning needs, inadequate strategies to meet learning needs</td>
<td>Some learning objectives not addressed, no evidence of ability to assess own learning needs, inadequate strategies to meet learning needs</td>
</tr>
<tr>
<td><strong>Reflective Writing</strong></td>
<td>The description is focussed on ‘key issues’, issues are explored from different perspectives, context and emotions are considered. The views and motives of others are considered.</td>
<td>The description is focussed on ‘key issues’, issues are explored from different perspectives, context and emotions are considered.</td>
<td>Descriptive account with some reflection e.g. the student mentions their emotions, or identifies ‘key issues’ in the description</td>
<td>Descriptive writing – narrative account of what happened, no reflection</td>
<td>Writing of quality or quantity blow that needed to achieve a D grade</td>
</tr>
</tbody>
</table>

For further information see ‘A generic framework for reflective writing’ Jenny Moon (2004)

5.4. PROFESSIONALISM ASSESSMENT

As part of the final assessment tutors must complete a Professionalism Assessment on each student. Tutors are asked to give students formative feedback on their professionalism when they review progress during the year so students have opportunities to modify their behaviour before they are formally assessed at the end of the year.
6. MEDSOC 1 RESOURCES
6.1. GUIDELINES FOR PROFILING A COMMUNITY AREA

Introduction

On Day One of your placement you may be invited to walk around the local area, making observations about the place, the facilities, and the local community. The aim of this activity is for you to gather first-hand knowledge of the neighbourhood by applying and developing your skills of observation. You should make observations and note them in your portfolio. Although only one session is allocated for this task, you may discover additional information about the neighbourhood on subsequent days, and you should use this to supplement your initial observations, by adding them to the notes in your portfolio. When you return from your walking tour, you should get together with your group and try to develop some hypotheses about the local area, and what they might mean in terms of problems and opportunities for your practice.

The checklist of categories listed below are applicable to a wide variety of neighbourhoods, but not all will necessarily relate to the area you will be in. However, as you consider each section, please note that it is not only the presence of certain elements that are significant, but also their absence. You may not have time to comment on every category, but make brief notes on what you discover, as you will be able to discuss these issues further with your tutor.

Guidelines

Within your local area, record your observations on the following:

Housing:

- Type e.g. houses, terraces, flats
- Ownership e.g. owner-occupied, private rented, council-owned
- State of repair
- Empty, multi-occupied
- Access for residents e.g. is there a lift? Does it work?

Industrial and commercial property:

- Type e.g. factories, workshops, offices
- Is there evidence to suggest whether the business employs people living locally or from outside the area?

Shops:

- What do they sell? / What services do they offer?
- Do the products cater for a particular religious or ethnic group?
- Do they serve the immediate neighbourhood or a wider area?
- Are they chain stores or small businesses?
- Who owns the shops? Do the names of the shops indicate the presence of particular nationalities?
Places to eat and drink:
- Type e.g. pubs, cafes, restaurants, take-aways
- Which ethnic groups provide the food and who are their customers?

Local offices serving the area:
- Which offices serve the local area? e.g. housing, social services, social security, job centre, post office, police station, advice centre

Educational facilities:
- Which schools (nursery, primary and secondary) and colleges serve the local area?
- Leisure and recreation facilities:
- Are there any sports facilities, places of entertainment or libraries?
- What are their opening hours? How much do they cost?
- Are there any open spaces, parks or playgrounds?
- Are these safe, supervised and well maintained?

Health services:
- e.g. health centres/clinics/General Practitioners
- Where are the nearest dentists, chiropodists, chemists and hospitals?
- Are there any centres for alternative medicine/therapies?

Places of worship and cultural centres:
- e.g. churches, mosques, synagogues

Community facilities:
- e.g. community centres, tenant halls, meeting places, social clubs
- What kinds of groups meet at these places? e.g. playgroups, tenants associations, youth clubs

Transport:
- What major roads, railway lines, canals exist in the area?
- Do they service the local community or are they for commuters?
- Do they appear to be boundaries or barriers?
- What is the volume and nature of road traffic?
- Are there pedestrian crossings, subways and bridges?
- What type of public or private transport is there?
- Are there bus stops, tube and BR stations, mini-cab offices?
- What routes do they take and how frequent are they?
- Is the transport accessible for the elderly and parents with buggies?

Derelict land:
• What is the condition of such sites?

Historic features:
• e.g. places of worship, cemeteries, monuments, plaques
• Is there evidence of communities with a long presence and/or communities with little or no current link with the area?

Additional environmental facilities:
• Street lighting – does this seem adequate to provide a well-lit safe area?
• Condition of paving – could this cause problems for people with walking difficulties?
• Accumulation of rubbish – e.g. domestic, furniture, commercial
• Availability of public telephones
• Evidence of who appears to be investing resources in the area (e.g. new developments) – who will they benefit?

In addition, you may want to use the following questions to guide you as you walk around the area:
• What do you consider are the most significant characteristics of the area?
• What do you think are the positive and negative features of living in the area?
• Can you identify any major issues facing the local community?
• Are the local services appropriate and accessible? If they are not present in the area, how far away are they and how might local residents get to them?
• How could health and other statutory services in the area be improved to cater for the needs of a particular group in the area? (e.g. the elderly, lone parents, people with disabilities, the Bengali community)
• Is there anything you consider unusual, that you have never seen before or would expect to see but have not?
• Have you observed evidence of collective action taken by local people to address a community issue? (e.g. a poster advertising a public meeting or a local campaign group meeting at the community centre)
• Have you seen any food you have not eaten before? Find out what it is.

Talking to People
For most of the time you spend completing your profile, you will be collecting information by observation. However, you may wish to occasionally ask people for information about the area. When doing so, avoid personal questions such as ‘how do you feel about living in Tower Hamlets?’ You are a stranger in the area, so use this legitimate position as the basis of your questions, e.g. ‘How can I get to the nearest hospital from here?’ or ‘Is there a community centre in the area?’