

## **EXTENDING PATIENT CONTACT TUTOR GUIDE 2019-20**

### **MBBS YEAR 2**



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

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

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## 1. EXTENDING PATIENT CONTACT (EPC) TUTOR GUIDE

This is a community based placement for all Year 2 students at Barts and The London School of Medicine and Dentistry. Students need to continue to meet patients, building on their experiences in Medicine in Society in Year One and continue their professional development with the benefit of authentic clinical experiences.

It is also envisaged that we can integrate this placement with their basic medical sciences teaching by linking their clinical experiences with 'core' conditions they will have learnt about in their Problem Based Learning (PBL) sessions. General practice will work as a setting which will bring to life these PBL scenarios, contextualising and broadening the students' learning and encouraging students to think about the wider, more varied, range of disease presentation.

The opportunity to actively engage with patients in a safe, yet authentic, clinical environment will allow students to reflect on their communication skills and their attitudes to patients and illness forming an important aspect of their professional development. On-going observation and feedback from experienced GP tutors has long been established as an important component of early clinical development for our medical students.

Each student will attend general practice for 12 three-hour sessions. Students will be in groups of four on a Tuesday morning (9-12) and this will alternate with their MedSoc Year 2 placements.

To fully integrate the curriculum students, usually in pairs, should have the chance to see patients whose conditions match the PBL units that they are undertaking at the time or attend an appropriate speciality clinic e.g. Asthma clinic, Diabetic clinic etc. and have an opportunity to practise history taking, a clinical examination and or basic 'bed-side' testing as appropriate to the clinical condition.

The assessment for this course is a 500-word reflective essay on an occasion where they interacted with a patient that resonated with them for some reason, for example it made them think of a patient / medical condition in a new light, or it raised some ethical issues, for example where they were required to gain consent from a patient for a task that they were about to perform. You will mark this assignment and you will also be asked to complete a professionalism assessment form for each student.

### Contacts

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## 2. EXTENDING PATIENT CONTACT TIMETABLE

### TIMETABLE 2019/20

Week	A/B Group	C/D Group	System
1	8/10/19	15/10/19	Cardio-respiratory
2	22/10/19	29/10/19	Cardio-respiratory
3	5/11/19	12/11/19	Metabolism
4	19/11/19	26/11/19	Metabolism
5	17/12/19	7/1/20	Brain and Behaviour
6	14/1/20	21/1/20	Brain and Behaviour
7	28/1/20	4/2/20	Human Development
8	11/2/20	18/2/20	Human Development
9	25/2/20	3/3/20	Human Sciences and Public Health
10	10/3/20	17/3/20	Locomotor
11	24/3/20	31/3/20	Locomotor
12	21/4/20	28/4/20	Review and assessment

## 2.1 CLINICAL CONDITIONS TO BE COVERED

### SUGGESTED TOPICS TO BE COVERED IN EPC SESSION

Week	System	Suggested clinical cases
1	Cardio-respiratory	Ischaemic heart disease, hypertension, heart failure, COPD
2	Cardio-respiratory	
3	Metabolism	Diabetes, renal disease including renal failure, thyroid disease, change in bowel habit (inflammatory bowel disease, Irritable BD, gastroenteritis, malignancy)
4	Metabolism	
5	Brain and Behaviour	Parkinson's disease, back pain, epilepsy, dementia, depression
6	Brain and Behaviour	
7	Human Development	Developmental delay/disability, nutrition, chronic disease in childhood, pregnancy, antenatal and post-natal care cervical screening
8	Human Development	
9	Human Sciences and Public Health	Public health in primary care, health promotion and preventative, falls prevention, drug and alcohol use and mis-use, patient self-management of chronic disease
10	Locomotor	Osteoarthritis and osteoporosis, inflammatory joint disease including rheumatoid arthritis
11	Locomotor	
12	Review and assessment	Revision of any areas that students feel less confident in – should be negotiated with group, observed history taking, final assessment

## 2.2 SUGGESTED LESSON PLAN FOR EPC SESSION

### SAMPLE LESSON PLAN FOR EPC DAY 2 - ISCHAEMIC HEART DISEASE

9.00-10.00	Presentation/Review of any preparatory work set by tutor. Review of students' knowledge of IHD – tutor filling in gaps, correcting errors. Discussion/tutor presentation on clinical aspect of IHD. Terms patients might use, medications they might be on etc. Discussion/Preparation of interview schedule ahead of meeting with patient
10.00 - 11.00	Interview with patient either at home or in surgery – if in surgery suggest that GP give students some time alone with patient to allow them to develop rapport and to observe for some of the time so feedback can be given. If appropriate GP to demonstrate an element of the cardiovascular exam particularly if patient has good signs.
11.00 – 12.00	Debrief on interview, self-appraisal on communication skills, feedback for colleague that observed the interview, feedback from GP tutor if possible. Clarify any questions, discuss any new terms or concepts introduced by the interviews. Look ahead to next session- any prep students need to do etc.

## 3. EXTENDING PATIENT CONTACT TOPICS

### 3.1. CARDIO-RESPIRATORY

#### PRIOR LEARNING

Students will have covered all of these topics in the year one cardio-respiratory unit. They will have had a series of lectures and PBLs and will also have had some microanatomy teaching and some basic clinical skills teaching.

#### Clinical topic: Ischaemic heart disease

#### Student activities:

Meet and talk with a patient with a history of ischaemic heart disease. Focus on one area of their history:

Risk factors.

Their experience of the management of their acute event (if relevant).

Secondary prevention measures now being taken (both pharmacological and otherwise).

Living with IHD and the impact this has on their life.

Put together some advice for patients leaving hospital after an MI / being treated by their GP for IHD:

What lifestyle advice do they need?

What medicines are they likely to be taking and what advice do they need regarding these?

What should they watch out for in terms of deterioration/ further health problems?

Role play discussing lifestyle modification with a patient with risk factors for IHD but currently no symptoms.

### **Clinical topic: Hypertension**

#### **Student activities:**

Practise measuring blood pressure.

Role Play: Counselling a patient about blood pressure and the need for treatment.

Presentations: different BP lowering agents and their mechanism of action.

Tutorial / group discussion: NICE guidelines on BP management.

Producing patient information leaflets about the different agents available and what patients should know.

History taking and clinical skills videos are available on <http://www.youtube.com/sgulcso>

### **Clinical Topic: Heart Failure**

#### **Student activities:**

Professionalism Objective: Discuss how non-compliance with medication may be appropriately approached with patients.

Meet a patient with heart failure and elicit from the history some of the important symptoms – orthopnoea, paroxysmal nocturnal dyspnoea, peripheral oedema. Look for clinical signs of this also.

Sit in with practice nurses / GPs performing heart failure checks (perhaps discuss in advance what would be appropriate to include in these).

Discuss drug treatments for heart failure and consider the side effects of these and in particular focus on why this could be troublesome for elderly patients. Try to come up with solutions for some of these issues.

### **Clinical Topic: Chronic Obstructive Pulmonary Disease**

**Student activities:**

Attend a smoking cessation clinic.

Reflect on how to counsel and advise patients to stop and/or cut down on their smoking in a non-judgmental manner.

Discuss smoking in the UK: Trends, habits and cost to the economy.

Consider smoking cessation and discuss strategies for assisting patients with this.

Sit in on a smoking cessation consultation.

Meet patients who are considering quitting / have quit and discuss their experiences of this.

Produce promotional material to encourage patients to quit.

Have a spirometry session. Each student has a go at measuring their FVC and FEV1, compare this with the measurements from patients with lung disease.

Practise explaining to patients how to perform this test. Discuss inhaler technique and role play teaching a patient how to use their inhaler.

Meet a patient with COPD (possibly visit them at home) and discuss the impact it has on their life.

## 3.2. METABOLISM

### PRIOR LEARNING

The Metabolism System in year one brings together elements from the Renal, Endocrine and Alimentary systems however emphasis is placed on the alimentary system & cell nutrition. The students in year-one have concentrated on the normal anatomy and function and it is now in year two that the pathological processes are introduced.

### Clinical condition: Diabetes

#### Student activities:

Please provide students with opportunities to meet with diabetic patients to discuss how diabetes may affect their lives. Discuss presentation of Type I and Type II diabetes. Provide opportunities to see how the primary healthcare team works together to optimise diabetic control for patients. Students to practise dip-sticking urine and interpreting results. Any ethical scenario that opportunistically occurs can be a basis for small group discussion and later reflection e.g. DVLA notification and patients with diabetes.

### Clinical condition: Renal Disease

**Student activities:**

Provide opportunities for examining renal function laboratory results alongside clinical cases and in context of both multiple pathology and multiple pharmacology. Students should be confident in dipstick examination of the urine and interpreting their findings.

Students should be encouraged to discuss with patients the results of screening so that they are able to explain to patients their investigations appropriately.

Further opportunities for students to meet with patients with chronic disease; explore their symptoms and how their condition first presented and how it affects their lives now.

**Clinical condition: Thyroid Disease****Student activities:**

If possible students please facilitate students meeting with patients who have been either hypo or hyperthyroid and establish the classical symptoms and if relevant physical signs of thyroid disease.

Audit: Look at results of TFTs.

**Clinical condition: Change in Bowel Habit****Student activities:**

Following a discussion with the tutor about the need for appropriate language, sensitivity and privacy students should have opportunities to talk with patients about their bowel habits. This will facilitate students' knowledge of the range of normality and highlight the need for doctors to elicit a change in bowel habit as a precursor for further investigation.

Change of bowel habit and iron deficiency anaemia. Supervised observation of abdominal examinations highlighting the surface anatomy of liver, spleen. Discussion of the relevant informed consent necessary before PR examination and the appropriate use of chaperones. Small group work looking at a variety of abnormal blood results.

### 3.3. BRAIN AND BEHAVIOUR

**PRIOR LEARNING**

In year one students will have studied the normal anatomy of the nervous system.

**Clinical topics****Clinical condition: Parkinson's disease****Student activities:**

Meet a patient with Parkinson's disease – take a history, examine the nervous system, discuss the drug management.

Discuss movement disorders in general.

Look at the drug management and in particular the side-effects of long-term treatment for Parkinson's disease.

Understand the impact of the disease on patient's quality of life.

### **Clinical condition: Epilepsy**

#### **Student activities:**

Talk to patient with Epilepsy.

Consequences of Epilepsy, in particular medico-legal aspects of driving and disclosure of information to DVLA.

Drug treatment and audit.

Chronic disease management and drug compliance.

### **Clinical condition: Depression**

#### **Student activities:**

Meet patients with depression, mild depression or depressive symptoms would be particularly helpful. Screen for depressive illness – using questionnaires and at risk groups;

Tutorial and small group sessions could include – treatment options, choosing when to refer, risk assessment etc.

Resources:

BMJ Learning has several units which have case histories and self-assessment tests, these will be a little advanced but helpful for therapeutics and MCQ practice. <http://learning.bmj.com/learning/main.html>

### **Clinical condition: Back Pain**

#### **Student activities:**

Talk to patients with back pain. Perform an examination of the back.

Practise lower limb neurological examination. Student presentation on back pain.

Small group discussions the economic importance of lower back pain, medical sickness certification.

### **Tutors Resource Centre**

Guidelines in general but for acute low back pain can be found on NICE [website](#).

**Clinical condition: Dementia**

**Student activities:**

Perform mental state examinations. Talk to patients with Dementia.

Talk to careers of patients with Dementia, the impact of dementia.

Visit Elderly Mental Infirm Unit/ Nursing home/ Sheltered housing

Role-play telling a patient they have Dementia.

Alzheimer's Society information on treatments for dementia: <https://www.alzheimers.org.uk/about-dementia/types-dementia/treatments-dementia>

Discussion about ethics, consent and power of attorney. See factsheet from Alzheimer's Society

[http://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=154](http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=154)

## 3.4. HUMAN DEVELOPMENT

### PRIOR LEARNING

In year 1 students will have covered normal human development. Year 2 teaching covers abnormal development and disease processes.

### Clinical topics

**Clinical condition: Developmental delay/disability**

**Student activities:**

Attend a child development clinic either in the surgery or community clinic.

Visit families with a health visitor.

Visit children with chronic disability in the community. Attend a local school looking at integration of children with special needs.

Visit a community paediatrician clinic.

Visit children with a paediatric community nurse. Assess children for developmental milestones.

### Clinical topic: Nutrition

**Student activities:**

Weigh and calculate BMI of children.

Take dietary history from child and parent or guardian. Explore psychosocial impact of obesity in childhood. Explore the local prevalence of obesity in the practice (e.g. audit) and compare to national prevalence and consider targeted strategies for reduction of obesity.

**Clinical topic: Chronic disease in childhood****Student activities:**

Talk to child or parent/guardian about chronic disease in childhood

Visit families with children with chronic disease. Attend a local school looking at integration of children with chronic disease.

If available visit a children's hospice.

**Clinical topic: Cervical screening****Student activities:**

General practice is probably the most likely venue for students to both observe and take cervical smears. For year 2 students these opportunities are invaluable in demonstrating the importance of patient consent and professionalism in dealing with intimate examinations and anxious patients. Year two students have not been taught how to perform a pelvic examination or pass a vaginal speculum and so observation and familiarisation is important at this stage.

Students can talk with women about their experiences of cervical screening and in particular women's views of the attributes thought necessary in doctors examining and explaining to women such procedures.

Role play a variety of different scenarios depicting cervical abnormalities.

Students can practise taking smears on the anatomical models.

**Clinical topic: Ante-natal care****Student activities:**

Observe routine ante-natal check.

Discuss 'normal' and high risk ante-natal care.

Meet women with 'high-risk' pregnancy if possible e.g. multiple pregnancy, diabetes in pregnancy, hypertension in pregnancy.

Discuss additional support needed in more complex cases e.g. teenage pregnancy, drug, smoking or alcohol use in pregnancy.

## **3.5. HUMAN SCIENCES AND PUBLIC HEALTH**

### **PRIOR LEARNING**

Students do not have a Human Sciences and Public Health (HSPH) unit in Year 1 but will have been introduced to many of the topics in Year 1 Medicine in Society. In the HSPH unit they will cover the historical development of public health; the factors that affect susceptibility to, and how individuals respond to illness e.g. social support, social class, education, ethnicity; epidemiology, health promotion.

### **Clinical Topics**

#### **Clinical Topic: Public Health and Primary Care**

#### **Student activities:**

Prepare in advance a list of important public health interventions e.g. both historical i.e. Public Health Act, Sanitation Act, Clean Air Act, and more recent interventions i.e. Health Act 2006 prohibiting smoking in certain places .

Tutorial with GP tutor to discuss interventions identified by students.

Observe administration of childhood vaccination; discuss vaccination with parent and healthcare professional.

Discuss role of primary health care team (PHCT) in public health e.g. role of GP when patient is homeless or where housing is inadequate; poverty, mental health in communities, control of infectious disease.

#### **Tutors Resource Centre**

<http://www.legislation.gov.uk/ukpga/2006/28/part/1>

#### **Clinical Topic: Health Promotion**

#### **Student activities:**

Identify health promotion services provided by primary care team, understand drivers behind these services i.e. local health needs, government targets, National Service frameworks, patient demand etc.

Meet patients to discuss their experience of health promotion services, e.g. pregnant women or parents of young children, patients with CHD, smokers.

### **Tutors Resource Centre**

The Public Health England website has information on current public health campaigns, health inequalities, health improvement, infectious diseases, vaccination and patient safety. <https://www.gov.uk/government/organisations/public-health-england>

## **3.6. LOCOMOTOR**

### **PRIOR LEARNING**

In stage 2 of the locomotor system, the knowledge of the musculoskeletal system and dermatology learned in the first year stage 1b system will be used to understand what can go wrong in disease and injury.

### **Clinical Topics**

#### **Clinical topic: Skin lumps**

#### **Student activities:**

Interview and take history from patient with skin lesion.

Examine patients presenting with skin lesions.

Have opportunity to compare and contrast different lumps.

Observe a minor surgery session in practice or local neighbouring practice.

Attend wart clinic, if available and observe use of cryocautery.

#### **Clinical topic: Dermatitis/Eczema**

#### **Student activities:**

Interview and examine patient with dermatitis.

Interview and examine patient with eczema.

For information on diagnosis and management of eczema and dermatitis see [DermNet NZ](#)

Focus on social effects - occupational problems.

Explore patients' use of hair dye /skin tattooing/ costume jewellery

Undertake a survey of patients for any complications as a result of use of hair dye, make-up, jewellery.

### **Clinical topic: Osteoarthritis**

#### **Student activities:**

Take a history and examine a patient with osteoarthritis.

Focus on joint deformity.

Impact of disease on occupation.

Visit a patient with severe osteoarthritis at home; Focus on difficulties in activities of daily living.

Visit pharmacy to understand mechanisms to aid compliance with medicines if physical disability exists. Investigate the surgical process and outcomes of patients with OA, for example interview a patient who has had a joint replacement.

See [Arthritis UK](#) for further information

### **Clinical topic: Osteoporosis**

#### **Student activities:**

Take history and examine patient who has osteoporosis.

Discuss drug management.

Student presentation on complications of osteoporosis.

Explore risk factors and importance of lifestyle modifications.

Resources: for information on osteoporosis see [The National Osteoporosis Society website](#)

NSF for Older People - [standard 6 Falls](#)

### **Clinical topic: Inflammatory Joint Disease**

#### **Student activities**

Interview patient with RA and take history

Focus on social aspects of disease

Focus on effectiveness/ side-effects of treatment.

Visit physiotherapy department. Ask Community physiotherapist to talk to students.

Examine patient with RA

Focus on joint deformity present

Focus on how joint deformity impacts on mobility and function

Discuss side-effects of treatment in RA.

**Tutors Resource Centre**

[www.arc.org.uk](http://www.arc.org.uk)

For information on rheumatoid arthritis and support available for patients see the [National Rheumatoid Arthritis Society](#)

## 4. STUDENT ASSESSMENT

Tutors are required to complete an online assessment for each student at the end of the unit.

### 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 a self certificate form 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.

### 4.1. REFLECTIVE WRITE-UP EPC PLACEMENT

Students must write a 500 word reflective essay on an occasion where they interacted with a patient that resonated with them for some reason, for example it made them think of a patient / medical condition in a new light, or it raised some ethical issues, for example where they were required to gain consent from a patient for a task that they were about to perform. You will mark this assignment.

Students should demonstrate insight into: their exploration of their feelings about the task; what they said and why; how they approached the patient; how the patient responded; evidence of reflection on achieving 'informed consent': what could they do to develop their performance?

We suggest the first draft is discussed as a formative exercise as a group on week seven and that student are encouraged to revise their work in the light of the feedback they received from you and their peers. The final submission is for summative assessment at the end of the placement, please consider the students' progress in the revision of this document as a key aspect in your mark. Students should be advised to add this to their professional portfolios.

## 4.2. END OF PLACEMENT ASSESSMENTS FOR EPC

Please complete an online form for each student. Please discuss your assessment with them on the last day, students find it very valuable to get timely feedback and to have the opportunity to discuss their progress with you. Guidance is provided for the completion of the assessment form. If you have serious concerns about a student for any reasons please let us know as soon as possible so we can take action before the end of the year.

The EPC mark is worth 6% of the *in course assessment paper* (ICA), other elements of the ICA include PBL attendance and write-ups, end of unit exams, and the MedSoc 2 mark. Students must get 50% overall in their ICA in order to be allowed to sit the summer exams.

## EXTENDING PATIENT CONTACT UNIT MARKING GUIDE

Attribute	Pass (8-10)	Pass (5-7)	Referred ( $\leq 4$ )
Knowledge	Knowledge at or above expected for a second year student. Applies scientific knowledge well to clinical care.	Knowledge level satisfactory, beginning to apply scientific knowledge to clinical scenarios	Knowledge level unsatisfactory, ill-prepared for sessions, poor linkage of scientific knowledge in clinical situations.
Communication Skills	Excellent communication with patients, staff and student colleagues.	Developing communication skills, improvement seen during the year, becoming more confident and skilled in communication in group, with patient and with practice staff.	Communication skills unsatisfactory
Clinical Skills	Competent in performing basic clinical skills e.g. blood pressure, HR, resp. rate, urinalysis, BMI measurement with minimal supervision. Good underpinning knowledge	Understands principles of routine clinical skills, able to perform skills but not yet fluent.	Underpinning knowledge and ability to perform basic clinical skills inadequate.

Reflective write-up	Demonstrated insight into patient feelings, own emotional response, context. Able to stand back from the situation, perhaps looking from different points in time.	Satisfactory account of patient encounter, some insight into patient feelings, own emotional responses	Encounter with patient described but not explored. No insight into patient feelings or own role demonstrated.
Professionalism and attitude	Excellent attitude and approach, very good timekeeping, well prepared for each session	No problems with attitude or behaviour.	Unsatisfactory behaviour in at least one professional domain, e.g. persistent lateness, absenteeism without explanation, poor behaviour with patients etc.

## STUDENT ASSESSMENT FORM – EXTENDING PATIENT CONTACT

Overall assessment – Please grade the student’s overall performance taking into account the above attributes. Referred means scoring 20 or less and that the overall performance of the student has raised concerns. Referred students will be seen by their Academic Year Tutor.

Practice

Lead GP Tutor:

Names (and positions) of other Teachers who contributed to the assessment:

Please mark the following attributes out of 10 (4 or below is a fail grade)

Student Name:

Attachment:

Attribute	Mark out of 10	Free text comments
Knowledge		
Communication Skills		

Clinical skills		
Reflective write-up		
Attitude and professionalism		
Total		

A Professionalism Assessment Form must be completed for all students. Please inform the Unit Convenor if there are concerns regarding professionalism.

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

- 1) If you are UNCONCERNED about a student's professionalism, an overall assessment of "Satisfactory" may be given without marking "Satisfactory" on every criterion.
- 2) 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".
- 3) Always decide and mark an overall "Satisfactory" or "Unsatisfactory" on the form.
- 4) Overall "Unsatisfactory" students are to be REFERRED to their Academic Year Tutor.
- 5) Please give FULL reasons for any "Cause for concern" or "Unsatisfactory" assessments in the GP Tutor Comments box.
- 6) The student should make any responses in the Student Comments box.

Student Name:		Satisfactory	Cause for	Unsatisfactory	Un
1	Honesty and Integrity <i>Always honest with patients, peers, staff and in professional work (presentations).</i>				
2	Reliability and Responsibility: <i>Reliable and conscientious. Punctual.</i>				

3	Respect for Patients: <i>Consistently demonstrates respect for patients' autonomy and dignity. Maintains confidentiality at</i>				
4	Respect for Others: <i>Shows respect for patients' relatives, other</i>				
5	Attendance and Approach to Learning: <i>Full attendance. participation at seminars and</i>				
6	Compassion and Empathy: <i>Listens attentively and responds humanely to</i>				
7	Communication and Collaboration: <i>Works co-operatively and communicates effectively</i>				
8	Self-Awareness and Knowledge of Limits: <i>Recognizes need for guidance and supervision, aware of appropriate professional boundaries.</i>				
9	Altruism and Advocacy:				
10	Health: <i>Does not allow his/her health or condition to put patients and others at risk</i>				