



Tutors' Handbook

Student Selected Components (SSC) Based In Primary Care

Convenor: Dr Ann O'Brien

MBBS: 2014/15

**MBBS Degree
Barts and the London
School of Medicine and Dentistry**

Student Selected Components Tutors' Guide

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Departmental Contacts

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PLEASE CONTACT

Janet Johnstone

FOR ALL INITIAL QUERIES

Student Selected Components (SSC) in Primary Care Overview

In accordance with the General Medical Council's (GMC) document "Tomorrows Doctors", Barts and the London School of Medicine and Dentistry offers SSCs in each year of its undergraduate medicine curriculum as an "integral part of the curriculum, enabling students to demonstrate mandatory competencies while allowing choice in studying an area of particular interest to them" (GMC, 2009). The SCC component of the curriculum is a progressive programme of study developed to allow students to exercise some choice in their medical education.

SSCs aim to provide students with the opportunity to either study subjects of interest in more detail or select subjects not covered within the core curriculum.

The Undergraduate Curriculum and SSC

- There is a total of 13 SSCs over the 5 year medical curriculum.
- Of which 8 could be undertaken in primary care (two 2 week placements in years 1 and 2, one dissertation subject in year 4 and a split 2 with a 3 week or 5 week placements in year 5)
- Students are required to keep a SSC Portfolio of all their work.
- All SSCs are graded A-C (pass grades). D (borderline fail) and E (fail).
- Tutors are asked to consider these points when grading: Attendance, attitude, conduct and professionalism. SSCs can often highlight when students are having difficulties.
- Failing an SSC can impede progression to the following year.

SSCs are considered either standard (proposed and developed by a GP tutor in the case of CBME) or Self organised (proposed and organised by a student). Currently students have a limited selection of Standard SSCs based in primary care from which to choose, CBME is keen to increase the number and variety of SSCs in primary care.

Choosing an SSC in general practice offers the student the opportunity to:

- Explore general practice in greater depth
- Work within the practice and primary care team
- Become involved with the patient journey
- Develop an holistic approach to patient care

Developing an SSC provides a unique opportunity for the GP tutor to teach to their area of interest, be creative and develop their own module; whilst either deepening or expanding the students understanding of an area of general practice and primary care in general. Benefits include fewer students to teach during SSC modules (2-4 per SSC) enabling the students to have more time with their tutor and vice versa. Primary care SSC modules therefore provide an excellent opportunity to consolidate clinical skills that are otherwise covered more briefly in the curriculum, but also to explore an unusual or atypical are of clinical medicine.

AIMS AND OBJECTIVES OF THE SSC PROGRAMME

AIMS:

- Critical role in supporting, reinforcing/underpinning the development of key skills and learning developed in the core curriculum. This includes acquiring a broader based knowledge providing an appreciation of medicine in its wider context; studying subjects of interest in greater depth.
- Key role in equipping students with transferable skills essential to their long term professional development.
- Enhancing the student experience by offering the opportunity to focus and develop, in-depth, particular areas of interest to them.
- Development of an integrated programme which provides students with a range of training skills which can be built upon each year.
- Carried out well, SSCs can often inspire students to want to find out more about primary care.

OBJECTIVES:

The SSC programme has the overall goal of providing the opportunity for students to obtain a rounded understanding of the scientific principles underpinning medical practice and to develop the skills with which to contribute to this process. It also provides additional opportunities for students to access and experience a wide range of clinical specialties to help make informed career choices. Therefore at the end of the 5 year SSC programme the student will have demonstrated his or her ability to:

- Exercise choice in their medical education.
- Acquire broader based knowledge producing an appreciation of medicine in its wider context.
- Study a subject in depth.
- Develop skills of independent study and self-directed learning.
- Use the opportunities offered to study topics of their own choosing and interest.

SSCs AT BARTS AND THE LONDON

Years 1 and 2

Students have the opportunity to select two 2 week SSCs in primary care in year 1 and 2. Each SSC is completed in a designated timetabled slot in the form of two week block periods.

The specific aims and learning objectives of each module are provided by the tutor and detailed in each individual SSC outline. Students may choose to work outside these timetabled slots if it is appropriate to the SSC they are doing.

Year 4

The students are given time throughout the fourth year (but no dedicated block teaching time) in order to write a 6000-8000 word dissertation in an area of medicine, clinical practice or biomedical science. Students can choose from the subjects offered or can choose their own as long as they have identified a tutor who is willing to supervise them. Students receive some help in critical appraisal, public health, improving writing skills and medical authoring. This is an opportunity for students to assess the wider impact of medicine on society, including public health issues and the role of evidence based medicine in medical practice. Students and tutors are encouraged to explore the possibility of conducting research and/or audit as part of this SSC where possible; in this case the work must be suitable and the timescale appropriate.

Year 5

Students are given the opportunity to choose medical placements in London, UK or abroad to develop particular interests and skills. There are four 3 or 6 week SSCs which can inspire career choices or enable students to develop skills they think they may lack prior to entry into the Foundation School. Students will often select one SSC as an opportunity to go abroad.

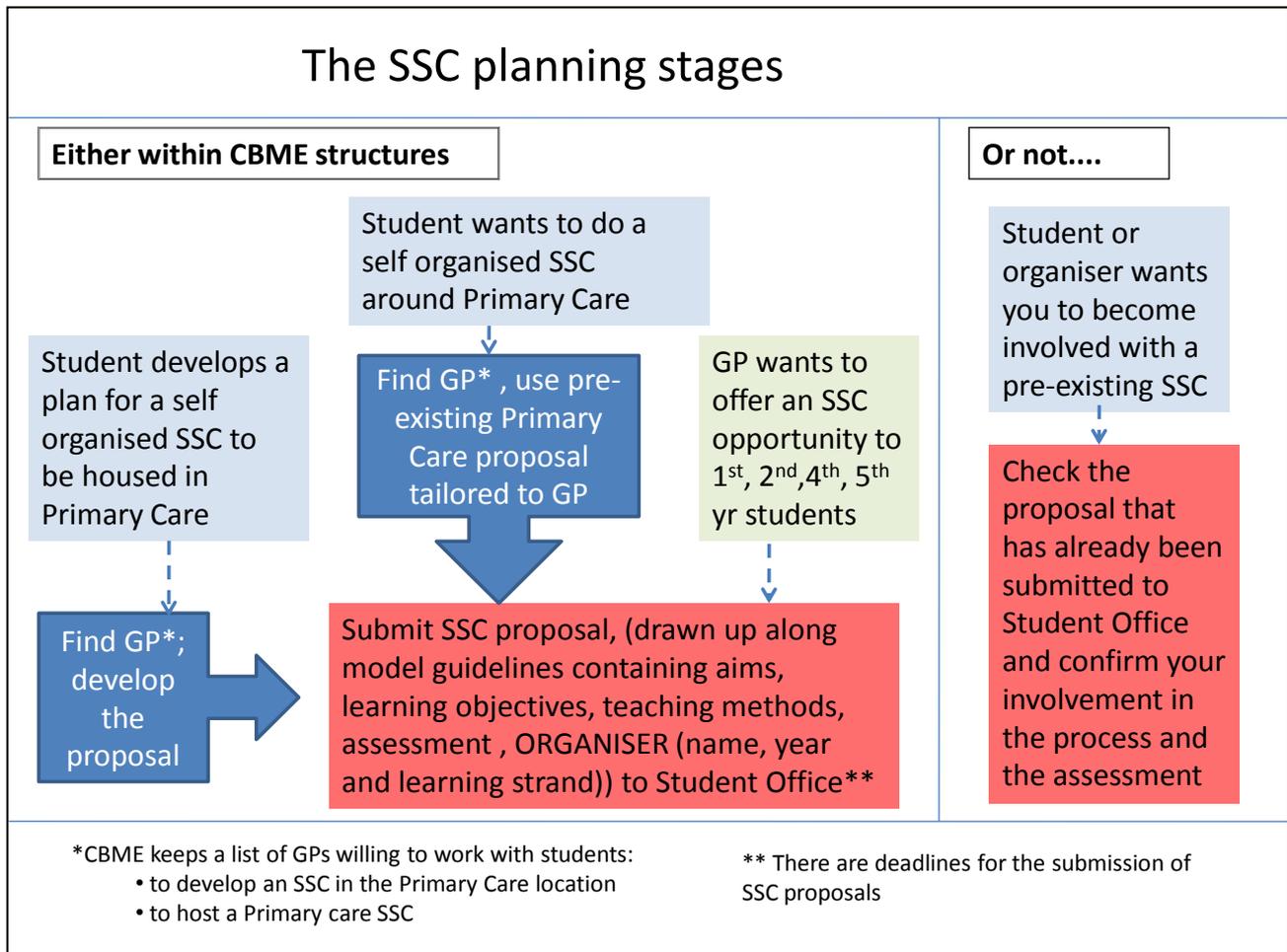
The SSC Portfolio

Students are required to keep a SSC Portfolio of all their work and documentation over the five years of the MBBS degree. Students may be asked to provide this portfolio or work from it for exam board purposes.

Annual Hurdle

Students must successfully complete all SSCs before being allowed to proceed to the following year of the MBBS course.

SSC PLANNING PROCESS



STANDARD SSC

Tutors are invited to propose suitable topics for SSCs, which can be submitted for the student's consideration. Opportunities for interesting SSC often arise during teaching other modules and we are delighted to discuss ideas even at an early stage.

Please bear in mind that choosing an SSC is down to the student and an excellent proposed SSC may not be taken up. CBME realise that this can be disheartening and every effort is made to promote tutor-proposed SSCs

Proposal forms can be requested from Janet Johnstone (j.r.johnstone@qmul.ac.uk). Tutors are encouraged to discuss proposal with the module convenor. A model proposal form is included with this guide (see appendices)

SELF-ORGANISED SSC

All students must complete an application form, which will contain personal details and information about the practice. Students will contact and usually meet with the Tutor to discuss the learning objectives and assessment. It is essential that the content of the SSC has depth and aligns itself to the learning objectives of the curriculum year. The assessment must reflect the academic level of achievement and be appropriate to the content studied. It should include some element of reflective writing to demonstrate the impact of learning achieved.

Tutors are welcome to discuss the student's application with the module convenor.

Please note the module must be approved by the module convenor. Failure to follow this process may result in non-payment. A model self organised SSC proposal form and the Standard Operating Procedure(SOP) flow chart is included with this guide (appendix 2).

SSC PAYMENT

All SSCs organised/validated through the CBME SSC Unit Convener will be funded through GP SIFT; payment is directed to the GP practice and not the tutor providing the teaching. It is essential to follow this process to avoid non-payment.

SSCs organised through other curriculum channels outside of CBME are considered to be part of the teaching duties of School of Medicine/Institute staff and will not be funded. If you are undertaking any work for a student or colleague in respect of SSCs and expect to be paid for this activity, you must clarify payment arrangements at the initiation stage. **If you fail to do this, you are likely to remain unpaid and CBME will not be able to assist.**

ASSESSMENT

SSCs have, by their very nature, the potential for a wide variation in learning style and format. This is reflected in equally diverse methods of assessment of student performance and achievement. The method of assessment is determined by the GP tutor based on the SSC module's proposed aims, objectives and activities. Students completing each SSC are formally assessed and graded by the organising tutor and given an overall assessment of student performance at the end of the module.

A combination of continuous (in-course) or terminal (end-course) methods of assessment may be used in any one module. These can include;

- Essay (title previously given, 1500-2000. Except Year 4)
- Patient case report(s) – written
- Poster presentation
- Publication – paper
- Dissertation of 600-800 words (Year 4 only)
- Report of Literature survey
- Practical project or audit report
- Essays
- Patient literature
- Information leaflet/video
- Reflective diary

In all cases tutors will be asked to comment on:

- attendance,
- general conduct
- professionalism

These are key attributes necessary for a successful career in medicine.

All SSC fails, borderline fails and a random selection of other assessments are moderated internally by the SSC committee.

All written work must also be submitted electronically to the Student Office via the electronic submission links in QMPlus at the same time as it is submitted to the tutor for grading. An electronic copy of work **MUST** also be submitted to the anti-plagiarism website, Turnitin. It is the responsibility of the student to do this and ensure evidence of successful submission is retained. Failure to do this results in an automatic E grade. **Significant plagiarism automatically results in an automatic Fail Grade.**

GRADING

Each SSC will be formally assessed by the SSC tutor at the end of the module. A standardised assessment form will be completed for each student, which will be passed onto the SSC lead tutor Dr Nimesh Patel. Tutors are asked to give a final grade for each student which is a composite of grades awarded based on the following criteria:

1. Attendance
2. Achievement of learning objectives as set out on the SSC outline (e.g. exam/essay)
3. Motivation and engagement in the SSC (including conduct and professionalism)
4. Standard of assessment(s) (where made)
5. Performance in tutorials or seminars (where appropriate)
6. Ability to work as part of a team (where appropriate)

Tutors will give an overall assessment of the student's performance as follows:

A = Excellent

B = Good

C = Satisfactory

D = Borderline fail

E = Fail

Any student who receives a D will be expected to discuss their performance with the SSC Academic Lead who will agree with the student the measures needed to pass the SSC. An 'E' grade requires that the student complete a compensation SSC of a form and timeframe decided on by the academic lead.

Satisfactory performance in SSC programme will be determined at the appropriate year exam board. Failure to comply with the requirements as laid down in the academic regulations may result in the student being asked to leave the course.

A random selection (up to 10%) of assessed work will be reviewed by the SSC committee to ensure consistency of assessment. In addition a further random selection will be inspected by our external examiners. The Grading criteria is included with this guide

PROFESSIONALISM

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

If you are unconcerned about a student's professionalism, an overall assessment of "Satisfactory" may be given without marking 'Satisfactory' on every criterion.

Overall "Unsatisfactory" students are to be referred to their Academic Year Tutor. Please give full reasons for any 'Cause for Concern' or 'Unsatisfactory' assessments on the form provided. A copy of the Professionalism form is included with this guide

| | Grade A- Excellent (21-25 points) | Grade B- Good (16-20 points) | Grade C- Satisfactory (11-15 points) | Grade D- Borderline Fail (6-10 points) | Grade E- Outright Fail (0-5 points) |
|---|---|--|---|--|--|
| | 5 | 4 | 3 | 2 | 1 |
| Attendance | Excellent attendance at all sessions | Good attendance at all sessions | Good attendance at session- perhaps one missed session with good reason and prior notice | Incomplete attendance or more than one missed session. Some avoidable and unexplained absence | Unacceptable absence from sessions with no good reason nor prior notice |
| Achievement of learning objectives as set out on SSC outline | All learning objectives achieved with exceptional performance | All learning objectives achieved with good performance | All major learning objectives achieved with adequate performance | Failed to achieve some of the learning objectives Performance has been generally poor | Failed to achieve most of the learning objectives Unsatisfactory performance |
| Motivation and engagement in the SSC | Highly motivated Showing excellent self initiative and commitment with appropriate attitude and conduct throughout | Highly motivated, showing good self-initiation and commitment, with appropriate attitude and conduct throughout. | Generally well engaged in the SSC activities. Does not necessarily show great initiative Appropriate attitude and conduct throughout. | Poorly motivated and lacks initiative Engagement in module is marginal Some evidence of inappropriate attitude and conduct | Unmotivated, lacks initiative Engagement with the module is unacceptable Possible inappropriate attitude and conduct |
| Standard of assessments (where made) Performance in tutorials/seminars/ and when interacting with patients | Submitted in time. Exceptional work in appropriate format. Full understanding of concepts Achieves outstanding results | Submitted on time. Good work in appropriate format Demonstrates understanding of all major concepts and Achieves above average results | Submitted on time. Adequate work may not be in entirely the appropriate format Demonstrates understanding of most of the major concepts and achieves average results | Submitted late Work demonstrates understanding of basic concepts but is lacking in important areas and achieves average results | Submitted late Incomplete work, lacking understanding of basic concepts with poor results |
| Ability to work as part of a team (where appropriate) | Makes a major and insightful contribution to group activities | Makes a significant contribution to group activities | Makes an effort to make some contribution to group activities | Makes little effort to make a contribution to group activities | Makes no effort to make a positive contribution to group activities May have a negative impact |

Professionalism Assessment Form

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

INSTRUCTIONS: You need to decide if the student's professionalism is satisfactory or unsatisfactory.

If you are **NOT** concerned about a student's professionalism, an overall assessment of '**Satisfactory**' may be given without marking 'Satisfactory' on every criterion.

- 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'**.
- **Always** decide and **mark** an overall **Satisfactory or Unsatisfactory** at the bottom of form.
- **Overall Unsatisfactory students are to be referred to their Academic Year Tutor**
- Please give **full** reasons for any 'Cause for Concern' or 'Unsatisfactory' assessments on the reverse of this form.
- The student should make any responses on the reverse of this form.

| | Student Name: | Satisfactory | Cause for Concern | Unsatisfactory | Unable to observe |
|-----|--|---------------------|--------------------------|-----------------------|--------------------------|
| 1. | Honesty and integrity: <i>Always honest with patients, peers, staff and in professional work (presentations, documentation, communication)</i> | | | | |
| 2. | Reliability and responsibility: <i>Reliable and conscientious. Punctual. Completes assigned tasks. Accepts responsibility for errors.</i> | | | | |
| 3. | Respect for patients: <i>Consistently demonstrates respect for patients' autonomy and dignity. Maintains confidentiality at all times. Always appropriately dressed for clinical setting.</i> | | | | |
| 4. | Respect for others: <i>Shows respect for patients' relatives, other health care team professionals and members of staff.</i> | | | | |
| 5. | Attendance and approach to learning: <i>Full attendance, participation and seminars and other learning opportunities.</i> | | | | |
| 6. | Compassion and empathy: <i>Listens attentively and responds humanely to patients' and relatives' concerns.</i> | | | | |
| 7. | Communication and collaboration: <i>Works cooperatively and communicates effectively with patients and health care team members.</i> | | | | |
| 8. | Self-awareness and knowledge of limits: <i>Recognises need for guidance and supervision, aware of appropriate professional boundaries. Personal beliefs do not prejudice approach to patients.</i> | | | | |
| 9. | Altruism and advocacy: <i>Adheres to best interests of patients.</i> | | | | |
| 10. | Health: <i>Does not allow his/her health or condition to put patients and others at risk.</i> | | | | |
| | OVERALL ASSESSMENT | | | | |

Please indicate if this assessment has been discussed with the student (circle): **YES** **NO**

SSC Schedule: 2014/15

Year 1

| SSC | Titles advertised to students | Selection deadline | Notification of SCC students | Tutor notification |
|-----|-------------------------------|--------------------|------------------------------|--------------------|
| 1b | Early October 2014 | End October 2014 | November 2014 | |
| 1c | Early October 2014 | End October 2014 | November 2014 | |

Year 2

| SSC | Titles advertised to students | Selection deadline | Notification of SCC students | Tutor notification |
|-----|-------------------------------|--------------------|------------------------------|--------------------|
| 2b | Early October 2014 | November 2014 | November 2014 | |
| 2c | Early October 2014 | April 2015 | November 2014 | |

Year 4

| SSC | Titles advertised to students | Selection deadline | Notification of SCC students | Tutor notification |
|-----|-------------------------------|--------------------|------------------------------|---|
| 4a | August 2014 | 6 October 2014 | 20 October 2014 | (GP tutors contacted in Jun to see if offering SSC) |

Year 5

| SSC | Titles advertised to students | Selection deadline | Notification of SCC students | Tutor notification |
|---------|-------------------------------|--------------------|------------------------------|--------------------|
| 5a/b R1 | April 2014 | May 2014 | August 2014 | |
| 5a/b R2 | April 2014 | May 2014 | August 2014 | |
| 5a/b R3 | April 2014 | May 2014 | August 2014 | |
| 5a/b R4 | April 2014 | May 2014 | August 2014 | |

SSC MODULE DATES FOR 2014/15

Year 1

2 March – 12 March 2015

20 April - 1 May 2015

Tutor marking deadline: within 1 week of finish of attachment.

Year 2

8 December 2014- 19 December 2014

4 May – 16 May 2015

Tutor marking deadline: within 1 week of finish of attachment

Year 4

September 2014 – June 2015

(Tutor contact is spread throughout the year, there is no dedicated block teaching timetabled)

Tutor marking deadline: 29 June 2015

Year 5

1 September – 10 October 2014

13 October - 21 November 2014

1 December 2014 -23 January 2015

26 January - 9 March 2015

Tutor marking deadline: within 1 week of finish of attachment

(Students may choose to undertake it as 1 x two week and 1 x3 week blocks or a single 5 week block as their SSC)

APPENDIX : SAMPLE STANDARD AND SELF-ORGANISED SSC PROPOSAL FORMS

STANDARD SSC PROPOSAL FORM:

- Year 1
- Year 2
- ✓ Year 5

Please refer to the SSC Proposal Guidelines when completing this form.

Section 1: SSC information to be made available to students

(BLOCK CAPITALS)

| | |
|-----------------------|--|
| SSC Title: | AUDITING CHRONIC DISEASE MANAGEMENT |
| Organiser: | DR JIM LAWRIE – ROYAL DOCKS |
| Medical/Subject Area: | 1. AUDIT - MANAGING CHRONIC DISEASE |

SSC DETAILS

| | |
|----------------------|--|
| Aims: | <ul style="list-style-type: none"> To teach medical students how to perform a clinical audit and how the audit cycle can be used to improve health care for individuals and populations. To look at the management of chronic diseases in general practice, such as Diabetes mellitus, chronic obstructive pulmonary disease and hypertension. To learn that managing chronic disease needs a system of follow up and review of patients on a disease register. To understand how a disease register is set up in general practice and how this is used for regular review and follow up. To allow the students hands on experience of performing an audit and meeting individual patients on disease registers, reviewing their current health status and recording their findings. Repeating their own audit to see how they have made a difference. To allow the students to formulate plans to improve the ongoing provision of care in their chosen chronic disease group. |
| Learning Objectives: | <ol style="list-style-type: none"> 1. To understand the audit cycle. 2. To understand how to draw up a disease register 3. To understand the importance of managing chronic disease in general practice. 4. To understand how a specific chronic disease is managed in general practice. 5. To perform an audit. 6. To review patients identified in the patients as needing review. 7. To reflect on the results of the re-audit to decide how management could be improved in future. |

Outline of Module:

- The students will be introduced to the practice and meet the team and have an introductory tutorial about audit and its role in managing chronic disease in general practice.
- Time will be allocated to sit in with doctors and nurses to see how chronic diseases are managed in real consultations in general practice.
- The students will be supported to run their own audit of a specific chronic disease chosen by themselves as a group or individually.
- The results of the audit will be reviewed and discussed with the tutor and a management plan formulated.
- The students will have the opportunity to see some patients identified by the audit, either with the tutor or in pairs to review specific areas of management. Their findings will be discussed with the tutor and collated to form part of the re-audit.
- The full audit cycle will be reviewed and an action plan drawn up to include time scales to review audits and actions to enhance management and review in the future.

The action plan will be shared with the rest of the practice team.

Assessment:

Performance in the tutorials audit and patient reviews
Standard of the written presentation of the audit and chronic disease management plan.

Facilities Available:

Dedicated clinical consulting room
Shared teaching room with audio visual and personal computer with internet access.
Access and training for the use of the Emis clinical records system.

Location:

Royal Docks Practice
21 East Ham Manor Way
Beckton
London
E6 5NA

Information you provide from this point onwards will not be made available to students. It is used for planning and administration purposes only.

Section 2: Resources/Facilities required for delivery of the module

| | |
|------------------|---|
| Teaching Space: | 1 Group teaching room 1 Clinical assessment and consultation room |
| Equipment: | EMIS clinical assessment system Clinical equipment, as used in basic clinical consultation room Flip chart and electronic projector |
| Other resources: | Opportunity to sit in with other primary care team members during consultations to manage chronic diseases. |

Section 3: Details of SSC Organiser(s)

| | |
|------------------------------------|---|
| Name: | |
| Clinical Directorate or Institute: | General Practice |
| Contact Address: | Royal Docks Practice, 21 East Ham Manor Way, Beckton, London E6 5NA |
| Location: | East London |
| E-mail: | |
| Telephone: | |
| Facsimile: | 0207 511 1492 |
| Details of appointment: | <ul style="list-style-type: none"> • School: Honorary Lecturer • Trust: • BLT • Other _____ • Other (please state) |

If teaching is shared, please list the other Departments, Divisions or Hospitals involved, with an estimate of teaching contribution of each.

| Contact Name | Department | Location | Time (%) |
|----------------|------------|----------|----------|
| Not applicable | | | |
| | | | |

Section 4: Teaching and Learning

Please indicate which methods of teaching and learning will be used and the approximate amount of time spent by the student in each of the proposed teaching methods.

| Method of Teaching: | | No. of hours |
|--------------------------|--------------------------------|--------------|
| <input type="checkbox"/> | Lectures | |
| | • Problem Based Learning | |
| | • Literature Research | |
| | • Clinical Demonstration | |
| | • Student Presentation | |
| | • GP Attendance | |
| | • Tutorials | |
| | • Laboratory Practical | |
| | • Clinical Skills Laboratory | |
| | • Ward Round Attendance | |
| | • Out Patient Attendance | |
| | • Clinical Case Interpretation | |
| | • Other(s) (please specify) | |
| Total: | | |

Section 5: Assessment

Please indicate which methods of assessment will be used, their frequency, duration and/or length, and the % contribution to the final mark for course.

| Method | Frequency/ Number | Duration/ Length | % of contribution to final mark |
|------------------------------------|-------------------|------------------|---------------------------------|
| • Unseen essay | | | |
| • Unseen MCQ | | | |
| • Unseen short answer paper | | | |
| • Essay (title previously given) | | | |
| • Report/Literature survey | | | |
| • Practical project report | 1 | 3000words | 70% |
| • Patient case report(s) – written | | | |
| • Practical examination | | | |
| • OSCE | | | |
| • Oral examination | | | |
| • Poster presentation | | | |
| • Patient/case presentation – oral | | | |
| • Publication – paper | | | |
| • Other (please specify) | | | |

| | | | | |
|--------------------------------|-----------------------------------|---|---------|------|
| In course: (if appropriate) | • Workbook | | | |
| | • Assessed tutorials | 1 | 2 HOURS | 30% |
| | • Assessed clinical presentations | | | |
| | • Essays | | | |
| | • Other (please specify) | | | |
| | | | Total: | 100% |

Section 6: Signature of SSC Organiser

I confirm that the information provided is correct.

Signature:

Date:

Section 7: Submission of the completed form

The completed form should be returned to:

Miss Catherine Allan
SSC Administrator
School of Medicine & Dentistry
The Student Office
Garrod Building
Turner Street
Whitechapel E1 2AD
Tel: 020 7882 2238
Email: catherine.allan@qmul.ac.uk

Section 8: SSC Approval

For internal purposes only.

| | | |
|--|---------------------------|----------------------|
| 1. Approval by SSC Programme Director: | SSC Programme Director | <input type="text"/> |
| | Signature | <input type="text"/> |
| | Date of Approval | <input type="text"/> |
| 2. Approval by SSC Committee: | Chairman of SSC Committee | <input type="text"/> |
| | Signature | <input type="text"/> |
| | Date of Approval | <input type="text"/> |

Appendix 2: Example of student proposed SSC

| | |
|---------------------------------|---|
| SSC Title: | Clinical Placement in General Practice (Psychiatry-oriented) |
| Aims of SSC: | <ul style="list-style-type: none"> To have an understanding of the common clinical presentations that feature in the GP clinic with special emphasis on psychiatric conditions Get an insight into the spectrum of common psychiatric conditions in general practice To have the ability to obtain histories and examine patients and present to the general practitioner To have the ability to obtain a psychiatry-oriented history from patients with fluency To gain competence in carrying out psychiatric screen (for depression/suicide /psychosis/ MMSE/substance misuse) common to the level of a junior doctor To have knowledge on pharmacological treatment of common psychiatric illness along with their common side effects with consideration to other treatment modalities (psychosocial intervention) |
| Learning Objectives: | <ul style="list-style-type: none"> Have the ability to obtain histories and examine patients who present in the GP clinic Have the ability to take an psychiatry-oriented history fluently from patients Gain the ability to perform a psychiatric screen/risk assessment Develop clinical knowledge on common psychiatric conditions that feature in general practice Develop clinical reasoning skills that enable one to arrive to appropriate differential diagnosis. Have the ability to formulate treatment plans for common conditions |
| SSC Activities: | <ul style="list-style-type: none"> Attending GP clinics Examining patients, presenting findings Shadowing members of the general practice team Choose an area of interest within the field of psychiatry and research in depth to be the basis of the written assessment task |
| Method(s) of Assessment: | <p><u>In-course:</u></p> <ul style="list-style-type: none"> Attendance to GP clinics Display of competent history taking & examination Achievement of learning objectives as outlines above <p><u>End-course:</u></p> <ul style="list-style-type: none"> Oral exam on common psychiatric conditions and their treatment Case write up of a selected patient with a psychiatric problem; this should include differential diagnosis & reflection An essay/critical appraisal on a treatment within the field of psychiatry; this should be between 1500-2000 words |

To include a 1500-2000 reflective essay.

Self Organised SSC proposal 2008-09 by year 4 MBBS, Student Ali Sultan (permission was granted by the student to reproduce the SSC details).