



Introduction to Medicine in Society & Extending Patient Contact Year 2

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Unit Convenor

Learning Outcomes

By the end of this lecture, you should be able to

- Outline the Aims and Objectives of the Medicine in Society 2 and EPC Course
- Describe the assessment criteria for this unit
- Recognise how to act professionally on clinical placements
- Identify constructive feedback

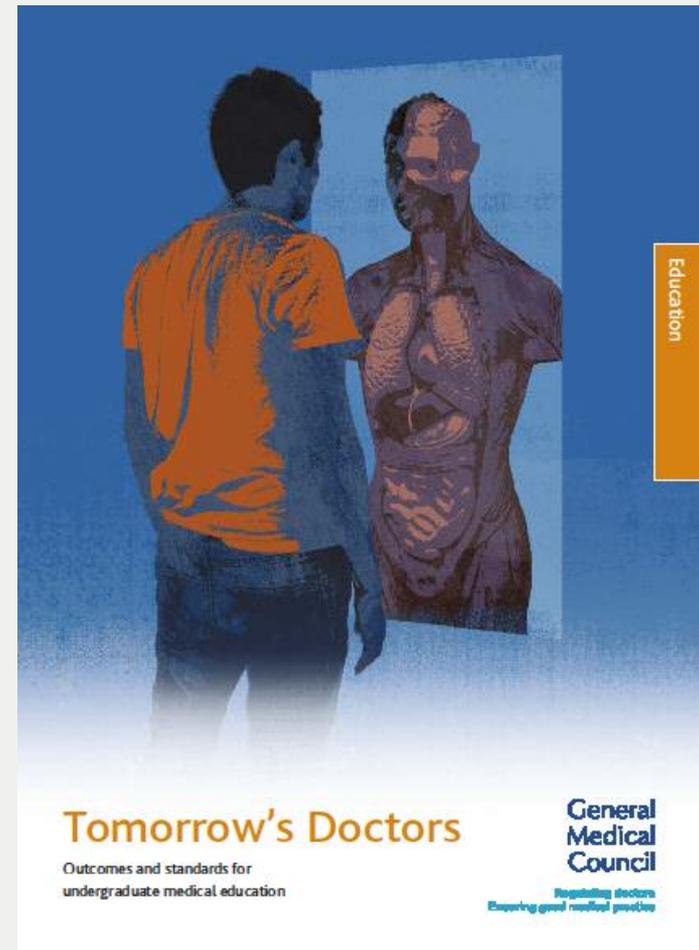
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- Why do we have early patient contact?

Why do we have early patient contact?

- Motivating
- Learning in context
- Integrating knowledge, skills, clinical practice
- Opportunities to practice skills in a supportive environment
- Awareness of the culture and the climate in which healthcare is delivered
- Students enjoy it – feedback 92% satisfaction (RR 32.6%)

Recommendations in *Tomorrow's Doctors*

- Greater emphasis on teaching in community settings
- A broader understanding of population health, health promotion and preventive medicine
- A greater degree of... integration of clinical and non-clinical subjects through the curriculum
- Principles of professional practice must form the basis of medical education
- Personal Portfolios should be used in preparation for revalidation post-registration



Tomorrow's Doctors (GMC, 2009)

Extending Patient Contact

- 12 themed 3 hour sessions in General Practice
- Starting 6/10 (A/B) and 13/10 (C/D)
- Need to be back for 13.00 start

Practicalities

- E-mail with GP name and location of placement
- Reporting instructions – start at 9am on day 1
- Student and tutor information on QM+

Extending Patient Contact Learning Objectives

By the end of this unit, students should be able to:

- link their theoretical knowledge to clinical situations
- talk appropriately to patients, and gain insight into the variety of patient concerns, the patients perspective of illness, treatment and its impact on them and their families
- undertake under adequate supervision, the appropriate clinical examinations such as blood pressure and other basic examinations and receive feedback on their performance;
- reflect on the attributes required of them as professionals by seeing how senior colleagues perform in clinical practice, aiding their professional growth.

Assessment for EPC

Worth 5% of the 'in-course assessment' paper

- 5 elements each marked out of 10 to give a global score
 - Knowledge
 - Communication skills
 - Clinical Skills
 - Professionalism and Attitude
- + a 500 word reflective essay on *'an occasion that you interacted with a patient that resonated with you for some reason, for example it made you think of a patient / medical condition in new light, or it raised some ethical issues'*

MedSoc 2 Outline

- 11 alternate Tuesdays
- Start date 13/10 (A/B) or 20/10 (C/D)
- Diverse placements, generic aims and objectives
- Placement allocation information in next few days – E-mail from Mary Martins.

Med Soc 2 Course Aims

The aim of Medicine in Society in Year 2 is to introduce students to the **patients' experience** of **chronic ill-health**, and the **healthcare systems** that are responsible for providing the **care and management** for those **individuals** and their families.

Placements

Variety of placements used:

Community mental health, child and adolescent psychiatry, old age psychiatry, assertive outreach teams

Care of older people

Renal services

Palliative Care

Community Child Health

Drug and alcohol services

Plastic surgery

Medicine in Society year 2 Objectives

- Appraise the **impact** of chronic illness **on the patient** and their family
- Identify common themes in the **management of chronic conditions**
- Recognise the **role of patients in caring for themselves** and identify and learn from patient expertise, particularly in dealing with chronic conditions.
- Explain the roles played by different members of the multi-disciplinary health care team (**MDT**) and how the patient's care is optimised by effective **team working**
- Discuss the different **roles** that may be **played by the doctor** in working with the MDT to care for the patient e.g. clinical leader, patient advocate, team manager, teacher.
- Reflect on the **doctor's role as leader** and the prerequisite skills to lead.

Medicine in Society year 2 Objectives

- Demonstrate the taking of a **social history** from a patient
- Distinguish the roles played symptoms from that played by **social factors** (such as housing, education and employment) on the impact of illness on the patient and their family
- Debate the impact of issues relating to **equality and diversity** i.e. disability, race, gender, sexuality on access to services, and on health behaviours and outcomes.
- Identify and evaluate the **health promotion interventions** provided by your service for its client group
- Describe the impact of **public health measures** on population health in your service area and specifically related to your patient and their illness
- Identify interventions made to ensure services are **accessible** to all client groups with respect to equality and diversity.

Assessment for Medicine in Society 2

- Three elements
- Formative
 - Attendance is compulsory
 - Log book is for your benefit
 - Preparation for Meeting a HCP (1 uploaded to QM+)
- Case Presentation (50%)
 - 20-30 minute case presentation in pairs describing a clinical condition
- Project Report (50%)
 - A 1500-2000 word write up of an aspect of the case presentation that you have chosen to study in depth

Case Presentation

- Case Presentation – in pairs on Day 9
 - Comprehensive account of the clinical aspects of the case
 - Discussion of the patient's and Carer's perspective
 - Evidence of understanding of the health promotion aspects of the case
 - Understanding of the MDT
 - Appropriate use of IT

Project Report

- Introduction
- Discussion
- Conclusion
- Presentation and referencing

Not a reflective essay!

- Submitted to tutor **and** electronically to Turnitin by day 10
- Prize for the best in year!!!

Challenges

- Unstructured
- Large/complex organisations and teams
- Little dedicated teaching time
- May see different personnel each time
- Teams will not always be expecting you
- Clinical service delivery takes priority
- 11 sessions in same service

Opportunities

- Developing the skills you will need in year 3
- Chance to get involved as part of a clinical team
- In-depth look at a service/client group
- Long term contact with a team/tutor
- *Unstructured*
- *Large/complex organisations and teams*
- *Little dedicated teaching time*
- *May see different personnel each time*

Arrangements with Placements

- Tutors name, address and post code and telephone number in E-mail
- If not E-mail me - m.j.hayfron-benjamin@qmul.ac.uk - based in room 3.15, Garrod Building
- Or mary.martins@qmul.ac.uk (MedSoc 2) or johnstonekelly@qmul.ac.uk (EPC) One student from each group to contact the placement by E-mail or ask to speak to named tutor or their secretary
- Getting to placement – www.tfl.gov.uk/tfl

Being professional?

Being Professional

- Appropriate attitude
- Respect – tutors, patients, colleagues
- Behaviour
- Attendance
- Timekeeping
- Handwashing
- Dress – bare below elbows, no jewellery on hospital sites; elsewhere – local guidance
- Hygiene and grooming

Medical Students: Professional values and fitness to practice, GMC 2009

In order to demonstrate that they are fit to practise, students should:

- (a) reflect regularly on standards of medical practice in accordance with *Good Medical Practice* and *Tomorrow's Doctors*
- (b) **attend compulsory teaching** sessions or make other arrangements with the medical school
- (c) **complete and submit course work on time**
- (d) **be responsible for their own learning**
- (e) **reflect on feedback** about their performance and achievements and respond constructively
- (f) be familiar with guidance from the GMC and other organisations, such as medical schools, hospitals, trusts and health boards
- (g) **respect the knowledge and skills of those involved in their education**
- (h) **make sure they can be contacted** and always respond to messages in relation to care of patients or their own education.

Feedback

Responsibilities as students

- Feedback to placement tutors at end of placement
- **What were we supposed to learn? Psychiatry?** We were **extremely unlucky** that our **lead tutor was off sick** for the vast majority of the course and as such our teaching was done by the registrar **Dr X** who was very good, but **understandably lacked insight into the course**. As the **team were short staffed**, there was little time allocated for formal teaching which made learning tricky. We were able to see plenty of patients, although only on a few occasions were we able to interview them without the doctor's presence. It was often difficult to see patients as **the center's schedule for Tuesdays was quite rigid**

Response from student

- Yes, I'm afraid that the feedback was from me. I seem to remember that I filled it out after a rubbish day, and quite agree that what I wrote was not constructive, and was what's more unprofessional. Would it be possible to review what I wrote and amend or write another, more constructive piece

Rewritten feedback

The placement was very heavily focussed around psychiatry – a topic not covered before as students. This made the weeks before covering the B&B module difficult, however after it was a handy opportunity to contextualise some of the conditions I was learning about in lectures. **Seeing patients on visits with the doctors was useful, although more time with patients, interviewing them, would have been welcomed** for a greater duration of the course. The patients in the ward were interesting to interview, and I gained valuable experience in interviewing patients with psychiatric conditions. However, often the interviews were difficult to structure, as they felt as though they were formal, and thus requiring a history to be taken. With very little history taking experience or teaching it did on occasions make the interviews difficult. **Dr X did give us a brief introduction to psychiatric history taking in the first session, which was good, but more teaching would have been well received.**

On the few occasions I shadowed other members of the MDT I feel I gained a valuable insight in to their roles, but would have liked more than just the two trips I made with an OTA and social worker.

Our response to feedback

- New Clinical Education strand in Year 2
 - Introduction to Psychiatry - Dr Juliette Brown
 - Drugs and Alcohol - Dr Alex Verner
 - Diversity - Sylvan Baker
 - History taking – Angela Rowlands
 - Communicating with patients with speech impairment – Dr Celia Woolf
 - Final session with me in spring 2016
- Working with Dr Kelly, HSPH

Take home message

- Dress appropriately
- Arrive on time
- Read your unit handbook and prepare
- Be proactive, Use your social skills
- **Contact me ASAP if there are problems**
- Join the MPS or the MDU
- Inform us today if you have special circumstances
- Check your E-mails regularly
- Constructive feedback for tutors at end

Further reading

'How to succeed at Medical School'. Dason Evans,
Jo Brown. Wiley-Blackwell

'101 Things to do with spare moments on the
ward'

Dason Evans, Nakul Patel. Wiley-Blackwell