

LEICESTER MEDICAL SCHOOL

Clinical Teachers' Newsletter

Welcome to the third edition of the Leicester Medical School Clinical Teachers' Newsletter.

As the Final Clinical Examination fast approaches, we thank all of our clinical teachers for the part they have played in preparing the students for the task that lies ahead, and more importantly for supporting the Medical School in producing safe, competent and professional future doctors.

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“ Always laugh when you can, it is cheap medicine. ”

George Gordon Byron

**Selecting Tomorrow's Doctors**

Entry to UK medical courses is extremely competitive. In selecting for the profession, schools must develop reliable, valid and objective methods to choose candidates who possess the academic and personal qualities expected of a good doctor. At Leicester Medical School (LMS) we score and rank candidates based on their academic grades, in combination with their UK Clinical Aptitude Test (UKCAT) results and interview the highest ranking candidates. Our interviews are designed to be as objective as possible and to assess those attributes we believe to be required in a good doctor.

At LMS we are in our third year of using OSCE-style, multiple mini interviews (MMIs) comprising 8 stations, each lasting 7 minutes.

MMIs allow multiple samples of each candidate's performance by different assessors, over a wide range of attributes.

When developing MMI stations we map them to the outcomes of Tomorrow's Doctors (GMC). Current stations assess communication skills (written, verbal and non-verbal), listening skills, empathy, awareness of team functioning, problem solving skills, and motivation. We hope that this selection method will lead to more successful students, both academically and professionally.

Many of you may have been involved in interviewing candidates and your help and expertise in this is greatly appreciated. We are always after new volunteers, especially from the Clinicians, and will be embarking on a recruitment drive shortly. Our selection process is regularly reviewed and we are very happy to receive suggestions.

Dr Margaret Barnes-Davies

The Francis Report: Impact on Leicester Medical School



The Francis Report was published on 6 February 2013. The report produced 290 recommendations, 281 of which have been accepted by the Government. The overall findings of the report are best summarised by “there should be a shared culture in which the patient is the priority in everything done, the staff put patients before themselves and staff will do everything in their power to protect patients from avoidable harm”. The report requires Medical Schools to work with care providers to ensure that students are able to feedback concerns about standards of care. The Medical School sought the views of medical students. In the case of first, second and third year students Professor London delivered a talk about the report and Mr Stephen Dorrell MP addressed the fourth year students. These talks were followed by small group discussion and debate. It was quite apparent that the student body was shocked by the findings of the Francis Report. A full response from students and staff has been published on the Medical School web site **Medical School Response to Francis Report**.

Based on the students' views, changes to the curriculum have already been made and will continue to be made. For example, in the area of student selection, the MMI process will address issues such as conflict management and resilience. In addition patients will be involved in the selection process. Within the curriculum itself, first year students will spend half-a-day a week as volunteer care assistants and during the second year as volunteer assistant nurses on the wards. Students have requested specific instruction on how to apologise to patients and additional teaching on the emotional impact of disease. Many students reported that arrogance amongst their peers has to be addressed and also felt that there should be clearer pathways for raising concerns about fellow students, doctors and for raising concerns about patient care and clinical events. This has been addressed in the document: **Guidance for Students on Raising Concerns**.

There was a strong feeling from the student body that there should be more apprenticeship within the curriculum and again this will be addressed with the curriculum revision. In respect of developing resilience, suggestions ranged from deliberately changing tutorial groups in the second year and asking foundation year doctors to speak to students about their experiences.

Having delivered the lectures regarding the Francis Report and having helped analyse the outcome of the discussion groups, I have been extremely impressed by the professional and caring attitude of our students. The student body seems determined to do their best to care for patients and the Medical School is equally determined to work with the student body to achieve this end.

Professor Nick London

Burton's Approach to Patient Safety for Medical Students

At Burton, we believe that we should be empowering our undergraduate medics to be on the lookout and to speak out if they have any concerns regarding Patient Safety.

Patient Safety plays an integral part in the student induction to the Trust regardless of their area of study and we have put in place several mechanisms for students to be able to raise any concerns they may have. There is a clinical teaching speciality doctor who acts as liaison with the students and they can contact them directly with any concerns. We aim to be approachable and accessible and operate an open door policy for raising concerns. For those who are less confident there is a website specifically for those students placed at Burton, and they may use the contacts page on the website to voice their concerns with the assurance of a confidential response. The site also has links to Trust policies and advice that can be accessed from anywhere via the internet. Burton also has a new medical student policy that clearly outlines the student responsibility regarding patient safety, professionalism and clinical conduct.

On joining the Trust students are given a skills update that familiarises them with Trust policy and equipment for basic clinical skills such as cannulation, venepuncture and hand hygiene.

They are encouraged to challenge anything they see that does not meet these standards.

We are also currently looking at how inter-professional simulation can be used to teach on current patient safety issues for staff of all levels of experience including undergraduates.

The need to prioritise patient safety is not something that comes with experience or following qualification. The responsibility lies with all of us and should come from the very first contact with the patient and their environment, and undergraduates are vital in helping us achieve this aim.

Dr Lauren-Grace Kirtley, Queen's Hospital, Burton



Block Spotlight

'The Reproductive Block'

The Reproductive Block is a senior rotation block, offering students experience in Obstetrics, Gynaecology and Genitourinary Medicine.

Students enjoy this block and appreciate the mix of medical and surgical aspects within the speciality. It also poses new challenges to students, largely around consent for and conduct of intimate examinations, medico-legal and ethical issues surrounding reproduction, individual and public health implications of many reproductive conditions, and of course the concept of having 'two patients in one'.

During the block students should acquire knowledge and skills that would enable them to evaluate and manage common clinical presentations within these specialities. They are also expected to learn first-aid level skills in conducting a normal delivery.

The block is structured into an introductory three days, followed by the main 'clinical' body of the block, and then ending with formative assessment in the final week. Formative assessment consists of an OSCE and a written paper in the EMQ format.

The block teaching includes classroom teaching, clinical sessions and self-directed learning. The comprehensive problem based workbook consistently scores highly in feedback.



5 Minutes with Dr Andrea Akkad, Reproductive Block Lead

Q1. What does the Block Lead role entail?

My role has two components - one is primarily to oversee the organisation and running of all elements of the Reproductive Block at UHL. Beyond that it entails participating in final exams, recruiting appropriate patients and examiners, liaising with block leads at peripheral hospitals, and problem solving issues arising for students at any site. My role also has a central component. As Education Lead, I contribute to essential activities at Leicester Medical School and have responsibilities as a member of the Assessment and Quality Assurance teams.

I am supported in the UHL component of my role by Mr Osric Navti and Miss Angie Doshani, who contribute substantially to the teaching programme. Dr Jyoti Dhar organises the details of the GUM component of the block and delivers the bulk of its teaching. We couldn't function without Nichola Smith, Block Administrator, who keeps us all organised!

Q2. What do you enjoy most about the role?

I enjoy the fact that I can engage in a variety of activities, ranging from face-to-face teaching to organising exams.

Q3. What are the key challenges of the role?

Delivery of clinical teaching is our main challenge. The way hospitals work has changed as more patients are now treated in the day care and outpatient setting. Additionally, ongoing departmental changes within Obstetrics and Gynaecology at the UHL have led to logistical (and geographical!) challenges, which we will hopefully continue to successfully address as new systems settle in place. Another competing pressure for the delivery of teaching has been the alteration of junior doctors work patterns and amended team structures.

Q4. What do you consider to be the main areas of good practice within the Reproductive Block?

The Workbook seems to be one of the best features of the block. It is based on a mix of open and guided discovery problem based scenarios, with a large number of cases that students need to work through and complete. It takes the students across a substantial part of the curriculum, which they appreciate.

Q5. Are there any developments, on the horizon, within the Reproductive Block?

There are a number of changes and improvements on the horizon. We are adapting the course to new facilities and work patterns within the new structures, and making the most of new educational facilities at UHL. We also envisage developing our assessment processes to keep them in line with the Medical School.

MEDICAL SCHOOL NEWS BITES

Leicester Medical Student Wins Prestigious Professor Ellis Award



Above: David Ferguson

Fifth year medical student, David Ferguson, recently won the prestigious Professor Harold Ellis Medical Student Prize for Surgery. David was required to write a 500 word abstract entitled "How can the medical students of today ensure they become the best surgeons of tomorrow?" Every medical student in the UK was eligible to apply for the prize and from the 90 entries; the panel chose the top 15 who travelled to the Royal College of Surgeons of England in London to present in the final. David delivered a presentation to the panel of judges on the topic "Is it beneficial for patients to know individual surgeons' results?"

Following the presentation David had to field questions from the judges for a further 5 minutes. David stated: "I was delighted to win first prize and £500 from the college. A further £100 was given to the Leicester Scrubs society (student surgical society) by the college following my success." He also gave thanks to Dr Ron Hsu, stating: "Dr Hsu was very instrumental in my success. The HadPop module he delivers to all first year medical students at the university formed the basis of my knowledge and understanding of health statistics and this proved imperative during my preparation and delivery of the presentation. Dr Hsu made time to meet with me to discuss the material I was considering presenting at the final and suggested a novel approach which helped me greatly when thinking about how best to proceed with the task. I am most grateful to Dr Hsu and am certain that the knowledge he has imparted over my time at medical school will stand me in good stead in my future role as a doctor."

New Medical Building Update

Medical education is being transformed at the University with the construction of a new £42 million Centre for Medicine, which for the first time will harness new technologies for teaching to enable students to witness live patient consultations from the lecture theatre.



Above right: Vice-Chancellor Professor Burgess marks the start of construction work on the new medical building with two local patients involved in medical teaching.

Working Towards Greater Involvement of Patients/Service Users within Health and Social Care Curriculum: Our Journey Begins

This year the Department of Medical and Social Care education embarks on a developmental journey to explore how those who use our services may contribute more fully in the training and education of our future doctors, social workers etc. The Medical School is exploring how patients will be at the centre of the curriculum and become more active in faculty work including the selection of candidates and assessment. On Wednesday the 22nd January we held a one-day workshop funded by the Higher Education Academy at Embrace Arts attracting over 55 delegates from faculty members in health and social care across the UK and local patient and carers. Professor John Spencer from Newcastle Medical School spoke of the need to enhance teaching and learning by working with patients and Jools Symons (a carer) spoke of her employed faculty work at Leeds Medical School. The day was thought provoking and has led to improved working relationships with faculty and patient groups across the UK.

Professor Liz Anderson

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