

# LEICESTER MEDICAL SCHOOL

## Clinical Teachers' Newsletter

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

It could be argued that since medicine has become a business in its own right, important aspects of professionalism have become less prominent.

As Dr Mark Greenwald states: "Bringing professionalism back to the forefront is essential if doctors are going to maintain the trust and respect of the public for whom we serve."

Our lead article focuses on how the Medical School supports students in the development of high standards of medical professionalism.

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### Why Teach Professionalism to Medical Students?

Medical professionalism underpins public trust in doctors. Until recently, values were transmitted from respected role models, but the need for formal teaching of professionalism and assessment of competencies is now recognised. The General Medical Council (GMC) recommends undergraduate professionalism development and stipulates that medical student behaviour can impact on their fitness to practise. Key factors have contributed to this reformed vision:

- Growing societal diversity.
- Evolving partnership with patients associated with higher expectations.
- Greater accountability in an inter-professional collaborative model to healthcare delivery.
- Digital intelligence that facilitates greater transparency.
- Emerging conflicts between information sharing and confidentiality.
- Unprofessionalism in medical school.
- Proposals for full GMC registration to ensue on graduation from medical school.

### Teaching Professionalism in Leicester?

The professionalism curriculum covers the four domains of the Good Medical Practice Framework.

- Knowledge, skills and performance.
- Safety and quality.



- Communication, partnership and teamwork.
- Maintaining trust.

Personal professionalism development features throughout the course, interlinks with *Ethics* tuition and *Inter-Professionalism* strands and is responsive to events such as the Francis Report. Personal and group reflection is encouraged.

- Professionalism workshops feature in Phase 1 and 2 induction weeks.
- Relevant professionalism topics are integrated into teaching blocks.
- There are dedicated monthly professionalism half-day teaching sessions during Phase 2. Recent topics have included *Health Professionalism* and *Taking Personal Responsibility*. Patients and allied health representatives are also invited to contribute.

Mr Leyshon Griffiths



## Preparing for Professional Practice Module

The Preparing for Professional Practice module is four weeks long and is split into two parts; two weeks doing Medical School activities and a two week apprenticeship period. This is in addition to the National Shadowing four days that take place immediately prior to Foundation Year 1. The two week apprenticeship period gives students the chance to work alongside a Foundation doctor, doing the same shift pattern.

Students have a workbook to complete which includes a checklist of competencies from the GMCs Tomorrow's Doctors. They are asked to go through some work based assessments on e-Portfolio with their F1, and they are also required to complete a quality improvement project in the form of a PDSA (Plan, Do, Study, Act) cycle.

The feedback last year was generally positive. The students enjoyed their time on the wards and we had some excellent ideas for quality improvement projects which we plan to use. For the Foundation doctors, it is a good opportunity to act as a clinical supervisor for a student.

We plan to continue to run the apprenticeship period again as part of Preparing for Professional Practice this year. In the future, we would like to make this period longer, as we feel it is an excellent way of preparing the students for their future careers.

*Dr Lucy Cutler, Student Apprenticeship Lead, LMS*

## Graduate Survey on Preparedness for Professional Practice

The Medical School recently surveyed the 2013 Leicester Graduates and all FY1 Doctors in the LNR Foundation School, to investigate FY1 doctors' perceptions on their preparedness for entry into the workforce. The survey results will be presented in the autumn edition of the LMS Clinical Teachers Newsletter.

## Medical Student Reflections on Patient Knows Best Project

On the 20th of March 2014, thirteen first-year medical students and five staff attended the Royal Society of Medicine to present the Patient Knows Best Project.

The tutors explained in detail how the project was set up. This helped me appreciate how much time and effort had been devoted to this project, as well as the novelty of the project itself. My attitude towards my volunteer 'patient' changed as I now realise they are ordinary people portraying characters, or 'avatars'. Hearing how we surprised the project leaders was very interesting; we had approached the project as a question and answer exercise, whereas the project leaders had expected us to build a relationship with the avatars.

After a buffet, we used our iPads to explain to the attendees how we use the Patient Knows Best website to interact with our avatars. Having been immersed in digital technology since childhood, it can be difficult to remember that using the internet on a mobile device to communicate was still relatively new to many of those attending. Once I realised this I felt more confident, and the positive feedback we received at the event and subsequently made me feel we made a valuable contribution.

Overall, it was a valuable experience to visit this respected institution and become involved with a project that could fundamentally change the practice of medicine so early on in my studies.

I hope in future that there will be more ethics-related topics, as these have been the most challenging.

*Ms Isobel Ritchie, First Year Medical Student, LMS*

### Volunteer avatars are required for the forthcoming 2014 student intake to Leicester Medical School.

You will need to be an administrative or technical staff member, have an e-mail address and access to the Internet. You do not need to be a patient or have experience as a patient. No special software installation or knowledge will be required. If you are **interested in becoming a volunteer, please contact Dr Ron Hsu on (0116) 2297263 or rth4@leicester.ac.uk.**



*Above: Students and staff from LMS who attended the conference*

## Block Spotlight

### Clinical Methods Course

**Dr Anil Sood, Block Lead,  
Clinical Methods Course**

The Clinical Methods Course (CMC) takes place in year 3 or 4 of the medical course, in the junior rotation. The aim is to help students diagnose and manage patients' problems. The core purpose of the CMC is to develop students' consultation skills. The students already know how to take a structured history and examine the major body systems. They have also learnt much about the basic medical, social and behavioural sciences in Phase I. Depending on the block during which they do the CMC they will have acquired additional knowledge and skills that they can further develop during the CMC.

The teaching on the course takes place in three settings. The most important is that done whilst they are on placement within the General Practice. The teaching priority is to give students as much experience of supervised consulting practice as circumstances permit. The second setting is small group teaching of students from practices in a locality. This is led by a practice-based clinical teacher and will predominantly use analysis of video-recorded consultations between students and their peers and patients from the practices.

On Thursday and Friday students receive classroom teaching in four groups. This teaching is done by GP Educators supported by specialist teachers. The classroom teaching provides them with an understanding of the concepts that inform good consultation practice that they can use throughout their careers and not just in general practice.

The late Dr Adrian Hastings was instrumental in the development of the Clinical Methods Course and Leicester Assessment Package (LAP). The LAP is the assessment tool used to assess clinical methods students.



### 5 Minutes with Dr Ray Dockrell, GP at Castle Mead Medical Centre & Clinical Methods Course Tutor

#### Q1. What does the Clinical Teacher role entail?

Medical students are attached to the practice during their Clinical Methods block for a period of seven weeks. Core practices have six students allocated each year with short breaks around University holiday periods. The role primarily entails developing their consultation skills but also providing them with some exposure to general practice.

#### Q2. What do you enjoy most about teaching medical students?

The majority of the students show genuine enthusiasm to learn and develop new skills which makes teaching them a rewarding experience. Personally, I feel that it prevents bad habits from appearing in your own consultation skills as you have to teach by example and thus impacts positively on patient care. It also provides a healthy change to everyday practice.

#### Q3. What are the benefits to the Practice of teaching medical students?

Multiple members of the practice team are involved with student teaching and they all find it enjoyable. Many feel that it prompts them to maintain their clinical skills and knowledge and discussion can highlight their own learning needs. There is a financial payment received by the practice for teaching medical students.

#### Q4. How does teaching medical students impact on the Practice?

There is a net loss of appointments that are offered to patients but some practices use the re-numeration to back fill the lost time. Rota timetabling can be challenging.

#### Q5. What single piece of advice would you give to a new clinical teacher?

Ensure that they have the full support of the practice before making the commitment to teaching as you require a team approach for it to be a successful and enjoyable venture.

#### Q6. What are your interests outside medicine and teaching?

Family life, running and to maintain the work-life balance!

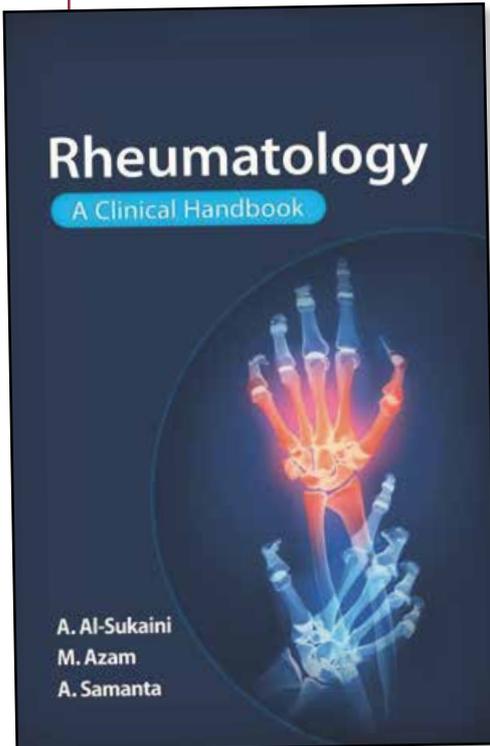
## MEDICAL SCHOOL NEWS BITES

### Leicester Medical Students Publish Rheumatology Revision Guide

Many university students will share their revision notes, but two students at Leicester Medical School have gone a step further by publishing an academic standard textbook to help fellow trainee doctors.

*Rheumatology: A clinical handbook* is written by fourth year students, Ahmad Al-Sukaini and Mohsin Azam and they are believed to be the youngest authors to write a medical textbook. The senior author of the book is Dr Ash Samanta, a Consultant Rheumatologist from University Hospitals of Leicester NHS Trust, based at Leicester Royal Infirmary.

The textbook is primarily aimed at medical students and newly qualified doctors and covers the core elements of rheumatology using the most up-to-date literature. Whilst taking an exam orientated approach, the book provides a range of student friendly features such as pictures, diagrams, practice questions and much more.



### Congratulations to Dr Anil Sood

The Medical School would like to congratulate Dr Anil Sood, Senior GP Educator in the Department of Medical & Social Care Education, who was recently awarded a Fellowship to the Royal College of General Practitioners.

### Tribute to Dr Jenny Wakely

We recently learnt with deepest sadness the passing of Dr Jenny Wakely, following a short illness. Dr Wakely was 10 years into her retirement from the employment of the University where she worked, by joint appointment between the Departments of Pre-Clinical Sciences (formerly Dept of Anatomy) and Archaeology. Dr Wakely's research interests straddled the fields of Human Embryology, Anatomy and Osteoarchaeology. She was outstanding for her incisive intellect and photographic memory which she put to good use in the teaching of Anatomy to medical students. She was incredibly generous and supportive to colleagues from whom she made many life-long friends. We all miss her for her friendship and jokes.

*Revers Donga*

#### Clinical Teachers' Newsletter Editorial Team

Mrs Annette Dunwell-Morgan, Quality Manager  
Mr Leyshon Griffiths, Professionalism Lead  
Dr Anil Sood, Senior GP Clinical Educator  
Dr Adrian Stanley, Phase 2 Lead

T: (0116) 2523667 · E: LMSBulletin@le.ac.uk

#### Departmental Contact Details

Department of Medical & Social Care Education,  
Maurice Shock Medical Sciences Building,  
University Road,  
Leicester LE1 7RH · UK

[www.le.ac.uk/msce](http://www.le.ac.uk/msce)