

MEDICINE IN SOCIETY GRADUATE ENTRY PROGRAMME
TUTOR GUIDE 2019/20
MBBS YEAR 1 AND 2



BARTS AND THE LONDON SCHOOL OF MEDICINE AND
DENTISTRY
COMMUNITY BASED MEDICAL EDUCATION DEPARTMENT
(CBME)

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1. TUTOR GUIDE: INTRODUCTION TO GEP MEDICINE IN SOCIETY

Medicine in Society is a community-based course which the graduate entry programme students complete in year one of their curriculum. The global aims of the course are to introduce students to patients and the patients' experience of health and ill-health over the course of their lives.

Students will all have completed an undergraduate degree in a biomedical or health related topic, some may have higher degrees, some may have healthcare qualifications and experience. They go to a general practice placement for 12 alternate Thursdays through the academic year, alternating with 12 days in secondary care at Newham University Hospital. Each day is themed and has clear learning objectives. The theme relates to the system the students are covering at the time. However, there are some differences between the themed days on the 5 year MBBS Medicine in Society course and the GEP Medicine in Society course e.g. there are additional days on coronary heart disease and separate days on addiction and mental health on the GEP course.

Students will be allocated to general practices in groups of 6 - 8. As in the five year course, the teaching is shared between the GP and a community tutor in a co-tutoring partnership to deliver the course and help with assessment of the students. Community tutors are drawn from a wide variety of backgrounds, some will be working or have worked with a social care or health care (conventional or alternative) organisation, or with a voluntary agency providing support or advice for people in need. Ideally, they will represent the sort of partnership and collaboration that can exist between the statutory and voluntary sectors. Most of the teaching and course activities take place at the general practice, but occasionally community tutors meet students at their own place of work or arrange and accompany students on visits to local organisations. The community tutors will be present for at least some of the first day to meet and help orientate the students and on the last day when the students are assessed. Otherwise the distribution of the work is largely left to the GP and the Community tutor to share between themselves.

Students will be engaged in many different activities over the course of the module, for instance: small group tutorials, shadowing and interviewing clinicians and other health professionals, having contact with patients (including home visits), self-directed learning, etc. Students do not spend their whole day in the practice - some of their time is spent elsewhere in the community on activities related to the day's learning objectives, however, the practice is their base.

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2. MEDSOC TIMETABLE

Day	Group B	Group A	Theme	Examination System
Day 1	3/10/19	10/10/19	Professionalism	Basic Training
Day 2	17/10/19	24/10/19	Social issues in primary care	
Day 3	31/10/19	7/11/19	Back Pain and other chronic Pain	Musculoskeletal
Day 4	14/11/19	21/11/19	Stroke	Peripheral Nerves
Day 5	28/11/19	5/12/19	Mental Health	Cranial Nerves
Day 6	12/12/19	19/12/19	Addiction	Cardiac
Christmas break				
Day 7	9/1/20	16/1/20	CHD prevalence, impact and prevention	Vascular
Day 8	23/1/20	30/1/20	Respiratory Disease	Respiratory
Day 9	6/2/20	13/2/20	Diabetes	Thyroid
Day 10	20/2/20	27/2/20	Nutrition and GI Disorders	Abdomen
Day 11	5/3/20	12/3/20	Cancer	
Day 12	19/2/20	26/3/20	The Older Person	General Examination
Day 13	2/4/20	23/4/20	Pregnancy & Childbirth	
Day 14	30/4/20	7/5/20	The Young Child	

3. PRIMARY CARE THEMED DAYS

- Day 1 Professionalism
- Day 2 [Social issues in primary care](#)
- Day 3 [Back Pain and other chronic Pain](#)
- Day 4 [Stroke](#)
- Day 5 [Mental Health](#)
- Day 6 [Addiction](#)
- Day 7 [CHD prevalence, impact and prevention](#)
- Day 8 [Respiratory Disease](#)
- Day 9 [Diabetes](#)
- Day 10 [Nutrition and GI Disorders](#)
- Day 11 Cancer
- Day 12 [The Older Person](#)
- Day 13 [Pregnancy & Childbirth](#)
- Day 14 [The Young Child](#)

3.1. PROFESSIONALISM

Medical Professionalism

Aim: to introduce students to the concept of professionalism and what it means in practice in a primary care setting.

Learning outcomes

Students will be able to

- Define professionalism
- Describe the professional attributes and behaviours expected of medical students
- Introduce themselves appropriately to patients they will interview, explaining the purpose of the interview, their role as medical students how the information will be handled, patient options – free to terminate interview, refuse etc.

- Outline their responsibilities as medical students, including reporting pathways within the healthcare environment and at Medical School
- Describe the principles of medical ethics
- Discuss the public perception of medical professionalism
- Discuss the roles of a doctor working in primary care including clinician, business partner, employer, line manager, trainer, clinical commissioner etc.

Preparatory work

Before the placement students will read the [GMC guidance for Medical students](#) and familiarise themselves with the [Medical School Governance site](#) and its guidance on issues that must be reported to the Medical School. Please ensure you also review your communication skills teaching on patient-centred interviewing.

Read the [GMC guidance on medical ethics](#) and work through some of the scenarios.

Please watch some of the [videos on GP careers](#) on the health careers website.

Suggested activities:

Meet GP tutor and community tutor, orientation to placement

Tutorial on medical professionalism, students to present their findings from their readings

Prepare to interview their first patient as medical students, draw up interview schedule, and practice introducing themselves in pairs.

Meet a patient at home or in GP practice – find out how the patient views doctors, explore the factors that influence the patient's level of trust in the medical profession.

Discuss the roles of a GP with GP tutor or other doctors at the practice.

Meet/sit in with other members of the healthcare team and find out what being professional means to them.

Explore the practice area with guidance for the practice team and using the community profile guidance.

Debriefing tutorial.

3.2. SOCIAL ISSUES IN PRIMARY CARE

Aims

To introduce students to **'social issues'** that impact on patient's health and their response to ill-health, including social support, ethnicity, educational attainment, **sexuality**, poverty and deprivation, teenage or lone parenting, drug and alcohol abuse, poor housing, domestic violence etc. and the role of the health service and other agencies in supporting these patients.

A **parliamentary report from 2010** gives a political perspective on social issues in UK Society

Dr Jonathon Tomlinson describes the impact poverty and deprivation have on his practice as a GP in his article **'A perfect Storm'** from his blog **'A Better NHS'**

Preparatory work

Before arriving at the placement students will have read the recommended reading and **researched national and local statistics on social deprivation** local to the practice area.

Whether or not your first placement is in Tower Hamlets you might like to read this **Profile of Tower Hamlets** so you get a feel for the area local to the Medical School, this may be similar or very different to the area where your GP practice is located. The **Tower Hamlets Fairness Commission** website has lots of thought provoking information about social issues in Tower Hamlets.

Objectives

By the end of the day students should be able to:

- List some of the social issues that impact on patient's health and their experience of health care.
- Demonstrate an awareness of the importance of considering social factors when treating patients.
- Describe the impact social issues can have on the work of the GP and the PHCT (Primary healthcare team).
- Discuss the role of the PHCT in support and treatment of patients whose social circumstances impact on their health.

Suggested Activities

- Tutorial based on readings and student's knowledge and awareness of social issues that might impact on patient's health.
- Interview with GP or other HCP on their experience of a particular social issue – this should be negotiated in the tutorial and should be of particular significance in the GP practice area.
- Sit in with GP or nurse on routine surgery and observe when social issues are discussed and how this is done.
- Meet with patients known to have significant social issues e.g. poor/temporary housing, unemployment.

- Visit an organisation providing support for local people with social issues e.g. homeless shelter, cultural centre, refugee support organisation etc.
- Debriefing tutorial.

Work to be included in learning log

- Reflective writing
- Self-assessment on learning outcomes

Student reflective worksheet -suggested questions

- Were you surprised at the impact social factors had on the patient you met or discussed? Are these problems the doctor should address?
- Is the health service doing enough to make services accessible to people of all social groups e.g. those of different ethnicities, sexualities, homeless people etc.? What could be done differently?

3.3. BACK PAIN AND OTHER CHRONIC PAIN

Aims

To introduce students to the definition, causes, risk factors for and management of chronic pain, and its effects on individuals, their families and society.

In preparation students should have:

- Looked at the following links:
 1. for definitions and descriptions of Chronic pain click [here](#),
 2. to hear some descriptions of the effects of chronic pain on individuals see the [Health talk Online website](#)
 3. and for information on clinical management of this condition please see [Arthritis Research UK website](#)
- Considered questions to ask a GP or a patient about dealing with chronic pain.

Learning objectives

By the end of the day, the student should be able to:

- Describe the factors that are important in the development of chronic, disabling pain;
- Summarise the socio-economic impact on individuals, the community and the health services of this condition;
- Discuss the effect of chronic pain that the doctor cannot 'cure' on the relationship between the doctor and the patient;
- Identify and describe a range of orthodox and complementary therapies used to deal with chronic pain.

Suggested Activities

- Tutorial on chronic pain;
- In pairs, plan interview schedule to carry out with a GP, other Health Care professional and/or patient on dealing with chronic pain;
- Interview patient and/or health care professional about the challenges of dealing/living with chronic pain;
- Meet with practitioner providing pain management advice/treatment to people with chronic pain;
- Debrief with student group and tutor.

3.4. STROKE

Aims

To introduce students to the effects of stroke, particularly in relation to mobility and to the part played by environmental factors, healthcare and other agencies in supporting the impaired person.

Preparatory work

Students should revise what they already know about the pathophysiology of stroke. The current guidance on management of acute stroke can be found at [Stroke-NICE Guidance](#). For an account of a linguist's recovery from stroke and the impact on his life please read ['Me talk funny': A stroke patient's personal account](#).

The [HealthTalk Online](#) resource has a number of interviews with patients including some young stroke survivors including [a young mother](#).

Learning objectives

By the end of the day, students should be able to:

- Discuss the impact of stroke on an individual and their family/carers and the role of voluntary agencies in providing support;
- Demonstrate an understanding of the effect of poor mobility on the individual; and the changes needed within the community e.g. access to public buildings and public transport, improvements to pavements etc.;
- Identify the member of the MDT that are important in assessment and care of patients with impaired mobility;
- Describe a health promotion intervention that can reduce the risk of stroke in an individual at risk e.g. blood pressure management, warfarin / aspirin in patients with atrial fibrillation.

Suggested Activities

- Tutorial on stroke including risk factors, health promotion interventions to reduce risk and consequences of stroke;
- Sit in with health care professional to observe health promotion interventions e.g. blood pressure monitoring with practice nurse or district nurse, home visit with health visitor for elderly people;

- Visit to voluntary agency providing support for people with impaired mobility e.g. stroke charity, wheelchair users group;
- Home visit to patient with mobility problems. Interview patient about specific impact of loss of mobility;
- Debriefing Tutorial.

3.5. MENTAL HEALTH

Aims

To introduce students to health promotion strategies to improve mental health; to the impact of chronic and acute mental illness on the health of the population and the multi-agency support needed in promotion of mental health and management of mental illness.

Preparatory work

Before arriving at the placement students will have read the recommended reading and researched the national statistics on the incidence and prevalence of mental health. The [Mental Health Foundation](#) is one source of statistics on mental health.

The [Mind website](#) is a good starting point for learning about mental illness and how it impacts on people's lives. It has an A-Z of mental health conditions and blogs/video diaries telling people's stories. Eleanor Longden is a psychologist who was diagnosed with schizophrenia whilst a student, she describes her recovery in a [TED talk](#).

For recommendations on mental health services from service users please see the [Comment is Free](#) article from the Guardian.

Objectives

By the end of the day students should be able to:

- Identify local and national strategies to improve mental health;
- Discuss the national and practice prevalence of mental illness;
- Describe the local support services for people with mental illness;
- Discuss the different needs of patients with acute and chronic mental health problems.

Suggested Activities

- Tutorial on mental health promotion and acute and chronic mental illness;
- Prepare for a meeting with a patient with chronic mental illness;
- Home visit to a patient with chronic mental illness;
- Visit to voluntary agency providing support for people with mental illness;
- Debriefing tutorial.

3.6. ADDICTION

Aims

To introduce students to a range of addictions and addicts and how problems of addiction are dealt with by the primary healthcare team and by voluntary and community agencies.

Preparatory work

Before arriving at the placement please look at the NHS Choices website pages on **Addiction** it has information on different addictions, treatment options, patient stories etc.

The [Action on Addiction](#) website has information for patients and health professionals and also logs any news items on addiction so you can get a feel for how addiction stories are covered in the media.

Learning objectives

By the end of the day students should be able to

- Identify the addictions commonly encountered within the practice
- Describe the range of services, people and agencies involved in the care of people with addictions in the local area
- Discuss smoking cessation strategies in place locally
- Identify and describe some of the health promotion models used in treating people with addiction
- Discuss the impact of addictions on the health of the practice population and on public health

Suggested Activities

- Tutorial on impact of smoking, drug and alcohol misuse on GP workload, including importance of health beliefs and behaviour change models in treatment of addiction.
- Visit to a local agency providing support for people with addiction problems locally.
- Review of services and health promotion material available within the practice for people with addictions.
- Debriefing Tutorial

3.7. CORONARY HEART DISEASE (CHD) - PREVALENCE, IMPACT AND PREVENTION

Aims

To introduce students to the pathophysiology of CHD, its impact on population morbidity and mortality, and the health promotion interventions used to try and reduce CHD.

Preparatory work

Before arriving at the placement students will have read the recommended reading - please start with the [NHS choices website](#) to get a quick overview of what CHD is, how it is diagnosed and treated and the impact it can have on patients' lives. The primary care team play a vital role in prevention of CHD a summary of the guidance can be found [here](#). The [British Heart Foundation](#) website also has lots of information about CHD, its prevention and treatment. Dr Dean Orrish, is an American physician working in the field of preventative medicine - click [here](#) to see his TED talk on diet and CHD.

Objectives

By the end of the day, should be able to

- Explain the process of development of CHD
- Outline the impact of CHD on individuals and on population morbidity and mortality
- Describe key health promotion interventions to reduce morbidity and mortality due to CHD
- Discuss the impact of CHD on an individual patient
- Identify key policy documents relating to CHD

Suggested Activities

- Tutorial on the pathophysiology of CHD and the impact it has on the workload of the practice
- Review of the practice strategy for monitoring and managing patients with known CHD and at risk of CHD (NSF targets etc.)
- Observation of health promotion interventions aimed at preventing or reducing the risk of CHD
- Interview patient with CHD at home or at the practice
- Debriefing Tutorial

3.8. RESPIRATORY DISEASE

Aims

To introduce students to respiratory illness, its impact on patients, society and the practice workload; and to introduce students to health promotion measures designed to improve respiratory health.

Preparation

The [Inhale website](#) provides a breakdown of the impact of respiratory disease for each CCG area (in London many CCGs cover the same population as the local authority area) to find out which local authority your practice is in please see [Directgov](#) website and insert practice postcode. A summary of the [burden of respiratory disease](#) can be found on the [British Thoracic Society](#) website.

For further information please visit [Asthma UK](#) or [British Lung Foundation](#). The British Lung Foundation exists to provide a complete package of support for people living with lung disease and the people who look after them, in hospital and at home.

Learning outcomes

By the end of the day students should be able to:

- List common respiratory illnesses in children and adults that are seen in primary care
- Describe the basic assessment of a child with an upper respiratory tract illness (URTI)
- Describe and reflect on the impact of chronic respiratory disease from a patient's perspective, focusing on the issues of loss of function, autonomy, and well-being and its impact on daily life.
- Outline the health promotion interventions, interventions, provided by the practice team to prevent or manage respiratory illness.
- Demonstrate a basic examination of the respiratory system.
- Demonstrate the measurement and interpretation of peak expiratory flow.

Suggested Activities

- Tutorial on respiratory diseases and its impact on patients and the practice team's workload
- Sit in on routine surgery and observe particularly respiratory presentations
- Visit patient in pairs
- Introduction to examination of the respiratory system, practice examination on each other
- Debrief with GP and/or community tutor

Work to be included in the learning log

- List of activities for Day 4
- Reflective worksheet
- Self-assessment on learning outcomes

3.9. DIABETES

In preparation students should:

- Read the recommended reading from their reading list. The **Diabetes UK** website is a good starting point for information about diabetes and its treatment. There are resources for patients and health care professionals so whatever you're level of prior knowledge you should be able to find some useful information.
- For a patient perspectives on living with diabetes please see the HealthTalk Online resource - the [diabetes area](#) is introduced by Anthony Worrall Thompson.
- Revised/researched the causes and treatments of Type 1 and Type 2 diabetes. Please cover this at a basic level the **Diabetes UK** website will have adequate information.

Aims

To introduce students to the pathophysiology, and the individual and public health impact of diabetes.

Objectives

By the end of the day students should be able to:

- Describe the incidence and prevalence of Type 1 and Type 2 diabetes and the impact of diabetes on the general practice workload
- Discuss some factors that may be contributing to the rise in prevalence of Type 2 diabetes
- Describe the impact of diabetes on an individual
- Describe some health promotion interventions to reduce the prevalence of Type 2 diabetes

Suggested Activities

- Introduction to the monitoring of patients with diabetes at the practice e.g. tutorial with the practice nurse on diabetes registers, identification at patients at risk, diabetes checks, annual reviews, patient education, medication, impact of National Service framework on service delivery.
- Observe a consultation with a patient with diabetes e.g. sit in with GP, visit a patient at home with district nurse.
- Interview a patient with diabetes at home or at the practice about the impact of their disease on their life
- Interview a health care professional involved with the care of the patient they have met.
- Compare the patient's and professional's views on the management of diabetes and its impact on the patient's life.
- Debriefing tutorial

3.10. NUTRITION AND GASTROINTESTINAL DISORDERS

Aims

To increase students awareness of the relationship between food, health and ill health and to introduce students to how patients present with GI disorders.

Preparation

In preparation students should have:

- Read the recommended reading including looking at the NHS Choices website pages on [food, diet and weight management](#).
- The Mental Health Foundation has produced some guidance on [diet and mood](#).
- For a patient perspective on living with an inflammatory bowel condition please [click here](#). Alternatively take a look at Michael Serres' [TED talk on his bowel transplant](#) and on his views about how health care practitioners should communicate with and involve their patients in the decision making processes.
- If you have a bit more time you might want to take a look at Dr David Kessler's [lecture on weight management](#) (it is a bit of a slow start) or perhaps you might want to take a look at his book - [The End of Overeating](#).
- Considered the sensitivities of investigating patients' attitudes to diet and exercise.

Learning objectives

By the end of the day, students should be able to:

- Describe the components of a 'healthy diet'
- List the current recommendations for daily exercise
- Describe some of the broad spectrum of symptoms that relate to the GI tract
- Describe the impact of a chronic bowel disorder on a patient's life
- Discuss how symptoms seen as embarrassing might influence people's decision to visit their doctor
- Discuss the role of the primary care team in encouraging people to lead healthier lives

Suggested Activities

- Tutorial on GI disorders
- 'Beliefs about food and exercise' – develop a survey to explore peoples' beliefs around food and exercise e.g. what foods are 'good' and 'bad' for you? How important is exercise in peoples' lives?
- If possible carry out a small-scale survey at local shopping centre, public place and review results.
- Visit to an organisation/activity relevant to diet and/or exercise e.g. local group providing advice on diet, nutrition and/or cooking to young mothers, meet with fitness instructor providing 'exercise on prescription', meet adviser from local 'Weight Watchers' group.
- Have individual formative feedback discussion with tutors on progress on the Medicine in Society course
- Debriefing tutorial

3.11. CANCER IN PRIMARY CARE

Aims

To introduce the students to the topic of cancer and its impact on the patient, their family and carers, the primary healthcare team and the wider health and social care professionals.

Learning outcomes

By the end of the day the students will be able to:

- Identify the key National Government strategies that impact on the primary care team
- Describe the national campaigns for screening for cervical breast and bowel cancer and the stigma around uptake in primary care
- Describe the public health campaigns *and* the role of the GP, in improving earlier diagnosis of cancer
- Identify the wider health and social care team that can be involved with a patient with cancer
- Describe the common red flag symptoms that may indicate a cancer diagnosis.

- Describe the impact of a cancer diagnosis on the patient (or their carer) and their primary care team.

Preparatory work

Please read about the NHS Cancer Plan through the link <http://www.england.nhs.uk/cancer>

Please watch [Dr Kate Granger](#) talk about her illness and her campaign #hellomynameis

Look at the website from the NHS campaign on [raising awareness of cancer](#).

Look at one or two videos on patient experiences of cancer through healthtalk.org website.

Suggested activities

1. Small group tutorial (e.g. on screening for cancers and debates surrounding its efficacy; clinical signs & symptoms of different cancers; two week wait referrals)
2. Sit ins with GP or nurse looking at possible pathways for referral for cancer investigation (including two Week Wait)
3. Visit to/from an Allied Health/social care professional/cancer charity support/Bereavement group
4. Debrief after meeting with patients with a cancer diagnosis and impact on the students and healthcare team

Further reading/resources

Interesting Film/books:

Paul Kalanathi - When Breath Becomes Air

Atul Gawande - Being Mortal

John Diamond - C: Because Cowards Get Cancer Too

Ruth Picardie - Before I Say Goodbye

[The Karman line](#) - Olivia Colman

<https://drkategranger.wordpress.com/page/6/>

3.12. THE OLDER PERSON

Aims

To introduce students to the concept of ageing both as a biomedical and social phenomenon, the demographic changes in the population and the implications for health and the use of services.

Preparatory work

- Read the recommended reading about [ageing](#) including a blog account of [Elderspeak](#)
- Considered the implications for [society](#), and medical and social services of an increase in the elderly population

Objectives

By the end of the day, the student should be able to:

- Recognise ageing is a natural, developmental process
- Describe some of the different ways that the elderly are regarded within different groups and communities
- Describe the range of services; people and agencies are involved in the support of the older patient in the local community
- Explain some of the implications for the health and social services of an increasingly elderly population
- Identify key policy documents relating to care of older people

Suggested activities

- Tutorial on ageing and communication with an older person.
- Home visit to independent, healthy older person (See Appendix for guidance on home visits)
- Tutorial on Health promotion services for older people provided by the practice e.g. over 75 checks, meeting with health visitor for older people.
- Visit to local voluntary agency working with older people
- Debriefing Tutorial

3.13. PREGNANCY AND CHILDBIRTH

Aims

To understand that pregnancy and childbirth are normal processes; the implications of this for services; and the factors which influence women's choices around birth.

Preparatory work

In preparation students should have:

- Found out about the range of local maternity services available to women; and some local and national data relating to childbirth
- Prepared some questions in order to talk to a pregnant woman about her choices for antenatal care and the birth of her child
- Please look at the [NHS Choices website](#), it has a wealth of information for patients from everything from conception to childrearing. Please take a closer look at the [antenatal care](#) area.

- For a short account on the current situation regarding teenage pregnancy see Polly Toynbee's account [The drop in teenage pregnancies is the success story of our time](#)
- There are thousands (at least) of blogs written by women (and a few men) detailing infertility, fertility treatment, pregnancy, childbirth and parenting. Some are of questionable quality
- The Health Talk online site has a number of interviews with parents a number of them focus on choices around how and where to give birth **Thinking about where and how to give birth.**

Objectives

By the end of the day, students should be able to:

- Recognise pregnancy and childbirth as normal processes
- List the possible choices that women can make in relation to antenatal care and place of birth
- Discuss the potential impact of pregnancy and childbirth on partners or husbands
- To consider the different factors e.g. access, support from GP, independent midwives etc. which influence women's choices in pregnancy and childbirth
- To give students an opportunity to meet a pregnant woman

Activities

- Tutorial: 'Is childbirth a normal process? If so, what is the role of the medical profession – both doctors and midwives?' – based upon preparatory readings
- Health promotion: smoking, diet, exercise, and alcohol in pregnancy. What information is available within the practice? What services does the practice offer for antenatal care and childbirth?
- Visit to pregnant woman, to discuss her choices, and how she (and her partner/family) arrived at them
- Debriefing Tutorial

3.14. THE YOUNG CHILD

Aims

To gain an understanding of the health monitoring and health promotion provided for babies and young children by the primary health care team.

In preparation students should have:

- Read or reviewed the recommended resources including taking a look at the NHS [Birth to Five](#) book, this book was until recently given to all new parents in the UK. It is still available as a PDF from the Northern Ireland Public Health Agency. In England and Wales it has been superseded by the NHS Choices website pages, particularly the [Babies and Toddlers](#)

and Your Newborn tabs. Both resources provide information for parents on all aspects of caring for a new baby and both include the voices of new parents.

- The **Mumsnet** website is worth taking a look at it, in particular as it hosts many discussions threads and will enable you to see some of the concerns both new parents, and more experienced ones have about caring for their children.
- You may see the administration of vaccines in a baby clinic or a routine appointment. The current UK vaccination schedule can be found [here](#).

Objectives

By the end of the day, students should be able to:

- Describe some of the health promotion services provided by the practice for mothers and their babies
- Describe some of their experiences communicating and engaging with the children they have met
- Examine the most significant changes parents have to deal with after the birth of a child
- Discuss the impact of the child on the relationship and life of its parents

Activities

- Tutorial: health promotion for mothers and babies - vaccination, feeding advice, parenting advice
- Visit a mother/family and baby; or talk to mother and baby at the practice
- Meet with practice nurse/health visitor to discuss their role in caring for babies and young children
- Debriefing Tutorial
- Final meeting with GP and/or community tutor to assess learning log

4. ASSESSMENT

In Primary Care students will be assessed on their attitude and application and their completion of a learning log. (70% of total marks).

In secondary care they will be assessed on their case presentation. (30% of total marks).

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 to 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. ATTITUDE AND APPLICATION (20%)

It is expected that students will do any recommended preparation and will contribute fully to group discussions, activities etc. on each placement day. At the end of the year students should receive a grade from A-E based on the descriptors below.

	A	B	C	D	E
Attitude and Application	Punctual, preparatory work done, contributes in an exceptional way to group activities and discussion	Punctual, preparatory work done, contributes well to group activities and discussion	Good timekeeping, some preparatory work done, contributes to group activity and discussion	Reasonable timekeeping- some lateness, some preparatory work done, contributes to group activity and discussion	Poor timekeeping, inadequate preparatory work, poor contribution in group activities and discussions.

4.2. LEARNING LOG (50%)

The learning log is intended to be a tool that students use to record and reflect on learning and professional development through the year. (In addition to the learning log they may want to collect research in preparation for each MedSoc day, notes made in the course of the day, and any leaflets and information collected during the day. This information should be collected and held in a separate folder rather than in the Learning Log.) There are two components to the learning log: reflections on activities and self-assessment of meeting of the learning objectives:

Reflective writing

- Students should complete a reflective piece of writing after each themed day. The reflective writing should be limited to 300 words, or 30 minutes of writing and should be word-processed before being added to the learning log.
- Students should reflect on an aspect of the activities of the day, tutors may suggest an issue for the group to reflect on or students may want to choose the aspect of the day on which to reflect themselves. The issue for reflection should be discussed in the debriefing tutorial.
- There are some suggested questions that they might want to answer and reflect upon but these are simply provided for guidance. They are not required to answer the questions if they have identified an area on which you want to reflect.
- See Appendix for guidance on reflection

- Students will be asked to submit reflective logs to QMPlus by 5pm on the Monday after their Medsoc Session.
- In addition to this they will be asked to submit work to an assessment portal on QMPlus at 3 points across the year.
- On Day 5 they will be expected to submit the previous 4 pieces of work, Day 9 the previous 4 pieces of work and Day 14 the previous 5 pieces of work
- Group B Submission Dates: Day 5 (28/11/19) Day 9 (6/2/20) and Day 14 (30/4/20)
- Group A Submission Dates: Day 5 (5/12/19) Day 9 (13/12/20) and Day 14 (7/5/20)

Self-assessment of learning objectives

- At the end of each day students should write a **brief** summary of how they have covered each learning objective.
- If learning objectives have not been covered they should explain when and how it will be covered – this might mean that a student does some work independently or that the objective is covered on another placement day.
- Students should cover each objective in 50-100 words. They may wish to refer to notes made elsewhere or to material read.

Assessment of the Learning Log

- The learning logs should be assessed before the next session.
- Students should be given guidance and feedback on their performance to date.
- When giving feedback the emphasis should be on determining whether performance is satisfactory or not, rather than on grading the work.
- At the end of the year students should be awarded a numerical value up to 50 for their learning logs.
- On day 12 the numerical value for the learning log should be discussed with the student, alternatively the log can be retained at the practice and graded later.

Guidance for grading the Learning log

	43 - 50	32 - 42	25 - 31	20 - 24	<20
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Learning objectives	Each learning objective addressed, evidence of consideration of own learning needs, strategy to meet learning needs where necessary	Most/all learning objective addressed, some consideration of own learning needs, some strategy to meet learning needs where necessary	Most learning objectives addressed, limited evaluation of own learning needs, weak strategy to meet identified learning needs	Some learning objectives not addressed, no evidence of ability to assess own learning needs, inadequate strategies to meet learning needs	Some learning objectives not addressed, no evidence of ability to assess own learning needs, inadequate strategies to meet learning needs
Reflective Writing	The description is focussed on 'key issues', issues are explored from different perspectives, context and emotions are considered. The views and motives of others are considered.	The description is focussed on 'key issues', issues are explored from different perspectives, context and emotions are considered	Descriptive account with some reflection e.g. the student mentions their emotions , or identifies 'key issues' in the description	Descriptive writing – narrative account of what happened, no reflection	Writing of quality or quantity below that needed to achieve a D grade

For further information see 'A generic framework for reflective writing' Jenny Moon (2004)

4.3. THE CASE PRESENTATION (30% OF TOTAL MARKS)

The case presentation is made and assessed at Newham University Hospital. Students may present a patient they met in primary or secondary care. GP tutors or community tutors are welcome to attend and assess if they would like to.

A 10-15 minute case presentation (students in pairs) describing a clinical condition, the effect of the condition on a patient's life, and the social factors affecting the patient's ability to respond to their condition i.e. personal relationships, family support, employment history, educational history etc. Students should also consider the health promotion interventions both at an individual and societal level for that condition and the role of the multi-disciplinary team in caring for the patient.

The presentations will be made and feedback given to the students on **day 14**. General Practitioners and community tutors are welcome to attend the student presentations if they wish but they are not required to.

The presentation should include:

- A comprehensive account of the clinical aspects of the case, demonstrating understanding rather than regurgitation of clinical and pathological details
- Discussion of the patient's and carer's perspectives
- Evidence of understanding of the health promotion and public health aspects of the case
- An explanation of the role of the multidisciplinary team in the case
- Appropriate use of information technology and presentation skills

The presentations will:

- Be on a pre-agreed topic from any area covered in the Medicine in Society course.
- Performed in pairs.
- Last 12 minutes in total, 10 minutes for the actual presentation and 2 minutes for Q&A.
- Be performed on PowerPoint.
- Be assessed by tutors.

4.4. PROFESSIONALISM ASSESSMENT

As part of the final assessment tutors must complete a [Professionalism Assessment](#) on each student. Tutors are asked to give students formative feedback on their professionalism when they review progress during the year so students have opportunities to modify their behaviour before they are formally assessed at the end of the year.