

# MBBS Clinical and Professional Practice Study Guide 2018-19

## The UCL Doctor

A highly competent and scientifically literate clinician, equipped to practise person-centred medicine in a constantly changing modern world, with a foundation in the basic medical and social sciences. This vision is underpinned by the values of scholarship, rigour and professionalism. The focus is on the development of the student as a scientifically informed, socially responsible professional who, in turn, can serve the health needs of individuals and communities.

The information contained in this Study Guide was correct at the time of going to press (August 2018) but may be subject to change before the commencement of, or during, the programme. Please refer to the **Clinical and Professional Practice Moodle course** regularly as you progress.

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## **Section 1: Introduction to Clinical and Professional Practice**

### **The purpose of this Study Guide**

Welcome to the Clinical and Professional Practice (CPP) modules of the MBBS programme at UCL Medical School. Over the course of the six year MBBS programme it is tempting to see learning medicine as a series of separate tasks, specialities and disciplines to be mastered. However, medical practice involves integrating all of your learning and bringing your knowledge, skills and 'know-how' to bear on patients' problems. Clinical and Professional Practice is designed to help you pull all of this learning together and see how themes, ways of thinking, skills, and approaches to patients and their healthcare run through all modules and all years of the programme.

This booklet therefore acts as an orientation to your studies in Clinical and Professional Practice in all years of the programme, outlining:

- its overall structure and delivery
- how learning is organised and assessed
- the criteria for successful progression through each year of the course

### **The aims of Clinical and Professional Practice**

The overall aims are to enable you to:

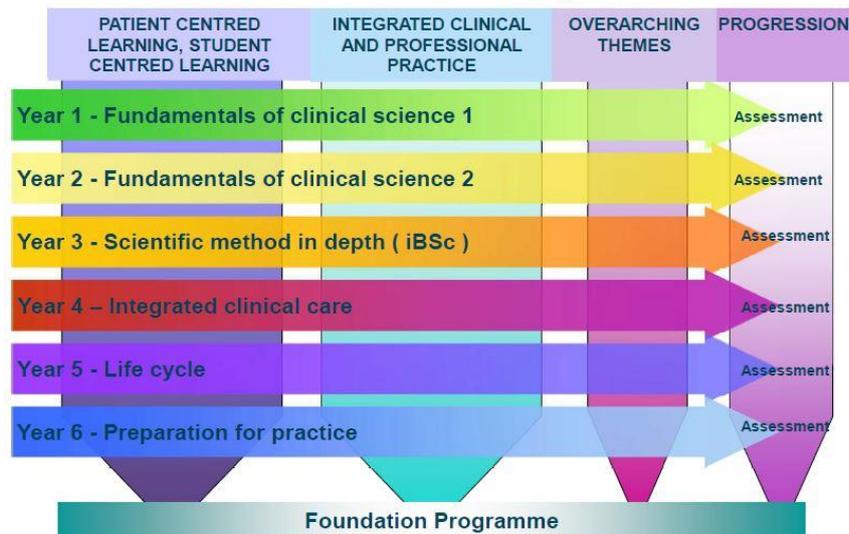
- understand medicine as an integrated whole
- understand how theory and understanding of health and disease link to practice
- make evidenced-based clinical decisions that promote person-centred practice in a rapidly evolving healthcare system
- integrate knowledge of biomedical and human sciences to enhance your interpretation of the patient's own narrative, physical signs and social data
- develop and demonstrate your professionalism through commitment to the duties of a doctor, an understanding of patient safety and the application of ethical and legal principles.

There are sixteen modules within Clinical and Professional Practice and each module has its own aims and objectives.

### **The structure of Clinical and Professional Practice**

The 16 Clinical and Professional Practice modules in the MBBS programme are organised into three groupings. These are: *Integrated Clinical and Professional Practice*, *Overarching Themes*, and *Student-Centred Learning, Person-Centred Learning*. The following diagram shows how these modules run 'vertically' across the 'horizontal' year group based teaching;

# The UCL MBBS Programme



Although linked where possible to the 'horizontal' module in which the teaching takes place, they have their own internal coherence and outcomes over the six years of the course.

The learning is delivered through a range of activities including:

- specifically targeted lectures, small group work, tutorials, self-directed learning and placements
- all teaching sessions in the 'horizontal' modules
- the virtual learning environment (Moodle), for example in Case of the Month
- the student portfolio
- In the programme, the 'notional' time dedicated to CPP learning is equivalent to approximately one day per week across the programme. This means that learning and teaching about CPP themes is not restricted to the ring-fenced CPP time – i.e. it is "everybody's business"; your teachers are aware that they are all responsible for helping you to ensure you reach the learning outcomes of CPP.

## Integrated Clinical and Professional Practice

Delivered through all six years of the programme, the Integrated CPP modules address factual knowledge connecting science and clinical medicine and core skills and competencies. This grouping includes: **Anatomy and Imaging, Clinical Skills and Practical Procedures, Pathological Sciences, Use of Medicines, and Use of Evidence.**

## Overarching Themes

These three domains represent themes that either pervade all elements of practice, or are central aspects of learning in all modules. **Mental Health** and **Social Determinants of Health** mirror two of the domains of the Academic Health Sciences Centre (*UCLPartners*) and represent contemporary health and healthcare priorities. By linking our focus to these UCLP priorities we aim to maximise the benefits to students of studying medicine at UCL. **Clinical Communication, e-Health, Ethics and Law** and **Professionalism** address a wide range of areas including scholarship & critical thinking, professional skills and behaviours, teamwork, leadership, safety, quality of care and medical ethics.

## Person-Centred Learning, Student-Centred Learning

This grouping focuses on making sense of learning, both learning over the entire programme and patient-based learning. It includes the **Portfolio**, and the four **Patient Pathways**.

## Clinical and Professional Practice Moodle Resources

The CPP modules are complex to represent in Moodle as they are intended to relate to other modules in the programme. They contain a significant amount of small group teaching and irregular patterns of when and where the teaching takes place. Therefore, a group of students have designed all the CPP Moodle courses in consultation with the whole student body to present the content in a manner that is best for you. Moodle displays timetables, group allocations, room allocations and all teaching materials relevant to CPP sessions. Where sessions are integrated with other 'horizontal' modules, there will be a link on that module's Moodle page. *The resources on Moodle are subject to change, so students are advised to check Moodle regularly.* Where there are significant changes close to teaching we will contact you by email to notify you of them. You will be automatically enrolled on the CPP Moodle course relevant to you.

Year 1: <https://moodle-1819.ucl.ac.uk/course/view.php?id=8976>

Year 2: <https://moodle-1819.ucl.ac.uk/course/view.php?id=8977>

Year 4: <https://moodle-1819.ucl.ac.uk/course/view.php?id=8937>

Year 5: <https://moodle-1819.ucl.ac.uk/course/view.php?id=8941>

## Assessment and Progression

### *In-course assessment*

As in other parts of the programme, during the course of the year you will receive feedback on your performance and on developing skills and understanding. This will mostly be informal feedback in smaller group activities. If you would like specific feedback, it is sensible to ask for this directly. This will lead to more useful, specific and targeted comments that will help you improve. Some CPP sessions, such as the multi-source feedback session in Year 2, Clinical Skills sessions in Years 4 and 5, and Clinical Communication simulation sessions in Year 4, have one-to-one feedback built into the sessions.

In addition, you can make the most of small group work sessions and placements by thinking about your own performance, identifying aspects you are pleased with, and those you would feel could improve. Record this in the private section of your portfolio. Some CPP activities provide opportunities to receive meaningful feedback from patients and service users about your developing skills as a doctor; use these opportunities wisely. This feedback and advice is often the most informative and has the most impact. Patients are less familiar with the term feedback so ask them their opinion or about your approach. Ask them to be candid; perhaps asking them to suggest one thing you could do to improve the way you work with patients.

CPP modules also contribute questions to formal formative and summative assessments that take place during the year. In Years 1 and 2 Anatomy and Imaging also run regular practice practical or 'spot' tests to help you gauge your own learning and progression.

## **Summative assessment**

Some CPP modules have required coursework that must be completed in order for you to progress to the next year of study. This is clearly outlined in the relevant student year guides and in relevant Moodle resources. In line with GMC's guidance on expected outcomes for graduates, you will prepare yourself for practice across all modules through the maintenance of a portfolio and the completion of a *record of completed procedures card*. Whilst some of the activities in the card and portfolio are formative, submission of the card and portfolio are progression requirements for each year of the programme. Summative assessment varies between the individual modules, with most modules contributing Single Best Answers (SBAs) and/or OSCE or OCAPE stations in one or more years of the programme.

## **Attendance and Absence Reporting**

Good attendance is part of your professional responsibility. Many of the areas addressed in CPP relate to specific competencies identified in *Outcomes for Graduates 2018* and in some cases an individual CPP session may be the only opportunity you get during the programme to address that competency. You are expected to attend every CPP teaching session in line with the Medical School attendance policy:

<https://www.ucl.ac.uk/medical-school/current-mbbs-students/general-information/policies-and-regulations#attendance>.

At times you will be presented with conflicting learning opportunities, however timetabled CPP sessions always take priority over other teaching. Regarding the patient pathways, you will need to be proactive in organising your time so that you can attend relevant activities with your patient and still meet the learning and attendance needs of your other modules.

If you are unable to attend a session, please complete the absence report and leave request online form;

<https://www.ucl.ac.uk/medical-school/current-mbbs-students/general-information/policies-and-regulations#absence>.

## **Code of Conduct**

Please ensure you are familiar with the Medical School's Code of Conduct,

<https://www.ucl.ac.uk/medical-school/current-mbbs-students/general-information/policies-and-regulations#code-of-conduct>

## **Student Support**

The first priority of the Medical School is to offer students support for their problems. The School recognises that medical students are subject to all sorts of pressures and some will find the MBBS course stressful at times; the majority will cope, but the minority may find it difficult for a variety of reasons. Most of the problems are easily dealt with by medical school staff. We would like to emphasise that having difficulty at some time in the course is common. Our aim is to support students through these difficult times, and we are keen to encourage students to trust us, and to seek help early. An extensive range of advisors and services to support students with academic, personal and practical problems is available and we offer

appointments with the Student Support Tutors throughout the week with drop-ins also welcome.

The Medical Student Support website is designed to provide students and staff with guidance about how to effectively and efficiently deal with problems as they arise. The website for student support in the Medical School is:

<https://www.ucl.ac.uk/medical-school/current-mbbs-students/mbbs-student-support>

The Medical Student Support and Records Office is based in Room G46 of the Rockefeller Building, Huntley Street. The team here are available each week day from 9am-5pm and can be contacted on [medsch.student-support@ucl.ac.uk](mailto:medsch.student-support@ucl.ac.uk)

### **Student returning from an interruption or repeating the year**

If you are returning to the course after interrupting your studies you will be able to reuse some work submitted in previous years. Students repeating the year will be expected to complete all work afresh, whether completed previously or not. If you are unsure which category you fall into please check with the CPP team.



## **Section 2: Clinical and Professional Practice Modules**

This section contains a brief description of each of the 16 CPP modules plus their key aims and objectives.

### **Integrated Clinical and Professional Practice**

#### ***Anatomy and Imaging***

##### **Aims**

The aims of *Anatomy and Imaging* are to:

- ensure students acquire a sound working knowledge of normal human structure and function
- ensure students become fluent at reading and interpreting normal and abnormal human structure and function via a broad range of modern medical imaging techniques
- provide a seamless programme of integrated teaching that shifts over the years from core human structure and function towards anatomy and imaging being part of the integrated basis of clinical diagnosis and treatment.

##### **Overview of teaching**

Anatomy and imaging teaching is delivered over each of the six years of the course. In the first and second years, anatomy is an integrated core component of the horizontal modules and imaging and clinically illustrative material are key learning adjuncts. In year 4 the emphasis switches to case-based teaching sessions where imaging and applied anatomy are now taught in a clinical context through a series of module specific clinical vignettes. In years 5 and 6 teaching is fully integrated with placements based teaching delivered by the NHS Trust radiologists and core teaching weeks. Aspects of this module will be incorporated into assessments throughout the programme.

**Year 1:** Anatomical language and the grand plan of the major systems. The anatomy of the thorax, abdomen and pelvis, including the principles of routine medical imaging techniques.

**Year 2:** The functional anatomy of the musculoskeletal system and associated clinical imaging. Further anatomy of the pelvis with emphasis on the reproductive system. Basic clinical anatomy of the head and neck including neuroanatomy, neuroscience and imaging of the head, neck and brain.

**Year 3:** Intercalated BSc year. Certain IBSc programmes provide an opportunity to study aspects of anatomy at an advanced level.

**Year 4:** Case-based anatomy and imaging sessions are timetabled early in each clinical module. Module A prepares students for the essential imaging and anatomy they will use in cardiology, respiratory and acute medicine. Module B focuses on gastroenterology, orthopaedics and general surgery whilst Module C puts the emphasis on clinical cases that illustrate how anatomy and imaging are central to endocrine disorders, neurology and infectious diseases.

**Year 5 and 6:** Included in placements based radiology and surgical teaching, Year 5 case-based anatomy and imaging teaching in the core teaching and Anchor weeks, and in elements of Case of the Month and Moodle revision resources.

## **Clinical Skills and Practical Procedures**

### **Aims**

The aims of Clinical Skills and Practical Procedures are to:

- ensure all students are competent and confident to perform the skills and procedures listed in *Outcomes for Graduates 2016* when they graduate from the medical course
- introduce these skills and procedures at an appropriate point in the programme and to increase these skills every year
- ensure that the student has the skills to be a valuable team member as early as possible in their clinical placements
- understand the importance of patient safety when performing clinical skills and practical procedures

### **Overview of teaching:**

Clinical skills and practical procedures are key elements of the MBBS programme and proven competence in a wide range of skills is part of achieving the '*Doctor as Practitioner*' outcomes specified in *Outcomes for Graduates 2018*. The GMC has produced a list of the skills that it expects all graduates to be able to prove they have mastered on graduation: ([http://www.gmc-uk.org/education/undergraduate/undergrad\\_outcomes\\_2.asp](http://www.gmc-uk.org/education/undergraduate/undergrad_outcomes_2.asp))

The Clinical Skills and Practical Procedures module ensures that students are taught how to perform many of these skills but relies on the 'horizontal' modules to teach the rest and reinforce the learning by building on the foundations provided by this module's teaching. The successful completion of the required competencies are documented on the *Record of Completed Procedures* card; these cards should be uploaded into your e-portfolio as they will provide evidence for your Foundation School of the completion of these skills. Aspects of this module will be incorporated in assessments throughout the programme. Over the six years of the course, the teaching delivered under the umbrella of clinical skills and practical procedures includes:

**Year 1:** infection control measures including: hand washing using the seven stage technique; pulse, BP and temperature measurement; basic cardiovascular, respiratory and abdominal examination; PEFr recording, urinalysis; and first aid, including CPR.

**Year 2:** basic motor and sensory neurological examination; locomotor examination; basic CPR

**Year 4:** clinical examinations including cardiovascular, respiratory, abdominal, cranial nerve, neurological examination of upper and lower limbs, examination of the eyes, musculoskeletal system examination and performing a digital rectal examination. Practical skills and procedures including venepuncture; cannulation; arterial blood gas sampling; manual handling; scrubbing and gowning for theatre; basic suturing techniques; intravenous / subcutaneous / intramuscular injection; basic airway management; bladder catheterisation; performing an ECG; performing a full set of observations and recording them on a NEWS chart; insertion of nasogastric tube; basic and advanced life support; the immediate assessment and treatment of the critically ill patient; safe and legal prescribing.

**Year 5:** Module A : new born baby check; measuring occipito-frontal head circumference; plotting weight, height and OFC on growth chart; changing and feeding a baby; demonstrating inhaler/spacer to a child; observing IV cannulation in a young child; paediatric basic life support; writing a prescription for a child; and observing a lumbar puncture. Module B: antenatal abdominal examination; female genital examination; Cusco speculum examination; bimanual vaginal examination; female urethral catheterisation; breast

examination; urine pregnancy test; male genital examination; male urethral catheterisation; writing safe and legal prescriptions; sexual history taking; and HIV pretest discussion.  
Module C: full psychiatric mental state examination; visual acuity and field testing; fundoscopy; neck examination; bedside assessment of hearing including otoscopy; musculoskeletal examination of older person; cardiorespiratory examination of older person; neurological examination of older person; and bedside assessment of cognition.

**Year 6:** taking a blood culture; performing an arterial blood gas sample; performing and interpreting a 12 lead electrocardiograph; inserting an iv cannula; performing a fluid assessment and writing up fluids; performing a catheterisation; demonstrating competency in performing life support on a manikin; performing suturing / applying dressings or steristrips; taking a full set of clinical observations and plotting them on a chart; writing safe prescriptions; completing an inpatient drug chart; writing a discharge notification with TTAs; completing a death certificate; and setting up oxygen.

## ***Pathological Sciences***

### **Aims**

The aims of *Pathological Sciences* are to:

- ensure students acquire a sound understanding of the theoretical basis of the pathological sciences
- ensure students become proficient in the application of the principles of pathological sciences to the investigation of disease and its management
- provide a seamless programme of integrated teaching that shifts over the years from basic scientific principles to part of the integrated basis of clinical diagnosis and treatment.

### **Overview of teaching**

Over the six years of the course, the teaching that is delivered under the umbrella of Pathological Sciences includes: clinical biochemistry, haematology, immunology, microbiology (including virology) and pathology (histopathology). Teaching is through sessions woven into the fabric of the horizontal modules and via additional lectures, tutorials and practical sessions in Clinical and Professional Practice Modules and in the introductory and core module teaching time in years 4 and 5. Case-based teaching sessions are introduced in year 1 and increasingly utilised as students progress through the course. Aspects of this module are incorporated into assessments throughout the programme.

**Year 1:** an introduction to pathological sciences as a whole; principles of haematology, microbiology and immunology.

**Year 2:** Principles of the pathology of bones & joints, endocrine disease, disease of the fetus and cancer, neuropathology.

**Year 3:** Intercalated BSc year. Certain programmes provide opportunities to study aspects of pathological sciences at an advanced level e.g. those provided by the Division of Infection & Immunity.

**Year 4:** Teaching relevant to each clinical module both within the core introductory weeks and embedded within the module. This is accompanied by a pathological sciences workbook.

**Year 5:** Teaching relevant to each clinical module both within the core introductory weeks and embedded within the module.

**Year 6:** Included in elements of *Case of the Month*, Moodle revision resources and anchor days.

## ***Use of Evidence***

### **Aims**

The overall aim of *Use of Evidence* is to enable students to make use of research evidence in their learning and practice by helping them develop the understanding and skills necessary for *finding the evidence, evaluating it, and using it* in decision making, research and clinical practice. This includes teaching them to understand the *role* of evidence in the practice of medicine and to critically appraise the *results* of relevant clinical trials, epidemiological studies, and other quantitative research studies, as reported in the medical and scientific literature. Detailed aims include helping students to:

- understand the role of evidence in the practice of medicine
- develop the skills to search for the evidence relating to a particular clinical question
- understand the methodology used in biomedical research and appreciate the strengths and weakness of different research designs, including being able to:
  - understand important methodological features and their rationale in the design, conduct and analysis of randomised controlled trials (RCTs); define, interpret and calculate statistical measures relevant to the interpretation of their results; and undertake a standard appraisal of a scientific paper, presenting the conduct and results of an RCT
  - understand the difference between observational and intervention studies, and appreciate their relative uses, strengths and weaknesses, and contributions to research evidence
  - understand the aims, methodological features, and strengths and weaknesses of commonly used observational epidemiological study designs (e.g. cross-sectional, case-control and cohort studies) and interpret simple statistical measures used in the analyses of such studies
- gain the skills required to critically appraise and interpret the results of studies from the medical and scientific literature, including:
  - achieving an understanding of fundamental statistical concepts and techniques relevant to the analysis, understanding and interpretation of medical research data
  - appreciating how the accuracy of diagnostic tests can be evaluated and summarised; developing the skills to calculate and interpret statistical measures relating to the evaluation of the accuracy of diagnostic tests; and applying knowledge of the accuracy of a diagnostic test to a particular patient's probability of having a given condition
  - understanding how to calculate and interpret statistical measures relating to the assessment of growth using standard growth charts
  - developing an understanding of the fundamental properties required for accurate clinical measuring instruments; and understanding and interpreting the ways in which these are evaluated and assessed
- acquire the skills to utilise and apply evidence in a critical manner to help inform clinical decision making, including:
  - developing the skills to identify, explain and communicate to audiences with varying levels of expertise the results of a complex RCT

- understanding, assessing the conduct of, and interpreting the results of a systematic review which brings together evidence relating to a particular clinical question
- developing the knowledge and skills to interpret the results of a systematic review; and applying the results to clinical decision making, taking into account the patients' own values and preferences.

## Overview of teaching

Over the six years of the course, the teaching delivered under the umbrella of *Use of Evidence* involves three components: *Randomised Clinical Trials (RCTs) and Clinical Studies*, *Epidemiology*, and *Medical Information Skills*. This includes searching for evidence, referencing evidence appropriately, understanding the types of evidence available (including the types of research design as well as resources such as NICE Evidence, systematic review databases etc...), the evaluation of evidence, and use of statistics; using evidence to support clinical decision-making, academic writing and one's own research. It includes sessions woven into the fabric of the 'horizontal' modules, particularly in Years 1 and 2, and additional sessions in CPP time, mainly in Years 1, 2 and 4.

**Year 1:** *Medical Information Skills:* range of resources and sources, utilising databases, introducing NICE Evidence, referencing and avoiding plagiarism, how to use an article about a diagnostic test, finding and appraising reports of randomised controlled trials.

*RCTs and Clinical Studies:* basic statistical concepts relevant to medicine, evaluation of the accuracy of diagnostic tests, randomised controlled trials, their methodology and the interpretation of their results, basic statistical techniques used in the analysis of randomised controlled trials.

*Epidemiology* epidemiological measures of disease morbidity and mortality, types of epidemiological study design methodology and interpretation of cross-sectional studies, cohort studies and case-control studies.

**Year 2:** *Medical Information Skills:* developing key skills in searching for evidence concerning the effectiveness of specific health care interventions.

*RCTs and Clinical Studies:* growth charts and the calculation and interpretation of the relevant measures used in their interpretation, assessment of the accuracy of measuring instruments, communicating the results of complex RCTs, systematic reviews of randomised controlled trials; their methodology and critical appraisal, interpretation and application of the results of systematic reviews as presented in Forest plots,

*Epidemiology* understanding and appraising further analyses of observational studies concept of causation in epidemiological studies.

**Year 4:** Use of evidence in establishing prognosis in clinical medicine and clinical decisions; revision of epidemiological concepts and research designs: the example of antioxidants in cardiovascular disease; *inding and using evidence:* accessing evidence that matters (i.e. that is patient-oriented); finding and using sources of patient information.

**Year 6:** Revision sessions and inclusion in *Case of the Month*.

**Assessment:** Assessment of this module is through a combination of written and OSCE or OCAPE examinations.

## ***Use of Medicines***

### **Aims**

The overall aim of teaching therapeutics is to produce doctors who know how to use the right drug, at the right dose and duration, for the right patient, at the right price.

The specific aims of *Use of Medicines* are to enable students to:

- acquire in years 1 & 2, the knowledge and understanding of the basic principles and language of drug action
- apply this understanding, in the clinical setting of years 4-6, in order to develop a rational therapeutic approach for drug treatment of common medical conditions
- acquire a core knowledge of mechanisms of drug action of major drug classes, and understand expected therapeutic and harmful effects and the differences between symptom relief and benefits on long term outcomes
- develop an understanding of the complexities of using multiple drugs in patients with multiple pathologies.
- apply pharmacology and therapeutics knowledge to prescribe drugs rationally and safely
- develop skills for evaluation new medicines as they emerge.

Aspects of this module will be incorporated into assessments throughout the programme.

### **Overview of teaching**

**Year 1:** basic pharmacology linked to the horizontal modules, consisting of five lectures and one problem-based learning exercise

**Year 2:** basic pharmacology lecture series (45 lectures), six practical classes and five tutorials

**Year 3:** a range of BSc units are offered including Drug Development, Molecular Pharmacology, Receptor Mechanisms, Synaptic Pharmacology, Psychopharmacology, Neuropharmacology & Immunopharmacology.

**Year 4:** an orientation lecture in the Introduction and Orientation Module is followed by a series of streamed lectures covering the core content of Use of Medicines. These can be viewed and reviewed at any time and during all clinical years to help with ongoing learning. Tutorials which will be organised through the year will complement these lectures, going into details where lectures might not allow and tackling more complicated topics. Nine therapeutics and prescribing sessions in Module A begins to prepare you for applied therapeutics

**Year 5:** practical therapeutics in Maternal Medicine and Care of the Older Person delivered as small group teaching

**Year 6:** Integrated sessions with Anchor days.

**Assessment:** Assessment of this module is through a combination of written and OSCE or OCAPE examinations.

## Overarching Themes

### ***Clinical Communication, e-Health, Ethics and Law, and Professionalism***

#### **Aims**

These modules aim to equip students to:

- understand the contemporary thinking and frameworks about what constitutes professionalism and professional practice
- develop core skills and an orientation for effective communication, ethical practice, and working within the framework of the law and professional guidance
- understand the roles of the doctor in the healthcare system, including clinical leadership, patient advocacy and ensuring good quality care
- understand the role of e-Health in the management of patients and populations
- recognise workplace based teaching around real patient encounters as a process of integrative thinking
- keep accurate, useful clinical records
- access and use information sources to perform their job as a junior doctor and beyond
- understand how e-Health transforms data into knowledge and facilitates organisational change

#### **Overview of teaching**

These modules underpin principles or ways of thinking in medicine. They include a wide range of activities and learning domains: the duties of a doctor, personal development, clinical communication, ethics and law, e-Health, leadership, advocacy, patient safety and quality of care, team-working and inter-professional practice.

They describe teaching that encourages integrative thinking and includes making sense of learning about the science of disease, the science of disease management, diagnostics, clinical reasoning alongside learning in all other domains to create a deep understanding of health and disease.

Over the six years of the programme the teaching includes a small number of plenary sessions within the 'horizontal' modules and a significant number of peel off sessions, often in small groups with a facilitator, self-directed learning activities and the *Case of the Month*: a virtual learning environment activity. Aspects of these modules will be incorporated into assessments throughout the programme.

#### **Year 1:**

- *Clinical Communication*: the patient-centred consultation, conducting a consultation as a medical student, gathering information in hospital and community-based settings, discussing difficult topics.
- *e-Health*: introduction to e-Health.
- *Ethics and Law*: personal and professional values; confidentiality; duty of care; consent..
- *Professionalism*: what professionalism is; learning and working in groups; being a medical student; making sense of learning in year 1; digital professionalism; speaking up; probity, and foundation doctor shadowing.

## Year 2:

- *Clinical Communication*: core topics: empathy and person-centredness, sharing information, discussing risk and uncertainty, discussing behaviour change, communicating with relatives, communicating when there are barriers (speech and language impairment, sensory impairment, English as a second language).
- *e-Health*: confidentiality and data protection issues.
- *Ethics and Law*: assisted dying; abortion; public health ethics; organ donation; humanitarian ethics.
- *Professionalism*: good medical practice; person-centredness; giving and receiving feedback; shame; self-care (including resilience; drugs and alcohol; the patient and complementary therapies; error, safety, and multisource feedback (peer feedback on the student's performance and contribution to small group work)).

## Year 3:

- *e-Health*: confidentiality and data protection issues.
- *Ethics and Law*: ethical research.
- *Professionalism*: academic writing and writing for publication

## Year 4:

- *Clinical Communication*: the structure of the clinical consultation (Calgary-Cambridge guide), conducting an effective consultation as a medical student, staying within professional boundaries, adapting one's consultation style, gathering information, explanation and planning, breaking bad news, basic skills in inter-professional communication, structured handover.
- *e-Health*: recording consultations.
- *Ethics and Law*: from theory to practice; raising concerns; capacity;; withholding and withdrawing treatment, including DNACPR decisions.
- *Professionalism*: Schwartz Round, the NHS, and leadership, patient safety and you.

## Year 5:

- *Clinical Communication*: conducting effective consultations and gathering information in specific contexts, consultations with patients, relatives and shared decision-making, breaking bad news, responding to difficult situations.
- *e-Health*: making clinical decisions.
- *Ethics and Law*: integrating ethics and law with clinical practice: women's sexual and reproductive health (abortion, female genital cutting;;, domestic violence/abuse; sexual violence, assisted conception; children and young people; end of life; LGBT+ health.
- *Professionalism*: Schwartz Round.

## Year 6:

- *Clinical Communication*: applying the principles of effective communication with patients, relatives and colleagues to the role of the Foundation doctor.
- *Ethics and Law*: Case of the month - dealing with ethically challenging situations faced by Foundation Year doctors; pre-finals revision.

- *Professionalism*: Schwartz Round.

## ***Mental Health***

### **Aims**

The aims of *Mental Health* are to:

- provide students with an understanding of the mental health continuum and the nature and range of mental health problems in the population across the life course
- provide students with knowledge and understanding of the main mental health disorders (depression and anxiety, chronic mood disorders, schizophrenia and related psychoses), including diagnostic criteria and classification
- outline the broad principles underlying modern psychiatric practice, including the Bio-Psycho-Social model, consent and capacity, risk assessment and management, safeguarding of children and vulnerable adults, principles underpinning the Mental Health Act and multidisciplinary working.
- provide students with knowledge of commonly used treatments (psycho-education, psychological therapies, psychopharmacology, ECT), and a broad understanding of the stepped care approach to treatment
- enable students to understand the complex relationships between physical and mental health (including delirium and metabolic/cardiovascular sequelae of psychotropic medication)
- equip students with the necessary skills to elicit signs and symptoms of mental illness, and respond empathically to psychological distress in medical and broader settings
- facilitate an understanding of public attitudes towards people with mental illness stigma, discrimination, cultural issues, and identify ways of changing unhelpful attitudes.
- provide students with the opportunity to apply knowledge to clinical practice (during Year 5 psychiatry placements)

### **Overview of teaching**

Mental Health is an overarching theme of the programme designed to enable UCL graduates to identify and respond to those with mental health needs, regardless of which specialty they ultimately pursue. It is addressed in *all* years and in all modules, including plenaries, tutorials, small group work, a number of attachments including child and adolescent mental health, liaison and community based mental health, adult mental health and mental health services for older persons. Over the six years of the course the teaching includes a significant number of sessions woven into the fabric of the 'horizontal' modules, placements and additional sessions in Clinical and Professional Practice. Aspects of this theme will be incorporated into assessments throughout the programme.

Teaching under the umbrella of Mental Health across the programme includes:

**Year 1:** an overview lecture: *It's all in the mind*, a number of psychology lectures, and tutorials on social and cultural factors and their impact on mental health

**Year 2:** lectures delivered by the Mental Health team (psychiatrists, psychologists and neuroscientists) including the neuroscience of affective and psychotic symptoms; plus lectures delivered by the Use of Medicines team, which explore the links between drugs and mental illness.

**Year 4:** Year 4 provides students with an introduction to clinical psychiatry with an emphasis on mental health in a medical setting (primary and secondary care). *Module A: Psychiatry in liaison psychiatry*, is a freestanding week of lectures, tutorials and face to face patient contact,

and covers; the relationship between physical and mental health, managing behavioural disturbance, common mental disorders, personality disorders, introduction to psychological treatments, drugs and alcohol, self-harm and suicide; CPP modules focus on schizophrenia, mood disorders, intellectual disabilities, and end with an on-line revision session

**Year 5:** In Year 5, there are plenary lectures and small group sessions covering core topics in psychiatry; these build on teaching in previous years and focus on the integration and application of knowledge to clinical practice. In Module C students are placed for four weeks in one of the neighbouring mental health Trusts or in the private sector. This year also covers aspects of mental health and the life course: Perinatal psychiatry, child psychiatry, menstrual psychiatry, men and mental illness, old age psychiatry, palliative care psychiatry.

**Year 6:** Mental health revision in GP and DGH placements.

### **Social Determinants of Health (including Electives)**

#### **Aims**

The Social Determinants of Health (SDoH) module places human health in the wider context. The module aims to ensure students can integrate and apply understanding of the following in their all their academic and clinical work:

- how social, economic, political, cultural, and environmental factors exert powerful effects on health and illness, in communities, populations, and globally
- how these factors influence design, delivery and access to healthcare
- how public health policies, health promotion, economic development and environmental interventions, often have more profound health benefits than biomedical treatments
- how health professionals may act as advocates and change agents to address these wider determinants and reduce health inequalities

#### **Overview of teaching**

This module integrates 5 subjects or fields: (i) medical sociology; (ii) global health, health systems and environmental sustainability; (iii) public health, health promotion and health economics; (iv) health equity and social epidemiology; and (v) occupational health. We aim to make these topics immediately relevant and valuable by linking to students' learning and experience over the course and contributing to assessments throughout the programme (see table).

<b>Social Determinants of Health Topics</b>	<b>Subjects/Field</b>	<b>Links/Assessment</b>
<b>Year 1:</b> Key concepts of social determinants <b>Global health:</b> Globalisation, health and healthcare <b>Sociology:</b> effects of social context, processes, and structures on individual and collective experience of health and illness; and on health services and medical practice; <b>Social epidemiology &amp; Health equity:</b> “The Health Gap” – socio-economic variations in causation and outcomes of ill health- locally & globally.	<b>Global health</b>  <b>Sociology</b>  <b>Health systems</b>  <b>Social epidemiology &amp; Health equity</b>	Community placements and community visitors Use of Evidence  <b>Assessment</b> OCAPE & SBAs <u>Portfolio submission:</u> ‘Origins & Future of NHS’
<b>Year 2:</b> <b>Occupational health :</b> Relationship between health & work <b>Global health</b> Environmental Sustainability	<b>Occupational health</b>  <b>Global health</b>	<b>Assessment</b> OCAPE & SBAs

<b>Year 3:</b> The SDoH module exposes students to qualitative and qualitative research methods of value to many iBSc students. It encourages thinking about the nature of scientific knowledge from multiple perspectives – beyond basic biomedical approaches.		
<b>Year 4:</b> <b>Health equity</b> and taking a social history; integrating understanding of social determinants over the life course, inequalities, chronic disease & the doctor's role in health advocacy <b>Health economics</b> and screening <b>Health promotion</b> , communicable disease prevention & homelessness	<b>Health equity</b>  <b>Health economics</b> <b>Health promotion &amp; Public health policy</b>	<b>Links</b> All clinical placements  <b>Assessment</b> OSCE & SBAs
<b>Year 5:</b> <b>Global health</b> <ul style="list-style-type: none"> <li>Global is local healthcare for migrants; health systems and trans-national threats to health</li> <li>Elective preparation: student case studies (clinico-ethical &amp; socio-cultural dilemmas)</li> </ul> <b>Public health &amp; health promotion</b> into clinical practice (smoking; childhood obesity; drugs & alcohol ) <b>Occupational health</b> in clinical practice	<b>Global health</b>    <b>Public health &amp; health policy</b>  <b>Occupational health</b>	<b>Links</b> All clinical placements   <b>Assessment</b> SBAs & OSCE <i>Case of the Month.</i> <u>Portfolio submission:</u> <i>Country Study</i>
<b>Year 6:</b> Global health & health systems, health inequalities – academic component of the Elective	<b>Global health &amp; health systems</b>  <b>Health Equity</b>	<b>Links</b> All clinical placements <b>Assessment</b> SBAs & OSCE <u>Portfolio submission:</u> <i>Electives Report</i>

## Person-Centred Learning, Student-Centred Learning

### *The Patient Pathways*

#### Aims

The patient pathways create opportunities for students to understand the experience of illness from the patient perspective, aspects of illness such as the natural history of disease processes and the care pathways that support patients in the management of their illness and also, where possible, to develop longitudinal relationships with patients. There are four formal patient pathways but you will be encouraged to follow individual patients through their treatment in areas such as breast cancer, liaison psychiatry, COPD etc. The patient pathways teaching and learning includes some or all of: plenaries, tutorials, placements, visits to services and patients, and meetings between the student and patients without direct supervision.

#### Overview of the pathways

- **Cancer** patient pathway takes place in Year 4 and is designed to provide an understanding of the diagnosis and management of cancer patients, exposure to the patients' experience of their cancer journey, and practice in forming relationships with patients. Following an introductory lecture, students are allocated a cancer patient pathway tutor, whom they meet

together with fellow students for five tutorials between October and June. They are supported to find a suitable cancer patient themselves and accompany them to some of their appointments and treatment (i.e. chemotherapy or radiotherapy sessions) for a period of a few months. At the end of the pathway, the students will have the opportunity to present their case to their tutor group and focus on a particular area of special interest in the diagnosis and management of their patient. Their learning is reinforced with tutorials and case discussions on the most common cancers: lung, breast, prostate and colorectal cancer. Students with outstanding presentations have the opportunity to be nominated for the Alan Goldsmith prize.

- **Cardiometabolic Illness** patient pathway takes place in Year 2 from January to March on Friday afternoons. It consists of six small group work sessions, four of which involve patients with either cardiovascular or diabetic disease. The sessions are facilitated by doctors who are specialists in cardiometabolic disease. Week by week, the tutors introduce students to skills of history-taking and investigative techniques used in diagnosis and they explore the impact of illness on their patients. Students are encouraged to interact and practice their communication skills within this supported environment. Students are assessed by an essay on a chosen area of interest related to a patient they have seen during the module as well as an end of module quiz.
- **Integrated and Community Care** pathway activities take place in Years 1 and 2. Through these, students:
  - gain exposure to patients, carers, health and social care professionals from all walks of life and to a range of health and social care services in the community; they meet patients/clients, professionals and community volunteers in small group work and community visits to discuss their experiences of health/illness and/or of delivering support
  - learn to explore people's personal histories and take account of their social context when considering health and social support needs
  - learn to reflect on interactions with others
  - learn to consider how their own attitudes, values, beliefs, perceptions and personal biases may affect their interactions with others
  - consider how diversity, vulnerability, stigma, inequalities and discrimination affect people's lives and their access to services
  - participate in disability confidence workshops (Year 2).
- **Person-Centred Care** patient pathway takes place in Year 5 and is designed to allow the student to gain skills to support patients in dealing with healthcare issues and to gain insight into the patient perspective of navigating encounters with different health professionals and different healthcare settings over a six month period between October and April. Students will be supported to recruit a 'patient' from within their Autumn Term module – for students in Module A, this might be a child with a chronic health condition, or a newborn baby and their family; for Module B, this will usually be a pregnant woman early on in her pregnancy; for Module C, this might be an adult with a chronic health condition, or a person with a psychiatric condition. Students will have an introductory lecture in the Year 5 IOM, and will be allocated a person-centred care pathway tutor who will meet with them and other students in small groups once each term, for seminars designed to advise upon and support development of student skills and reflective practice pertaining to person-centred care. Students will be expected to keep a reflective diary to record their observations and practice of person-centred approaches to care, and will be expected to submit their reflections during

the course of the year. . There will also be a mock OSCE to practice skills attained during the year ahead of the Year 5 assessments.

## ***The Portfolio***

### **Aims**

The aims of the portfolio are to:

- encourage students to take responsibility for their own learning
- encourage reflection on learning and experience
- prepare students for postgraduate practice, where portfolios form the core of assessment in foundation and higher training, and evidence for revalidation
- provide a place for students to store evidence of their learning and experience

### **Overview of teaching**

The portfolio supports learning in all years of the programme. It acts as a place to: complete and record progress and achievements; reflect on learning and professional development; and store required pieces of course work. In Years 1- 3, it is managed through Moodle. In Years 4-6 it is delivered via the NES e-Portfolio.

**Years 1-3:** Students use online portfolios to record achievements and encourage reflective learning. The contents of the portfolios may serve as a basis for discussions with their personal tutors and some items may be brought forward to be loaded into the electronic portfolio, which is introduced in Year 4.

**Years 4-6:** Students in these years use the NES e-Portfolio, which is largely similar to what they will go on to use as a Foundation doctor. The portfolio for these years gathers evidence of both clinical and academic learning. Students use it to record supervised learning events (SLEs), and grade forms. A substantial number of reflective and achievement logs provide a place to record and reflect on particularly significant learning events or experiences. Students use the portfolio to gather feedback from their peers using the miniPAT. The portfolio is also place to gather evidence of other learning or achievement in the student's Personal Library.

### **Record of Completed Procedures sign-off card**

Each Year has a *record of completed procedures card*. You are expected to bring your card to relevant Clinical Skills sessions to collect signatures, and submission of a completed card will be expected at the end of the year. Lost cards should be replaced immediately and signatures sought or procedures repeated. Please remember that some sessions may only take place once in your programme. We recommend taking regular pictures of your card in case it is lost.

### **Section 3: Staff Contact Details**

<b>MBBS Clinical and Professional Practice Contacts</b>		
<b>Clinical and Professional Practice Team</b>	<b>020 7679 6127</b>	<b>medsch.cpp@ucl.ac.uk</b>
Head of MBBS Management CPP and QA CPP Teaching Co-Ordinator	Miss Tor Wright Ms Ayana Sakey	
<b>Academic CPP Module Leads</b>		
Clinical and Professional Practice Lead Clinical and Professional Practice Deputy	Dr Faye Gishen Dr Amali Lokugamage	
Anatomy & Imaging	Dr Sandra Martelli (Anatomy) Dr Scott Rice (Imaging)	
Clinical Communication	Dr Lorraine Noble	
Clinical Skills & Practical Procedures	Dr Alison Sturrock	
e-Health	Dr Amitava Banerjee	
Ethics & Law	Dr Jayne Kavanagh	
Mental Health	Dr Suzanne Reeves	
Pathological Sciences	Dr Kate Ward	
Patient Pathways:		
Integrated & Community Care	Ms Shirley Cupit	
Cardiometabolic Illness	Dr Riyaz Patel	
Cancer	Dr Ursula McGovern	
Person-Centred	Dr Melissa Whitten	
Portfolio	Dr Will Coppola	
Professionalism	Dr Faye Gishen	
Social Determinants of Health	Dr Fiona Hamilton	
Use of Evidence	Prof Martin Bobak	
Use of Medicines	Dr Reecha Sofat	

*Further contact details are available on Moodle.*

*Please note that these details are subject to change; Moodle will always have the most up to date information.*