

Y4 Must Read

Oct 2018

Coming Soon:

We will be holding some interactive webinars in Nov so you can ask any assessment-related question you may have. You can also send us your questions in advance (see email addresses below)

Full details to follow...

If you have any assessment-related queries at any point and can't find the answers on 1MedInfo then do not hesitate to get in touch with the assessment team:

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Welcome to the latest edition of Y4MR... this month we focus on assessment and think ahead to OSCEs

In this Y4MR we have included news on some important changes to the exam processes – find these on page 2. On page 3 we have collated our top tips to help you prepare for the Winter OSCE.

The best place to go for more information is to our 1MedInfo pages on Year 4 assessment:

<https://www.onemedinfo.manchester.ac.uk/blog/topics/assessment-in-year-4/>

There is a range of resources available online to view relating to both your Progress Test (and additional 50 questions in May) and the OSCEs. Please do spend time reading the Y4 OSCE blueprint information which details the station types that will be included in your OSCE with helpful guidance on common mistakes that students have made for each. We also have more 'top tips', a detailed FAQ and information relating to the process of the OSCE overall.

MBChB Assessment Update

Update to candidate adherence with infection control measures within the OSCE

You will be aware from previous OSCE briefings that examiners are instructed to dock 1 mark from your global score if candidates fail to use alcohol before and after patient contact (which applies to both consultation and examination stations). However based on recent feedback from both students and examiners we have updated the guidance to be more encompassing of infection control measures more widely. The updated examiner instructions now state:

"This is an interactive station and so the candidate should adhere to standard infection control practices (i.e clean hands with alcohol upon entering AND before leaving a station that involves a (simulated) patient, even if no physical contact made with patient / cleans (if used) stethoscope / is bare below elbows etc). If the candidate is in breach of any/multiple infection control measures in this station then please dock one point from their global mark and remind them of the importance of this in their feedback."

Mitigating Circumstances

We have made some changes to the process for letting us know about mitigating circumstances relating to assessment this year. Full details can be found in the [MBChB Programme Handbook](#). Two key updates have been made. The first relates to increasing importance placed on adhering to timescales for submitting evidence in order for mitigating circumstances to be considered. The second change is that all student submissions for mitigating circumstances will now be reviewed to determine if particular students may benefit from additional support (previously it was only submissions from students who had failed an assessment that were reviewed). Full details of these processes are in the MB ChB Mitigating Circumstances Regulations policy in the handbook.

Raising a Concern relating to assessment

Again in response to student feedback, we have updated our process of raising a concern. Although we anticipate this will be used infrequently, we are keen that students have a clear and transparent process by which they can raise any problems that arose. Full details once more are in the Programme Handbook or by [clicking here](#).



OSCE Update

OSCE News! More Prep Time!

We've listened to feedback from students and examiners asking for more time between stations to prepare for the task to come and to allow examiners more time to provide more detailed feedback on your performance to help you develop. As a result, we are pleased to announce that as from this academic year, we are increasing the time between stations from 60 seconds to 90 seconds. This will take effect from the Winter OSCEs this year (December 2018) and will also be in place for all OSCEs in years 3-5.

Clinical Examinations

A guide for Year 4 medical students at the University of Manchester



iBook: Hopefully most of you are finding the Y4 iBook useful. Our block (specialty) leads wrote this with Nick Smith in response to feedback from the previous year. It summarises examination routines as recommended by our specialists, and is the standard that we will expect (and benchmark to) in your OSCE.

Get it via our iTunesU site:

<https://itunesu.itunes.apple.com/enroll/KZH-LHV-J35>

Y4 Top Tips for OSCE preparation

Drs Matt Jones and Pippa Watson

Placements are important OSCE preparation:

The best way to prepare for these exams is getting involved in the clinical environment - assessing patients, interpreting results and explaining things to patients. Remember the standard we are looking for is that of a safe FY1 doctor. You may not get the chance to do some of the specialities again prior to starting work so make the most of the opportunities and get involved.

Skills Check:

Are you on track with your UPSAs, prescribing and medicine safety and core skills? Practising these will help with OSCE preparation and is something that you must achieve, so grab any opportunities you are given.

Preparation steps from our students:

1. Use the iBook as a guide to your examination routines.
2. Start revision early! Team up with a partner, or form a study group.
3. Practice a lot. For examinations keep going until you can do them smoothly. Make sure to practice on patients as well as each other. It's really important that you can detect important signs, not just go through the motions.
4. Remember that the OSCE isn't just about history and examination- check out the blueprint and practice for other stations such as explaining procedures and results to patients, prescribing, and interpreting investigations.
5. For stations involving history taking and examination remember to practice the whole station, including summarising at the end. Take turns to ask each other questions e.g. what is your differential diagnosis and why? What would you do next?
6. Take every opportunity you can to get feedback- from your study partners and anyone else who watches you interact with patients. Be critical (but kind) when feeding back to others. "That was great" doesn't help someone to improve...
7. Be careful not to work too late the night before your exams. Last minute cramming is unlikely to help and being clear headed is important to allow you to think clearly and show what you can do.

Lancashire Teaching Hospitals NHS Foundation Trust – Update

The year 4 team met with the student rep Ian Donnell this month to discuss any early feedback. Ian had tried to get some initial feedback for us to discuss but overall felt the year had started very well and the year group was very happy with the way things were going. We discussed the importance of trying to feedback through Ian so that we could continue to improve the year even further. This feedback will be discussed with the Programme leads where appropriate and we will aim to publish a response in future editions of Y4MR.

One issue that was brought up was that the Enhanced Presentation of Patient Assessment forms were perhaps not being made the most of and that more information on how to apply Clinical Reasoning day-to-day would be useful.

Matt Jones, Y4 lead for the MBChB programme, responded:

History taking and examination, patient assessment, is arguably the most important part of many branches of medicine – the more you think about it the better you will get at it – what we have suggested with the eform is a framework both for thoughts whilst assessing a patient but also for reflection just after you've completed the assessment... if this real-time reflection can be paired with useful feedback it is a very powerful aid to learning and development.

This form asks tutors to be very specific and give students an idea of where they are with their clinical reasoning abilities currently – this will hopefully allow the students to see progression in various domains across the year.

Clinical Reasoning permeates almost everything a good doctor does (although its not always easy to make obvious to observers...). Making clinical reasoning explicit to our students was a key theme of our June away day with the supervisors. It's a culture of learning that we want to resonate through all of Y4 and it's a theme I'd be keen to return to in future editions of Y4MR

Balint Group

Kate Cookson

The evening Balint Group was set up by Dr Phil Brown and Dr Simon Belderbos for Manchester Medical School students based at Lancashire Teaching Hospital as a taster session, initially and has now been running for three academic years.

The aim of a Balint group is to help us reflect on and try to understand what may be going on between the doctor/medical student and their patient.

As medical students we are encouraged to develop a professional veneer, and are expected to suppress our human response to some of the traumatic and sad scenarios that we encounter. This is a necessary protection for ourselves and enables us to treat our patients professionally – but at a cost. We do still have feelings, which can affect our work and our own well-being.

The Balint group is an environment where we endeavour to maintain a safe supportive space where we can begin to explore our feelings and those of our patients, and perhaps begin to understand our emotional response to the situation.

In our Balint group session, we would like it if the students attending could try to think about or remember a patient or situation that evoked emotions that were perhaps puzzling, hard to contain or understand. As medical students you may have felt sad, irritated, frustrated, bored or angry at the situation or patient.

We do not expect the students to bring written notes, but to give a little background information or history about the patient and the student's memory of what was said and how the student felt.

There will not be time for everyone to present a patient and once the presenting student has spoken about their case, and perhaps answered a few clarifying questions.

The student is then invited to withdraw from the group and to listen to the responses of the other group participants. We will try to prevent further cross-examination of the presenter, and will try to encourage the group to ponder and speculate about the scenario themselves. The presenting student will be invited back into the discussion towards the end, when they have the opportunity to respond or add to the group's contributions, if they so wish.

What we are trying to do in group is to reflect upon and think about is the doctor-patient relationship; we are not trying to focus on or solve a clinical problem (always a temptation).

If you are interested in attending the session, it runs from 17.15 to 18.15, every Wednesday at the Education Centre 1, Royal Preston Hospital until April, except for academic holidays. We look forward to seeing anyone interested.

Please contact us if interested in attending-
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