

Year 4 Must Read



Y4MR Nov 2018

Welcome to the fourth
Y4MR installment

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Autumn has truly arrived at the University, which means winter can't be far behind...

The OSCEs will soon be with us so in this Y4MR there is some advice and help with Patient Assessments and Prescribing - two areas that are really important for the exams and two areas that are ideally suited to Clinical Placement based practice...

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Matt

Patient Assessments

Performing patient assessments is one of the most important skills you will learn as a medical student. The skill of assessment involves taking a history, examining the patient, formulating differential diagnoses and making initial management plans. See pages 2&3 for our top tips on getting the most from this in placement

Prescribing

Safe and rational prescribing is an important part of being a junior doctor- it's important to get ready for this part of your job; have a look at the pointers we've pulled together on page 4



Getting the most out of Patient Assessments

The best place to perform patient assessments is in the clinical environment; whether that be wards, clinics or general practice surgeries. It's a fairly well accepted notion that by practice and repetition people become better at a given skill. In order to acquire the skill of patient assessment ahead of becoming a doctor you perform at least three patient assessments each week in Year 4. However, practice and repetition by themselves are not enough to ensure improved performance in a skill.

Reflecting on your own performance

In addition to this practice it's critical that you reflect on your own performance – to analyse what went well and where there is room for improvement. The Patient Assessment eform is a tool for you to use to reflect on your own deliberate practice in the skill of patient assessment. When you reflect on your skills of patient assessment there are a number of elements to consider: '*What*', '*How*' and '*Why*'. The Patient Assessment eform is designed to help you with this process – Remember, when completing these forms you aren't expected to document the whole history and/ or examination findings. Rather, highlight your key learning and reflect on what can be improved next time.

What:

The factual elements of the assessment – did you ask questions that are critical to this presentation? Did you check for relevant risk factors? Did you check aspects such as medication history, family history and social history – I'm sure you can think of several other examples...

How:

This can be thought of as the manner in which you performed the assessment – did you show good communication skills and build rapport? Did you examine systems fluently and competently..?

Why:

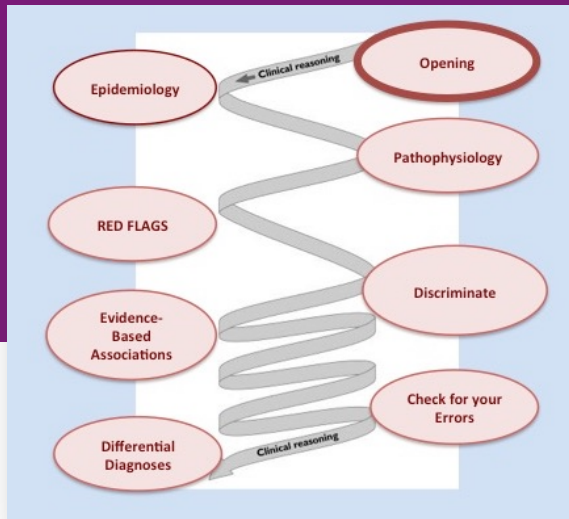
This is more challenging... In this area we want you to think about *why* you asked the questions you asked, *why* you came to the conclusions you did, *why* you might have made an error. This is about reflecting on your own thinking – or 'metacognition'. It begins to tap into not just how well you assess patients, but how well you are developing your clinical reasoning abilities. This is a really important area to become a safe and confident doctor.

These first two elements (What; How) are perhaps the easiest to reflect upon and come up with action plans for next time. If there are parts of the assessment you find yourself recurrently forgetting to do it may require a concerted effort to ensure you incorporate them in the future – although this is very achievable with practice

Have a look at the next page for advice on how to improve in this area and get the most out of feedback

The 'Why'...

Because this is more difficult we have provided you with a framework- The Patient Assessment Guide diagram at the front of all your Patient Assessment and Presentation eforms. When you fill out your Patient Assessment eform you are cued to choose elements from this guide to help structure your own reflection.



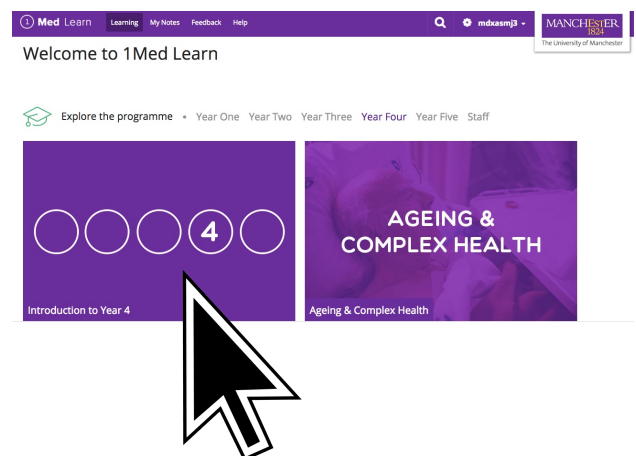
Getting external feedback

In addition to reflecting on your own performance, get external feedback on your assessment skills from clinical tutors and supervisors so that you can improve even further. This is where the Presentation of Patient Assessment eforms come in.

The standard version of the Presentation of Patient Assessment eform is designed to give you relatively quick feedback on areas to work on next time, usually in the *what* and *how* domains.

The enhanced version of the Presentation of Patient Assessment eform provides a structured framework to allow supervisors to assess how well your **clinical reasoning** skills are developing. This formative feedback is something you can look at over the course of Year 4, and beyond, in order to gauge your progress in this challenging area.

We've made a short 'explainer' video and put it on the Y4 1MedLearn intro page for you...



<https://www.onemedlearn.manchester.ac.uk/blog/modules/introduction-to-year-4/>

QEPEP Update

Your QEPEP in year 4 runs from the 13th May – 7th June 2019. Selection and ranking of modules opens in March 2019 from a large pool of availability. It is possible for you to self-arrange a QEPEP project in advance of this although please note that you will not be permitted to self-arrange with supervisors that have supervised a QEPEP student within the past five years. The reason for this is to allow all students to have a fair chance at being allocated popular QEPEP modules, eliminating potential bias through self-arrangement.

If you do wish to self-arrange the form is now available for completion via e-forms. The deadline for full completion of the form is the 25th January 2019. For more information about self-arrangement please visit the QEPEP OneMed pages

Focus on Prescribing

Safe and rational prescribing is an important part of being a junior doctor- it's vital to get ready for this part of your job otherwise it can be stressful and time consuming. An important way to get good at something is to practice (see pages 2-3...!) There are some scheduled prescribing and medicine safety teaching sessions to highlight important areas in a specialty e.g. prescribing for pain in musculoskeletal health, but most of your time is spent in the clinical environment, and this is where most learning opportunities present themselves. It's up to you to take full advantage of these and practice your prescribing.

There's loads of information and resources on 1medlearn - prescribing training area

<https://www.onemedlearn.manchester.ac.uk/blog/modules/prescribing-training/>

We'd encourage you to take blank drug charts/ prescriptions with you on the ward and work alongside the junior doctors to get some hands on experience. Many drugs such as painkillers, antibiotics, anti-emetics and laxatives are prescribed in all specialties and will be the bread and butter of prescribing as an FY1, along with fluids and oxygen.

NOT FOR CLINICAL USE		DRUG KARDEX No: of	
MANCHESTER The University of Manchester		MANCHESTER MEDICAL SCHOOL PRESCRIPTION CHART	
HOSPITAL No	CONSULTANT	WARD	
SURNAME	PRESCRIPTION CHART WRITTEN / REWRITTEN		
FORENAMES	ALLERGIES		
AGE / Dob	WEIGHT		

As well as practicing prescribing yourself take all opportunities in placements to complete prescription reviews; review drug charts and discuss prescribing with clinical colleagues of all professions. You could even review a practice prescription that one of your fellow students has completed.

Take opportunities as they arise; for example if you have done a patient assessment on an inpatient reviewing the observations chart and

medication chart will help give you a more complete picture of what is happening. Getting familiar with the BNF (preferably electronic format) will also help you enormously as an FY1 and in assessments.

The prescribing and medicines safety tasks that are required in each year are designed to highlight key competencies. Completing these skills allows you to check your understanding and get feedback from an expert.

Y4 Prescribing and Medicines Safety Skills

Prescribing

Planning management in prescribing

Prescription review

Drug interactions

Adverse drug reactions

Data interpretation for medication prescribing

All of the above tasks are also assessed in the national Prescribing Safety Assessment. You will sit this online examination in your final year. There will be an opportunity to take a practice paper, using the online assessment system, in the second semester of your fourth year. The paper will be made available during the last week in March and you will receive more information nearer the time.

Pippa Watson

Jodie Tyrell

Kurt Wilson



Dr Beth Jameson

It seems like only a moment ago that I was writing the second edition of the Y4MR but, as they say, times flies. We continue to receive positive reports from the block leads in regard to your engagement and enthusiasm. I received a particularly lovely email from one of the care of the elderly CPS in regard to their group. So thank you all very much, it makes me very proud of you.

From my perspective, there was a Year 4 leads meeting with Dr Jones and Dr Watson and we discussed issues relevant to all sectors. Last week there was the pre-SSAC (staff-student assurance committee) meeting. We discussed a number of issues related to Year 3, 4 and 5. The SSAC meeting is on the 3rd December and your programme rep (Charlotte Underwood) will feedback to all of you with the outcome of this.

Robert, Elizabeth and I met with Calisha as we do every block. There was not a huge amount of feedback but what was received is detailed on the next page. Again, I encourage you to provide feedback because unless I know the issues I can't make changes.

Student experience

Elizabeth continues to work hard to improve your overall student experience. As summary of events, past and future:

- There was a very successful peer mentoring tea, coffee and biscuit gathering in the common room on the 26th October. It was nice to see students from different year groups mingling.
- The next peer mentoring tea, coffee and biscuit gathering is 12:00-14:00 on the 23rd November in the common room.
- The pre-OSCE wellness afternoon will be on the 5th December. There will be puppies, biscuits, massage, etc. It was very popular last year!
- From the start of December we will set up one of the undergrad seminar rooms as a 'quiet room' filled with beanbags, candles (electric not real!) and reed diffusers. Hopefully this will provide an area to relax in.

All events will be advertised on posters in the common room and, as always, please do let Elizabeth or me know if there are other events you would like us to provide if we can.

Important reminders

- E-forms for mandatory sessions must be submitted within 7 days. This is a generous timescale. An inability to meet this requirement falls under the category of 'lack of professionalism' because if as an FY1 you are asked to submit a chest x-ray request and you do not submit promptly the delay could result in harm to a patient.
- You have 5 blocks left in which to complete the 4 UPSAs and 6 prescribing skills. Please ensure you are on top of these and if you are having any difficulties completing them please contact me as soon as possible. Over the Christmas break I will be reviewing all students' progress.
- Please keep the common room tidy. It is not the staff's job to clear away dirty cups or pick rubbish up off the floor

You Said	We Did
There is discrepancy in Mental Health across sites regarding teaching and patient assessment teaching	Robert and I will liaise with the block lead for psychiatry and Dr Jones has already asked him to review this issue
There is no patient assessment teaching (PAT) in North Wales GP but students have own clinic	PAT comes in many forms and in the GP block is usually integrated into surgeries, rather than a stand alone session. I am sure by doing your own clinic you must have discussed the patients with one of the GPs. This would constitute PAT.
GP on-line cases waffly	The on-line cases are reviewed every year, and this will be fed back.
There is confusion around what constitutes patient assessment teaching	All CPS have training on PAT. The sessions do vary between specialties, for example in mental health it is often not appropriate to do so called 'bedside teaching' and a sit-down discussion is used instead. PAT constitutes a scenario whereby there is specific teaching in regard to a patient.
When there is a problem on the e-learning can there be a quick link to report the problem	I will raise this with Tim Cappelli
Clashing of graduation with OSCEs for some intercalators	Dr Thampy, assessment lead, has been in contact with me and tells me you should be contacted by the graduation office
Better to have elective in Year 5 when we have nothing to do after finals and leaving out APEP in Year 3 so we can have longer on 1-week speciality blocks	The programme has been thoroughly considered and the elective at the end of Year 4 allows you to enjoy a break before starting Year 5. APEP is a vital component of the course and can help many achieve publications or clarify their career path.
More time for revision rather than placement right up to OSCEs	This was mentioned last year and essentially time on placement is the best revision for Year 4 OSCEs. The stations are designed to reflect situations that you would encounter in placements and in practice
Supervisor awareness of Y4 knowledge	All CPS have had training and know what your baseline knowledge is but if you feel they are focusing on stuff you really haven't covered tell them. Some CPS will also challenge students with difficult / advanced questions.
TCD session: how to provide feedback to tutor	I will discuss at the next Year 4 leads meeting. There is also a specific section in the Y4 placement evaluation eform for TCD feedback