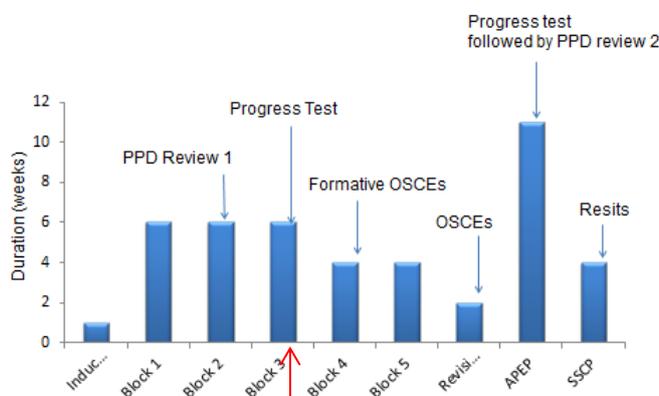


MB ChB Programme Year 3 Must Read January 2019



You are here

Dear Students,

Happy New Year!

In this edition the team have provided you with a series of **Tips** to help you plan forward to complete your assessments successfully.

Advance planning your revision and ensuring you are aware of accurate facts about your assessments from reliable sources will go a long way to helping you manage your stress levels, however your Sector Year 3 Lead, Year 3 Co-ordinator and other members of UGME team are available and happy to offer you support and guidance if you have any concerns.

With very best wishes for a successful 2019,

Anu

Y3 Assessment Update

Welcome to your Year 3 update on all things assessment! We're aware that assessment isn't everyone's favourite topic, but we do want you to know what's going on, and sometimes rumours start going round that sound alarming and are not true. So if you have any queries about assessment, then the best place to go for more information is to our OneMedInfo pages on Year 3 assessment:

(Please log into 1Med before selecting this link)

<https://www.onemedinfo.manchester.ac.uk/blog/topics/assessment-in-year-3/>

There is a range of resources available online to view relating to both the written tests (PT) and OSCEs. Please do spend time reading the Y3 OSCE blueprint information which details the station types that will be included in your OSCE with helpful guidance on common mistakes that students tend to make for each. We also have 'top tips' guidance, a detailed FAQ and information relating to the process of the OSCE overall.



Dr Anu Trehan

Academic Lead
Year 3

Consultant
Acute
Physician

Tips

- There are details of a webinar, on the Friday lunchtime in the week of your formative OSCEs, where you can ask any questions about assessment to Dr Harish Thampy (Academic Lead for Assessment) and myself.

- Dr Alison Quinn (Associate Lead for Year 3) has given you some tips on how to use the Patient Assessment tool when thinking about the information you have collected from your Patient History and Examination in order to develop a differential diagnosis. I think you will find this a very helpful guide as you continue to see patients within your placements.

- Physical Examinations that you must be competent in are listed in your eForm and the techniques you need to know for each examination are described in your Skills iBook (*Please copy and paste links into your internet web browser*) (https://s3-eu-west-1.amazonaws.com/mmsnemedlearn/wp-content/uploads/sites/3/2017/09/Y3_Clinical_Exam_2017-18.pdf). If you have any concerns you have not been taught these techniques, please contact your Sector Year 3 Lead now.

- There will be SCT sessions in Block 5, to help you consolidate your skills in Clinical Communication, Prescribing and Medications Safety, Ethics and Law and in Data Interpretation. In response to your feedback, Dr Himanshu Singh (Year 3 Associate Lead) will also be releasing relevant summary slides from your Friday TCD cases.

- As a reminder you do have to complete 8 UPSAs and 6 Prescribing Tasks (including the on-line calculation) by the end of Block 5, as described in your handbook 'What constitutes an overall 'Satisfactory grade' in the Clinical Placement Blocks ACROSS the Year?' <https://cases.mcrmed.manchester.ac.uk/handbook/teaching-learning/year-3-teachingandlearning/clinical-placements/> If you foresee any problems with this please contact your Skills Tutors or Educational Pharmacists early. The complete list is (<https://cases.mcrmed.manchester.ac.uk/handbook/assessments/year3/upsas-pms-year3/>)

- You will also have a revision week prior to OSCEs, where there will be no timetabled activities, so you can decide for yourself whether to study at home or come into your hospitals to practice assessing and examining patients on the ward.

Assessment Q&A Webinars: Ask us Anything!

We will be holding an interactive question and answer webinar for all Year 3 students on Friday 15th February at 1pm. This is deliberately planned to take place following your formative OSCE as we anticipate that having taken part in this assessment, you may have newly identified questions relating to the forthcoming summative assessments. This is a great opportunity to ask the assessment team anything related to these exams. We would encourage students to post questions in advance of the webinar [using this eForm](#), though you can always still post questions live during the webinar itself.

You are invited to a Zoom webinar.

When: **Feb 15, 2019 1:00 PM London**

Topic: Year 3 Assessment Ask Us Anything Webinar

Please click the link below to join the webinar:

<https://zoom.us/j/570265831>

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.

Station Clocks

Another development we are implementing this year, again based on student feedback, is to provide a digital clock in each OSCE station. This will help students keep track of time when completing the station task(s).

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](#) (*you will be required to login with your University username and ID*). 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](#) (you will be required to login with your University username and ID).

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:

[Dr Harish Thampy harish.thampy@manchester.ac.uk](mailto:harish.thampy@manchester.ac.uk)

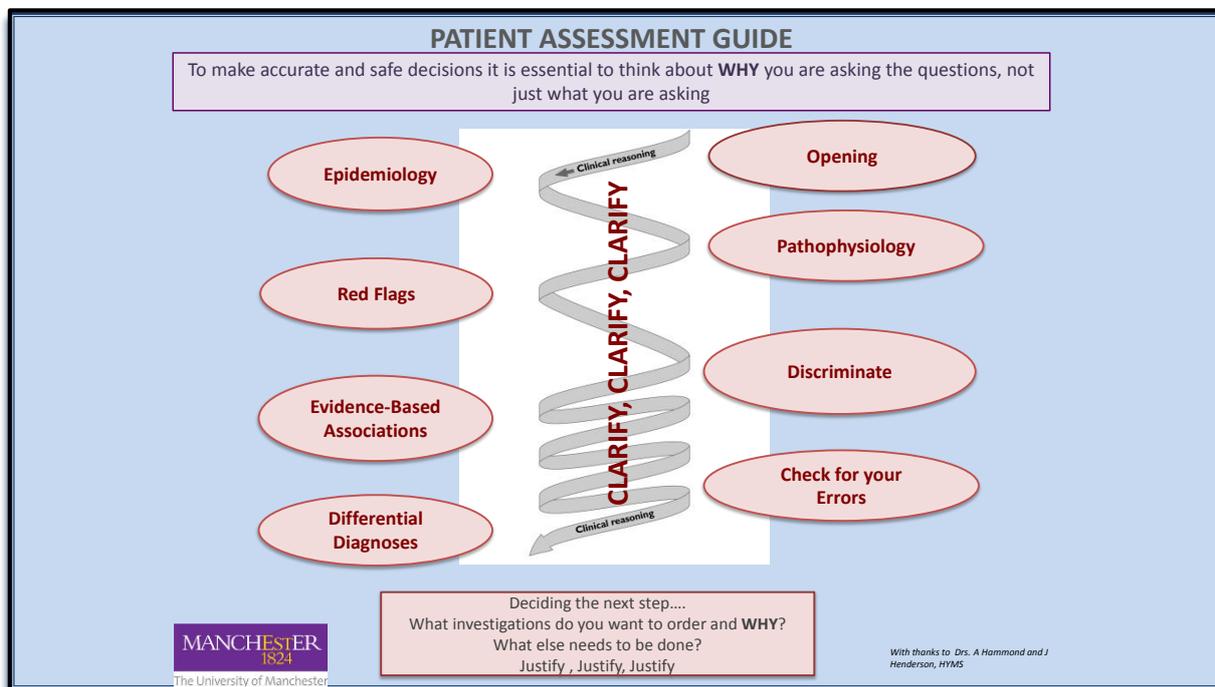
Hello Students!

Happy New Year to you all, I hope you've had a relaxing break and are feeling refreshed and ready for the semester ahead.

As we return from the break, with the OSCE's approaching, it is really important that you make the most of your clinical placements, seeing patients – taking as many histories as you can and examining as many patients as you can with the support of the clinical teams. With this in mind I thought it would be a good opportunity to remind you all about the Patient Assessment Tool.



The Patient Assessment Tool is there to aid our clinical reasoning - to guide us through analysing the findings from the patient history and examination, enabling us to reach a differential diagnosis and to be able to justify our conclusions. This also helps us to develop strategies to reduce diagnostic error.



Thinking about the **opening** - what sort of things might patients use as their opening statement? Perhaps think back to patient stories that you've encountered in TCD. (Well, I've been having these abdominal pains doctor...) From the opening statement what are you thinking? What systems or anatomical structures could be involved? Ask the patient to describe the problem, not their diagnosis – this is vital to make the most of the learning opportunity. Do you need to ask clarifying questions to understand the patient's symptoms?

Epidemiology - Think about the age, gender, background and the initial problem. Would a 34-year old lady with a grumbling abdominal pain make you think differently to if the patient were an 82-year old gentleman? What are the common causes/conditions in this context? How does this help you think about risk factors for different diseases? Have you asked about specific risk factors?

Looking at the **pathophysiology** - Can you explain the patient's symptoms and signs by linking your knowledge of pathology and physiology? Does the onset, duration and sequence of events fit with the suspected disease?



Are there any **red flags**? Why are these features considered red flags? How are you going to explore this? The 82-year-old gentleman we mentioned tells you that he's lost some weight over the past few months, does this worry you?

Now to **discriminate**. Can you differentiate the relevant from the irrelevant information? Our 82-year old gentleman mentions that he has Cocopops every day for breakfast with his Grandson and he takes his Iron tablets for his anaemia just after, then they walk the dog before his Grandson goes to school. Narrow down the information to what is most important. Are there any gaps? Do you need to go back and clarify? Include positive findings and important negatives when you present, this is particularly important to show your tutor that you have taken on board important pieces of information in your reasoning.

Evidence-based associations - Can you put the information together to develop evidence-based relationships that suggest diagnoses?



Check for your errors - Can you explain information that doesn't fit with your ideas? Why doesn't it fit? Are you ignoring things that don't fit with your hypotheses? Are you giving something too much weight? Have you considered cognitive biases? Do you need to go back and ask more questions? Our 34-year old tells you that she had been told previously that it's probably 'irritable bowel' and she was tried on special diet that seemed to improve things. But then her 'haemorrhoids' got worse out of the blue...

Differential diagnosis – when you have taken a history from a patient, without asking them for their diagnosis, can you suggest three most likely differential diagnoses and state why you think these are appropriate? Importantly, what conditions do you need to exclude?

Deciding the next step.... What investigations are going to help to confirm / refute your differential diagnoses and WHY? Is it reasonable to perform these investigations? What else needs to be done? Always be able to justify your choices.

And finally, put everything together and reflect - **ASK yourself: What did I learn that I can use next time? What else do I need to learn now?**

Good luck with the semester ahead and make the most of all your clinical opportunities!

Best wishes,

Dr Alison Quinn

alison.quinn@manchester.ac.uk



Old face, new role - Pip Fisher

Life is stressful and studying medicine even more so - it is no wonder that student wellbeing is a hot topic at the moment. So when the post of **Associate Programme Director for Student Wellbeing** was created, I could not resist the chance to take up the challenge. Some of you may remember me from my previous role in Student Experience, and if you can't just look back at the blog posts on Onemed Buzz... It is great to be back in Manchester and I am looking forward to working with students and colleagues to see how we can promote positive wellbeing and improve the support on offer when you need it.

Pip - Pip.Fisher@manchester.ac.uk

Sector Year 3 Lead



Professor Alex Woywodt Consultant Nephrologist

Sector Year 3 Lead LTHTR (Preston Campus)

Hello students!

I hope you had a nice festive period and a good break – I wish you all a happy new year! As a team, we have been really impressed by how proactive and professional most of you have been since September. I have also had some of you in my clinic some students got several clinical examinations, histories and patient assessment presentations done in one clinic and there was a lot of patient-centred professional and polite behaviour, too.

One of the main events for you this year will be the OSCE. The formative OSCE is now around the corner and you should focus this when on placement i.e. practice OSCE-type scenarios as much as possible. The FY doctors are usually particularly good at this because they have been through the same process not so long ago. The OSCE is an exam that needs to be taken seriously – it's now time to address your gaps in knowledge and in clinical examination – you need to be in the clinical workplace as much as possible. Reading up is also very important but success or failure in the OSCE is usually decided on the wards, not in the library. By this stage of Year 3 you really need to take as many histories, examine as many patients as possible and present all the time! It is also worth noting that there isn't much time between the formative OSCE and the real thing – not preparing for the formative OSCE at all and using it as a "reality check" usually won't work – my advice is to take the formative OSCE seriously.

Secondly, I would like to reiterate that monitoring of eform uptake on placement continues. Most of you are now in the habit of doing this as required but at the end of each block there are still a handful of students who don't have the required eform numbers to pass the block. Just to reiterate: The numbers we quote are really the minimum to pass a block - By this stage of Year 3 you really need to take as many histories, examine as many patients as possible and present all the time (I think I have mentioned this before...). Can I also ask you to be careful to select the right block when completing an e-form as we are getting a large amount of requests to change errors.

Thirdly, the SWAPS team has asked me to address some problems they have had with contacting students for appointments. Some students have cancelled their appointments on the day, despite having a week's notice and a reminder, too. Can I ask you to please respond to invitations straight away.

We will be meeting with Christopher, the Year 3 Rep on Wednesday 9th January. We also aim to invite him to our Year 3 team meetings from February, to give you even more access to us as a team. Can I ask that you contact him if you want to raise any issue or make suggestions for improvement.

Best wishes,
Professor Alex Woywodt
alex.woywodt@manchester.ac.uk

Student Representative

christopher.eaves@student.manchester.ac.uk

Hello everyone, hope you all had a great Christmas break and New Year. I'm still in the process of sorting some of the issues you guys mentioned to me over the first semester, such as getting the TCD slides and being able to speed the onemed lectures up, as well as some issues with APEP allocations. I've had a really positive response so far from the Uni with what's been brought up at the meetings, so please do keep letting me know if you have any notes about the year. Good luck in progress everyone!

Many thanks,
Christopher Eaves

