

University  
of Dundee

# ScotGEM

Scottish Graduate Entry Medicine

LIC guide for Students

2021-22

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## Overview

### Aim of the Longitudinal Integrated Clerkship (LIC)

The aim of the clerkship is to provide you with an immersive, longitudinal and integrated experience whilst managing your own learning to meet the outcomes required of a graduate, as set by the General Medical Council.

### What is a longitudinal clerkship?

This exciting program lets you contribute and engage with people in the community, participate in the comprehensive care of patients, your patients, over time and allows for continuity of relationships with patients, your tutors, the multi-disciplinary team and with the health care system.

Through experiences in the LIC, you will simultaneously manage the majority of the year's core clinical competencies across multiple disciplines. You will also learn first-hand what it means to be a physician/generalist and to practice medicine.

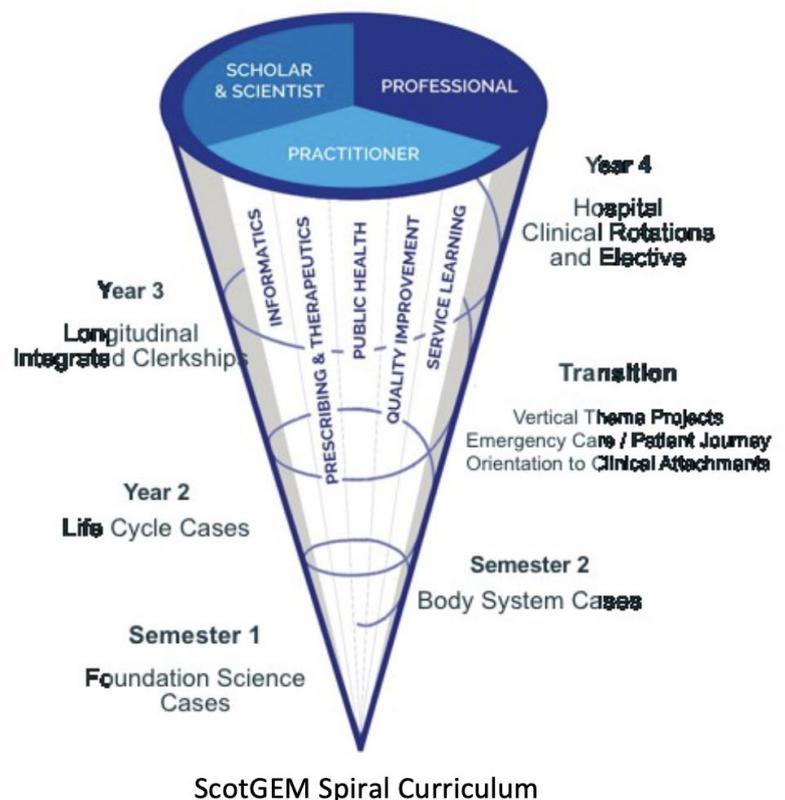
The opportunities made available in the LIC will also enable you to achieve the standards expected of a newly qualified doctor as defined by the General Medical Council Outcomes for Graduates (2018).

The LIC year is undertaken by all ScotGEM students during their 3rd year of study, and is also available as an option for undergraduate MBChB students at the University of Dundee during year 4.

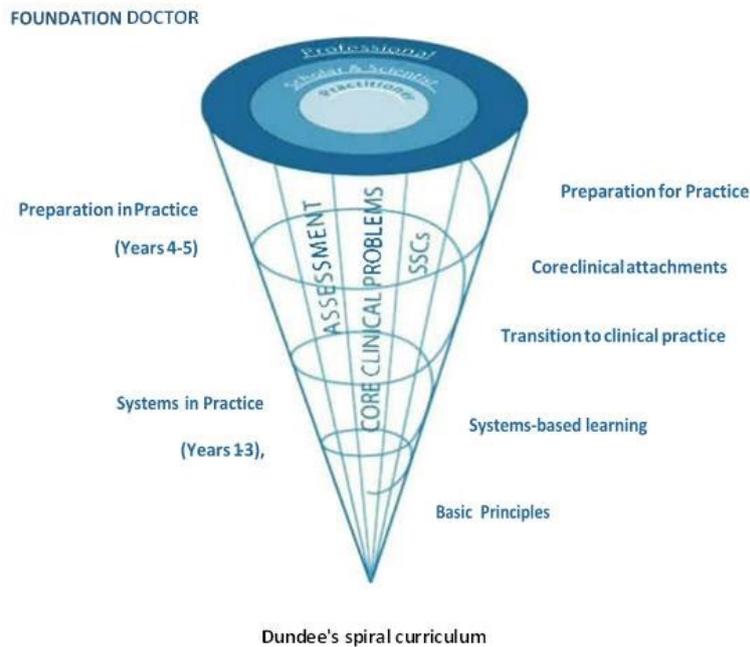
## The Curriculum

All students undertaking the LIC will either have completed three years of the undergraduate MBChB curriculum at the University of Dundee, or the first two years of the ScotGEM MBChB curriculum at the University of St Andrews. Whilst students will have come to the LIC from these two different backgrounds, they will undertake identical placements and will be subject to the same assessment procedures.

Both curricula that students have studied under to date involved a spiral structure, where students gain new knowledge and ideas by expanding and developing what they already know. The 'spiral curriculum' means that students are given opportunities to revisit



aspects of learning, making links between concepts and deepening understanding. As the student progresses to each new phase in the spiral, new information and skills are introduced that build on the information and skills from the previous phase.



The LIC structure allows students to focus their learning on different elements of the MBChB curriculum as they see fit as the year progresses. Students will be guided through regular review with their GP tutor and GCM who will provide support for learning and help to facilitate secondary care experiences as appropriate.

At the end of the LIC year, all students should progress into final year of the MBChB programme at the University of Dundee where they will undertake various placements to allow them to prepare for

working as a junior doctor.

### Intended Learning Outcomes for the LIC

Students participate in the comprehensive care of patients over time to:

- Develop and apply consultation skills to their clinical practice: clinical communication, clinical assessment, clinical decision making, management planning, prescribing, and evidence based practice
- Develop and apply clinical and scientific knowledge across a broad range of clinical areas including multi-morbidity and frailty
- Develop an understanding of realistic and generalist medicine
- Develop knowledge and understanding of healthcare systems
- Develop an understanding of population health and how it applies to individuals
- Participate in community engagement, service learning and quality improvement activities
- Develop professional skills of self-direction, negotiation, team working and leadership

### Programme Outline and Induction

#### Induction

You will complete a 2 week induction period, called “transition block”. The first week will be delivered in Ninewells Hospital, in Dundee. The second week will be delivered in your region.

Accommodation is available in Dundee for those students who require it, but it must be booked. Similarly, accommodation will be provided in the regions close to the hospital if required.

### Regional and Practice Induction

You will also be given a further introduction when you start in your practice. We ask that all practices carry out an induction programme with new students just as they would with new staff. It is expected that you will become fully integrated into your new environment.

*"A good beginning and a good ending are important. If the beginning and end are good the middle will look after itself."*

The ideal induction should include the following:

- Tour of the building
  - Introduction to members of the practice team
  - Introduction to relevant practice protocols as appropriate
- Health and Safety briefing which should include:
  - Accident and 'near miss' reporting procedures and how to report Health and Safety concerns
  - Fire safety (including identification of fire exits, use of fire extinguishers etc. and clarification of fire evacuation procedures)
  - Identification of areas of potential risk the student might encounter whilst working in practice and clarification of what action he/she needs to take in event of, example:
    - Needle-stick injuries
    - Aggressive patients ('panic' buttons, location and use of etc.)
    - Patient collapse
- Access to computers: issuing of passwords etc. and security protocols
- Confidentiality: You should sign the statement of confidentiality and any other practice documentation as appropriate
- Named Person: you should know who you can contact if you have problems, or have an accident during your clerkship.

### Meeting your Local GP Tutor

Tutors will also spend some time in the first few weeks getting to know you. This is so they can:

- Find out more about you
- Find out what your expectations are and if you have any anxieties
- Discuss what you wish to achieve during your clerkship.
- Discuss an initial programme which will allow you to settle down in the practice before addressing the tasks you need to complete.

- Identify and discuss the specific tasks you need to complete at an early stage.
- Discuss various work based evaluations that are planned and ensure that time is set aside for them.
- Discuss issues surrounding confidentiality and professionalism and ask students to sign the statement of confidentiality - if not already done.
- Go over the assessment schedule.

### Your time during the placement

You will spend approximately 50% of your time in your GP practice. This equates to approximately 2.5 days a week for 40 weeks of the year.

The remainder of your time will not be timetabled, but you will be expected to engage in self-directed learning. You will be expected to spend approximately 40% of your time in a non-GP setting (e.g. in secondary care attending clinics or following patients on their journey through the hospital on the wards, or attending your weekly GCM meetings). The remaining 10% of your time should be directed towards your LIC project and community engagement project. Please note these are not specific figures for each week, but rather should be seen as a guide to aim for, on average, over the course of the year. For example, if you spend more time in secondary care during a given week, then there is the expectation that you will spend more time in GP in other weeks.

Your practice will be your main point of local contact and support and we encourage you to become actively involved in what is going on there.

While in practice we anticipate that you ultimately will be the first point of contact for approximately 75 patients per month. However, it will take you a degree of time to increase your clinical exposure to this level, and you should be guided by your GP tutor. Initially you will be shadowing other doctors consulting and as you gain experience you will begin to consult yourself, with close supervision. This number of 75 patients per month is not a requirement but rather should be seen as a guide. You should try and consult with a broad mix of patients over time and cover the curriculum by learning about the patients you see.

Following patients through their journey within the health service will provide many learning opportunities and tutors are expected to facilitate this where desired and where practicable to do so. It may also, on occasion, be appropriate to invite specific patients into the practice or organise specific home visits to fulfil an identified learning need.

You should take the opportunity to accompany GPs on home visits, Nursing Homes or Community Hospitals and, if possible, should join a GP for an Out of Hours session. (However, some areas may not take students therefore this will not be an option. You should discuss this with your GP tutor and/or GCM.)

We would also encourage you to spend time with other members of the primary health care team.

## Roles and Responsibilities

### The Local GP Tutor

Local GP Tutors will provide you with ongoing supervision and provide teaching using methods such as direct supervision, joint consultations and case discussions to facilitate learning. They will also help you identify other learning opportunities within the wider practice team, as well as performing the various portfolio assessments required over the course of the year.

Your Local GP Tutor should normally be your first point of contact for all questions / concerns regarding your time in practice.

You will also find that the Practice Manager for your GP Practice will do a lot of the organisation of your placement within the practice and is also a vital point of contact and source of support and help. It is important that you remain in regular contact with your practice, and particularly give them as much notice as possible about time away from practice (e.g. secondary care, annual leave).

### The Generalist Clinical Mentor (GCM)

The GCM has a responsibility to oversee the progress of all the students in their small group. They are also a bridge between the local tutors and the University. In particular they will take a role in helping you to organise learning opportunities outside the practice environment e.g. ward based activities, out-patient clinics, tutorials etc. alongside the Directorate of Medical Education (DME) department.

They will also help facilitate educational sessions each week with their group. This will be driven by the identified learning needs of the group and therefore it is important that you continuously seek to proactively identify your learning needs throughout the year.

GCMs are required to formally appraise their students on three occasions through the year. This will be an opportunity to discuss your personal development plans and identify gaps in learning activities and your progress towards the curriculum goals.

If you have any questions / concerns that cannot be addressed by your Local GP Tutor, then we would normally expect that you would contact your GCM.

### The Medical School

The Dundee ScotGEM Team at the School of Medicine oversee the programme. They are responsible for the academic development, evaluation, quality assurance and administration of the clerkship.

This team supports the local GP and GCMs particularly where gaps in learning opportunities are identified and cannot be remedied at regional level.

You will continue to be supported by a Portfolio Tutor, usually the same person as for years 1 & 2. They will continue to ensure your progress is aligning with the assessment requirements through two or more virtual meetings with you. They may be involved in the Portfolio reviews too but will not assess their own tutees.

Your Local GP Tutor and your GCM are usually the first people you should speak to if you have questions, however, do feel free to contact the team in Dundee if you need to. We welcome questions, comments and feedback.

## Student Support

Support in years 3 and 4 is a little different to years 1 and 2. The mode of delivery into a dispersed and LIC format and the change in institution of primary matriculation to Dundee University mean that things will necessarily change. However, there remain consistent contacts, and a range of services and people available should you need assistance.

We expect you to be pro-active in seeking help and advice, so please do not hesitate to get in touch.

### Dundee Medical School specialist student support – Academic Mentors

Dundee has a team of four Academic Mentors whose role is to help students with any barriers to their studies or progression – be this an academic issue, a health or disability issue or one linked to finance, social or other personal situation. The Academic Mentors are all experienced teachers and clinicians. The lead for this team, and the contact for ScotGEM students is Dr Rob Jarvis [r.i.jarvis@dundee.ac.uk](mailto:r.i.jarvis@dundee.ac.uk). The team can also be reached through [academicmentor@dundee.ac.uk](mailto:academicmentor@dundee.ac.uk)

Academic Mentors offer a confidential service (within professional limitations) and will not discuss issues with other staff in the medical school or university without the consent of the student concerned.

### GP tutor and GCM

Whilst your GP tutor and GCM are primarily responsible for your academic progress you will find they may be the member of staff you get to know best. They are all keen to ensure you progress as well and happily as possible and can signpost to more specialist services if need be.

### Year leads

Dr Lloyd Thompson ([l.thompson@dundee.ac.uk](mailto:l.thompson@dundee.ac.uk)) as Year 3 LIC lead and Dr Gordon McLeay ([g.mcleay@dundee.ac.uk](mailto:g.mcleay@dundee.ac.uk)) as lead for years 3 and 4 may be the most appropriate help for issues relating to the programme and policy.

### Regional leads

For students based in NHS Dumfries & Galloway, Fife or Highland, you will additionally have a regional team for support. For any local issues, we suggest you contact your regional team firstly as they will be best placed to sort out any issues locally. The university team are always keen to involve the regional leads when seeking to support students where it's appropriate and only with the student's permission.

### Dundee Medical School administrative staff

The staff in the medical school office in Ninewells are particularly helpful with administrative or organisational issues. Contact them at [ScotGEM@dundee.ac.uk](mailto:ScotGEM@dundee.ac.uk)

### Personal Tutor

You retain your personal tutor from years 1 and 2. You may have formed a good relationship with them, and as such you may seek support from them or direct queries in their direction.

### Dundee University Student Services

The university have a wide range of services for all students including counselling, academic skills, disability services, and a limited health service: <https://www.dundee.ac.uk/student-services/>

### Portfolio Tutors

All students will meet with their portfolio tutor (or a pre-arranged deputy) at the start of Year 3. This will likely be done virtually as you will be on placement. As Year 3 students we hope you are now

settled into the course and scheduled meetings with your portfolio tutor will be less frequent but please remember you can contact them at any time by phone or email.

As you will be much more dispersed in Year 3 it is increasingly important that you read, acknowledge and respond to support meetings logged in your record. Your GCM (or other staff) cannot read pre-existing meeting notes but may add to the record to document advice given.

### MedBlogs

There is further information regarding support available on MedBlogs: [Med School Support \(dundee.ac.uk\)](https://medschoolsupport.dundee.ac.uk), and specific advice regarding assessments: [Medical Exams \(dundee.ac.uk\)](https://medical-exams.dundee.ac.uk)

### Health and Wellbeing

This year will see you potentially moving to a new area and certainly encountering a much wider range of clinical situations than you have done so far. All of this can be challenging, and your health and wellbeing is of upmost importance. You have a great opportunity this year to learn and develop as a clinician, but please don't forget the important aspect of looking after yourself.

If you are moving to another area of Scotland, it is **imperative that you register with a local GP** as soon as possible after starting your placement. This should, ideally, not be the practice to which you are attached, but we appreciate this may not be possible for some of the more rural attachments. If you must register with your LIC practice, we suggest that you identify one GP in the practice, in collaboration with your local GP tutor, who will be "your GP" and will not take any role in your assessments.

If you encounter an acute and urgent occupational issue (e.g. needlestick injury) you should speak immediately with your local GP tutor if you are able. Failing that, please speak to another GP in the practice or your GCM. If the incident happens in secondary care, you may wish to seek advice from your supervising consultant for the session, or the doctors on the ward. However, even if the incident happens in secondary care, it is very important that you notify your local GP tutor and/or your GCM as soon as possible. In the case of such acute and urgent health needs, you will be managed by the local occupational health department.

Should you develop any health issues which are less acute (e.g. depression/anxiety, flare up of a chronic health issue), you should seek appropriate support from your own GP, or other healthcare provider and if necessary discuss it with the medical school. If you are not sure who to approach a good option is [Rob Jarvis](#) or [the Academic Mentor team](#) who can discuss the issue in confidence.

You may also wish to discuss any issues such as this with your GP tutor and/or GCM, however there is no requirement to do so – this will depend entirely on how comfortable you feel doing this.

## General Information

### Travel

Quite a lot of travelling will undoubtedly be required during your clerkship - for example from your accommodation to the practice, on home visits or to attend hospital clinics.

Your safety is of paramount importance. This is even more so in the winter months and in an unfamiliar environment.

One of the most important things is to plan your journey in advance. It is often helpful to seek local

advice on the best routes to use especially in winter. Practice staff are likely to be a very useful source of information on this.

Reasonable travel expenses may be claimed by the student. Detailed guidance is included in the Travel and Accommodation policy. Claim forms must be submitted by the student, and we ask that you submit these every month where required. Forms can be downloaded from medblogs. The medical school does try to turn these requests around as quickly as possible. However, it can take up to three months for expenses to be refunded to the student, although often they are refunded within six weeks. Please submit any expenses forms to [scotgem@dundee.ac.uk](mailto:scotgem@dundee.ac.uk) along with any receipts required.

### Car Insurance

The University's motor insurance policy does not provide insurance cover for the use of vehicles owned by members of staff or students when used on University business.

The driver should ensure that they have 'business use' on their own motor insurance policy.

Please see the quote below from the University's Finance pages:

*The University's motor insurance policy does not provide insurance cover for the use of vehicles owned by members of staff or students when used on University business.*

*If you do use your own car, you must ensure that you have appropriate 'Business Use' cover on your personal insurance policy, as the University cannot cover this driving activity and it is a criminal offence to drive without insurance.*

*'Business use' generally means travel which occurs as part of your employment, and would include anything beyond normal 'commuting' (i.e. 'social, domestic and pleasure' which is defined usually as travel between home and normal place of employment). By way of example, trips to the airport for onward travel on University business would therefore be 'Business Use', as would trips between University buildings, or trips from home to other University buildings which are not the one in which you are normally employed. We strongly recommend you discuss this with your own insurer as definitions and interpretations will vary from policy to policy.*

*Please ensure your vehicle is road-taxed, well-maintained in line with manufacturer's recommendations and, where appropriate, has a current MOT certificate.*

### Accommodation

Students will receive support where required with finding and funding accommodation in line with Travel and Accommodation policy. Students are reminded that they will be required to find their own accommodation for final year.

### Health and Safety

The University of Dundee is committed to providing a safe and healthy environment for you to live, work and learn while studying. To fulfil this, the University needs your co-operation by reading and following the guidance on the following link to the [University Student Safety Handbook](#).

You will also need to make yourself aware of the health and safety issues within your LIC working areas. These include fire regulations and assembly points.

You may be involved with exposure prone procedures. Advice regarding procedures posing such a risk can be found at the UKAP website.

Please ensure you make your tutors aware of any animal (cat/dog) related allergies you may have; this will be relevant for house visits.

### Significant Incidents

During student induction the management of significant events within the practice should be explained.

We anticipate most practices have systems in place to address significant incidents and we would want you to be involved in these during your time in practice.

Most incidents will be managed using routine practice procedures but in the event of a serious incident that may impact adversely upon students we ask Local GP Tutors to inform the medical school and local DME department.

We ask GP tutors to be aware that students are relatively protected during preceding years of the medical course and the first experience of death or dying may be difficult. Appropriate debriefing and support may be required.

### Incidents/Accidents/Needle stick Injuries

Normal local protocols should be followed for needle stick injuries. It is important to familiarise yourself with these in advance of the (unlikely) event of such an incident occurring. It is imperative that students are aware of, and adhere to, any and all local policies regarding the use of PPE for any procedure where there is a risk of exposure to contaminated bodily fluids.

Any student accident or incident must be reported to the local DME team as well as to the medical school (via [scotgem@dundee.ac.uk](mailto:scotgem@dundee.ac.uk)). Students should also be encouraged to make contact with student support services if required.

### Illness

We strongly recommend that you register with a local GP which is not the practice you are attached to. If this is not possible because of the rural nature of the practice we recommend that one GP within the practice takes on the primary role of your GP. This GP may provide teaching but should not, where possible, assess you.

### Self-care

During the longitudinal clerkship you may encounter stressful situations. This may be the case in these new settings and when you are away from your base for a prolonged period.

Stressful situations may include:

- juggling work and other commitments
- dealing with ill or palliative patients
- illness
- mismatch between tutor and student expectations

Medical students tend to be high achievers and perfectionists. Managing uncertainty can be unsettling and you may need support to understand this.

We encourage you to build resilience which means learning to bounce back after stressful experiences and to implement ways to reduce stress. This may include:

- sharing study/learning issues with their peers or tutors

- developing a sense of personal limits
- managing your time effectively

#### Liability (For Placement Provider)

Dundee University's accident and liability insurance covers students out on placements, working on wards etc. It is however suggested that any placement provider has accident and liability insurance to cover a student who is working for them.

Medical Defence Unions will normally support GP Tutors and their students. The Defence Unions suggest notifying them that you teach students.

#### Name Badges

All LIC students must wear name badges whenever they are in a work environment or attending classes on wards in ALL hospitals where clinical classes are held. They should follow Regional Guidance on whether they should use their University of Dundee badge or NHS identification. All ScotGEM students were issued with a Dundee student ID badge during first year of study.

Any student who loses their Dundee name badge should replace it as soon as possible. Please contact [ScotGEM@dundee.ac.uk](mailto:ScotGEM@dundee.ac.uk) for further information. Please also note that Dundee student ID is required to attend for your examinations, so it is vitally important that you ensure you have this.

#### Dress

You should, at all times, conduct yourself in a professional manner and be dressed smartly and modestly as this is expected of you from the patients and professional staff with whom you will come into contact. Please note that some attachments/departments have a slightly different dress code. Please see Medblogs site for Dundee guidance <https://mbchb.dundee.ac.uk/policies-and-regulations/> and refer to local policies for guidance in the regions

Clothing must be professional and presentable ensuring it's freshly laundered and ironed. You should wear comfortable, smart, modest clothing and maintain good personal hygiene. For infection control purposes and whilst undertaking direct clinical patient care, arms below the elbow should be bare, with jewellery kept to a minimum. Neck ties are not permitted. The wearing of jeans or canvas shoes is not permitted and longer length hair should be tied or clipped back. Students must dress in a manner that is sensitive to the diversity of patients, visitors, and other employees. Students with specific dress requirements relating to faith should discuss the matter with their GP Tutor if they feel unable to comply with the NHS Standards of Dress policy.

It is likely for the foreseeable future that you will be required to wear Personal Protective Equipment (PPE) when working in any clinical area (including home visits). You will receive training on how to safely put on ("donning") and remove ("doffing") PPE. Please adhere to local guidance regarding this. If you have any concerns regarding the provision of PPE, please raise these with your GP tutor and/or GCM as appropriate. Students, along with all clinical staff, should always have access to adequate amounts of PPE.

Please bear in mind that if you are in a clinical setting where "Aerosol Generating Procedures" (AGPs) are likely to be performed (e.g. Intensive Care), the PPE requirements will be different and you should not enter these areas without first consulting with your supervising clinician. Unless you can be face-fitted for a FFP3 mask, you will not be able to enter such areas. Face fitting will not be provided as standard procedure for medical students.

Students required to wear theatre uniform will do so without modification or embellishment to the standard tunic/trouser or other clothing issued and undertake to use all PPE as required.

## Course Requirements

### Attendance

Students are required to attend their GP practice each week, as well as all organised secondary care and other teaching sessions.

### Absences - Leave

Students have 5 weeks of leave to take which should be taken at a pre-arranged time, mutually agreed with the GP practice. This must be taken throughout the year, and therefore **no student will be allowed to take more than two weeks of leave at any one time** without prior approval of the LIC Lead.

### Absences - Unexpected

Apart from being on leave as above, if students are absent, missing time in their GP practice or missing secondary care experiences or any other officially organised teaching then the medical school must be notified; it is not sufficient to only notify the practice or the local team. Reasons for unexpected absence may include illness and personal circumstances, as well as any COVID-related isolation required.

Students must notify the medical school by completing the 'Notification of Absence' form (available on Medblogs) and submitting this to [scotgem@dundee.ac.uk](mailto:scotgem@dundee.ac.uk). It is also good practice for students to inform their GP tutor, GCM and any other relevant local party as to their absence, but there is no requirement to inform these parties as to the reason for absence (unless it is necessary for some reason, e.g. providing contacts for Test and Protect contact tracing purposes). If any student is subsequently found to have been absent without having notified the medical school in a timely manner, this will be considered as a lapse in professionalism and may result disciplinary action.

### Absences – additional leave

The medical school recognises that there may be times where students have other fixed commitments (e.g. family weddings, participation in sports competitions, presentation at scientific meetings). The medical school is therefore willing to accept that there may be a small number of days each year (certainly no more than 5) that students may wish to apply for “additional” leave. If so, students should first approach their local GP tutor and/or GCM as appropriate to work out how any placement or teaching time missed can be compensated for. Once students have done that, they should complete the “request for leave” form (available from Medblogs) as early as possible prior to the period of leave and submit this to [scotgem@dundee.ac.uk](mailto:scotgem@dundee.ac.uk). It may well be that students will have to spend additional time to make up for what they have missed. **Arrangements for travel should not be made until approval of leave is confirmed by the Medical School Undergraduate Office.**

Please note that such requests, even if made for valid reasons, may be refused if they are not submitted well ahead of time, apart from in unforeseen circumstances.

## Unauthorised and/or prolonged absences

Any unauthorised absence (i.e. an absence which was outwith the annual leave entitlement and was not reported to the medical school) will require the student to meet with the LIC lead in the first instance and/or student support as appropriate.

Where a student has authorised leave and is absent for more than 5 consecutive, or 10 non-consecutive, days (outside of the allocated 5 weeks of permitted leave) they will also be required to meet with the LIC lead and/or student support as appropriate.

A student who, on an undue number of occasions, and without adequate explanation, is absent or has unsatisfactory attendance, or who has otherwise failed to perform required work with reasonable diligence may be the subject of a report to the Head of Undergraduate Medicine/Dean. Poor attendance will be identified through the Outcome Assessment Forms or by direct communication between your local GP tutor, GCM, LIC lead & the Year 3 & 4 Lead (ScotGEM) or PiP Convener (UofD) or administrators.

If the Head of Undergraduate Medicine / Dean receives a report of the kind described in the preceding paragraph, or has other reasons to believe that a student has not performed the work required with reasonable diligence, they may, after examination of the relevant facts of the case, arrange for the student to be debarred from all or part of the appropriate examinations.

## Examinations

You will, naturally, be anxious about your summative examinations. LIC students will take their formal online examinations and OSCEs at the same time as their colleagues in Year 4 at Dundee Medical School. All summative examinations will take place in Dundee, and accommodation can be provided for those students who require it.

Over the course of the clerkship you will be given opportunity to rehearse your examination skills. This will take place at various points through the year in the form of online multiple choice examinations and formative OSCE examinations. The aim is to provide examination rehearsal whilst identifying the areas for further learning as part of the ongoing formative process.

## Choice of final year blocks

Details regarding your final year MBChB selection process will be available on medblogs from March/April. You will be notified when this information goes live. It will be important for you to read and follow the selection process before the closure date; again you will be notified of this date once the information is available.

Since students will have spent a lot of time in GP during their LIC year, they will not normally be allocated to a GP block for final year.

## Professionalism

At Dundee Medical School we regard Professionalism as:

'a set of values, behaviours and relationships that underpins the trust the public has in doctors'  
(Royal College of Physicians 2005)

One of our main principles at the School of Medicine, University of Dundee is to instil and appraise the values of professionalism in our students to enable the development of their professional

identity in preparing them for their future role as doctors. The core values of professionalism include: patient welfare, respect, honesty and integrity, altruism, responsibility and accountability, compassion and empathy, dedication and self-improvement.

All students have had access to the GMC guidance and are signatories of the Medical School Charter.

Students' performance is assessed using a number of tools which are described in the 'Guide to Assessment'.

### General Points

Your tutors will expect you to take a mature and professional approach to your placement and their assessment of you will consider this as well as your clinical acumen and the assessed tasks you are set. This should be reflected in your dress and behaviour. Remember if you are personable, keen to learn, take responsibility for the learning process and those you are with enjoy having you, you will get a lot more out of everything you do.

### Attendance and Punctuality

You are expected to attend all your timetabled teaching and to organise your time each week in accordance with the expectations set out earlier in this document.

Due to the nature of this programme being hosted and supported within a practice environment and because of the 1:1 relationship with a tutor, occasional unexplained absences and problems with professionalism may be more evident than in a ward situation.

In response to occasional problems with students at all levels in previous years, and to help reinforce the need for high professional standards in medicine, the following Medical School attendance policy applies:

Any student who is unable to attend any session (morning or afternoon) for any reason (for example illness) should inform their tutor prior to that absence. They should keep their tutor informed as to the likely length of absence.

For reasons other than illness permission should be sought from the year lead in advance of that absence, except in an emergency situation.

Any student who has not given prior notice of their absence for any session or part of that session, on more than one occasion may be deemed to have behaved unprofessionally and will be awarded LiP points (see below).

If the student continues to be absent without notice they will be required to meet with the year lead and further disciplinary action may be taken.

GP tutors, GCMs and secondary care staff are asked to inform the medical school (By emailing [scotgem@dundee.ac.uk](mailto:scotgem@dundee.ac.uk)) if their students are unexpectedly absent.

Students who have not attended more than 85% of their course will be referred to the year lead.

Students who fail to turn up for substantial parts of their course without a satisfactory explanation or who totally fail to meet the aims of the course may not be allowed to sit their final examinations.

## Lapses in Professionalism (LiP)

The 'Lapses in Professionalism Policy' applies to all Dundee medical students. Please refer to <https://mbchb.dundee.ac.uk/professionalism/lapses-in-professionalism/> for more details.

## Confidentiality of Medical Information

All students should sign a statement of confidentiality as per practice policy and must be aware of the latest GMC guidance. A patient gives confidential information to his or her doctor in the belief that such information or details of clinical examination and laboratory and other tests will be made known only to those persons who need to know it for the treatment of the patient. The medical record contains information given by the patient and observations made by the doctor on the patient's social, medical, mental and sometimes legal standing and as such is both the patient's and the doctor's confidential record. The trust between patient and doctor forms the whole basis of the doctor/patient relationship, without which there cannot be real patient care.

The responsibility for maintaining confidentiality is accepted by every doctor. In the course of clinical training you will have access to all of this confidential information and your responsibility to protect confidentiality is no less than that which you will have as a qualified doctor.

You should not include CHI numbers or any other patient identifiable information (e.g. names, initials or date of birth) within your portfolio. Therefore you SHOULD NOT write down CHI numbers on notebooks, pieces of paper or electronic devices. Please be very careful where you keep any written patient information. Do not lose it or leave it lying unattended.

Also, the LIC is designed to engage medical students in the community. You may be working in a small community within which it is easier to identify individuals with very little information. For this reason you need to be extra vigilant during conversations with any members of the community (including medical and administrative staff) to ensure you are not divulging confidential information which can easily identify who you are talking about.

The General Medical Council provides further advice and discussion around the topic.

Please be extra vigilant in this regard when communicating by email, and please ensure that any patient-identifiable information is only ever communicated via the @nhs.scot email system, and never via your own ScotGEM or Dundee.ac.uk email address or any other personal or institutional email address.

We do actively try and ensure that students are not placed in practices in which they are registered as patients. However, in some cases this is unavoidable. If you are placed within your registered GP Practice you must inform the practice to ensure they are happy for you to be with them for your placement.

It is a serious disciplinary offence to breach the rules of confidentiality by the inappropriate access and divulging of patient information that is obtained in the course of duty. Students are reminded that patient confidentiality covers all electronic and manual records relating to patients. The ICE system in NHS Tayside, in keeping with clinical information systems generally, has an audit trail which logs all users' access to patient data and is monitored regularly. Access to your own or friends/family patient records is considered a serious breach. Any individual who breaches the rules of confidentiality in relation to the divulgence of patient information will be referred to the Data Protection Officer for NHS Tayside, or local health board. This may lead to disciplinary measures, bring into question professionalism and possibly result in legal proceedings.

The following is an excerpt from the Dundee Medical Student Charter which all medical students are expected to abide by:

*The student will not:*

- *Intentionally divulge information concerning a patient to anyone not directly involved in the patient's care.*
- *Discuss patients in a public place or any space where you may be overheard by people not involved in the care of the patient and will take precautions to ensure that they do not inadvertently pass on information regarding a patient.*
- *Remove patient identifiable information of any sort from healthcare or similar settings. Any notes or other details which could be considered to contain any confidential information should be disposed of appropriately as confidential waste.*

*As a medical student you will have access to information about patients, which they will expect to be kept confidential. Some of this you will obtain directly from patients or their relatives when you take histories. Other information will be available to you because you are given access to the patient's medical records as part of your training. This information should not be deliberately divulged to anyone not directly involved in the patient's care. You should also take care not to inadvertently pass on information about a patient. Think about who else may see your report or hear your conversations. You should not discuss your patients in a public place or any space where you might be overheard. You should not store any information which could be identified as belonging to a specific patient (or patients in personal paper notes or on electronic devices (phones, tablets, computers) When taking part in remote consultations (for example online GP or outpatient clinic appointments with patients) you should ensure that no-one else can see or hear what is taking place. You must not access these consultations in a public place or shared space.*

## Email and Social Media

Please check your emails on a daily basis and if a response is required we expect this to be done in a timely fashion. Failure to do so may result in a LiP point. Consider email to be a formal mode of communication. Be cautious about whom and what you copy people into. Never include patient identifiable information in your personal OR dundee.ac.uk email address. The main mode of email communication will be to your Dundee.ac.uk email address. If you do not check this regularly, you must set up email forwarding to an inbox which you do check regularly to ensure that you do not miss important communications from the medical school (e.g. exam timetables).

## Social Media.

Make yourself aware of the limits of privacy with social media and your responsibilities as a medical student.

The student will use social media in a way that is fitting with the standard expected from a medical professional. Please see the excerpt from the medical school student charter which all medical students are expected to adhere to:

*Social media is widely used, and medical students are expected to maintain their professional standards both on and offline. The use of social media has blurred the boundaries between public and private life, and online information can be easily accessed by others. When considering your use of social media you should consider the following;*

- *Social media sites cannot guarantee confidentiality whatever privacy settings are in place. Patients, your medical school and potential employers may be able to access your personal information.*

- *When you make a statement using social media it can be almost impossible to delete it as other users may have distributed it further or made comment.*
- *Medical students should treat everyone fairly and with respect. This also applies to communications using social media. You must not bully, harass or make gratuitous, unsubstantiated or unsustainable comments about individuals online. The medical school will not tolerate this kind of behaviour.*

*The GMC have published a Doctors' use of social media guide that is available from the GMC website*

### Medical Students in the practice - Consent

Those practices who teach on a regular basis will likely have systems in place to ensure patients are adequately consented prior to seeing a student. We suggest a three part procedure as per GMC guidance.

Firstly, advertising within the surgery that informs patients that students are working in the practice. A notice in the waiting room, a mention on the practice website or in the practice leaflet suffices.

Secondly when the patient phones to book their appointment the receptionist should explain a student may be present.

Thirdly when the patient arrives in the practice the receptionist should check that the patient is still happy to see the patient. The receptionist may add a note to the appointment list "OK for student".

In the case of telephone appointments undertaken by the student, the student should ensure that the patient fully understands they are speaking with a medical student, and has the right to refuse to do so without any risk of negative impact upon their clinical interaction.

Modern technology such as electronic check in systems make the third step difficult so we suggest the student or clinician collecting the patient from the waiting room, or welcoming them into the surgery, confirms this with the patient.

### Fraud and Plagiarism

The Medical School of The University of Dundee takes very seriously the issues of fraud and plagiarism in the work of Medical Students. We believe that relatively few students indulge in fraud and plagiarism and we endeavour to reduce, where possible, the incentives and opportunities to indulge in such practices, and we promote the requirement for honesty. The Medical School has a policy, "Code of Practice on Plagiarism and Academic Dishonesty" which can be found by clicking on the following link: <http://www.dundee.ac.uk/governance/dca/discipline/plagiarism/>.

It is of great importance that all students read and fully understand the relevance of this policy to prevent infringement.

The following are extracts from that document relating to specific parts of the course.

Specific parts of the course are covered by the following rules:-

- When students are doing work in pairs or in groups, they should always establish from their tutor the level of collaboration, which is allowed or encouraged. This is especially important in SSC work.
- Students must never falsify patient information. Writing "nervous system normal" when the nervous system was not examined is blatant dishonesty. "Nervous system not examined" is what must be written.

- No student about to enter for an OSCE examination shall speak to a student who has already sat that examination.
- Sanctions will be applied to any student found to be cheating in any way. Sanctions range from students having to repeat the work in question, to students being expelled from the course. The Medical School believes so strongly that honesty in a doctor is vital that penalties are likely to be imposed towards the severe end of the spectrum.

## Raising Concerns

We expect that you should raise any concerns with the relevant person, for example your GP tutor, GCM or university staff. You may also wish to make contact with student support services.

As in previous years, if you do not feel able to raise concerns directly as above, or if you do not receive a response which you deem satisfactory, you should log your concern using the “student voice” feature on Solas and this will be dealt with by senior management within the medical school.

## Programme Feedback

Your feedback is really important so we can continue to improve the LIC.

We are always happy to hear about what is going well and where there are opportunities for improvement throughout the year.

You will receive requests for feedback at various points throughout the year. Please complete these questionnaires by the requested deadline. We really do look at all feedback given and make changes as appropriate, so do please complete these requests when they come.

Students are expected, as part of their professional responsibility, to contribute to feedback so that the standard of the course can continue to be improved.

## How to Approach Your Learning

The last two years of medical school are an exciting stage in your career as you move from learning through lectures, small group teaching and set online work to having more control over how you are learning. While it is exciting it can seem challenging to start with but as time goes on most students appreciate the increased freedom to organise their own learning. During these final two years students are advised to take whatever opportunities present themselves to learn from the patients students see.

During the LIC year your predominant concern should be to develop a wealth of clinical experience of patients and their problems and to master the competencies that relate to the core clinical problems (CCPs) – see main Meblogs site for details: <https://mbchb.dundee.ac.uk/ccp/wiki/core-clinical-problems/welcome/>. This strategy is aimed to enable you to pursue a career in medicine where patients' concerns and problems are central to your practice.

The GMC have also produced a list of conditions that they expect medical students graduating within the UK to be aware of. In due course the GMC will require all graduating medical students in the UK to sit the Medical Licencing Assessment (MLA) and as such we would suggest students also look at the MLA document, available on Medblogs.

The longitudinal clerkship is one year of a larger curriculum. Your education will follow the same themes and will aim for the same outcomes as it would through the traditional block-based model. In the clerkship, however, you have greater autonomy in your learning because you can choose when you achieve your learning outcomes and when you learn about certain topics. This allows you to learn according to what you encounter when seeing patients and to arrange experiences that allow you to address gaps in your learning. For example, if after three months you realise that you have not seen many acute patient presentations, you can arrange to spend time on an admitting ward or in the Emergency Department. But one of your challenges is to ensure you cover all the material you need to.

To help you do this there are few things you need to take note of. You should be using the CCPs to structure your learning around. You might find it helpful to keep a learning log and link your learning experiences to CCPs. This will help you to identify any potential gaps that might appear in your learning.

The CCPs often present differently depending on the demographical and clinical environment contexts. The LIC has identified these as 'strands' and it is important that you demonstrate your understanding of the core clinical problems across the different strands. These strands are:

- Emergency and acute care
- Chronic disease management
- Infancy and childhood illnesses
- Pregnancy and post natal care
- Non-pregnant adult
- The elderly
- Palliative Care
- Peri-operative Care
- Public Health

For each learning experience, under the clinical problem you identify, you need to also identify which strands were most relevant.

In addition to the CCPs each of the Blocks on the standard fourth year course has its own aims and learning objectives – the 'Block Outcomes'. These can seem rather overwhelming, and it is unlikely even students on the traditional course will complete every single one of them. However it is important to keep them in mind so you can see the breadth of experience that your colleagues are getting.

The final point to consider is that you should **use** your tutors. If you identify gaps in your learning let them know so that they can arrange suitable learning opportunities to address those gaps.

The best way to learn is by 'doing' (under supervision of course!) rather than passively observing.

For example you might be able to do assessments for the travel clinic, do lung function tests or an ECG under the supervision of the nurse, undertake a nutritional assessment on a diabetic, work with the pharmacist doing medication review, help with the flu clinic ... that is a short list but I am sure you can think of other relevant and useful tasks.

## Potential Activities based in general practice

- Surgeries
  - Observing
  - Joint
- Observed
  - First Point of contact surgeries
  - Patient Follow ups
  - Home Visits
  - Nursing Home visits
  - Community Hospital Visits
  - Practice Meetings
  - QIP discussions
  - SEA discussions
  - Clinical Meetings
- Working with
  - Nurse Experts - Asthma/COPD/Diabetes/CHD
  - Nurse Practitioner
  - District Nurse
  - Health Visitor
  - Podiatrist
  - Visiting Specialists
  - Pharmacists
    - medication reviews
    - quality improvement projects
  - Phlebotomist/Healthcare Assistant

## Potential Activities Elsewhere

- Tutorials/working with peers
- Educational events at local hospitals/practices
- Following patients into secondary care
- Sitting in secondary care clinics
- working with contacts in secondary care
- Visiting wards in local DGH
- A&E exposure
- Theatre Exposure
- Pre assessment clinics
- Post op clinics
- Out of hours sessions
- Session with ambulance services