

**SCHOOL OF
MEDICINE**



University of St Andrews
BSc (Hons)
Clinical Placements
MD3000 Student Guide

2019 – 20

Contents

Learning Outcomes	3
Introduction	3
Contacts	4
Preparation	4
Transport and Placement Safety	4
Raising Concerns	5
What to do if you are unable to attend	6
Confidentiality	6
How can I make the most of my time?	7
Professionalism on Clinical Placement	8
Speaking with Patients	9
Examination of Patients	9
Dress Code	10
Health Care Team	11
Ethical Issues	11
Learning Log	11
Recommended Reading	12
Adamson Community Hospital Teaching	13
Cameron Community Hospital Teaching	14
Glenrothes Community Hospital Teaching	15-16
Queen Margaret Community Hospital (QMH) Teaching Wards/outpatients	17-18
QMH, Ward 7 – Care of the Elderly and Whyteman’s Brae – Psychiatry	19-22
Randolph Wemyss Community Hospital Teaching	23
St Andrews Community Hospital Teaching	24-27
GI ANP/ Cardiology ANP	28
Palliative Care	29
Reproductive Health	30-31
Scottish Ambulance Service placements	32-33
‘BASICS’ teaching	34-35
General Practice attachment	36
General Practice Showcase Days	37
Child Development Centres	38
Maggie’s Centre	39-40
NHS Fife Addictions Teaching	41-43
Start Clinic – Start Physiotherapy	44
Appendix 1 Raising Concerns	
Appendix 2 What to do if you have a sharps/needle stick injury	

Learning outcomes

- Apply science knowledge in a clinical environment
- Demonstrate the ability to take and summarise a full medical history
- Practise relevant clinical examination skills
- Practise communication skills teaching in a clinical environment
- Demonstrate an understanding of the health care team and the roles of the individual members
- Demonstrate an awareness of the principles of safe prescribing and start the development of a Personal Drug Formulary
- Practise setting of own learning goals and the skill of reflection; develop as an independent self-motivated reflective learner

Introduction

Welcome to your GP and Community placements. This strand is designed to help you to become comfortable in a clinical setting, and confident when talking to colleagues and patients. It is hoped that you will find this part of the course very enjoyable and that it will help to provide the foundations for your future medical career whatever direction that might take.

Although it will not be possible for each of you to attend the full range of placements on offer over the year, each teaching opportunity aims to allow you to practise skills you have learned in the classroom and reinforce the science knowledge you have acquired.

It is specifically designed to introduce you to 'real-life' medicine in various healthcare settings. It will give context and understanding to your scientific knowledge and is designed to complement the development of your clinical skills, allow practise of your newly found communication skills and explore issues related to ethics and professionalism.

Unfortunately, it is not always possible to tailor teaching on placement to match the systems taught in the medical school; however, we hope that this will enable you to see a mix of patients with different pathology rather than being limited to one system at a time. This is also a more accurate reflection of clinical practice, and should help demonstrate how different systems inter-relate.

Please note that although you will not be expected to know material that has yet to be taught 'in-house', you will be encouraged to apply and demonstrate knowledge that you do have, whilst taking the opportunity to find out more about areas you are unfamiliar with.

The bottom line is.....take every opportunity to learn.....and enjoy your placements!

Contacts

For placement enquiries, please contact medclinical@st-andrews.ac.uk / 01334 461890.

If you have any questions or difficulties regarding your clinical attachments you should contact: Dr Rebecca Walmsley (Clinical Programme Lead), accessed through the same email address: medclinical@st-andrews.ac.uk or ram29@st-andrews.c.uk



Preparation

- Ensure your knowledge and skills are up-to-date – this will enable you to get the most from the day's teaching
- Remember to bring your name badges (in a pink holder), pen and paper, stethoscope, Learning Log and lunch or money to buy lunch. Please note that for GP placements and some community hospitals there are no facilities to buy lunch so you must bring your own
- Thoroughly read through the relevant site specific information given in this handbook before each placement

Transport and Placement Safety

Check where you are going and what time you will be leaving - details can be found in the 'Transport Arrangements' PDF on Galen. Please ensure that you check this in advance.

As stated in the Placement Safety Policy;

Any student who wishes to take their own vehicle may do so on the understanding that it is their responsibility to ensure they are licensed and insured to do so, and that the vehicle meets all relevant requirements. No student will be required to travel in the vehicle of another student. However, if they decide to do so, it is entirely at their own risk: the University cannot vouch for the competency or legality of the driver or vehicle, or that appropriate insurance is in place.

Any student planning to use their own transport must inform office staff of this the day before by emailing medclinical@st-andrews.ac.uk

If you miss your transport you will be given a yellow card and have to make your own way at your own expense to your placement. Please note that the Medical building may not be open in the morning before your placement so make sure you have everything with you when you arrive.

Prior to going on placement, make sure to read and familiarise yourself the Placement Safety and Patient Safety [Policies](#).

Please ensure to follow infection prevention and control measures, including hand hygiene and use of Personal Protective Equipment.

Comply with occupational health appointments, pathways and guidance, including any restrictions.

The focus of year 2 placements is on history taking and examination. If, however, you have the opportunity to conduct venepuncture/blood glucose, this:

“Must be performed under full supervision, and in accordance with the National Infection Prevention and Control Manual with particular attention to Chapter 1.10 Occupational Safety: Prevention and Exposure Management (including sharps)”

http://www.nhs.uk/scot.nhs.uk/Departments_and_Services/Infection_Control/Infection_Control_Files/2.01_National_Infection_Control_Precautions.pdf

More invasive techniques are not appropriate to practice in these year 2 placements.

In event of a contamination injury (e.g. needle stick), follow the local arrangements in your placement health board, **please see Appendix 2 for guidance.**

Remember contamination injuries aren't just needle sticks. A significant occupational exposure is defined in the above document as:

- a percutaneous injury e.g. injuries from needles, instruments, bone fragments, or bites which break the skin; and/or
- exposure of broken skin (abrasions, cuts, eczema, etc); and/or
- exposure of mucous membranes including the eye from splashing of blood or other high risk body fluids.

Always follow guidance and always inform your tutor.

Raising Concerns

You will find information regarding this within the above Patient Safety Policy.

Remember that:

“All members of the healthcare team have a duty to act when they believe patients’ safety is at risk, or that patients’ care or dignity are being compromised. Students who have any concerns about patient care, must speak to their session tutor or senior member of staff in the placement area (e.g. nurse in charge of department) for immediate action. Students who feel unable to raise concerns with their session tutor or placement staff should contact a member of Medical School staff as soon as possible (e.g. Clinical Programme Lead, through medclinical@st-andrews.ac.uk / 01334 461890)”.

Further guidance regarding raising and acting on concerns about patient safety is available on the GMC website <https://www.gmc-uk.org/concerns> and in the attached flow chart (see appendix at end of guide).

Please also raise concerns not relating to patient safety, for example concerns about teaching, to a member of staff, following the same flow chart, including the use of “Student Voice” where appropriate.

What to do if you are unable to attend

Please note that all clinical attachments are compulsory.

If you will be unable to attend your placement, contact medclinical@st-andrews.ac.uk / 01334 461890 as soon as you know. **You must leave a voicemail message if the call is not answered.**

If you believe you are suffering from an infectious disease which may be communicable, such as influenza or a diarrhoea and vomiting type illness, it is in the patient's best interests for you not to attend your clinical attachment. However, we expect you to apply high standards of professionalism and responsibility in making this judgment and to seek advice where necessary.

Students who have missed a placement should attend the School at 7:50am on the next available Tuesday (i.e. whenever alternative classes are not scheduled). You should be prepared to go on placement should any spaces become available; however we obviously cannot guarantee it will be the same session you missed.

Remember that busy healthcare staff will have set aside time to teach you. It is therefore essential that you make all possible efforts to inform the medical school as soon as you know that you will be unable to attend. Non-attendance without doing so will be looked on as poor professional practice and a yellow card will be issued.

Please note that if you will miss a placement in **General Practice**, you must make all efforts to **contact the practice directly to inform** them of this, in addition to contacting the medical school.

Confidentiality

As a member of the medical profession, patients and colleagues will entrust you with information which it is anticipated that you will treat as confidential. **All** information you hear or see in a clinical setting must be regarded as confidential.

No information concerning **any** aspect of patient contact (anonymised or not) must be included in any posting on social media / websites such as, Facebook, Twitter, etc.

No images or sound recordings may be captured in any clinical setting using any device – all clinical images or clinical sound recordings require informed consent by all parties and may not be obtained by a student in this context.

If you feel the need to write notes when talking to patients remember to maintain eye contact and **never** include details by which they could be identified (such as their name, date of birth, address, hospital identification number etc.). If you lose your notes or if someone else reads them, you will have breached their confidentiality and this will be treated very seriously.



How can I make the most of my time?

- 1) **Be prepared.** Placement days are busy! Part of good professional practice is ensuring that your knowledge and skills are up to date and that you are sufficiently well rested to fully participate. Amongst other things, this means getting a good night's sleep before, and ensuring that you are ready to apply your knowledge and skills.
- 2) **Take responsibility and be proactive.** Learning in a clinical setting is different from sitting in a classroom. You can never be quite sure what will come through the door. This can make your experience challenging and unpredictable but potentially fascinating. Clinics may be extremely busy or conversely patients may not attend their appointment – either way you should use the opportunity to watch, listen, look for learning opportunities and where appropriate ask questions of the staff around you.
- 3) **Practise.** This is an opportunity for you to practise your skills at listening and talking with patients and staff. You will hopefully also have the opportunity to examine patients, as appropriate. Try and think about how you might apply what you already know to the patient in front of you. When you find yourself back in a tutorial or in a lecture consider how this might apply to the patients you met.
- 4) **Be courteous.** Remember that the patients and staff you meet are sharing their time and experience with you. You should be punctual, polite and appreciative, and remember that you are a representative of a medical school which bears a high esteem.
- 5) **Keep on top of your learning.** It is important that you do not see this program in isolation from your other teaching. During placements, you will need knowledge from the sciences, ethics, communication and clinical skills teaching sessions, and need to consider how what you have already learned is relevant to each clinical situation. When you see a patient, ask yourself what knowledge you may need to apply and how it may help you to arrive at a diagnosis and management plan.
- 6) **Reflect.** Part of being a good doctor is to constantly think about your practice - how you feel about what you are doing, how well you are doing it, what you are learning from the experience, what you might need to do to improve your practice in the future and many other factors.
Good doctors continually reflect on their progress and develop their skills in a way which will improve what they do. Reflection is not about writing down what you think that others want to hear, it is about learning about yourself and directing your own learning to improve your practice.

Professionalism on Clinical Placement

As part of studying to be a doctor, you are in a privileged and responsible position, different from students in many other courses. You will now be seen as members of the medical profession, albeit the most junior members, and as such are expected to maintain the highest professional standards.

Remember that it is your responsibility to uphold the professional values expected of you. These values are outlined by the General Medical Council in the following publications:

1. "Achieving Good Medical Practice" <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/achieving-good-medical-practice>
2. "Professional behaviour and fitness to practice: guidance for medical schools and their students" http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp
3. "Outcomes for graduates" 2018 https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018_pdf-75040796.pdf

It is essential that you are familiar with this guidance throughout your training – please use the above links to access this.

What this means for you on placement is that you should (please note, this list is not exhaustive!):

- Be on time and suitably prepared
- Make the patient your first concern – place their needs and safety at the centre of the care process
- Be polite, trustworthy and honest – act with integrity, maintain confidentiality, respect dignity and privacy and understand the importance of appropriate consent
- Respect all patients, irrespective of age, ethnicity, gender, beliefs, sexual orientation, social or economic status
- Continually reflect on practice and look for ways of improving
- Recognise your professional limits and seek help when necessary
- Respect the roles of other health and social care professionals
- Learn to deal effectively with uncertainty and change
- Recognise your own personal health needs and protect patients from any risk posed by your own health. This means ensuring you are sufficiently well for patient contact, seeking advice from a suitably qualified professional if necessary and engaging with Occupational Health requirements, for example.
- Take prompt action if you think patient safety, dignity or comfort is being compromised (raising concerns)

Yellow cards will be issued by administrative staff or placement tutors if you exhibit behaviour they feel to be unprofessional.

Speaking with patients

#hello my name is...

Patients are at the heart of everything we do as doctors and the importance of beginning interactions by introducing yourself and explaining your role cannot be understated.

The #hellomynameis campaign was started by Kate Granger, a doctor suffering from terminal cancer, who has now sadly died. She was shocked by the fact that many hospital staff did not introduce themselves to her before delivering care, and set about promoting its importance.

'It is about making a human connection, beginning a therapeutic relationship and building trust. In my mind it is the first rung on the ladder to providing compassionate care'

Kate Granger (<http://hellomynameis.org.uk/>)

Through speaking with patients, clinical placements aim to help you understand why knowledge of the basic sciences is important in understanding the problems that they bring to our attention, and in helping to put them right. Your time spent on placement will also hopefully allow you to begin to understand who is involved in a health care team and how they interact to bring about the best result for the patient.

There is a lot to be learned from listening to any patient history. The art of medicine is in being able to obtain the story of what has happened, pick up verbal and non-verbal cues and interpret what they are trying to tell you before deciding on what further information you might need to take the next step. Before you have this information, you are not in any position to help the patient (no matter how much knowledge you may have about medical science), so take every opportunity to watch and listen to patients.

Examination of patients

Through the years as your skills grow, you should also take the opportunity to practise your examination skills on patients whenever you are given the opportunity. Always remember that the patient is a living, breathing person with feelings. Don't just begin to examine them. Always begin by introducing yourself and explaining your role, what you would like to do and why, and obtaining the patient's consent. Before examining any patient, consider whether it might be appropriate to have a chaperone present. If in doubt, discuss it with your tutor **before** proceeding.

Always ensure that the patient is comfortable before beginning any examination and ask if they have any pain anywhere. Take care to maintain the patient's dignity and watch as you are examining them to check that you are not causing them any discomfort. If you wish to move on to examine another system, once again explain what you would like to do and obtain the patient's permission to proceed.

If the patient is unable to position themselves and requires assistance, please get the help of a member of staff trained to do so.

Before you begin any examination, you should already have taken a sufficiently detailed history to help you formulate a differential diagnosis. You should therefore have some idea of what you are looking for and expect to find. After you have performed any examination on a patient, check to see that the patient is both comfortable and safe.

Dress Code for Students in Clinical Placements

NHS Fife expects all staff and medical students to adopt the standards we set for conduct, dress and appearance. The way staff and students dress sends messages about their professionalism and standards of care to service users, carers, colleagues and members of the public.

The following guidance is not meant to be exhaustive but provides a quick framework for students to follow. It is in keeping with NHS Fife Dress Code and Uniform Policy (2017) which aims to ensure that all involved in care delivery maintain safety, convey a professional image and instil and maintain public confidence.

As students learning within a practice environment, you are expected to follow this guidance at all times during hospital or community based placements and also within a simulated clinical environment.

- Wear your identity badge that confirms you are a student.
- Dress in a discreet and professional manner to convey a professional image and create and maintain public confidence. Denim jeans, short skirts or revealing tops which expose large areas of flesh are not appropriate clothing to wear.
- Wear appropriate footwear (clean, soft soled, closed toe shoes). Trainers or excessively high heels should not be worn.
- Tattoos that could be considered offensive should be covered where this does not compromise good clinical practice.
- Keep hair tied back and off the collar.
- Arms should be **'bare below the elbow'**. Long sleeves should be rolled up. Wristwatches, fitness tracker wrist-straps and bracelets must not be worn when in clinical areas.
- Jewellery is restricted to wearing one plain metal finger ring and one pair of plain stud earrings. Any other visible body piercings should be removed.
- Keep finger nails short and clean. No nail varnish, false nails or nail extensions should be worn.
- White coats, neck ties or lanyards should not be worn.
- Pens or scissors should not be carried in outside breast pockets.
- Store your stethoscope in a safe place such as your pocket or in your bag when moving between clinical areas or during breaks. Stethoscopes should not be worn around the neck.

Medical Education Department 09 January 2018

N.B. If it is thought that you are not appropriately dressed, your tutor may ask you to leave the teaching session.

Health Care Team

Throughout the years, you will be introduced to a lot of members of the health care team. Each member has an important role to play in the care of patients and not all are clinically qualified e.g. receptionists, health centre cleaning staff, practice managers. Each member of the team communicates with many other members of the team and interacts at many levels. During your placements, take the opportunity to learn about the roles of as many members of the team as you can and find out, if appropriate to their role, how patients are referred to them and what happens to patients when they have finished seeing them. When speaking with patients, find out how many members of the team have been involved in their care so far and what their experience with the service was like.

Ethical Issues

Whilst you are on placement, you may have the opportunity to consider ethical issues e.g. should you prescribe the contraceptive pill to a girl under the age of 16 without the consent or knowledge of her parents? / What are the ethical issues to be considered concerning a request for a termination of pregnancy? / Should you discuss the health and welfare of a frail elderly patient with their relatives without the prior consent of that patient? / Can you obtain consent to examine or perform a procedure on a patient with dementia?

There are many common ethical dilemmas which members of any primary health care team will face on a regular basis as well as the more unusual challenges which only occur perhaps once in a life time. If you come across any situation which raises ethical questions, take the opportunity to discuss these further with your tutor.

Learning Log

It is your responsibility to complete the Log and (within a week of your placement) scan it onto the portfolio task on Galen. The contents will be reviewed by University staff (during "Portfolio Review") to ensure you have attended placements, performed satisfactorily and uploaded the documents (a minimum of 75% satisfactorily completed reports uploaded). It will also be flagged up by staff if engagement/professionalism has been below expected, for further review.

For each single GP/community placement day please complete one Placement Report. This includes learning goals (one or two) and a reflective account. Guidance on this is given within the Log itself, including how to reflect and what would be suitable topics (an interesting case etc.).

For each placement you must also ask your tutor to complete their highlighted section. This confirms attendance, level of professionalism and level of engagement. If there are repeated concerns about poor attendance or poor performance (lack of engagement, lack of professionalism) this will be passed onto the Professionalism Committee.

At the back of the Log is a section where you can document practical procedures that you have completed on placement. This is for your own use to show your knowledge and skills are developing over time. You can "self-sign" for any clinical skill performed, with competency being tested for a selection of these skills within the OSCE examinations. **Venepuncture / blood glucose must not be practised in a clinical environment, unless fully supervised and following the appropriate policies (e.g. NHS Fife sharps policy). See "Transport And Placement Safety" section above.**

There is also a tool to develop your own Personal Drug Formulary and prescribing skills; an additional electronic version of the Formulary is on Galen. This will be reviewed during "Portfolio Review".

Recommended Reading

MacLeods Clinical Diagnosis. Japp & Robertson 2013. 1st Edition, 2013. Churchill Livingstone ISBN 9780702035432

Macleod's Clinical Examination. Innes, Dover & Fairhurst. 14th edition. Elsevier. ISBN 9780702069932

Both of the above are available as electronic books via the University library

GMC 'Good Medical Practice' <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>

GMC "Outcomes for graduates" 2018 https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018_pdf-75040796.pdf

GMC "Professional behaviour and fitness to practise: guidance for medical schools and their students" http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp

GMC "Achieving Good Medical Practice" http://www.gmc-uk.org/education/undergraduate/achieving_good_medical_practice.asp

GMC "Concerns" <https://www.gmc-uk.org/concerns>

Adamson Community Hospital Teaching

Lead Tutor: Dr Jane Harrison

Timings: Approx. 09.15. You will then be shown to the room that serves as a 'base' for most of the day. There are lockers available.

Where to meet: Reception area of Adamson Hospital

Who you will meet: 2 doctors and nurse

N.B. The café only accepts cash payments and there is no cash machine on site. Therefore please bring a packed lunch or enough cash to buy your lunch.

Typical programme for the day:

09.15 – 10.00 Coffee/tea. Outline of the day and consideration of learning goals

10.00 – 11.00 Group 1 – Minor Injury Area and practising basic clinical skills

Group 2 – Ward – history taking and examination

11.00 -12.00 swap (Group 1 ward...)

12.05 – 12.55 Lunch – canteen or teaching room

12.55 – 13.00 Gather back in teaching room

13.00 – 14.00 Group 1 – History taking with Volunteer Patients

Group 2 – Ward time. Review case records and medication Kardex. Prepare case presentation

14.05 – 15.00 swap (Group 1 ward...)

15.00 – 15.15 Refreshments

15.15 – 16.30 Case presentations and discussion. Debrief. Sign-off Learning logs.

16.30 – 17.30 Bus home (approx. time)

Cameron Community Hospital Teaching

Lead Tutor:	Dr John Wilson and Dr Fiona McGowan
Timings:	Approx. 09.45 – 12.15 & 13.00 – 16.00
Where to meet:	Small meeting room, training centre, Ward 7
Who you will meet:	1 or 2 doctors will be there to guide you through the day

Typical programme for the day:

9:45am	Introductions/orientation/plan for the day
10am – 11.15noon	See patients individually or in pairs for history and appropriate examination
11.15-12.15	Present cases and review radiology
12.15 - 1pm	Lunch
1pm - 2pm	Discussion with speech therapy member of staff or interactive role play
2:00pm - 3:45pm	See patients as a group with tutor – history/examination

Additional information

At Cameron Hospital you will meet patients who have been transferred from a more acute hospital setting for continuing care and rehabilitation.

Many of the patients you will see are receiving input from other health professionals such as Physiotherapists, Occupational Therapists and Speech & Language therapists, and depending on their work-load it may be possible for you to spend some time shadowing these practitioners. Further information on their roles is provided below.

A large number of patient's at Cameron have suffered a stroke and as such are likely to have neurological symptoms and signs. Whilst we recognise that you will not learn how to perform a complete neurological examination until year 3, it is important to revise the upper and lower limb neurological examination from year 1 in advance of attending.

Many of the patients you will see live with chronic illness, or have to cope with the effect of acute debilitating illness. This brings significant challenges for patients and families, and you will be supported in considering the impact of these in relation to the patients you meet.

How to prepare

- Think about a structured approach to history and examination, moving from open to closed questions, remember "ideas, concerns and expectations".
- Revise upper and lower limb neurological examinations from MD 2000

Glenrothes Community Hospital

Lead Tutors: Dr Virginia H Santiago (GP), Ms Lyn McDonald (Pharmacist)

We are grateful to also have excellent input from senior nurse tutor Heather Geddes whenever possible. (University of Dundee School of Nursing)

Time: Approx. 09.30 –16.00

Introduction:

Glenrothes community hospital has 3 wards, an out-patient clinic / day hospital and an X-Ray department. The ward patient population veers demographically towards the elderly age range with a wide range of clinical presentations. The patients will usually have come from the Victoria hospital after an acute episode of illness for intensive rehabilitation.

How should you prepare for the day?

Please reflect on your personal learning goals for the day as we want to hear them! We'll try to help you attain them, but this will depend on what resources are available on the day. It can be a tiring day on placement so please remember to have an early night, a good breakfast and bring your lunch. There is a snack machine and we can provide tea, coffee and biscuits. **There are no cafés or shops within walking distance.** Everyone should dress in a professional manner, which is likely to inspire public confidence. Students will be excluded from the wards if the medical school clinical placement dress code is not adhered to. On the wards it is necessary to be bare below the elbows, with long hair tied up and for us all to demonstrate good hand hygiene /infection control processes.

Where to meet: We look forward to meeting you at the reception area inside front door.

Who you will meet:

We want this to be an inter-professional learning experience for you. As Heather is from the School of Nursing at University of Dundee, she can arrange for nursing students to join us at times – however this can't be guaranteed.

What will happen: You will have a busy, structured yet flexible day. What is covered depends on where you are in the curriculum, your own learning goals, resources available and if there are nursing students on site.

Typical programme for the day:

09.30 Introductions and agreeing plan for the day. We are not allowed onto the wards until 10:00 hours so patients can have breakfast and get ready for the day.

10:00 – 12 noon

The morning will be spent on the wards in a variety of smaller group activities but may encompass:

- Taking real patient histories – practicing communication skills
- Being shown some clinical signs and practicing clinical skills
- Discussions around interprofessional care delivered and awareness of each other's roles.

- Interpreting medicine charts with the pharmacist and relating to teaching covered at University.
- Discussing interprofessional care plans for the patients seen
- Reflecting on how to maximise safety in clinical practice
- Feedback from tutors and peers about communication and clinical skills

12:00 – 13:00 Lunch break

There is a staff café area where you can take your lunch. Feel free to have a walk around the safe neighbourhood.

13.00 – 16:00

The afternoon is split into different activities and may encompass:

- Reviewing medical notes, results and drug charts of patients seen in the morning and creating an SBAR “handover” to present to the whole group.
- Learning about the resuscitation equipment available on site
- Discussing the nutritional needs of patients
- Considering what is like for frail patients or those with reduced cognitive function who lack capacity to make own healthcare decisions. (Frailty / Delirium assessments)
- Scoring a patient’s risk of pressure sores or wound breakdown with the nurse
- Reviewing ECGs with the doctor.
- Reviewing X-Rays with the nurse/doctor
- Practicing prescribing and discussing medication safety with the pharmacist.
- Meeting other professionals working in hospital
- Presenting SBARs
- Debrief and feed forward

Approx. **16.00** Leave for St Andrews

Reading resources:

- BNF app or online BNF – accessible via Galen prescribing resources
- Guided study NB10795 - Prescription Kardex Layout & Interpretation

Queen Margaret Community Hospital Teaching, Wards and Outpatient Services

Lead tutor: Dr Juliana Moni

Timings: Approx. 09.00 – 12.15 & 13.15 – 15.45

Where to meet: Medical student discussion room (ScotGEM room), Education Centre, First Floor

Who you will meet: 2 doctors will be there to guide you through the day

What will happen: You will be split into 2 groups, and these will be further divided to singles or pairs (depending on numbers who attend).

Queen Margaret Hospital is one of two main hospitals in Fife and is located in Dunfermline. The hospital provides a wide range of services including outpatient and diagnostic clinics. These include the renal dialysis ward, GI endoscopy unit, and clinical intervention unit. There are also inpatient Care of the Elderly beds where the focus is on rehabilitation.

There is a lot of clinical activity on-site. During your day at QMH you will get to visit two different clinical areas to get a taste for what goes on at this hospital. Please come to this placement having thought about two learning objectives that you would like to achieve and be ready to discuss these with the tutor on the day.

Please remember that this is a fully-functioning NHS hospital with sick patients. Be aware that plans may need to change, for example patients may become ill after they have agreed to spend time with you, procedures may need to be cancelled, or a situation may arise where patient care needs to take priority. In all cases your tutor will endeavour to rearrange things so that your learning opportunities are maximised in these constrained circumstances.

Some students attached to QMH may also have the opportunity to attend the radiology department. Your tutor will bring you to the Radiology department where you will be welcomed by a member of the team.

Typical programme for the day:

Morning session

09.00 on arrival at the hospital please follow the signs to the Education Centre, First floor. Meet with tutors who will go over plans for the day.

09.30 Ward with tutor

- You will meet a patient and take a full clinical history and if appropriate examine a system e.g. cardiovascular

It is important to spend time enquiring about the sociological aspects of long-term medical problems – restrictions on diet, activity, well-being, impact on near family etc. These are important topics which will help with your understanding of the patient journey.

- Take the opportunity to help with observations e.g. Pulse oximetry, BP, perform and review ECGs

10.30 – 12.00 review case notes and case discussions

12.15 Lunch in staff canteen. Food is available to purchase or bring a packed lunch.

Afternoon session

The afternoon session starts at **13.15** approx. Please note that the afternoon session may coincide with the patient visiting times. This may curtail the consultation but the tutor will help with other tasks to compensate.

13.15 Second clinical area with tutor

- You will meet patients, take a full clinical history and examine an appropriate system if suitable.
- Try to get information on medications and any investigations available e.g. Kardex, clinical notes
- **14.30 – 15.00** Finish consultations with patients and prepare for presentations
- **15.00** - meet in identified room and present case histories and examination to allocated tutor
- **15.30 – 15.45**. Re-group in Education Centre for feedback and final discussion

16.00 Leave for St Andrews

Queen Margaret's Hospital (QMH, Dunfermline) and Whyteman's Brae (Kirkcaldy)

Care of the Elderly (AM session) and Psychiatry (PM session)

Lead Tutor: Dr Lee Janson

Timings: (Approx.) AM session 09.00-12.15 (QMH), 13.15 transfer, and PM session 14.00 – 16.00 (Whyteman's Brae)

Where to meet: Medical student discussion room 4, Education Centre, First Floor, QMH, Dunfermline

Who you will meet: A doctor will be there to guide you through the day

What will happen: You will see patients typically in pairs/small groups. Initially, in the morning, on Ward 7 Queen Margaret Hospital (Dunfermline). This is a Care of the Elderly Ward. In the afternoon, you will be transferred to Ravenscraig Ward, Whyteman's Brae (Kirkcaldy). This is a psychiatry adult acute admission unit. The same tutor will cover the morning and afternoon sessions.

This is a new placement, split across two sites, exposing students to a Care of the Elderly ward and Psychiatry admission unit. Please come to this placement having thought about two learning objectives that you would like to achieve and be ready to discuss these with the tutor on the day.

Please stick to the NHS Fife dress code policy.

Queen Margaret Hospital is one of two main hospitals in Fife and is located in Dunfermline. The hospital provides a wide range of services including outpatient and diagnostic clinics. These include the renal dialysis ward, GI endoscopy unit, and clinical intervention unit. There are also inpatient Care of the Elderly beds where the focus is on rehabilitation. There is a lot of clinical activity on-site. During your morning at QMH you will spend time on a Care of the Elderly ward (ward 7).

Your tutor will aim to identify patients that you can speak with, to take histories from, and where appropriate to examine.

Whyteman's Brae is a Community Hospital in Kirkcaldy, which caters for psychiatry and elderly patients. You will spend time on Ravenscraig Ward, a 30-bedded adult acute admission unit in psychiatry. It is a mixed-sex ward and covers the Central Fife area.

You will be closely supervised by your GP tutor, who will also work in liaison with a Consultant Psychiatrist, Dr. Simon Rubidge.

As you are completely new to psychiatry in the placement setting, further relevant information is provided below. Please spend the time to read this in advance of your placement, so you can feel prepared.

Remember, in both settings, they are "fully-functioning" NHS hospitals with sick patients. Be aware that plans may need to change, for example, patients may become ill after they have agreed to spend time with you, or a situation may arise where patient care needs to take priority. In all cases, your tutor will endeavour to rearrange things so that your learning opportunities are maximised in these constrained circumstances.

Typical programme for the day:

09.00 On arrival at the hospital please follow the signs to the Education Centre, First floor. Meet with the tutor (discussion room 4) who will go over plans for the day and an initial brief. Be prepared to share your learning goals here.

09.30-12.15 Time on ward 7. Talking histories from Care of the Elderly patients and potentially examining system. Reviewing notes and preparing summaries/case discussions.

It is important to spend time enquiring about the sociological aspects of long-term medical problems – restrictions on diet, activity, well-being, impact on near family etc. These are important topics, which will help with your understanding of the patient journey. Also, where possible, take the opportunity to help with observations e.g. pulse oximetry, BP, perform and review ECGs.

12.15 – 13.15 Lunch at QMH

13.15 – 13.45 Transport from QMH (Dunfermline) to Whyteman's Brae (Kirkcaldy)

14.00 - 16.15 Time on Ravenscraig ward, talking to psychiatry patients with tutor support, followed by debrief of the day.

16.30 (approx.) Transport back to Medical School

Psychiatry at Ravenscraig Ward, Whyteman's Brae

Ravenscraig ward is an acute adult mental health ward, catering for clients between the ages of 18 - 65 years with a variety of mental health problems requiring assessment and/or treatment in the acute phase of their illness. Examples of presenting conditions include; bi-polar disorder, schizophrenia, drug/alcohol related issues, anxiety disorders, eating disorders, depression and related disorders.

By nature of being in hospital, the patients you will be speaking to are likely to have significant mental health conditions, however they have been carefully selected by the clinical team as appropriate for you to speak to. You will be closely guided by your tutor throughout the afternoon session, in conjunction with a Consultant Psychiatrist.

Consider that you may have the invaluable experience of speaking with patients with severe depression (potentially including suicidal attempts/thoughts) and patients experiencing hallucinations / delusions. It is often helpful to think in advance how this will make you feel.

Please remember that you will be well supported by your tutor throughout the session, but If you feel unable to attend this placement because of personal reasons please contact medclinical@st-andrews.ac.uk to arrange an appointment with the Pro-Dean Dr Ruth Cruickshank for the possibility of opting out.

The focus of the session will be on initial assessment and how to take a history from patients with a mental health problem. We appreciate this is a new specialty for you and that taking a psychiatric assessment has not been covered in lectures. We also appreciate that you will see patients with conditions again not covered in lectures. It is essential therefore that you read this document before the sessions including the Brief Mental Status Exam Form. The MSE form guides you through examination of a patient with a mental health condition, but this examination is different to your other systems, in

that it is based around observation and history, rather than a “hands-on” physical examination. Terms can be explained to you by your tutor, or you may choose to look them up in advance.

It is also recommended, that you access the mental health charity website for “Mind”, on <https://www.mind.org.uk/>, in particular viewing the sections on depression and schizophrenia. These are accessed through Mind’s “mental health A-Z” and provide a great introductory over view of mental health conditions, including brief video clips.

It is also important to appreciate that this is one afternoon of Psychiatry and the emphasis will be on learning to talk to patients with mental illness, developing personal resilience and establishing how to take a structured history, rather than becoming experts at making a diagnosis.

Before you leave there will be time for a short feedback session, and a chance to reflect/debrief together on any particular issues which have arisen during the day. We appreciate this is a snapshot of an interesting but challenging clinical field and are keen to fully support you.

If there is anything you wish to discuss further, please approach your clinical tutors, or if unable to do so the Clinical Programme Lead (through medclinical@st-andrews.ac.uk) or Pro-Dean (rc24@st-andrews.ac.uk)

Please inform yourself in advance of the day by reading the recommended resources (below website and MSE form).

<https://www.mind.org.uk/> *Mental health A-Z; Depression; Schizophrenia*

Brief Mental Status Exam (MSE) Form

1. Appearance	<input type="checkbox"/> casual dress, normal grooming and hygiene <input type="checkbox"/> other (describe):
2. Attitude	<input type="checkbox"/> calm and cooperative <input type="checkbox"/> other (describe):
3. Behavior	<input type="checkbox"/> no unusual movements or psychomotor changes <input type="checkbox"/> other (describe):
4. Speech	<input type="checkbox"/> normal rate/tone/volume w/out pressure <input type="checkbox"/> other (describe):
5. Affect	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> labile <input type="checkbox"/> tearful <input type="checkbox"/> blunted <input type="checkbox"/> other (describe): </div> <div> <input type="checkbox"/> normal range <input type="checkbox"/> depressed <input type="checkbox"/> flat </div> </div>
6. Mood	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Normal <input type="checkbox"/> irritable <input type="checkbox"/> elevated <input type="checkbox"/> other (describe): </div> <div> <input type="checkbox"/> anxious <input type="checkbox"/> depressed </div> </div>
7. Thought Processes	<input type="checkbox"/> goal-directed and logical <input type="checkbox"/> other (describe): <div style="float: right;"><input type="checkbox"/> disorganized</div>
8. Thought Content	<p>Suicidal ideation: <input type="checkbox"/> None <input type="checkbox"/> passive <input type="checkbox"/> active</p> <p>If active: yes no</p> <p style="padding-left: 40px;">plan <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">intent <input type="checkbox"/> <input type="checkbox"/></p> <p style="padding-left: 40px;">means <input type="checkbox"/> <input type="checkbox"/></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> delusions <input type="checkbox"/> obsessions/ compulsions </div> <input type="checkbox"/> phobias <input type="checkbox"/> other (describe):
9. Perception	<input type="checkbox"/> no hallucinations or delusions during interview <input type="checkbox"/> other (describe):
10. Orientation	Oriented: <input type="checkbox"/> time <input type="checkbox"/> place <input type="checkbox"/> person <input type="checkbox"/> self <input type="checkbox"/> other (describe):
11. Memory/ Concentration	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> short term intact <input type="checkbox"/> other (describe): </div> <div> <input type="checkbox"/> long term intact <input type="checkbox"/> distractable/ inattentive </div> </div>
12. Insight/Judgement	<input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor

Practitioner Signature

Date

Patient Name

ID#

http://www.apshealthcare.com/provider/documents/brief_mental_status.pdf

Randolph Wemyss Community Hospital Teaching

Lead tutor Dr Robert Humphreys

Time Approx. 9.30 am to 4 pm.

Where to meet Training Room 1 if I do not manage to meet you at the main entrance to the older part of the hospital (pictured right).

Randolph Wemyss Hospital is a Community Hospital with one 16 bed inpatient Ward called the Wellesley Unit, a Day Hospital and many outpatient services.



There is no on site cafeteria so it is important to bring a packed lunch and something to drink with you.



The Wellesley Unit (housed in the newish extension pictured left) has a mix of patients. The main learning opportunities on the Ward will be addressing the care of older people with complex medical / nursing care needs who require continuing care within a hospital environment along with symptom control in end of life care.

I will negotiate with the Nursing Staff before you arrive and identify patients that will be suitable for you to interview. It will also give you an opportunity to interact with the Nursing Staff and Therapists and see the routine of the Ward. You will have an opportunity to review the medical records of the patients you meet along with their drug charts. We should also be able to review their investigations and imaging using Clinical Portal and PACS.

If the patients consent and are well enough you will have an opportunity to do some basic clinical examination with tutor support. There is a Day Hospital where we may be able to see patients and the potential to sit in on various outpatient clinics. The Hospital is also a base for Health Visiting Staff and they may be able to take one of you on home visits. There are other Therapy Staff based in the Hospital and I may be able to negotiate for one of you to shadow them for part of the day. I will have worked out a rough plan for the day before you arrive and hopefully it will be varied, interesting and busy! We will have a break for lunch between approx. 12 MD and 1 pm.

Please have a look at this link to the British Geriatrics Society Good Practice Guides to get a feel for the potential complexity and challenges of Care of the Elderly.

<https://www.bgs.org.uk/resources/resource-series>

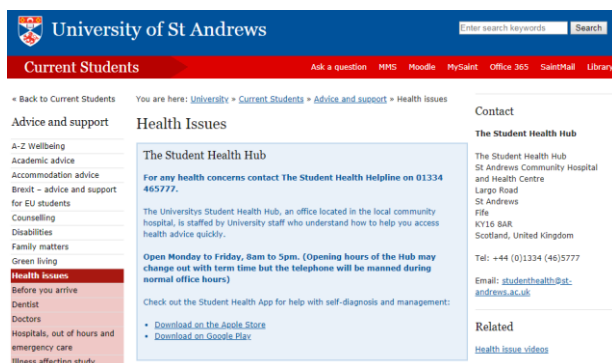
St. Andrews Community Hospital Teaching

- Lead Tutor:** Dr Dorothy Sullivan and Dr Julie Sommerville
- Time:** 9.30am to 4pm.
- Where to meet:** Main Reception waiting area in the Hospital foyer on the ground floor.
- Who you will meet:** Dr Julie Sommerville, Charge Nurse Julia Chalmers and Dr Gordon Shepherd regularly teach at the Hospital.

St Andrews Community Hospital opened in September 2009 after moving from a much smaller facility which was opened in 1901. St Andrews Hospital has over 90 staff and around 40 inpatient beds. A wide range of services are offered which include; GP Practices, Outpatients Department, Minor Injuries Unit and Primary Care Emergency Services Base, Renal Dialysis, Podiatry, Dentistry, Endoscopy services, Orthodontics, Physiotherapy, Rehabilitation, Community Nursing teams, Integrated Response teams and Administration services.



The Hospital is also the base for the **Student Health Hub** and we will point this out to you and ask the staff to tell you about it if they are quiet. Please do follow the link to the University's website for more information.



<https://www.st-andrews.ac.uk/students/advice/health/>

You will be met by the Tutors in the Reception area on the ground floor and taken usually to Seminar Room 3 on first floor, which will be your base for the day. Lockers will be provided for storage of valuables such as wallets /purses/ mobile phones. **We will break for lunch approx. 12 MD to 1pm.** There is an excellent cafeteria on the first floor with a free water fountain. There is also a microwave that you can use if you have brought your own lunch. The cafeteria in Morrison's supermarket next door is another easy option for lunch.

We will start with a brief introduction and refresher of history taking /systematic enquiry /clinical examination and then go to the two inpatient Wards on the second floor.

The main learning opportunities on the Ward will be addressing the care of older people with complex medical / nursing care needs who require continuing care within a hospital environment along with patients who are here for rehabilitation. There are also some dedicated palliative care beds in Ward 2. End of life care is an important topic. Please do follow this link and reflect of the aspects of care that it raises.

<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/palliative-and-end-of-life-care-toolkit.aspx>

You may want to prepare for the day by having a look at the following link or perhaps follow up on some aspects of care having met patients in the hospital. It is important to maximise the learning opportunities that the day offers you by doing some preparation and follow up reading.

Clinical guidelines

Clinical Guidelines are developed through a rigorous procedure of audit, literature search and peer review to improve the standards of diagnosis, treatment and management of specific diseases and conditions. This resource series includes outlines of clinical guidelines developed by bodies such as the National Institute of Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN) with links to the full guidelines. For more information on NICE guidance, [click here](#).

<https://www.bgs.org.uk/resources/resource-series/clinical-guidelines>

We will negotiate with the Nursing Staff before you arrive and identify patients that will be suitable for you to interview. It will also give you an opportunity to interact with the Nursing Staff and Therapists and see the routine of the Ward. You will have an opportunity to review the Medical Records of the patients you meet along with their drug charts. Please do take the opportunity to learn about common medications and add them to your drug formulary.

We should also be able to review their investigations and imaging using Clinical Portal and the Picture Archiving and Communication System (PACS) in the afternoon.

The most relevant of your textbooks to the day will be Macleod's Clinical Diagnosis. Do start reading this if you haven't already done so. There are the usual hard copies in the JF Allen library and the main library. You also have access to it as an e textbook via the link on the bottom of Galen. If you can afford to buy a copy it is a worthwhile investment.

Alan G Japp
Colin Robertson

Macleod's Clinical Diagnosis

2nd Edition

ELSEVIER

Contents

Preface	vii
Acknowledgements	viii
Abbreviations	ix
SECTION 1 PRINCIPLES OF CLINICAL ASSESSMENT	1
1. What's in a diagnosis?	3
2. Assessing patients: a practical guide	7
3. The diagnostic process	17
SECTION 2 ASSESSMENT OF COMMON PRESENTING PROBLEMS	22
4. Abdominal pain	24
5. Breast lump	46
6. Chest pain	59
7. Gena and altered consciousness	72
8. Geriatric: delirium and dementia	78
9. Gynaecology	99
10. Headache	95
11. Dysphagia	109
12. Dyspnoea	112
13. Fatigue	139
14. Fever	138
15. Gastrointestinal haemorrhage: haematemesis and rectal bleeding	159
16. Haematuria	159
17. Haemoptysis	162
18. Headache	165
19. Jaundice	174

ii • CONTENTS

20. Joint swelling	184
21. Leg swelling	190
22. Limb weakness	196
23. Low back pain	208
24. Mobility problems: falls and immobility	214
25. Nausea and vomiting	222
26. Palpitation	232
27. Rash: acute generalized skin eruption	240
28. Red eye	250
29. Scrotal swelling	258
30. Shock	264
31. Transient loss of consciousness: syncope and seizures	270
32. Urinary incontinence	282
33. Vaginal bleeding	288
34. Weight loss	294
Appendix	301
Index	305

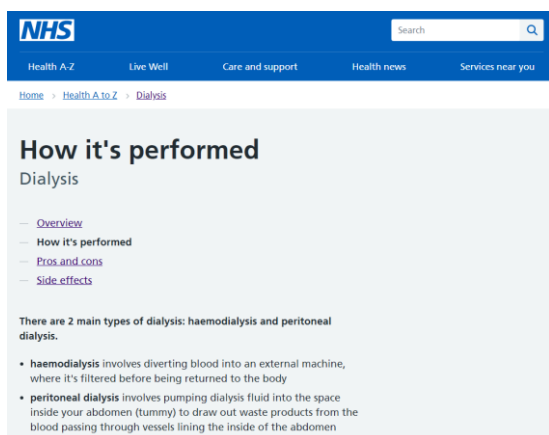
<https://elsevierelibrary.co.uk/pdfreader/macleods-clinical-diagnosis-ebook>

If the patients consent and are well enough you will have an opportunity to do some basic clinical examination with tutor support. We will have a break for lunch between approx. 12 MD and 1 pm. The afternoon will continue with further opportunities to interact with patients. We will give you an opportunity to present the cases of the patients you met in the morning and we should also be able to review their investigations and imaging using Clinical Portal and PACS. This is a good opportunity to consolidate your learning on CXRs in particular. Radiology masterclass is an excellent revision tool. We may be able to visit the Radiology Department and briefly simulate taking a PA CXR.



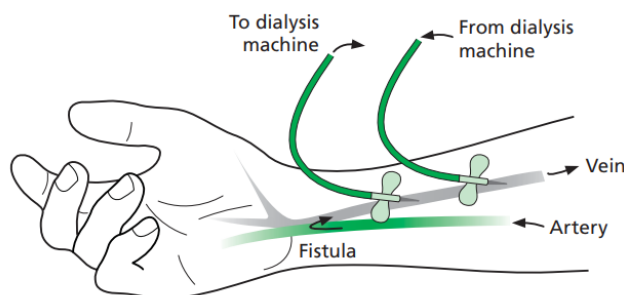
https://www.radiologymasterclass.co.uk/tutorials/chest/chest_home_anatomy/chest_anatomy_start

The Dialysis Unit at present operates on Mon, Wed and Fri. We may be able to take you on a quick tour of the unit even though it is not operational on Tuesdays. If you would like to learn some of the basics about dialysis follow the link below.



<https://www.nhs.uk/conditions/dialysis/what-happens/>

It would be good for you to know a little about the arteriovenous fistulas that facilitate haemodialysis. Please follow the link below.



<https://www.uhb.nhs.uk/Downloads/pdf/PiRenalVascularAccess.pdf>

We also may be able to visit the kitchen, bathroom and bedroom in the Occupational Therapy Suite where patients are assessed for safety / independence before going home.



Please remember to get your **learning log signed off** at the end of the day and please do a short reflective piece on your experience to upload to your **eportfolio**. To consolidate your learning please take some time in the evening and do some reading about the illnesses / medications you encountered during the day.

**It is a lovely Hospital and you will find the patients and staff very welcoming.
We hope you enjoy the day and welcome any feedback.**

GI ANP/ Cardiology ANP

13.15 – 16.15

Learning Outcomes

- Develop an understanding of the role of an ANP
- To understand common GI / Cardiology diseases and their management
- To gain experience and confidence in taking a GI/ Cardio history and examination

Advanced nurse practitioners – definition Advanced nurse practitioners (ANPs) are experienced and highly educated registered nurses who manage the complete clinical care of their patients, not focusing on any sole condition.

ANPs have advanced-level capability across the four pillars of practice:

- clinical practice
- facilitation of learning
- leadership
- evidence, research and development.

Programme outline

We will be based on Ward 44 (GI speciality) and Ward 23 (Cardiology); these are both busy medical wards. Patients on these wards have variety of conditions but we will be focusing on gastroenterology in ward 44 and cardiology in ward 23. Patients are admitted to these wards from Admission unit 1 (AU1), clinic, endoscopy and from CCU.

The students in this session will be divided between ward 44 and ward 23. There will be an opportunity for you obtain a history and examine by yourself or in pairs.

- You will be expected to take a history from the patient and undertake relevant clinical examination
- You will then have the opportunity to discuss your findings and formulate patient management plans

Preparation

https://www.nes.scot.nhs.uk/media/4031450/cno_paper_2_transforming_nmahp_roles.pdf

You should study the components of history taking and clinical examination technique relevant to gastrointestinal system and cardiovascular system.

Module Facilitators Tanya Sullivan GI ANP & Una Walker Cardiology ANP

Palliative Care – The Experience of a Serious Illness and Symptom Control

Aims and Objectives

- Gain insights into the impact of a person's experience of illness on their health as well as their social and psychological wellbeing
- Gain experience in symptom control
- Gain experience in holistic assessment of patients living with serious and life threatening illness

Program Outline

The program will be delivered in the Victoria Hospice Kirkcaldy. The students will be met by a Consultant in Palliative Care. The module will be delivered in the hospice and will include experiential learning. There will be a brief walk around of the Victoria Hospital to illustrate patients experience of hospital care. The students may also spend time with a patient who has an advanced illness but this will depend on the availability of patients and the student group.

Intended Learning Outcomes

- Exploring the experience of serious illness
- Fundamental aspects of symptom control
- Specific symptom issues relating to current curriculum content

Recommended Reading

Scottish Palliative Care Guidelines: <http://www.palliativecareguidelines.scot.nhs.uk>

If possible to attend having read the guidance on pain assessment.

Course Facilitator

Dr Kim Steel, Consultant in Palliative Medicine, NHS Fife

REPRODUCTIVE HEALTH

Module Facilitator: Dr Essam Hadoura (Consultant Obstetrician & Gynaecologist)

Aims and Objectives

- Clinical introduction to Obstetrics and Gynaecology
- Overview of the progress into the clinical diagnosis and management options using up to date technology
- To learn about the basic clinical skills of history taking and principles of clinical examination
- To learn the principles of early diagnosis and ambulatory services with the aim to achieve improvement in quality of life and safe practice in Women's Healthcare
- To be aware about the legal aspects and social issues in Reproductive Medicine

Programme outline

- Introductory lecture to Reproductive Medicine
- Clinical skills session using models to practice hands-on experience in a gynaecological examination. Learn the use of common instruments and observe obstetric clinical skills within a workshop environment
- Students will then be split into groups to take a history from a pregnant / postnatal patient on the maternity ward and also from gynaecological patient on Ward 32
- Observe a live ultrasound scan session including antenatal booking scans, routine and emergency obstetric scans and early pregnancy cases
- Round up session to discuss the history taking cases and to share experiences of the morning's events.

Intended Learning Outcomes

- To gain a brief outline of the basic knowledge and principles of clinical skills in reproductive medicine
- To be familiar with common instruments and procedures
- To gain insight about ethical knowledge associated with Reproductive Medicine

We aim to provide a brief introduction to the speciality of Reproductive Medicine and to share the philosophy in clinical assessment and management options. Using the advantages and progress made in modern technology to achieve early diagnosis and the improvement in the quality of Women's Healthcare.

We endeavour to maintain consistency to all groups and everyone should experience the same exposure on this module. We actively encourage anyone who has more interest and would like to observe a vaginal delivery, caesarean section or to attend gynaecology theatre to come forward and we will try to accommodate every request where possible.

Recommended Reading

- Royal College of Obstetricians and Gynecologists, www.rcog.org.uk
- Oxford Handbook of Obstetrics and Gynaecology, [Sally Collins](#), [Sabaratnam Arulkumaran](#), [Kevin Hayes](#), Publisher: [Oxford University Press](#),
ISBN 13: 9780199698400 ISBN 10: 0199698406
- Essential Obstetrics and Gynaecology, [E. Malcolm Symonds](#), [Ian M. Symonds](#),
[Sabaratnam Arulkumaran](#)
Publisher: [Churchill Livingstone](#)
ISBN 13: 9780702030680 ISBN 10: 0702030686
- **Obstetrics by Ten Teachers**, Philip N. Baker, Louise C. Kenny
Publisher: Hodder Arnold
ISBN 13: 9780340983539 ISBN 10: 0340983531
- **Gynaecology by Ten Teachers**, [Ash Monga](#), [Stephen Dobbs](#), [Stephen P. Dobbs](#)
Publisher: Hodder Arnold
ISBN 13: 9780340983546 ISBN 10: 034098354X

Scottish Ambulance Service placements

Location:	Dunfermline Ambulance Station, Unit 1A, Pitreavie Industrial Estate
Timings:	Approx. 09.00 – 16.30 approx.
Where to meet:	Crew Room
Who you will meet:	The members of the Ambulance Service you will be shadowing. There may also be other members of the Service that you will meet such as Ambulance Care Assistants (ACAs), Emergency Medical Technicians (EMTs) and Paramedics.

Introduction

A session with the Ambulance Service provides an excellent opportunity to apply your science knowledge to patients receiving pre-hospital care, to practise your clinical and communication skills and to find out how acute illness/injury affects patients and those around them. You will also gain an understanding of how the Scottish Ambulance Service operates and the roles and capabilities of the different staff working within the Service.

How to Prepare

Observer Policy

Please ensure that you have read the 'Scottish Ambulance Service Policy – Observers on Ambulance Vehicles & Premises' (available on Galen). You will be required to sign to say that you have read the General Guidance. Please pay particular attention to points: 7, 10 and 12. You are also required to read the 'Statement of Confidentiality' and sign to say that you accept the conditions of confidentiality. **You will be asked to come in to sign the form prior to your placement and you must bring it with you on the day. If you don't have it when you attend, you will not be able to go out with the ambulance crew.**

Dress

It is highly recommended that you wear trousers (as opposed to a skirt) and supportive footwear. You are likely to be exposed to the elements so clothing suitable for the Scottish weather is advised. If required, the Ambulance Service will lend you a high-visibility jacket to wear for the day.

Food/drink

There is no facility to buy food/drink at the Ambulance Station so you should take a packed lunch and enough snacks and drinks to keep you going all day. While the staff will stop for a lunch break, you may be away from the Station for extended periods for the rest of the day, so it is advised that you take a water bottle/drink and a snack out with you on the vehicle.

Placement Day

Once at the ambulance station, please follow the entrance sign and introduce yourself to the first member of staff that you encounter. That individual will then ensure that the Crew/Paramedic that you will be shadowing know that you have arrived.

What the day might entail

Although clinical experiences will vary, you may have the opportunity to take part in the following activities:

- Reviewing the Ambulance vehicle and associated equipment as the staff undertake their 'start of shift' checks
- Listening/seeing the Ambulance staff responding to requests from call dispatchers
- Speaking to patients and their families in their own homes

- Examining patients, as appropriate:
 - Measuring vital signs (pulse, blood pressure, temperature, respiratory rate etc.)
 - Practising elements of clinical examinations from year 1 (e.g. vascular / neurological examination of the limbs, knee or hip examination etc.)
 - Putting newly learned year 2 skills into practise
- Seeing/doing procedures – CPR, airway management, oxygen therapy, medicines administration, cannulation, ECG, spirometry, blood glucose monitoring, etc.
- Transferring patients from their home to hospital
- Responding to emergency and urgent calls.

Please remember that this is a fully-functioning Ambulance Service responding to the requests placed by the central dispatchers. As you may expect, the type of calls that the Service responds to vary on a day-to-day basis. On the day that you are with the Service, the staff may be very busy responding to a variety of calls, or they may be less so. Please be prepared for both scenarios. In addition, patients have the right to refuse for you to be involved in their care or the Ambulance Staff may decide that it is not appropriate for you to be involved in a particular call. In these situations, please respect the decisions of the patient, their family or the Ambulance Service staff.

Wherever possible, the Ambulance Service will endeavour to ensure that you have an interesting and varied day. Like all clinical attachments, the more that you put in, the more you will learn. For example, you may observe differences in practice between the pre-hospital and hospital/GP environment. Please take the time to ask about these differences. This will give you a better understanding of some of the challenges encountered by our colleagues who work in the pre-hospital environment.

'BASICS' teaching

Timings: Half day. Either 9:00am-12:30pm or 1:30pm-5pm

Location: Medical Resource Centre (MRC)



St Andrews University 2nd year Medical Students

BASICS Scotland Pre-Hospital Trauma Introduction

Clinical Skills Building, Medical School, St Andrew's University

(1hr)

Introductory session:

Who are Basics Scotland?

Scene assessment & mechanisms of injury

(15mins)

BREAK

(20mins)

Patient assessment using CA<c>BCDE

Hands on skills station including haemorrhage control & helmet removal

Giving handover

(40mins)

Scenario – 4 x groups of 5

Final questions and finish

Course delivered by BASICS Education Scotland

Student copy



BASICS SCOTLAND

British Association for Immediate Care, Scotland



BASICS History

BASICS UK was formed in 1977. The founder of BASICS was Dr Ken Easton. Dr Easton had been an army doctor who, after leaving the army, moved to general practice in Catterick, North Yorkshire. During the 1960s and 1970s as a local GP he was frequently called out to assist at road accidents on the A1. At this time the Fire Brigade had no equipment for releasing patients from trapped vehicles and the only instrument they had available to them in most cases was a hacksaw. Patients were trapped in cars for up to twelve hours at a time and frequently died before they could be removed. Dr Easton recognised that there was a need to improve the situation and worked with colleagues in the emergency services and the medical profession to

develop expertise and equipment suitable for use in this very specialised field.

Developments in structured teaching courses for cardiac and trauma resuscitation in hospitals during the late 70s and early 80s were so successful that BASICS UK decided to use these as the basis for training of medical professionals attending medical emergencies outwith hospitals. Modified versions of the courses were created to take into account the particular problems encountered when dealing with casualties on scene in a pre-hospital environment (for example at a road traffic accident where immediate care may be necessary prior to an ambulance arriving). These courses began in Cambridge and subsequently ran throughout the rest of the UK.

Courses started running in Scotland in 1993, and very quickly it became obvious that there was a high demand for these courses in rural Scotland, as some areas did not have ready access to an ambulance and paramedics. This demand was initially provided for by courses run centrally by Dr Colville Laird in Auchterarder, but in 1995 Argyll & Clyde Health Board recognised the need to have their own GPs trained in pre-hospital care because of the long travelling times to hospital. This need had been particularly identified following the crash of a military helicopter near Campbeltown in 1994. The courses were thus changed in order that they could be delivered anywhere in Scotland, and particularly to cater for the needs of rural GPs. Argyll & Clyde Health Board soon recognised that not only GPs needed such training but many of their remotely based nursing and paramedic colleagues could also benefit from this. BASICS Scotland was created to provide courses in remote and rural areas in Scotland to medical professionals who may be working in surgeries or local hospitals but are not specifically trained in immediate care. Development of face-to-face courses have continued throughout the years, and we now provide approximately 350 course places per year as well as tele-education courses and an on-line immediate medical care course. BASICS Scotland educational developments would not be possible without the valuable support from NHS Education Scotland (NES) allowing remote and rural practitioners the opportunity to attend these courses at a heavily subsidised rate.

The provision of pre-hospital care in Scotland was significantly improved in 2001 by the formation of The Sandpiper Trust. This charitable organisation was specifically formed to provide rural registered medical practitioners with equipment that would allow them to provide immediate life saving care at the scene of an incident, accident or medical emergency. An early benefit of this organisation was the design of the Sandpiper Bag specifically for the use of rural practitioners in Scotland. The Sandpiper Bag is now the recognised standard for pre-hospital care equipment in Scotland and is used extensively on the BASICS Scotland courses. The Sandpiper Trust is a charitable organisation and relies on donations and proceeds from fundraising events to provide Sandpiper Bags to relevant rural practitioners who are happy to volunteer to be called out to emergencies in their area by the ambulance service.



BASICS Scotland is based in Aberuthven, Perthshire and runs courses all over Scotland from the Borders to the Shetlands. Courses are attended by GPs, nurses and paramedics who wish to be trained in pre-hospital emergency care. Various types of equipment are used during the courses including simulation manikins and a specially prepared vehicle which can be used to demonstrate how to extricate occupants from a crashed car. The courses use a mixture of skill stations and simulated incidents to provide the candidates with a realistic experience of the type of knowledge and skills they may have to use in the pre-hospital setting.

BASICS Responders are BASICS-trained registered and insured medical practitioners who are likely to be the first on scene to incidents in rural areas, ensuring potentially life-saving medical care is given immediately. The addition of Vehicle Location Systems or Smartphones from the ambulance service allow these practitioners to advise the Scottish Ambulance Service when they are available so that they may be called upon to attend any incident occurring in their locality on a voluntary basis as a resource to support the ambulance service response to the emergency. These Responders often arrive first on scene and may work alone for some time until the nearest ambulance response arrives.

BASICS Scotland is a charitable organisation. Additional funding comes from its members - membership to BASICS Scotland allows medical professionals to receive special discounts, access to clinical teaching resources and information provided through the organisation.

If you would like more information about BASICS Scotland or the Sandpiper Trust please visit our websites:

www.basics-scotland.org.uk or www.sandpipetrust.org



General Practice attachment

Introduction

As part of your year 2 clinical teaching, you will have the opportunity to attend a number of full-day placements in General Practice. You will attend either singly or in pairs, with emphasis on one-to-one shadowing. Whilst you are likely to visit different practices over the year, you may also return to a surgery you have been to before. You may also have the opportunity to attend a GP showcase day, and separate information is given about this below.

Sessions in General Practice provide an excellent opportunity to apply your science knowledge, to practise your clinical and communication skills and to find out how illness affects patients and those around them.

There are always opportunities to learn when on placement and as such, please ensure that you are proactive in looking for these during the day.

Placement Day

Once at the practice, please introduce yourself to the reception staff so that your GP tutor knows you have arrived.

What the day might entail

Although clinical experiences will vary between practices, you may have the opportunity to take part in the following activities:

- Speaking to patients and their families
- Examining patients, as appropriate:
 - Measuring vital signs (pulse, blood pressure, temperature, respiratory rate etc.)
 - Practising clinical examinations from year 1 (e.g. vascular / neurological examination of the limbs, knee or hip examination etc.)
 - Putting newly learned year 2 skills into practise
- Seeing/doing procedures – ECG, spirometry, urinalysis etc.
- Attending special clinics – asthma, COPD, diabetic, hypertension, antenatal etc.
- Home visits

N.B. Remember that busy healthcare staff will have set aside time to teach you, in addition to delivering a Primary Care medical service. This is likely to have involved restructuring of the practice activities and the clinical commitments of the tutors involved.

It is essential, therefore that you inform ***both the medical school and the GP surgery*** as soon as you know that you will be unable to attend.

General Practice Showcase Days

If you are allocated to a GP showcase day for one of your placements, this will be based at

- GP49 Drs Boggon & Halford, Oakley

The GP showcase day placement is an opportunity to find out more about General Practice and its "unique selling points". This placement may help you to consider if General Practice is a potential future career for you or, if this is not a consideration of yours, is just as helpful to learn more about this essential part of the NHS.

It will cover all the essential material of an alternative GP placement but has been structured slightly differently so that it is a very active learning experience in a small group of approx. six. You will have the opportunity to interact with members of the practice team but also to have a more hands on role with patients under supervision.

An example timetable is below so that you can know roughly what you might expect, although it will vary depending on staffing and patient availability. As per any GP practice placement please follow instructions on Galen regarding timings / transport and remember the absence/sickness guidance. On arrival at the practice alert the reception staff that you have arrived so that they can let the practice manager know and you will then be greeted. Please take with you your lunch, Learning Log, pen and paper, ID badge and pink holder. Be ready for an interesting but busy day and remember the NHS dress code and professional, confidential behaviour. We very much hope you enjoy it and the practice is looking forward to welcoming you.

GP Showcase Day Draft Timetable

09:15 – 10:00	Introduction to Primary Care – with Practice Manager (PM) 6 students
10:00 – 11:00	Chronic Disease Management – with Practice Nurses OR Clinical Skills – with GPs 3 3
11:00 – 11:30	Tea Break
11:30 – 12:30	Chronic Disease Management – with Practice Nurses OR Clinical Skills – with GPs 3 3
12:30 – 13:00	Patient Focused Multi Disciplinary Team – With PM (who's who) 6
13:00 – 13:45	Lunch
13:45 – 15:00	Acute Presentation Exposure – with GP (joint parallel surgeries) 3+3
15:00-16:00	Unique Selling Points of General Practice – with GP 6

Child Development Centres

N.B. Remember to bring your own lunch. As there is limited storage space for personal belongings, please only bring what you require.

There are 4 Child Development Centre's (CDC's) in Fife. They provide a community based service for infants and pre-school children with additional support needs and their families.

At the CDC's, children and families can access a range of services. Services are offered to meet the needs of the individual child and their family and could include:

- Access to information and resources
- Access to parent and baby groups
- Access to parent and child playaway groups
- Ongoing assessment and input from the multiagency team

The staff at the centre will work alongside parents to support their child to meet their maximum potential. Regular meetings will be arranged with parents/carer's where they:

- discuss the child's progress
 - evaluate interventions
 - develop a child's plan
-
- The Child Development Centre's are staffed with Qualified Nurses and Nursery Nurses.
 - Therapy services input on a sessional basis and sensory impairment services input as required for individual children.
 - The Child Development Centres aim to provide co-ordinated assessment and intervention through the multidisciplinary/agency team, using a family centred approach.
 - Referral to Child and Adolescent Mental Health Service (CAMHS) or the Service for Children and young people with Learning Disabilities may be made as appropriate.
 - Referral to a Paediatrician may be made as appropriate.
 - Every family is offered an Educational Home Visitor who will support educational planning and decision making. There is close liaison between the centre and the Educational Home Visitor.

With parent /carer's consent, centre staff will liaise with the child's Health Visitor who is the Named Person and other agencies and professionals. This will ensure the needs of the child and family are met.

Children's group times: 0930 hrs to 1100 hrs and 1230 hrs to 1400 hrs. Before each group, staff will give you a briefing on the children who are attending and during the sessions, you will have the opportunity to shadow the staff in the group, observe them working with the children and participate in the group and help staff with development observations and assessments. Following the group, you will have opportunity to discuss the children with the team and look at supporting information.

Maggie's Centre, Victoria Hospital

Maggie's helps people to live well with Cancer. Whether it's a person with cancer or a family member or friend, every visitor has access to cancer professionals and to our core programme encompassing practical information, psychological and emotional support and distress management. Our environments are unique and intended to promote a sense of calm and a welcome space which contrasts the clinical environment. Working in collaboration with our NHS and 3rd sector colleagues, we are available at any point in a person's cancer experience, with no referral required. This model of working may encourage or inhibit engagement with the programme and the student will have an opportunity to explore and analyse how this model of supportive care can work from a community engagement perspective.

There are 8 Maggie's centres, throughout Scotland providing support, Monday - Friday 9-5pm to anyone affected by cancer. There is no appointment required and the programme team delivering support have health professional backgrounds. The centres are geographically based at the following locations;

Aberdeen – Aberdeen Royal Infirmary
Inverness - Raigmore hospital
Dundee - Ninewells Hospital
Fife –Victoria Hospital
Forth Valley – Forth Valley Royal Hospital
Edinburgh –Western General Hospital
Glasgow – Gartnavel General Hospital
Lanarkshire – Monklands Hospital

In 2017 Maggie's in Scotland saw over 49,000 visits to their centre from people with cancer and over 30,000 visits by family friend or carers.

The programme of support follows an evidence base, where Maggie's works from a framework where each centre has the autonomy to develop their individual programmes to meet the needs of their local populations and services.

Programme Activity
Core Programme
Cancer Support sessions – via drop in Monday Friday 9am -5pm in all centres
Psychological Support provided centre Psychologist following assessment by Cancer support specialist
Benefits Advice – by appointment or drop in
Getting Started – course or workshop for people commencing treatment
Where Now - 6-week course for people completed treatment
Living with Less Stress – 6 week course developing personal strategies to cope with the stress of illness
Look Good Feel Better – usually monthly session
Mindfulness – available in some centres as a course or short mindfulness session
Relaxation - at least weekly in all centres
Yoga -exercise option in all centre, some chair based activities
Tai Chi- exercise option in all centre, some chair based activities
Support Groups
I.e. Bereavement Group, Family and Friends, Men’s groups, Young Peoples group
Networking Groups
Breakfast Group, Site specific group
Family Support
Kids days, teenage days, Family days
Exercise
Most centres have a connection with an external exercise option i.e. Move More

The centres rely entirely on charitable donations and it costs on average £500,000 to run each centre for a year, with each individual centre having a target for community fundraising for each year.

NHS Fife Addictions Teaching

Lead Tutor: Professor Bhags Sharma

Designated Lead Mentor: Angela Swift

Where to meet: Ward 11, Cameron Hospital, Leven
Whyteman's Brae Hospital (Addictions), Kirkcaldy
Lynebank Hospital (Addictions), Dunfermline

Who you will meet: One designated mentor per site will be there to guide you through the day

Typical programme for the day:

9:30am	Meet with designated mentor who will go over the day
9.30am – 12pm	Outpatient based activities supervised by your designated mentor
12.15pm	Transport back to Medical School
1pm – 2pm	Lunch
2pm	Reflective Practice Group, Tutorial Room 5, School of Medicine

Additional information



At the three designated sites for NHS Fife Addiction Services you will meet patients who have a history of polysubstance dependence with/without comorbid mental and physical health problems.

Many of the patients you will see are receiving input from other health professionals such as Physicians, Psychiatrists, Pain, Infectious Diseases, and other specialists. The patients also work with a number of voluntary organisations such as ADDACTION, DAPL, FIRST, BERNARDO amongst many other and which, with NHS Fife Addiction Service, form part of a collaborative recovery oriented system of care and support. NHS Fife Addiction Services is a consultant led service and prescribing is done by both medical and non-medical clinicians. This placement will give you the opportunity to observe multidisciplinary and multiagency working models in a therapeutic environment.

Many of the patients you will see live with chronic illness and come from a very deprived background. Risk reduction and identifying coping mechanisms are at the heart of the care plans which are usually patient oriented and biopsychosocial in its approach.

Language is powerful—especially when discussing alcohol and other drugs and the people who use them. Stigmatising language reinforces negative stereotypes. “Person-centred” language focuses on the person, not their substance use.

When working with people who use alcohol and other drugs...

 try this	 instead of this
substance use, non-prescribed use	abuse misuse problem use non-compliant use
person who uses/injects drugs	drug user/abuser
person with a dependence on...	addict junkie druggie alcoholic
person experiencing drug dependence	suffering from addiction has a drug habit
person who has stopped using drugs	clean sober drug-free
person with lived experience of drug dependence	ex-addict former addict used to be a...
person disagrees	lacks insight in denial resistant unmotivated
treatment has not been effective/chooses not to	not engaged non-compliant
person's needs are not being met	drug seeking manipulative splitting
currently using drugs	using again fallen off the wagon had a setback
no longer using drugs	stayed clean maintained recovery
positive/negative urine drug screen	dirty/clean urine
used/unused syringe	dirty/clean needle dirties
pharmacotherapy is treatment	replacing one drug for another

Adapted from Language Matters from the National Council for Behavioural Health, United States (2015) and Mātua Raki, New Zealand (2016).



Person-centred language in non government AOD services

About this resource

Person-centred language focuses on the person, not their substance use. It is a simple and effective way of showing you respect a person's agency, dignity and worth.

This resource has been developed for people working in non government alcohol and other drugs (AOD) services. It has been developed in consultation with people who use drugs.

The purpose of this resource is to provide workers with guidelines on how to use language to empower clients and reinforce a person-centred approach.

Why have we developed this resource?

Our attitudes towards AOD use and how we respond rests on the concepts and language we use.

Words like 'addict', 'clean' and 'dirty' reinforce negative stereotypes and encourage judgement, blaming and shaming.

Fear of stigma and being labelled as a 'drug user' can and does prevent people from accessing treatment and support. Use of such language also contributes to poorer treatment outcomes.

Being mindful about the words we use is not about being politically correct. Language is powerful and it is the power of language which makes it an important practice tool; a tool to empower clients and fight stigma.

What this resource is not

This resource is not an exhaustive list of 'dos' and 'don'ts'. Language is complex. What is considered 'person-centred' will depend on the individual and the context. Terms, like 'recovery' for example, might be stigmatising for some, while others may prefer such terminology. There is no one-size-fits-all approach. What is important is that we are respectful and person-centred in our approach.



To learn more, visit the International Network of People who Use Drugs website: www.inpud.net.

Better practice guidelines

When working with people who use drugs:

- Don't define a person by their substance use or diagnosis—emphasise the person first. For example, say 'person who injects drugs' instead of 'injecting drug user' or 'person living with hepatitis C' instead of 'they're infected with hep C.'
- Don't impose your language on others. Where appropriate ask the person what language they prefer and respect their wishes.
- Choose terms that are strengths-based and empowering. Avoid terms like 'non-compliant'; use terms like 'chooses not to' or 'decided against' which affirm a person's agency, choice, and preferences.
- Be mindful of the implications of your language. Avoid terms like 'clean' and 'dirty' when talking about urine drug screen results. Consider also the implications of referring to opioid pharmacotherapies as 'substitution' or 'replacement' treatment.
- Avoid expressions like 'has a drug habit' or 'suffering from addiction' which can disempower a person by trivialising or sensationalising their AOD use.
- Use language that is accessible. Don't speak above a person's level of understanding or assume that a person is not capable of understanding. Avoid slang and medical jargon which can be misinterpreted or cause confusion when used incorrectly.
- Don't make assumptions about a person's identity—be inclusive. For example, ask about a person's preferred gender pronouns or, if you are unsure, use gender neutral terms like 'their', 'they' or 'them'. Better still, avoid unnecessary references to gender altogether by using the person's name.
- Be aware of the context of the language being used. Some terms are ok when used by members of a specific community as a means of claiming identity; the same terms can be stigmatising when used by people outside that community.
- The community of people who use drugs, like all communities, can suffer from lateral discrimination. Be careful not to take on the biases of others. Your language should respect a diversity of experience and empower the person who is looking to you for help.
- Remember, we don't just use words to communicate. Use non-verbal cues, like eye contact, tone of voice and body language to demonstrate you respect the dignity and worth of all people.

References

International Network of People who Use Drugs (2011). Statement and Position paper on Language, Identity, Inclusivity and Discrimination.
International Network of People who Use Drugs (2015). Drug User Peace Initiative: Stigmatising People Who Use Drugs.
Matus Raki (2016). Language Matters.
Mental Health Coordinating Council (2015). Language of Mental Health Recovery.

Start Clinic – Start Physiotherapy

START Clinic opened in 2011 and treats clients on a private basis. Bernie uses evidence based practice and skills to treat a wide range of injuries and conditions. These include motor vehicle accidents, joint replacement surgery, knee reconstruction, back and neck pain.

Lead Tutor: Bernie Li

Aims: The aims of your clinical placement with START Clinic is to introduce you to physiotherapy and to get some insight into the skills and knowledge required for the assessment, treatment and management of injuries at various stages.

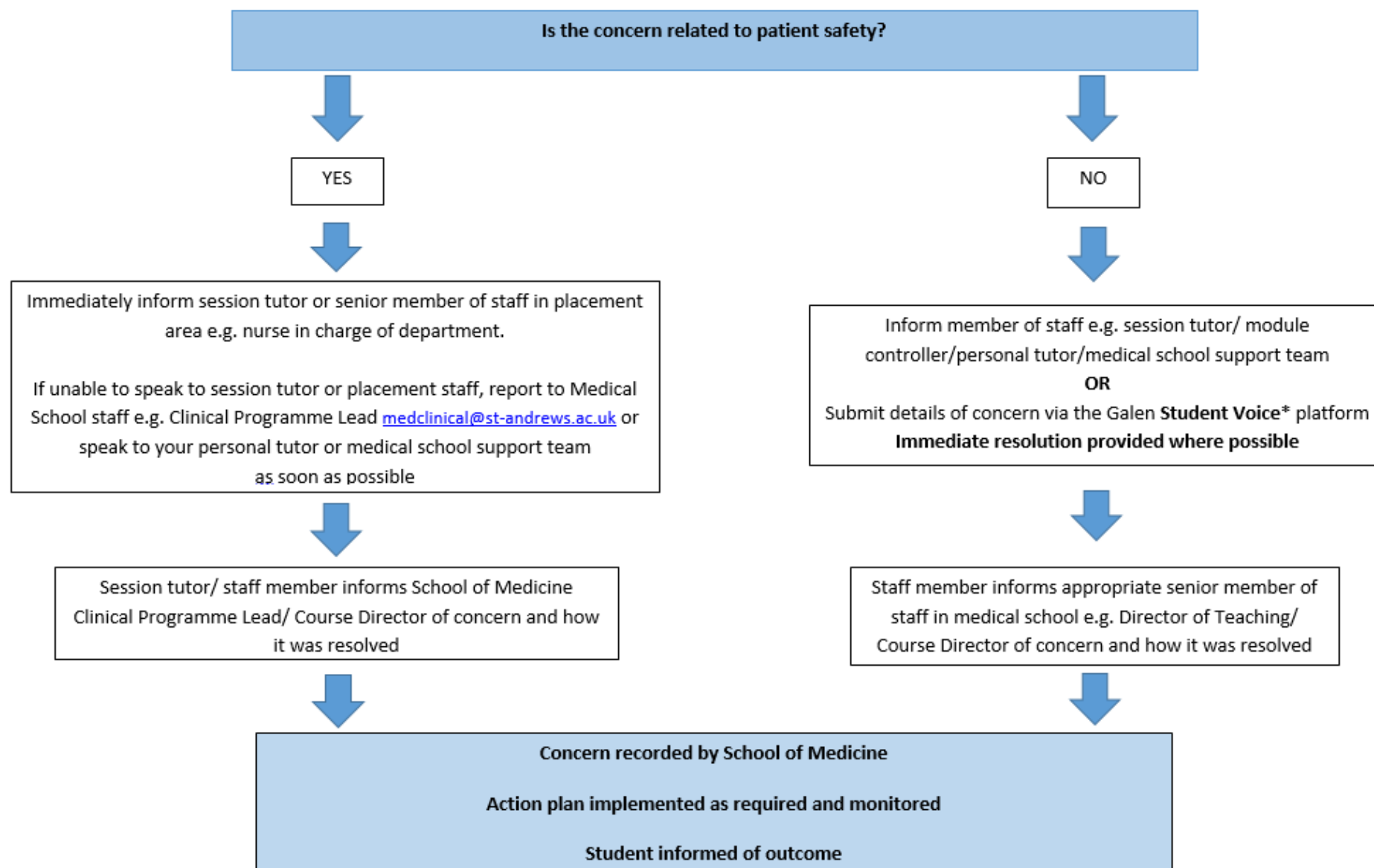
You will be expected and encouraged to ask questions and actively participate in the session rather than just observing. This may involve performing some hands on examination of the client and performing exercises that are being prescribed to the clients so please dress appropriately.

During the assessment stage there will be time to discuss clinical reasoning which should guide the direction of further questioning and probable treatment. Bernie will also go over the basic anatomy of the areas being treated and show tests which can help with differential diagnosis.

Contact: bernie@startclinic.co.uk

Appendix 1

School of Medicine, University of St Andrews
Raising a Concern in the Placement or Medical School Setting
Guidance for Students



Home Page

[View Announcement Archive](#)

Welcome to MD2001

Posted on Friday, 31 August 2018

by Dr Alun Hughes, ah200@st-andrews.ac.uk
to MD2001

Dear new student,

Welcome to your first module at medical school. The fact that you are receiving this e-mail means that you can view Galen, our curriculum management system. Your user name and password that was issued by the University will allow you to look at the curriculum and get an idea of your working week

[\[more\]](#)

Schedule for Today

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Things to Sign Up for

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SCHOOL LINKS

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[Learn Pro](#)
[Learning Resources Library](#)
[MRC/CS Room Availability](#)
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[School of Medicine Website](#)

STUDENT INFORMATION



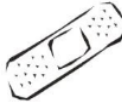

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[Training in Good Academic Practice - \(Moodle\)](#)
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University of St Andrews - School of Medicine Handbook

WHAT TO DO IF YOU HAVE A SHARPS/NEEDLESTICK INJURY

	BLEED IT	- Encourage the area to bleed
	WASH/IRRIGATE IT	- with liquid non-antimicrobial soap and warm running water
	COVER IT	- with a waterproof dressing
	REPORT IT	- to the technician, or another member of staff. Ensure that the item that caused the injury is disposed of safely.

For further advice contact the St Andrews community hospital on 01334 465683

Version 21/03/2019 / dcm10

2

infrastructure_safety_sharps policy

Additionally:

If the injury occurs out of hours attend the Minor Injury Department for advice.

If out-with NHS Fife, ensure to follow the local arrangements in the placement health board and familiarise yourself with these in advance/on arrival.

Afterwards, **also** report it to the School (medclinical) ASAP, to ensure the appropriate occupational health longer term follow-up is arranged