

UNIT SPECIFICATION

FOR TAUGHT MB ChB UNITS



Name of Unit		MB ChB Phase 1 Clinical Problem Solving 2 Unit					
Parent School/Dept		Medical School					
Programmes where Unit is offered		MB ChB					
Status (compulsory, optional, free choice)		Compulsory		Pre-Requisite Modules or Qualifications		n/a	
FHEQ Level	7	Unit Value	Component of integrated programme	Unit Code (where applicable)		Unit Lead	Dr Stuart Mathews
Terms Taught		Term 6		Applicable From		2015	

Educational Aims of the Unit

The unit aims to enable students to make progress towards meeting some of the learning outcomes described in Tomorrow's Doctors (2009) relevant to 'The Doctor as a Scholar and Scientist', 'The Doctor as a Practitioner' and 'The Doctor as a Professional'. The aim of this unit is to enable you to develop skills in integrating your knowledge and understanding, and applying that integrated understanding to problems presented by your patients. You will be prepared for full time clinical study in Phase 2 through a set of case studies relating to common clinical conditions.

Learning Outcomes From Tomorrow's Doctors (2009)

Outcomes 1: The Doctor as a Scholar and Scientist.

- 8 Apply to medical practice biomedical scientific principles, method and knowledge relating to: anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology.
- c Justify the selection of appropriate investigations for common clinical cases.

Outcome 2 'The Doctor as a practitioner'.

- 13 Carry out a consultation with a patient. Specifically:
- a Take and record a patient's medical history including family and social history.
- 14 Diagnose and manage clinical presentations.
- 15 Communicate effectively with patients and colleagues in a medical context.
- a Communicate clearly, sensitively and effectively with patients, their relatives or other carers, and colleagues from the medical and other professions, by listening, sharing and responding.
- b Communicate clearly, sensitively and effectively with individuals and groups regardless of their age, social, cultural or ethnic backgrounds or their disabilities, including when English is not the patient's first language.
- c Communicate by spoken, written and electronic methods (including medical records), and be aware of other methods of communication used by patients. The graduate should appreciate the significance of non-verbal communication in the medical consultation.
- d Communicate appropriately in difficult circumstances, such as when breaking bad news, and when discussing sensitive issues, such as alcohol consumption, smoking or obesity.
- 16 Provide immediate care in medical emergencies.
- a Assess and recognise the severity of a clinical presentation and a need for immediate emergency care.
- b Diagnose and manage acute medical emergencies

Outcomes 3: The Doctor as a Professional

20 The graduate will be able to behave according to ethical and legal principles. The graduate will be able to:

a Know about and keep to the GMC's ethical guidance and standards including Good medical practice, the 'Duties of a doctor registered with the GMC' and supplementary ethical guidance which describe what is expected of all doctors registered with the GMC.

b Demonstrate awareness of the clinical responsibilities and role of the doctor, making the care of the patient the first concern. Recognise the principles of patient-centred care, including self-care, and deal with patients' healthcare needs in consultation with them and, where appropriate, their relatives or carers.

Teaching and Learning Strategies

Sessions will begin with a brief introduction to a specific clinical scenario. Information will not be provided in advance in order to emulate what happens in clinical practice. Students will then work in groups, where they will receive more clinical information about the patient, and then they will be asked questions about that patient's care. Groups may be asked what further information they require, the differential diagnosis of the patient's presentation, or what the management plan would be for that patient.

Scenarios with answers to relevant questions will be released on Moodle the following week. Students will be encouraged to read and reflect on the scenarios during self-directed learning time.

Unit Outline

The structure of the unit is designed to encourage you to work with your group to develop an ongoing clinical management plan for a patient, and new cases will be presented on a week by week basis. This information will be recorded on a chart, and this will be discussed with the other groups in your room. You are not expected to know all the answers at the time, but the focus is on finding that information and applying it in the best interests of patient care. The discussion may involve the facilitators, who are experienced doctors. This in turn replicates clinical practice in which discussion with colleagues and senior doctors is part of appropriate clinical management.

Session 1: *Chest pain, acute coronary syndrome and diabetes*

Session 2: *Managing COPD*

Session 3: *Basic life support (delivered at MK University Hospital)*

Session 4: *Smoking addiction and alcoholism*

Session 5: *Haemorrhage*

Session 6: *Atrial fibrillation and stroke.*

There will also be a formative assessment in week 6 based on short answer questions.

Student Engagement Hours (Exclusive of Scheduled Revision and Exam Time)

<i>Type</i> (Lectures, Tutorials, Seminars, Guided/Independent Learning Time, Other)	<i>Number per term</i> (e.g. 10)	<i>Duration of each</i> (e.g two hours)	<i>Total Time</i>
Lectures			
Demonstration/ Practical Class			
Group Work	6	4	24
Tutorials			
Guided self-directed Learning	6	4	24
<i>Total Guided/Independent Learning Hours</i>			
<i>Total Contact Hours:</i>			
Total Engagement Hours			48

Assessment Method Summary*

Type (Examination, Test, Coursework, Presentation, Practical, Other)	TD's Outcomes	Duration (e.g. 1 hour, 4,000 words)	Timing
Written examinations (a combination of single best answer, constructed response or extending matching questions)	Doctor as Scholar/ Scientist	2x 2 hour papers	End of term 6
Objective Structured Clinical Examinations	Doctor as a Scholar/ Scientist	12 stations at the end of term 6	End of term 6
E-portfolio [†]	Doctor as a Professional		Formative during Phase I, summative at end of Phase II

**All learning outcomes described will be tested to a sufficient standard in Phase I to satisfy the requirements of an exit degree.*

Secondary Learning Outcomes

In addition to meeting the outcomes described in Tomorrow's Doctors, at the completion of the unit students will be able to:

integrate and apply learning from basic science unit to clinical scenarios, through group engagement. You understand what information is required to be able to make clinical decisions and you are able to analyse and synthesise this information, apply it to the clinical presentations and investigations and, therefore, manage the disease.

develop a differential diagnosis and creating an ongoing management plan.

Key Texts and/or Other Learning Materials

Sessions replicate real clinical practice in that students will not receive information about the patient they will be dealing with in advance. The resources will be provided on the day by the facilitators. Students might find other recommended texts useful.

Please note: This specification provides a concise summary of the main features of the unit and the learning outcomes that a

typical student might reasonably be expected to achieve and demonstrate if he/she takes full advantage of the learning opportunities that are provided. More detailed information on the learning outcomes, content and teaching, learning and assessment methods can be found in the support documents via Moodle. The accuracy of the information contained in this document is subject to ongoing review by the University of Buckingham and forms part of the Medical School's annual return to the General Medical Council.

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