



**Swansea University**  
**Prifysgol Abertawe**



## **GRADUATE ENTRY MEDICINE | CLINICAL PLACEMENT NEWSLETTER**

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### **WELCOME TO THE CLINICAL PLACEMENT NEWSLETTER**

Welcome to the third issue of the Swansea GEM Clinical Placement Newsletter.

Here you'll find information and updates about CBL and clinical placements from both placement providers and the medical school.

We appreciate your feedback! Please scan the QR code below to complete a short questionnaire:



# Top Tips for Clinical Placement : A Student & Teaching Fellow's take

In this edition, we share some tips from current medical students and Dr Abdi Ali (Obstetrics and Gynaecology Teaching Registrar).



- ▶ **Utilise teaching fellows/registrars** - Teaching fellows are becoming an increasingly popular learning resource in the clinical environment. Their role is to provide teaching to medical students in the form of tutorials, bedside teaching, simulation and more. At the beginning of each placement, make sure you are aware of who the teaching fellows are in your speciality so that they can help you meet your educational needs



- ▶ **During exam season** – One of the best ways to prepare for exams is to learn through clinical encounters. Taking histories, examinations, and reading up about your clinical findings, investigations, and management will help consolidate your learning for practical and written exams. At the beginning of each placement, create a personal development plan of what you wish to learn and regularly reflect on this throughout your placement



- ▶ **Seeking feedback** – Remember to seek feedback on your history taking, examination technique, and presentation skills - you don't have to wait for formal assessments such as ROCS and mini-CEX's to receive feedback on your skills or performance. Most teams will be happy to do this providing their clinical workload and demand is not too heavy.



- ▶ **Stay updated** – Keep a close eye on emails or WhatsApp groups when available in order to be aware of any last minute changes. Always check with the undergraduate teams at your hospital if you have any issues - there is no such thing as a 'silly question', and if staff do not know the answer, they will do their utmost to find it out

# News

In this section, updates from the clinical placement team and outcomes from their meetings can be found:

## **Additional Placements**

Since the last edition of the student clinical placement newsletter, we have been busy identifying additional clinical placement opportunities for the increasing number of students entering the medical school, and we are pleased to say that some clinical teams have been engaged and enthusiastic to provide more students with high quality experiences in their departments. We are particularly pleased that some of the larger specialties that have not traditionally taken many students on placement are now doing so. In particular there will be considerable expansion in placements numbers in Trauma/Orthopaedics and Anaesthesia in the coming years.

## **Phlebotomy Placements**

A new phlebotomy placement has been set up as part of a rotational placement for year 2. This is mutually beneficial to students and pathology services as it will give students a taster of the service, following which students can, if they wish, and in their own time, have some additional training so that they can undertake paid work as phlebotomists for the service.

## **Nursing Week**

The new "Nursing Week" placements will be going ahead as planned in the year 1 CA1 placement

## **Acute Medical Services Redesign (AMSR)**

The phased reconfiguration of acute medical services at Swansea Bay ("Acute Medical Services Redesign - AMSR") is now virtually complete. It has brought challenges in terms of uncertainty about student placements between Singleton and Morriston. This has been mitigated with our involvement in the AMSR Education Group meetings, and engagement with medical rota leads in which we have been able to remind clinical colleagues not to exclude undergraduate placement provision from plans, and to include medical students in changes to working environments.

## Feedback

We are grateful for all those students who have provided constructive feedback from their placements and in particular we are appreciative of all the positive comments which we have been able to relay to clinical teams. Clinicians always appreciate the positive messages and will encourage them especially when they are under a lot of pressure!

Student placement feedback continues to be scrutinised and concerns and compliments acted upon. Changes to GEM Portal will allow a more streamlined placement feedback process with new sections for entering actions taken by the feedback team, base units and quality management.

## Curriculum map

Early discussions on restructuring the curriculum map have begun, with a view to simplifying and rationalising clinical placements. It is likely that the rotational placements (now through Microbiology, Infectious Disease, Histopathology, Radiology and Phlebotomy) will take place across 3 placements in year 2 rather than 2.

## CA2 and CA3

A new introductory lecture was given to 2<sup>nd</sup> year students ahead of CA2 and CA3 placements which should help students make best use of their time in clinical areas.

## The GEM Handbook

The GEM Student Handbook has also been revised and updated, with many sections clarified in response to student feedback. Unfortunately there was a delay in publication due to factors beyond our control.

## Singleton Education Centre

There is a plan for new air conditioning to be installed into the Singleton Education Centre from the beginning of February. This will be a welcome development as these rooms get very hot in the summer, however the work may cause disruption and increased noise levels. Each room will take around 3-4 days for installation, so the undergraduate team will try to keep students updated if rooms are out of action (reception, common room, clinical skills). The first room being fitted will be main downstairs office.

## Finally...

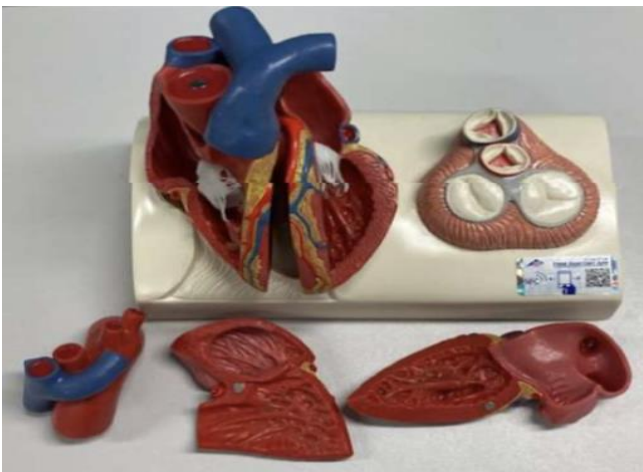
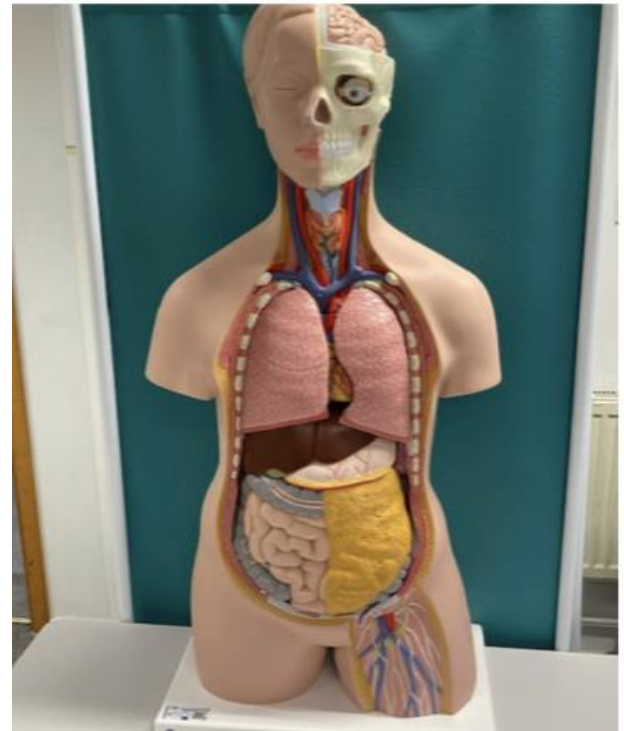
A big thank you to all the students from the placement team, undergraduate teams and clinicians for the understanding shown in the last few months of disruption caused by reconfiguration of services in Swansea Bay Health Board, especially your patience with last minute changes to timetables, wards and sites.



# Glangwili General Hospital Medical Education and Placement Team

"Hello Swansea Medical Students, we are the Medical Education Team in Glangwili. From left to right: Mr Sim Man (Dummy), Hana Morris (Undergraduate Coordinator), Grace Aldrich (Medical Education Manager), Jill Williamson (Clinical Skills Facilitator), Charlotte Major (Medical Education Manager), Dr Oliver Allon (Clinical Teaching Fellow - Surgery), Keith Harries (Foundation Programme Coordinator), Dr Robert Powell (Clinical Skills Tutor). Mr Antony Howarth (Honorary Senior Lecturer), Dr David Morgan (Clinical Teaching Fellow - Medicine) & Lucy Reid (GPST Programme Coordinator) not pictured. We are all here to support you throughout your placement at Glangwili."





"Having you in Glangwili is a joy - we love seeing you all thrive throughout your placement and gain confidence in all aspects. Our Clinical Skills Lab is a great opportunity to practice your skills and take part in Simulation sessions where you can practice patient care through real life scenarios using Sim Man. The Simulation Sessions are run by Jill and Dr Rob who are both Clinical Skills crazy! Dr Dave and Dr Ollie also hold a variety of teaching sessions such as, bleep simulation where they run through some On call and 'Emergency scenarios and help you gain confidence when answering bleeps. Our Foundation Doctors in Glangwili hold weekly teaching sessions for all Medical Students, which brings networking opportunities and a chance to build new friendships"

# Medical Student Placements in Pathology Departments: The Swansea University experience

With the amount of teaching time dedicated to pathology on medical undergraduate courses declining, it is vital that students have the opportunity to gain practical experience. In this article, we hear more about a new clinical apprenticeship that Swansea University have introduced for second-year students.



## Professor Angharad Davies

The traditional demarcation of medical school teaching into 'pre-clinical' and 'clinical' years has long been superseded in most UK medical schools and replaced by integrated courses. There has been a move to theory and clinical practice being taught in parallel, often through the use of case-based learning or problem-based learning. Many consider this to have been detrimental to the teaching of the pathology disciplines and pathology – 'the science behind the cure' – has become neglected in many medical school curricula.

The Analysis of Teaching of Medical Schools (AToMS) survey, published in 2020,<sup>1</sup> was a comprehensive timetable-based analysis of teaching content in 25 UK medical schools running five-year undergraduate medical courses. The study found that pathology, histopathology, immunology, haematology, clinical biochemistry and microbiology all combined took up, on average, just 4.3% of teaching time (with a range of 54 to 434 hours in total over the five years). Surgery was allocated over twice as long, on average 10.1% of all teaching time. This matters because without knowledge of the pathological basis of disease, doctors cannot have a sound understanding of the conditions they treat or the diagnostic investigations and therapeutics they are using. At the very least, doctors must be able to interpret the results of tests they have ordered. Moreover, students need to be exposed to the pathology disciplines if they are to see them as potential future careers. How many would apply to train in a specialty they have barely heard of, let alone experienced? So, medical school exposure is essential to support safe clinical practice amongst future doctors and is important for the future development of pathology.

Swansea's graduate entry-only medical school course runs over four years and, accordingly, teaching time is even further constrained. However, we have been working to find ways to increase our students' exposure to pathology. As a result, a new three-week clinical apprenticeship was introduced this year that includes time in the microbiology, infectious diseases and cellular pathology departments, as well as phlebotomy and radiology. This is now compulsory for all second-year medical students.

The challenge of accommodating this number of students in a laboratory setting requires creative approaches and it entails a substantial time commitment from departmental staff, both medical and scientific, over the ten weeks students are in the departments. However, our evaluations have shown that the students greatly valued the placements. Below, the clinical apprenticeship leads, Dr Alison Finall and Dr Edward Bevan, describe their approaches and some of the student feedback received.

**Professor Angharad Davies, Vice President For Learning.**



# Cellular Pathology Clinical Apprenticeship

Clinical apprenticeship placements are an ideal opportunity to give medical students a realistic insight into what is involved in formulating a diagnosis based on tissue examination and a combined understanding of clinical information, macroscopic, microscopic and genomic features.

Students may not be aware of the role pathologists play in patient care because of our lack of visibility on the wards.

I hope that the clinical apprenticeships in pathology also help to give medical students not only an understanding of the mechanisms of disease, but also, and arguably more importantly, an appreciation of diagnostic pathology as an interpretive specialty with greater alignment to radiology than quantitative laboratory medicine practice.

Our students have the opportunity to take a request form and set of macroscopic and microscopic photographs and formulate their own diagnostic histopathology report. The attachment design is for students to discover this diagnostic approach through experience for enhanced retention and understanding.<sup>2</sup> At the start, the students go through a worked example and the facilitator links content to prior learning. Most of our facilitation is focused on making sense of the images. This is perceived to be the most difficult part of the attachment according to student feedback.

Preliminary feedback from students suggest that they lack histological experience and an understanding of pathological terms to feel confident in working through case studies independently. Close facilitation is provided by myself and Professor Dojcinov, both experienced consultant histopathologists.

'Scaffolding' the student experience in this way is both appreciated by students and also underpinned by educational theory. There may be an argument for augmenting existing curricular requirements in histology and cellular pathology during year 1 of the four-year graduate entry medical course to help students prepare for the clinical attachment in year 2. Feedback from the students regarding the experience of autopsy pathology has been overwhelmingly positive. In these sessions, our autopsy pathologists, Dr Williams and Dr Brotto, address an educational need for understanding how to complete death certificates and support bereaved families.

**Dr Alison Finall**  
**Consultant Histopathologist, Swansea Bay University Health Board**  
**Honorary Associate Professor, Swansea University Medical School**





# Medical Microbiology and Infectious Disease Clinical Apprenticeship

The aim of the placement was to introduce students to the clinical microbiology and infectious disease service and impart the key principles of managing infection. The number of students accommodated was around 11 per week, which meant a robust, structured teaching plan was needed. Each set of 11 students was split into two groups, spending an equal amount of time in the clinical microbiology lab and with the infectious diseases team on the wards, with additional teaching sessions held for both groups together.

Students undertook a biomedical scientist-led Gram stain interpretation session and followed a blood culture from set-up to the consultant-led bench round where culture results are interpreted within the clinical context. Students also attended infectious disease ward rounds, intensive care unit ward rounds, and specialist multidisciplinary team (MDT) meetings with cardiology, trauma and orthopaedics, and plastics. Teaching themes included how to choose an antibiotic, antimicrobial resistance mechanisms, infection prevention and control, antimicrobial stewardship, HIV and clinical case-based discussions after reviewing patients.

The challenge of managing a teaching programme during the pandemic was ever-present – with contingency plans always at the ready in case of staff or student absence and to allow safe working in a limited laboratory space.

**Dr Edward Bevan**

**Consultant Medical Microbiologist, Public Health Wales Microbiology Swansea  
Honorary Senior Lecturer, Swansea University Medical School**





## Medical Student Placements in Pathology: Student Feedback

*"I learnt SO much about what you and your amazing team do by tending to the bodies, as I watched how meticulously you work through each person's anatomy from top to toe. I particularly enjoyed the applied physiology and pathophysiology while observing organs and how to link the thought process of what is apparent in front of you to what the pathology could be in a systematic approach. This is absolutely fascinating, and I could see how you all love your jobs"*

*"Having observed this set of post mortems, I feel myself become inspired by medicine again after experiencing this new perspective."*

*"[I gained] a good understanding [of] Gram staining and identifying the likely causative bacteria of a pathology and as a result which antibiotic would be best. I thought it was also really good that we got to take histories from patients that are under microbiology, allowing us to apply what we had learnt to specific cases which really helped me ground my understanding"*

*"Getting to know the process behind the microbiology tests really helped me to consolidate my knowledge. The teaching on prescribing antibiotics was invaluable and helped me make sense of something that up until this point I have found very difficult to understand. The general exposure to ID/micro-patient cases was brilliant for consolidating the learning from the teaching"*

## Welcome to our new Programme Director, Dr Kenny McKeegan!

Hello my name is Kenny McKeegan and I started my new role as the programme director of GEM in Swansea in early October. The Swansea GEM programme has a reputation as one of the very best medical degrees in the UK and that is because of the work of an exceptional and committed team of colleagues and students. I feel privileged to have become part of that team. Recognising that there have been a number of recent challenges, I look forward to working with everyone to enhance and grow the reputation of our course over the next few years. Before Swansea, I had several leadership roles in medical education, most recently as the programme director for medicine at Newcastle University (nearly 1800 students!). I was also the medicine admissions lead and Dean of academic affairs at the Newcastle Malaysian campus.

Away from work, just before Christmas my family made the move from Newcastle to Swansea. We have had a fantastic welcome here and we are looking forward to the weather improving and exploring a part of the world that we do not know that well. My main interests, when I get time, are running, playing football (badly) and travelling. Although in reality I now spend most of my free time driving my children to sports fixtures around the Greater Swansea area!

### **BW Kenny**



# Using Cymraeg on Placement:

Dr Lauren Blake, Director of Welsh Language Education and Rural and Remote Health in Medical Education, offers some insights into using the Welsh Language in the clinical environment:

## Useful Welsh phrases:

**Fy enw I yw.....**

**Wyt ti eisiau paned?**

**Dw i'n dysgu Cymraeg**

**Sa i'n deall**

**Dw i'n mynd i....**

**Sa i'n gallu dod**

**Sut ydych chi'n dweud ..... yn Gymraeg?**

My name is.....

Would you like a cuppa?

I'm learning Welsh

I don't understand

I'm going to....

I can't come

How do you say ..... in Welsh?

***Here is an interesting patient story from Dr Sharon Hartwell, who is a GP in Hywel Dda and Senior Clinical Tutor (Primary Care) at Swansea Medical School:***

Within my clinical role in Hywel Dda UHB, I often see patients whose first language is Welsh. My spoken Welsh is very limited, so I speak to patients in English.

I recently saw an 80 year old man with dementia, and his son. When I tried to engage with the patient, he didn't acknowledge me or speak to me, therefore I talked to the patient's son. The patient also had Parkinson's disease and needed to take his medication, so I got some water and tried to encourage him to take it. Again, he didn't acknowledge me and didn't attempt to take his medication.

Due to his medical conditions, the patient needed to be admitted, so I discussed him with the nurse looking after him and told her about his medication. She went to speak to the patient and his son to complete her paperwork. As the patient needed blood tests, I collected the equipment I needed and returned to the room. When I entered, the patient was smiling, talking to the nurse and had taken his medication. The reason for that change was that the nurse spoke to him in Welsh. She was able to clarify aspects of his history and gain consent for me to examine him and take bloods. He was a different man to the man I had seen, simply from their conversation being in Welsh.



# Contacts:

Below are the names of your clinical placement student representatives. Please do not hesitate to contact us with any questions or queries.



## Year 1:

**Katie Arnold**

## Year 2

**Kieron Smith**

**Megan Johnston**

## Year 3:

**Tamsin Nicholson**

**Ruchika Nongrum**

## Year 4:

**Alison Fry**

**Harry Davies**

**Remember to complete the feedback form by scanning the QR code below:**



**If you would like to get involved with the production of future editions of the clinical placement newsletter, please email:**

**[973228@swansea.ac.uk](mailto:973228@swansea.ac.uk)**

## References

1. Devine OP, Harborne AC, Horsfall HL, Joseph T, Marshall-Andon T, Samuels R *et al*. The Analysis of Teaching of Medical Schools (AToMS) survey: an analysis of 47,258 timetabled teaching events in 25 UK medical schools relating to timing, duration, teaching formats, teaching content, and problem-based learning. *BMC Med* 2020;18:126.
2. Bruner JS. *The process of education*. New York, USA: Vintage Books, 1963