



## Graduate Entry Medicine | Clinical Placement Newsletter

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# Welcome to the Clinical Placement Newsletter

Welcome to the second 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 Speciality Attachments: A Students Take

This will be a place where experienced (i.e. grizzled and exhausted) 3rd and 4th years will pass down their wisdom on how to get the most out of clinical placements.

As speciality attachments are now underway for the current year 3 students, the jump from Clinical Apprenticeships can seem quite daunting.

Below we have compiled a list of tips from year 4 students to help you get the most out of your attachments.



- ▶ **Get to grips with the attachment requirements** - Each speciality attachment is unique, and each have different learning objectives to achieve. At the beginning of the attachment, read over the learning objectives and welcome packs so you are familiar with the attachment requirements. Also be aware of the mini-CEX requirements in the undergraduate handbook.



- ▶ **Plan and organise your sign offs** – At the beginning of the attachment, figure out the best weeks to sign off certain learning objectives. For example, if you require a neurology clerkship to be signed off whilst on Morriston Medicine, this would be most easily achieved during your neurology week – this may also give you a richer learning experience and better feedback from doctors working in that particular speciality.



- ▶ **Keep on top of written clerkings** – Some speciality attachments require a minimum of 10 written clerkings to be signed-off. This can feel like quite a lot to achieve, so ensuring that you keep on top of these **throughout** the placement is **key** to reducing stress at the end of the placement. Some students find it helpful to set a goal of completing 2 written clerkings per week, ensuring the full 10 are completed over the course of 5 weeks.



- ▶ **Make the most of timetabled sessions** – Speciality attachments offer the opportunity to gain experience in a wide variety of medical and surgical specialities; some of which you may never get an opportunity to experience again, so make the most of the rotation by attending theatres, clinics, acute settings and ward settings to get a feel for the variety of work that is done in each speciality

# News

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

## Pharmacy News:

### New Student Drug Chart

The antimicrobial sections of the student drug chart (page 1 & 2) are now in the format of the 'ARK' chart – this requires a review and re-write of antibiotic prescriptions before day 4:

The final dose will be given on day 4 unless it is re-written, this prompts review of the patient and consideration whether antimicrobial treatment is still required, whether an alternative agent should be used, or a different route. This process of a HARD STOP in antibiotic prescriptions is also in place on electronic prescriptions, helping to prevent un-necessary use of antimicrobials.

The probable / possible box helps this review by making it clear if an infection is the most likely diagnosis when the prescription is written ('probable') or one of several 'possible' diagnoses.

Blank charts can be collected from Clinical Schools on hospital sites or downloaded from Canvas (Dr as Practitioner course)

## HEPMA and Electronic Prescribing

The electronic prescribing and administration system is currently being rolled out to medical wards in Singleton, Morriston and Neath Port Talbot Hospitals. You have all been issued with read-only access to the system so please check your email from last year / use the password reminder facility to find your access details. More info can be found on Canvas.

## Discover Pathology Series:

Dr Allison Finall, Consultant Cellular and Molecular Pathologist, Swansea Bay University Health Board, has put together an evening virtual webinar series to supplement medical student experience of pathology across the UK. Entry is free and all students are welcome to attend. The link is below:

<https://www.rcpath.org/event/discover-pathology-events-undergraduate-pathology-educational-lecture-series.html>

## Other News:

Welcome Dr Kenneth McKeegan, who is taking over from Paul Jones as GEM Programme Director.

Congratulations to Professor Kamila Hawthorne, who is stepping down from Head of GEM to take up a 3-year role as UK Chair of the Royal College of GPs.

# Hospital Specific Updates: Ysbyty Gwynedd



## Hello from Ysbyty Gwynedd Undergraduate Team

“Hi Swansea Students, we are the Bangor undergraduate team. From left to right: Dr Suman Mitra (Associate Dean for HEIW), Dr Chris Subbe (Undergraduate Lead), Roxana Daniels (undergraduate co-ordinator), Libby deMarco (formerly undergraduate co-ordinator – recently appointed postgraduate manager at YG – congratulations Libby!), Dr Aparna Gumma (CDME for Ysbyty Gwynedd) and Leon Hughes (Clinical Skills and Sim Technician). Kim Thomas (undergraduate manager) and Eimir Mowll (Clinical Skills and Sim Tutor) not pictured. Together we are here to support you throughout your placement with us.”





"We love having Swansea students with us in Bangor and this sentiment is echoed throughout the hospital. Daily sign-in visits, where we get to know you individually, is an absolute highlight for us. We have been known to use this opportunity to offer you a range of snacks for a simple forfeit – we aim to provide a fun and happy office, a place where you are always welcome to come for a friendly chat or raise any concerns. Ultimately, we want you to know we are here for you.

Not only do we aim to provide you with you a fantastic clinical placement full of learning opportunities, we also do our best to give you a 'North Wales' experience. We believe that the sooner you feel at home with us the more you will get out of your placement. Libby and Roxana together can provide you with a huge itinerary of outside activities (basically all of Libby's hobbies). And the foodie of the office can name all of the most incredible places to eat (basically all of Roxana's hobbies).

On placement with us we will happily be your tour guides! We have recently started to ensure we arrange at least one 'out of work activity' to enjoy with you as a group enabling us to get to know you better. By the end of the placement, we hope you leave Bangor having had the best clinical experience we can offer, that you remember our hospitality and the beautiful surroundings. In the end, we hope we can entice you to come back and work with us as qualified doctors.

We look forward to meeting more of you soon! All the best!" - **Bangor Undergraduate Team!**



# Points raised at the recent clinical placements meeting:



## Student Feedback:

Compulsory mid-placement catch-up sessions with undergrad team were trialled with year 2 – this was not met with positive feedback.

The management team stressed the importance of raising issues and providing feedback to undergraduate teams and GP surgeries during placement so that there is opportunity to improve and correct any issues. Undergraduate management team info can be found in induction emails/packs. Their offices are located in the education centres at each hospital if you wish to discuss something face to face.

If students don't feel comfortable raising issues with staff, feedback can be fed via your year reps. There are only two placement committee meetings per year; the next one will be in February 2023 – please raise any issues with reps before this.

## LOC and CBL:

There will hopefully be LOCS available in Hywel Dda from September – staff are currently being trained for these.

Reminder that LOCS must be formally booked and recorded – if you attend a clinic without booking it on the LOCS system, it won't count towards your total. (Reminder to Year 2 students that both placement blocks next year are after Christmas, so it may be an idea to do a few before then).



## **Leave of Absence:**

It is understood that some issues like sickness arise quickly and unexpectedly, but any planned absences should be submitted as early as possible.

Requests should include reason for absence, how much time will be missed, what activities will be missed and how you plan to remediate missed learning (undergraduate managers can help with this) – the handbook has been updated with more guidance.

A leave of absence should be requested for any time lost over half a day – including to attend university teaching / events.

The form will now be electronic and submitted via GEM portal.

Absence and remediation requirements may vary depending on speciality (e.g. missing one day out of five weeks of GI surgery is different to missing one day out of a 2.5 day physio attachment).

Whilst students should give reasons for absence, they do not need to share sensitive or confidential information (e.g. if you have a hospital appointment, that is enough information – you don't have to share what the appointment is for).

## **Reminder to Students:**

It is university policy not to remind students of deadlines, so students must keep on top of these themselves.

Placements are a learning opportunity and students should engage and attend as much as possible as often experiences will not be repeated.

## **Process of Placement Allocation:**

Hospital administrators provide their capacity for the next academic year in January and February. Allocations then start in May, in the following order: Year 3, Year 4, Year 2, before Year 1 is allocated in January.

The placement co-ordinator looks at a range of circumstances when, including individual circumstances, whether the student has a car, their preferences, Welsh language opportunities, RHIME students, CBL preferences, and student households.

Individual circumstances can be submitted at any time. Even if you don't meet the criteria, the medical school will still work with you as much as they can to accommodate you. If it is a long term issue, a plan to support you for the whole of the course will be drafted. However, you must reapply every year, even if your circumstances haven't changed.

## **Feedback:**

Based on feedback, clerking and presenting skills will be focussed on in ICM.

Most hospitals do not give induction tours due to large numbers of students and the disruption this causes to patients, however SBUHB are in the process of creating virtual induction tours, which will be ready for our next placements.

In future, students attending MDTs should hopefully have a dedicated staff member to help explain what's going on – staff have been reminded that students don't always have the knowledge base to grasp issues being discussed.

There have been discussions around quality improvement modules and the possibility of doing a quality improvement project instead of a DPP – Heidi Phillips taking the lead on this.

The undergraduate management team are set to receive training in supporting student mental health and other issues whilst on placement.



# Secondary Care Placement Team Update:

## Acute Medical Services Reconfiguration

Acute Medical Services Reconfiguration (AMSR) in Swansea Bay Health Board – The Health Board is undergoing major reorganisation of clinical services to improve patient care and reduce the backlog of elective care affected by COVID. This is likely to start next month i.e. December 2022. This will mean majority of acute/emergency medical care will relocate to Morriston Hospital, some elective/recovery/maternity and cancer care will be at Singleton, while Neath Port Talbot Hospital will primarily become an elective centre. These changes are still being finalised but will happen quickly once agreed within the Health Board.

Unfortunately, this will mean unavoidable last minute changes to clinical placement locations within Swansea Bay UHB, likelihood of greater number of students in some clinical areas, and the possibility of increased travel between sites. We can assure you that the Clinical Placement Team is in constant discussion with the Health Board to minimise any disruption. However, patient pathways take priority and staff and students will have to adjust to some of these changes. We expect to reset placement planning as more information emerges. We wanted to be upfront and transparent with students about some of these challenges that is inevitable with largescale healthcare transformations. More information will be provided to relevant year groups placed in Swansea Bay, once we have more definitive plans for AMSR.

## 3rd Year Specialty Attachment News:

In response to student and clinician feedback, additional clinical time has been added to the “Sub-Specialities of Medicine and Surgery” (SSMS) attachment, along with a new opportunity to attend rheumatology clinics. Again, following feedback the weekly SSMS club, which allows the opportunity to present interesting cases in each speciality and discussion with facilitators, has been restructured to encourage better clinician and student engagement.

Last term there were concerns in the student feedback about gender inequalities in the organisation of clinical activities and in providing clinical exposure. This has been investigated and we are pleased to say that gender cannot figure in allocations; timetables are populated with numbers and not names.

However, if any student feels during a placement that they have missed any clinical opportunity, eg clinical days may be lost due to national holidays and assessments, please discuss this with the undergraduate team early during that placement. The teams will help to provide as much clinical experience as possible and to ensure all learning outcomes are met. This is also the case for missed time in placement because of student absence.

Finally, we are fortunate that the Speciality attachments are still supported by a number of teaching trainees who provide face to face teaching in seminar and bedside settings. They are also a valuable point of contact for students and are instrumental in organising timetables to ensure good clinical experience in each speciality.

**Scrubs:**

The guidance has changed. It is still advisable for students to change in and out of scrubs if changing facilities available within the hospital placements. If not, they must ensure that the scrubs are fully covered in any public place or transport.

**Internet Issues:**

We continue to experience WiFi connection issues in some hospital placements. Please be assured that work is being actively undertaken to address these and the situation is gradually improving.

**Making Best Use of the Services of Undergraduate Teams:**

In each hospital, there is a dedicated Undergraduate team. These are all hard-working and enthusiastic staff members who are experienced in arranging placements and helping and supporting students during their placements. Last year there were several examples of students feeding back issues that undergraduate team were unaware of during the placement itself, and that could have been addressed had they known about it. Please could students make every effort to let undergraduate teams know about any issues they have during placements – they will do the best they can to solve problems, or find someone who can!

**Students Learning from Experience in Feedback:**

A common theme from recent feedback has been that students have learned from their experiences that if they are proactive in seeking learning opportunities, show a good level of interest, help out when possible, and ask questions, they tend to enjoy their placements more than when they are more passive. This is sometimes challenging in a new clinical environment, but it is generally the case that the more interest you show, the more rewarding the placement is. This is particularly true in clinical apprenticeships, when there may be far fewer formal teaching sessions arranged than in specialty attachments, and in any placements that involve rotations around several different specialties.

**Student Commendations:**

Did you know that if a clinical tutor or member of the undergraduate team feels a student has performed outstandingly during their clinical placement, they are able to complete a Student Commendation? Several students have received these commendations in the last academic year. They are awarded for students going “above and beyond” in making positive and helpful contributions to the departments/teams where they are placed.

# 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:

One of the main aims of supporting medical students in developing their ability to communicate through the medium of Welsh is to enhance patient care. Studies have shown that language barriers affect the quality of care that patients receive from healthcare professionals, highlighting the importance of acknowledging and using the Welsh language in healthcare settings in Wales. Being able to convey symptoms and emotions in their own language is vital for patients, ensuring they feel heard and respected when feeling most vulnerable. This is especially relevant in the elderly and young children. The benefits of being able to say even just a few words or phrases to those patients who wish to communicate in Welsh can lead to much more effective and efficient consultations as well as improving the doctor-patient relationship.

## ***Some useful Welsh phrases:***

**Bore da/prynhawn da** - good morning/good afternoon

**Shw'mae/sut wyt ti?** - how are you?

**Dwi'n iawn diolch** - I'm good thank you

**Diolch** - thank you

**Croeso** - welcome/you're welcome

**Dewch i mewn** - come in

**Hwyl fawr** - goodbye



# Reflections

We'd like to hear about your experience at CBL, LOCS, or on placement. If you'd like to contribute a short reflection to share with the cohort here, please get in touch. The following was submitted by former Swansea GEM student Leyla Campani.

"The first time I was on placement in Bangor I was amazed at how much Welsh was spoken day-to-day. What a wonder to see elderly patients faces light up when they realise their care giver speaks their language. But is it really a wonder? Shouldn't that be the norm? Doesn't everyone have the right to have that basic need met? I was born in Italy and raised in Wales. I have dual nationality, speaking both Welsh and Italian, yet English is my first language. Given the mixture of cultures I was brought up emersed in, I often wonder if I am more acutely aware of the power language and communication has, and how it can affect or shift entire situations. At different times during my childhood and adolescence, one language would be better than the other, and on occasion, visiting non-English speaking family in Italy by myself resulted in me feeling isolated, unable to express myself or communicate on a deeper level to make connection through conversation in Italian. I think this is something we all take for granted in life, and only when our ability to form connections and be understood is challenged do we really appreciate its significance.

On the topic of patient care, one example of how language plays a huge role is when I was observing a consultation on an elderly Welsh speaking lady with an English-speaking doctor. In short, the doctor had undertaken a cognitive test on the patient to help guide the diagnosis and next steps in investigation. The consultation, including the cognitive test, was done in English. The patient scored a very low mark, indicating poor cognition. I offered to repeat the test with the patient in Welsh, and they scored higher, taking it to within the 'normal' range. I am absolutely not shaming the doctor for not speaking Welsh, nor am I trying to suggest bad clinical practice, because it was not. I simply wanted to use this example to portray the usefulness, and on occasion, the importance of recognising how language barriers can affect the quality of patient care.

Since moving back to Wales from London, where I was living and working, to start this degree, I have relished in every opportunity I can to speak Welsh, with friends, peers, patients and staff. It will be something I miss when I start work as an FY1 in Edinburgh. There is no doubt, however, that I will return to settle in Wales one day in the not-so-distant future to work as a Welsh speaking doctor."

# Teaching Champions: Dr Sounder Perumal

I am a Consultant in Emergency Department, Morriston Hospital. I was appointed as Junior Faculty Lead, Swansea University Medical School from October 2021.

My responsibilities include identifying and encouraging junior doctors who are interested in education. I organise resources to facilitate this process which helped in formalising the role of 'teaching champions'. This improved the educational opportunities for medical students during hospital placements.

Teaching champions are doctors in different levels of training from several specialties. Students are attached to teaching champions during their clinical placements, the point of contact for students with regards to finding learning opportunities. Teaching champions act as advocates for students in engaging the wider team in teaching and supporting students during placements.

We are in the process of developing a share point on the Swansea Bay University Health Board intranet page. This will provide more information about the role, and educational resources for both students and teachers. In addition, we conduct mock exams and bleep teaching sessions.



# 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:

TBC

## Year 3:

Tamsin Nicholson

Ruchika Nongrum

## Year 2

Kieron Smith

Megan Johnston

## 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

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