# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Introduction and overview</td>
<td>3</td>
</tr>
<tr>
<td>Section 1:</td>
<td>Phase I outcomes</td>
<td>7</td>
</tr>
<tr>
<td>Section 2:</td>
<td>Who’s who</td>
<td>9</td>
</tr>
<tr>
<td>Section 3:</td>
<td>Timetable</td>
<td>15</td>
</tr>
<tr>
<td>Section 4:</td>
<td>Learning context</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Teaching sessions</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>– Problem based learning (PBL)</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>– Lectures, resource sessions, biopractical sessions</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>– Workshops, clinical skills, self-directed learning</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Clinical placements</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Study guides</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Portfolio</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Personal and professional development</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Intercalated degrees</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Scholarship and special interest programme (SSIP)</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Library and computing facilities</td>
<td>26</td>
</tr>
<tr>
<td>Section 5:</td>
<td>Feedback to students</td>
<td>30</td>
</tr>
<tr>
<td>Section 6:</td>
<td>Evidence of attainment</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Record of Achievement (RoA)</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Examinations and assessment</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>– Submission of assessed work</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>– Formative and summative assessment</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>– Examination arrangements</td>
<td>37</td>
</tr>
<tr>
<td>Section 7:</td>
<td>Student and financial support</td>
<td>39</td>
</tr>
<tr>
<td>Section 8:</td>
<td>HYMS committees and professional bodies</td>
<td>48</td>
</tr>
<tr>
<td>Section 9:</td>
<td>Health and safety</td>
<td>49</td>
</tr>
<tr>
<td>Section 10:</td>
<td>Research</td>
<td>50</td>
</tr>
<tr>
<td>Section 11:</td>
<td>Looking forward to Phase II</td>
<td>52</td>
</tr>
</tbody>
</table>

Some information included in this handbook is subject to review and change during the year. Updates will be posted on Blackboard when available. Every effort is made to ensure that the information is accurate and up to date at the time of publishing, but HYMS cannot accept liability for any errors or omissions.

Cover photograph copyright 2014 ©Mark Kensett. Other photography: Mark Kensett, Mike Park, Kippa Matthews, John Houlihan
Appendices

A: Consultation and communication skills teaching 53
B: Medical students in clinical training 59
C: Rules of anatomy facilities 61
D: Health and safety 63
E: Phase I course timetables 69
F: University maps 71

Acknowledgements 74

Using Blackboard

Blackboard is an essential resource in Phase I. Information is available at HYMS MBBS Year 1 2014/15 and HYMS MBBS Year 2 2014/15. Please keep up to date with announcements.

- Year 1 Information and Year 2 Information contain further information on many of the topics in this handbook.
- Clinical placements contains core information and updates in this area.
- Assessments contains examinations updates.

Discussion board

Discussion board is a valuable resource for you to ask questions and discuss issues over the course of the year. This can be accessed by all of your peers and is regularly looked at by senior faculty members who will post replies where appropriate.
Welcome to Phase I of the five year MB BS curriculum.

This guide describes the structure and delivery of the Phase I curriculum for students.

During Phase I you will be based on university sites, in either Hull or York but right from the first week you will have the opportunity to meet patients on clinical placements (in general practices and in hospitals).

In Year 1 you will be mainly learning about normal structure and function and in Year 2 you will learn about disease processes.

You will do much of your learning in groups during Phase I – for example in your problem-based learning, clinical skills and clinical placements groups. This will help you acquire the necessary skills to be able to work in groups – which you will be doing for the rest of your clinical lives, whatever your chosen career within medicine.

As medical students you have certain privileges and responsibilities different from those of other students and, because of this, different standards of professional behaviour are expected of you. These further responsibilities will be discussed and explored in your first few weeks at HYMS.

The expectations placed on you as a medical student are detailed in the GMC Guidance Medical Students: Professional Values and Fitness to Practice. These are derived from “The Duties of a Doctor: General Medical Student Guidance (Tomorrow’s Doctors, September 2009), which can be found at:

http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp

In the following sections of this handbook you will find information about the design and delivery of the Phase.

In Section 1, the Phase I learning outcomes are detailed.

Section 2 contains a guide to the people principally responsible for the organisation and oversight of the different areas in Phase II. There are many other people who are vital to your learning who are not mentioned in the guide.

Section 3 has the timetable for each week in Phase I.

Section 4 contains information about all the different learning contexts used in Phase I – for example problem-based learning, clinical skills teaching, clinical placements, resource sessions, biopracticals, plenaries, workshops.

Section 5 explains how you will receive feedback during each year of Phase I.

Section 6 outlines how progression is monitored, including details of the portfolio record of achievement, formative and summative assessments.
Introduction and overview

Section 7 details how you can access both student and financial support.

Section 8 outlines HYMS committees and professional bodies.

Section 9 details important information about health and safety.

Section 10 details some information regarding research at HYMS and how students can be involved.

Section 11 contains a brief outline of Phase II and helps you identify what you are aiming for at the end of Phase I.

Remember, further information about all aspects of Phase I is available on Blackboard and updates are posted frequently – and you must access these frequently.

Finally, welcome to HYMS – enjoy your time in Phase I.

Dr Anna Hammond
Academic Lead Phase I

Please refer to HYMS Code of Practice on Academic Integrity and Conduct

– under School-wide codes

and Conditions of Training for medical students at HYMS:

Blackboard > HYMS for All MBBS 2014/15
Information for All > Conditions of training

The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and you must:

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
  - Keep your professional knowledge and skills up to date
  - Recognise and work within the limits of your competence
  - Work with colleagues in the ways that best serve patients’ interests
- Treat patients as individuals and respect their dignity
  - Treat patients politely and considerately
  - Respect patients’ right to confidentiality
- Work in partnership with patients
  - Listen to patients and respond to their concerns and preferences
  - Give patients the information they want or need in a way they can understand
  - Respect patients’ right to reach decisions with you about their treatment and care
  - Support patients in caring for themselves to improve and maintain their health
- Be honest and open and act with integrity
  - Act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
  - Never discriminate unfairly against patients or colleagues
  - Never abuse your patients’ trust in you or the public’s trust in the profession.
  - You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

General Medical Council
(Tomorrow’s Doctors, September 2009)
**General information about HYMS**

HYMS is a partnership between the University of Hull, the University of York, and the NHS in North and East Yorkshire and Northern Lincolnshire. HYMS has around 135 new undergraduate students each year.

For the first two years, the students are divided into two halves (half registered with the University of Hull and half registered with the University of York). Students in Hull and York follow exactly the same course. All students have access to all the facilities of both Universities, except financial support, which can only be sought from the University with which you are registered.

In Years 3, 4 and 5, Hull and York groups combine and together follow a programme of community- and hospital-based study in centres throughout North Yorkshire, East Yorkshire and Northern Lincolnshire.

---

**The HYMS offices**

The HYMS offices on both campuses are normally open from 09:00 to 17:00 Monday to Thursday, and from 09:00 to 16:30 on Friday. The office teams will do their best to help you with any questions or problems and can also put you in touch with other members of staff. One telephone number reaches staff at either office: 0870 124 5500.

---

**Notice boards and Blackboard**

Student notice boards are located just inside Loxley in Hull, and on the corridor of the PBL rooms in York. Please check them regularly, as programme changes, timetable allocation and information about exams may be posted there as well as electronically.

Important information is posted on Blackboard at:

http://blackboard.hyms.ac.uk

You will be taught how to use Blackboard during IT training early in your course and are expected to check Blackboard on a daily basis.

---

**Maps of current Phase I clinical placement sites**

---
**HYMS locations**

- On the Hull campus, plenaries are held in the Ryton lecture theatre. Tutorials, clinical skills training and resource sessions are usually held in the Loxley Building. Staff are based in Hertford, a building close to Loxley.
- On the York campus, plenaries are held in Alcuin East Wing: Lecture Theatre A/EW/003. Tutorials, clinical skills training, and resource sessions are usually held in the John Hughlings Jackson (HYMS) building, where the HYMS office is on the first floor.

**Accommodation**

University accommodation is available to all students in the first year, except those whose campus allocation was based on existing residence in the area.

The HYMS term dates do not exactly match the dates used by either of the universities. This has important implications:

- In Hull, you are strongly advised to use self-catering accommodation which can be occupied throughout HYMS terms. (If you were to use a serviced Halls of Residence instead, you would have to move into temporary external accommodation several times.)
- In York, for the first week of the HYMS term, the majority of the campus is used for conferences. You will be allocated a temporary room until your permanent accommodation becomes available at the beginning of October.

In your second and subsequent years, you will need to arrange your own accommodation.

In Years 3, 4 and 5, when you are on long-term clinical placements away from your university base, NHS-funded accommodation will be provided. You will be expected to find your own accommodation outside these times.

**Your contact details**

It is your responsibility to ensure that HYMS always has complete, accurate contact details for you. Any changes to these details must be notified to the HYMS office (see page 9).

**Rules governing absence**

You are expected to be present at all scheduled sessions. Attendance is recorded for PBL, clinical skills and clinical placement sessions (see the *Code of Practice on Assessment and Examinations for MB BS* on the HYMS website), and satisfactory attendance is a requirement for progression through the course.

If you want leave of absence for any reason, you should seek permission beforehand from the student office on your campus and notify the relevant tutors. If you have to be absent for an urgent reason, contact the HYMS office. Office staff will offer you any help you need, as well as informing the relevant teachers of your absence.
The MB BS course runs for five academic years. It comprises a core curriculum (the framework of which is effectively prescribed by the General Medical council (GMC)), and Scholarship and special interest programme (SSIP).

The award of the degree MB BS (Hull and York) is designed to comply with the Quality assurance Agency’s Framework for higher education Qualifications and GMC Requirements (see [http://www.qaa.ac.uk](http://www.qaa.ac.uk) and [http://www.gmc-uk.org](http://www.gmc-uk.org)).

The programme is divided into three Phases.

**Phase I**
- Year 1 – deals with normal structure and function
- Year 2 – deals mainly with disease processes

**Phase II**
- Years 3 and 4 – both deal with the clinical presentation of disease and its management

**Phase III**
- Year 5 – deals with preparation for practice.

The curriculum consists of four ‘themes’ or vertical strands which run throughout the course and are all examinable. These guide the content of each block and form the basis of assessment. All the themes are equally important but some contain more material than others.

**The four HYMS themes:**
- Applied Life sciences (ALS)
- Clinical skill and reasoning (CSR)
- Health and society (HS)
- Professionalism (P)

All but one of the Phase I blocks run across two years:
- Foundations of health and disease and the immune system
  - Foundations of medicine (Y1)
  - The immune system (Y1)
  - Disease processes (Y2)
- Cardiorespiratory systems
  - Health heart and lungs (Y1)
  - The development of cardiorespiratory disease (Y2)
- Nutrition, metabolism, digestion and excretion
  - You are what you eat (Y1)
  - Kidney function and failure (Y2)
  - Gastrointestinal pathophysiology (Y2)
- Musculoskeletal and nervous systems
  - The central nervous systems and normal neuromuscular and musculoskeletal function (Y1)
Section 1: Phase I outcomes

- Neurological, neuromotorial and musculoskeletal disease (Y2)
- Psychological medicine (Y1)
- Hormones and human development
  - The endocrine and reproductive systems (Y1)
  - Reproduction and the growing child (Y2)

The outcomes for the HYMS MB BS course can be expressed at several levels
- for the whole course
- for a block
- for an individual teaching session.

Creating the HYMS doctor: overall learning outcomes

The high level outcomes for the course as a whole are described in Tomorrow’s Doctors (General Medical Council 2009) and are detailed in the table below.

The block study guides detail the learning outcomes for the block as a whole – the knowledge, skills and attitudes that you can be expected to achieve through your learning. The guides also detail the learning outcomes for individual teaching sessions.

**By the end of the course you will:**

1. 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
2. Apply psychological principles, method and knowledge to medical practice
3. Apply social science principles, method and knowledge to medical practice
4. Apply to medical practice the principles, method and knowledge of population health and the improvement of health and health care
5. Apply scientific method and approaches to medical research
6. Carry out a consultation with a patient
7. Diagnose and manage clinical presentations
8. Communicate effectively with patients and colleagues in a medical context
9. Provide immediate care in medical emergencies
10. Prescribe drugs safely, effectively and economically
11. Carry out practical procedures safely and effectively
12. Use information effectively in a medical context
13. Behave according to ethical and legal principles
14. Reflect, learn and teach others
15. Learn and work effectively within a multi-professional team
16. Protect patients and improve care
The following core staff have special responsibilities related to the curriculum and student life. If you can’t get in touch with a staff member directly, please contact them via the office: 0870 124 5500.

**Dean:**
Professor Trevor Sheldon  
Tel: 01482 464707 / 01904 321749  
e-mail: deans.office2@hyms.ac.uk

**MB BS Programme Director:**
Dr Janine Henderson  
Tel: 01904 321761  
e-mail: janine.henderson@hyms.ac.uk

**Associate Dean (Research) Hull:**
Professor Ian Chetter  
Tel: 01482 675784  
e-mail: ian.chetter@hyms.ac.uk

**Associate Dean (Research) York:**
Professor William McGuire  
Tel: 01904 321057  
e-mail: william.mcguire@hyms.ac.uk

**Head of Quality and Standards:**
Alison Pettigrew  
Tel: 01904 321781  
e-mail: alison.pettigrew@hyms.ac.uk

**Chief Operating Officer:**
John Busby  
Tel: 01482 464708/ 01904 321648  
e-mail: john.busby@hyms.ac.uk

**Education Manager:**
Margaret Ward  
Tel: 01482 464725 / 01904 321785  
e-mail: margaret.ward@hyms.ac.uk

**Student Office**

**Academic lead for student support:**  
tbc  
Tel: 01482 464706/ 01904 321748

**Student Office Manager**
Gwen Irving  
Tel: 01482 464025  
e-mail: gwen.irving@hyms.ac.uk

**Student Office Assistant**
Cheryl Wilson  
Tel: 01482 464416  
e-mail: cheryl.wilson@hyms.ac.uk

**Student advisors**

**Senior Advisor (Hull Campus):**  
Dr Bryan Wilson  
Tel: 01482 464416  
e-mail: bryan.wilson@hyms.ac.uk

**Senior Advisor (Hull Campus):**  
Dr Angela Hoye  
Tel: 01482 622024  
e-mail: angela.hoye@hyms.ac.uk

**Senior Advisor (York Campus):**  
Dr Alison Blakeborough  
Tel: 01904 703710  
e-mail: alison.blakeborough@hyms.ac.uk

**Director of PBL**
Dr Andrew Davidson  
Tel: 01482 464739  
e-mail: andrew.davidson@hyms.ac.uk
Section 2: Who’s who

Phase I principal contacts

Academic Lead Phase I and Director of Communication Skills Teaching, Academic Lead Clinical Skills and Reasoning:
Dr Anna Hammond
Tel: 01904 321775
e-mail: anna.hammond@hyms.ac.uk

Phase I Coordinator
Vicky Prest
Tel: 01482 464147
e-mail: vicky.prest@hyms.ac.uk

Phase I Support Assistant, York
Janice Harvey
Tel: 01904 321793
e-mail: janice.harvey@hyms.ac.uk

Programme support

Programme Manager
Alison Evans
Tel: 01482 463036
e-mail: alison.evans@hyms.ac.uk

Senior Teaching Fellow in Medical Education:
Dr Andy Kardasz
Tel: 01482 464183 / 01904 321745
e-mail: andy.kardasz@hyms.ac.uk

Senior Lecturer in Non-clinical Immunology, Academic Lead Applied Life Sciences:
Dr Allison Green
Tel: 01904 328916
e-mail: allison.green@hyms.ac.uk

Senior Lecturer in Population Health, Academic Lead Health and Society:
Dr Steven Oliver
Tel: 01904 321339
e-mail: steven.oliver@hyms.ac.uk

Senior Lecturer in Medical Ethics and Professionalism, Academic Lead Professionalism:
Dr Demian Whiting
Tel: 01482 466650
e-mail: demian.whiting@hyms.ac.uk

Medical School Technician:
Simon Witty
Tel: 01482 463756
e-mail: simon.witty@hyms.ac.uk

Medical Laboratory Technician:
Louise Ablett
Tel: 01904 321769
e-mail: louise.ablett@hyms.ac.uk

Selected programmes

Phase I SSIP Coordinator:
tbc
Tel: 01904 321102

Academic Lead for Intercalated Studies:
Professor Ian Watt
Tel: 01904 321341
e-mail: ian.watt@york.ac.uk

Programme Officer:
Richard Nicholson
Tel: 01482 464723 / 01904 321353
e-mail: richard.nicholson@hyms.ac.uk

Medical Librarian:
Catriona Kemp
Tel: 01904 434516 / 01482 465012
e-mail: catriona.kemp@hyms.ac.uk

Manager of Learning Resources:
Paul Scott
Tel: 01904 321752
e-mail: paul.scott@hyms.ac.uk
Section 2: Who’s who

Elearning Enhancement Officer:
Blayn Parkinson
Tel: 01904 321752
e-mail: blayn.parkinson@hyms.ac.uk

Educational Applications Officer:
Jon Bateman
Tel: 01904 321752
e-mail: jon.bateman@hyms.ac.uk

Anatomy team

Chair in Anatomy:
Professor Paul O’Higgins
Tel: 01482 464422 / 01904 321308
e-mail: paul.o'higgins@hyms.ac.uk

Senior Lecturer in Clinical Anatomy:
Dr Peter Bazira
Tel: 01482 463681 / 01904 321783
e-mail: peter.bazira@hyms.ac.uk

Lead Technician for the Anatomy Unit:
Martin Walters
Tel: 01482 464153
e-mail: martin.walters@hyms.ac.uk

Education Support Officer:
Rachel Cunningham
Tel: 01482 464144
e-mail: rachel.cunningham@hyms.ac.uk

Phase I Assessment Coordinator:
Jayne Callan
Tel: 01482 464594
e-mail: jayne.callan@hyms.ac.uk

Admissions team

Admissions Tutor:
Dr Paul Docherty
Tel: 01904 321763
e-mail: paul.docherty@hyms.ac.uk

Admissions Officer:
Julia Fletcher
Tel: 01904 321767
e-mail: julia.fletcher@hyms.ac.uk

Admissions Assistant (International):
Tom Senier
Tel: 01904 321782
e-mail: tom.senier@hyms.ac.uk

Assistant Widening Participation and Admissions Officer:
Alexandra Jeffrey
Tel: 01904 321762
e-mail: alexandra.jeffrey@hyms.ac.uk

Student Liaison staff

Based at Hull Royal Infirmary and Castle Hill Hospital:

Student Liaison Officer:
Andrew Murphy-Pittock
Tel: 01482 608909
e-mail: andrew.murphy-pittock@hey.nhs.uk

Assistant Student Liaison Officer:
Lynda Lyons
Tel: 01482 461817
e-mail: linda.lyons@hey.nhs.uk

Assessment team

Associate Dean for Assessment:
Dr Colin Jones
Tel: 01904 321751
e-mail: colin.jones@hyms.ac.uk

Head of Assessment:
Joanna Micklethwaite
Tel: 01482 464100
e-mail: joanna.micklethwaite@hyms.ac.uk
Section 2: Who’s who

Student Liaison Secretary:
Jayne Stephenson
Tel: 01482 461820
e-mail: jayne.stephenson@hey.nhs.uk

Based at York Hospital:

Education Liaison Manager:
Paul Gibson-Simpson
Tel: 01904 726471
e-mail: paul.gibsonsimpson@york.nhs.uk

Student Liaison Phase I Teaching Coordinator:
tbc
Tel: 01904 721031

Phase 1 Educational Facilitator, Hull (Year 1) (PBL Facilitator/Clinical Skills Facilitator)

Dr Jonathan Blakeborough
e-mail: jonathan.blakeborough@hyms.ac.uk

Dr Christopher Buswell
e-mail: chris.buswell@hyms.ac.uk

Dr Sarah Coope
e-mail: sarah.coope@hyms.ac.uk

Dr Kathryn Hammersley
e-mail: kathryn.hammersley@hyms.ac.uk

Dr Ruth Hunter
e-mail: ruth.hunter@hyms.ac.uk

Dr Gill Rowland
e-mail: gillian.rowland@hyms.ac.uk

Dr George Spink
e-mail: george.spink@hyms.ac.uk

Dr Bryan Wilson
e-mail: bryan.wilson@hyms.ac.uk
Section 2: Who’s who

Phase 1 Educational Facilitator, York (Year 1) (PBL Facilitator/Clinical Skills Facilitator)

Dr Alison Blakeborough
  e-mail: alison.blakeborough@hyms.ac.uk

Dr Marie Cohen
  e-mail: marie.cohen@hyms.ac.uk

Dr Rory Ellis-Hollins
  e-mail: rory.hollins@hyms.ac.uk

Dr Gordon Hayes
  e-mail: gordon.hayes@hyms.ac.uk

Dr Mark Howson
  e-mail: mark.howson@hyms.ac.uk

Dr Bill Laughey
  e-mail: william.laughey@hyms.ac.uk

Dr Matthew Marchant
  e-mail: matthew.marchant@hyms.ac.uk

Dr Nicholas Sykes
  e-mail: nicholas.sykes@hyms.ac.uk

Phase 1 Educational Facilitator, Hull (Year 2) (PBL Facilitator/Clinical Skills Facilitator)

Dr Jonathan Blakeborough
  e-mail: jonathan.blakeborough@hyms.ac.uk

Dr Mark Findley
  e-mail: mark.findley@hyms.ac.uk

Dr Simon Gower
  e-mail: simon.gower@hyms.ac.uk

Dr Kathryn Hammersley
  e-mail: kathryn.hammersley@hyms.ac.uk

Dr Matthew Marchant
  e-mail: matthew.marchant@hyms.ac.uk

Dr Bridget Nicholas
  e-mail: bridget.nicholas@hyms.ac.uk
Section 2: Who’s who

Phase 1 Educational Facilitator, York (Year 2) (PBL Facilitator/Clinical Skills Facilitator)

Dr Maha Asaad  
e-mail: maha.asaad@hyms.ac.uk

Dr Alison Blakeborough  
e-mail: alison.blakeborough@hyms.ac.uk

Dr Andrew Dent  
e-mail: andrew.dent@hyms.ac.uk

Dr Shona Gilleghan  
e-mail: shona.gilleghan@hyms.ac.uk

Mr Andrew Grace  
e-mail: andrew.grace@hyms.ac.uk

Dr Chris Ives  
e-mail: christopher.ives@hyms.ac.uk

Dr Veronica McKay  
e-mail: veronica.mckay@hyms.ac.uk

FAQs

General enquiries

The answers to many enquiries can be found on Blackboard at:

Blackboard > HYMS MBBS Year 1 2014/15  
Blackboard > HYMS MBBS Year 2 2014/15  
Blackboard > HYMS for All MBBS 2014/15

Here you can find:
- announcements
- absence through sickness
- resources
- clinical placements
- assessments
- teaching information
  and much more.

If you cannot find the answers you need on Blackboard, then your first point of contact for all general enquiries is the Phase I coordinator, or the Phase I support assistant in the coordinator’s absence.
### Year 1 weekly timetable

This is a guide to the structure of the HYMS first year weekly timetable; there may be some timetabling revisions. The week starts on Thursday.

<table>
<thead>
<tr>
<th>Time</th>
<th>Thursday</th>
<th>Friday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00–10.00</td>
<td>Lecture P</td>
<td>SDL</td>
<td>SDL</td>
<td>SDL</td>
<td>SSIP</td>
</tr>
<tr>
<td>10.00–11.00</td>
<td>Lecture ALS</td>
<td>Lecture CSR</td>
<td>Lecture HS</td>
<td>SDL</td>
<td></td>
</tr>
<tr>
<td>11.00–13.00</td>
<td>Lecture ALS 11.00-12.00</td>
<td>RS-H</td>
<td>Workshops 11.00-13.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.00–14.00</td>
<td></td>
<td>RS-Y 13.00–15.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.00–15.30</td>
<td>PBL</td>
<td>SDL</td>
<td>PBL</td>
<td>CP</td>
<td>Free</td>
</tr>
<tr>
<td>16.00–17.30</td>
<td>CSP</td>
<td></td>
<td>CSP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ALs** Applied Life Sciences  
**BP** Biopractical  
**CP** Clinical placement  
**CSR** Clinical Skills and Reasoning  
**CSP** Clinical skills practice  
**LS** Lecture  
**PBL** problem-based learning  
**P** Ethics and Professionalism  
**RS-H** Resource session (Hull only)  
**RS-Y** Resource session (York only)  
**SDL** Self-directed learning  
**SSIP** Scholarship and Special Interest Programme  

Always consult your HYMS electronic calendar to view the most up-to-date version of your timetable  
# Year 2 weekly timetable

This is a guide to the structure of the HYMS second year weekly timetable; there may be some timetabling revisions. The week starts on Friday.

### Friday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00–10.00</td>
<td>Lecture P</td>
</tr>
<tr>
<td>10.00–11.00</td>
<td>RS-Y 10.00-12.00 (except when there is a BP)</td>
</tr>
<tr>
<td>11.00–13.00</td>
<td>BP/SDL</td>
</tr>
<tr>
<td>14.00–15.30</td>
<td>PBL</td>
</tr>
<tr>
<td>16.00–17.30</td>
<td>CSP</td>
</tr>
</tbody>
</table>

### Monday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00–10.00</td>
<td>SDL</td>
</tr>
<tr>
<td>10.00–11.00</td>
<td>Lecture ALS 12.00-13.00</td>
</tr>
<tr>
<td>11.00–13.00</td>
<td>Lecture HS</td>
</tr>
<tr>
<td>14.00–15.30</td>
<td>Lecture ALS 14.00-15.00</td>
</tr>
<tr>
<td>16.00–17.30</td>
<td>SDL/Workshop 15.00–17.00</td>
</tr>
</tbody>
</table>

### Tuesday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00–10.00</td>
<td>Lecture CSR</td>
</tr>
<tr>
<td>10.00–11.00</td>
<td>RS-H</td>
</tr>
<tr>
<td>11.00–13.00</td>
<td>PBL</td>
</tr>
<tr>
<td>14.00–15.30</td>
<td>PBL</td>
</tr>
<tr>
<td>16.00–17.30</td>
<td>CSP</td>
</tr>
</tbody>
</table>

### Wednesday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00–10.00</td>
<td>SSIP</td>
</tr>
<tr>
<td>10.00–11.00</td>
<td>RS-H</td>
</tr>
<tr>
<td>11.00–13.00</td>
<td>Free</td>
</tr>
<tr>
<td>14.00–15.30</td>
<td>PBL</td>
</tr>
<tr>
<td>16.00–17.30</td>
<td>CSP</td>
</tr>
</tbody>
</table>

### Thursday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.15-late afternoon</td>
<td>CP</td>
</tr>
</tbody>
</table>

### Notes

- ALS: Applied Life Sciences
- BP: Biopractical
- CP: Clinical Placement
- CSR: Clinical Skills and Reasoning
- CSP: Clinical Skills Practice
- HS: Health and Society
- P: Professionalism
- SDL: Self-directed Learning
- SSIP: Scholarship and Special Interest Programme
- RS-H: Resource Session (Hull only)
- RS-Y: Resource Session (York only)

*Always consult your HYMS electronic calendar to view the most up-to-date version of your timetable*

**Blackboard calendar guide:** [http://bbhelp.hyms.org.uk/calendar-guide/](http://bbhelp.hyms.org.uk/calendar-guide/)
Teaching sessions

Problem-based learning (PBL)

In the first two years HYMS uses guided discovery PBL to embed learning using a variety of trigger materials including written virtual patients, filmed simulations of consultations and other audiovisual sources. A detailed account of PBL can be found at:


In PBL, common problems faced by doctors become the starting point for student learning. This means that students can see why they are tackling each topic: the relevance of the course content becomes clear and its application to clinical practice more direct. Learning works best when related to a task that the learner can see to be important and relevant to their lives.

PBL ‘cases’ are usually presented as written accounts of a patient’s illness, but sometimes they may be filmed or more generalised public health problems.

Your task is to identify the learning outcomes from the PBL case and then to achieve those outcomes.

PBL is relatively new to the UK (although it has been used elsewhere for over 30 years), and some doctors who were trained in traditional ways question whether PBL works. The evidence suggests that students from PBL courses are ultimately better able to make use of their knowledge and better equipped to become lifelong learners – even though they may learn less detailed science during their training than in traditional programmes.

PBL-trained doctors perform at least as well as others in postgraduate training and there is evidence that both staff and students engaged in PBL programmes enjoy the experience more.

HYMS uses the ‘guided discovery’ model of PBL, which means students are guided either by staff or by written material to the outcomes considered important by faculty. This method helps assure both staff and students that the correct outcomes are being identified and studied.

PBL within the HYMS curriculum

You will be allocated to a PBL group of eight to ten students, along with a PBL facilitator (all our PBL facilitators are clinicians).

The PBL course consists of a series of different clinical scenarios (the ‘problems’) that relate to the system block you are studying at the time.

In Phase 1 there are two PBL sessions weekly, on Thursday and Monday afternoons for Year 1, and on Friday and Tuesday afternoons for Year 2. A clinical
techniques and skills session also takes place during these afternoons.

At the first PBL session of each week (Thursday for Year 1, Friday for Year 2), you will usually be presented with two different trigger materials. Your group will discuss the problems and share what you already know about various aspects of them. Together, you will then identify areas of incomplete knowledge, and agree on the week’s learning outcomes.

The PBL study guide helps you to track down various learning resources related to the problem in self-directed learning periods and in your own time. As you gain new information, you’ll be encouraged to integrate it with your prior knowledge, as well as exploring the ideas and questions raised by your group in the PBL tutorial.

In the second PBL session of the week, your group will meet again to revisit the cases, provide feedback and discuss the results of your research. The group will then discuss the problem and its clinical outcomes and relate the learning back to the trigger material. New aspects may emerge, or some topics may require further study — that is the nature of PBL. You can then study these issues further before the first PBL session of the next working week, when you can discuss them, as well as your experiences from the clinical placement session. When this ground is covered, you move on to the next week’s problems.

Some students prefer to do much of their studying over the weekend in time for the second PBL session. However, it is usually possible to postpone study of some learning objectives to a weekday after the second session, thus spreading the load.

PBL sessions help develop your skills in teamwork, leadership, communication, critical evaluation of literature, research, and respect for colleagues’ views. They give an opportunity for offering and receiving constructive feedback from your peers.

Initially some students find PBL sessions difficult, and an adjustment period to this way of learning is quite normal. You will soon become familiar with the PBL process and, we hope, both enjoy it and gain a variety of skills and knowledge. In addition to the study guides, your PBL facilitator and other HYMS teaching staff are there to help and guide you.

Attendance at PBL sessions is compulsory, and failure to attend without good reason may jeopardise your studies and prevent you gaining your MBBS qualification. You will not be permitted to change your PBL group during the year, as learning to work in a team is an essential requirement for clinical practice.

**Lectures**

There are five lectures a week, with two on some days and none on others. All lectures, whether delivered in Hull or York, are relayed to all HYMS students via a video link.

Each lecture will cover one of the four HYMS themes.

Lectures are designed to stimulate, and to set both breadth and depth to the knowledge necessary at each stage. They also illustrate how knowledge used in one setting can be transferred to another — an important skill for doctors to develop, as no two patients are ever the same.

**Resource sessions (RS)**

These sessions support the lectures, in particular applied life sciences. You will have the opportunity to examine in more depth a variety of materials, such as models, X-rays, MRI scans, prosections, bones and histology slides, key papers, publications and reports. In addition, you will have access to online resources and CD-ROMs. The sessions are timetabled weekly, with appropriate resources available to reflect the curriculum content covered in each system block.

**Biopractical sessions (BPs)**

Throughout Phase 1 there are regular laboratory sessions called biopracticals. Biopracticals are designed to illustrate important concepts and principles, and develop the following skills:

- safe working practices
Section 4: Learning context

- data recording
- collection, handling and analysis
- critical evaluation.

For the anatomy sessions you will need to order a set of scrubs (details will be given to you by the anatomy team).

A small team of technicians runs each of the laboratories – please help by clearing away the equipment according to their instructions, and by leaving your work area tidy.

In order to use facilities efficiently, resource sessions and biopracticals will run concurrently in some weeks.

Material from these sessions can appear in summative examinations.

Workshops

The format of workshops will vary depending on course requirements and student needs. In some weeks there will be discussion groups relating to topics of importance in that week (for example ethical issues). Sometimes these sessions will be used for additional self-directed learning (SDL).

Clinical skills practice (CSP)

Clinical skills sessions are concerned with teaching the basics of the clinical consultation in a safe environment, where you can experiment and make mistakes before using your skills on real patients during clinical placements.

An important part of these sessions is the development of communication skills and techniques, crucial for good medical practice. You will learn physical examination techniques, which will reinforce what you are learning about anatomy and physiology in the rest of the week. In medical practice communication, physical examination and other clinical skills complement each other and your clinical skills learning will mirror this, for example, practising your communication at the same time as physical examination.

During Year 2 increasing emphasis is placed on the explicit teaching of clinical reasoning skills.

HYMS uses the Calgary-Cambridge approach to teaching communication skills. It is described in more detail in Appendix A.

Clinical skills sessions take place on the same afternoon as PBL sessions and are led by PBL facilitators, but you will be in a different group from your PBL group and have a different tutor.

The sessions use a variety of learning techniques including discussion, DVD material and observing each other’s consultation skills. Sometimes you will work with a simulated patient which gives you a protected environment to make and learn from mistakes. Simulated patients can also vary the repertoire of what a patient might say, and help you explore alternative responses, questions and routes through a consultation. These sessions with simulated patients are highly valued by Phase II and III students who are in daily contact with patients.

Your simulated patient consultations will usually be recorded. You may feel apprehensive about this, but everyone who tries it finds they soon forget about the camera. Remember that when you are ‘performing’ in front of other people, whether or not this is recorded, you are not on trial – you are providing material from which you and the rest of the group can learn.

Attendance at these sessions is compulsory. Failing to attend regularly may lead to being excluded from the examinations.

Self-directed learning (SDL)

These sessions are for your own study time, to meet the outcomes agreed on during the PBL sessions. The success of your PBL group depends on all its members putting in the work outside the group.

You can also expect to put in additional study time outside normal hours. The amount will depend on your abilities and study skills, but about 10 to 15 hours a week is an average estimate.
Clinical placements (CPs)

At HYMS you will see patients on GP or hospital clinical placements from the very beginning of the course. First and second-year students are allocated to a clinical placement group and you stay in the same group throughout the year. As with PBL and clinical skills practice sessions, attendance at clinical placements is compulsory. You must arrive punctually – this is expected professional behaviour.

You spend half a day per week in Year 1 (Tuesday afternoon) on placement. In Year 2 you spend a whole day per week (Thursday) on placement. Your clinical experience is divided equally between the acute sector (hospitals) and community/primary care settings, mainly in general practices.

From the beginning of Year 1, clinical placements are an opportunity to see some patients and start developing real consultation skills. The timing of the sessions means that you see real patients towards the end of the PBL week who have problems similar to those of the virtual patients you have been studying.

You are required to keep a record in your study guide of the patients you have seen. This will be checked periodically by your tutor and by HYMS staff. In this way, you will develop important skills of written communication as well as creating a permanent record for your own study.

While the focus of the sessions will be on acquiring consultation and communication skills, through this practical experience you will also acquire a deeper understanding of issues relating to all the HYMS themes.

In Year 2, as the teaching emphasis shifts from what is ‘normal’ to aspects of disease, clinical placement teaching will also focus on various ‘images’ that illustrate how a body system is malfunctioning.

White coats are not needed for clinical placements. Dress regulations for each hospital are slightly different and you will be informed of these when you visit the hospitals for the first time. Generally, the rule is arms should be ‘bare below the elbows’ and no ties should be worn. You must dress professionally on clinical placement.

Study guides

There is a study guide for each block of learning. These provide as much information as possible about the block from a single source, and include workbook sections, where you write down your own findings and draw conclusions from what you have been doing (particularly in clinical skills and clinical placement sessions).

The guides are structured as follows.

An introduction which includes:
Section 4: Learning context

- An overview of the block.
- The block learning outcomes (linked to the course learning outcomes).
- A list of the virtual patients or other trigger material in the block.

This is followed by:

- The material for each week in turn, starting with the week's timetable, including the titles of the lecture sessions. Please consult the electronic timetable on Blackboard which will capture any late changes.
- Each timetable is followed by the triggers for that week, for the PBL sessions.
- Each trigger is followed by a ‘problem list’. There is space to write in the learning outcomes for the trigger, agreed by your group. (At the end of the week you will be given the learning outcomes for each patient identified by the course organisers; you should make sure that you note and cover any gaps in your learning and you should file this document within the main body of the guide.)
- Directions to study aids (web links, references to books, research papers or other publications, CD-ROMs and other material) located on Blackboard. You are expected to access this material yourself by going online or visiting the library.
- There is a list of the more formal learning opportunities provided during the week: the outcomes of lectures, resource sessions, biopracticals, workshop sessions, clinical skills sessions and clinical placement sessions.
- The clinical skills sheets outline the learning outcomes and structure of these sessions and the compulsory pre-session work.
- The clinical placement worksheets often require you to do some preparation, and expect you to write down the outcomes of your encounters with patients.
- Both parts of the guide will be looked at by your clinical skills and placement tutors. Successful completion of these sections forms part of the record of achievement of the portfolio, and is a requirement for satisfactory completion of the year. At the end of the clinical placement you are asked to bring one point forward to the next PBL session which you think is of importance and interest to the group.
- The final section for each week asks you to record your own thoughts about your learning during the week and the encounters you have had. This will form part of your personal portfolio: more details under the portfolio section of this handbook. It is important to record not just what happened and what you did, but what you thought about it (your reflections). This material is private to you, but you will need it for feedback sessions with your personal tutor.

Portfolio

Completing a personal portfolio of your learning is an essential requirement of the course. Here is a brief summary, but see also:

- Blackboard > HYMS MBBS Year 1 2014/15
- Blackboard > HYMS MBBS Year 2 2014/15

The portfolio is a personal record of your learning: what you actually did, your thoughts on the issue and what you learned from it – a ‘true’ record of achievement, perhaps more significant than the facts you might learn and reproduce in an exam.

The portfolio helps in assessing aspects of professional behaviour which cannot be measured in formal examinations.

Reflection and learning from experience is personal and your portfolio has to be both personal and public: personal in the process of reflection, but public in the demonstration of professional behaviour. All parts of the portfolio will be monitored in order to make sure that work is being completed.

In order to keep these two aspects apart, there are two aspects to the HYMS portfolio; one is a personal portfolio (PP) and the other is a record of achievement (RoA). The RoA is the part open to inspection by examiners and required for progression through the course. The PP will be used to create the material needed for the RoA.
Section 4: Learning context

HYMS is currently developing an online RoA system which will reflect the current paper-based assessment forms. We are planning to pilot the system this current academic year (2014-15).

The PP will only be seen by your personal tutor or selected members of HYMS staff in order to check that entries are being made; the content will not feed into formal assessment beyond the requirement that entries be made regularly. You may, of course, show it to others if you wish.

A complete RoA is an academic requirement for entry into the end of year summative assessments. Details of the RoA requirements can be found at:

Blackboard > HYMS MBBS Year 1 2014/15
Blackboard > HYMS MBBS Year 2 2014/15

Intercalated degrees

An intercalated degree is an opportunity for you to take a year of absence from your medical training to undertake a further degree qualification at HYMS or another university. You will have opportunities to intercalate after Year 2 or after Year 3 of your MB BS programme.

You can undertake an intercalated BSc degree after Year 2; however, to intercalate to MSc level you must have completed a BSc degree before you started your medical studies or you must apply to intercalate after Year 3 of your MB BS.

To consider studying for an intercalated degree, you must have satisfactorily completed all components of your medical studies to date, and you may be expected to demonstrate ability in the discipline in which you would like to intercalate.

For example, for some laboratory-based BSc (Hons) Medical Science degree research projects some previous laboratory experience is required. You can gain this experience through a HYMS laboratory SSIP programme.

If you are interested in intercalating at HYMS we offer both BSc and MSc intercalated degree programmes. These programmes will give you the opportunity to study in depth a specific subject and undertake a research project to learn about scientific research, developing research skills and experience.

For more information on intercalated degrees please see Blackboard:

If you have any questions please email intercalatedbsc@hyms.ac.uk.

Personal and professional development

The personality and well-being of a doctor is a crucial part of the consultation process. Sometimes these elements are identified specifically within a medical course and are referred to as personal and professional development.

The course offers numerous opportunities for you to develop your professionalism with patients and colleagues, so you can become an effective member of the health care team.

You will help to achieve this by keeping the personal portfolio described above, by recording your experiences and developing skills within the clinical skills practice and clinical placements sessions, and by reflecting on what you have seen and learned. Your tutors will feed back to you on your strengths and weaknesses and you have a duty, as stated by the General Medical Council (GMC), to take this feedback on board. Your tutors will also provide a summative report to the medical school. You will find more details at:

Blackboard > HYMS MBBS Year 1 2014/15
Blackboard > HYMS MBBS Year 2 2014/15
Section 4: Learning context

Introduction to the SSIP programme

In the first two years at HYMS, the Scholarship and special interest programme (SSIP) allows students to select subjects or areas of study that particularly interest them. The General Medical Council (GMC) requires all undergraduate medical curricula to allocate a minimum of 10 per cent of course time to areas that offer some choice to students. The SSIP is an integral and important component of the medical course and the assessments contribute to the award of the medical degree.

One of the most important functions of the SSIP is to allow students to study in depth and meet intellectual challenges that are not available elsewhere in the medical curriculum. They also provide an opportunity to prepare for an intercalated degree programme, by developing research skills or identifying areas of interest, or explore future career choices.

The content of the SSIP will be delivered by HYMS academic centres and will map to outcomes within the GMC guidance Tomorrow’s Doctors. Most of the SSIP in Phase I will contribute to the outcomes for “the Doctor as a Scholar and Scientist,” but some will also relate to “the Doctor as Practitioner or Clinician”.

Aims and objectives of the SSIP

The aim of the SSIP programme is to allow students to study in depth and meet intellectual challenges that are not available elsewhere in the medical curriculum. It will also provide an opportunity for the student to develop as a scholar and scientist.

The objectives are to:

- Further the students’ understanding of biomedical, psychological or social science principles, including knowledge of population health.
- Introduce all students to scientific method and different approaches to research.
- Promote the skills and attitudes required for in-depth study.

Learning outcomes

Each academic centre will be asked to set specific learning outcomes for their area of study within the SSIP. However, all the learning outcomes should map to those in the General Medical Council’s Tomorrow’s Doctors.

Organisation of the SSIP

Key points

- Students will stay with the same HYMS academic centre for a complete academic year.
- All students remain on their university registered campus for the SSIP.
- Over the course of Phase I, students will be attached to two different academic centres. Students will be automatically allocated in either Year 1 or Year 2 to the Centre for Immunology and Infection (CII) (York) or the Centre for Cardiovascular and Metabolic Research (CCMR) (Hull).
- Students will choose their second Phase I SSIP centre from those on offer on their university registered campus.
- Choice of study topic will be available within the academic centres, in at least one of the three terms.

Students will be attached to one HYMS academic centre for the SSIP in their first year, and a different centre in Year 2. Throughout Phase I, students will stay on their own campus for the SSIP. Students will be able to choose one academic centre to spend a year with, from those available on their own campus. The other academic centre will be allocated. In York, all students will spend one of the two years working with the CII. In Hull, all students will be attached to the CCMR for one year. However, there will be a range of topics and areas of study to choose from within each centre. All the components of the SSIP will be available to Phase I students, so first and second-year students will learn together in each of the centres.

The following academic centres will be providing courses within the SSIP:
Section 4: Learning context

At the University of York:
- Centre for Anatomical and Human Sciences
- Centre for Education Development
- Centre for Health and Population Sciences
- Centre for Immunology and Infection
- Centre for Neuroscience

At the University of Hull:
- Joint Centre for Cancer Studies
- Centre for Cardiovascular and Metabolic Research
- Centre for Education Development
- Supportive care, Early Diagnosis and Advanced disease research group, Centre for Health and Population Sciences

Each academic centre will offer a range of SSIP modules for Phase 1 students, including some choice within their centre. This may range from choice of essay titles within certain areas, to radically different topics of study. Staff in some centres may be able to work with individual students to identify areas of mutual interest. When student numbers are larger, centres may prefer to guide students through particular topics or offer closely-specified essay titles and well-defined projects. Such variation will be an integral part of the SSIP experience.

How students choose SSIPs

Students select an academic centre on their home campus. This centre will be their home for the SSIP for a complete academic year. The list of centres and the options offered by them within the SSIP will be posted on Blackboard. Students will use this information to help select their SSIP during the first two weeks of term one.

Students will be asked to sign up for an academic centre on a first come, first served basis. In one of the years, (either Year 1 or Year 2), half of Year 1 will be automatically attached to CII (for York based students) or CCMR (for Hull students); as this is a transition year to a new curriculum all Year 2 students will sign up to a SSIP of their choosing.

Timetabling

<table>
<thead>
<tr>
<th>Key points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term 1</td>
</tr>
<tr>
<td>Term 2</td>
</tr>
<tr>
<td>Term 3</td>
</tr>
</tbody>
</table>

The minimum number of contact sessions with students per term is **three**

<table>
<thead>
<tr>
<th>Dates for 2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term 1</td>
</tr>
<tr>
<td>Term 2</td>
</tr>
<tr>
<td>Term 3</td>
</tr>
</tbody>
</table>

In Terms 1 and 2, the SSIP is timetabled on Wednesday mornings only. Within the academic centres, the exact timetables for students may vary depending on the subject, but in all cases, students will only attend classes on Wednesday mornings. Wednesday afternoons are kept free for students to take part in sporting or other activities. In Term 3, there are nine consecutive working days allocated to the SSIP, around the Easter holiday. There are no other classes scheduled at this time, so the contact time for the SSIP may be in the mornings or the afternoon, or both.

Student-staff contact

Students will stay with an academic centre for a whole year, so they are not expected to meet with HYMS staff every week. The appropriate number of face-to-face sessions will vary from subject to subject, as will the optimal group size for any meetings, lectures or other activities. It is more important that the timetabling is appropriate to the aims of the course and the teaching methods, rather than it follows a centrally prescribed pattern.

A meeting should be held at the beginning of the year in each centre to orientate the students to the subject area and introduce members of staff.
that, it is suggested that students should meet with their tutors in their groups at least three times in an eight week term or nine day block. Overall, students should expect to spend between 40 and 50 hours of study time in each term on SSIP work, including timetabled classes and self-directed learning. The contact hours will be clearly stated in the SSIP descriptions from each centre.

Student attendance at the SSIP will be recorded by the tutor. Students should inform their tutor and the Student Office of any absences as soon as they are known or occur. HYMS aims to ensure that all students are attending the course as expected.

Much of the day-to-day administration of the SSIP programme is undertaken via Blackboard. Each centre has a dedicated SSIP area that students and staff are able to access. Course resources will be posted here and students and staff will have the use of specific SSIP group email facilities, and will be able to contribute to discussion groups, create wikis, post announcements, etc. Online training guides in the use of Blackboard are available; however students should contact the elearning team, who will try to resolve individual problems. Coursework at the end of each term will be submitted via Blackboard.

### Assessment

<table>
<thead>
<tr>
<th>Key points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Term 1</strong></td>
</tr>
<tr>
<td><strong>Term 2</strong></td>
</tr>
<tr>
<td><strong>Term 3</strong></td>
</tr>
</tbody>
</table>

**NB:** This schedule may vary for students in different centres.

Students complete three assignments in an academic year; a 2000 word essay, an oral presentation, and a poster. The latter may be run as a group exercise, if appropriate to the subject matter, however every student must submit their own individual poster for assessment. It is intended that assessments for all SSIPs in Phase I should be equivalent, in terms of standards and workload (hence the word and time limits on essays and presentations). The format, regulations and deadlines will be the same for all SSIP students, across HYMS academic centres. The procedures for submission, criteria for assessment and allocating grades (including regulations for double marking, late penalties) will follow usual practice at HYMS.
Section 4: Learning context

Grading and feedback

SSIP grading follows the HYMS standard practice for all assessments. Student work is judged to fall into one of four grade categories: fail, borderline fail, pass and excellent. There are no subdivisions within these grades, and no quantitative mark is awarded. A common set of marking criteria has been developed to provide, as far as possible, comparability between SSIP grades across all centres. Any SSIP coursework that is given a grade of excellent, borderline fail or fail must be assessed by the tutor and another moderator.

HYMS has made a commitment to return high quality written feedback to students on all assessed pieces of work within three weeks of the submission deadline. This will be completed by SSIP tutors and returned directly to each individual student. Tutors will also provide a broad assessment of their student's professional behaviour (teamwork, supportive of process, attendance and punctuality). This does not influence the outcome of the SSIP, but forms part of HYMS's overall assessment of each student. If a student is marked as fail in any aspect of professional behaviour during the SSIP, they are automatically reported to the Fitness to Practice Committee.

Coursework submission and extensions

Students submit all coursework via Blackboard and agree to an Academic Integrity Statement confirming their work is their own. If for any reason a student's work cannot be uploaded to Blackboard, usually only appropriate for large electronic files, specific arrangements must be made with HYMS well in advance. Students should not submit work directly to tutors. Tutors are asked not to give coursework extensions without prior approval of HYMS. All requests for deadline extensions must be made by students directly to the Student Office in the first instance. Any student missing the deadline for submission will be penalised in accordance with the HYMS policy on late submissions.

Referencing & Plagiarism

Students at HYMS may use either Vancouver or Harvard referencing in their written work. The HYMS Referencing and Plagiarism Handbook is available to all students on Blackboard and supports a lecture provided early in Year 1. Should a student be found to have plagiarised they will automatically fail the SSIP and be reported to the Academic Progress Committee.

Student SSIP evaluation feedback

Students are asked to complete feedback via Blackboard after each SSIP assessment. Electronic alerts from Blackboard will continue to remind the students when they login, until they have provided the feedback. A report based on the data provided will go to the SSIP Academic Coordinator; centres will receive their own students' responses (anonymously) and a version will be posted on Blackboard for other students to review. If students have serious concerns about a specific SSIP, they are asked to contact the Academic Coordinator as soon as possible.

Library and computing facilities

Facilities within HYMS

There are computers available to you in the PBL rooms. These rooms can be booked for group sessions in your own learning time, through the HYMS office. You will each receive block study guides and essential bench books/papers are provided where required.

HYMS library team

The HYMS library team, provide a contact point for HYMS staff and students in Hull and York. They can be contacted with suggestions and for information skills support, as well as for HYMS-specific library queries and feedback at library@hyms.ac.uk

For enquiries relating to items you have on loan or wish to borrow, or relating to membership, recalls,
Section 4: Learning context

renewals or document supply, please use the contact details given below for the library at your site.

Library facilities at the Universities

As a HYMS student, you have access to library and computing facilities at both York and Hull Universities.

Information resources

Resources and information are brought together for HYMS students on the HYMS Blackboard > HYMS Library tab or via http://libguides.hull.ac.uk/medicine/eResourceAccessInfo

These resources include cross search facilities allowing simultaneous searching for eBooks (http://libguides.hull.ac.uk/medicine/findbooks) and eJournals (http://libguides.hull.ac.uk/medicine/findjournals) available via the two university libraries.

The university libraries’ catalogues can be used to search for specific book and journal titles as well as to reserve books and access various other resources. Both university libraries provide access to a wide selection of electronic information resources to help with your study. These include bibliographic databases such as Medline, Embase, Web of Knowledge and PsycINFO as well as full text journals and are available via:

http://libguides.hull.ac.uk/medicine/findarticles

Access accounts

You may need a username and password to access some of these resources. Information on these usernames can be found via:

http://libguides.hull.ac.uk/medicine/eResourceAccessInfo

Reading lists

Reading lists are available on Blackboard under the relevant course area.

NB: Over 46% of reading list titles are available as ebooks

There may be additional resources listed in a separate block course on Blackboard.

University library membership and opening hours

To view current opening times of either university library select:

http://libguides.hull.ac.uk/medicine/membership > University Libraries: quick links > Library opening times for your university library

University of Hull library membership

Your university card is your membership card for the Brynmor Jones Library and must be presented on entering the library and when borrowing or reserving books. The card can only be used by the person named on it, and must not be lent to anyone else.

For general enquiries, please contact Brynmor Jones Library, The University of Hull, Cottingham Road, Hull, HU6 7RX
Tel: 01482 466581
e-mail: libhelp@hull.ac.uk

University of York library membership

Your university card is your membership card for the JB Morrell Library and must be presented when borrowing items. It can only be used by the person named on it and must not be lent to anybody else.
Section 4: Learning context

For general enquiries, please contact
JB Morrell Library, Heslington, York YO10 5DD
Tel: 01904 433873  Fax: 01904 433866
E-mail: lib-enquiry@york.ac.uk

For further information on the services provided by the two university libraries, see the library web pages.

NHS libraries and document supply

Although the university libraries are the primary resource centres for your studies, during Phase I you are also entitled to access the libraries of Hull Royal Infirmary, Hull Castle Hill Hospital and York Teaching Hospital (based at the York St John University Fountains Learning Centre).

You can apply for membership of the Hull Royal Infirmary and Castle Hill libraries using the appropriate form. This form and further information on the hospital libraries can be found via:

http://libguides.hull.ac.uk/medicine/membership
> Joining the NHS Libraries

A membership form for York Teaching Hospital Library is available from the York Teaching Hospital Library.

Students can also use the document supply/interlending services available via either university library. (Interlending requests via the University of York can be requested electronically.) They are entitled to 10 HYMS-funded interlending loans (ILLS) annually. Photocopies of articles will be sent to the address specified or electronic versions can be requested to be sent via email. Books and complete journal issues, however, will need to be consulted at the university library concerned. For further information and relevant forms see:

http://libguides.hull.ac.uk/medicine/docsupplyotherlibraries

Help and feedback

For a query related to the university libraries, or for general comments or feedback on library issues, please contact library@hyms.ac.uk.

Electronic resources

Communication via e-mail and discussion forums on Blackboard are a crucial part of the HYMS process and you must engage with these. You will be introduced to these early in your course.

The HYMS desktop is accessible to students in any location on either campus and has standard applications for tasks such as word processing, e-mail, internet access, web page creation and statistics.

The HYMS desktop also provides access to a number of computer-based learning packages covering aspects of anatomy, histology, physiology, statistics, embryology and other topics.

The HYMS multi-function laboratories have additional hardware and software for taking physiological measurements that will be used in resource sessions and bioppractical labs.

The desktop gives access to Blackboard, the system that is used to manage most of the electronic content used for problem-based learning. Some resources are held by HYMS, while others are links to many useful and interesting sites from around the world. There are areas for lab resources, discussion areas for students and staff, tools for self-assessment, and more.

Blackboard is used extensively for discussions among students and staff. Suggestions and constructive criticism are welcomed, but it is important that all online participants, and any person under discussion, should be treated with respect. All discussions are monitored, and any inappropriate comments or personal attacks will be taken seriously. Such postings will initially be reported to the student’s personal advisor, and repeated occurrences may result in a report to the Fitness to Practise Committee.

Other student resources include more general HYMS information such as departmental policies, guidelines on referencing, and links to relevant pages on the partner university’s web sites. Links to these resources are accessible via the main HYMS web site at:
Section 4: Learning context

If you have questions or comments about Blackboard or other electronic learning facilities, please send them to elearning@hyms.ac.uk.

Computer Facilities

Information about computing facilities can be found at:

http://www.hyms.ac.uk/undergraduate/student-support.aspx

Computing service user guides will be distributed to all new users via HYMS at York and Computing Services at Hull.

Library and computing regulations

Regulations govern the use of all library and computer facilities to ensure all students gain maximum benefit from learning resources. The Universities take any misuse of library facilities or computers very seriously. There are also general statutes about what you can and cannot do on the internet – see websites below.

- Full regulations for the University of Hull are at:
  HYMS Blackboard > HYMS Library tab > Copyright and digitisation

- Full regulations for the University of York are at:
  http://www.york.ac.uk/about/organisation/governance-governance-documents/ordinances-and-regulations/regulation-11/
  (Computing regulations)
  and
  http://www.york.ac.uk/library/contact/regulations/
  (Library regulations)

Please read the HYMS Code of Practice on Acceptable Use of Information Technology which is available on the HYMS website. Appendix I to that code of practice summarises what you may and may not do on the IT networks, with a full list of examples of what constitutes unacceptable use of IT.

Please be aware that unacceptable use of information technology by a student at HYMS will be considered to be inappropriate professional behaviour, and could lead to suspension from the HYMS programme, under the procedures laid down in the HYMS Code of Practice on Fitness to Practise Medicine, which is available on the website. Further details can be found on page 47 under Procedures and regulations.

All users must abide by relevant copyright law and regulations. For links to further information see:

http://www2.hull.ac.uk/student/studenthandbook/regulations.aspx

IT and information skills training

There will be sessions in the first few weeks covering the HYMS desktop, logins for HYMS electronic resources, accessing library resources, using HYMS Blackboard and information skills.

In addition to these HYMS sessions, a wide variety of IT training courses are available on both campuses and we strongly encourage students to take advantage of these. You can find more information about these as follows:

- Hull ICT Training: http://www2.hull.ac.uk/administration/ict.aspx
- York ILIAD Programme: http://www.york.ac.uk/it-services/training/students/index.html

Any problems with HYMS computers, network connections or printers should be reported by sending an e-mail to help@hyms.ac.uk.
HYMS is fully committed to providing feedback to students as often as possible. Feedback is inherent in the teaching process, and you will receive ongoing feedback from all your tutors throughout each academic year at HYMS.

**Formative feedback**

**PBL**

You will receive verbal feedback from your PBL facilitator during PBL sessions throughout the year.

You will also have one-to-one meetings with your PBL facilitator where you will receive feedback on an individual basis.

You will receive written feedback from your PBL facilitator via your RoA and twice yearly online questionnaires.

In PBL you will receive feedback from your fellow students regularly in PBL review of group progress sessions which occur several times a year.

You will receive written feedback from the other students in your PBL group via the online peer review questionnaires which take place twice each year.

**Clinical skills**

You will receive verbal feedback from your clinical skills tutor in teaching sessions throughout the year. You will also have one-to-one meetings where you will receive feedback on an individual basis.

You will receive written feedback from your clinical skills tutor via your RoA and twice yearly online questionnaires.

Early in Year 1 you will acquire the skills to enable you to give constructive feedback to your peers.

You will receive verbal feedback from each other on a weekly basis in clinical skills and clinical placement sessions.

You will receive written feedback from the other students in your clinical skills groups via the online peer review questionnaires which take place once each year.

**Clinical placement**

You will receive verbal feedback from your clinical placement tutor in your clinical placement sessions throughout the year. You will also have one-to-one meetings with your clinical placement tutor where you will receive feedback on an individual basis.

You will receive written feedback from your clinical placement tutor via your RoA.
Section 5: Feedback to students

Summative feedback

Results for all summative examinations are available for students individually.

For the OSCE you will receive a copy of the mark sheet for each station which will detail constructive examiner comments highlighting areas where you have done well and those you need to improve.

You will receive written feedback from your SSIP tutors.

Feedback from students to HYMS

Your feedback on the course is very important. Students’ opinions of the course are sought regularly through questionnaires, discussions on Blackboard, in individual conversations and in discussions at the Student Staff Committee and other committees where students are represented. Specific feedback is collected on the PBL process, SSCs and clinical placements. A student representative from both Year 1 and Year 2 sit on the Phase I Curriculum Committee.

The use of questionnaires allows staff to assign some validity to the opinions expressed, although we recognise they have limitations and that ’questionnaire fatigue’ sets in. We try to spread the load, using sampling, and to fill out the picture by discussing the results at the Student Staff Committee. Student opinion is a significant factor in the end-of-year reviews.

HYMS has developed student evaluation of the teaching on clinical placements based on the premise that evaluation of teaching is a key skill. There is a session in the first year to introduce you to a process whereby you note your observations on teaching, discuss these observations with your clinical placement group peers and then produce written feedback for you tutor. This helps to ensure that the evaluation is considered, agreed and constructive. This form of collaborative evaluation continues throughout the course.

We are constantly exploring the best methods of gathering student opinion.
### Phase I feedback to students

<table>
<thead>
<tr>
<th>Source</th>
<th>Formative</th>
<th>Summative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source</strong></td>
<td>As necessary</td>
<td>Weekly</td>
</tr>
<tr>
<td>PBL Tutors</td>
<td>Group and individual: oral</td>
<td>Individual review: oral and written</td>
</tr>
<tr>
<td>Clinical skills tutors</td>
<td>Group and individual: oral</td>
<td>Oral and written (RoA)</td>
</tr>
<tr>
<td>Clinical placement tutors</td>
<td>Group and individual: oral</td>
<td>Oral and written (RoA)</td>
</tr>
<tr>
<td>Question papers</td>
<td></td>
<td>Answers and explanatory comments become available one week later</td>
</tr>
<tr>
<td>Formative papers – exam conditions</td>
<td></td>
<td>Answers released with explanatory comments</td>
</tr>
<tr>
<td>Resource sessions</td>
<td>Oral</td>
<td></td>
</tr>
</tbody>
</table>

#### Summative

- **SSIPs (3 every year)**: Written feedback on assessed work
- **OSCE**: Written feedback on all stations from OSCE examiners
Section 6: Evidence of attainment

Record of achievement (RoA) and personal portfolio

‘Students must receive regular and consistent information about their development and progress. Clinical logbooks and personal portfolios, which allow students to identify strengths and weaknesses and to focus their learning appropriately, can provide such information. Using these will emphasise the importance of maintaining a portfolio of evidence of achievement, which will be necessary once they have become doctors and their licence to practise is regularly revalidated. Feedback about performance in assessments helps to identify strengths and weaknesses, both in students and in the curriculum, that allow changes to be made.’

– From Tomorrow’s Doctors: Recommendations on undergraduate medical education

For portfolios to be effective learning tools, there must be a clear purpose – clear to you and to the staff. This requires a structured approach, with clear activities and milestones along the way.

You will find that your individual experiences are a major impetus for learning. We want to encourage curiosity, accountability and self-motivation, so that you are prepared to take your own learning forward. We want you ultimately to be capable of driving your own progress; and the primary purpose of at least some of the portfolio exercises must be to develop these capabilities, not simply to produce a reductionist measure of ‘competence’ or ‘professional attitude’.

At the same time it is important to us all, and particularly to yourself, that you develop the professional behaviours that are so important to patients.

Given these somewhat contradictory goals – needing to assess against specific outcomes and criteria, versus the emphasis on individual and personal growth – the HYMS portfolio has two related, but separable, exercises.

The purpose of the first, the record of achievement, is to gain reliable evidence for fulfilment of learning outcomes that are difficult to appraise in other ways, mostly to do with development of professional behaviour and values, but secondly to develop your skills to assess your own strengths and weaknesses in these areas. Of course, these are intertwined – professional development cannot be separated from personal development; the doctor cannot be separated from the person.

The purpose of the second exercise, the personal portfolio, is to begin to cultivate an attitude within you of being aware of your own development, being comfortable with discussing difficult issues such as failures and fears, and gaining the skills of giving and receiving constructive criticism and using it to guide
Section 6: Evidence of attainment

your own personal development, as you will to need to do when you become a doctor. This is not something that happens without guidance and time for learning.

How to create a personal portfolio
In each study guide, you will find a sheet headed personal portfolio at the end of every week. Use this to write down the experiences you have had which have made a particular impression on you. You will see that these sheets can easily be removed from the study guide if you wish. Try to go beyond just a description of what happened; try and consider the effect on your own approach to learning, what is working and not working for you, and how you will address your needs.

Much of what you write will come from the clinical placements but you are free to put anything else you wish into your personal portfolio. This could, for example, include notes from discussions about the PBL process, or from your thoughts after watching videos of your consultations with simulated patients.

While these reflections are your personal account of your thoughts and experience, HYMS will occasionally require or you may request that your personal tutor or another member of HYMS staff check that these entries are being completed. While the content will not be formally assessed, you may use these sessions to gain valuable feedback on your own developing skills of self-assessment and professional awareness. You will also need to look back at your entries in order to complete exercises for your record of achievement.

The record of achievement
At the end of each block you should have a series of completed weekly forms, from both your clinical skills and clinical placement tutors, indicating your attendance and performance and developing professional behaviours. Twice a year you will be asked to fill in a self-assessment of your developing skills in clinical placements and will compare your assessment with that of your tutors. You will also be asked twice a year to fill in an on-line peer appraisal, self-appraisal and tutor appraisal about the members of your PBL group as part of your professional development.

In January and April or May, you will have one-to-one meetings with your clinical skills facilitator and with your PBL facilitator in their role as personal advisor. This will include a discussion based on the peer appraisals from your group, a reflective essay written by you and, for your second one-to-one meeting, a completed self-appraisal and short reflection. Copies of these will be submitted to your tutor and to HYMS a week before your meeting. Your personal advisor will need to look at the weekly reports from your clinical skills and clinical placement sessions.

At the end of this discussion your tutor will fill in an on-line report summarising your progress in your personal and professional development, including your strengths and areas for future improvement. You will have an opportunity to add comments as well. This report will form a part of your record of achievement.

Examinations and assessment
Assessment is a much broader process than examinations; there are many different types of assessment, including self-assessment. Examinations have several purposes apart from assessment: they enable students to receive feedback, they guide students about what staff think it is important to learn, and provide information about the effectiveness of the course.

Submission of assessed work
Procedures for the submission of assessed work can be accessed at:

Blackboard > HYMS for All MBBS 2014/15 > Information for All > Penalties for late electronic submission

Formative and summative assessment
The two main types of assessment with which you should become familiar are formative assessment and summative assessment.
Formative assessment gives you feedback on how you are progressing. The results do not ‘count’, in that they are not taken into consideration at end-of-semester or end-of-year examinations. Since the purpose is to help you and your tutors identify your strengths and weaknesses, there is no point in cramming for such an examination, or trying to conceal your weaknesses. You need to be able to identify your weaknesses so they can be rectified.

Summative assessment does ‘count’, and you will have to reach the prescribed standard in order to pass on to the next stage of the course or, eventually, to graduate.

Assessment and examinations are often assumed to have one main purpose – to see if you have reached a sufficient standard to pass to the next stage or to graduate. This is certainly the key aspect for the outside world, who will want to know that doctors from HYMS are properly trained.

However, an equally important function for you as a student is to motivate learning. Examinations stimulate us to work, and the fear of failure is a powerful motivator.

**Formative assessment**

There are regular opportunities for formative assessment so you know how you are doing. With effective feedback, you can study more effectively, resulting in fewer problems in the end-of-year summative examinations.

At the end of each PBL week the facilitator will lead a brief discussion about how the sessions have gone and what could be done to improve them, looking at the process of the PBL sessions in particular. It is also an opportunity for you to feed back to the facilitator your perception of their role in the group. All this will be in a group format. Your notes from this can go into your personal portfolio.

At the end of some blocks there will be a more extensive group discussion about the PBL process and everybody’s role within it. This may be by means of a pro forma for everyone to complete as a group. The result of this discussion should also go into the personal part of your portfolio.

The facilitator may arrange to speak to you individually at any time, if they feel you are struggling with the work or having difficulty with PBL group format and you may, of course, approach your facilitator in the same way.

After each block there will be short formative questions posted on Blackboard, in a similar style to the end-of-year examination. There will also be a formal formative written examination in the autumn and spring terms as well as a formative (“mock”) OSCE and formative spotter in the spring of Year 1. This is your primary opportunity to receive detailed feedback on areas in the curriculum where you are doing well and those you need to concentrate on more and to experience a new type of assessment. Make sure you approach these as you would the summative exams and take full advantage of the feedback provided.

In addition, in Year 2 students will undertake two independent assessments of clinical consultation skills (ACCS) taken as a ‘mastery’ examination. Students with grades of D or lower will be required to meet with their Phase II tutor at the beginning of Year 3 to plan remedial action.

**Summative examinations**

Full details of the examinations for Phase 1 are in the HYMS Code of Practice on Assessment and Examination for MB BS, which is available on the website:

Section 6: Evidence of attainment

<table>
<thead>
<tr>
<th>The Phase I assessment grades are:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excellent</strong></td>
</tr>
<tr>
<td><strong>Pass</strong></td>
</tr>
<tr>
<td><strong>Borderline Fail</strong></td>
</tr>
<tr>
<td><strong>Fail</strong></td>
</tr>
</tbody>
</table>

Below is a summary and an explanation, but the code of practice should always be consulted for precise information.

The formative examinations in each block, and in the autumn and spring terms, will give you experience of how each of these methods works. As far as possible, we aim to write questions that test the application of knowledge rather than just the recall of facts — this reflects the PBL process which involved acquiring knowledge within the context of a realistic patient problem — but there is no escape from the fact that there are a lot of facts to learn.

The assessment is of the outcomes as expressed in the study guide for each block. Although the outcomes derived from PBL are an important part of the learning process, and should map to the block outcomes, they are not the only basis on which the examinations are set. You can expect to find material in the examinations based on plenary sessions, workshops, biopracticals, resource sessions, clinical skills and clinical placement sessions, as well as the PBL sessions.

**OSCE**

In the OSCEs, students rotate around ‘stations’, usually spending five minutes at each station. At each they perform a task which is assessed, usually by direct observation. Stations will be chosen to reflect the range of competencies that you are expected to demonstrate by the stage of each examination, and may include:

- assessment of communication skills
- assessment of basic physical examination/practical procedures
- other tasks as appropriate to the curricular objectives.

**Anatomy spotters examination**

Students rotate around ‘stations’ usually spending three minutes at each station. Each station comprises one or more anatomical (cadaveric) specimens with tagged, flagged or otherwise labelled anatomical structures. At each station, you will be required to answer three questions relating to the labelled structures. Each question will typically test either the identification, anatomical relationships or function/dysfunction (functional morphology and

More detailed information about the processes and content of papers can be found on HYMS Blackboard by Year under Assessments and in HYMS for All under Information for All.

These are the components of the examinations for Years 1 and 2:
- appropriate attendance and performance in the core elements of the course
- three written integrated medical science papers
- an objective structured clinical and practical examination (OSCE)
- an anatomy spotter
- satisfactory completion of a portfolio/workbook, including submission of forms, written assignments and self-assessments as outlined at:

Blackboard > HYMS MBBS Year 1 2014/15
Blackboard > HYMS MBBS Year 2 2014/15

The written papers may include a combination of:
- modified essay questions
- ‘best of five’ multiple choice questions
- extended matching questions.
Section 6: Evidence of attainment

Themes

The course is divided into four themes

- Applied life science
- Clinical skills and reasoning
- Health and society
- Professionalism

clinical applications) of a single labelled anatomical structure.

Progressing

In Year 2 the papers will cover all the work for Years 1 and 2, with an emphasis on Year 2. Since everything in the course should continue to be useful to you in your career, your learning needs to be carried forward from year to year.

If you are unsuccessful in the examination in June, there will be an opportunity to resit the examination during the long vacation in August. Students not eligible to progress in August will normally have their course terminated (subject to any appeal).

To pass on to the next stage of the course, you need to:

- pass the examinations in the core curriculum, including the portfolio requirements
- pass the assessment in the SSIPs
- fulfil the attendance and performance requirements within the course (this is a requirement to sit the summative exams and normally includes full attendance at PBL, clinical skills and clinical placement sessions.)
- be in good standing with the Fitness to Practise Committee.

Instructions for written examinations

The arrangements for sitting the written examinations and the OSCE will be posted on notice boards and on Blackboard. It is your responsibility to familiarise yourself with them.

Examination arrangements

Additional needs in examinations

If you have a disability or other additional need which requires specific arrangements in order to give you equal opportunity in undertaking the examination, you should talk to your PBL facilitator or senior advisor.

Mitigating circumstances

A student who feels that their performance in an assessment was affected by illness or other mitigating circumstance should register a claim in mitigation with the invigilator at the assessment, or with the HYMS Student Office, normally by the end of the day of the examination.

Students should then submit a written statement, accompanied by a medical certificate or information from an independent source to confirm the circumstances claimed, within seven days of the assessment, or assessment deadline. Claims cannot be considered without the appropriate supporting evidence.

These claims will be considered, in the first instance by the secretary to the Academic Progress Committee and then by members of that committee. The responsibility for making a decision on a submission in mitigation rests with the HYMS Board of Studies, on the recommendation of the Board of Examiners.

If a claim is accepted, an opportunity to take the assessment ‘as if for the first time’ at the next scheduled opportunity will be offered. If permitted to undertake a new attempt in this manner, the original mark obtained at the first attempt becomes void and is replaced with the mark for the new attempt, even if this is lower than the original mark obtained.

Please note, mitigation will not include the possibility of altering grades or allowing progression if a satisfactory level of performance in the current assessment cycle has not been demonstrated by the student.
Section 6: Evidence of attainment

Circumstances around a claim in mitigation may be sensitive and all information related to claims in mitigation will be handled in such a way as to protect the identity of the claimant. If a student needs to speak to someone confidentially, advisors and supporters are available. Details of these are provided on pages 39-47 of this handbook.

Further guidance on HYMS mitigating circumstances procedure is available at:

**Transcripts**

A transcript is an official summary of the courses you have taken and the level of achievement you have attained. If you need a transcript please ask at HYMS reception in Hull and York.

**Feedback**

Feedback on the content of summative examinations will be posted on Blackboard.

**Getting your results**

Results of summative assessments will be made available to you as soon as possible after the meeting of the Board of Examiners. However, you should note that these results are subject to confirmation by the HYMS Board of Studies and the HYMS Joint Senate Committee.
You have various sources of academic and pastoral support provided through HYMS itself, and also the student welfare network of both universities. During Phases II and III there are further sources of support at NHS sites where you may be doing clinical placements.

If you have a problem, please find someone you trust to talk to. HYMS staff are approachable and are here to help you progress through the course. If you are uncertain who to approach please contact the HYMS Student Office for advice

student.office@hyms.ac.uk

**Registration with a GP**

All students are required to register with a local GP, and should inform the HYMS office of the practice with which they are registered.

At the University of Hull, there are several local GP practices at which students are registered. Students are advised to use NHS Choices to identify the practice which best meets their needs.

At the University of York, many students choose to register with the practice based at the University Health Centre on campus, and time is allocated for this in the first week.

**HYMS advisors**

As a HYMS student your PBL facilitator is your personal advisor and your primary source of support. He/she is best placed to provide feedback on your general academic progress through the year. You will have at least one individual meeting a term, and further meetings can be arranged as necessary. You will not be able to contact your personal advisor by phone, but can do so by e-mail. Professional commitments may mean that they cannot always respond rapidly.

As well as your PBL facilitator, there are HYMS senior advisors based on each university campus: in Hull Dr Bryan Wilson and Dr Angela Hoye, and in York Dr Alison Blakeborough (see page 9). They are accessible at times when PBL tutors are not available. At certain times the senior advisors may be able to hold individual meetings on a drop-in basis, and at other times they may be able to respond to urgent queries or arrange a meeting more quickly than your personal advisor. Gwen Irving (see page 9) has the role of disability tutor for HYMS students.

Your PBL facilitator will assist you through your studies by providing accessible, confidential and supportive advice on academic and pastoral matters. This includes formative feedback on your academic progress and performance. If you need more
Section 7: Student and financial support

Where to share a problem...

<table>
<thead>
<tr>
<th>Problem with PBL or clinical placement teaching</th>
<th>Inappropriate to talk directly to facilitator/tutors?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk directly to PBL facilitator or clinical placement tutor</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problems with work or personal issues</th>
<th>Inappropriate to talk to PBL facilitator?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to Director of PBL: Dr Andrew Davidson or a Student Liaison Officer: Andrew Murphy-Pittock, HRI Paul Gibson-Simpson, YTH or a Senior Advisor: Dr Bryan Wilson or Dr Angela Hoye, Hull or Dr Alison Blakeborough, York or contact HYMS Student Office</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wish to talk to someone outside HYMS?</th>
<th>Student support services in York or Hull</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to a Senior Advisor: Dr Bryan Wilson or Dr Angela Hoye, Hull or Dr Alison Blakeborough, York or contact the HYMS Student Office</td>
<td></td>
</tr>
</tbody>
</table>

support than they can provide on a particular issue, they will refer you to the senior advisor who may then refer you to the specialist services elsewhere in the university.

When you are on clinical placement the student liaison officers (SLOs) are a valuable contact for personal issues since they will have information about resources available both via the two university campuses and locally. The student liaison officers have the support of the Directors of Clinical Studies in each locality. If you are unsure of the support you require or how to access it please contact student.office@hyms.ac.uk and you will be advised accordingly.

Diversity

The people you meet at HYMS will be very diverse. Some of the most obvious features include skin colour, gender, religion, health, disabilities, age, sexual orientation and first language – but of course every one of us is different. We all need to be open and accepting of differences, and developing an understanding of people’s diversity is important for dealing with patients and colleagues in clinical medicine. For example, if all social events were to be based around consumption of alcoholic drinks late in the evening then several groups of students would be automatically, if unthinkingly, excluded.

You can expect that there will be people who wish to find time in the day for religious observance, or who need to rush off at the end of a session because of domestic responsibilities, or have other priorities beyond studying medicine and being a student. If you have particular needs, talk to your colleagues so they understand why those things are important to you. If some other obligation occasionally interferes with a teaching session, make sure you inform the tutor in advance and make up the missing work. Remember, having a good reason for absence does not absolve you from attendance requirements.
University support services

The Universities of Hull and York have extensive student support networks. Both provide a similar range of specialist support services, though they are organised in slightly different ways. You may use these services by referral from your HYMs Advisors, or by going along yourself. Services available include counselling and advice on:

- personal problems
- academic study
- disabilities
- general health issues
- childcare
- equal opportunities
- accommodation
- council tax
- finance
- grants and benefits
- student loans
- immigration
- legal problems
- disciplinary matters
- careers

…and more. However, they do not include medical services, for which you must register with a local GP practice, as indicated earlier.

You may use the student support services of either university, which may be particularly useful when you are based away from your campus of initial registration, for example when doing an SSC or a clinical placement. However, if you wish to use the support services of the other campus, please obtain a referral from the senior advisor at your ‘home’ campus.

There is one exception to this: support in cases of financial hardship can only be provided through the university at which you are registered.

Details of student support services at the University of Hull can be found at http://www2.hull.ac.uk/student/support.aspx

Details of student support services at the University of York can be found at http://www.york.ac.uk/np/students.htm

On both campuses, HYMs, central services and the students’ union provide many sources of information, support and guidance. Some of these are outlined in more detail below.

University of Hull student support services

Note: You may have to copy and paste these web addresses into your browser.

The sources of information, support and guidance at the University of Hull can be accessed from the following websites:

- Disability Services: http://www2.hull.ac.uk/student/disability.aspx
- Student Support Services: http://www2.hull.ac.uk/student/support.aspx
- Advice Centre: http://www2.hull.ac.uk/student/studenthandbook/support/advicecentre.aspx
- Students’ Union: http://www.hullstudent.com
- Race and equal opportunities: http://www2.hull.ac.uk/student/equalityanddiversity.aspx
- Loans and Hardship Team: http://www2.hull.ac.uk/student/support/loansandhardship.aspx
- Mature Student Advisor: http://www2.hull.ac.uk/student/supportservices/mature.aspx
- Accommodation Office: http://www2.hull.ac.uk/student/accommodation.aspx
- International Office: http://www2.hull.ac.uk/international.aspx
- Graduate School: http://www2.hull.ac.uk/student/graduateschool.aspx
- Student Counselling Service: http://www2.hull.ac.uk/student/counselling.aspx
- Skills Team Library and Learning Innovation: http://libguides.hull.ac.uk/skills
Section 7: Student and financial support

University of York student support services

At York, each college has a welfare team which includes the provost and a college dean who has special responsibility for student welfare. In addition, the University’s welfare network is designed to provide students with quick and easy access to various sources of help and advice on all aspects of life as a student.

Sources of information, support and guidance, as well as university policies, can be obtained form the Student Support Hub in Market Square, or can be accessed from the following websites:

- Emotional and psychological support:
  The Open Door Team
  http://www.york.ac.uk/students/support/health/opendoor/

- Disability Services:
  http://www.york.ac.uk/students/support/disability/

- The Equal Opportunities Office:
  http://www.york.ac.uk/admin/eo/

- The International Office:
  http://www.york.ac.uk/study/international/

- Harassment Support Network:
  http://www.york.ac.uk/admin/eo/Harassment/StudentProcedure.htm#code7

In addition, administrative offices such as the Undergraduate Office, the Graduate Schools Office and the Accommodation Office all provide information and advice. Welfare support is also available through the student-run organisations, particularly the Students’ Union and the Graduate Students’ Association.

- The Undergraduate Office:
  http://www.york.ac.uk/study/undergraduate

- The Graduate Schools Office:
  http://www.york.ac.uk/admin/gso/

- The Accommodation Office:
  http://www.york.ac.uk/about/departments/support-and-admin/accommodation/

- The Students Union: http://www.yusu.org

- The Graduate Students’ Association:
  http://www.yorkgsa.org

Resolving problems with the course

In general, if you are experiencing difficulties of any sort, you should discuss them with your PBL facilitator who will be able to help you access other sources of support. Make sure you obtain evidence of the problems faced (for example, a medical certificate if you have health-related absences), especially around the time of the exam period, since this may be important if you subsequently need to ask for mitigating circumstances to be taken into account.

If your difficulties are such that you cannot achieve the necessary attendance and other progression requirements, you can apply to withdraw from the course and subsequently re-enter after a period away, repeating uncompleted material as necessary. Such a suspension of studies is known as a Leave of Absence and in some cases it can allow resolution of the underlying difficulties (eg: medical, personal or financial). Any application for leave of absence will be considered on the basis of your individual circumstances and the evidence presented.

Should you be contemplating leaving the medical course altogether, you should use all the support available (both within HYMS and at your university) to help you decide if this is the right action for you, and if so, how best to proceed with your plans. It may be easier for you to transfer to another course within the same university rather than apply elsewhere. If you successfully complete one or more years of the HYMS course, you may be able to use that as credit towards another degree, although this would be subject to the agreement of the proposed new department or university.

Financial support

As a medical student, you are entitled to the same financial resources and student support in Years 1 to 4 of your undergraduate course as any other undergraduate.

There is comprehensive information about the funding packages available at https://www.gov.uk/browse/education/student-finance
Section 7: Student and financial support

The website also gives information on a range of other support available to students with a partner, dependent children, or disabilities. Students may apply online or download application forms and guides.

Student grants and loans for living costs and tuition fees

<table>
<thead>
<tr>
<th></th>
<th>Students who start in 2014-15</th>
<th>Students who started before 2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maintenance grant</strong></td>
<td>£50–£3,387</td>
<td>£50–£3,080</td>
</tr>
<tr>
<td><strong>Living cost loan</strong></td>
<td>£5,740 max (£4,375 if living at home)</td>
<td>£4,950 max (£3,838 if living at home)</td>
</tr>
<tr>
<td></td>
<td>65% non-means tested</td>
<td>72% non-means tested.</td>
</tr>
<tr>
<td><strong>Tuition fee loan</strong></td>
<td>£9,000 max</td>
<td>£3,465 max</td>
</tr>
<tr>
<td><strong>Tuition fees for 2014-15</strong></td>
<td>£9,000</td>
<td>£3,465</td>
</tr>
</tbody>
</table>

**Maintenance grant**

Entitlement is dependent on household income. If this is more than £42,611 you won’t be eligible. Students with previous study may not be eligible but should request an income assessment so that the universities can consider them for bursaries. Final year students are not eligible for the grant. If in doubt check with HUU Advice Centre in Hull or a Student Welfare Adviser in York.

**Maintenance loan**

Most loan rates are based on an academic year of 30 weeks but as the MB BS course requires more than 30 weeks attendance the above thresholds are increased by £82 per additional week (or £54 if living at home).

Students in their final year will be eligible for a reduced rate maintenance loan in addition to a means-tested NHS bursary. The maintenance loan rate is currently £1,811 or £1,324 for those living in the parental home.

**Tuition fee loan**

Students can defer payment of their tuition fees by applying for a fee loan – entitlement is not based on household income. However, students with previous study may have reduced entitlement and should discuss their situation with the HUU Advice Centre in Hull and a university welfare officer in York. Students in their final year will have their fees paid by the NHS.

Once assessments are complete, students are informed in writing of payment details by the student loans company.

**Clinical placements**

A contribution will be made towards additional costs associated with clinical placements from NHS funds but administered by the universities, as in the case of other healthcare courses. NHS Executive and Department of Health guidelines are available in NHS publications such as Financial Help for Health Care Students, which includes transportation and temporary second accommodation costs. Further information about this is available at http://www.nhsbsa.nhs.uk/students.aspx (follow links or search by name).

Additional grants may also be available from Student Finance England/Wales for students who have to pay extra travel costs as a result of their medical course.

**NHS bursaries**

Medical students may be able to access additional funding via an NHS bursary for the fifth and subsequent years of their medical degree programme. This includes those students who may have taken time out for an elective or intercalated degree, who will not yet actually be in Year 5 of the MB BS course.

The bursary is means-tested and does not have to be repaid. Currently the minimum bursary is £2,810 (£2,346 if living at home). There are also additional allowances for the extra weeks of study (over 30 weeks and 3 days), those with dependants and those with a disability.
Comprehensive details can be found in the NHS booklet, *Financial Help for Healthcare Students*, which is available online at
http://www.nhsbsa.nhs.uk/students

**Local financial support**

**Students starting in 2014-15**

**HYMS bursary**

Allocated on basis of household income being £25,000 or less.

<table>
<thead>
<tr>
<th></th>
<th>Fee waiver</th>
<th>Accommodation bursary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1</strong></td>
<td>£1,500</td>
<td>£1,500</td>
<td>£3,000</td>
</tr>
<tr>
<td><strong>Year 2</strong></td>
<td>£1,500</td>
<td>£1,500 cash</td>
<td>£3,000</td>
</tr>
<tr>
<td><strong>Subsequent years</strong></td>
<td>Student choice: all fee waiver, all cash or £0.50</td>
<td>£3,000</td>
<td></td>
</tr>
</tbody>
</table>

- Student can be UK or EU
- EU students will only be eligible to receive the fee waiver element
- Students with previous higher education experience (ie: graduates) will also be eligible for the HYMS bursary

Full details about the bursary and eligibility are available from
http://www.york.ac.uk/study/undergraduate/fees-funding/uk-eu/university/

If you have any queries concerning either of the bursaries you should contact the Student Financial Support Unit.

**Hardship funds**

Once at university, medical students experiencing genuine hardship can apply for the following:

- Emergency loan: Available at the beginning of the academic year for full-time students who are waiting for their financial support to arrive.
- University Hardship Fund: Assistance for UK students who have taken the maximum student loan. This is available to both full-time and part-time home students. Applications are welcome throughout the academic year. There is an assessment process and students are expected to demonstrate hardship, there is no automatic entitlement. The Fund generally makes awards that do not have to be repaid, although occasionally the Fund will make loans.
- International Students’ Hardship Fund: To assist international students who are in financial hardship as consequence of some unexpected or unforeseeable occurrence.

Students are expected to demonstrate that they commenced their studies with adequate funding in place.

Further information can be obtained by contacting one of the following:

**Hull Students**

Student Support Services
The Information Point, 3rd floor University House:
Tel: 01482 462020
Email: all@hull.ac.uk
http://www2.hull.ac.uk/student/support/loansandhardship.aspx

Hull University Union Advice Centre, 3rd floor University House.
Tel: 01482 466263
Email: huu-advice-centre@hull.ac.uk
http://www.hullstudent.com/welfare/advice-centre/

**York Students**

Student Financial Support Unit, Student Support Hub, Market Square
Office hours: Monday – Friday 10.00–16.00
Tel: 01904 324043
Email: sfsu@york.ac.uk
or
Student Welfare Advisors
Student Support Hub, Market Square
Office hours: Monday – Friday 10.00–16.00
Tel: 01904 324140
Email: welfareinfo@york.ac.uk

Advice online for York students:
http://www.york.ac.uk/students/housing-and-money/financial-support
Section 7: Student and financial support

Procedures and regulations

Comments and complaints

The HYMS philosophy is to foster a spirit of mutual respect and collaborative participation between staff and students, and we welcome comments and suggestions from students about how services might be improved. If you wish to make a suggestion or comment about services, academic or otherwise, you should do so by contacting the relevant HYMS senior advisor or HYMS clinical placement student liaison officer.

HYMS encourages all students to participate in HYMS affairs – student involvement will continue to play an indispensable role in developing and monitoring the curriculum.

Occasionally students may wish to make a complaint about the services they receive, should the normal collaborative processes fail to produce the necessary improvement. Complaints, like suggestions and comments, afford an opportunity for improving the quality of systems, processes and behaviours. HYMS therefore has a process for receiving and addressing complaints. You can find it in the HYMS Code of Practice on Investigation and Determination of Student Complaints at:


As a HYMS student, you have the right to use certain computer systems, networks and facilities in both universities, but this right is conditional on your exercising it in a responsible way. Misuse of computing facilities or services may constitute a criminal offence as well as contravening university regulations. In general, both universities will treat inappropriate use of facilities and services as a breach of their own regulations, whether or not it is a matter for the criminal courts. However, in some instances the universities may have limited control over the level of action that is taken, eg: following a case of suspected computer misuse, where the misuse is directed against a computer or a user outside the academic community and the director of public prosecutions is involved. Universities are legally obliged to report some types of inappropriate use of their services and facilities to the police.

Unacceptable use of information technology by a student at HYMS will be considered to be inappropriate professional behaviour, and will be subject to fitness to practise procedures as laid down in HYMS Code of Practice on Fitness to Practise Medicine.

It could lead to suspension or termination of your participation in the HYMS programme.

Academic misconduct (plagiarism and cheating)

Plagiarism is incorporating within your work, without appropriate acknowledgement, material derived from the work of another (published or unpublished).

The penalties for academic misconduct are always serious. Students found guilty of academic misconduct may, for example, fail their degree or be asked to leave the university. Academic misconduct is a serious issue that might be considered to affect
your fitness to practise medicine (see below) and could lead to the suspension or termination of your participation in the HYMS programme. Full details of the HYMS policy on academic misconduct are available in the HYMS Code of Practice on Academic Integrity and Conduct at:

– under School-wide codes

During your first term, you will attend a workshop on referencing and plagiarism and work through exercises designed to help you understand these issues. You agree to the HYMS policy on academic integrity and conduct when you sign your conditions of training. When submitting a piece of work for assessment you will be asked to confirm specifically that there is no plagiarism and that the submission is entirely your own work.

A mark of zero will normally be given for any piece of work where academic misconduct has been found.

If you have any questions about what constitutes academic misconduct, and in particular the failure of proper attribution of material derived from another’s work, you should consult the HYMS referencing and plagiarism handbook available on the SSIP Blackboard site at:

Blackboard > HYMS Scholarship and Special Interest (SSIP) Phase I > General Information

and seek advice from your supervisor or tutors. The University of Hull skills team can also help and advise you with matters relating to plagiarism and referencing.

Discrimination and harassment

HYMS is committed to ensuring equality of opportunity, and will make every endeavour to ensure there is no discrimination on grounds such as disability, age, race, colour, nationality, ethnic origins, creed, HIV status, sexual orientation, gender, marital or parental status, political belief or social or economic class, or any other criterion not relevant to participation in HYMS programmes. All students are expected to comply with this and need to satisfy academic and fitness to practise requirements (see below).

Students who believe that they have been treated in a manner which is not consistent with equal opportunities legislation may lodge a complaint through the Associate Dean for Students; or, if the complaint concerns the associate dean for students (or her or his representative), through the dean. The HYMS Policy on Equal Opportunities for Students and the HYMS Code of Practice on Investigation and Determination of Student Complaints are available on the website at:

http://www.hyms.ac.uk/about-us/regulations-policies-and-codes-of-practice/policies
– under Student policies
– under School-wide codes

Harassment refers to a range of behaviours which are unacceptable to the recipient and which creates an intimidating, hostile or offensive environment for that individual. HYMS regards harassment as a serious matter. The HYMS Harassment Policy is available at:

http://www.hyms.ac.uk/about-us/regulations-policies-and-codes-of-practice/policies
– under School-wide policies

Where serious allegations of harassment are proved, the harasser will be subject to disciplinary procedures of the relevant university or NHS body and possible criminal and/or civil proceedings. If the harasser is a student there will be an investigation in relation to fitness to practise medicine (see below).

Fitness to practise medicine

The General Medical Council requires HYMS to have a mechanism to identify medical students whose conduct gives serious cause for concern or whose health is impaired to such a degree as to pose a risk to patients. The school is required to
Section 7: Student and financial support

provide any such students with appropriate support and to ensure that if they remain a risk to patients, they are not permitted to graduate with a medical degree.

This mechanism is provided at HYMS by the Fitness to Practise Committee. The procedures of the fitness to practise process are available in detail in the HYMS Code of Practice on Fitness to Practise Medicine at:


Students at HYMS must adhere to the Conditions of training which can be found at:

Blackboard > HYMS for All MBBS 2014/15 > Information for All > Conditions of training

The GMC requires medical graduates to declare any matters relating to their fitness to practise as part of the process to obtain provisional registration as a doctor. You can see the declaration form on the GMC’s website, http://www.gmc-uk.org/information_for_you/uk_medical_students.asp.

The GMC has published detailed guidance about medical students in a document called Medical students’ professional values and fitness to practice (2009) which places obligations on both students and medical schools. The arrangements made within HYMS take account of this document. You can find it at http://www.gmc-uk.org/education/undergraduate/information_for_uk_students.asp

Progression through the course

You will find details about what you need to achieve to progress from one year to the next, and about the circumstances in which your normal progress might be interrupted, in the HYMS Code of Practice on Assessment and Examination for MB BS at:


Please read it. It also helps to understand the next section.

Appeals

The mark to be awarded for an individual piece of work – assessed coursework, and whether written or practical, formative or summative – or the award of an overall mark or classification for an award, will be regarded as the academic judgement of the Board of Examiners concerned. There is no appeal against that judgment. However, you may, through the office of the Associate Dean for Students, ask for confirmation in writing that the work has been marked in accordance with the procedures published in the relevant HYMS Code of Practice on Assessment and Examination for MB BS which is available at:


You may appeal against decisions concerning:

- academic progress, including exclusion from an examination, dissertation, placement or other form of study or assessment forming part of your programme of study;
- termination of your programme of study for non-compliance with the requirements of the programme on grounds of professional unsuitability or professional misconduct;
- refusal to award a qualification or any classification of a qualification.

The grounds for appeal are limited. You can read them in clause 13 of HYMS Code of Practice on Academic and Fitness to Practise Appeals


If you wish to appeal, please use the form provided:

Section 8: HYMS committees and professional bodies

HYMS committees

Students are represented on the HYMS Student Staff Committee and all HYMS academic committees, including:

- HYMS Board of Studies
- HYMS MB BS Programme Board
- HYMS Quality Committee
- Phase I Curriculum Committee.

Student representatives also sit on the HYMS Library Committee.

Details on the membership and terms of reference of these and other HYMS committees can be found under the Code of Practice on Academic Committees at:


Further information on committees can also be found on Blackboard at:

Blackboard > HYMS for All MBBS 2014/15 Committees
Section 9: Health and safety

HYMS aims to provide a healthy and safe working environment. This can only be achieved successfully with your co-operation and vigilance. The HYMS Health and Safety Policy is available at:

http://www.hyms.ac.uk/about-us/regulations-policies-and-codes-of-practice/policies – under School-wide policies

Further details about health and safety issues in NHS environments, and personal health and safety, are provided in Appendix D.

Safety at work

- Smoking is prohibited in the medical school, and in all parts of all university buildings.
- The Health and Safety at Work Act (1974) places on all staff and students, a ‘duty of care’ to work and act in a safe manner for the benefit of ourselves, colleagues, patients and other persons with whom we come into contact in the course of our daily work. During induction week you will undergo health and safety training which will discuss this in more detail.
- Scrubs, safety glasses and other protective clothing must be worn when required, and you must familiarise yourself with the codes of safety governing work in laboratories and abide by them at all times.
- Food and drink are not permitted in laboratory areas.

- Occupational injuries (eg: needlestick incidents, back injuries and any other injury sustained at work) should be reported immediately and an incident form completed.
- It is a criminal offence to interfere with or misuse equipment provided for collective safety. Disciplinary action will be taken against anyone who deliberately endangers the health and/or safety of others.
- If you need to work alone in HYMS buildings you must follow the HYMS Policy on Lone Working at:

http://www.hyms.ac.uk/about-us/regulations-policies-and-codes-of-practice/policies – under School-wide policies

Car insurance

Please note that if you own a car and wish to use it to give lifts to fellow students in the course of clinical placements this may require specific insurance for work purposes. You should discuss this with your insurance company.

Adult basic life support

Please refer to guidance at:

Resuscitation Guidelines 2010
(Resuscitation Council UK)

If you wish to raise any concerns, please contact one of the HYMS’ Safety Officers:
- at Hull, Mr Simon Witty (simon.witty@hyms.ac.uk)
- at York, Ms Louise Ablett (louise.ablett@hyms.ac.uk)
The HYMS Research Support Office provides HYMS researchers, both staff and students, with general support and advice on most research related issues, such as funding sources, regulatory requirements, NHS and university research office contacts, research proposal costs, conference organisation, referral to methodological experts (eg: statisticians, health economists etc), research dissemination and related publicity. The office also manages the student summer research scholarship scheme which is advertised annually in January, and the undergraduate research conference bursary scheme which is open to ongoing applications.

During the course of your studies, you may decide to participate in conducting a piece of research. Before you do so, it is helpful to be clear about a number of issues:

- That you are familiar with the background literature and understand the overall aims, objectives and methods of the study including the hypothesis or theoretical framework to which the study adheres.
- That you have an appropriate role within the study. (What will you be expected to do? Are you appropriately trained or will training be provided?) It is not usually appropriate for a student to lead a study.
- How much supervision is on offer.
- How participation within the study will impact upon you, your studies and your future career. (Will this be undertaken as part of an SSIP or intercalated degree? If not, is there sufficient time to fit it in as an extra to your workload? Is this an area that you wish to specialise in?)
- What the output will be for you personally (eg: acquisition of a specific skill set or a publication).
- That the project is classified as ‘research’ for NHS regulatory purposes. Please see the following link for details:

http://www.hra.nhs.uk/research-community/before-you-apply/determine-whether-your-study-is-research/

- If your project is not classified as “research” for NHS regulatory purposes please ensure that other NHS approvals have been received prior to commencement. This includes work described as clinical audit, quality improvement or service enhancement projects.

If you are unclear about the necessary approvals required for your project, please contact research@hyms.ac.uk


Section 10: Research

Regulatory requirements

Appropriate ethical and research governance approvals are needed for most research. Students are strongly advised to undertake studies which, as part of a larger body of work led by an experienced researcher, already have all relevant approvals in place. Research regulations can be especially complex when relating to research involving NHS patients, staff or premises. You are strongly advised to contact the HYMS Research Office and/or the local NHS trust’s research and development office for specific advice about such studies.

For more information please contact the HYMS Research Support Office at research@hyms.ac.uk

http://www.hyms.ac.uk/research/resources-for-researchers/research-office
Section II: Looking forward to Phase II

After two years in Phase I you will move (subject to the fulfilling the necessary progression criteria) into Phase II.

During Phase II you will be on full-time clinical placements throughout the HYMS region, with only small amounts of time back at the university sites.

You will acquire increasing independence in your clinical assessments of patients, developing your clinical reasoning and diagnostic skills and honing your communication and examination skills.

Your grounding in PBL in Phase I will equip you to take a thorough, critical and holistic approach to patient presentations, weaving together your clinical and basic knowledge to understand the clinical problems you encounter.

In Phase II you will continue to learn the fundamental principles underpinning good clinical practice:

- putting patients first
- working with patients as equal partners
- dedication to continued personal development and learning
- working with colleagues in multi-professional teams and learning to develop leadership skills.
Consultation and communication skills teaching

Introduction

There has been increasing emphasis on communication skills teaching in all medical courses in the last ten years or so. The books and publications recommended during the course will give you a number of reasons why this is so.

Good communication between doctor and patient benefits both, and communication with colleagues is also a vital skill.

Doctor-patient relationship

The patient needs to feel able to express their concerns and to know that they have been understood by the doctor. The patient needs to reach a shared understanding with the doctor about the nature of their illness and how it is affecting his/her life.

The doctor, on the other hand, needs to understand why the patient has consulted. This goes beyond the initial symptoms described; he or she must consider the background that led to the consultation at this particular time. The doctor then needs to understand what the patient says and how this can be interpreted in terms of a disease process, either physical or psychological, and in relation to the patient’s background expectations and beliefs.

Doctors are not automatons or robots taking in and processing information; each has their own personality, background, knowledge, training, beliefs and feelings – like the patients, they experience emotions.

It is this interaction between two personalities around a problem or problems that makes for the complexity, but also the richness, of the consultation. It is a process of exploration that will never end during your professional career.

Integrated learning

The HYMS course is integrated. As far as possible, the learning each week is integrated chiefly around the PBL problems, although coming from a wide variety of disciplines.

By talking to patients you will learn something about their illnesses and about the changes to structure and function that these illnesses involve. Similarly, by being in a health care environment you will learn about the way health services are organised and the way that professionals work within them. You will learn about why patients become ill and the steps that may be taken to prevent illness and to alleviate it.
Appendix A: Consultation and communication skills teaching

The framework for learning
The process HYMS uses is based on the Calgary-Cambridge model, widely used in other medical schools (see reading list). The approach considers the patient to be the centre of the process.

For example, consider a patient presenting with a problem where no recognisable pathological process underlying the problem can be found. This can lead to a ‘medically-centred’ or ‘doctor-centred’ approach, which concludes that no problem exists; the patient can be reassured or dismissed as a time waster. In a ‘patient-centred’ model the problem exists; it is real for the patient, and has to be understood and managed.

In any consultation the doctor has a number of tasks to perform:
- He/she must deploy a range of skills to encourage the patient to tell their story as fully as possible, whilst using time effectively.
- The doctor must interpret what he/she hears in terms of an understanding of any disease process that may be underlying the symptoms. This should be based on a rich knowledge base about disease and its manifestations.
- The doctor must understand the patient’s background, what the influences are on their problem, why the patient has sought help at this time and what the patient’s hopes and fears about the problem are.
- The doctor must be aware of his or her own personality, knowledge and skills, which may affect his or her reaction to a patient’s problem.

All this must be achieved simultaneously, often under pressure from a busy surgery or out-patients department – which is why it can be difficult to get it right, and why time invested in acquiring the process is so essential. The following is an outline of the stages of the process and the skills required.

The consultation process

1 Initiating the session
- Establishing initial rapport
- Identifying the reason for the consultation

2 Gathering information
- Exploration of problems
- Understanding the patient’s perspective
- Providing structure to the consultation

3 Building the relationship
- Developing rapport
- Involving the patient

4 Involving the patient and planning
- Providing the correct amount and type of information
- Aiding accurate recall and understanding
- Achieving a shared understanding; incorporating the patient’s perspective; planning
- Shared decision-making options and explaining in planning

5 Closing the session.
In Years 1 and 2 we are concerned mainly with sections 1, 2 and 3 and 5, as you will not at this stage have enough experience and knowledge to explain problems to the patient or discuss management plans.

The course is structured so that in each block you will build up your skills progressively, starting with simple listening skills and moving on to enquiry and summarising skills later on. The essence of skill acquisition is repetition, so in each session you will be practising skills acquired in earlier sessions while adding new skills.

The whole process can be illustrated by a number of diagrams.

Figure 1, below, is headed ‘traditional medical history’ and reflects primarily a doctor-centred approach. This is included for information, as you will often see this structure, particularly in hospital case records.

Figure 2, below, outlines each step in the Calgary-Cambridge process, from starting the session to explanation, planning and closing, and points out that there are two parallel processes: one provides structure to the information, while the other
simultaneously builds up a two-way relationship between patient and doctor.

**Figure 3**, below, provides more detail on what goes into each session and is an expansion of Figure 2. You will notice that clinical reasoning takes place throughout a consultation.

**Figure 4**, below, identifies most of the skills you will be using and identifies the area of content both in terms of the medical perspective, which we might call ‘the disease’, and the patient’s perspective, which we might call ‘the illness’. The content is then set in the context of the patient’s background.

**Figure 5**, below, suggests a new overall framework where the patient’s perspective and the medical perspective have an equal value and are set in the framework of an entire consultation.

**Timetabling of consultation and communication skills**

Consultation and communication skills teaching and learning is mainly timetabled as follows:

- **Lecture session**
  - Year 1 Thursday morning 09.15
  - Year 2 Friday morning 09.15
- **Clinical skills session**
  - Year 1 Thursday and/or Monday afternoon
  - Year 2 Friday and/or Tuesday
- **Clinical placement**
  - Year 1 Tuesday afternoon,
  - Year 2 Thursday (all day).

This arrangement means that the lecture session gives you some background information and sets the scene. You then have an opportunity to practise these skills in a safe environment in the clinical skills session and later to practise it for real on patients in the clinical placement.

**The clinical and technical skills lecture session**

This Thursday or Friday morning session considers in particular themes 3 and 5: clinical techniques and skills and person-centred care. The talks will usually emphasise one or other of these but you need to remember that to practise patient-centred care is ultimately a clinical skill.

**Practical clinical skills sessions**

These are usually timetabled for Monday and Thursday afternoons (Year 1), and Friday and Tuesday afternoons (Year 2) but a short list of important practical skills will be taught at other points in the week during the course. A separate timetable is available for these.

Clinical skills sessions will operate in various ways. In the first few sessions you will be talking to each other about non-medical subjects and working out with your tutor which communication skills work well and which do not. In subsequent sessions throughout years 1 and 2 you will be practising consultations with simulated patients, drawing on a variety of consultation scenarios and illness experiences. You will receive feedback on your communication from the rest of your clinical skills group, from the simulated patient and from your tutor and you will have opportunities to explore different ways of asking questions and responding to the patient. At other times, under guidance, you will be practising physical examination skills along with your communication skills.

**Links between clinical and technical skills and clinical placements**

Clinical placements take place on Tuesday afternoons and can be extremely varied, not least because every patient is unique.

In many sessions you will be putting into practice what you have just learnt in the clinical skills sessions, either communicating with patients or performing physical examinations. On other occasions you will study the health care environment and observe how principles of health promotion and disease prevention are applied.

The study guides give full details about what is expected, including any preliminary reading you should do.
Appendix A: Consultation and communication skills teaching

Fig 1: Content Guide: The traditional medical history
- chief complaint
- history of the present complaint
- past medical history
- family history
- personal and social history
- drug and allergy history
- functional enquiry/systems review

Fig 2: The modified Calgary-Cambridge process
- Clinical reasoning
  - Initiating the session
  - Gathering information
  - Physical examination
  - Explanation & planning
  - Closing the session
  - Clinical reasoning
- Providing structure
- Building the relationship
Appendix A: Consultation and communication skills teaching

Fig 3: The modified Calgary-Cambridge process in detail

**Clinical reasoning**

- **Initiating the session**
  - preparation
  - establishing initial rapport
  - identifying the reason for the consultation

- **Providing structure**
  - making organization overt
  - attending to flow

- **Gathering information**
  - exploration of the patient's problems to discover...
    - the biomedical perspective
    - the patient's perspective
    - background information – context

- **Physical examination**

- **Explanation & planning**
  - providing the correct amount and type of information
  - aiding accurate recall and understanding
  - achieving a shared understanding: incorporating the patient's illness framework
  - planning: shared decision-making

- **Closing the session**
  - ensure appropriate point of closure
  - forward planning

- **Building the relationship**
  - using appropriate non-verbal behaviour
  - developing rapport
  - involving the patient

**PHASE 1 STUDENT HANDBOOK** 57
Appendix A: Consultation and communication skills teaching

Fig 4: Gathering information

Process skills for exploration of the patient's problems:
- patient's narrative
- question style: open to closed cone
- attentive listening
- facilitative response
- picking up cues
- clarification
- time-framing
- internal summary
- appropriate use of language
- additional skills for understanding patient's perspective

Content to be discovered:
The biomedical perspective (disease)
- sequence of events
- symptom analysis
- relevant systems review
The patient's perspective (illness)
- ideas and beliefs
- concerns
- expectations
- effects on life
- feelings

Context – background information:
- past medical history
- drug and allergy history
- family history
- personal and social history
- review of systems

Fig 5: Revised content guide to the medical interview

- Patient's problem list
- Exploration of patient's problems
  Medical perspective (disease)
  - sequence of events
  - symptom analysis
  - relevant systems review
  Patient's perspective (illness)
  - ideas, beliefs, feelings
  - concerns, expectations
  - effects on life
- Background information – context
  - past medical history
  - drug and allergy history
  - family history
  - personal and social history
  - review of systems
- Physical examination
- Differential diagnosis - hypotheses
  - including both disease and illness issues
- Physician's plan of management
  - investigation
  - treatment alternatives
- Explanation and planning with a patient
  - what the patient has been told
  - plan of action negotiated
Appendix B

Medical students in clinical training

The GMC guidance booklet *Medical students: professional values and fitness to practice* is a key document which aims to balance a positive approach to professional behaviour of medical students with more specific advice for medical schools on how to develop consistent fitness to practise procedures.

The complete booklet can be accessed online at:

http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp

Students are particularly referred to sections 8-38.

Specific advice for HYMS medical students

You will find general advice about professional behaviour elsewhere in this document; what follows is some more specific advice about your contact with patients. In general in Phase 1 most of the responsibilities listed below will be exercised on your behalf by the clinical staff. You should be aware of them however for your future training.

Be aware of the following when on clinical placements:

- You must wear your HYMS student badge at all times. It is very important that both staff and patients must be able to check your identification. You must be aware that if you are not wearing your HYMS student badge you may not be allowed access to some clinical areas.
- You must not examine patients, take histories, or undertake any procedure without the prior informed consent of the patient. Consent should be sought by the supervising member of the clinical team.
- You have the right to refuse to commence or continue an examination, history or procedure, if it is not clear that informed consent has been obtained.
- You should not undertake any history-taking, or examination, or any clinical procedure if you have not been taught the correct procedure or if you do not yet feel competent to undertake the task.
- You should not undertake any intimate examinations (male or female) without a chaperone present. That chaperone should be a suitably qualified health professional.

Examing patients

- Always introduce yourself to the patient and make it clear that you are a medical student (and explain what that means if necessary).
- Explain that they do not have to be seen by a student, and that declining to be examined by a student will not in any way affect the provision of healthcare.
- Explain what you would like to do, what you are going to do with the information, and how you will record any information.
- Check that the patient has understood your explanations and is happy for you to proceed.
- In the patient’s notes, record the date and time that you saw them and any actions that you took as a result of your findings. Sign and date the entry and print your name and medical school status. ([Signed, for example] Chris Green, HYMS Year 1)

Working with other health care professionals

- Always introduce yourself to the senior member of staff responsible for the area where you are placed. Make sure they know which patients you
Appendix B: Medical and dental students in clinical training

- are going to see and check that this will not interrupt patient care. Remember that there are likely to be other students who may also need access to patients for training purposes.
- If a patient you have seen is going for further tests or other investigations, check whether you can go as well.
- If you are asked to leave an area by the senior staff member please do so at once, with grace. If possible, arrange a time when it would be suitable to return if there is a particular topic or patient you wish to follow up.
Appendix C

Rules of the anatomy facilities: Anatomy legislation and health and safety

Introduction

Many issues surround the appropriate handling of human tissues – personal safety, ethical behaviour, and legislation. It is inescapably apparent that public attitudes to the use of human tissues by doctors have shifted, partly as a result of thoughtless, irresponsible, and in some cases arrogant and illegal behaviour by some medical practitioners.

Put simply, medical students, doctors, and other health professionals must treat human tissues with respect for the individuals whose tissues are involved, respect for the law, and care for their own health and the health of those around them.

The legal framework around the use of human material for anatomical examination is different from that surrounding the retention of tissue or organs retained after surgical or post-mortem removal for diagnostic purposes. This appendix to the HYMS student handbook lays out the rules of the anatomy facilities, which implement the legislation governing the use of donated human tissue and that governing health and safety.

Legislation governing the use of donated human tissue

Cadavers are donated human remains available for study. Cadaveric material (such as organs) in the anatomy facilities have been donated altruistically, to benefit medical education through their use in teaching human anatomy.

In order to honour the wishes of both the deceased and their relatives, we aim to utilise each cadaver to its maximum potential. However, for us to do so, we have to conform to strict legal requirements, as laid out in the Human Tissue Act 2004 and in the relevant codes of practice of the Human Tissue Authority. So that this legislation is closely adhered to the following guidelines have been drawn up:

- Students MUST NOT remove human tissue from the anatomy facilities under ANY circumstances.
- Under no circumstances should material be dissected without prior specific permission from a member of staff.
- Students are not allowed in the facilities unless a member of the anatomy staff is present.
- Non-medical people, such as friends or relatives, are not permitted in the anatomy facilities. External medical staff require permission to enter the anatomy facilities from the senior lecturer in clinical anatomy/designated individual.
- No photography is permitted in the anatomy facilities.
- Identifying labels on cadaveric material must remain in place at all times. Any faulty or misplaced labels should be reported to the anatomy staff immediately.
- No cadaver or prosected parts are to be exchanged between tables.
- Cadaveric material should never be removed from the table on which you are working.
- Spray the cadaveric material with the fluid provided every 30 minutes to prevent dehydration (drying). After your session has finished always re-wrap the cadaver or prosected part with the protective covers provided. Any dehydration or mould should be reported to the technical staff immediately. Always take care of the cadaveric material; if you do not, then dehydration will occur and structures will become more difficult to identify.

Health and safety in the HYMS anatomy facilities

The following rules are guidelines for good health and safety practice in the anatomy facilities. Whilst HYMS does everything possible to ensure a safe working environment, each student has a personal responsibility to follow the rules and minimise any risk to themselves and others around them.
Appendix C: Rules of the anatomy facilities

Attire
- You must wear a set of surgical scrubs when in the anatomy facilities and when handling the pathology pots in the anatomy museum.
- Scrubs used in the anatomy facilities must not be worn outside the anatomy facilities or the multifunctional lab. This is to minimise the transfer of undesirable materials.
- Nitrile gloves should be worn when handling any cadaveric material and museum pots. Any students with allergies to the gloves should immediately inform the anatomy staff.
- Gloves used for handling cadaveric material MUST be removed BEFORE handling plastic anatomical models or touching colleagues.
- Any student with allergies to gloves, any other item of PPE or chemicals must immediately inform the anatomy staff.
- Students wearing open-toe shoes or any footwear that does not cover the top of their feet (sandals, flip-flops, ballet shoes etc) will not be admitted in the facilities.
- Long hair should be tied back to reduce the risk of contamination.

Cleanliness and disposal of instruments and gloves
- Hands should always be thoroughly washed after handling anything within the anatomy facilities and also after handling the models and museum pots in the multifunction lab.
- No bags are allowed in the anatomy facilities.
- On no occasion should you leave your bags outside the anatomy facilities where they are subject to theft.
- Gloves must be disposed of before leaving the anatomy facilities. Gloves and disposable aprons must only be disposed of in the yellow clinical waste bags provided in the anatomy facilities.
- Sharps must be disposed of in appropriate disposal containers as provided.

Access to, and use of material
- Any accidents should be reported immediately to the anatomy staff and entered into the accident book.
- The use of any mobile phones is not permitted in the anatomy facilities.
- No running in the anatomy facilities.
- Museum pots must be handled with care; they are heavy and break very easily. Please do not take them out of the anatomy museum.
- If you see any broken museum pots, please inform a member of the anatomy staff immediately.
- Plastic models and other teaching material must be treated with care and must not be removed from the anatomy facilities without permission. All models must be signed out by the anatomy staff.

Contact lenses
- We advise contact lenses should not be worn in the anatomy facilities since formaldehyde fumes may get trapped between the contact lenses and the cornea and increase potentially dangerous eye exposure.
- Contact lenses themselves may also react with formaldehyde getting discoloured and hardened.

Admission to the anatomy facilities and MFL
The anatomy facilities and multifunctional lab (MFL) are open to students from Monday to Thursday 09.15 to 16.30 and Friday 09.15 to 15.30 (closed for an hour for lunch).

There is no admittance to the anatomy facilities and MFL outside usual class times without permission from the technical staff.
Appendix D

Health and safety in clinical environments

The HYMS Health and Safety Policy is available at:

For the purposes of health and safety, the law requires that medical students be treated in the same way as an EMPLOYEE of organisations where clinical placements, or SSCs of a clinical nature, are undertaken. This means that various requirements are placed on you by legislation – as follows.

The Health and Safety at Work Act 1974

This states that: You are responsible for your own safety and that of others who may be affected by your actions (or omissions). You are also required to carry out requests from your Employer that ensure he or she complies with health and safety legislation.

The employers’ responsibilities

Employers have to ensure they do everything, so far as is reasonably practicable, to ensure the health, safety and welfare of their employees and others who may be affected by their work activity. This includes patients and visitors.

The employee’s responsibilities

It is very important that the employee of the organisation knows what your legal responsibilities are relating to health and safety. You can do this by reading the organisation’s health and safety policy – look for the section that identifies YOUR role.

In a typical hospital policy it states that:

‘An employee must take care of their own health and safety and that of others who may be affected by their acts or omissions. Hazards or shortcomings in existing safety arrangements must be reported to their manager (the clinical placement liaison officer) without delay.’

The policy also identifies more specific responsibilities for certain managerial positions. Make sure you know exactly what is expected of you when dealing with health and safety issues. Always remember that these are legal responsibilities, not simply moral responsibilities.

Incident reporting

If there is an accident or incident at work involving yourself or others, each NHS Employer requires you to complete an incident form. This helps identify both real and potential hazards, helping the NHS to remove or control such hazards – thus reducing the level of ‘risk’ for all staff. It is also helpful to you, if you sustain an injury and claim compensation. Completing the form does not constitute responsibility or liability.

Another important form relating to accidents, is the RIDDOR form: Reporting Injuries, Diseases and Dangerous Occurrences Regulations 1995. This is a legal requirement of an employer, to inform the Health and Safety Executive of any injury, disease or dangerous occurrence that meets certain criteria. The policy outlines the criteria for you. You must inform the Departmental Safety Officer in Hull and York if an incident occurs, reportable under RIDDOR, who will complete the necessary paperwork on your behalf. It is vital to report all incidents – near misses, clinical incidents, security incidents, staff injuries, and so on – to help prevent it happening to somebody else.

COSHH regulations

Following on from the Health and Safety At Work Act 1974 are the COSHH (Control of Substances Hazardous to Health) Regulations 1994.

These regulations recognise that certain substances affect different people in different ways, depending on the way the substance is used, where it is used, who is using it and how often they are exposed. As a result, every employer is required:
Appendix D: Health and safety

- to assess the hazards associated with the use of any substance within their environment
- identify the element of risk
- reduce that element of risk (so far as is reasonably practicable), using control measures
- check the effectiveness of these controls.

This is called a COSHH ASSESSMENT. Such assessments must be completed for all substances used by employees whilst in the working environment.

Make sure you know the outcome of the assessment at your placement, and check what possible effect those substances identified may have on you. The safety department or occupational health department will be able to help you, if you have any concerns.

This process of identifying hazards, evaluating the level of risk and applying control measures, has many other applications.

European directives

The introduction of European directives, in the guise of regulations to the UK, formalise the risk assessment process in other areas, not just hazardous substances. These regulations are primarily:

- Management of health & safety at work
- Manual handling
- Personal protective equipment
- Work equipment
- Workplace
- Visual display equipment.

All of this legislation has a central theme. Where previous legislation had merely implied the need to assess hazards, now it is a legal requirement for all employers to complete risk assessments for all areas where they work. This can mean an office, a school, a surgery, a ward or driving a vehicle on ‘company’ business.

All hazards must be identified, and evaluated for the level of risk associated with each. This must be followed by the application of control measures to eliminate or reduce the level of risk.

- A hazard is anything with the potential to cause harm.
- A risk is a measure of the likelihood that harm from a particular hazard will occur, and takes account of the severity of that harm.

Harm can be measured in physical or mental terms; it can also be measured in terms of finance (money) or reputation. Risk assessments should assist the NHS, your manager and YOU to identify problem areas and provide the necessary controls – which may of course, simply be following different procedures and work practices. Effective controls do not necessarily cost money!

Manual Handling Regulations 1992

These establish a very clear hierarchy of measures that the NHS and its staff must follow:

- Avoid hazardous manual handling operations.
- If the task cannot be avoided, assess the element of risk.
- Institute control measures to reduce the level of risk - change work practices or use mechanical assistance.
- You, as an employee, have a major part to play. The Health and Safety at Work Act and the Management of Health and Safety at Work Regulations 1999 require you to make full use of all appropriate equipment provided and that you use it in accordance with the instructions and training provided.
- During your clinical placement the ward or department may have a moving and handling ‘link trainer’; this person is to be your first point of contact for moving and handling advice and information.
- You must follow the safe systems of work designed by the employer whilst on placement, to ensure YOUR safety and that of others. However, these provisions do not preclude sensible improvisation in an emergency.

Remember pain always follows strain.
Appendix D: Health and safety

Infection control

Approximately 10% of patients acquire a ‘hospital acquired infection’ (HAI). This may have mortality or morbidity implications for patients and financial consequences for the employer. Patients in hospital are generally ill and therefore more susceptible to an infection. Many patients have wounds, catheters and other devices that can increase the risk of infection. However, over 30% of all HAI can be prevented.

Infection can be spread in two ways:
- airborne – for instance, via skin scales or dressings
- contact – hands or equipment

We all have a vital role to play in reducing the spread of micro-organisms, to prevent the spread of hospital acquired infections by adopting universal precautions. These are a set of rules to safeguard staff when in contact with blood and/or body substances, and includes the use of:
- personal protective equipment
- dealing with blood spills
- hand washing
- safe disposal of sharps
- waste disposal
- decontamination of equipment.

Everyone working in a clinical setting should wash their hands frequently and correctly: cleanliness is the key to good infection control. Protect your patients and yourself by adopting universal precautions, particularly when in contact with blood and body fluids. Always report any personal illness.

Infection control measures are there to protect you.

Employers have a legal obligation to provide instruction and training for everyone who deals with food – from washing the vegetables, preparing and cooking the meat, handling the cooked food, putting food on plates and serving up the dish of the day, and handing the plates to the person who will ultimately eat the food. All staff need instruction and training!

If you are involved in any of the tasks mentioned and handle food (in any way) as part of your job, you are responsible for ensuring that you do not compromise food safety and ultimately affect the health of those who consume it. These are your responsibilities:
- Keep yourself clean – universal precautions apply whatever your job.
- Protect food from anything you suspect could cause harm to the consumer.
- Stay alert to food safety hazards – invisible bugs are often more harmful than visible ones.
- Keep the handling of food to a minimum and keep your fingers out of the food.
- Keep raw and cooked food apart – avoid cross contamination.
- Ensure waste food is disposed of promptly and correctly.
- Rotate stock on deliveries – use the oldest food first.
- Keep HOT food HOT – above 65°C.
- Keep COLD food COLD – below 5°C.
- Wash your hands after every job.
- Wear the protective clothing provided.
- Use clean utensils and work surfaces.

Hygiene awareness

From the moment it enters the ‘human food chain’, food must be treated and handled in a particular way. All food handlers have a legal obligation to keep food ‘safe to eat’. This is not only the kitchen staff but everyone whose work could affect the food somewhere along its route to the human stomach – this includes the cleaning staff or the engineers working on the catering equipment.
Appendix D: Health and safety

Personal health and safety

Posture

Nobody intentionally sets out to suffer back or neck pain. However, in various ways we often create such pain for ourselves; it is not only injury that causes back pain. Poor posture can also lead to neck and back problems.

When standing upright, the head should be directly above the shoulder girdle so that a small but visible cervical curve is present. Neglecting posture causes people to carry their head forward with their chin sticking out. This causes the cervical curve to increase, forcing the joints of the neck into abnormal positions, stretching ligaments and eventually causing neck pain.

The lumbar curve can also be increased because of poor or non-existent stomach muscles. Being pregnant or overweight can create problems, but sitting in the wrong position, probably slouching, has the worst effect on the lumbar curve.

HOW GOOD IS YOUR POSTURE – RIGHT NOW?

Ways to improve posture:

- Improve your stomach muscles – exercise them!
- Stand tall – but don’t wear high-heeled shoes.
- When working in an awkward position, STOP, STRETCH and assume a normal posture.
- Don’t sit or stand in one position for long periods – STOP and STRETCH.

Hints on the prevention of neck and back pain

- **In bed** Get rid of a sagging mattress; only use one pillow, to reduce the curve of the neck; sleep on your side and when making the bed kneel down – don’t bend over it!
- **In the office** Break up long periods of typing; use a document holder to reduce neck problems and have desks at the same level as your elbows.
- **In the workshop or laboratory** Work at waist height whenever possible; store heavy objects around waist height if they are frequently used; workbenches should ideally be 8cm below the elbow, when standing.
- **In the car** Aim to have good supportive seats with a slight incline – about 15 degrees at the back to support your neck and back. Don’t hunch over the steering wheel; try not to sit in the car for long periods – get out and stretch. Try to stay calm when driving, even in traffic jams – tension causes muscles in your neck and back to tighten and eventually this will cause problems.
- **Weight** Your weight is carried by your trunk, which is supported by the spine – in the long run, being overweight aggravates back problems.

Use of visual display screens (VDU)

The Display Screen Equipment Regulations 1992 apply to all workstations, both old and new, from 31 December 1996. An employer has a duty to:

- establish to whom and to what, the regulations apply
- establish a daily work routine for users
- establish an ‘eye testing’ routine for users
- provide training and information for users
- carry out workstation risk assessments
- maintain records as required.

The objective is to ensure the health and safety of the user. In using VDU equipment in any context, it is sensible to check your equipment and posture for yourself, according to these guidelines:
Appendix D: Health and safety

Visual display screens should be clean, with no reflection or glare. Position monitors and copy holders to reduce head and eye movements as much as possible.

Don't forget to adjust the seat height and backrest of your chair; have plenty of leg room, feet firmly on the floor or footrest; chin up, lower arm and wrist in a straight line and parallel to the key board.

Users should re-adjust their equipment throughout the day to changes in the environment. Relax during break times, preferably away from your workstation.

Security

Security also comes within the remit of the Health and Safety at Work Act, and more specifically the Workplace Regulations. The employer’s responsibilities relating to security are the same as those relating to safety. You also have the same responsibilities identified within this legislation.

Security is not just about making sure you do not lose your wallet or purse. The employer provides employees with a safe and secure environment, but the environment is only as safe and secure as you keep it. Some points to remember:

- Coded door locks effectively prevent access to those who do not know the code. Only let staff or students who need to gain access know the code.
- Always use any lockable cabinets or drawers provided for your personal valuables.
- Lock your office when you are the last to leave – even if you only pop out for a minute. The casual thief takes seconds, not minutes, to remove anything that is valuable and/or has a re-sale value, from your office. This includes computers, printers and even the telephone!
- Remember that no security system is perfect – and most systems are only able to deter the casual thief or slow down the more professional thief. With this in mind, make full use of whatever personal security systems are provided. The knowledge that such systems are in place can be a deterrent to many criminals.

Dealing with violence and aggression.

- Never think ‘It won’t happen to me.’ Never assume you are 100 per cent safe.
- Reduce the possibility by using effective communication. This is not just verbal communication; about 90 per cent of all communication is non-verbal. Think about how you stand. Do you fold your arms? Do you point your fingers or make a lot of hand gestures that can often be misinterpreted?
- Do not confront anger with anger – placation is better than confrontation.
- Shouting to make your point will almost certainly aggravate a volatile situation. Talk calmly, in a relaxed manner, and try to adopt a relaxed stance – even if you don’t feel relaxed!
- Don’t invade a person’s space, however close you think you need to be to get your point of view over. They are probably not interested!
- Talk your way out of bother. If you feel you cannot defuse the situation, get away. Don’t think you have to stay simply because you believe it is your job.

Personal safety

Some common sense reminders in relation to daily travel:

- Try to avoid being out alone especially after dark.
- Aim to radiate confidence not vulnerability.
- Walk facing oncoming traffic to avoid ‘kerb crawlers’.
- Don’t walk on your own in secluded areas at night. York students can ask a member of Security to accompany them across campus at night. The telephone number for Security is 01904 434444 or 4444 if calling from an internal telephone.
- Avoid taking short cuts in dark areas and/or wasteland. Keep to the centre of footpaths away from car doors and hedges.
Be cautious of strangers. Do not give people that you have only recently met your money, personal details or property.

Don’t hitch or accept lifts (rides) in cars from people you do not know. If a car slows down to ask you if you would like a lift, step back from the car – you are not being rude by doing this, you are keeping yourself safe.

Carry a personal attack alarm (they are available from the Students Union Advice Centre, Hull: http://www.hullstudent.com/welfare/content/407433 and the Student Centre, Goodricke College, York: http://www.yorknightline.org.uk) – and make sure it is easily accessible.

If possible arrange to go home with a friend.

Let someone know when to expect you home or tell someone you will call them when you are safe.

If out alone at night arrange to be picked up or book a taxi.

Only use registered taxi firms and book in advance where possible.

Cover up expensive looking jewellery.

In the city centre you may see large groups of people talking and having fun. Try not to walk through the middle of the group as it may give them the impression you are being confrontational, even if that is not your intention.

Do not carry on your person large amounts of cash or your personal documents.

Do take care in using your mobile phone. Do not walk in the street carrying it your hand; it can easily be stolen.

Keep all valuable property out of sight. If leaving university residence for a break take home what you can and put what you leave well out of sight, preferably in a locked upstairs room.

Draw your curtains after dark and don’t turn lights on with curtains open after dark. (Potential thieves can see all you’ve got.)

Use door chains and/or viewers: if necessary have them installed. Always ask callers’ names and request identification when they are unfamiliar to you. Don’t open the door unless you know the caller.

If you lose your door key or move to a new house change the locks.

Never hide keys outside the house, under the mat for example.

Always check doors are locked at night – don’t assume others in the house will have done it.

Lock bedroom doors as it will act as a secondary barrier against any would be intruders.

Close your room curtains if you are going out and ensure all doors and windows are closed and locked. A good tip is to leave a radio on to give the impression of someone being at home.

Pester landlords to keep locks up to standard and fix new locks where needed.

Record serial numbers, makes and models of goods and mark with postcodes using a ultra-violet pen (available from the welfare office in the union).

Only bring necessary possessions to university.

Get contents insurance cover.

Safety in the home

In case of intruders, make lots of noise to disturb them – but don’t try to confront them.

Do not leave windows open in un-occupied rooms especially in ground floor rooms. Remember to close windows when going out and at night.

Car insurance

Please note that if you own a car and wish to use it to give lifts to fellow students in the course of clinical placements this may require specific insurance for work purposes. You should discuss this with your insurance company.
# Appendix E

## Phase I Course Timetables

### Year 1 Block Timetable 2014-15

**Phase I**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Sep–27 Sep</td>
<td>Induction</td>
</tr>
<tr>
<td>25 Sep–22 Oct</td>
<td><strong>4 week block</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Foundations of health and disease and the immune system:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Foundations of medicine</strong></td>
</tr>
<tr>
<td></td>
<td>An introduction to the agenda of the course, emphasising study skills and learning styles and introducing fundamental knowledge and skills</td>
</tr>
<tr>
<td>23 Oct–19 Nov</td>
<td><strong>4 week block</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Cardiorespiratory systems:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Healthy heart and lungs</strong></td>
</tr>
<tr>
<td></td>
<td>An introduction to the cardiovascular and respiratory structure and function and their impact on morbidity and mortality</td>
</tr>
<tr>
<td>20 Nov–10 Dec</td>
<td><strong>3 week block</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Nutrition, metabolism, digestion and excretion:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>You are what you eat</strong></td>
</tr>
<tr>
<td></td>
<td>An introduction to the body's mechanisms for nutrition, the gastrointestinal system and its function of digestion and metabolism</td>
</tr>
<tr>
<td>11–17 Dec</td>
<td><strong>3 week block</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Foundations of health and disease and the immune system:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The immune system</strong></td>
</tr>
<tr>
<td></td>
<td>Revisits the concept of biological systems and homeostasis. Introduces the genetic and biochemical basis of self. Prepares the ground for the study of infectious diseases in Y2</td>
</tr>
<tr>
<td>18 Dec–7 Jan 15</td>
<td><strong>Christmas Vacation</strong></td>
</tr>
<tr>
<td>8–21 Jan</td>
<td><strong>3 week block (cont)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Foundations of health and disease and the immune system:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The immune system (cont)</strong></td>
</tr>
<tr>
<td>22 Jan–18 Feb</td>
<td><strong>4 week block</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Musculoskeletal and nervous systems:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The CNS and normal neuromuscular and musculoskeletal function</strong></td>
</tr>
<tr>
<td></td>
<td>An introduction to the musculo-skeletal and central nervous system emphasising disability</td>
</tr>
<tr>
<td>19 Feb–18 Mar</td>
<td><strong>4 week block</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Psychological medicine</strong></td>
</tr>
<tr>
<td></td>
<td>Introduction to behavioural science and psychological health, including organisation of services</td>
</tr>
<tr>
<td>19 Mar–9 April</td>
<td><strong>Easter Vacation</strong></td>
</tr>
<tr>
<td>10–22 April</td>
<td><strong>SSIP</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Scholarship and special interest programme</strong></td>
</tr>
<tr>
<td>23 April–27 May</td>
<td><strong>5 week block</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Hormones and human development:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The endocrine and reproductive systems</strong></td>
</tr>
<tr>
<td></td>
<td>Introduction to the mechanisms and biological principles of human reproduction and hormone control</td>
</tr>
<tr>
<td>21 May–4 June</td>
<td><strong>1 week</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Revision and OSCE</strong></td>
</tr>
<tr>
<td>5–26 June</td>
<td><strong>3 weeks</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Summative assessment</strong></td>
</tr>
</tbody>
</table>
# Appendix E: Phase I course timetables

## Year 2 Block Timetable 2014-15

### PHASE I

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Block Duration</th>
<th>Course Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 Sep–30 Oct</td>
<td>6 week block</td>
<td><strong>Foundations of health and disease and the immune system:</strong> Disease processes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A basis for the study of pathology and microbiology in the understanding of disease.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>An insight into the scientific basis of dermatology.</strong></td>
</tr>
<tr>
<td>31 Oct–13 Nov</td>
<td>2 week block</td>
<td><strong>Nutrition, metabolism, digestion and excretion:</strong> Kidney function and failure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An introduction to the physiology of homeostasis and the central role of the kidney in maintaining homeostasis</td>
</tr>
<tr>
<td>14 Nov–11 Dec</td>
<td>4 week block</td>
<td><strong>Hormones and human development:</strong> Reproduction and the growing child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An understanding of the normal child and measures to prevent ill health, along with an introduction to childhood illnesses. An introduction to the disease and psychosocial processes which affect healthy and appropriate reproduction.</td>
</tr>
<tr>
<td>12–18 Dec</td>
<td>7 week block</td>
<td><strong>Musculoskeletal and nervous systems:</strong> Neurological, neuromuscular and musculoskeletal disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Including special senses: an integrated introduction to musculo-skeletal and neurological disease building on the Year 1 course.</td>
</tr>
<tr>
<td>19 Dec–9 Jan 15</td>
<td></td>
<td><strong>Christmas Vacation</strong></td>
</tr>
<tr>
<td>9 Jan–19 Feb</td>
<td>7 week block (cont)</td>
<td><strong>Musculoskeletal and nervous systems:</strong> Neurological, neuromuscular and musculoskeletal disease (cont)</td>
</tr>
<tr>
<td>20 Feb–19 Mar</td>
<td>4 week block</td>
<td><strong>Cardiorespiratory systems:</strong> The development of cardiorespiratory disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A continuation of the Year 1 course combining further study of cardiovascular and respiratory function and their pathological states</td>
</tr>
<tr>
<td>20 Mar–9 April</td>
<td></td>
<td><strong>Easter Vacation</strong></td>
</tr>
<tr>
<td>10–22 April</td>
<td>SSIP</td>
<td><strong>Scholarship and special interest programme</strong></td>
</tr>
<tr>
<td>24 April–21 May</td>
<td>4 week block</td>
<td><strong>Nutrition, metabolism, digestion and excretion:</strong> Gastrointestinal pathophysiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An introduction to the disease of the gastrointestinal tract and viscera and investigation and treatment. Further study of endocrine disease and its impact.</td>
</tr>
<tr>
<td>22 May–4 June</td>
<td>2 weeks</td>
<td><strong>Revision and OSCE</strong></td>
</tr>
<tr>
<td>5–26 June</td>
<td>3 weeks</td>
<td><strong>Summative assessment</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Summer Vacation</strong></td>
</tr>
</tbody>
</table>

## Notes
- **CHRISTMAS VACATION**
- **EASTER VACATION**
- **SUMMER VACATION**
- **SSIP** — Scholarship and special interest programme
Acknowledgements

Medical schools and medical curricula do not just happen. They are created by a very wide range of people bringing together their knowledge and expertise from a variety of backgrounds. Much material in this course results therefore from the work of people whom you will never know or meet, but whose input we gratefully acknowledge.

- The outline of the course as a whole is based on the Scottish Dean’s Curriculum Group.
- Early development of the course was by around 200 clinicians and basic medical health and social scientists in the region.
- The PBL process was informed by discussions with Manchester, Liverpool, St George’s and Glasgow medical schools.
- The ‘Calgary-Cambridge’ model of consultation skills was based on that developed by Dr Jonathan Silverman and colleagues.
- Development of the study guides was assisted by staff from The Centre for Medical Education in Dundee.
- The creation of the ‘virtual practice’ would not have possible without the collaboration of Professor Steven Smith of Brown University RI, USA in association with the International Virtual Medical School.
- The framework and much of the material in the study guides is derived from that of the Leicester Warwick Medical Schools.
- Development of the summative assessment framework was assisted by Professor D Newble of the University of Sheffield.
- Much of the detail in the assessment scheme, especially the clinical assessment, is derived from that of Leicester Warwick Medical Schools.