Preparation for Practice in Glasgow University Medical School: An evidence based development

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Two problems

• Timing of second diet of final MB examination
• Areas of lack of preparedness identified by research
Solution

• Move first diet of finals to February
• Second diet of finals end of May
• Add ten week Preparation for Practice block from mid-March beginning 2008/9
Suggestions from research

Students should:

» Have a clearer role in the team
» Have more clinical exposure
» Learn more about prescribing in an applied setting e.g. common doses and interactions (particularly warfarin), also prescribing insulin, fluids and infusions, and writing up Cardexes under supervision.
» Have more exposure to acutely ill patients
» Have exposure to on-call and out of hours/night shifts.
Expert working group

- Undergraduate school representatives
- Deanery representatives involved in foundation training
- Two ex-students now working as FY2 doctors
Themes include:

- Prescribing
- Advanced clinical skills
- Managing the acutely ill patient.
- Life Skills (e.g. self-care, working with others etc)
- Ethical and Legal issues including Risk management
- Practical Working as an FY1

“Professionalism” is an overarching theme of the P f P block.
Intensive students

• As far as possible, intensives will undertake their Preparation for Practice block in the unit where they will undertake their first FY1 post.
• During the ten week block, four weeks – two weeks at the start and two weeks at the end - will be spent on Campus at the University in large and small group sessions. The middle six weeks will be spent in hospital where the time will be spent participating in ward duties with FY1 doctors.
• Intensives will have access to some modules in the Doctors On-line Training Scheme (DOTS) e-portfolio.
• Most time will be spent with the junior medical staff and intensives will be assessed and signed off on a number of tasks by junior medical staff.
Further specific suggestions have been made to include intensives as part of the clinical team:

- Intensives could be allocated tasks during ward rounds that would otherwise be undertaken by the FY1.
- Nursing staff could contact intensives first for completion of tasks.
- Intensives could carry a bleep
- Intensives could be responsible for specific patients.