

**Peer Teaching Society**  
**Phase 1 MPE Handbook 2020-2021**



**Contents**

- Introduction
- Learning Outcome
- Aims of the MPE Mentorship Program for the Student
- Question prompt suggestion for patients
- Useful Information
- Various Health Professionals

- Useful Contacts

## **Introduction**

The Multi-professional Experience (MPE) is an opportunity for you to become familiar with how care is delivered within a hospital setting. For a lot of you, this might be your first time speaking to patients with different health conditions or interacting with different secondary healthcare professionals and exploring what their job role entails. Some of you will be confident initiating and maintaining conversations through previous patient encounters in the course and your GP sessions however it is ok to still be developing your confidence with your communications skills. This will be an opportunity for all of you to further develop your understanding of all the different factors involved in patient care (mental and physical), communication skills and professionalism.

Developing professionalism is a key principle of the MBChB course. During MPE, students are encouraged to observe professional attributes in the staff and reflect on those in the context of the GMC guidelines (Duties of a Doctor in Good Medical Practice GMC 2013) and the Sheffield Medical School Professional Ethical Code for Medical Students.

We have included the learning outcomes for MPE in this document which we encourage you to read. To assist in completing those outcomes, we developed an MPE mentorship program where you will be matched with senior medical students that are happy to advise you as we understand how daunting this clinical placement can be.

This online mentorship programme will run over the two weeks of your MPE, from the 18th January - 29th January 2021. It is divided into three sessions which will be led by your mentors.

Session 1 - introduction and history taking

Session 2 - clinical skills

Session 3 - feedback and any other topic you previously decided

By consenting on the signup google form, you agreed to be contacted by your assigned MPE senior mentor so they should email you and organise your first video call **before** the 18th of January if possible. Your mentors have been asked to give you advice and assistance should you feel unsure about anything, so please do ask them for help. They all have experience on clinical placements so please feel free to make the most of their knowledge.

This scheme is not part of the curriculum and thus it is not appropriate to take time out of your placement or use these sessions as an excuse to miss any of your formal teaching. You will need to coordinate when you can attend teaching sessions. We recognise this may mean you have to give up your own time, but these sessions have been found to be worthwhile by students in the past and of great benefit in Phase 2a for your clinical assessments.

MPE is undoubtedly one of the things that makes the Sheffield medical curriculum so special. Hence, enjoy it to the fullest

Enjoy your MPE placement!  
The Peer Teaching Society

**Acknowledgements:**

Thanks go to Faith Solanke, Chris Salmon, Will Giles, Abiramie Ravindiran, Fu Chuen Kon Rachel Rutter, Miles Benjamin, Giles Dixon, Jonny Brooke, Andy Walker, Farhad Peerally, James Connors, Arpit Chattopadhyay, Joanna Sutton-Klein and Stephen Lau for various editions of this handbook.

<b>MPE Learning Outcomes</b>	
<p><b>1. Describe appropriate professional behaviours by observing staff and relating their behaviours to the GMC guidelines</b> (Duties of a Doctor in Good Medical Practice GMC 2013) <b>and the Sheffield Code of Ethics</b> (Professional Ethical Code for Medical Students, University of Sheffield).</p>	
<p><b>2. Describe the patient's experiences in an acute healthcare setting by</b></p>	<p>a. Describing experience interacting and communicating with patients' and their relatives  b. Reflecting on a patient's journey (from admission to discharge)  c. Describing a patient's medical condition and treatment  d. Describing the impact of the medical condition on the patient and also the patients' relatives.</p>
<p><b>3. Demonstrate that you have engaged with staff, by</b></p>	<p>a. Describing the various roles of healthcare personnel and their contribution to the care of the patient; talking with and questioning people about their occupation.  b. Explaining how all healthcare personnel work together for the benefit of the service and for the care of the patients.  c. Describing the various specialities that deliver care to the patient</p>
<p><b>4. Demonstrate growth in self-confidence by;</b></p>	<p>a. practising interpersonal skills by interacting with various people (staff, patients and relatives for example)  b. observing how wards and departments function in an acute hospital setting to gain</p>

	knowledge of their working environment
<b>5. Explain how subjects taught in class or on GP placement (i.e. Infection Prevention &amp; Control, Vital Signs and communication skills) are applied in clinical practice.</b>	

### **Aims of the MPE Mentorship Program for the Student**

- To provide structured learning objectives to guide the student through their placement.
- To provide a support mechanism for the student in a dynamic and busy environment and ensure the student meets their objectives.

### **Question prompt suggestions for patients**

- Can you tell us a bit more about your (pain/asthma/ heart disease)?
- Which areas do it affect?
- When did it start? has it changed since then, and if so how?
- How would you describe the pain (eg what does it feel like)
- What symptoms led you to go to your GP? (eg joint stiffness/swelling / numbness / general symptoms)
- Have you had to make any life changes because of the condition? Do any activities seem to make it worse?
- How has your life changed because of your..?
- If you were pain/asthma free, what things would you do that you can't do now?
- Have you had any treatments (medication, operations, physio, alternative therapy) and how did they help? What treatment did you find most helpful and why?
- Are you currently taking any medication?
- Did you / do you get any side effects from your medications?
- How do you feel about having to take medication? Do you have a system for managing them?(e.g NOMADS)
- Have you ever been to a pulmonary function unit/fracture clinic/ heart rehabilitation clinic/ respiratory clinic? What happened there?
- How did being diagnosed with this affect your job?
- How did your family react to your diagnosis of this?
- Have you ever used a website to seek more information on your...? What was your experience of this like? What did you find helpful/unhelpful for you from it?
- Have you made any changes to your diet / exercise /lifestyle due to your diagnosis?
- Has your asthma/ heart condition affected your relationships? how?
- Has the asthma/ heart condition affected your family at all? how?
- What's your opinion of your treatment by the medical team in hospital / GP?
- Have you had support from any organisations outside of the NHS (eg diabetes uk). If so, what did that consist of?

- Have you been on a DAFNE/DESMOND course?if so, what did that involve and was it helpful? (THIS IS DIABETES SPECIFIC)
- What would be your top tips for us as future doctors, in relation to patient care?

**This list is not exhaustive. Remember to try and follow the patient's narrative where possible and ask about psychosocial factors which also have a big impact on how they manage their conditions.**

## Useful Information

### Placement Locations

Sheffield medical students can be sent to the following placements locations:

- Royal Hallamshire Hospital (Glossop Road, Sheffield, S10 2JF)
- Jessop Wing (Tree Root Walk, Sheffield, S10 2SF)
- Weston Park Hospital (Whitham Road, Sheffield, S10 2SJ)
- Northern General Hospital (Herries Road, Sheffield, S5 7AU)
- Doncaster Royal Infirmary (Armthorpe Road, DN2 5LT)
- Bassetlaw Hospital (Blyth Road, S81 0BD)
- Rotherham General Hospital (Moorgate Road, S60 2UD)
- Barnsley District General Hospital (Gawber Road, S75 2EP)
- Chesterfield Royal Hospital (Chesterfield Road, S44 5BL)

**Usually students are distributed throughout these placements locations, however due to covid demands, this will not be possible this year.**

### Commonly used terms

- **Bleeping:**

Doctors carry bleeps around to make it easier for them to be contacted by internal phones within the hospital. Usually, the sequence used to bleep a Doctor is "code, bleep number, extension number of the phone you are using" – in this particular order.

- **Firm:**

Team of doctors who work together to look after a specific list of patients. Different firms within the same hospital can be colour-coded or numerated for instance. A firm is usually made up of the consultant, Registrar, CMT/CST trainees and Foundation Year doctor (F1/2).

- **Ward round:**

This is when a firm goes from patient to patient on the ward, usually in the morning to see how they are progressing. During a ward round, the junior doctors usually present the cases and the results so far to the more senior members of staff and decisions are taken as to what is the next line of action for the patient's management. Do not hesitate to ask questions on ward rounds.

- **Clerking in:**

Taking a full history, examination, along with formulating the differential diagnosis and a management plan. This is usually done by the first doctor who sees the patient in hospital (could be in A&E, clinic).

- **On take/On call:**

A doctor is said to be on call or on take when they are the ones who are responsible to see any presenting patient. A doctor can be on call for different hours. E.g. some do 9am-5pm. Others are on call for the night shift. Shadowing a doctor who is on call is a good way of knowing the bread and butter of the job of a doctor. Being on call at night is an especially good way of getting quite a bit of hands on experience and more teaching as doctors are usually less busy at night.

- **Multidisciplinary Team (MDT) Meeting:**

This is where consultants from the same (or different) specialty meet up, along with some juniors to discuss interesting cases. Radiologists are usually present and they project the imaging findings. This is a great learning opportunity and it will no doubt boost your enthusiasm about medicine. It is also interesting to see that consultants don't know everything about medicine – and do need to work in a team to efficiently manage a patient.

- **Handover**

This occurs at a shift change when one doctor/nurse will update the next doctor/nurse on the progress and current condition of the patients on a ward.

## **Various Health Professionals**

### **1. Consultant**

The doctor who leads the firm.

### **2. Specialty Registrar (SpR)**

Often shortened to 'Reg', these doctors have passed their membership exams and are specialists, waiting to accumulate the required number of years to become a consultant.

### **3. CMT/CST trainees**

They have completed the 2-year foundation programme after medical school, have chosen a specialty to pursue, and are in the midst of passing membership exams.

### **4. F2 doctor**

These doctors are in the second year of the foundation programme after medical school.

### **5. F1 doctor**

These doctors completed medical school less than a year ago. Do not hesitate to speak to them, they're the ones who will understand you best and should be willing to teach.

### **6. Trust or Staff Grade**

Often referred to as a registrar or SHO, these doctors hold non-training posts.

### **7. Staff nurse**

A nurse taking care of all the patient settings, such as drug administration, taking bloods, measuring and recording vital signs, etc.

### **8. Senior nurse**

A “lead nurse” who is a more experienced nurse, he or she has more responsibilities than a staff nurse.

### **9. Ward manager**

Usually a senior nurse who is running the ward, specific responsibilities differ from trust to trust.

### **10. Psychologist**

Important in helping the patients to cope with their newly-acquired or long-lasting condition.

### **11. Therapists**

Therapists include physiotherapist, speech therapist and occupational therapists to name a few. They are involved in rehabilitation of the patient to make sure they are functional even after hospital discharge.

### **12. Dietitian**

Involved in the assessment, moderation and regulation of patients’ dietary requirements.

### **13. Others**

This includes but is not limited to housekeeping staff, cleaners, receptionists, they form a vital part of delivering patient care,

## **Useful Contacts**

### **Faith Solanke**

**Peer Teaching Committee Phase 1 Coordinator** [fsolanke1@sheffield.ac.uk](mailto:fsolanke1@sheffield.ac.uk)

### **Jack Gordon**

**Peer Teaching Committee President**

[jagordon2@sheffield.ac.uk](mailto:jagordon2@sheffield.ac.uk)

### **Michelle Hepworth**

**Module Lead for MPE**

Questions, comments, problems or feedback

[michelle.hepworth@sheffield.ac.uk](mailto:michelle.hepworth@sheffield.ac.uk)

### **Dr Tom Farrow**

**Phase 1 Director of Studies**

Questions, comments, problems or feedback

**Contact through Karen Kehtarnavaz**

**Karen Kehtarnavaz**

**Phase 1 and Phase 2 Lead Administrator**

Questions relating to the organisation and timetable of Phase 1/MPE

[k.kehtarnavaz@sheffield.ac.uk](mailto:k.kehtarnavaz@sheffield.ac.uk)

**Jon Reed**

**MBChB Curriculum Support Officer**

Questions relating to the organisation and timetable of MPE

[j.reed@sheffield.ac.uk](mailto:j.reed@sheffield.ac.uk)