

School of Medical Education



Contact Number

Name

(If found please return to School of Medical Education, University of Liverpool, Cedar House, Ashton Street, Liverpool L69 3GE)

Introduction to Professionalism and Personal Development

As well as knowledge, understanding and clinical skills, becoming a medical professional requires the development of a range of personal skills and attributes. Professionalism and personal development encompasses a wide range of skills and attitudes such as respect for patients, self management, team work and leadership and ethical practice. Although in the early years of the programme we provide you with structure and guidance for developing these skills and attributes, you should not see them as a separate part of the course. The principles of professionalism and good medical practice apply to you when you are in a PBL group, relating to office staff or attending plenaries as well as when dealing with medical staff and patients. For example, skills developed in a communication skills session should be practiced in a clinical skills session.

The learning outcomes for PPD are given in Table 1.

Table 1: Year 1 Professionalism and Personal Development Outcomes

Professionalism Domain	By the end of year 1, students will be able to:
Patient	a) Demonstrate the appropriate communication skills to respond respectfully to patients that they encounter in year 1.
Values	 b) Understand that becoming a doctor has privileges and responsibilities.
	c) Understand that these responsibilities and values are specified by the GMC and that patients expect that medical students will demonstrate these responsibilities and values when they are in a clinical setting.
Demeanour	d) Demonstrate adherence to dress codes appropriate to the context they are working in.
	e) Understand that how they represent themselves in a range of publicly accessible media (e.g. social networking sites) may have an impact on how they are viewed as professionals.
Leadership	f) Reflect on the team dynamics in their PBL group and how this might have an impact on the effectiveness of the group.
Personal	 g) Develop a learning style appropriate for the PBL curriculum. h) Demonstrate engagement with year 1 career management activities.
	 i) Make a meaningful reflection on their progress in year 1 and to reflect on their learning style.
	 j) Develop strategies to manage complex work schedules to ensure appropriate levels of attendance and participation in programmed activities.
	k) Draw up an action plan to facilitate continued development in year 2.
Motivation	Have the opportunity to discuss the factors that influenced their decision to become a doctor.

The purpose of this appraisal is to give you personal feedback on your progress so far and to help you reflect on how you are developing professionally. In March 2010 of your first year you will have a student feedback appraisal. Prior to your feedback appraisal you will submit a folder of evidence demonstrating that you have met these learning outcomes and this evidence will form the basis of your discussion at your appraisal.

Some of the evidence will come from this logbook and some of it will come from guided study that can be found in VITAL in the PPD section.

The purpose of this appraisal is to give you personal feedback on your progress so far and to help you reflect on how you are developing professionally.

Table 2: Evidence to be submitted for appraisal

Evidence	Where further guidance and relevant templates can be found	Learning outcome that evidence supports
Reflection on performance in formative exams	LUSID	i), l)
Completion of two tasks related to career management	VITAL	h)
Consideration of an ethical scenario	VITAL	b), c)
Self assessment of performance in PBL	VITAL	f), g), j)
Tutor assessment of performance in PBL	VITAL	f), g), j)
Peer assessment of professionalism	VITAL	b), f), j)
Feedback from Clinical Skills Tutor	Logbook	b), c), d), j)
Feedback from Communication Skills tutor	Logbook	a), b), j)
Contribution to Communities Studies and HARC	Logbook	j)
Reflection on professionalism evidence from feedback and develop action plan	VITAL	b), c), e)

You will get further support and guidance on the student feedback appraisal in VITAL and from a lecture later in the year. In the meantime is it really important that you keep this log book up to date and regularly engage with the activities in VITAL.

Useful reading

The General Medical Council – Good Medical Practice
http://www.gmc-uk.org/guidance/good medical practice/index.asp

Royal College of Physicians - Doctors in Society http://www.rcplondon.ac.uk/pubs/books/docinsoc/

The Kings Fund – Understanding Doctors http://www.kingsfund.org.uk/research/publications/understanding docs.html

PBL attendance

Student - please initial when you attend the session. This may be checked against central register for accuracy

Study Guide Title	Session 1	Session 2	Session 3
Traveller's Health			
Indigestion			
Raging Thirst			
A Wheezy Adolescent			
Cold Feet			
Sudden onset of weakness			
The positive test			
Having a baby			
Going to Nursery school			
It's all in the genes			
Taking health risks			

Clinical Skills Attendance

Study Guide Title	Date	Clinical skills stamp
Traveller's Health		
Traveller's Health		
Indigestion		
Indigestion		
margestion		
Raging Thirst		
Raging Thirst		
A Wheezy Adolescent		
Adolescent		
A \A/b = = = : .		
A Wheezy Adolescent		
Cold Feet		
30.4 . 555		
Cold Feet		
Sudden onset of		
weakness		

Charles Carlete Title	D-4-	Clinian Labilla
Study Guide Title	Date	Clinical skills stamp
Sudden onset of		
weakness		
The Positive test		
The Positive test		
The rositive test		
Having a baby		
Having a baby		
Going to nursery		
school		
Going to nursery		
school		
It's all in the Genes		
It's all in the		
Genes		
Taking Health		
risks		
Taking Health risks / Revision		
,		

Definitions for clinical skills (Four point scale)

Attendance and Punctu	ality
(O) Outstanding	100% attendance, always punctual
(G) Good	Usually attends, always punctual or
(d) 0000	Always attends, usually punctual
(C) Cause for concern	Usually attends, sometimes punctual
(c) cause for contectin	No sign of concern if late
(U) Unacceptable	Rarely punctual or
(5) 5	Unacceptable attendance (< 75%)
	No sign of concern when late
	No apology for lateness
Contribution within the	
(O) Outstanding	Always participates without prompting
(-,	Volunteers to start session
(G) Good	Usually participates without prompting
(-)	but may be reticent to be first
(C) Cause for concern	Some reluctance to participate
(-)	Usually has to be prompted
(U) Unacceptable	Reluctant to take part even after prompting
(-, -, -, -, -, -, -, -, -, -, -, -, -, -	Disruptive to session
Team working and co-o	•
(O) Outstanding	Cheerfully and enthusiastically engages with all group tasks
(-,	Volunteers to go first
	Volunteers to be practiced upon
	Encourages others to participate
	Welcomes feedback form peers
(G) Good	Willing to take part
(-,	May be shy to demonstrate in front of other students but overcomes their own
	reticence without prompting
	Will take part in discussions but less happy to initiate them
(C) Cause for concern	Lack of enthusiasm
• •	Requires tutor prompting
	Sometimes behaves selfishly - unwilling to let others watch or practice on them
(U) Unacceptable	Reluctant to take part even after tutor prompting
. , .	Disruptive to session
Fitness to participate	
(O) Outstanding	Always fit to participate
(G) Good	Usually fit to participate
` ,	Occasionally appears tired but not enough to compromise ability
(C) Cause for concern	Sometimes fit to participate
• •	On one or two occasions, not fit to take part because too tired, hung-over or smelling
	of alcohol
(U) Unacceptable	Sometimes fit to participate
	On more than two occasions too tired, hung-over or smelling of alcohol
	No insight into unacceptability of behaviour
Prepared for session	
(O) Outstanding	Always prepared
-	Clearly understands the purpose of session due to thorough preparation
(G) Good	Usually prepared
	Appropriate preparation (for example has read the instructions before the session)
(C) Cause for concern	Sometimes prepared but usually hasn't read the instructions beforehand.
	Poor understanding of purpose of session
(U) Unacceptable	Rarely prepared for session
	No attempt to read instructions beforehand
	No insight that preparation is necessary
	No understanding of session's purpose

Clinical Skills Feedback

Semester 1 review

O = Outstanding **G** = Good **C**= Cause for concern **U** = Unacceptable

TOPIC	OGCU	Comment
Attendance and Punctuality		
Contribution within the session		
Team working and co-operation		
Fitness to participate		
Prepared for session		

Other comments

Name	(in ca	pitals)
	Name	Name (in ca

Date

Semester 2 review

O = Outstanding **G** = Good **C**= Cause for concern **U** = Unacceptable

TOPIC	OGCU	Comment
Attendance and Punctuality		
Contribution within the session		
Team working and co-operation		
Fitness to participate		
Prepared for session		

Other comments

Name (in capitals)

Date

Definitions for communication for clinical practice (Four point scale)

Attendance and Punctual	ity
(O) Outstanding	100% attendance, always punctual
(G) Good	Usually attends, always punctual or
(a) 4004	Always attends, usually punctual
(C) Cause for concern	Usually attends, sometimes punctual
(C) Cause for concern	No sign of concern if late
(II) Unaccontable	
(U) Unacceptable	Rarely punctual or
	Unacceptable attendance (< 75%)
	No sign of concern when late
History taking and avalan	No apology for lateness
History taking and explan	
(O) Outstanding	Comprehensively addresses the patient's key needs, feelings and concerns. Explanations are very clear and tailored to the patient.
(G) Good	Adequately covers the patient's main needs, feelings and concerns with relatively
	minor omissions in history taking and explanations
(C) Cause for concern	A reasonable attempt to explore key needs, feelings and concerns but gathers
	insufficient detail or provides limited explanations
(U) Unacceptable	Does not meet the patient's key clinical needs. No exploration of concerns or
	feeling/provides vague and confusing explanations
Contribution within the se	ession
(O) Outstanding	Always participates without prompting
	Volunteers to start session
(G) Good	Usually participates without prompting
	but may be reticent to be first
(C) Cause for concern	Some reluctance to participate
	Usually has to be prompted
(U) Unacceptable	Reluctant to take part even after prompting
	Disruptive to session
Team working and co-ope	
(O) Outstanding	Cheerfully and enthusiastically engages with all group tasks
, ,	Volunteers to go first
	Volunteers to be practiced upon
	Encourages others to participate
	Welcomes feedback form peers
(G) Good	Willing to take part
• • = = = = :	May be shy to demonstrate in front of other students but overcomes their own
	reticence without prompting
	Will take part in discussions but less happy to initiate them
(C) Cause for concern	Lack of enthusiasm
(5) 50005 151 551155111	Requires tutor prompting
	Sometimes behaves selfishly - unwilling to let others watch or practice on them
(U) Unacceptable	Reluctant to take part even after tutor prompting
(o, onacceptuble	Disruptive to session
Prepared for session	Sistaplife to session
(O) Outstanding	Always prepared
(5) Successioning	Clearly understands the purpose of session due to thorough preparation
(G) Good	Usually prepared
(5) 5004	Appropriate preparation (for example has read the instructions before the session)
(C) Cause for concern	Sometimes prepared but usually hasn't read the instructions beforehand.
(C) Cause for concern	Poor understanding of purpose of session
(II) I Inaccontable	
(U) Unacceptable	Rarely prepared for session
	No attempt to read instructions beforehand
	No insight that preparation is necessary
	No understanding of session's purpose
	· ·

Communication for Clinical Practice feedback

O = Outstanding **G** = Good **C**= Cause for concern **U** = Unacceptable

TOPIC	OGCU	Comment
Attendance and Punctuality		
History taking and explanation		
Contribution within the sessions		
Team working and cooperation		
Prepared for session		

Other comments	
Signature	Name (in capitals)
Date	

Normal Child Development, Community Placement

Activity	Date	OGCU *	Comments	Name Block Letters	Signature
Attendance at placement					
Attendance at placement					
Child development case					
Child development case					
Attendance CCT					
Family presentation					

*(0) Outstanding	Always participates without prompting
	Volunteers to start session
(G) Good	Usually participates without prompting
	but may be reticent to be first
(C) Cause for concern	Some reluctance to participate
	Usually has to be prompted
(U) Unacceptable	Reluctant to take part even after prompting
	Disruptive to session

HARC (Human Anatomy Resource Centre)

Please record any sessions when you have attended HARC and indicate up to 3 personal learning objectives.

Module	Lea	arning objectives
Traveller's Health	1	
	2	
	3	
Indigestion	1	
	2	
	3	
A Raging Thirst	1	
	2	
	3	
A Wheezy Adolescent	1	
	2	
	3	
Cold Feet	1	
	2	
	3	
A Sudden onset of Weakness	1	
	2	
	3	
The Positive Test	1	
	2	
	3	
Having a Baby	1	
	2	
	3	
Going to Nursery School	1	
	2	
	3	
It's all in the Genes	1	
	2	
	3	
Taking Health Risks	1	
	2	
	3	

Absence Log

First date of absence	Date of return	Reason

Useful information

Contact Details

Jane Bourchier janebour@liverpool.ac.uk 0151-795-4366

(Year Clerical Officer)

Dr Peter Dangerfield Spine92@liverpool.ac.uk 0151-795-4366

(Year Director)

GMC student fitness to practise

Professional Values and Fitness to Practise:

http://www.gmc-uk.org/education/documents/GMC_Medical Students.pdf

Professional Behaviour and Fitness to Practise:

 $http://www.gmc-uk.org/education/documents/medical_students_professional_behaviour_and_ftp.pdf$

Progress Review (to be completed by School of Medical Education)

Semester 1 - Deadline for submission 11th January 2010

Date	
Name (Block capitals)	
, ,	
Signature	
Feedback	
Semester 2 - Deadline	e for submission 6 th May 2010

Name (Block capitals) Signature Feedback