Clinical Transfers to Edinburgh Medical School

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Clinical Transfers to Edinburgh Medical School

Introduction – What is in this booklet?
This booklet has been put together to provide you with information about the MBChB programme at the University of Edinburgh. It includes a brief summary of the topics covered in the five years of the course, the Student Selected Component which forms part of each year and the clinical and resuscitation skills that are taught throughout the course.

There is also a General Information section which covers the Admissions Process and details about Accommodation Services, fees and facilities.

Bridging Course – Introductory Programme
The Introductory Programme is intended to facilitate students’ entry onto the medical undergraduate course; in one sense it is a mini-foundation course for transfer students. It also provides opportunities for you to familiarise yourself with the city, university, clinical settings and to meet your peer group.

As well as acclimatising yourself to the new setting the Introductory Programme fulfils other purposes. You will be required to complete administrative and organisational regulations as outlined in the joining letter that you receive, including immunisation requirements. You will also be provided with information about the MBChB curriculum and the contributing ‘Programme Themes’.

In the module based sessions you will learn how to take a patient history and to perform a physical examination. These sessions will be taken by clinical teachers from each of the module specialties in Year 3: Cardiovascular, Respiratory, Gastrointestinal & Liver and Locomotor and will prepare you for clinical learning in the hospital setting.

You will also learn how to perform specific practical skills; measuring blood glucose and insulin administration, venepuncture, basic life support and airway management. These are skills that Edinburgh students who entered in Year 1 have already been taught. Do not be worried about any lack of proficiency in these skills, as you will have opportunities to practise in the Clinical Skills Centres at the Chancellor’s building, Royal Infirmary.

Years 1 & 2 – Problem Based Learning (PBL)
This is an important part of the teaching in Years 1 and 2 of the MBChB course. Students are allocated to a group and work through a series of cases with the assistance of a Facilitator. The case presented will be centred on a clinical condition and will also relate to the various modules in Years 1 and 2.
**1st Year – Molecules to Society (i)**

This aim of this course is to help students learn the fundamentals of medicine in an integrated way, so that the different parts of medicine (science, sociology, ethics, practical techniques etc.) all join up to form a clinically-useful body of knowledge, thought and skill. The emphasis of the course is on learning the core of medical knowledge that is essential to understanding later, more detailed and specialized modules within the MBChB curriculum. Examples of core knowledge include whole-body anatomy and physiology, principles of pharmacology, social aspects of life-span, ethics and critical use of evidence.

**Semester 1 – The Fundamentals of Medicine**

This is organized into eleven topics (modules), each occupying a week. The main taught sessions for each topic take place in that week, and the Problem-Based learning that supports and integrates material will take place the week after, to allow time to digest new knowledge before using it to solve problems.

1. Body basics  
2. Human embryology and congenital abnormalities  
3. Genetics  
4. Cells: components and communication  
5. Electrical excitability and neurotransmission  
6. Clinical Pharmacology & Therapeutics  
7. Infection and micro-organisms  
8. Injury, inflammation and repair  
9. Immunity and defence against infection  
10. Neoplasia: Mechanisms and effects  
11. Integration: Introducing Body Systems

**Semester 2 – Cardiovascular, Respiratory & Locomotor**

This starts with an examination of the laboratory and clinical science underpinning an understanding of the structure and function of the Cardiovascular system in health and disease and continues to look at the Respiratory and then the Locomotor systems.

The formal teaching lasts for fifteen weeks and consists of lectures, practicals, discussion sessions, tutorials and clinical situation sessions.

**Health, Ethics & Society**

Health, Ethics and Society is an interdisciplinary module involving social sciences, medical ethics and public health; it runs across semester 1 and 2. The module provides an introduction to these disciplines and a solid foundation for your understanding of the wider social and ethical aspects of health and medicine that will confront you as medical students and once you are doctors. The module requires you to engage with this knowledge and use it to develop patient-centred attitudes, good communication skills, effective use of research evidence and critical, reflective thinking.
Health, Ethics & Society continued
Unit 1: Key Concepts / Health and Illness in the Community
Unit 2: Medical Ethics
Unit 3: The Life-Span
Unit 4: Community Practical: Talking with Families & Health Needs of Older People

Talking with Families – Semester 1
This involves (a) direct application of material you are learning this semester, and (b) the development of your communication skills. All students are attached to a GP tutor and conduct two interviews (in pairs) with the mother of a young child to elicit her experience of health and illness in the family. Interviews are preceded by two preparatory tutorials and there are review tutorials after both interviews.

Health Needs of Older People – Semester 2
You will interview someone over the age of 75 about (a) their experience of, and explanations for, health and illness (of which cardiovascular, respiratory, locomotor are very common) over their life span and (b) their expectations for the future and for health and social services. Alongside this activity, you will be introduced to the topics of; health promotion, occupational and environmental health, the experience of illness and disability, and population and global health, and health services.

Student Selected Component1 (SSC1)
Please refer to the SSC section.
In this course you will build on, and expand the knowledge put in place in Year 1 with a view to provide you with solid ground on to which to stand as you increasingly acquire clinical knowledge and skills.

**Module 1 – Neuroscience**
Neuroscience is one of the most exciting and rapidly growing specialities which bridges the basic sciences and clinical medicine. This module is focused on the structure and function of the human nervous system, and is organised to provide a sound basis for the understanding of how disease processes affecting the central nervous system result in clinical abnormalities.

**Module 2 – Gastrointestinal & Liver**
The module aims to provide in depth knowledge of gastrointestinal function and nutrition in the context of biomedical and clinical science, combined with experience in related skills and with reference to public health issues and attitudes.

The main academic topics to be covered will be: anatomy of the GI tract and relevant abdominal organs, metabolism, the liver, energy intake and energy provision, appetite and diseases affecting the gastrointestinal tract.

**Module 3 – Epidemiology & Statistics**
The aim of the module is for the student to be able to understand the fundamental principles of the most common study design methods, such as case control study, cohort study, cross-sectional study and randomised controlled trial; interpret quantitative data appropriately and informatively; understand statistical results in medical reports; and apply statistical concepts as part of the critical appraisal of medical reports.

**Module 4 – Clinical Genetics**
Clinical genetics (synonymous with medical genetics) is one of the most exciting and rapidly growing of the hospital-based clinical specialities. It is particularly attractive because the recent explosion of genetic information allows the clinician to apply clinical, laboratory and research information to human disease.

**Module 5 – Renal and Urology**
The aim of this module is to provide a strong foundation for future clinical practice, with sufficient scientific background to understand the rationale of current practice and future developments in this fast evolving field. The module will start by examining how the renal system develops into its mature form and will describe how defects in this process give rise to common abnormalities in renal structure and function.

**Module 6 – Endocrine**
Endocrinology, the study of hormones, is a key clinical subject encompassing some of the most important disorders of our times (diabetes, obesity, cardiovascular disease and hypertension, thyroid disease, infertility, disordered growth). Hormones act throughout the body, underpinning integrated physiology. Hormonal dysfunction impacts upon all major organ systems (heart, brain, fat, bone, muscle etc).
Module 7 – The Virtual Clinic
The aim of this module is to help you review the material you have learnt during years 1 and 2 and synthesise it so that you are ready to make the most of the clinical teaching in Years 3 to 5 of the MB ChB course.

Collections of linked cases will be provided for discussion in timetabled PBL sessions. Full discussion and analysis of the cases will provide an opportunity to revisit many of the learning objectives of the two years. Comparing and contrasting the cases should help you to create an integrated synthesis of what you have learnt so far and prepare you for applying your knowledge to real patients.

Introduction to Clinical Practice
This part of the course will deal with the diagnostic, therapeutic and practical skills a doctor needs. This includes taking a history from a patient, carrying out a clinical examination, documenting and summarising findings and explaining your findings to a patient.

The course is structured into five systems-based modules, each consisting of an orientation lecture from a specialist in that system then weekly training sessions in general practice, on two afternoons a week

Student Selected Component2 (SSC2)
Please refer to the SSC section.
Year 3 comprises a carousel of four modules which address clinical medicine and the process of health care delivery. Teaching is based within hospital departments. The modules are integrated in a system-based framework incorporating biomedical and clinical science. In each module there will be an emphasis on team-work and learning together. Each of the modules lasts 7 weeks and is taught in rotation.

Students are encouraged to take the initiative and visit the Wards outside their main placement in their own time.

**Module 1 – Cardiovascular**
This module integrates the clinical aspects of cardiovascular disease with the underlying pathology, microbiology and pharmacological and surgical aspects of therapy. Each week of the module tackles various aspects of cardiovascular disease and students will participate in a combination of lectures, tutorials, case study based learning and bedside teaching sessions.

**Module 2 – Gastrointestinal & Liver**
The first week of this module is an introductory package of core lectures highlighting some of the key topics you should cover. The following six weeks will involve clinical attachment to either a surgical or medical gastroenterology unit in the Royal Infirmary or the Western General Hospital.

During the ward attachment students will be taught history and examination techniques as well as skills in relation to the management of gastrointestinal disorders. There will be formal sessions allowing exchange of students between the different units to enable everyone to obtain a breadth of medical and surgical experience.

**Module 3 – Locomotor**
The Year 3 Locomotor Module provides an integrated programme of teaching and self-directed learning relating to important clinical disorders of the Locomotor system with a major emphasis on clinical skills and competencies.

After a week of intensive integrated teaching and learning of essential anatomy and clinical examination skills, students will be attached to a clinical tutor [Monday to Friday] for the remaining 6 weeks. Base hospitals include the Royal Infirmary at Little France, The Western General Hospital, The Royal Hospital for Sick Children, Queen Margaret Hospital, Dunfermline and the Borders General Hospital.

**Module 4 – Respiratory**
Regardless of which branch of medicine you end up in during your working life, an understanding of the respiratory system will be required. Respiratory disorders are currently responsible for the majority of presentations to general practitioners in the UK and Respiratory Medicine departments remain among the busiest in the UK’s hospitals. During the module, you will see and learn about a diverse array of diseases affecting the respiratory tract.
Respiratory continued
The case-mix encountered in Respiratory Medicine dictates that you will see patients with terminal disease (some of whom may die during your attachment), patients with longstanding disease who face the prospect of chronic ill health, and patients who were previously fit and find themselves dealing with an acute severe respiratory illness. You will be based wither at Royal Infirmary Edinburgh or St Johns Hospital Livingstone.

Psychiatry
Psychiatry teaching in Year 3 consists of a series of lectures and small group Tutorials and is designed to help you develop the knowledge and skills to assess and treat people with a mental disorder. The Psychiatry course should be viewed as continuous throughout Years 3 and 4.

Student Selected Component 3 (SSC 3)
Please refer to the SSC section.
During Year 4 you will encounter a wide variety of medical specialities and learn a large number of new skills. You are now only 2 years away from becoming a doctor and the specialities and teaching you will encounter in Year 4 are directed increasingly towards future clinical practice. Teaching takes place in Edinburgh and in a number of hospitals in other parts of Scotland.

At the end of the year you will pre-register with the GMC, something which is essential for you to progress to a career in Medicine.

Carousel 1 – General Practice, Dermatology, Ophthalmology, Otolaryngology & SSC 4

General Practice
Around 50% of UK medical graduates become general practitioners. You may or may not intend to be one of them but whatever your eventual choice of discipline within medicine, it will be important that you have a good understanding of primary health care. Over 90% of health care in the UK is provided within the primary care setting.

This is the first of two general practice attachments. Your second attachment is in Year 5. In this first attachment you will spend the majority of your time attached to a general practice, which, in most cases, will be outside the city of Edinburgh.

Whilst in your practice you will observe general practice consultations, have the opportunity to conduct consultations yourself and spend time with various members of the primary health care team. During this attachment you should concentrate on the process of diagnosis in the primary care setting. In your year 5 attachment you will focus on the process of patient management in primary care.

Dermatology
Patients with skin disease are common, accounting for around 15% of all consultations in primary care (1 in 7 GP visits is for a skin related problem). In most major hospitals the volume of Dermatology outpatients will exceed that for the whole of Internal Medicine. Although traditionally a medical specialty in the UK, Dermatology is increasingly a mixed medical/surgical specialty, reflecting the changing epidemiology of skin cancer.

Despite the frequency of skin disease, exposure to Dermatology teaching, both for the undergraduate and postgraduate, is extremely limited. However, apart from your Dermatology attachment, you will receive additional exposure to the diagnosis and management of skin disease in other parts of your undergraduate career, for example in General Practice.

Ophthalmology
Teaching in Ophthalmology will comprise a core lecture course and a two week clinical placement. During the Core Module Teaching Programme - shared with Ophthalmology, Dermatology, General Practice and SSC4 - the clinically relevant anatomical aspects of the eye, orbit and visual pathways will be emphasised. A clear, logical, consistent and simple approach to patients presenting with ophthalmic disease will be taught and illustrated with clinical examples.
Otolaryngology
Teaching in Otolaryngology will comprise a core lecture course and a two week clinical placement. During the Core Module Teaching Programme - shared with Ophthalmology, Dermatology, General Practice and SSC4 - you will receive teaching about the anatomy of the head and neck and the physiology of the ear, nose and throat.

Student Selected Component 4
Please refer to the SSC section.

Carousel 2 – Obstetrics & Gynaecology and Psychiatry
Set within a 14 week integrated carousel, Obstetrics and Gynaecology lasts in total 8 weeks and will be composed of an integrated Core Teaching Week at the commencement of the module, which incorporates teaching in Genito Urinary Medicine plus Psychiatry. The core week will include teaching in applied anatomy, reproductive physiology and pathology as well as core knowledge to help you make the most of your attachment.

Obstetrics & Gynaecology
The primary objective of the teaching and clinical attachments in Obstetrics and Gynaecology is to acquire the knowledge and skills to enable you to identify assess and appropriately manage, with confidence, certain common and important reproductive problems. This is a clinical specialty and the teaching programme has been developed in a way to enable you to have as much clinical exposure as possible. You will be taught how to use this experience to develop your clinical skills, guiding you as you develop your own particular clinical style.

Genitourinary Medicine
The module focuses on the epidemiology and management of sexually transmitted infections. By the end of the module you should be familiar with prevalence of sexually transmitted infections, the modes of transmission and the management of the more common clinical scenarios and syndromes.

Psychiatry
This builds on the Psychiatry teaching provided in Year 3. The Psychiatry course must be viewed as continuous throughout years 3 and 4 and is designed to help you develop the knowledge and skills to assess and treat people with a mental disorder.

The assessment, care and treatment of people with a mental disorder is one of the most challenging and interesting areas of medicine. One in four of us will consult a doctor because of mental health problems at some time in our lives yet our society sometimes attaches a stigma to these disorders. This must be challenged. Co-morbid mental and physical illness is commonly seen in medicine, and practitioners must have the skills to recognise and treat such psychiatric morbidity.

Carousel 3 – Haematology, Oncology, Palliative Care and Breast Disease (HOPB), Renal Medicine & Urology (RU) & Neurosciences
Haematology, Oncology, Palliative Care and Breast Disease (HOPB),
The aims of this course are that you should develop a sound understanding of the theoretical basis of haematology, oncology, palliative care and breast disease, familiarity with approaches to the diagnosis, investigation and management of haematological, oncological and breast diseases.
Haematology
No matter what area of medicine you practice in, haematological tests will be a mainstay of diagnosis and treatment. It is important therefore that you gain a sound knowledge of the full blood count and its abnormalities, measurements of coagulation, and tests required prior to blood transfusion.

You will learn about the complex biochemical events regulating blood coagulation, the molecular causes of haematological malignancy and some amazing facts about one of the most highly replicative systems of the body: haematopoiesis.

Oncology
Wherever you practice medicine in the future, you will inevitably look after patients who either have, or fear they may have, cancer. Knowledge of the potential treatments, both anti-cancer and to control symptoms, available to such patients and what these treatments will entail for your patient is the main objective of this course. This course will cover how radiotherapy, chemotherapy (including new molecularly targeted treatments) and hormone therapy work, the complications and toxicities associated with their use, and the general principles of when they should and should not be given

Palliative Care and Breast Disease
Palliative care teaching will take place in an attachment at one of the hospices or with one of the hospital palliative care teams in the region. The aim will be to introduce you to the philosophy of palliative care and the importance of a multidimensional and multidisciplinary approach to care.

You will be in small groups of 1 or 2 students so will be involved closely in clinical care delivery. The basic aspects of symptom control, focusing particularly on pain management and the WHO analgesic ladder will be discussed.

The breast teaching will take place in the Edinburgh Breast Unit and at St John’s Hospital. The aim will be to teach you how to take a history relevant to breast disease and how to perform basic clinical examination. You will also be provided with a brief outline of which patients should be referred to hospital for further assessment, how symptoms are investigated and how once diagnosed, breast cancer is treated.

Renal Medicine & Urology (RU)
Our aim is to help you to learn how to recognise and cope with common and important aspects of renal and urological disease.

By the end of the module, you should be able to undertake a reasoned discussion of the following course objectives and case scenarios. All are typical of common or important presentations of renal or urological diseases that you are likely to encounter as a GP or junior doctor.

Neurosciences
Neurological symptoms are common in general practice (e.g. headache), and account for about 20% of general medical emergency admissions.

The module encompasses the common and important diseases of the central and peripheral nervous systems (including the autonomic nervous system); diseases characterised by altered function in different parts of the nervous system giving rise to characteristic signs and symptoms.
In Year 5 students are given the opportunity to develop the knowledge and skills accumulated over the earlier part of the course, and to put into practice things that may only have been learned about in theory up to now. The emphasis is on apprenticeship and learning by experience. It is a chance to prepare for the Foundation Years, and what comes after, but in a secure and relatively controlled environment.

There is a focus on graduation, and the end-of-year graduating examination. This consists of integrated rather than discipline-based assessment. There is close attention paid to generic issues, such as communication and ethics, which cross the boundaries of specialties and departments, and to issues of core competency and fitness to practise medicine. This is in line with the requirements of the General Medical Council, who issue provisional registration to graduates and scrutinise our assessment processes.

Year 5 comprises a carousel of five modules: Child Life and Health, Elective (SSC 5), Medicine of Elderly and General Practice, General Surgery and Associated Specialities and Medicine.

A short 3-week Student Assistantship has been introduced to the Year 5 Programme. The objective of the Student Assistantship is to allow you to further develop practical aspects of acquired knowledge and skills in preparation for practice as a Foundation doctor.

**Child Life and Health**

The aim of the course is to promote the students' understanding of how a child differs from an adult, and the factors that impact on children’s health and quality of life. In particular, by the end of their attachment students should understand normal childhood growth and development, be able to recognise the sick child, and appreciate the importance of the family, psychological and social environment on the child.

Students are required to clerk and write up as many children as they possibly can. The progress of even severe childhood disease can be very fast - the fulminant meningitis of Friday night may be asymptomatic by Monday morning, and the severe asthmatic admission of the evening may be wheeze-free by the morning ward round. Students are encouraged to stay around the wards at night and at weekends, and if the ward is temporarily quiet, talk to and play with the children.

**Elective (SSC5)**

Please refer to the SSC section.

**Medicine of Elderly and General Practice**

**General Practice**

This is a 4-week attachment which will build on the experience gained in the Year 4 General Practice module, which focussed on diagnosis in primary care. Year 5 will focus on patient management in the community. Students will experience the exceptional challenges of being the first point of contact for ill people or people who think they are ill, and also of providing on-going care to seriously ill patients in the surgery and at home.
Year 5 – Preparation for Practice

General Practice continued
Students should be capable of assisting the General Practitioner, sometimes initially seeing patients by yourself, while generally shadowing and learning from doctors and nurses working in the community. You will become a valued member of the healthcare team. You will be expected to be pro-active in developing skills to manage patients in liaison with other professionals in the Primary Care Team.

Medicine of Elderly
The care of older people is the central task of modern health services. Dramatic demographic change over the last hundred years has seen a rapidly increasing proportion of people surviving into old age, and this trend continues.

The Year 5 Medicine of Elderly module will provide you with an introduction to current demography and current and emerging issues in providing health care for older people; detailed knowledge of a number of key clinical problems most likely to occur in older frailer patients; skills in communication with and clinical assessment of older patients; opportunities to see how older and frailer patients are assessed, managed, rehabilitated and prepared for discharge; and a chance to develop skills in addressing social and ethical issues arising in relation to the care of older people.

General Surgery and Associated Specialities
This module lasts for eight weeks and comprises attachments in General Surgery (4 weeks), Emergency Medicine (2 weeks), Anaesthesia and Pain Medicine (1 week), and Intensive Care Medicine (1 week). The aim is to deliver the course in an integrated manner as many of the learning objectives are relevant to all components within this module.

The General Surgery component involves a four-week ward attachment to either a central or peripheral hospital within the region. The student should build upon the skills and knowledge gained in previous years, in particular the Gastrointestinal Module from year 3. Clinical teaching will be based at the bedside, in the clinic and in the operating theatre and students should become actively involved in the daily activities of their base units and become an important part of the clinical team.

Students will be exposed to a wide range of elective and emergency general surgical cases. In order that students effectively make the transition from medical student to doctor during the course of final year, they should use their initiative to ensure that they develop their knowledge and clinical skills to the appropriate level.

Emergency Medicine
The Emergency Department at the Royal Infirmary sees 95,000 new patients every year and is the busiest department of its type in the UK. Students will be attached to the department for two weeks giving ample opportunity to acquire first hand experience in the management of a wide spectrum of acutely ill and injured patients. The majority of your experience during this attachment will be gained on the shop floor.
Anaesthesia and Pain Medicine

Students will spend one week dedicated to the study of anaesthesia and pain medicine. However, many of the themes relevant to these topics will also be evident in the other attachments in this module (general surgery, intensive care medicine and emergency medicine). The attachment will take place in the Royal Infirmary of Edinburgh, the Western General Hospital, the Borders General Hospital or St John’s Hospital. Students who are attached to the Borders General Hospital or St John’s Hospital for general surgery will also undertake their anaesthetics attachment there. Most of the course will be spent in the operating theatre with one-to-one teaching.

Intensive Care Medicine

This attachment lasts for one week and will give the student insight into the care of the critically ill patient. Most of the time will be spent in the intensive care and high dependency care wards.

Students will be allocated a patient to follow through the week. You should familiarize yourself with the patient’s history, perform at least one clinical examination and observe any procedures that are carried out on your patient during the week. It is also helpful to attend any discussions with the family. Presentation of that patient at one of the daily ward rounds is also beneficial. If the patient is discharged to HDU or the ward you are expected to continue the daily follow up. Such is the nature of critical illness that your patient may die. You will then have the opportunity to learn how the intensive care team handles a death and you should attend any post-mortem.

Medicine

This is an 8 week attachment and you will be assigned to either a central or peripheral hospital within the region, where the focus will be on working as part of the medical team. The emphasis in this attachment is on becoming a key member of the medical team admitting and presenting patients.

You will have adequate opportunity to admit acute medical patients as part of the medical team. You will also follow-up patients after admission through to discharge. The focus is on a medical apprenticeship so that both you and your assessing unit can ensure that you are safe and competent to work as a Foundation Year doctor.

You should aim to consolidate your history taking, clinical examination skills, practical procedures and core medical knowledge. You should work with a professional attitude at all times, treat patients with dignity and consideration and understand the roles of other members of the multidisciplinary team.

Student Assistantship

You will work with an individual Foundation doctor in a unit in South East Scotland, following their shift pattern where possible and functioning as an apprentice. During the Student Assistantship you will have the opportunity to:

- Gain experience of working in a multidisciplinary team and the roles of different team members
- Develop effective time management skills
- Actively participate in patient handover processes
- Further develop practical prescribing skills under supervision
- Small group teaching
Student Assistantship continued
You will also have the opportunity to further enhance clinical skills and experience including exposure to practical procedures, although this is not a primary focus of the Assistantship
Student Selected Components

The primary learning outcomes of the five year SSC programme are twofold. Firstly, the SSCs allow you to develop your research skills, including critical appraisal, data analysis, informatics, and medical ethics. Secondly, the SSCs permit you to build upon a broad range of professional and personal skills, including teamworking, communication, time and resource management, learning competences. Most importantly, SSCs provide you with an opportunity for insights into career choices and continued professional development. In accordance with the GMC guidelines from Tomorrow’s Doctors, this is within a learning environment embedded into the compulsory curriculum that allows you a choice of topic and the opportunity to study that topic in more depth.

Year 1 – SSC1 Clinical Options Project
These are small group projects exposing the students to an aspect of work in hospital.

Projects may have a theme of patient safety, patient clinical journey, or clinical audit. Most projects involve meeting patients in hospital and you will gain valuable experience of hospital life, with the chance of seeing how different disciplines work together to provide patient care.

The findings from your project are presented in a scientific poster format, in the SSC1 Posters Morning. Your group and poster will be marked by two independent assessor who will question your group about the project. Each group keeps a collective diary that describes the process of the project. The assessors will also have read your group diary. You are marked as a group, reflecting the importance of teamworking.

Year 2 – SSC2a and SSC2b
In Year 2 there are two Student Selected Components. The first SSC is called SSC2a and runs in semester 1. The second SSC, SSC2b, runs during semester 2. Students will select the SSCs from a variety of topics and will work on these in small groups, under the charge of members of staff.

At the start of Semester 1 and shortly before the first block of SSCs, students will be able to select a project. This will involve choosing from short descriptions of each project. A ‘chooser’ system allows individuals to join a project group. When a project is full, students will no longer be able to join that group. Projects are usually very topical, and students develop their critical appraisal skills and depth of knowledge. The group produces an online report in ‘Wordpress’, which is assessed.

In SSC2b, students are given the option of arranging their own groups and subjects. This is not permitted in the first block. Detailed guidance on how to do this is provided. The group again produces an online report for assessment. For those who fail to organise a group, a small number of topics are offered late in Semester 1, or over the break. If you aren’t in an arranged group, you’ll have to choose one of these.

Year 3 – SSC3
Medical care is not only delivered by doctors, but also by other professionals who work together to prevent ill health, promote ‘well-being’ and treat disease. Although
they share knowledge, skills and professional attitudes, each group has a different role in improving health.

In this part of the course, you will observe and learn how this works in practice. You should see a ‘bigger picture’ of how the health of individuals and society is affected by statutory and voluntary agencies, policy makers and managers, clinical and social care providers.

You will shadow a health or social care practitioner (someone who is not a doctor) who works within a team of professionals. Over a period of several weeks you will observe them at work - tackling issues and interacting with other people. In the process, you should meet a wide range of professionals, but your focus should be on one individual who will be your key contact. It'll help a great deal if you keep a personal diary of what you see and do.

At the end of the SSC3, you’ll write a short formal report focussed on the team elements, and make a short presentation about your experiences to a small group of your colleagues.

**Year 4 – SSC4a – Research Project**

SSC4a makes up a significant part of the teaching in Year 4 and is an important component of your course. Your SSC4 is an opportunity for you to initiate, plan and carry out a research project. This can be in an area of medicine of your choice, working with a supervisor who is a leader in their field.

The onus is on the student to set up their own project. Each Year 4 student will carry out an SSC4 project during a 14-week period, combined in the timetable with the Special Senses and GP courses running in the same carousel. You will be supervised by a member of the University teaching staff. You will be able to concentrate on a specific field of enquiry whilst enjoying responsibility for planning, implementing and evaluating your project activities.

It is anticipated that the experience will not only increase your research skills, but also provide you with a way of thinking about your own strengths and weaknesses. It will also allow you to gain insight and in-depth knowledge into a specific area of medicine and an opportunity to spend time in a department of your choice. Some students are successful in presenting their projects at a national or international meeting, or producing a published paper in a peer reviewed journal. Many more students gain a mentor in their project supervisor, who they use for references.

**Year 4 – SSC4b – Peer-Assisted Learning**

Development of some teaching skills is a core learning outcome as detailed by the General Medical Council. Students can choose from a wide range of peer-assisted learning placements and opportunities in many different modules and specialties, and in different parts of the curriculum through all the earlier years. Students have to manage their own timetable to fit the SSC4b with their ongoing timetable. SSC4b is assessed by a reflective learning log and report.

**Year 5 – SSC5a Elective**

The Elective may be undertaken in either Great Britain or abroad. Electives may be research or clinically orientated and generally take the form of an attachment to a
Student Selected Components

hospital or to a medical school department, enabling a student to pursue an individual interest in a specialty or other area of clinical study in greater depth.

The Elective is undertaken as one of the 8 week carousels in Year 5. Students can choose to undertake their 8 weeks in one place, or a month at each of two locations or on two different areas of practice.

Although many students elect to secure their Elective placement abroad, this is not compulsory. Students may wish to consider undertaking Third World Medicine or Western World Medicine or a combination of both.

On completion of the elective students are required to submit a report. It is recognised that the elective placements are variable and that learning experiences will be diverse. The content should include reflection on the experiences you have gained during your elective. The Report should include a description of your experiences and your reflections on those experiences. Students are strongly urged to consider the content of their report whilst they are on their elective.

SSC5b – career pathway
This is an opportunity to try and match the Year 5 clinical attachment with your career considerations, aspirations and particularly with your Year 1 Foundation job application. This can then allow you to be placed in the hospital, and indeed perhaps in the specialty and ward that you will then be working in your first year of Foundation training.
Emergency Care, Clinical and Resuscitation Skills (ECCARS) are vital skills that are required to function competently as a junior doctor and in subsequent medical practice. Most of these skills are taught as part of a structured programme over the five years in the Clinical Skills Centres where the simulated environment allows them to be practised in a safe way, without risking harm to patients.

The teaching builds up from simple skills, such as checking a blood pressure in the early years, to more complex skills, such as functioning as part of an emergency team in the later years. Transferring skills from the simulated environment into clinical practice is extremely important and students benefit hugely from the clinical skills ‘apprenticeship’ that they experience in the rich clinical environments of the programme.

The Clinical and Resuscitation skills training is provided at three sites
- The Clinical Skills Centre in the Chancellor’s Building at the RIE
- The Medical Education Centre in the WGH
- The Clinical Skills Centre at RHSC
Emergency Care, Clinical & Resuscitation Skills

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The Clinical and Resuscitation skills training is provided at three sites

- The Clinical Skills Centre in the Chancellor’s Building at the RIE
- The Clinical Skills Centre at RHSC

The centres at the RIE and MEC staffed by a team of Skills Facilitators who are usually experienced nurses with particular expertise in practical clinical skills training. These centres are designed so that you can learn and revise skills in a safe environment. Skills are known to deteriorate over time and regular use and updating is necessary.

Resources available in the centres include the following:

- **Skills room with manikins** for both formal and informal practical skills learning. This safe, relatively stress free environment allows you to gain competence in a variety of practical procedures and communication skills

- **Communication skills room(s)** are set up with video recording and debrief facilities where you can rehearse interactions with patients and then reflect on the consultation.

- **Dry computer labs** linked to the University intranet and the internet, allowing you access to E-mail, EEMeC and other learning resources.

- **Video viewing facilities** are available for debriefing as above and to watch the collection of clinical examination videos kept in the centres.

- **Seminar rooms** are available at both sites, which can be used for small group discussions, case conferences and presentations etc.

- **Resuscitation room with manikins** and equipment is available at the CSC at Chancellor’s Building. Most equipment can be used for informal practise, however, the use of manual defibrillators is permitted with supervision only

**HARVEY - The Cardiology Patient Simulator**

Harvey is a computerised manikin which simulates clinical signs of cardiovascular disease and has an international reputation as an excellent clinical teaching aid.

Students have found it to be an extremely useful way of observing and auscultating clinical signs
The following table shows the various Clinical and Resuscitation Skills and the year they are taught in:

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measuring pulse and blood pressure</td>
<td>Venepuncture</td>
<td>ECG Interpretation</td>
<td>Ophthalmoscopy</td>
<td>Intravenous therapy</td>
</tr>
<tr>
<td>Respiratory function testing</td>
<td>Taking blood cultures</td>
<td>Rectal examination</td>
<td>Otoscopy</td>
<td>SC and IM injections</td>
</tr>
<tr>
<td>Recording a 12 lead ECG</td>
<td>Blood glucose testing</td>
<td>Faecal occult blood testing</td>
<td>Male urethral catheterisation</td>
<td>Pain control</td>
</tr>
<tr>
<td>Hand washing</td>
<td>Subcutaneous administration of insulin</td>
<td>Peripheral IV cannulation</td>
<td>Safe use of blood products</td>
<td>Basic suturing</td>
</tr>
<tr>
<td>Cleanliness Champions</td>
<td>Breast examination 1</td>
<td>Setting up a drip</td>
<td>Pelvic examination</td>
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<tr>
<td></td>
<td>Demonstration of inhaler technique</td>
<td>Moving and Handling</td>
<td>Taking a cervical smear</td>
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<tr>
<td></td>
<td>Nutritional assessment</td>
<td>Arterial blood gas sampling</td>
<td>Breast examination 2</td>
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<td></td>
<td>Urinalysis</td>
<td>Cleanliness Champions</td>
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<td>Airway</td>
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</table>
Accommodation
Clinical Transfer students are guaranteed University accommodation for their first year of study at the University PROVIDING YOUR HOME IS OUTSIDE THE City of Edinburgh. There is a choice of catered and self catering accommodation.

Self –catered
If you prefer to cook for yourself then the self catering accommodation is the option to choose. It also benefits from the sociable and supportive environment of University accommodation.

Catered
Catered accommodation is provided at Pollock Halls, which is made up of 8 distinct houses and over 1800 students live here. Each student will typically reside in a single study bedroom, more than half of which are equipped with en-suite facilities. All houses have common rooms as well as shared pantries for storing and preparing snacks. During the week breakfast and evening meals are provided. The cost of these is covered in the rent.

Rent covers:
- Regular cleaning service
- All heating, hot water and electricity costs
- Laundry facilities
- Secure bike storage
- Telephone/data facilities within each study-bedroom

Accommodation applications should be made online at: http://www.accom.ed.ac.uk by 15 August 2014 and your offer must have been made unconditional by 29 August 2014 in order to guarantee you accommodation.

Private Accommodation
Accommodation Services has a registry of University approved private accommodation and offers advice and support for landlords and tenants. Other private-sector rooms, houses and flats are widely available for rent in the city. Costs vary according to type and location.

Facilities
The Edinburgh Medical School has been training physicians since 1726 and the Medical School is renowned worldwide for being a centre of medical excellence.

In the UK Research Assessment Exercise (2008) we were rated top in the UK for our research in the area of ‘Hospital-Based Clinical Subjects’

Clinical teaching, offered from Year 1, takes place in the city’s teaching hospitals, in community family practices and in hospitals across south-east Scotland.

At Chancellor’s Building there is a Common Room for the use of students and staff, which has a coffee stall and vending machines.

There are a number of student societies both medical and non medical. http://www.eusa.ed.ac.uk/societies
General Information

Every student is allocated a Director of Studies.

Each academic year has a Director and a Year Co-ordinator.

Fees
Please consult our fees web page for further information

http://www.ed.ac.uk/schools-departments/student-funding/tuition-fees

Admissions Process

Cambridge and Oxford
Please contact the Admissions Office for an application form and further information.

Applications close on 28 November 2014 and we normally make a decision by Christmas.

For further information contact:

Admissions Information
Ms Emma Rowson, Admissions Manager
Undergraduate Admissions
College of Medicine & Veterinary Medicine
University of Edinburgh
2nd floor, Chancellor’s Building
49 Little France Crescent
Edinburgh EH16 4SB

3rd Year Course Information
Ms Linda Pollock
Year 3 Co-ordinator
College of Medicine & Veterinary Medicine
Room GU316, Chancellor’s Building
49 Little France Crescent
Edinburgh EH16 4SB

http://www.ed.ac.uk/medicine-vet-medicine/undergraduate

Every effort has been made to ensure that the information in this booklet is up to date at the time of going to press (September 2014). However, it will not form part of the contract between the University and a student or applicant and must be read in conjunction with the Terms and Conditions of Admission as set out in the Undergraduate Prospectus