

The University
of Manchester

MANCHESTER
1824



**Mansoura-Manchester Programme
for Medical Education,**

Phase 2 Handbook,

**Edited by,
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Dean of the Faculty of Medicine.**

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1. Introduction:

1.1 Phase 2 Handbook

The purpose of this handbook is to provide you with a source of generic information about Phase 2 of the programme, its aims and objectives, how it is organised, who does what, who you can go to for help, etc. During the course of your time at the university, you will be provided with more detailed handbooks which will supplement information provided here. This booklet should therefore be read in context with your **Phase1 Handbook** (provided on entry to the university) and with the various module handbooks which are supplied throughout the year.

1.2 Management of the programme:-

The main staff members who can support Phase 1 students:

Professor El-Said Abdel-Hady, Dean of the Medical School.

Professor Mohamed Attia, Vice dean for Education and student's Affairs.

Professor Nagy Sayed Ahmed, Programme Director.

Professor Alaa Mosbah, Director Deputy

Professor Adel Bondok, Phase 1 Director.

Professor Dalia Saleh, Phase 1 Assistant Director.

Professor Rafik Barakat, phase 2 director.

Professor Alaa Wafa, Phase 2 Assistant Director.

Professor Ahmed Negm, Phase 3 Director.

Professor Waleed El-Nahas, Phase 3 Assistant Director.

<http://manchester.mans.edu.eg/english/staff.htm>

1.3 LEARNING RESOURCES

1.3.1 Library facilities

The library opens 8 am-5 pm from Sunday to Thursday.

The library contains reference books for Mansoura- Manchester students that are available for short term and long term loans.

1.3.2 IT Facilities

Mansoura Medlea is ready to be fitted.

The IT department is situated at the e-learning terminal at the 4th floor.

1.3.3 Jars and Instruments

These are available at the museums and skills labs.

1.4 STUDENT'S SUPPORT

Mansoura Manchester students are entitled to all facilities and activities that are available to the conventional programme students.

1.5. Overview of Phase 2

Phase 2:

Phase 2 consists of years 4 and 5 (semester 7-10) of the programme. Each semester is an 18-week module:

Semester 7: Heart-Lungs and Blood

Semester 8: Nutrition-Metabolism and Excretion

Semester 9: Mind and Movements

Semester 10: Families and Children

Revised Mansoura Medical Programme (Years 1:6)

The sequence of the semesters is revised starting in 2011 to be as follows:

Semester 1: Foundation

Semester 2: Life cycle

Semester 3: Cardio-Respiratory Fitness

Semester 4: Abilities and Disabilities

Semester 5: Nutrition and Metabolism

Semester 6: Tropical and communicable diseases

Semester 7: Heart-Lungs and Blood

Semester 8: Nutrition-Metabolism and Excretion

Semester 9: Mind and Movements

Semester 10: Families and Children

Semesters 11 and 12: 4 blocks (12 weeks each) in: Elective course (EL)-Accident and Emergency (AE)-Cancer studies and Imaging (CI) and Special Senses (SS).

2. AIMS AND OBJECTIVES

2.1 Programme Aims

The overall aims of the MBBCh programme are as follows:

1. To provide education in basic and clinical sickness including underlying principles of scientific method and to prepare graduates for professional practice as doctors; this encompasses intellectual skills such as analysis and reflection, problem solving and clinical reasoning and has vocational, ethical and legal components.
2. To enable students to acquire knowledge and understanding of health and its promotion, and the origin, prevention, diagnosis and management of disease and injury, and the impact of illness and disability on the individual and his/her place in the family and in society. This includes understanding normal human structure and function at all stages of development, understanding the abnormalities of structure and function that occur in common diseases and recognise how illness affects both physical and psychological function and the patient's interaction with the environment and society.
3. Provide students with proficiency in the basic clinical skills, such as the ability to obtain a history from a patient, to undertake a comprehensive physical and mental state examination and interpret the findings, and to demonstrate competence in the performance of a limited number of basic clinical technical skills.
4. To enable the student to acquire attitudes and professional behaviour necessary for the achievement of high standards of medical practice, both in relation to the provision of healthcare of individuals, their families and community, and to his/her personal and professional development.

2.2 Programme Objectives

On successful completion of the MBBCh programme, students will have gained and demonstrated the knowledge, skills and attitudes necessary for them to practice medicine competently. Specifically, they will have acquired and demonstrated:

(i) **Knowledge of:**

- The range of core problems presenting to doctors, their diagnosis, prevention and treatment;
- Disease in terms of mental and physical processes;
- Factors influencing variability of disease presentation and patient perceptions of disease;
- The management of disease, its symptoms and sequelae in hospital and the community.

(ii) **Skills encompassing:**

(a) Clinical method, including the ability to:

- Obtain and record a comprehensive history, perform a complete examination and use the findings to assess patient problems and formulate management plans;
- Interpret basic imaging and laboratory-derived data;
- Communicate with, and inform others about disease process, management and prognosis, including the breaking of bad news;
- Initiate appropriate treatment.

(b) Basic clinical procedures, including life support

(iii) **Attitudes essential to the practice of medicine, including:**

- Respect for patients and colleagues that encompasses, without prejudice, diversity of background, opportunity, language, culture and way of life;
- Respect of patients' rights, particularly in regard to confidentiality and informed consent;
- Awareness of the ethical responsibilities involved in patient care;
- Awareness of the need to ensure provision of the highest possible quality of patient care;

- The ability to identify their own strengths and preferences as a basis for making appropriate career choices.

(iv) **Competence needed to practice medicine as a pre-registration house officer**

OBJECTIVES AND CORE SKILLS OF PHASE 2

Below are the objectives for each year and module of the undergraduate course in phase 2. You should use the information to guide your work and revision for exams. For each objective the principle method of assessment is indicated by the following codes (MCQ = Multiple choice question; OSCE = Objective Structured Clinical Examination).

General Objectives relating to Communication:

At the end of your study, you should be able to demonstrate:

- a) Knowledge of the effects of age, gender and culture on health beliefs and expressed health needs. (MCQ)
- b) The ability to:
 - Put a patient at his/her ease (OSCE)
 - Determine the reasons for his/her attendance (OSCE)
 - Obtain a factual medical history from an adult patient, including relevant genetic and environmental factors (OSCE) PLEASE NOTE: this is shorthand for family tree and occupational history, which are listed as separate skills in the Skills Portfolio.
 - Ascertain a patient's perceptions, feelings and expectations. (OSCE)
 - Evaluate a patient's history in order to express his/her health care and social needs (OSCE)
 - Record clearly the information obtained in a medical interview. (OSCE)
- c) The ability to set personal learning objectives and negotiate them with clinical tutors. (SSCs & Group Assessments)
- d) The development of a positive and professional attitude towards patients despite the presence of communication barriers on occasions. (Self-appraisal- attitude assessment form)

Clinical Skills: These are listed under the individual modules

Basic Skills Module (At the beginning of phase 2)

You should:

Consultation: Start to acquire the communication/history skills listed above.

Examination: Develop a general approach to physical examination; begin to learn examination of the individual systems; be able to measure temperature; measure blood pressure; examine the skin (OSCE)

Laboratory: complete request forms; label specimens; dipstick test the urine; store specimens; handle blood specimens safely. (OSCE)

Procedural : venous cannulation; venepuncture; basic management of the airway; basic life support; subcutaneous injection; intramuscular injection; put on sterile gown and gloves; dress a wound; set up and care for a venous infusion; basic first aid. (OSCE)

Nutrition, Metabolism & Excretion Module

This module is concerned with the function of nutrition, metabolism and excretion and the disease processes that can affect these systems. **Specific emphasis is on neoplasia.** This allows consideration to be given to the pathology and epidemiology of neoplasia and also to the care of people with a serious and possible terminal illness. By the end of the module, you should:

- a) Understand the structure and function of the gastrointestinal, excretory and endocrine systems and the processes of nutrition, metabolism and excretion. (MCQ)
- b) Understand the major pathological processes that may affect these systems. (MCQ)
- c) Understand the epidemiology of these pathological processes and their impact in society. (MCQ)
- d) Understand the effect of biological, psychological, social, cultural and environmental factors on both the development and perception of these processes. (MCQ)
- e) Understand social influences on diet and nutrition. (MCQ)
- f) Be able to identify appropriate investigations to elucidate the pathological processes. (OSCE)
- g) Be able to define problems related to these systems and to include psychological and social aspects. (OSCE)
- h) Be able to access information on appropriate management. (OSCE)
- i) Be able to differentiate psychological conditions and processes (such as somatisation) that may present as symptoms in these systems. (OSCE)

In view of the emphasis on neoplasia, by the end of the module, you should also have considered the following general objectives:

- j) Understand the importance of body image.
- k) Understand the process of long-term monitoring.
- l) Understand the process of conveying bad news to a patient or relative.
- m) Be able to ascertain patient's views and expectations
- n) Show a respect for a patient's value systems.
- o) Recognise their own emotions, concerns, and ethical conflicts especially when faced with death. (Group assessment: assessed by tutors and self-assessment)

Clinical skills

You should:

Consultation: continue to work towards the communication objectives for the year; elucidate problems in the relevant systems and their effect on the patient (OSCE).

Examination: neck examination including thyroid; abdominal examination; rectal examination (OSCE).

Image interpretation: interpret an abdominal radiograph (OSCE).

Laboratory: perform near-patient blood glucose measurement (OSCE).

Procedure: male urethral catheterisation; female urethral catheterisation (OSCE); assist in theatre; nasogastric intubation; proctoscopy; (self-assessment).

Heart, Lungs & Blood

This module is concerned with the function of the heart, lungs and blood and the disease process that can affect these systems. By the end of the module, you should:

- a) Understand the major pathological processes in the heart, lungs and blood and immune systems and the changes people experience because of these. (MCQ)
- b) Understand the effect of biological, psychological, social, cultural and environmental factors of both the development and perception of these processes. (MCQ)
- c) Understand the frequency and impact of heart, lung and blood disease within society.(MCQ)
- d) Be able to access information on appropriate management and understand how this may be used. (OSCE)
- e) Be able to assess whether psychological factors are contributing to the patients ill-health.(OSCE)
- f) Recognise their emotions, concerns, and ethical conflicts. (Group and self-assessment).

Clinical skills:

You should:

Consultation: continue to work towards the communication objectives for the year; elucidate problems in the relevant systems and their effect on the patient; discuss patients' lifestyles in relation to the cardiovascular, blood and respiratory systems whilst showing respect for them and the decisions they make (OSCE).

Examination: mental state examination; lymph node examination; assessment of hydration/volume; cardiovascular examination; respiratory examination (OSCE).

Image interpretation: interpret a chest radiograph; interpret an ECG (OSCE).

Procedures: arterial puncture; measure peak flow; emergency defibrillation; endotracheal intubation; record an ECG (OSCE).

Therapeutic: use a bronchodilator inhaler; use a nebuliser (OSCE).

Families and Children/Mind and Movement Modules

At the end of your study, you should be able to demonstrate:

- a) An understanding of additional areas to be explored when taking a medical history in working with children or elderly people; in obstetric care and in mental health. (MCQ)
- b) An understanding of the defense mechanisms that are used in interpersonal communication when dealing with unpleasant topics. (MCQ)
- c) An understanding of the law of consent.(MCQ)
- d) An understanding of the roles of the major members of a multidisciplinary health care team. (MCQ)
- e) The ability to take a history from a third party such as a parent or carer (OSCE).
- f) The ability to explain clearly and negotiate a management plan with patients and, where appropriate, with carers. (OSCE)
- g) The ability to manage sensitively the following difficult situations: expressed emotion such as anger, fear or tears; aspects of sexuality; informing patients about life-threatening or terminal illness. (OSCE)
- h) The ability to identify and manage personal feelings that affect communication and function as a doctor. (Self-assessment and group)
- i) An ethical approach to obtaining informed consent (OSCE)
- j) An ethical approach to dealing with confidential information, especially when working with third parties (OSCE).
- k) An attitude of cooperation with other health-care workers. (Self-assessment and group)

Clinical Skills: These are listed under the individual modules

Families & Children Semester

This module is concerned with reproductive health, and the health and disease of children and their families. During the module, you should:

- a) Understand the normal form and function of the reproductive system and the processes of reproduction and child development. (MCQ)
- b) Understand ‘the family’ as a unit
 - Which may be healthy or diseased
 - Which can influence or cause the presentation of disease in its members.
 - Which can be affected by disease in its members.(MCQ)
- c) Understand, for child, reproductive and family health
 - How good health is promoted and monitored
 - The disease processes which can affect health
 - The causes, effects, frequency and impact on society of the common diseases (including psychiatric) (MCQ)
 - Appropriate investigations and management of those diseases (MCQ)
- d) Be able to analyse their reaction to ethical conflicts and other emotive issues surrounding child, reproductive and family health. (OSCE and self-assessment)
- e) Understand surveillance & screening and genetics as applied to family health.(MCQ)

Clinical skills:

You should be able to (* indicates an area which should have been observed):

Consultation: build rapport with a child and parents through history-taking; construct a family tree; obtain a family history; communicate with men and women about reproductive health and disease (OSCE).

Examination: approach and examine a child; measure and plot height and weight; assess development; examine the pregnant abdomen; examine the breast; examine the inguinal region; examine the testes; perform a vaginal examination including use of speculum (OSCE) *neonatal examination; * assessment of the stages of labour; * assess and stage sexual development (self-assessment).

Procedures: perform a cervical smear and take swabs; take swabs from the cervix, urethra and vagina; take male urethral swabs (OSCE); *normal delivery (self-assessment).

Therapeutic: establish drug dose for a child (OSCE).

Mind and Movement Semester

The module deals with chronic diseases where care is often shared between different clinical disciplines, and provides an opportunity to start to understand the multidimensional aspect of medical practice.

By the end of the module, you should be able to:

- a) Demonstrate a competent clinical assessment of a patient with either chronic physical or mental illness (as defined by the index clinical situations and the skills in the core curriculum).
- b) Discuss the investigation and management of a patient with disability using your clinical experience and your knowledge of behavioral and biological sciences
- c) Use their knowledge of behavioral and biosciences to predict how chronic illness will impact on a person and within a community
- d) Demonstrate how anatomical structures and relationships affect the clinical presentation, investigation and management of patients with locomotor or neurological disease (as defined by the index clinical situations in the core curriculum).
- e) Discuss how health and disease are affected by, and in turn influence, psychological and social stresses and behaviors;
- f) Have a knowledge of the provisions that can be made to support patients with chronic health problems in the community

Clinical skills:

Examination: Conscious level: assessment; mental state examination; cognitive assessment; assess suicide risk; neurological examination; locomotor examination; functional status assessment.

History Skills: take appropriate history, including a psychiatric history; take substance abuse history; take a history following deliberate self-harm; communicate with mentally ill people.

Procedural Skills: Fracture immobilisation; lumbar puncture; interpret locomotor radiographs.

Management Skills: Disabled patient: assess rehabilitation needs; discuss psychological disorders with the family; judge point of referral to specialised services.

Integrated Skills: To be able to assimilate history and examination in forming a differential diagnosis, commenting on aetiology, management and prognosis.

SSC CORE SKILLS

The special study modules are good opportunities to either learn new skills or practice the ones that you have. You should have incorporated some skills in your specific objectives for the module.

To help you, the following are the core skills that we think you might have opportunities to learn during each SSM. You should think about which ones are appropriate for you.

Core theme: Nutrition, Metabolism & Excretion

Take an appropriate history

Take history from a carer/relative/3rd Party

Rectal examination

Abdominal examination

Neck examination including thyroid

Measurement of blood glucose

Arterial puncture
Urethral catheterisation (male & female)
Nasogastric intubation
Assist in theatre
Interpret abdominal examination
Core Theme: Heart, Lungs & Blood
Take an appropriate history
Take history from carer/relative/3rd party
Respiratory examination
Cardiovascular examination
Lymph node examination
Assessment of hydration/volume
Perform ECG
Endotracheal intubation
Emergency defibrillation
Peak flow measurement
Arterial puncture
Intercostal drainage/aspiration of pneumothorax
Pleural Aspiration
Assist in theatre
Use nebuliser
Use bronchodilator inhaler
Interpret chest radiograph
Interpret ECG

Core theme: Family & Children
Take history from carer/relative/3rd Party
Take appropriate history
Build rapport by history taking from child/parent
Take sexual history
Approach to examination of child
Breast examination
Inguinal examination
Testicular examination
Vaginal examination including speculum
Cervical smear and swab
Swab cervix, urethra and vagina
Swab male urethra

Core theme: Mind and Movement
Take psychiatric history
Take history of substance abuse
Take appropriate history
Neurological examination
Examination of the eyes
Locomotor examination
Cognitive assessment
Assess functional status
Assess rehabilitation needs of disabled person
Aspiration of joint - knee
Lumbar puncture
Interpret locomotor radiographs

3. CONDUCT, WORK AND ATTENDANCE

3.1 Conduct

As young professionals in training you are expected to develop the attitudes required for your future career in clinical practice. You not only need the discipline to organise and regulate your studies for problem-based learning, your awareness and treatment of fellow students, academics and non-academic staff and the general public is of paramount importance.

Medical Schools are required to pay close attention to the attitudes of their students throughout their training. If the attitude of any student is a cause for concern e.g., antisocial or potentially dangerous behaviour, the Medical School has a duty to ensure that appropriate action is taken - not only for the sake of the individual but, importantly, for the sake of patients and colleagues. The Medical School has the power **to exclude a student from the programme, even if their academic performance is satisfactory**, if they feel that the attitude of the student is not consistent with the standards required of the profession.

In order to deal with unprofessional attitude and behaviour, the Medical School has introduced a formal procedure whereby instances are reported to the Director of Education. A formal warning letter is then sent to the student and lodged on the student's own file.

Health Issues

You should be assured that everything that you discuss with doctors, tutors, counsellors and other advisors will be treated in the strictest confidence. The exception to this is when it is considered that there may be a risk to patients. In this case you would normally be referred to the Respective Health Service for advice both to you and to the Medical School authorities. Additionally, if, as the result of information supplied, it is considered that you yourself may be at risk, it is the ethical duty for those aware of the situation to refer you for appropriate help.

3.2 Dress code and Communication

The Medical School has adopted a dress code to ensure that all students are appropriately dressed when they are in clinical situations or on healthcare provider premises. You must adhere to the dress code when you are in either of these situations; failure to do so may result in you being asked to leave and missing out on a learning opportunity. If you have difficulties with any aspect of the dress code, you may find it helpful to talk to *Programme and phase directors* who will be able to explain why the Medical School believes that it is helpful to have a clear policy for doctors in training regarding this issue. **NB. Covering the face (Neqab) is not allowed in the programme.**

Communication, both verbal and non-verbal, including dress code, is an important element in ensuring that these standards are maintained.

Communication

The basic components of effective communication as:

- listening to patients, clients and service users, asking for and respecting their views about their health, and responding to their concerns and preferences;
- sharing with patients, clients and service users, in a way they can understand, the information they want or need to know about their condition, its likely progression, and the treatment options available to them, including associated risks and uncertainties;
- responding to the questions of patients, clients and service users, and keeping them informed about the progress of their care;

- Making sure that patients, clients and service users are informed about how information is shared within teams and among those who will be providing their care.

All health and social care students should adhere to these principles in communication and other skills training, discussion and assessment. The GMC document also stresses the importance of ensuring, wherever practical, that arrangements are made to meet the language and communication needs of patients, clients and service users.

When on NHS premises such as a hospital Trust or a Primary Care Trust, a community setting such as a GP practice, or in the homes of patients, clients and service users, students should dress according to both the University's and the appropriate local guidelines and regulations.

3.3 Attendance

The Medical School offers a wide variety of teaching experiences, both formal and informal, delivered in a variety of settings. We strongly advise you add to your learning experience by attending all possible learning opportunities. We expect you to take responsibility for your own learning, and therefore attendance is not monitored in all classes. However, we expect you to attend unless there is a good reason (e.g. illness) why you cannot. Poor attendance (less than 70%) could reflect a less than professional attitude (unless for valid reasons) which may result in you being asked to interrupt or, in extreme cases, terminate your studies.

Poor attendance will result in a series of warning letters. If absences continue, you will be asked to see *the programme directors*. You should be aware that consistent poor attendance may affect your progress on the programme. Persistent poor attendance will result in a student being refused permission to sit examinations or other assessments. If this is the case, the student will have the right to submit an appeal against that decision within 10 working days of notification of the decision.

If you are prevented from attending any element of the module of these sessions you must provide the dates and a written explanation of the reasons for your absence together with any relevant supporting papers (see below) to the Medical School.

Your PBL Tutor (or other person designated as 'in charge') is required to keep a record of attitude and attendance and to notify the Medical School of the names of any students whose work and attendance, or progress is giving cause for concern.

It is YOUR responsibility to make sure that the entries made on the record of attendance are correct and up to date.

Absences

If you are absent for any reason you must:

- Contact your clinical attachment and the Medical School by telephone either in advance (if the absence is planned) or on the morning of your first day of absence to inform them that you will be absent. If you are unable to do so yourself, ask a friend/relative to inform the offices for you;
- If you are absent for more than 1 or 2 days, contact the Medical School to inform them of your situation;
- Upon return, hand in to the Medical School a written note giving the exact dates of your absence and a clear explanation of the reasons for it. N.B. "because of illness" is insufficient.

The note must be lodged **THE DAY YOU RETURN** after your absence. Where absence is known in advance, you must lodge the note in advance, inform your PBL tutor and discuss the matter with the staff in the Medical School.

Absences due to illness

In accordance with normal working practice, if you are absent for less than one week because of illness (1 week = 7 consecutive days; Saturday and Sunday included), you must hand to the School Office a notice of self-certification. Forms can be obtained from the Student's Hospital. If you are absent for a week or less through illness and visit your GP you should, wherever possible, obtain a note substantiating your visit, otherwise, self-certification is acceptable.

If you are absent for more than one week because of illness you must obtain and hand in a certificate signed by a registered medical practitioner.

Students absent for any period of time MUST inform the Medical School Office of the situation on the first day of absence.

3.4 Religious Festivals

We recognise that there may be occasions when some students feel unable to attend learning opportunities due to observance of particular religious festivals. To accommodate this, you are asked at the start of the academic year, to inform the Medical School Office **in writing** of any date/s when you intend to be absent from the University due to observance of religious holy day(s). We are aware that precise dates may not be available at the beginning of each academic year, but it is important that you provide as much information as possible and then confirm the exact date with the School Office at the earliest opportunity. These dates will be noted and kept on your file. Any subsequent absences will be recorded in the normal manner.

You must be aware that poor attendance (less than 70%) across the year may affect your progress through the programme. If you are concerned about this, please contact the Medical School for further advice.

Should formal examinations fall on significant religious dates; the Medical School will try to make alternative arrangements for those students who would be affected. This will, where possible, be undertaken in co-operation with representatives from relevant religious communities.

4. ASSESSMENT

Examinations are important for you to find out how you are progressing through the programme and necessary for the Medical School to make sure that you have reached the basic level of competence and are safe. However, we do not want to make the examinations so complicated and arduous that you spend all your time revising for them rather than concentrating on learning how to be a good doctor; or revising only to 'pass and forget' the information.

We want an examination that tells you reliably what your knowledge/ability is, and is fair in judging whether you should pass. All this has been taken into account in deciding on the examination system for the undergraduate programme. We have based the assessments on the best evidence available from research.

The Medical School reserves the right to change any assessment but will give students full information of such changes.

4.1 Student Identification Card

You **must** bring your Student Identification Card to **all** examinations.

Failure to do so may result in you not being allowed to sit the examination.

4.2 Possession and use of Mobile Phones / Radio transmitters / receivers in examinations

There is a strict policy on the possession of electronic equipment, including mobile phones, radio transmitters/receivers (music players, PDAs, mobile phones and pagers) during examinations.

No medical student is allowed to have such a device in their possession during examinations. To do so may lead to a charge of trying to cheat. Merely switching the device off is not acceptable. **Do not bring any of the above to examinations.** The penalty for having such a device during an examination may be a mark of zero and a possible referral to Progress Committee.

4.3 Calculators and Dictionaries

You may bring a calculator to examinations but it must not be capable of storing text. You may **not** bring a dictionary.

4.4 External Examiners

The number of External Examiners varies, at least one of whom will be present during the examinations and at Examination Boards. They are expert and experienced academic staff from other Universities who are appointed, to ensure that the examinations are run correctly and fairly and carried out according to the set procedure. They look at the draft examination papers (or content of an OSCE), may see candidates on the day of the examination and are present at each end of year Examination Board. They submit a report on the examination procedure to the University and suggest any changes for future examinations. All reports are formally considered at the Assessment Committee (see below), and are responded to by the Chair of the Committee.

4.5 Responsibility for Assessment

The **Assessment Committee** has overall responsibility for examinations and assessments.

4.6 How will I be assessed?

In Phase 2, the assessments are:

- Multiple choice questions : MCQs

- Short Essay questions.
- Objective Structured Clinical Examinations (OSCEs) to assess your clinical skills
- Written reports from your SSCs and Project Option
- Supervisor reports from your SSCs, Project Options and clinical attachments
- Attitudinal assessments from your educational supervisors

4.7 Formative versus Summative Assessments

A summative assessment is one that you must pass to either carry on to the next stage or complete the programme. A formative assessment is one that gives you feedback on how you are progressing and what you need to work on. It is possible that an examination can have a formative element as well as being summative.

4.8 Academic Malpractice

As a student, you are expected to cooperate in the learning process throughout your programme of study by completing assignments of various kinds (such as the SSCs) that are the product of your own study or research. For most students this does not present a problem; but occasionally, whether unwittingly or otherwise, a student may commit some form of academic malpractice (academic malpractice is cheating) when carrying out an assignment. This may come about because a student has been used to different conventions in their prior educational experience or through general ignorance of what is expected of them.

4.9 The Board of Examiners

Each set of examinations has a Board of Examiners/Examination Board, which is chaired by a nominee of the programme director, and where an external examiner is present for end of year results. The purpose of the Examination Board is to look at the results of the examination(s) and decide who 'has satisfied the examiners' (i.e. passed) or failed.

Please note that marks cannot be altered under any circumstances without review of the board. Sometimes it is not possible to hold an Examination Board until several weeks after the examination has taken place. In these circumstances, the school may issue a **provisional pass list**, but this **may** be changed after the examination board has considered each student's case.

4.10 Examination Information / Timetables / Results

Assessment timetables and results publication dates will be published on *the notice board and the programme web site* in due course. Please ensure you check *the web site* and announcements regularly for updates and further information on assessments and results.

4.11 Sickness / Absence and Examinations

If you are ill, or cannot attend due to significant personal circumstances, on the day of an examination, you must notify the *programme board* immediately.

You must then provide the Medical School with a written explanation and evidence (e.g. Doctor's or Hospital note) stating that you were unfit to sit the examination, within 3 days.

4.12 Quality Control

An important part of the examination process is the quality control. This helps to ensure that the examination is fair for everybody. Some examples of our quality control are:

- Security of examination content is maintained by confining discussion of draft examination scripts and answers to the relevant examinations group (e.g. OSCE) and the external examiners
- For OSCEs, the stations are changed each day and you are kept separately in areas before and/or after the examination so that you cannot tell other students the content
- At each OSCE station, the examiner enters the marks on an individual student form, ensuring that the correct marks are recorded
- During the processing of the marks, random samples of the answer sheets are hand-checked.
- **Papers of candidates achieving an Unsatisfactory grade (failure) or those achieving excellent grades are checked several times**

5. Objective Structured Clinical Examination (OSCE)

Medicine is a practical discipline and it is essential that we ensure students' skills are satisfactory. The OSCE is reliable, valid and fair because all students are asked to do the same activities across a wide range of skills and are seen by many different examiners.

OSCEs consist of multiple stations, each lasting between 5-10 minutes. The stations are designed to test specific skills as opposed to knowledge. These skills include: history taking, communication, examination of different bodily systems, interpretation of images (e.g. X-Rays), and interpretation of data, carrying out practical procedures, and dealing with ethical dilemmas. Some of the stations are linked but are awarded two sets of marks. For example you may be asked to take a history from a patient who complains of chest pain and will be assessed on both the competence of your history taking (communication skills) and the information that you elicit.

Each station is marked out of a total possible 10 marks. A passing score in each station is taken as 6 out of 10, averaged across all stations. Any student obtaining a score of 6 would normally meet with a member of Medical School academic staff to discuss any reasons why this may have occurred.

Preparing for each OSCE

As the OSCE assesses skills and attitudes, the best way to prepare is to carry out as much practical work on the wards, and in the community as you can. Practice your skills in the following areas: taking and presenting histories, interviewing patients, performing physical examinations, performing simple procedures (e.g. recording blood pressure or venepuncture), explaining procedures (e.g. MSSU) or results to patients, and interpreting investigations or results (e.g. X-rays, ECGs).

Below is some practical advice that you may find helpful. Please read it carefully before each OSCE:

1. In the OSCE the stations are structured. For each station, examiners are given specific questions to ask and have to mark according to specific points. It is important therefore that you:
 - a) read the instructions carefully
 - b) answer any questions that you are asked
 - c) if you don't understand what is being required of you, you should ask the examiner to clarify the question
2. Each station is marked individually. A poor performance at one of the stations will not have a great

impact on your overall mark. It is important therefore that you:

- a) try not to be preoccupied with your performance on an earlier station
 - b) focus only on the station that you are actually doing
3. OSCEs are official examinations and examiners are **not** allowed to give you feedback or comment on your performance in these examinations. **Do not** therefore:
- a) ask the examiner for feedback
 - b) feel disappointed when you do not receive feedback
4. If you finish a station early, do not be worried, some are shorter than others. However, if you have finished early, it does not mean necessarily that you have got full marks. For example in a physical examination station, it is possible that the reason you finished early is that you missed out an important part of the examination. Ensure you have covered all elements
5. Try not to pre-empt another station by trying to overhear what is being said by another student. It may be wrong!
6. If you have any concerns about inappropriate behaviour by an examiner during the examination, i.e. using their mobile phone whilst examining, unacceptable attitude, not paying attention, or if any necessary equipment is missing etc. please bring this to the attention of one of the examination organisers.

Conduct in the OSCE

There are a number of fundamental points that relate to conduct in an OSCE examination. Failure to adhere to these may result in your exclusion from the examination and your case will be considered at the Progress Committee. This will have a **serious impact** on your normal progression through the programme.

Key points are:

- Before being allowed to enter the examination, you must present your Student Identification Card which shows your name, photograph and registration number. Hospital ID will not be accepted. If you fail to produce your Student Identification Card, **you may not be allowed to sit the examination.**
- Do not take with you mobile phones, pagers or any other form of electronic communication. Any student found with a mobile phone or pager etc. (whether switched on or not), either in the quarantine area or during the examination, will be excluded from the examination and receive a mark of zero. **Leave them at home!**
- Do not attempt to communicate with other students who may have undertaken the OSCE at an earlier time in the day. Whilst every effort is made to ensure that students are not able to discuss the examination outside their quarantine area, **it is your responsibility not to cheat.** Students found in communication with others who have just taken the OSCE face exclusion from the examination
- Ensure that the invigilators are aware of your movements at all times. If you need to leave the quarantine area for any reason, **seek permission from the relevant personnel first.** Failure to do so may result in your exclusion from the examination

6. Student-Selected Components

SSCs are a vital and compulsory part of assessment **that gives students freedom to choose their own area of study. You will already have had SSC experience in Phase 1. All students are expected to do a SSC in each semester in phase 2.**

Students have a minimum attendance requirement of 80%+, with 100% the expected figure. The timetable to achieve this attendance requirement is agreed by student and supervisor.

Towards the end of each main module, students will be asked to make their SSC choices from a list of placements offered.

To avoid a potential conflict of interest in SSC supervision and assessment, students must NEVER do an SSC in situations where a close relative is working. Ignoring this regulation may lead to you failing the assessment.

Briefly, SSCs:

- are usually clinically based and not meant for research or project work
- provide experience which is relevant to a student's academic development that is of particular interest to them, such as a topic or specialty they have not covered
- should encourage study in depth as well as breadth, ideally driven by students' curiosity about individual patients
- are assessed by the student's performance against the learning objectives agreed between student and supervisor AND by a write-up focused on the purpose of the SSC e.g. a case write-up or report of clinical audit undertaken

Choice

Individual clinicians are asked to identify SSC placements and submit a brief description of what they can offer to the Medical School database. Towards the end of each module, students will be asked to state their choice. When allocated, students then have the responsibility of contacting their supervisor and arranging to meet those 1-2 weeks before the module.

Learning Objectives

The supervisor will already have laid down broad goals. The student and supervisor will discuss and agree intended learning objectives and how they will be achieved Together with the student; specific objectives will be agreed at the start of the SSC. Depending on the nature of the placement, they may include

- Clinical skills, intellectual skills and study skills (e.g. use of IT)
- Knowledge of disease and its management, including public health aspects, prevention, epidemiology and aspects of clinical management
- Working with a range of health care professionals
- Exploration of ethical, legal and moral issues
- Developing attitudes appropriate to the field of study
- Appreciation of areas of difficulty and uncertainty; exploration of future research and clinical development needs
- Understanding of clinical audit

Learning Methods

Students must obtain from the supervisor a timetable of the unit, including fixed and variable sessions. Following this the student and supervisor should agree regular sessions/meetings in addition to the student's weekly timetable. This will ensure the required student/supervisor interactions for the

purposes of dealing with changes during the SSC and of demonstrating required attendance (see above).

Wherever possible, students should learn by studying patients or public health problems rather than obtaining abstract theoretical knowledge

Learning Contract

This should be agreed between the student and supervisor on or before the first day of the SSC and written by the student in their 'journal' (log book). This must include:

- The student's timetable
- The learning objectives
- The learning methods

It must be signed by both the student and supervisor.

Assessment

Each element of the SSC, (i) the report (ii) work habits & performance (iii) attendance, will be graded out of 50 marks.

You will receive feedback from your supervisor about your work habits and performance during the SSC. The supervisor's final assessment should be completed before the end of the SSC and discussed with the student, giving them an appraisal of their performance during the SSC.

The report should address a specific patient and/or condition and may cover:

- Underlying pathological processes or pathophysiology
- Public health aspects including epidemiology and prevention
- Clinical management
- Multi-professional aspects including the roles of different health care professionals, discussing how each contributed to management
- Ways in which management might be improved in the future

A list of SSC Core Skills can be found in Appendix

Submission

- The report should be up to **2000 words** and must be word-processed
- It must be delivered not more than one working week after the end of the SSC
- If you do not meet this deadline, you will be deemed to have failed this assessment
- An overall grade of Unsatisfactory will mean you have failed this assessment

Academic Malpractice is potentially a problem for the SSC component of the programme.

Feedback

- From Supervisor to Student:
Regular contact between supervisor and student should provide regular opportunities for feedback. The end-of-SSC appraisal gives more formal feedback. In particular, the learning contract gives both parties a "yardstick" to measure progress
- From Student to Supervisor:
Students may feel reticent but it is hoped that supervisors will encourage them to give feedback on their SSC. Students should hand in feedback which will be held centrally and fed back to tutors

7. PROGRESSION

Failure of any assessment may affect your ability to progress to the next stage of the programme. If there is any concern regarding your progression, your case will be referred to the program panel. The following rules of progression apply:

Your result will be declared as:

Excellent : >85%

Very good :> 75%

Good: >65%

Pass: >60%

Fail :< 60% of the total mark of the semester examination.

Re-sits examinations

Students who have failed any semester exam are allowed to re-sit the summer exam in August/September. If you failed the re-sit exam, you will repeat that semester during the next year and if you failed again, you will have a second re-sit exam in the summer.

8. COMPLAINTS AND APPEALS

If you are not satisfied with your result, you can appeal in writing to the vice dean for education to re-mark your papers. The vice dean will respond to your appeal within one week and any modification of your result will be corrected. There is a small fee for this procedure (100 Egyptian pounds).

9. STUDENT'S REPRESENTATION AND FEEDBACK

We are aiming that medical students are actively involved in all aspects of the programme, from programme design to delivery. Mansoura-Manchester students are members of the Medical School Student's Committees, and a student representative will routinely be asked to join the various working parties set up to modify and improve the programme.

If you do have an issue with the way the programme is run, the most effective way of raising this is via your year representative. If you have a view shared by a number of other students, your representative is likely to raise this at the **Staff-Student meetings**.

It is important to remember that you should be prepared to be accountable for issues that you raise. You must remember that, as doctors in training, you should be professional in your dealings with both staff and student colleagues, and be polite in your criticism.

All MB ChB students are requested to complete mid-semester **questionnaires** during the programme, usually at the middle of each semester. Data gathered are fed back to the organisers and feed into programme review. Students are also invited to help with other types of evaluation (e.g. participation in focus groups).

GUIDELINES REGARDING UNPROFESSIONAL BEHAVIOUR AND/OR ATTITUDES

As young professionals in training you are expected to develop the attitudes required for your future career in clinical practice. The Medical School therefore pays close attention to these and serious problems with professional behaviour and/or attitude will result in the issuing of a formal warning letter. Possible reasons include:

- Poor attendance (less than 70% of all compulsory learning opportunities);
- persistent lateness;
- failure to submit required information (e.g. up-to-date contact details, or SSC selection etc);
- rudeness to staff/fellow students/patients;
- Missed appointments etc.

The formal warning letter will also be sent to *your parents/sponsors* and will remain on your file until you graduate. In the event of you receiving two or more of these letters, you will be invited to appear before the programme Committee, which considers cases of conduct at a School level and this may affect your status on the programme. More serious cases of unprofessional behaviour and/or attitude may *be faced by more action and may disqualify you to complete the programme.*

OBJECTIVES FOR COMMUNICATION SKILLS**At the end of Phase 2: you should be able to demonstrate:**

Knowledge of the effects of age, gender and culture on health beliefs and expressed health needs.

An understanding of the principles and legal aspects of confidentiality.

The ability to take an appropriate history from an adult patient.

The ability to ascertain the patient's views and expectations.

The ability to evaluate a patient's history and determine the health care and social needs of a patient.

The ability to record clearly the information obtained in a medical interview.

The ability to inform patients about the nature of a condition or procedure.

The ability to make a clear presentation to peers of a clinical situation or condition.

The ability to set personal learning objectives and negotiate them with clinical tutors.

The attitude that all patients have a right to respect however difficult they are to communicate with.

The attitude that one respects and protects confidential information.

An understanding of additional areas to be explored when taking a medical history in working with children or the elderly; in obstetric care and in mental health.

An understanding of the defense mechanisms used in interpersonal communication when dealing with unpleasant topics.

An understanding of the law of consent.

An understanding of the roles of the major members of a multidisciplinary health care team.

The ability to take a history from a third party such as a parent or carer.

The ability to explain clearly and negotiate a management plan with patients and, where appropriate, with carers.

The ability to manage sensitively the following difficult situations: expressed emotion such as anger, fear or tears; aspects of sexuality; informing patients about life-threatening or terminal illness.

The ability to identify and manage personal feelings that affect communication and function as a doctor.

An ethical approach to obtaining informed consent

An ethical approach to dealing with confidential information, especially when working with third parties.

An attitude of co-operation with other health care-workers.

List of Index Clinical Situations

Symptoms
Abdominal distension, Abdominal pain, Aggression/violence, Anorectal pain, Back Pain, Bowel habit change, Breast Lump, Breathlessness, Bullous/vesicular skin eruption, Chest pain, Confusion, Constipation, Cyanosis, Disturbance of consciousness, Dizziness, Dysphagia, Dysuria, Faecal Incontinence, Falls, Frequency of micturition, Gynaecomastia, Haematemesis, Haematuria, Haemoptysis, Headache, Hearing loss, Hepatomegaly, Jaundice, Joint pain, Joint swelling, Limp, Loose stools, Lump in neck, Lymphadenopathy, Oedema, Orbital swelling, PUO, Pain Management, Palpitations, Parotid swelling, Polyuria, Pruritus, Purpura, Raised intracranial pressure, Rectal bleeding, Red eye, Retention of urine, Short stature, Sleep disturbance, Squint, Stridor, Testicular swelling/pain, Tiredness, Urinary incontinence, Vaginal discharge, Visual impairment, Visual loss, Vomiting, Weight Gain, Weight loss
Diseases/Syndromes/Clinical Problems
Acid based disturbance, Acne, Acute Liver disease/failure, Acute renal disease/failure, Adrenal Excess, Adrenal Failure, Affective Disorders, Allergic disorders, Anaemia, Anxiety/Phobia, Aortic Aneurysm, Appendicitis, Asthma, Bereavement, Birth Control, Bone Malignancy, Brain Tumour, Burns, Candidiasis, Carcinoma of head & neck, Carcinoma of the breast, Carcinoma of the bronchus, Carcinoma of the cervix/uterus/ovary, Carcinoma of the colon & rectum, Carcinoma of the kidney & bladder, Carcinoma of the oesophagus, Carcinoma of the pancreas, Carcinoma of the stomach, Cardiac conduction/rhythm disorder, Cardiac valve disease, Cardiorespiratory arrest, Cerebral palsy, Cerebrovascular disease, Child abuse, Childhood Tumours, Chromosomal disorders, Chronic Bronchitis & Emphysema, Chronic liver disease, Chronic lung disease, Chronic renal disease, Coagulation disorders, Connective tissue disease, Cranial nerve disorders, Cystic fibrosis, Degenerative CNS disease, Depression, Diabetes mellitus, Disorders of Puberty, Disorders of calcium & vit D metabolism, Disorders of lipid metabolism, Disorders of muscle, Disorders of pregnancy & delivery, Disorders of the Prostate, Disorders of the pancreas, Disorders of uric acid metabolism, Diverticular disease, Drug effects on fetus, Drug reactions, Eating disorders, Eczematous skin lesions, Electrolyte & water balance, Encephalopathy, Endocarditis, Epilepsy, Gall bladder disease, Gastroenteritis, Glaucoma, HIV, Hair Disorders, Hernia, Hip disorders, Hypertension, Hyperventilation, Hypoglycaemia, Hypogonadism, Hypothermia, Immunisation, Immunodeficiency, Inborn errors of metabolism, Infant feeding, Infectious diseases of Childhood, Infertility, Inflammatory bowel disease, Inflammatory arthritis, Intestinal obstruction, Ischaemic Heart Disease, Learning Disorders, Lymphoproliferative disorders, Malabsorption, Malaria, Malformations of cardiovascular system, Malformations of lip/palate, Malformations of spine/CNS, Malnutrition, Meningitis, Menopausal disorders, Menstrual disorders, Migraine, Movement disorders, Multiple sclerosis, Myeloproliferative disorders, Normal Child Development, Normal Pregnancy & Delivery, Oral disorders (incl. caries), Osteoarthritis, Osteomyelitis, Osteoporosis, Otitis media, Pagets disease, Peptic ulcer, Pericardial disease, Peripheral nerve Disorders, Peripheral vascular disease, Peritonitis, Pituitary disorders, Pleural effusion, Pneumothorax, Poisoning, Post-operative care, Pre-operative care, Pregnancy loss, Psoriasis, Psychosexual Dysfunction, Respiratory tract infection, Rhesus haemolytic disease, Schizophrenia, Septicaemia, Sexually transmitted disease, Shock, Skin cancer, Skin infections/infestations, Skin ulceration, Somatisation, Spinal disorders, Splenomegaly, Substance abuse, Sudden infant death, Sudden unexpected death, Suicide & Self Harm, Temporal Arteritis, Terminal Care, Thromboembolic disease, Thyroid disorders, Transfusion of blood products, Trauma to chest/abdomen, Trauma to head, Trauma to limbs, Trauma to spine, Tuberculosis, Urinary tract infection, Urinary tract obstruction, Varicose veins

CLINICAL SKILLS CURRICULUM

BASIC SKILLS COURSE (B)

	Skill	Mod
Cons	Put a patient at his/her ease	B
Cons	Determine the reason for a patient's attendance	B
Cons	Obtain a factual medical history	B
Cons	Take an occupational history	B
Cons	Elicit a patient's perceptions, feelings and expectations	B
Cons	Provide a patient with a comprehensible explanation	B
Cons	Educate a patient in a health-related matter	B
Cons	Negotiate a management plan with a patient	B
Cons	Manage time effectively in a consultation	B
Cons	Write good notes	B
Cons	Take a history from a third party/carer	B
Cons	Sensitively inform a patient of a serious situation	B
Cons	Deal with an anxious or angry patient	B
Cons	Develop a team management plan with colleagues	B
Exam	Temperature measurement	B
Exam	Skin examination	B
Exam	Blood pressure measurement	B
Lab	Dipstick test urine	B
Lab	Label specimens	B
Lab	Specimen storage	B
Lab	Safe handling of blood specimens	B
Lab	Complete request forms	B
Proc	Venous cannulation	B
Proc	Venepuncture	B
Proc	Basic airway management	B
Proc	Basic life support	B
Proc	Put on sterile gloves and gown	B
Proc	Subcutaneous injection	B
Proc	Intramuscular injection	B
Therp	Dress a wound	B
Therp	Set up and care for a venous infusion	B
Therp	Give first aid	B

Cons=consultation or history taking

Exam=clinical examination

Lab=laboratory investigation

Proc=procedure

Therp=therapeutic intervention

NUTRITION, METABOLISM AND EXCRETION MODULE

Type	Skill	Module
Exam	Neck examination including thyroid	N
Exam	Abdominal examination	N
Exam	Rectal examination	N
Image	Interpret an abdominal X-ray	N
Lab	Near-patient blood glucose measurement	N
Proc	Proctoscopy	N
Proc	Assist in theatre	N
Proc	Nasogastric intubation	N
Proc	Female urethral catheterisation	N
Proc	Male urethral catheterisation	N

HEART, LUNGS AND BLOOD MODULE

Type	Skill	Module
Exam	Lymph node examination	H
Exam	Assessment of hydration/volume	H
Exam	Cardiovascular examination	H
Exam	Respiratory examination	H
Image	Interpret a chest X-ray	H
Image	Interpret an ECG	H
Proc	Arterial puncture	H
Proc	Measure peak flow	H
Proc	Perform emergency defibrillation	H
Proc	Perform endotracheal intubation	H
Proc	Perform ECG	H
Therp	Use a bronchodilator inhaler	H
Therp	Use a nebuliser	H

FAMILIES AND CHILDREN MODULE

Type	Skill	Module
ConsE	Construct a family tree	F
ConsG	Take a sexual history	F
ConsO	Build rapport with a child and parents through history-taking	F
Exam	Assessment and staging of sexual development	F
Exam	Examination of the pregnant abdomen	F
Exam	Measurement and plotting of height and weight	F
Exam	Breast examination	F
Exam	Inguinal examination	F
Exam	Testicular examination	F
Exam	Vaginal examination, including use of speculum	F
Exam	Developmental assessment	F
Exam	Ability to approach and examine a child	F
Exam	Assessment of stages of labour	F
Exam	Neonate examination	F
Proc	Perform cervical smear and take swabs	F
Proc	Take swabs from cervix, urethra and vagina	F
Proc	Take male urethral swabs	F
Proc	Delivery (add something about following pt through labour)	F
Therp	Establish drug dose for a child	F

MIND AND MOVEMENT MODULE

Type	Skill	Module
ConsF	Take a substance abuse history	C
ConsH	Take a psychiatric history	C
Exam	Cognitive assessment	C
Exam	Mental state examination	C
Exam	Suicide risk assessment	C
Exam	Oropharyngeal examination	C
Exam	Locomotor examination	C
Exam	Conscious level assessment	C
Exam	Assessment of functional status/ADLs	C
Image	Interpret a locomotor X-ray	C
Mangt	Assess rehabilitation needs of a disabled patient	C
Proc	Knee joint aspiration	C
Proc	Fracture immobilisation	C
Proc	Lumbar puncture	C

MARKING SCHEME FOR OSCEs

1. These examinations are intended to test **SKILLS** and **PROFESSIONAL ATTITUDES**. Knowledge is more reliably tested elsewhere in the assessments. In marking OSCE examinations every attempt should be made to focus on the skills and/or professional attitudes being tested and not to be influenced by the level of knowledge shown.
2. These examinations are multiple station examinations and marks are added together. All stations are weighted equally. No single examiner is making a pass/fail decision. Consistency of marking between candidates and between examiners will make it a more reliable examination.
3. Each station will include a list of areas to be considered. These are **NOT** checklists with marks being awarded for each item scored. They are intended to provide an overall picture against which to compare the candidates.
4. There are 10 marks available at each station. Taking the above into consideration examiners are asked to award a global mark in accordance with the following general descriptions. Examiners are being asked to use professional judgment and these are to provide general guidance.

DUTY OF CARE, ETHICS AND CONFIDENTIALITY

You have a duty of care to ensure strict confidentiality of client information and to make the care of patients your first concern. Confidentiality is maintaining security of information obtained from/ about an individual. The brief guidelines below are to assist you in maintaining confidentiality. They are 'common sense' good practice and procedures.

Obtaining Information

- Information about a person can be obtained by spoken word, (face to face, telephone etc), observation, written notes, audiotape, photographs or videotape.
- When obtaining information, meet in a private room where only the relevant people are present.
- When obtaining information, involve the client (subject/interviewee) as much as possible
- When obtaining information, do not judge any person's presence as irrelevant because you think the person cannot understand.

Making a record of information

- Ask the persons present to agree to your making written notes of the information; (explain that you need an accurate record).
- Whenever personally recording information, you should make notes during the event/interview. Do not rely on memory to write them later.
- Check your interpretation of the information with others who were present.
- Record only *facts* as facts; identify *opinions* as e.g. "In my opinion, the information shows....."
- All recorded information should be dated and accompanied by your full signature.

Information should be used only for the purpose for which it was given, and should not be shared with other people, or used for other purposes, except with the informed consent of the person who is the subject of the information. For the purpose of the SSM:

- **Do not identify the subject** (interviewee/client), or refer to him* in such a way that he could be identified by another person. In your abstract, oral presentation and written report **refer to the subject only by initials, first name or pseudonym.**
- **Do not include photographs or other recorded material** of your subject without their agreement.
- Keep all information about the subject in a secure locked cabinet or drawer.
- When discussing your work with friends/family, do not discuss or gossip about clients/subjects.

* Throughout the document, he includes she/they, his includes her/their, him includes her/them.

Computer Information

All client information held on computer discs is subject to the Data Protection Act.

- Keep information on floppy rather than on hard disc, and store in secure locked cabinet/drawer.
- Delete information from floppy disc when use is completed.
- Keep a paper copy of your recorded information in secure storage.

