Undergraduate Medical Education Information Handbook Year 4 and Year 5
Welcome to Blackpool! We hope that you will find the experience here a positive one. Included in this handbook is some general information along with useful contacts. The information in this booklet is for both 4th and 5th year students; however not all the information may be relevant to your year. We will indicate this by putting (4th year) or (5th year) next to the information. The Undergraduate Office is located in the Education Centre and we have an open door policy. In the first instance you can contact the undergraduate coordinators who will then escalate to the senior team if needed.

The team comprises of:

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Tel:
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Michael.Farrell@bfwhospitals.nhs.uk
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Tel: 01253 953032

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Julie.Summers@bfwhospitals.nhs.uk
Tel: 01253 95 5118

Hayley Turner
Undergraduate Year 5 Co-Ordinator
Hayley.Turner@bfwhospitals.nhs.uk
Tel: 01253 95 5120

Roxanne Sheward
Undergraduate Year 4 Co-Ordinator
Roxanne.Sheward@bfwhospitals.nhs.uk
Tel: 01253 95 5241

Yvonne Coyle
GPST Co-Ordinator
Postgraduate.Education@bfwhospitals.nhs.uk
Tel: 01253 95 5243

Rachael Lucas
ST Co-Ordinator
Postgraduate.Education@bfwhospitals.nhs.uk
Tel: 01253 95 5242

Rebecca Greaves
Foundation Programme Administrator
Foundation.Education@bfwhospitals.nhs.uk
Tel: 01253 95 3193
MEDICAL EDUCATION WEBSITE

All the information that you need to know as a trainee is on the One HR website under the Medical Education Tab. Please have a look at this site (which can be accessed from home).

www.bfwh.nhs.uk/onehr

TWITTER

We also have a Medical Education Twitter account. Please follow us to be informed of teaching, presentations and other events taking place in the Education Centre.

@BTHEducation

The team hope that you enjoy your time here at Blackpool Teaching Hospitals and please do not hesitate to contact any of the undergraduate team for help or advice.

The Undergraduate Education Team
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The purpose of the Student Charter is to set out our partnership in learning. It represents our shared commitment to the values of the Trust as well as our responsibilities as educators and learners in working together to develop and maintain a stimulating and diverse learning culture underpinned by excellence.

**Blackpool Teaching Hospitals will provide:**

- A supportive and stimulating environment that empowers students to reach their full potential
- High quality learning experiences that are informed by good practice in learning and teaching
- Access to activities, such as research opportunities, that will enhance employability, professional excellence, and personal intellectual development
- Clearly defined access to the learning environment including facilities and services that will enable students to excel in their studies and in their training

**Blackpool Teaching Hospitals will provide students with the following information:**

- Details of their programme including content and supervision
- Clear timeframes for all assessments
- First point of contact for pastoral support; first point of contact for professional support
- Access to Trust policies and procedures, including sickness absence reporting
- Appropriate notice of changes to timetables, teaching sessions, and so forth

**Students undertake to:**

- Take responsibility for managing their own learning and development, seeking advice and support as required, spending sufficient time in private study, participating in timetabled sessions and in group learning activities
- Maintain and protect an environment conducive to learning and in keeping with the values of the Trust
- Engage in the educational, social, and cultural life of the Trust
- Obtain agreement from the Department or relevant person/s for any absences, planned or otherwise, as far in advance as possible
- Maintain the highest standards of academic integrity in all aspects of work and assessments
- Treat colleagues and peers with respect and foster a culture of co-operation and co-working
- Provide constructive feedback on their experience and participate in mechanisms that will lead to improvements in the quality of learning and teaching
Education Centre
The Undergraduate Office is based in the Education Centre. The Education Centre is manned Monday–Friday between the hours of 08.30am – 5.00pm. After these hours you will have to use your swipe card to gain access, this can be activated if you go to the Library main desk and ask to have your card activated.

IT Account
An IT account has been established for you and will give you access to hospital emails, Microsoft office, Intranet, and Internet. It is suggested that you check your trust email account daily.

Bleeping
The bleep system is available on every internal phone. It is accessed by dialling 50, wait for the tone to change, and then dial the bleep number, followed by your extension and then #. You should then replace the handset.

Parking
Students should only park their vehicle where they have been authorised to park. The hospital security team monitors parking and any vehicles in breach of car parking rules, which are displayed in the car parks, may be subject to a parking enforcement notice – £30.

Catering
WH Smiths - Located in the main entrance open weekdays from 7:30am-8:00pm and weekends 8:00am-8:00pm.
Costa Coffee – Located in the main entrance open weekdays from 7:30am-8:00pm, weekends 8:00am-6:00pm. Outpatients entrance open weekdays 8:00am-6:00pm, Sat 9:00am-5:00pm and Sun 10:00am-5:00pm.
Marks and Spencer – Located in the main entrance open weekdays 7:00am-9:00pm and weekends 8:00am-8:00pm

Fraggles Coffee Shop - located in the Cardiac Centre open Mon—Fri 9.30am– 3.30pm.

The Restaurant - is situated at the end of the hospital main corridor, at the top of the stairs (lift available) or via the main entrance up the escalator and the stairs to the right hand side. It is open for breakfast, sandwiches, salads, snacks and hot meals. The opening times for the restaurant are: 7.30am -10.30am for breakfast, 11:45am -2:00pm for lunch, 11:45pm -2:45pm for Deli bar Service and 5:00pm -7:00pm for evening meals.
Other Student Information

Student Common Room
The common room is located opposite Happy Days Nursery at the back of Home 13 and is available for students to use as often as they wish, however we expect students to look after this area and ensure it remains tidy and secure at all times. The door should always be locked when the last person leaves and the windows shut. The code for the common room will be emailed to you by one of the undergraduate coordinators. Please ensure you do not share it with anyone else.

Lockers
We offer lockers to students if they wish to store belongings. Students whom require a locker can leave a deposit of £5.00 for a key. Once the key is returned at the end of the year, the deposit will be returned. The lockers are located in the common room. Please let the undergraduate team know if you would like a locker.

Dress Code
As of September 2017 the University of Liverpool have introduced a uniform which must be worn by 4th year medical students at all times during all placements, with the exception of some. The exceptions are as follows:
- Psychiatry placement
- GP placement
- Paediatric placement (community)

The following poster will be displayed around areas students will be attendance to ensure that all clinicians and patients are aware of your role.

Introducing the University of Liverpool Medical Students Uniform

Students can be identified with a coloured reel and badge holder as shown above
In the areas students are not required to wear uniform, the following dress code should be adhered to:

Males Students are required to wear: Shirt and Trousers (No Jeans) and Shoes (No Trainers) Ties, if worn should be tucked into the shirt.

Female Students are required to wear: Appropriate Clothes, No low cut tops, short skirts or exposed midriff. No jeans, trainers or high heels.

Hair and Jewellery (Male and Female): Hair should be tied back from the hair and extremes of clothing style should be avoided. Wrist watches, bracelets, wristbands etc should not be worn in the clinical areas – Bare below the elbows. No other rings other than a simple band (wedding rings) must be worn.
• All accommodation is situated on the hospital site.

• Rental charge of £345.63 per month inclusive of utility bills and council tax. Residents are invoiced on a monthly basis and rent should be paid to the Trust’s finance dept. – details of how payments can be made will be issued on arrival.

• Deposit of 1 month rent payable to the Trust on receipt of invoice.

• All residents issued with tenancy agreement on arrival – to be signed and returned to the Accommodation Officer.

• All accommodation consists of 3 share fully furnished. Each resident has own bedroom (bedding provided) but you can bring your own if you prefer.

• There are shared kitchen (fully equipped with cooker, microwave, fridge freezer, crockery, pans, utensils etc.), lounge, and bathroom and toilet facilities.

• All residents are responsible for the tidiness and cleanliness of their own rooms and general tidiness of the shared areas. Domestic Service provided to lounge, toilet, bathroom and kitchen (but does not include washing pots)!

• Parking is available on site in the multi storey car park.

• On arrival, keys can be collected from the Accommodation Office, Home 6 on Victoria Court between 8am and 3pm Mon – Fri or from the hospital switchboard outside these hours.

• Fire Safety and all other relevant information will be included in your “Welcome Pack” issued on arrival.

If you require any other information or have any questions regarding the above, please do not hesitate to contact Karen McKenna, Accommodation Officer on 01253 953772.
Travel Information

Trains and Buses

Bus and Tram Service timetables are available from the Undergraduate Office

Blackpool North is the nearest railway station to the hospital.

Service 2C to Knott End via Blackpool 6th Form College and Poulton (Northbound) Monday - Saturday daytime 30 minute service. Evenings and Sundays hourly service.

Service 2 and 2C to Blackpool Town Centre via Newton Drive (Southbound) Monday - Saturday daytime 15 minute service. Evenings and Sundays 30 minute service.

Service 5 to Halfway House via Layton, Blackpool Town Centre, South Shore, Highfield Road. Monday - Saturday daytime 10 minute service. Evenings and Sundays 30 minute service.

Service 16 to Castle Gardens, Carleton via Grange Park, Bispham and Norcross. Monday - Saturday daytime 30 minute service. Last bus to Castle Gardens from Victoria Hospital is 1820. Sundays the service will only operate from Bispham Village (no service to/from Castle Gardens, Carleton) last bus to Bispham Village from Victoria Hospital is 1709.

Service 16 to North Station via Mereside Tesco, Highfield Road, Harrowside, South Shore, Whitegate Drive. (Southbound) Monday - Saturday daytime 30 minute service. Last bus from the Hospital 1945. Sundays hourly service, last bus from the hospital to North Station is 1756.

On Bank Holidays a Sunday service operates. At Christmas and New Year special timetables are in operation. www.blackpooltransport.com

For further travel information, including Stagecoach visit: www.traveline.info or 0871 200 2233 calls cost 10p per minute plus network extras.
Please see the below map of the hospital, which should help you navigate yourself around using the key.
The timetable for your first rotation has been included in your induction pack; however they will usually be emailed to you by one of the Undergraduate Coordinators a few days before the start of the next rotation. You have been placed in a group and within your group you have a clinical partner. You will attend all clinical sessions with your partner and they will act as chaperone.

The 4th year timetable consists of 8 weeks in Medicine (rotating around the different areas in medicine) 4 weeks in Obstetrics and Gynaecology, 6 weeks in Surgery (rotating around the different areas) 6 weeks in GP, 4 weeks in Psychiatry, 4 weeks in Paediatrics and 4 weeks in Palliative Care/Oncology. You also attend CCT and have a self-directed study day alternate weeks. Copies of the overall timetable for the full academic year are in your induction pack. The overall timetable informs you where you will be starting and where you will rotate to next.

Within each area there are rotational leads that are there to help you while you are in the rotation (information below) Please use the information provided below to contact the rotational leads if required.

**Rotational Leads:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Rotation</th>
<th>Email Address</th>
<th>Bleep</th>
<th>Off No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Andrew Weatherburn (Medicine Lead/Lead Consultant in Extensive Care Service)</td>
<td>Medicine</td>
<td><a href="mailto:Dr.Weatherburn@bfwhospitals.nhs.uk">Dr.Weatherburn@bfwhospitals.nhs.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Shelia Kelleher (Consultant Ophthalmologist)</td>
<td>Surgery:</td>
<td><a href="mailto:Dr.Kelleher@bfwhospitals.nhs.uk">Dr.Kelleher@bfwhospitals.nhs.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ophthalmology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mr Paul Dunkow (Consultant in Orthopaedics and Trauma)</td>
<td>Orthopaedics</td>
<td><a href="mailto:Mr.Dunkow@bfwhospitals.nhs.uk">Mr.Dunkow@bfwhospitals.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td>Mr Paul Hans (Consultant in ENT)</td>
<td>ENT</td>
<td><a href="mailto:Paul.Hans@bfwhospitals.nhs.uk">Paul.Hans@bfwhospitals.nhs.uk</a></td>
<td>509</td>
<td></td>
</tr>
<tr>
<td>Mr Vikas Malik (Consultant in ENT)</td>
<td></td>
<td><a href="mailto:Vikas.Malik@bfwhospitals.nhs.uk">Vikas.Malik@bfwhospitals.nhs.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Richard Feaks (Consultant in Palliative Care) Joanne Nicholls (Coordinator)</td>
<td>Palliative Care</td>
<td><a href="mailto:Dr.Feaks@trinityhospice.co.uk">Dr.Feaks@trinityhospice.co.uk</a> <a href="mailto:Joanne.Nicholls@trinityhospice.co.uk">Joanne.Nicholls@trinityhospice.co.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Mohammed Ahmed (Consultant Paediatrician) Joy Swarbrick (Practice Educator)</td>
<td>Paediatrics</td>
<td><a href="mailto:Dr.Ahmed@bfwhospitals.nhs.uk">Dr.Ahmed@bfwhospitals.nhs.uk</a></td>
<td>062</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Joy.Swarbrick@bfwhospitals.nhs.uk">Joy.Swarbrick@bfwhospitals.nhs.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Gillian Strachan (Consultant Psychiatrist) Dr Brijesh Desai (Consultant Psychiatrist) Jane Aldersley (Practice Educator)</td>
<td>Psychiatry</td>
<td><a href="mailto:Gillian.Strachan@Lancashirecare.nhs.uk">Gillian.Strachan@Lancashirecare.nhs.uk</a></td>
<td>53684 (SEC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Brijesh.Desai@lancashirecare.nhs.uk">Brijesh.Desai@lancashirecare.nhs.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Jane.Aldersley@Lancashirecare.nhs.uk">Jane.Aldersley@Lancashirecare.nhs.uk</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Jane Wilcock (CCT tutor/GP Lead) Dr Becky Holmes (CCT tutor)</td>
<td>CCT Tutors</td>
<td><a href="mailto:Jane.Wilcock@liverpool.ac.uk">Jane.Wilcock@liverpool.ac.uk</a> <a href="mailto:R.Holmes@liverpool.ac.uk">R.Holmes@liverpool.ac.uk</a></td>
<td></td>
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</tr>
<tr>
<td>Dr Roopa Kinagi (D&amp;G Educational Lead/Staff Grade in O&amp;G) Carol Park (Practice Development Midwife)</td>
<td>O&amp;G</td>
<td><a href="mailto:DrR.Kinagi@bfwhospitals.nhs.uk">DrR.Kinagi@bfwhospitals.nhs.uk</a></td>
<td>397</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Carol.Park@bfwhospitals.nhs.uk">Carol.Park@bfwhospitals.nhs.uk</a></td>
<td>492</td>
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</tr>
</tbody>
</table>
Timetable Structure

The timetable for your rotations at Blackpool has been included in your induction pack. During the academic year you will complete a total of four rotations which will include two SAMP placements, 1 Ward placement & 1 Acute placement. Following each rotation you will have a catch up week, please ensure that this is used for studying and to attend any teaching sessions at the university; holidays cannot be taken during this time.

Courses & Events

Please make a note of the dates and times of all the courses and events scheduled on the timetable. We do expect you to be punctual for all these courses. Return transport will be provided for events not held in Blackpool. The Undergraduate Team will email full details prior to these events.

UMUST – Unexpected Medical Undergraduate Simulation Training

Included in your induction pack you will find your UMUST timetable. You must ensure that you collect your UMUST bleep from the Undergraduate office no later than 8.30am on the Monday morning of your scheduled UMUST week. The bleep must be returned to the office no later than 4.30pm on the Friday of that week. Your UMUST SIM sessions will take place in the Simulation and Skills Centre; as soon as you are bleeped you must respond by attending the Simulation and Skills Centre immediately. Please check your timetable.

Supervisor

In each rotation you will have a named clinical supervisor who will support you and answer any questions that you may have. The name of your supervisor will be identified on your timetable. Reporting instructions will be emailed to you prior to commencement of your rotation. Your supervisor will also discuss and sign your First, Mid and Final PETA forms on your E Portfolio.
4th year Information:

Bursary Information
The ‘Your Guide to NHS Student Bursaries’ will be sent from the university to Blackpool around November time and can also be viewed on the One HR website. The booklet will introduce you to the NHS student bursary scheme and includes guidance and eligibility information etc. for when you enter the 5th year of the course.

Progression Review – 4th Year Portfolio Review
At two stages during the academic year the 4th year e-portfolios will be reviewed by the undergraduate team. Details from the progression review are then sent to the university. Students will be informed prior to the review so they can ensure their e-portfolio is up to date. Dates of progression review & portfolio review are to be confirmed in due course.

Formative Assessments 2017
The formative assessments are led by our clinical skills team and will be held here in Blackpool. The formative assessments are going to take place in February 2018 within the Simulation and Skills Department.
More information regarding student’s allocated day will follow in due course.

Year 5 Information

Simulation and Skills Induction
Day 1 of the Clinical Skills Induction is Tuesday 5th September, for all students to attend. For Day 2 of the Induction (11th and 12th September), students will attend in separate groups. Please refer to your timetable for exact dates and times.

ILS Course – 5th Year Students
This is a 1 day course and is led by our resuscitation team in The Simulation Skills Centre. This course will be held on 21st September and 28th September, in the Simulation and Skills Department, from 9am – 4.30pm. Manuals will be provided for you to study prior to attending this course.

PSA teaching
You are expected to attend 8 2 hour sessions. Please see your timetable for dates and times.
5th Year Portfolio Review
Portfolio Review
At two stages during the academic year the 5th year e-portfolios will be reviewed by the Year 5 Lead and undergraduate team. Details from the portfolio review are then sent to the university. Students will be informed prior to the review so they can ensure their e-portfolio is up to date.

Liverpool University

GMC Pre-registration Day – 5th Year Students
This will be held at Liverpool University on 6th November. Liverpool University will contact you prior to this event and The Undergraduate Team at Blackpool will organise transport to and from Liverpool.

Situational Judgement Test – 5th Year Students
This will be held at Liverpool University on 1st December. Liverpool University will contact you prior to this event and The Undergraduate Team at Blackpool will organise transport to and from Liverpool.

PSA exam – 5th Year Students
This will be held on Liverpool University on 14th May. Liverpool University will contact you prior to this event and transport will be arranged.

Final year Portfolio Review – 5th Year Students
This will be held in the Education Centre on 24th May. Liverpool University will contact you prior to this event.

Graduation – 5th Year Students
The exact date will be announced in March 2018.
Student Representatives Meeting (4\textsuperscript{th} year)

All 6 groups will choose a rep to attend meetings on behalf on the rest of the group. The student rep meetings have been set for this academic year the dates are as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Room</th>
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<tbody>
<tr>
<td>4\textsuperscript{th} October</td>
<td>Room 5</td>
</tr>
<tr>
<td>1\textsuperscript{st} November</td>
<td>Room 5</td>
</tr>
<tr>
<td>No meeting</td>
<td>Room 1</td>
</tr>
<tr>
<td>3\textsuperscript{rd} January</td>
<td>Room 1</td>
</tr>
<tr>
<td>7\textsuperscript{th} February</td>
<td>Room 1</td>
</tr>
<tr>
<td>7\textsuperscript{th} March</td>
<td>Room 1</td>
</tr>
<tr>
<td>No meeting</td>
<td>Room 1</td>
</tr>
<tr>
<td>2\textsuperscript{nd} May</td>
<td>Room 1</td>
</tr>
</tbody>
</table>

All student rep meetings start at 4:30pm. Please make a note of the dates.

Coffee and Cake Feedback Meetings

The coffee and cake meetings are held three times during the academic year to give students a chance to feedback to staff about their experience at Blackpool as an informal chat!

The meetings start at 4:30pm and are held in Rendezvous. Please make a note of the dates.

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>29\textsuperscript{nd} November</td>
</tr>
<tr>
<td>28\textsuperscript{nd} February</td>
</tr>
<tr>
<td>30\textsuperscript{nd} May</td>
</tr>
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</table>
TRUST INDUCTION

It is of paramount importance that you undertake an Induction to the Trust. This is to ensure all new students receive relevant information and training which will be essential for the forthcoming academic year and are integrated into the Trust in a safe and efficient way. This also enables the students to meet the Undergraduate Team and wider Undergraduate community.

LOCAL INDUCTION

In addition to a Trust induction, you should also receive an Induction into the Department you are going to be allocated to. During this Induction you will be given departmental information and further information about your timetable. Arrangements for your local Induction will be included on your timetable you receive prior to commencement of your placement. If you are unsure of your local induction arrangements you need to contact the Undergraduate Coordinators.

You will be required to complete a Local Induction form which is issued by the Undergraduate Team to confirm that you have received a Local Induction. This form is mandatory and must be returned completed to Roxanne Sheward in the Undergraduate Office within 2 weeks of receiving the form. If you have any problems please do not hesitate to contact us.
Please see University regulations below in regards to Religious Observance Absence for the MBChB Programme

1.2.5 Religious Observance Absence for the MBChB Programme
The University of Liverpool is a secular institution in that it does not promote or require religious belief; however, the University also seeks to create a welcoming environment for all staff and students, and must ensure that there is no discrimination on the grounds of religion and all are able to work and study within a safe and supportive institution. At the same time, students are still required to fulfil all course requirements.
The Medical School serves a diverse student population. While it supports the individual student’s right and wish to practise his/her faith, it also has an over-riding duty to produce a doctor who is fit to serve as a purpose. Given the complexity of the curriculum, it is not possible to design a timetable which allows for all religious observance. As certain components of the curriculum are regarded as core and compulsory, permitting students to be absent from these components may disadvantage them when it comes to examination. Students should therefore note that:

- In any academic year where religious observance coincides with a compulsory component of the curriculum, students affected by the relevant event are required to request permission to be absent, in writing, from the Year Lead via the School Office at least 14 days prior to the date of the event. Students will be informed of the decision within seven days prior to the event. Requests submitted less than fourteen days prior to an event will NOT be approved. Students can pick up a Request for Authorised Leave form from the School Office or download it from the student portal for their year.

- In cases where absence is approved, the School Office shall be responsible for informing all members of academic or clinical staff who will be affected by the student’s absence.

- Every effort will be made by the School of Medicine to avoid a student being required to sit an examination on the day of religious observance. However, the School reserves the right to hold examinations on such days if no alternative time is convenient.

- In addition to requesting permission from the School, students on clinical attachments on days of religious observance will be responsible for arranging alternative times, by mutual agreement, with the consultant in charge of the attachment. They are required to inform the School Office as above in writing in advance of the day and of what alternative arrangements have been made.

- Students are responsible for ensuring that any course work missed due to religious observance is covered at a subsequent time. Missing course work because of religious observance will not be accepted as mitigating circumstances for failure in exams.

- Students who miss sessions because of religious observance without prior approval will be deemed to be absent without approval and will have the absence recorded in their files. Absence for more than three compulsory sessions may lead to a formal warning for attendance.
Below are images of Professionalism forms. This form was introduced by the university in the 2016/17 academic year. The form demonstrates numerous reasons a form can be submitted relating to professionalism issues and also the pathway and possible outcomes of having a form submitted to the university on your behalf.

If you have any questions or wish to discuss the form further then please don’t hesitate to contact us.
The University of Liverpool School of Medicine

Attendance Guidelines
Clinical Placements  Years 2-5  2016/2017

BUILDING A SUPPORTIVE PROFESSIONAL ENVIRONMENT - A JOINT RESPONSIBILITY

Active participation in all elements of the curriculum is a positive demonstration of a student’s understanding and mastery of professional responsibilities, and is a core requirement for successful progression through the MBChB degree course.

Active participation demonstrates:  Active participation develops:

- Integrity
- Commitment to medicine
- Probity
- Responsibility to one’s team, patients and colleagues
- Willingness to learn by experience and from others
- Sense of being part of the healthcare community
- Peer learning
- Collaborative working
- Professional reputation
- Interchange of ideas

Attendance at Clinical Placement

Students must attend placement as directed - usually 9am - 5pm, or 8am - 4pm every day - but must also accept that they may need to be flexible around earlier starts or later finishes according to the clinical experience. Students' presence on wards, in clinics, in clinicians' offices and in diagnostic settings are opportunities to observe and participate in patient care. An enormous amount can also be learned from informal contact with doctors and other healthcare professionals. Students should never be in other areas (i.e. common room, hospital library) unless they are on a scheduled break or have the permission of the staff member supervising them. Students who 'go the extra mile' on placements are generally more successful and build a positive reputation.

Medical Students are Doctors in Training

Absences from clinical placement must be approached with the same standard of professional responsibility as practicing doctors, including being candid about the reason, notifying placements immediately and providing evidence if requested. Leave requests can only be granted during clinical placement for exceptional reasons. Unauthorised absences, for any reason, are not acceptable.

Please see next page for policy and procedures guidance, and some examples.
SICKNESS ABSENCE

Sickness
- Report absence **in person** as early as possible on DAY 1, by phone, text or email to school office, undergraduate office or GP placement.
- Fewer than 5 days? Self-certify within 14 days
- More than 5 days? Doctor’s note required
- More than 2 episodes per semester? Meet with Year Lead

APPROVED LEAVE/UNANTICIPATED ABSENCE

Students can apply, in advance (at least 14 days in advance if not an emergency), for **authorised leave**, but the request must normally fall into one of the following categories:
- Health appointment
- Major family event - wedding, funeral, baptism or serious illness of close family member with whom the student has had regular contact
- Presenting a poster or paper at a conference (not merely attending)
- Receiving an award
- Religious festivals - main festivals only, not regular weekly observance.

Students should report **unanticipated absence** - genuine emergencies only - within 14 days using the same approved leave form

**Supporting documentation must be supplied.**

*The student’s current attendance record will be used as an indicator.*

Any absence which is neither pre-approved, nor notified and self-certified within 14 days, will be treated as **UNAUTHORISED**. Repeated absences will be notified to the Wellbeing Service, raised at Progression Review, and could lead to the student being referred to the Director of Medical Studies or the Head of School. Ultimately, if attendance doesn’t improve, a Faculty Progress Panel could stop the student sitting their exams, or even terminate their studies due to lack of engagement. *(See Student Handbook and MBChB Programme Handbook for full details)*

**Example 1: Unanticipated Absence**
A shared student house suffers a leak in the bathroom and plaster drops off the living room ceiling. Someone needs to wait in for the landlord and the plumber. Student calls the med school, then fills in an approved leave form the next day. He also supplies a photo of the ceiling and a letter from the landlord. **AUTHORISED**

**Example 2: Approved Leave**
Student submits a leave request 2 days before a religious festival. The date has been in the calendar for more than 12 months. **UNAUTHORISED**

**NB:** Students should never book and pay for travel before leave is granted

**Example 3:**
Student requests approved leave for the last 2 days of term to attend the Medics Ski Trip. **UNAUTHORISED**

**Example 4:**
Student requests leave for a funeral being held tomorrow. No details of who has died. **MAY BE APPROVED IF EVIDENCE PROVIDED**

**Example 5:**
Student submits leave request for 4 days to go on a family holiday to celebrate their sister’s wedding in the USA. The student has a good attendance record, and has already agreed plans with their clinical director to make up the sessions they will miss. **AUTHORISED**
Student then submits travel documents as evidence.

If in doubt, or you have any questions, please contact the Year Lead or Student Wellbeing on: medsupport@liv.ac.uk  Tel: 0151 794 8756
The Quality of our Training Programmes at Blackpool is a priority for Undergraduate Medical Education. To monitor the quality we implement a system of evaluations and feedback to the training programme which includes:

- Evaluation Placement Forms
- Surveys
- Feedback Sessions
- Student Rep meetings

**EVALUATION PLACEMENT FORMS**

The purpose is to evaluate each individual training placement and highlight any areas of concern or best practice. This survey is usually completed at end of your placement. We will send links to Survey Monkey by email before you are due to leave the placements.

**SURVEYS**

The purpose is to evaluate the trainee’s experience of Blackpool Teaching Hospital as well as the training programme as a whole. The survey will be generated on Survey Monkey and will be sent out towards the end of the academic year.

**STUDENT REP MEETINGS**

These Meetings are scheduled monthly for Group Reps representing their peer group to meet with the team and discuss any issues within their current rotation. It is an opportunity to give feedback on what is going well or not so well. We aim to feedback within the week to any issues.

**FEEDBACK SESSIONS**

These sessions give the opportunity to share and discuss any immediate issues they may have, it is a good opportunity to discuss areas of good practice, areas for improvements and share information in an informal setting and share information for specific placements which would benefit all students. This session enables the Undergraduate Team to gain a greater understanding of the trainee experience, and enjoy a catch up over coffee and cakes!
The library can be found within the Education Centre and is accessible 24 hours a day (bring your ID Badge to the library desk to have it activated). The library is staffed between 8.30am and 5.00pm (4.30 on Fridays).

Borrowing books — you may borrow up to 10 books for a period of four weeks (fines are payable on books not returned on time). You can renew your books online via the library catalogue, or by telephone or in person.

Services

- Study space and PCs (including three quiet study rooms)
- Print and digital books, journals and databases
- Inter-Library loans (Ask Sue or Teresa)
- Literature searching service (Ask Michael)
- Athens registrations to enable open access to a range of online resources (Ask Laura)
- Information skills training, in particular: accessing databases, undertaking literature searches and critical appraisal of research
- Current awareness bulletins on a range of specialist topics
- We also have a collection of lifestyle and wellbeing books, fiction, and DVDs
- Printing (first £5.00 free for medical students!), photocopying, scanning, binding and laminating facilities

Some of the online resources you may find particularly useful during your time here are:

**ClinicalKey** - a collection of more than 600 journals (including The Lancet), 1,200 books (including Davidson’s Principles and Practice of Medicine and Macleod’s Clinical Examination) and many thousands of procedural and education resources such as videos, images, topic summaries and drug monographs and is an extremely useful resource for education and evidence based practice. (Athens password required)

**UpToDate** – clinical answers at the point of care. UpToDate is a database of answers to the questions you are most likely to ask in clinical practice. The information is submitted by experts and is updated regularly to provide an evidence based point of care decision tool.

The Library Team:

- Debra Thornton, Library Services Manager
- Michael Reid, Clinical and Management Librarian
- Laura Sims, Electronic Services and Outreach Librarian
- Susan Beames, Library Assistant
- Teresa Evans, Library Assistant

“Excellent library service. All staff are very friendly and welcoming and no problem is ever too much”
Laura - Medical Student
University of Liverpool
Medical Students Hospital
Book Loan Service

Do you find it difficult to visit the Harold Cohen Library when you are on hospital placement?

We can send books out to you!

Collect and return from your hospital placement library.

To use this free service download a Request Form and get more information from the webpage below.

http://www.liv.ac.uk/library/using/nhs-placement.html
Here at Blackpool we have a purpose built clinical skills and simulation centre. We offer a wide range of training opportunities, through skills based training and simulation. Throughout the training we will not only focus on clinical skills but also on non-clinical elements of care that have both a direct and indirect impact on patient (and staff) safety and welfare. Using video feedback we will give you the opportunity to reflect on decisions you and others made during training, in a constructive and supportive environment.

We offer a simulation programme to both our 4th year and 5th year undergraduate medical students. The 4th year simulation programme focuses on the ABCDE system to develop an unconscious competence when dealing with a critically unwell patient. In addition to this we will introduce and discuss non clinical factors (Human Factors) and outline their importance when dealing with any patient – but especially in an acute situation.

The 5th year simulation programme is called UMUST. Below is a reflection written by one of your peers about the programme:

“We have all seen it happen – a bleep goes off and a disembodied voice summons the holder to a cardiac arrest. Now imagine that it’s your very first shift as an F1 and you have been unlucky enough to be given the crash bleep. The only experience you’ve had of a cardiac arrest is in an OSCE or that one day ALS course somewhere in the fog of fifth year memory. If you have been lucky enough to have seen an arrest, odds are you were standing at the back marvelling at how everyone seemed to know what was going on except you. It doesn’t sound like a fun experience does it? Luckily in Blackpool and Whiston hospitals a research project is under way to try and change this – UMUST. UMUST stands for Unexpected Medical Undergraduate Simulation Training and is a research project aiming to evaluate whether simulating emergency bleeps for medical students will help them when a crash situation occurs for real. It has already been shown that simulating medical emergencies greatly improves the outcomes for the patients when the simulations are repeated, and are greatly appreciated by medical students. As such, many universities have adopted this as a teaching method with workshops such as “MedSim” at the University Of Liverpool(1)(2). The UMUST research project aims to take simulation workshops to the next level by giving them the unexpected element that is perhaps the most intimidating part of being on call. The apprehension of holding a crash bleep for the first time and how this might affect your performance probably cannot be replicated by attending a timetabled workshop having read up on emergency treatment algorithms the day before. So how does it work? The year is split into groups of three or four and allocated weeks in which they will be “on call”. This means that everyone in your group will pick up a bleep first thing on the Monday morning and it could go off at any time (in office hours) until Friday afternoon. When the bleep goes off the same disembodied voice from switch board will call you to the clinical skills department. You are expected to warn the doctors that you are working with that this might happen and they won’t have a problem with you leaving. It is usually accompanied however, by some wry smiles that you are running off with a terrified look on your face to a fake emergency. When you arrive, an emergency simulation begins with scenarios varying from an exacerbation of COPD to dehydration causing hypovolaemic shock. ‘nurses’ (clinical skills team members) are on hand to help where appropriate, but the majority of things are done by the students themselves. For most of us the first scenario highlighted some huge gaps in our knowledge. How to spike and give a bag of fluid without giving the patients a massive air embolus for instance. At the end of the scenario comes the critical part though, watching a video of the scenario back and
dissecting what you did well and what could improve. Although awkward at first by the third scenario it is easy to see that there are less silly mistakes and everyone is calmer and more efficient, which is good news for future patients.

The UMUST research project continues with a review of the participants once they have started as F1s, in order to find out if this exposure to unexpected simulations was felt to have been advantageous. In my opinion any exposure to emergency situations and working as a team under pressure can only make the real thing easier for us and have better outcomes for the patients.”

By Michael Sharratt (5th year medical student, University Of Liverpool, Blackpool Cohort)

Bibliography

Whilst we offer established training opportunities/programs within the simulation unit we are more than willing to help any student develop and fine tune their skills using these facilities. If you encounter a situation that you or your colleagues have found particularly difficult to cope with or think that there are learning opportunities around a scenario or incident you have experienced - please come and talk to the team members and we will work with you to reproduce the situation as close as we can so that others can gain experiential knowledge from the situation. We can never reproduce all the situations you will be faced with during your career but we want you to view the unit as a resource for you to utilise as and when appropriate.

The Clinical Skills Team

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01253 95(5669)
Mike.Dickinson@bfwhospitals.nhs.uk

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Linda Parker, Simulation Skills Facilitator – Rolling Program & FY Lead
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Vacant at time of publication, Simulation Skills Facilitator/Simulation Lead
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Anne-Marie Walker, Clinical Tutor
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Vacant at time of publication, Clinical skills Technical support officer
01253 95(3223)

Julie Rushworth, Admin Support
01253 95(5668)
Julie.Rushworth@bfwhospitals.nhs.uk
The One HR website has been designed to provide you with easy access to online policies and guidelines for medical students. Please ensure you visit the website and familiarise yourself with the policies. The One HR website also has a section for medical students and has useful information including key contacts, important dates, timetable information, The Blackpool Medical Society and other general information.

The policies you should ensure you read are list below and available to view on the One HR website.

- Social Networking
- Intimate Examination Under Anaesthesia for Medical Students
- Infection Prevention Strategy 2013-2016
- Needlestick Injury and Accidents Involving Exposure to Blood and Body Fluids in Staff
- Smokefree Policy (including E-Cigarettes)

How to access your One HR

Go onto Your PC and click on the icon below

Once you have clicked on the icon you will be taken to the Trust intranet page. On the right hand side of the page as you scroll down you will come to the one HR icon

Click on the one HR icon you will be taken to the welcome page and then to the homepage of the One HR website. On the left hand side you will see a list of different headings.

Click on Medical Education this will direct you to our home page
Under Medical Education on the left hand side there will be a list of different areas within education please click on ‘Medical Students’ you will be taken to the homepage.

Please click on the General Information Tab. This will take you to the Policies and Procedures as shown below. Click on ‘show me more’.

The Policies and Procedures are listed below.
Here at Blackpool Teaching Hospitals NHS Foundation Trust we have introduced Career Advisors this year for all our Year 4 & 5 students based at the Trust.

This new initiative is aimed at offering career advice to students who are interested in a specific specialty. It gives you the opportunity to meet with Consultants within various specialties within the Trust, gain insight and advice relating to the area. This can help when looking at your future options and also can assist when looking at intercalation and elective placements. It’s a great opportunity to communicate with Consultants who have a vast knowledge on their specialty. A full list of Specialties and Consultant Career Advisors is available from the Undergraduate office and on the One HR website.
We have a number of staff advocates here at the Trust. They are available to you if you require any sort of impartial confidential advice.

We have a nominated staff advocate available to trainees. Jane is keen to meet with anyone who would like to have a discussion or obtain advice.

Jane Meek (Deputy Director of Workforce, Education & OD)

Staff advocates and their contact details are listed below:

<table>
<thead>
<tr>
<th>Staff Advocate</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Meek</td>
<td>(95) 6869</td>
</tr>
<tr>
<td>Amanda Eagle</td>
<td>(95) 1182</td>
</tr>
<tr>
<td>Angie McKeane</td>
<td>(95) 5669</td>
</tr>
<tr>
<td>Mark Wrigley</td>
<td>(95) 6726</td>
</tr>
<tr>
<td>Kevin Ney</td>
<td>(95) 4531</td>
</tr>
</tbody>
</table>
MESSAGE FROM YOUR LOCAL SECURITY MANAGEMENT SPECIALIST (LSMS)

KEEPING YOUR THINGS SAFE

To prevent you becoming a victim of theft whilst working at our Trust, here are a few simple tips on how to keep your things safe,

• Never allow anyone to follow you through an access controlled door, unless you recognise them as a person authorised to be there.
• Whilst at work don’t bring access amounts of money and bank cards
• Always lock personal items in a Locker, cupboard or drawer and never leave a handbag, purse or wallet in plain sight.
• Lockers are available in the student common room. The can be hired for the year with a £5 deposit which will be given back to you on returning your key. Please obtain your key from the undergraduate office.
• If you are the last to leave a room, even for a short period, ensure the door is locked.
• If you use a bike, keep a record of your bicycle make and model, frame number and color. A photograph can also help.
• Always lock it when you leave it the Trust offers secure cycle shelters and pods. Contact Car parking on ext. 2003
• If you have suspicions about anyone, take a good description, where safe to do so. Write it down at the earliest opportunity and contact security on ext. 3063/5192 or your Local Security Management Specialists (LSMS) ext. 5616
• If you are the victim of a crime ensure you complete an incident report and inform the police and the LSMS.

PLEASE DON’T BECOME A VICTIM!
UNTOWARD INCIDENT REPORTING

INCIDENT REPORTING AND INVESTIGATION

The Trust is committed to the establishment of a supportive, open and learning culture that encourages staff to report incidents and near misses through the appropriate channels. The aim is not to apportion blame but rather to learn from incidents and near misses through the appropriate channels and to improve practices, systems and processes accordingly. All staff within the Trust have a responsibility to ensure that they report any incident or near miss they have been involved in or witnessed. Please note that you must ensure that you report all incidents, especially those that involve patient safety, preferably within 24 hours of the incident occurring.

WHAT IS AN INCIDENT?

An incident can be described as an event or circumstance which could have resulted or did result in unnecessary harm, damage or loss to a patient, staff member, visitor or organisation.

WHY DO WE REPORT INCIDENTS?

- To improve patient care and services
- To establish the facts of each incident
- To establish controls to prevent recurrence
- To identify trends and potential risks
- To learn lessons
- It is a legal requirement

WHAT DO WE REPORT?

- An event that results in or had the potential to result in any level of injury or ill health
- An event that results in an unexpected outcome
- An event that interrupts normal procedure
- An event that damages the Trust’s reputation

Some examples of the most commonly reported incidents include medication errors, hospital acquired infections, delays, missed or wrong diagnosis, skin tissue damage/pressure ulcers, patient accidents, such as slips, trips and falls, incorrect use or failure of medical devices, staff health and safety and security incidents and information governance incidents.

Each Division/Department may also have specific triggers and these will be found within the Divisional Risk Management Strategy. Where the untoward incident involves faulty drug products or medical devices/equipment, these should be withdrawn immediately from use and retained for investigation.
DUTY OF CANDOUR

Duty of Candour is now required for any patient incident which has resulted in moderate to severe harm (levels 3, 4 and 5) and entails a face to face meeting with the patient and/or relatives/carer/person responsible, followed up by a letter, offering apologies for the event, followed by further contact if required, with information relating to any investigations carried out. It is the responsibility of the Clinician or Consultant responsible for the patient to ensure that this process is carried out. In some cases, such as for pressure ulcer incidents or falls, this responsibility can be delegated to the Matron.

The policy (CORP/POL/538) containing further guidance and templates for letters is available to download from the Document Library, Duty of Candour SharePoint and Risk Management sites on the Trust’s Intranet page. Duty of candour is also incorporated within the incident form and manager’s form on the Safeguard Incident Reporting system, for completion when entering and managing an untoward incident.

HOW AND WHEN SHOULD AN INCIDENT BE REPORTED?

All untoward incidents should be reported via the Electronic Incident Reporting System (found on the intranet home page, under incident reporting) within 24 hours of the incident occurring. Serious Untoward Incidents (including Never Events) where severe/major harm or death has occurred must be reported immediately to the relevant Associate Director of Nursing/Divisional Director and the Risk Management Department. These incidents are then reported on the Department of Health’s Strategic Reporting system (StEISS) within 2 working days of the incident being identified. Further Guidance can be found in the Trust’s Corporate Procedure – Untoward Incident and Serious Incident Reporting (CORP/PROC/101). Additional information and SUI reports can be accessed through the Risk Management site on the Trust’s intranet site.

It is crucially important that all staff report all incidents and near misses. The Trust policy is to promote a fair, non-blame culture and that only under specific circumstances would disciplinary action be considered following a reported event.

RISK MANAGEMENT TEAM

Incident.helpline@bfwhospitals.nhs.uk
Tel: 01253 9 53667
The development and implementation of clinical practice guidelines have been shown to improve patient care and outcomes. Although there are a myriad of terms such as pathways, protocols, care maps, and bundles, the fundamental aim is the same: evidence from clinical trials and associated research informs clinicians of best approaches for the delivery of care, prescription of medications, and application of technology.

Clinical teams in this hospital have collaborated to achieve a common goal while concentrating on improved quality, safety, and outcomes for a particular patient population and increasingly with economic consideration.

Clinical Pathways were introduced into the Trust following the Keogh review in 2013 and to date pathways have been developed and implemented for the following high mortality conditions:

- Pneumonia
- COPD
- Cardiac Chest Pain
- Sepsis
- AKI
- Stroke
- #NOF
- Acute Abdominal Pain
- Heart Failure

The pathways focus on the identification, observation and treatment of patients to ensure that the right care is provided by the right person at the right time, and that best practice is inherent in care planning and delivery. An interactive pathway for each condition is easily accessible on the main intranet page and via a mobile phone app and a paper pathway checklist is available on the wards to provide clear guidance to clinical staff.

A robust data collection process is set up; made up of a dedicated non-clinical audit team visiting wards daily to capture information around each of the critical points in the pathway which were then published on the Trusts reporting system. A retrospective sweep also takes place of medical records to ensure that all patients entering the hospital with one of these conditions are audited.

Critical points in the pathway are audited daily with real time feedback given to clinical staff involved in the care of each individual patient within hours of them being treated. This data is also published on the Trusts reporting system.
How to Access the Clinical Pathways:

Go onto your PC and click on the icon below

Once you have clicked on the icon you will be taken to the Trust intranet page (as shown above). On the right hand side of the page you will see the section that says ‘Click here to access all Better Care Now pathways’

The following will appear on screen. Please scroll down to view all the clinical pathways

Please click on each pathway for more information and to view the flowchart of care (as shown opposite)

Mobile-friendly Versions

To access the pathways in a smartphone/tablet friendly format go to:

http://www.bfwh.nhs.uk/mobile/pathways/
PACS is one of the Trust systems that you will need to have access to while on placement here.

To access the PACS XERO system you will need to do the following:

1. Go to internet explorer and it will redirect you to the Trust Intranet page. On the right hand side of the page there is a blue box, within this box search for "PACS BFWH Radiology (NEW XERO)"

2. Use your Trust log in & password to log into the system (the details are in your induction pack) and change the domain to "xflydecoast". Please ensure that you use your short trust username e.g. (bloggsj1 etc.)

You will then be able to access the system. If you have any issues accessing the system then you will need to contact IT on Ex 1016.
Background Information:
The Trust has implemented an electronic order communication system named (CyberLab/Rad). Cyber is used to order and view Pathology and Radiology investigations for all inpatients.

Attention: It is a Trust requirement to complete CyberLab/Rad training as paper requests/results have been withdrawn!

Access CyberLab/Rad e-Learning via the Learning Management System (e-Class)
To access CyberLab/Rad e-Learning package, users must type the following URL https://bth.traineasy.com/ into the address bar of Internet Explorer. Accessing this through Internet Explorer on a desktop PC/laptop will allow the CyberLab/Rad e-Learning package to run to its optimum ability.
1. Click the LOGIN link and enter your Organisation e-mail credentials e.g. firstname.surname@bfwhospitals.nhs.uk and temporary password of Changeme.1 (Please note: this password is case sensitive). The system will also force the user to change this password.
2. Click the Training Catalogue menu, BTH e-Learning Suite menu and then Cyberlab/Rad – Read Only course. Once you have confirmed your enrolment the next page displays the course outline, classroom/e-learning session, training materials and any supporting documentation that may be of help to the end-user.
3. Under Topic 1 click the link ‘CyberLab/Rad e-Learning’ to launch the e-learning course and then click the enter button. The CyberLab/Rad will be displayed in a new window, to start e-learning, click the Go button.

On Course Completion
At the end of this course, all users must complete an assessment and achieve the required pass rate of 80%, failure to do this will result in system access being withheld. If the user does not achieve the required pass rate, they must complete the package again focusing on the required areas. When you have completed the course and achieved the required score, a certificate is generated electronically and displayed on screen and is available to print.
4. When the assessment is complete, click the (X) button to close down e-learning and click the Exit Activity button to return to the course.
5. Evidence of accessing the course and the assessments results will be stored in e-Class/Dashboard menu under the column heading Training Started/Completed.
The Health Informatics Education and Training Team will confirm your evidence and your account will be activated.

Please do not hesitate to contact the Healthcare Informatics Education and Training Team (using the contact details below) if you experience any problems.
Senior Clinician Teaching

Wednesday evenings from 5.15pm,

HPEC, Lecture Theatre

Outline:

- This teaching programme will cover relevant topics that may not be covered in the CBL’s and Clinical Medicine/Surgery.
- Lectures are delivered by senior clinicians who are very supportive of this programme; it has become a very successful aspect of the Blackpool teaching programme.
- Students will have the opportunity to suggest topics they would like to see covered within this timetable after the Christmas break. These may include typical revision subjects prior to final exams.
The Blackpool Medical Society was established in 2011. The main reason for setting up the society was to bring a sense of community for the students here at Blackpool. It is led by 5th year students and we have regular meetings to discuss new ideas for social events. All students are welcome to attend the meetings and contribute their ideas. The society requires team work and effort to make it a success and we hope you have all come to Blackpool eager to be part of one big team!

The Medical Society Meetings this academic year are being held in Rendezvous at 4:30pm on the following dates. Please make sure you come along!

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Details</th>
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<tr>
<td>13th Sept</td>
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<td>11th Oct</td>
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<td>8th Nov</td>
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<td>6th Dec</td>
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<td>10th Jan</td>
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<td>1st Feb</td>
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<td>1st March</td>
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<td>No Meeting</td>
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<td>9th May</td>
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**Planned Events**

- 17th September 2017 – Trip to Blackpool Zoo
- Thursday 8th December – HPEC Christmas Markets
- December 2017 – Christmas Pantomime, Cinderella
- February 2017 – Valentine Bake Sale

**Other events**

As well as having all the above organised, The Medical Society will also be organising:

- Student Christmas party
- Manchester Christmas Markets
- Student “Bake Off”
- Yoga Sessions

Please let the Undergraduate team know if you are interested in signing up for any of these. Everyone is welcome!!

**Academic**

As well as the social side, the 5th year students will also be holding teaching sessions for the 4th years, which I am sure that you will find really helpful.

Hope to see you all at the meetings!

**Hayley and Roxanne (Undergraduate Coordinators)**
Cover **ALL** the surgical topics for finals!

**Surgical Teaching Program**

Every Thursday Evening

17:30 - 18:30

Run by Junior doctors

Learn practical surgical skills including suturing
Yoga for Wellbeing

Deborah Hopkinson of Renaissance Health & Healing will be offering Yoga courses to help aid relaxation and relieve stress. We run this course for all medical students throughout the year and it has proved popular over the years. Foundation Doctor Rosie took part in the course during 4th year and said:

“Yoga was brilliant throughout exams last year, it gave me 1.5 hours to completely unwind and not think about anything medicine. It instantly de-stressed me, plus you then have the BEST nights sleep after!”

Date:
Course starts Monday 11th September for 6 weeks, or join in for any session and pay as you go

Time:
18.30-19.30

Where:
Room 2, Education Centre

Cost:
£3.50 per session, £9 for 3 weeks or £18 for 5 weeks

Benefits of Yoga:
- Increased flexibility
- Increased muscle strength and tone
- Improved respiration, energy and vitality
- Maintaining a balanced metabolism
- Weight reduction
- Cardio and circulatory health
- Improved athletic performance and protection
WHAT TO DO IF YOU HAVE SUSTAINED A SHARPS OR SPLASH INJURY

Sharps and splash safety should always be a priority. The following simple steps should not be ignored.

**Step one – Clean the Wound (First Aid)**
Squeeze and encourage the area to bleed whilst running under water. Use soap and water to clean the area, apply a water proof dressing.

**Step two – Report the Incident**
Always report the sharps/splash injury; via the incident report system according to protocol. Contact/attend Occupational health (A & E if out of hours). Complete form (appendix 2) from policy which you can find in the Staff Health and Well being folder or on the intranet (under Occupational Health - policies and procedures). It is important to complete all fields to assist the Occupational Health Nurse when processing the paperwork and placing into recall. Occupational Health will assist you in completing the forms if you are having difficulties – Ring us! If it is a 'high risk' injury, i.e. source patient is known to be positive Hep B, Hep C or HIV, or they have risk factors for these you must report to A & E immediately. If you are not sure, ring Occupational Health for advice.

**Step three – Testing and Boosting**
Informed Consent from Donor (source - usually the patient) is required before a blood sample can be obtained for Hep B, Hep C and HIV testing. The injured person (recipient) has bloods taken for storage only at this stage. If you have not received a Hep B booster in the last 12 months, we advise you do so, if you are unsure – ring Occupational Health. If you are a true "non-responder or low-responder", it is important that you attend A & E or Occupational Health as soon as possible as your treatment may be different.

**Step four – Retesting**
In order for this to be successful – Step two needs to have been addressed. This allows Occupational Health then to recall you as appropriate. PLEASE NOTE; IF YOU DO NOT REPORT YOUR INJURY THERE WILL BE NO OCCUPATIONAL HEALTH RECORD AND WE WILL NOT BE ABLE TO PROVIDE YOU WITH THE NECESSARY CARE/ADVICE/REASSURANCE. WE DO THEREFORE, RE-ITERATE THE IMPORTANCE OF YOU REPORTING THE INJURY; IF IN DOUBT YOU CAN ALWAYS CALL US. IT IS THAT EASY!

Remember, you are taking care of yourself by reporting your injury, ensuring that you are recalled allowing Occupational Health to deliver the necessary care to you.

Please help us to help you. Contact number: 01253 657950
### Estates and Facilities Alert

**Ref:** EFA/2014/002  **Issued:** 16 JUNE 2014

#### Device

E-cigarettes, batteries and chargers
Includes reusable and disposable electronic cigarettes (e-cigarettes), cigars, pipes and similar battery powered tobacco replacement products which use a heating element (atomiser) to produce a vapour which resembles smoke.

#### Problem

Potential fire or explosion during:
- recharging the battery
- use in an oxygen rich environment

Disposable e-cigarettes are not affected by the charging problem.

#### Action

- All staff should be made aware of the fire hazard associated with the use and recharging of e-cigarettes.
- E-cigarette batteries should not be recharged in premises or vehicles.
- E-cigarettes should not be used in an oxygen rich environment
- Safety advice should be given to patients receiving therapies at home (see Annex)

#### Action by

- Directors of Estates & Facilities
- Directors of Nursing
- Medical Directors
- Risk Managers
- Health & Safety Managers
- Fire Safety Officers

#### Contact

Enquiries about specific E-cigarettes should be directed to the relevant manufacturer or supplier.
Problem

A number of incidents have been reported across the UK involving e-cigarettes that have exploded or ignited to cause a fire while recharging or in use in an oxygen rich environment. A number of different brands of e-cigarette have been implicated within these incidents.

Incidents have occurred in premises and vehicles. Recharging modes included connection to a computer USB port, car cigarette lighter/accessory socket, and connection to a mains recharger.

It is possible the devices do not have adequate over-charge safeguards. Some e-cigarettes may incorporate a high level of over-charge protection using fuses or intrinsically safe batteries for example. However, it is difficult to readily identify or distinguish these products from those with less protection or possibly no over-charge protection.

There are existing controls around the use of electronic devices in health, social care and local authority premises and vehicles. However, the level of incidents now being reported indicates these controls are not adequate and tighter controls may need to be introduced.

There has also been a report of an incident in which an e-cigarette exploded while a patient was receiving oxygen therapy in a hospital.

Action

1. All staff should be made aware of the fire hazard associated with the use and recharging of e-cigarettes.

2. Reusable e-cigarettes should not be recharged in NHS and local authority premises or vehicles including those of contractors, e.g. care homes with local authority funded residents.

3. Reusable and disposable e-cigarettes should not be used in an oxygen rich environment.

4. Safety advice should be given to patients receiving therapies at home, e.g. home oxygen therapy. This should be consistent with advice from the European Industrial Gases Association (see Annex) which recommends:
   a. electronic cigarettes should not be used whilst a patient is undergoing oxygen therapy,
   b. batteries of electronic cigarettes should not be charged in the vicinity of a patient undergoing oxygen therapy or the oxygen source itself.

Suggested Onward Distribution

Directors of Estates & Facilities
Directors of Nursing
Medical Directors
Risk Managers
Health & Safety Managers
Fire Safety Officers

Contacts

Enquiries about specific E-cigarettes should be directed to the relevant manufacturer or supplier.
References

Safety Info 32/13, European Industrial Gases Association, Use of Electronic Cigarettes with Homecare Oxygen, published 2013 (see Annex).

Additional information for England

The above sections of this Alert were compiled by Health Facilities Scotland and distributed nationally without modification.

Action required by this alert should be underway by: 23rd June 2014
Action required by this alert should be completed by: 8th September 2014

All requests regarding return, replacement or modification of the equipment mentioned in this alert should be directed to the relevant supplier or manufacturer.

Other enquiries in England should be addressed to: Mb-defects&failures@dh.gsi.gov.uk

HOW TO REPORT DEFECTS & FAILURES

Defects and failures relating to non-medical equipment, plant and buildings should be reported to the Department as soon as possible. Advice on what needs to be report can be found in DH(2014)001. Defect and failure reporting is an on-line only reporting facility, available on the NHS and Social Care Information Centre website at www.efm.t.nhs.uk

This Alert can be found on https://www.cas.dh.gov.uk

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**Use of Electronic Cigarettes with Homecare Oxygen**

Within several EIGA Documents, including EIGA Doc 89 Medical Oxygen Systems for Homecare Supply and EIGA Doc 158 Good Homecare Practice, it is stated that patients shall never smoke when using oxygen.

The reason for this is that whilst oxygen is not a flammable gas, oxygen will support combustion. There have been a number of incidents involving patients smoking whilst being administered oxygen in the homecare environment and this has resulted in a number of fires leading to serious injuries and in some cases death.

Many patients are undergoing oxygen treatment due to smoking related diseases and some of them continue to smoke whilst undergoing such oxygen treatment. EIGA members are continuously reinforcing the message that smoking or being close to an energy source such as an open flame is incompatible with the use of oxygen.

Recent innovations in smoking cessation programmes have led to the introduction of so called “electronic cigarettes”. These work on the principle of heating an element that vaporizes a liquid solution which delivers nicotine.

Electronic cigarettes include a power source, and this may be charged from a USB power port or by using a separate battery charger. These items when saturated with oxygen may ignite.

Recent reports in the media are indicating that there could be a risk of an ignition of an electronic cigarette whilst a patient is undergoing oxygen therapy.

As a result of this, EIGA’s position is that electronic cigarettes should not be used whilst a patient is undergoing oxygen therapy. Additionally, batteries of electronic cigarettes should not be charged in the vicinity of a patient undergoing oxygen therapy or the oxygen source itself.

EIGA shall be amending documents relating to Homecare oxygen to reflect the above advice.
Introduction

The growth of online social networks means that the way in which we communicate with one another—on both a personal and professional level—has become unrecognisable from 10, or even five years ago. From primary school children to grandparents, social media connects the world.

Having the power to broadcast your thoughts to a potential audience of millions can be both empowering and daunting. However, the benefits of having an active presence on at least some social channels far outweigh the risks—as long as you’re aware of those risks.

This document aims to outline some of these benefits, make you aware of some of these risks and equip you to be active and engaged. We hope this guidance will be useful to any doctors new to social media and those starting out on their medical careers, but also as a reference point for regular users. While this isn’t intended to be definitive guidance, when used in conjunction with the BMA’s social media, ethics and professionalism advice and guidance from organisations such as the GMC (see further reading below), as well as with a heavy dose of common sense, it should cover most eventualities.
What is social media?

Social media is a catch-all term for any online communication channel that allows the user to find and interact with a community. The most popular and widely used are:

**Facebook**
A social networking website that allows individuals to create a profile, then befriend and share content with other users. This includes uploading personal updates, photos and videos as well as creating closed groups, events and pages. Organisations such as businesses and charities use Facebook in a slightly different way. They create pages, which inform other users about their services and offerings. They can post updates to these pages such as photos and videos, but can’t ‘befriend’ other users.

Facebook also allows both closed (private) and open groups, which can be set up by any Facebook user about anything – whether event, geographic location, or shared topic of interest.

**Twitter**
A content-sharing and micro-blogging site. Twitter enables you to ‘follow’ other users of interest to you so you can see their tweets. These are short posts—limited to 140 characters in length—that may contain text, photos, videos and links. You can participate in discussions that interest you, and follow trending topics. Twitter is a great way to stay on top of breaking news and to receive real-time updates around particular events—a parliamentary debate or a football match, for example.

**LinkedIn**
A social networking tool targeted specifically at the business community. Your profile reads like an online CV, giving details on education, work experience and professional interests. LinkedIn allows you to establish professional networks and explore employment opportunities.

**YouTube**
Video hosting platform that allows you to upload, share and embed video content as well as watch videos and playlists that other users have created.

The BMA is active on Twitter, Facebook, LinkedIn and YouTube.
How do doctors use social media?

In the same way as anyone else. For pleasure, but also to network, share ideas and information, offer and access professional and peer support; campaign and build communities on shared areas of interest. Social media is a great way to keep on top of debates and developments that are important to your working life. It also allows you to monitor what influential individuals and organisations are doing on these issues.

You shouldn’t feel like you have to be saying something all the time. Accepted wisdom says that of all the users of social media, only 10% actually make vocal contributions. The other 90% are known as ‘Turkers’ (a neutral term) – happier to be in the background, taking note of what’s going on.

Personal capacity? Professional capacity? Not at all?

We are constantly fed mixed messages about using social media. Depending on who you believe and what you read, you should:

- use it only in a personal capacity
- use it only in a professional capacity
- use it, but don't use your real name
- use it, but be sure to use your real name

In reality, different people use social media in different ways; and doctors are no exception. Some use it solely in a professional capacity while others prefer to keep it personal. Many prefer a mix of the two, switching between personal and professional personas across different sites. Advice from the GMC on being anonymous on social media while identifying as a doctor is discussed in the BMA’s separate guidance document ‘Social media, ethics and professionalism’.

If you do decide to be an active user of social media, you can build relationships in the same way you would in person with other doctors, members of the public, journalists, politicians and stakeholders. Share your stories, influence debate, contribute your expertise and monitor what’s happening in your areas of interest.

Some examples of social media being used effectively by doctors include:

Education and development
The Twitter Journal Club is a virtual study group, which ‘meets’ every Sunday evening at 8pm on Twitter to evaluate and discuss academic articles.

Set up in 2011 by junior doctor and avid Twitter user Natalie Silvey, @TwJC sees doctors, researchers, authors and students joining in using the hashtag (a way of filtering messages to make it easier for users to find content relevant to a specific topic).

Each discussion lasts for two hours and a summary of key themes from the discussion is circulated at the end.

Communities and peer engagement
As well as networking on a professional level in a ‘structured’ environment such as a journal club, social media allows doctors and medical students to engage in a more casual manner to share tips, advice and professional experiences.

Community websites specifically for medical professionals such as the BMA’s Connecting Doctors platform or doctors.net.uk offer a safe environment to give and receive peer support, as well as contribute to debates.

They provide common ground based on where you are, what you do, or what you care about. Such groups, or forums, can be open to all or be private — accessible by invitation only — depending on their purpose and function. They may also give an option to participate anonymously, or under an assumed name.
Campaigning, awareness raising and social change
Social media can also be used to enact change – either socially, or in the workplace. A great example of this is the #helloynames campaign, started by a hospital doctor, Kate Granger MBE, while she was undergoing treatment for cancer.

Finding herself on the other side of the doctor/patient relationship, Dr Granger was concerned to find that hospital staff caring for her did not introduce themselves. She launched #helloynames on Twitter encouraging medical professionals to introduce themselves by name to their patients. Her campaign was supported all over the world, with more than 400,000 health workers across 90 organisations backing it.

Dr Granger’s campaign has made over one billion impressions on Twitter since it launched – with an average of six tweets an hour using the hashtag.

Privacy on social media

Different social media platforms have different privacy settings. It’s up to you how secure or private you want to make your social activity.

The most sensible solution is to familiarise yourself with the options to make an informed decision. You can always make changes to your settings in the future, including limiting access to a restricted group of contacts. You may also wish to review the content of your personal social media accounts on a regular basis and delete anything that could reflect negatively on you or your employer.

Facebook allows you to fine-tune your privacy settings so you can choose exactly who can see posts on your page. There are also options as to how easy Facebook makes it for people to find you by searching on the site.

Twitter allows you to make your tweets private, viewable only by others who you’ve approved to follow you. You can also DM (direct message) other users, which allows you to communicate privately, one-to-one, without divulging your email address. There are options to enable and disable settings on this, such as who is able to message you.

Community websites and forums will usually offer a variety of privacy options – for example, forums may be private and open to invitees only or you may be able to contribute anonymously or under a pseudonym.
Whatever settings you choose, privacy and confidentiality cannot be guaranteed. Even if the group or discussion forum purports to be completely private, it's probably not. In the same way that no email or conversation with a roomful of people is ever truly private, there's always a chance that things can leak.

Be careful also to not post information which can be used for ID theft or which might be compromising. Also make sure that you get consent from other people before uploading pictures of them or posting other personal information about them. And, it goes without saying, keep your passwords secure.

A good rule of thumb: don't say or reveal anything on social media that you wouldn't be happy to see in the press. You never know who might be sharing things without your knowledge or looking at your social accounts.

Several members of a private Facebook group for junior doctors — set up to discuss the 2015/16 contract dispute — found themselves the subject of unwanted media attention. Some members of the press gained access to the group and used it to trawl for information about committee representatives, including confidential discussions between them and information about their private lives.

**Trolling, harassment and abuse**

You may be committed to being respectful and conciliatory on social media, but not everyone is. As in life, relations on social media are not always harmonious. With so many opinions flying about, it would be naïve to think that everybody will see eye to eye all the time. You are bound to come across posts with which you don't agree and, by the same token, may yourself post things with which others take issue. There is of course never any justification to be abusive.

If you see something or receive a message that you don't like, either, consider quoting facts to lower the temperature and correct misrepresentations, or, ignore it or unfollow the user and have no further communication with them. Chances are, that will be the end of it. If you make a mistake in a contribution be prompt in admitting it and correcting it.

**What is trolling?**

Trolling is seeking satisfaction in provoking negative emotions in others. Not all offensive or irritating social media posts count as trolling. Criticism and disagreement can be positives, and shouldn't always be dismissed as trolling. What distinguishes the troll is that they're not really looking to persuade you, correct you, or engage you in their point of view. They're simply trying to provoke a response.

Don't feed the trolls. Most of the time they will go away if you don't give them any time or attention. Sometimes, it may be appropriate to reply. For instance, you might want to correct the record if someone has said something untrue about you. If you do respond, try to take as neutral a tone as possible. Otherwise you're simply giving them what they want.
Persistent harassers can be blocked from contacting you or be reported to the site
If you’re finding messages from someone upsetting or distracting, consider blocking or muting them. This should stop them contacting you using the blocked account, although there’s nothing to stop someone who is determined from setting up a new one and getting in touch with you through that.

Both Twitter and Facebook allow you to report posts that break their rules. Where a user is found to have broken the rules, the offending post may be deleted, and the user’s account suspended or disabled.
Activities such as harassment, threats and spam are examples of behaviour that contravenes the rules on both platforms. If in doubt, refer to the full rules to check what’s covered.

More information on how to block and report content is available in Twitter and Facebook’s help centres. Other social media platforms should have an equivalent page to guide you through their own processes.

Other
Report the worst offenders to the site or to the police
Threats and harassment are illegal when carried out over social media. The police should take it seriously if you report it. It might be helpful to build up evidence of abuse by taking screen shots and noting other details, such as the time or place you received the messages.

In 2016, new guidance from the CPS (Crown Prosecution Service) introduced greater powers for prosecution of internet trolls, with many instances of people being jailed for trolling.
The Citizens Advice Bureau has helpful guidance on what counts as harassment and what your rights are, including in the civil courts.

You should also be aware that the improper use of social media may give rise to other legal issues including defamation, contempt of court, misuse of confidential information, and, breach of intellectual property rights. Also bear in mind that once information has been disclosed, it cannot be recovered and this may also result in liability.

While this guidance highlights a number of key issues, it is not exhaustive.

If you have any questions or comments about this guidance please contact the BMA social media team on social.media@bma.org.uk
Further reading

British Medical Association (2014) Medical students ethics toolkit.
bma.org.uk/advice/employment/ethics/medical-students-ethics-toolkit

British Medical Association (2017) Social media, ethics and professionalism.

General Medical Council (2013) Doctors’ use of social media.
http://www.gmc-uk.org/guidance/ethical_guidance/21186.asp

http://www.rcgp.org.uk/social-media

Social media resources

Mashable. General resource for all things social media.
http://mashable.com/

Twitter analytics. Login with your Twitter account and measure the success of your tweets.
https://analytics.twitter.com/