University of Glasgow
School of Medicine, Dentistry & Nursing

MBChB Clinical Years

Clinical Practice and Placement Guide

2026-2027

Content:

Contacts

Undergraduate Medical School's website lists important contacts here:

UMS Staff Contacts

The Clinical Specialties Moodle pages hosts further details and contacts, please make sure you review these pages once you are enrolled in them.

Introduction to Clinical Placement Teaching

Welcome to the Clinical Specialties Guide. Clinical placements are a cornerstone of Medical Education, providing the opportunity to translate the scientific knowledge acquired earlier at medical school into safe, compassionate, and effective patient care. Through supervised participation in real clinical environments, you will develop the clinical reasoning, communication, procedural, and professional skills required to meet the standards expected of newly qualified doctors.

Clinical placement teaching extends beyond the transmission of medical knowledge. It is an apprenticeship allowing learning by observing experienced clinicians, engaging with patients, participating in multidisciplinary teams, and then reflecting on your experiences. During clinical placements your professional identity will form, you will appreciate ethical practice, and promote the values of patient-centred care. You will learn the realities of delivering healthcare within the NHS, including the importance of teamwork, quality improvement, patient safety, and health equity.

The General Medical Council's Outcomes for Graduates emphasises that graduates must be capable of providing safe care under appropriate supervision from their first day as foundation doctors. Clinical placements play a critical role in ensuring that your learning is contextualised and aligned with the competencies required for modern medical practice. You will experience a supportive learning environment, be welcomed by the clinical team, receive regular supervision and feedback, and given appropriate opportunities to participate in patient care.

This guide outlines the principles of learning from educators in secondary and community care settings. It illustrates the structure of your learning over the next 2.5 years. Your learning is a shared responsibility. It is a partnership between you and the clinical teachers you meet on your journey to a professional identity. You are central to the process as are teachers, and you must seek out opportunities independently. Each clinical placement is different and not every student journey will encounter the same clinical examples. Every one is authentic however and you will learn core and specialist knowledge, from each.

Finally, learning to engage with patients, the clinical team and each other is the joy of medical training. It can be hard, but it is also fun and a great privilege. Enjoy your time as a clinical medical student.

Professor Malcolm Shepherd

Safety and Dress Code

It is vital that clinical areas are safe for both staff and patients, and it is the responsibility of everyone working in the NHS, including you as a medical student, to act to maintain these safe environments to facilitate this. Keeping staff healthy is an important foundation for keeping patients safe from harm too, and we in the Undergraduate Medical School want to make sure we keep you from harm's way also.

Injury – Every year we have reports of medical students sustaining needlestick injuries. If we don't cut this frequency, someone will inevitably contract a serious infective illness and ruin a promising career. You need to adopt proper procedures to minimise risk of needlestick injury for you and all co-workers. In the event of such an injury occurring, you need to follow standard procedures to keep the chances of resultant harm to an absolute minimum.

Cross Infection – Hygiene and clinical infection control have long been held in disregard by healthcare professionals, but the reduction in Clostridium Difficile and Ventilator associated Pneumonias (VAPs) have been two fantastic achievements in Scottish Healthcare – this is not the time to let sloppy or inadequate cleanliness ruin things.

General Safety – Should you witness any aspect of clinical care or behaviour that places wellbeing of staff, students or patients at risk, it is your professional duty to report this. No one is exempt from duty to raise concerns, and these should be brought to the attention of your Educational Supervisor or (if they are not available or the matter requires urgency in addressing) the nearest responsible qualified member of NHS staff.

Dress Code and Appearance – The University of Glasgow Policy on Religion or Belief states that the University imposes no dress code on its employees or students, except where a job or placement requires a uniform or protective clothing to be worn. It is however, recommended that all students purchase the UoG Medical Student Scrubs to be worn at all Clinical Placements and students should contact the Medical School Office to purchase these.

The wearing of items arising from particular cultural/religious norms is seen as part of this welcome diversity. However, there are limitations to the above, for example medical students on placements in NHS Boards or General Practices (https://www.gla.ac.uk/myglasgow/equalitydiversity).

A "bare below the elbows" policy is implemented in most clinical settings and, with disposable gloves and regular hand washing it is part of a central proven strategy to control or minimise infection.

Students, like providers of clinical care, must wear short sleeves, must not wear wrist watches or jewellery; must not wear ties or "white coats"; must wear their hair tied back or short; must keep their nails clean and short, and without nail varnish, or artificial nails. This policy may be subject to review and revision in line with changes to Health Board advice. In addition, student dress must be

tidy and presentable, in keeping with patients' expectations. Any member of staff who feels that a student's dress does not comply with the guidelines has the authority to refuse to allow the student access to patients. If a student feels they have been treated unfairly they should discuss the issue with the relevant Hospital Sub-Dean, Year Director or Medical School Administrator.

SIPCEP

All NES education resources on healthcare associated infections (HAI) / Infection Prevention and Control are now encompassed within the Scottish Infection Prevention and Control Education Pathway (SIPCEP). The SIPCEP is a staged pathway of infection prevention and control education. Please see https://learn.nes.nhs.scot for further information.

It is available free of charge to all Scottish health and social care staff and to Higher and Further Education Institutions in Scotland for inclusion in any health and social care related course. Staff from the independent and voluntary sector in Scotland may also access the pathway free of charge.

The aim of the pathway is to enable all staff to continuously improve their knowledge and skills around infection prevention and control as part of their role. Everyone should contribute to a healthcare culture in which patient safety related to infection prevention and control is of the highest importance.

The following modules should all be completed prior to commencing Phase 4:

- Once for Scotland: Why Infection Prevention and Control Matters
- NES: Patient placement / assessment for infection risk
- NES: Hand hygiene
- NES: Respiratory and cough hygiene
- NES: Personal Protective Equipment (PPE)
- NES: Safe management of care equipment
- NES: Safe management of care environment
- NES: Blood and Body Fluid Spillages
- NES: Safe disposal of waste
- NES: Prevention and management of occupational exposure

You can access SIPCEP through Turas Learn, please review this page for information and to create an account

Phase 3 Foundations of Clinical Medicine

Clinical Practice Learning

In Phase 3 learning about clinical practice takes place in three settings:

- **Hospital:** Clinical teaching and experience with patients
- **Community:** Clinical teaching with patients in General Practice
- **Skills lab:** Physical examination, clinical procedural and communication skills on campus

This document tells you the outcomes and learning opportunities we expect you should have from your experiences in the first setting – in hospital.

You have other documents:

- Clinical History and Examination Manual
- Clinical Practice in the Community (GP Placement)
- Clinical Procedural Skills

In hospital, you will be allocated to a Clinical Teaching Fellow in either Queen Elizabeth University Hospital (QUEH), Glasgow Royal Infirmary (GRI), or Hairmyres Hospital (HH).

There are 3 half days that follow a flipped classroom format with an explicit focus on history and examinations of 3 from the big 4 system:

- Cardiovascular
- Respiratory
- Gastrointestinal

In advance of each session, please visit the Phase 3 Hospital Visits Moodle page where you should review the history and clinical examination manual. We recommend you watch the interactive clinical examination videos on each system.

Each half day is broken up into two constituent parts:

1. Bedside teaching.
2. Small group interactive clinical reasoning puzzles facilitated by a Clinical Teaching Fellow.

Each puzzle with focus on a different top 3 presentations: chest pain, dyspnoea, and abdominal pain, so you can work together to 1. generate a differential diagnosis and 2. build, compare and contrast different illness scripts.

For each visit, please consolidate your learning by working through the clinical reasoning theory to practice Moodle lesson for each of the top 3 presentations. Each lesson is interactive and will take you through the clinical reasoning process step by step. Design of the Phase 3 hospital visits should serve as a fun introduction to the clinical environment.

On campus you will have small group teaching on the following physical examinations:

- Breast examination
- Cerebellar examination
- Cranial nerve examination
- Mental state examination
- Paediatric history and examination introduction (via Teams and Moodle lessons)
- Regional musculoskeletal examination
- Skin examination (via Teams)
- Thyroid examination
- PVD examination

On campus you will have small group teaching on Mini-ILS, handover, quality improvement, and the following clinical procedural skills:

- Cannulation
- Nasogastric tube
- Urinary catheterisation
- Suturing

On campus you will have 5 small group teaching sessions on communication skills.

Learning Outcomes and Learning Opportunities

In Phase 3 there are specific learning outcomes for your clinical practice activities. Please see appendix 1 which lists these, together with the learning opportunities that we have organised for each. You are expected to supplement these scheduled learning opportunities with whatever individual arrangements you can make. Please be pro-active.

Phase 3 to Phase 4 Transition

To help with your transition from Phase 3 to Phase 4 we have a 'Transition Week' after your Phase 3 summative examination. During this week, we continue your preparation for Phase 4 and beyond with lectures and small group sessions. Transition from Phase 3 to Phase 4 marks a change in the way you will learn about clinical presentations, conditions, and their management. Previous lectures and small group learning will be largely replaced by patient encounters, and observation of decision-making in the clinical environment. Transition week will help you with your new way of learning and is supported by transition pages on Moodle that also include a hospital site Wiki.

The lectures during Transition Week will cover important information on what you are expected to do on your placements, the assessments that you are required to complete, and some top tips from the senior year students and CTFs.

The Wiki has a page with information for each hospital where you may be placed for your Junior Medicine or Junior Surgical attachments.

We hope that you find these resources useful in your preparation for your clinical placements. If you have any questions in the run up to the Transition Week, please email the Year 3 Administrator at med-sch-y3mbchb@glasgow.ac.uk .

Phase 4 Junior Clinical Practice

You will undertake a rotation of 4 x 5-week clinical attachments as follows:

- **Junior Medicine**: 5 weeks
- **Junior Surgery**: 5 weeks
  - **Anaesthesia** (during Junior Surgery): 1 week
- **Junior SSC**: 5 weeks
- **Systems in Medicine**: 5 weeks

These blocks will be your first experience of learning in the ward environment. By the end of these blocks, we would expect you to be able to take a medical and surgical history, perform all system examinations and feel comfortable speaking to patients and other hospital staff in these settings. We are looking for template histories and system examinations that will be built on as experience and understanding increases. It is not possible to know every condition that patients will have or understand every presenting complaint, and we would expect students to have seen a volume of patients such that they are aware of which conditions and presentations are the most common. By observing decisions on patients and investigation or management plans, students will familiarise themselves with how we diagnose and treat common conditions and presentations.

Phase 5 Clinical Specialties

You will undertake a rotation of 9 x 4-week clinical attachments in the following clinical specialties:

- Cardiology/Neurology
- Emergency Medicine
- Frailty/Oncology
- General Practice
- Musculoskeletal Medicine and Surgery (MSK)
- Obstetrics and Gynaecology (O&G)
- Paediatric Medicine
- Psychiatry
- SSC

In these blocks you will learn in a variety of clinical environments. Each specialty will provide specialty specific induction and learning objectives. By the end of these blocks, we would expect you to be able to take a specialty specific histories and consolidate specialty specific system examinations and feel comfortable speaking to patients and other hospital staff in these settings.

You should be building on your experience from Phase 4 but now taking into account additional factors such as:

- Patient wishes
- Comorbidity
- Collateral histories
- Carer and parental involvement
- Patient beliefs
- Cultural considerations
- Legal and ethical issues
- Safety and risk
- Realistic Medicine
- Social circumstances

By observing decisions on patients and investigation or management plans, students will familiarise themselves with how we diagnose and treat conditions and presentations in individual clinical specialties, taking into account the wider picture.

Clinical Block Assessments

Work Based Assessments (WBAs)

The following table outlines the WBA requirements for each clinical placement block. The minimum for each block is 2 x Mini-CEX and 1 x CBD with additional requirements in some specialties. Specific guidance on these will be given during these blocks.

Specialty	**Mini-CEX**		**CBD**	**Portfolio Case/Other**
	History	Examination		
Junior Medicine	1	1	1	2 portfolio cases - 1 short, 1 long
Junior Surgery	1	1	1	2 cases with reflection
Child Health	1	1	1	Nil
Emergency Medicine	1	1	1	Nil
GP	1	1	1	1
Psychiatry	1	1	1	1
Obstetrics & Gynaecology	1	1	1	1 obstetrics, 1 gynaecology
MSK	1 or 0	1 or 0	1	2 cases. Note: 1 Mini-CEX in either history or examination.
Oncology	1 or 0	1 or 0	1	Nil. Note: 1 Mini-CEX must be in Frailty and the other can be in either Frailty or Oncology depending on interest.
Frailty	1 or 0	1 or 0	0	Workbook. Note: 1 Mini-CEX must be in Frailty and the other can be in either Frailty or Oncology depending on interest.
Cardiology	0	1	1	Case presentation
Neurology	1	0	1 group CBD	Nil

Work-Based Assessments - Student's Role

The Mini-Clinical Evaluation Exercise (Mini-CEX)

As part of your assessment during the block, the Educational Supervisor (ES) will ask to observe you taking a history and/or performing an examination on a patient. This will be divided into sections: details of the marking schedules are included. The process comprises the ES observing you during a consultation and taking a history and/or performing an examination of whatever type. This could be in an outpatient consultation, interviewing a patient on a ward or interviewing relatives and all would be appropriate.

The mini-CEX evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as physical examination and clinical reasoning. The supervisor or the medical student can choose the patient and problem that will be observed.

Scoring should reflect the performance that you would reasonably expect for a student at your stage of training. It is likely that all Year 5 students will be functioning at a level equivalent to that of an FY1 in most components.

The ES / Assessor should use boxes to give you constructive and helpful feedback. We ask the ES / Assessor to grade the complexity of each case and then to grade your performance in each section and to ensure that they give you feedback that is appropriately critical but not unpleasant to give guidance as to areas needing attention in future blocks. The form provides some structure to the exercise from the point of view of feedback and debriefing.

The mini-CEX should be undertaken as follows:

- **Clinical Encounter** - The ES should observe the student taking a history and/or examining a patient and doing what they would normally do in that situation. This should take no longer than 15-20 minutes. The ES should record a rating for each competency on the assessment form.
- **Debriefing and Feedback** – This should take about 5–10 minutes. It should be conducted in a suitable, quiet environment immediately after the assessment and should be constructive. Please remember that virtually all students strive to do their best during assessments and are keen to know how to do better. The ES should expand on the reasons for any ratings "Below Expectations" and make practical suggestions for any remedial steps if appropriate.

PLEASE NOTE - The mini-CEX will form part of your assessment (but will NOT be the sole basis of assessment). Mini-CEX blank template can be viewed here.

The Case-Based Discussion (CBD)

As part of your assessment during the block, the ES will ask to discuss a case in which you been involved. This will be divided into sections: details of the marking schedules are included. The case-based discussion is a structured discussion of a clinical case encountered by the student. The supervisor or the medical student can choose the case that will be discussed. You should prepare structured medical notes for the CBD and it may be useful if you were able to bring along the patient's case notes but make sure that this is appropriate and that you let the nursing/medical staff and ward clerk know.

The CBD evaluates a structured discussion of a clinical case which you have been involved in. Its strength is assessment and discussion of clinical reasoning. The supervisor or the medical student can choose the case that will be discussed. Each CBD should represent a different clinical problem, sampling from the various sections of the undergraduate curriculum. The form provides some structure to the exercise from the point of view of feedback and debriefing.

Scoring should reflect the performance that you would reasonably expect for a student at your stage of training. It is likely that all Year 5 students will be functioning at a level equivalent to that of an FY1 in most components.

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The CBD should be undertaken as follows:

- **Discussion** - The process is typically led by the student. The discussion should start from and be centred on the students own structured medical notes on the patient. The CBD includes seven rated question areas which are outlined on the assessment form. The ES should record a rating for each competency on the assessment form.
- **Debriefing and Feedback** – It should be conducted in a suitable, quiet environment immediately and should be constructive. Please remember that virtually all students strive to do their best during assessments and are keen to know how to do better. The ES should expand on the reasons for any ratings “Below Expectations” and make practical suggestions for any remedial steps if appropriate.

The assessment typically takes 20 minutes including feedback and completion of the form.

Not all question areas need assessed on each occasion.

It must be emphasized that the most important purpose of the assessment exercise is to provide the student with “formative” feedback (i.e. information that forms and develops the students practice). Conducted well this will have a significant impact on learning.

PLEASE NOTE - The CBD should form part of student’s assessment (but should NOT be the sole basis of assessment). CBD blank template can be viewed here.

Work-Based Assessments (WBAs)– Educational Supervisor /Assessor Guidance

The Mini-Clinical Evaluation Exercise (Mini-CEX)

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The supervisor or the medical student can choose the patient and problem that will be observed.

Your scoring should reflect the performance of the medical student that you would reasonably expect at their stage of training. It is likely that all year 5 students will be functioning at a level equivalent to that of an FY1 in most components.

Please use boxes to give the student constructive and helpful feedback on performance (guided by your training experience which is available if you have not already had this). Care is needed to ensure that feedback is appropriately critical but not unpleasant. Please grade each section to give guidance as to areas needing attention in future blocks.

The process comprises the ES observing the student during a consultation and taking a history and/or performing an examination of whatever type; an outpatient consultation, interviewing a patient on a ward or interviewing relatives would all be appropriate. The form provides some structure to the exercise from the point of view of feedback and debriefing.

Complexity of case:

- **Low Complexity** – Uneventful encounter, few demands made on student by patient
- **Moderate Complexity** – A few difficult aspects of the consultation evident
- **High Complexity** – Difficult due to unusual findings or demanding patient

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Portfolio Cases

A number of placements require the completion of portfolio cases. Each portfolio case reflection should have a plagiarism assessment by Turnitin and the report should be given to your ES with the case.

The case portfolios should consist of the following:

1. Your history of the problem from patient and not taken from the notes (present, past, drug, systemic enquiry, social, etc.) Please also ensure that patient details are anonymised!

2. Your patient examination – not taken from the notes. (CVS, RS, GI, CNS, MSKS). If you need help use the clinical examination videos.

3. A summary list of all the patient's problems (as you see them)

A list of the differential diagnoses (with most likely highlighted)

A management plan for that patient (how is the patient to be treated)

4. In an effective management plan you should ask yourself these questions:

- Does the initial treatment cover the most relevant acute problems (review notes after you have decided these)?
- What relevant investigations help make sure the initial most likely diagnosis is correct? (You make up your list. Check your list with the ones that have been requested.)
- What are the results of those investigations (review the notes for these)? How do these help confirm the most likely diagnosis and help exclude some of the differential diagnoses?
- Did the results alter your treatment plan?
- Define the further treatment options for the remaining problems.

5. Ensure that you follow some patients through their discharge from hospital so you know what planning is put in place before they go home.

6. Write a short reflective commentary (500 -1500 words). In this you should try answering the following questions:

- what have you learnt from the case?
- how does the presentation compare to the classical textbook one?
- what else have you learnt about other than the basic medical case?
- how does the case relate to the GMC themed outcomes in "Outcomes for Graduates"?

7.Your list of references and sources (to avoid accusations of plagiarism):

- Textbooks (only a minor source at your level)
- Journals (reviews and articles)
- Senior medical staff (ask questions)
- Junior medical staff (ask how they solve the problems)
- Paramedical staff (social work, physiotherapy, OT, pharmacy)

- Support staff (imaging, laboratory, etc.)
- Hospital management (how do they help)

Ask yourself if you have just regurgitated what is in your references in your reflective commentary. If so you haven't made the best use of this opportunity and should at best only get an adequate assessment for these

8. On the first page of each portfolio you should highlight:

- Name and matriculation number
- Which block you were doing when you undertook this case
- What is the primary diagnosis and which system is covered
- Which other diseases you have read about in relation to this case
- Which GMC theme your reflective commentary covers

Your predecessors have found these cases helpful to include in your portfolio and as a revision tool. It is an idea to keep copies to add to your 'paper cases' that you dealt with in previous years. The combination will be useful when it comes to revision.

Your ES might suggest changes that you may like to take into account for the next case and discussion. Remember the cases are designed to be for your learning purposes and not for your Educational Supervisor's!

Your portfolio cases are assessed only by your ES during your clinical years. They are not formally examined again, but they should be retained.

Remember you learn most by you identifying and solving the problems by asking relevant questions and finding the right answers. If you rely on others, they will learn and you will fall behind.

End of Block Assessment & ePortfolio

At the end of each clinical attachment, your Educational Supervisor will complete an assessment of your performance in the block with you. This process should include information from other members of the local team. This assessment will take place on the Glasgow Undergraduate Medical ePortfolio (GUMeP), and is known as the 'End of Block Assessment'. Setting this requires that you submit a ticket – to do this, log into GUMeP and use the 'ticket' system to send an email to your ES. This email will include a link which allows the ES to complete the form in your account. We recommend that this is one as early as possible in the block's final week. Anyone who has not sent in a ticket by the Wednesday of the final week will be highlighted to the Year Team.

GUMeP is based on the NHS Foundation Years ePortfolio, and students should develop the habit of recording professional development activities such as CBDs and Mini-CEX, and store portfolio cases.

Gaining experience of it as an undergraduate will help you in your Foundation Programme. Access to GUMeP is at www.nhseportfolios.org and the Medical School will organise your access - you will receive a username and password from the system once your account is set up.

For your End of Block Assessment you will be assessed on a variety of parameters including ability to take a history, examine a patient, make a management plan and on communication skills (to include information from your Mini-CEX & CBD). You will also be assessed on areas such as attendance, reliability, relationship with colleagues, knowledge base and ability to manage your own learning. By now it is expected that you will be in the adequate and above range, and >95% of students fall into this category.

There will be an option for a Block Lead or Educational Supervisor to award a Certificate of Merit. Certificate of Merits were introduced so that commitment to clinical placements, rather than time in the library, was appropriately recognised. Certificate of Merits should be awarded particularly where students on placement have demonstrated excellent knowledge, competence, and a willingness and ability to be part of the ward team. Strong contribution to the unit's clinical work may take many forms (ward rounds, clinical tasks, on-call, case presentations, helping with clinical audits) and any and all of these could contribute to a Certificate of Merit. Obtained Merits will not affect the grade of degree awarded but will be awarded separately at the time of graduation when other markers of professionalism have been attained. Certificates of Merit may also count towards some of the scoring for the individual specialty-related prizes.

A few students do not manage to meet expectations of their ES in the End of Block Assessment which for some comes as a surprise. To avoid this, be proactive, get information from ES halfway through the block. Download a copy of the assessment form, complete it yourself as you feel you are performing (a good exercise in self review), take it to your ES and ask them how they feel you are doing during the block. This will give you some guidance before the end of block.

Do not leave the block without requesting that your ES completes the assessment form. These should be completed in the final week of your block or as soon as possible after the end of the

block. It is the student's responsibility to send a ticket to the relevant Educational Supervisor, and to chase this up if no sign off has occurred within the final week.

- Blank EoBA form for MBChB4 2026-2027 can be viewed here.
- Blank EoBA form for MBChB5 2026-2027 can be viewed here.

Blocks Requiring Remediation

Blocks are assessed on the following parameters:

A. **Attendance and Reliability**
B. **Ability to Manage Own Learning**
C. **Relationship with Team**
D. **Clinical Knowledge**
E. **History Taking Skills**
F. **Communication Skills**
G. **Clinical Examination Skills**
H. **Clinical Reasoning Skills**
I. **Clinical Procedural Skills**
J. **Block Specific Assessments** (e.g. CbD, mini CEX, portfolio case)

If a student has missed part of the block, for example, through illness, or if the criteria are not met to a satisfactory standard, then remediation will be required. The Educational Supervisor will discuss the length of time required for remediation with the Year Director, who will meet with the student to discuss their performance and remediation time required. Remediation will usually take place in the summer vacation, it is not possible to organise remediation over the winter holidays. Where a repeat block is required to be undertaken, this should ideally be done as soon as possible, to allow early remediation and prompt sign off to allow progression. There is limited space within the timetable to do this. Finishing the summer with a repeat block gives too short a time to have all relevant documentation completed, and students should be aware that completing a failed block should take precedence over going on an elective; if there is too much to catch up with, it may be that students will be required forego some or all of the elective study to allow successful completion of the block. Again, satisfactory completion of any remedial action should be recorded. If one or more blocks are not completed, then the student may not be eligible to progress.

Maintaining Health and Wellbeing While on Clinical Placement

Dr Lesley Jackson (Head of Student Support and Consultant Neonatal Medicine)
Miss Catriona Douglas (Deputy Lead of Student Support and Consultant ENT Surgeon)
Celia Philips & Luz Caceres (Student Support Administrators)
Dr Craig Napier (Vertical Theme Lead for Physical Activity, Year 4/5 Co-Director and GP)

Introduction – Why is this topic important?

As you are already well aware from your participation in the course up until this point, undertaking a medical degree is a significant undertaking that requires a lot of effort, time and resilience. You may find that you face added pressures when you start out on the full-time clinical placements you will undertake in Phases 4, 5 and 6 of the course. These will include, but are not limited to, additional travelling, staying away in accommodation, integrating into many new teams, navigating unfamiliar clinical environments, irregular hours such as nightshifts, financial pressures, juggling existing commitments such as caring responsibilities or employment, as well as the usual pressures of meeting deadlines and preparing for assessments. You may at times become involved in or exposed to emotionally challenging scenarios, including patient and relative distress, patient death and ethical dilemmas.

Doctors are at high-risk of burnout during their careers. It is repeatedly highlighted in the GMC's National Training Survey that majority of trainee doctors are at medium to high risk of burnout. As well as learning the knowledge and skills required to be a doctor, the course is designed to equip you with the necessary behaviours to be a doctor, including your ability to manage your own health and wellbeing. Developing healthy habits and routines during your clinical placement years will build a foundation for the remainder of your future career.

We hope this brief guide will help guide you in this regard and will also provide crucial information about how to reach out for support should any difficulties arise with respect of maintaining your health and wellbeing.

Healthy Habits

Achieving a healthy life balance is important for maintaining your health and wellbeing. Adopting healthy habits with respect of sleep, eating, drinking, exercise and socialising are all helpful in maintaining our physical and mental health, as well as contributing to academic success.

Long hours and travelling can impact on your sleep quality during placement. Recognising this early and using tools available to improve your sleep hygiene can be helpful. Trying to maintain a regular sleep schedule and ensuring you are trying to get enough hours of sleep are important.

Physical activity has a significant impact on our health and wellbeing. Each week, you should aim to be undertaking:

- strengthening activities that work all the major muscle groups on at least 2 days a week

- do at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity a week
- spread exercise evenly over throughout the week, on at least 4 days per week
- reduce time spent sitting or lying down and break up long periods of not moving with some activity

Guidance leaflet for health benefits associated with physical activity can be viewed in appendix 2.

For students with a disability, there is separate specific guidance issued by the UK Chief Medical Officers which can be viewed in appendix 3.

Given the importance of physical activity, the Undergraduate Medical School is committed to supporting the University of Glasgow's principles of protecting Wednesdsy afternoons for sport and recreation. It may not always be possible for the organisers of your clinical placements to never timetable a learning opportunity in a Wednesday afternoon, as, for example, there may be a specific clinic or theatre list that only takes place at that time. You will, therefore, find that being timetabled on a Wednesday afternoon will be an exceptional circumstance. Where this need arises, your timetable should allow you to take another time in the week out in compensation to participate in sport and recreation.

We would strongly encourage you to try to use your Wednesday afternoons for activities that help you rest, recharge and enjoy time away from clinical work. Participation in sport and exercise are well evidenced to support mental wellbeing. This will give you the opportunity to spend time outdoors and to socialising with people, including outside your medical school peers, which can also be very valuable. If you have not tried a particular sport or activity yet, have a look to see if there's a University club or society you might be interested in trying out.

We recognise that being on placement, particularly when staying at accommodation, may take you away from your regular routine, such as being able to train at your usual gym or attending the club or society you are a part of. It is worth seeking out what opportunities are available locally or interacting with the other students on your placement to arrange group activities such as walking or running.

It is important that you consider the importance of fuelling your body appropriately. Maintaining a balanced diet and hydrating adequately are very important.

As well as staying on top of your academic work, it is important that you have adequate rest and socialising time. Regardless of how you prefer to spend your free time you try to maintain regular contact with friends and family and do things that you enjoy. Stepping away from your studies prevents burnout and can make the work that you do more effective.

Reaching out for Help and Support

Clinical placements, whilst exciting and intellectually stimulating, can be intense and tiring and this can put strain on our health and wellbeing. To care for our patients, we also need to be in good health and recognising when we need help ourselves is a vital component of being a medical student and a doctor. Needing support at some point during your clinical placement years is not

uncommon and accessing support has no negative impact on your studies or progression through the course.

Your educational supervisor can be your first port of call for any issues that arise in the block, perhaps with the logistics of the timetable or if you have any academic challenges. If you are in any doubt or, as occasionally can happen, a conflict arises then please do not hesitate to reach out to your Year Lead for guidance.

It may be the case that you feel you would benefit from confidential support for your health and wellbeing. The Student Support Service at Glasgow Medical School offers pastoral support and signposting to the breadth of University Support Services that are available to undergraduates. The team can offer advice and support on health-related issues and financial, personal, family and academic problems you may be experiencing. Meetings are confidential and focused entirely on supporting you to do well in your medical degree.

If you are not feeling yourself your General Practitioner has a key role to play, so it is mandatory that you are registered with a GP. Your GP is responsible for assessing you and recommending any treatment options. It is a student responsibility to update the Medical School of any changes to your health.

While the year team, Clinical Supervisors or Clinical Teaching Fellows may suggest you meet with the Student Support team, we also welcome students contacting us directly.

Meetings can be arranged either face-to-face or by MS teams. The Student Support service is located in Room 307 of the Medical School which can be found in the corner of the Wolfson Library. Virtual meetings can be useful if you are on placement. However, attending a meeting with the Student Support team is recognised as an authorised absence from any clinical placement and it is usually more helpful to meet with us face-to-face.

We offer meetings four days a week (not Thursdays) with administrative support available five days a week. Sometimes we offer joint meetings with Year Leads and/or Disability Advisors to maximise the support we can offer. In addition to meeting students, we also have a variety of electronic resources we can share.

The Student Support Officer (SSO) is part of the support team available to all medical students as is your advisor of studies who is usually a Clinical Doctor and is also a good source of support and advice during your clinical years.

To contact student support:

Email: med-sch-welfare@glasgow.ac.uk. This mail box is monitored Mondays to Fridays 0900-1700 hrs.

You can access supports via the Support Finder Tool and wellbeing self-help resources online.

In an emergency or crisis situation there are emergency University and external supports you can access:

University of Glasgow Security Crisis numbers:

- Gilmorehill: 444 (0141 330 4444)
- Garscube: 2222 (0141 330 2222)
- Samaritans: 116 123
- NHS 24: 111

In an emergency please contact emergency services on 999 immediately.

Disability Services and Reasonable Adjustments

One of the main ways that students with disabilities receive support is through reasonable adjustments. While adjustments in the clinical environment can look different to those available in the classroom, the school aims to support students to access adjustments while completing the requirements of the MBChB programme.

Accessing Reasonable Adjustments

The University of Glasgow Disability Services is a centralized service that assesses students' support needs and can develop a study support plan, a document which outlines your reasonable adjustments including those that are relevant for clinical placements. If you think you might need reasonable adjustments during your clinical years, contact support@disability.gla.ac.uk or attend one of their drop-in sessions to discuss. If you have a short-term health condition that requires support on clinical placement but is not classified as a disability, you can reach out to your year administrator in the first instance to discuss.

Reasonable Adjustments on Placements

We encourage students to discuss their reasonable adjustments with their educational supervisor at the earliest opportunity while on rotation.

Students with reasonable adjustments can also be provided with an adjustment passport, which provides a quick way of sharing information with staff they meet on placement. This is a wallet-sized card that provides an abbreviated summary of your adjustment-related information for clinical placements. If you have a study support plan, you will receive an email prior to the beginning of each year to offer you an adjustment passport, but you can reach out to med-sch-disability@glasgow.ac.uk at any time to enquire about a passport.

Contact

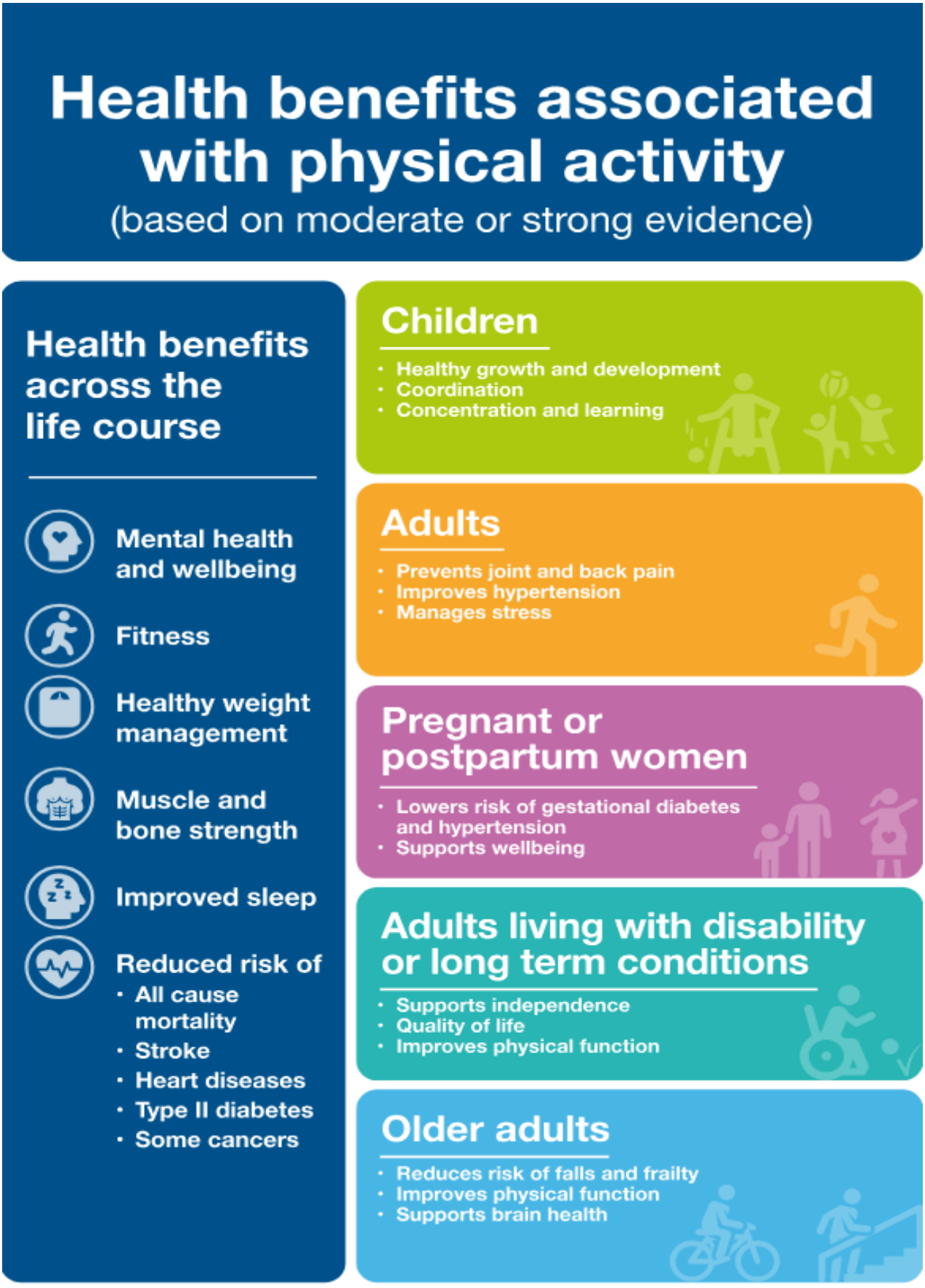
If you have any questions about reasonable adjustments or disability support during medical school, you can reach out to Georgia Black, Disability Support and Progression Co-ordinator, Georgia.Black@glasgow.ac.uk.

Appendix 1

Phase 3 Learning Outcomes and Learning Opportunities for Clinical Practice Activities

	Learning outcomes *By the end of the year, you will have:*	**Learning opportunities**
1	• Become more proficient at history taking and the systematic examination of patients	• Practise in wards and in GP surgeries • Practise in Communication Skills sessions.
2	• Become proficient at writing and presenting the history and examination of patients	• Practise in wards and in GP surgeries
3	• Become more proficient when undertaking the basic clinical skills • *(As were first introduced during* • *Years 1 and 2)*	• Revise in skills lab with videos • Practise in hospital and with GP
4	• Developed new clinical skills	• Introduced in skills lab • Practised in hospital and/or with your GP
5	• Become more proficient at basic communication skills. *(As were first introduced in Years 1 and 2)*	• Practice in hospital and with GP
6	• Developed new communication skills	• Communication Skills • Practise with communication skills tutors in 5 sessions; then observe and practise in hospital or with your GP.
7	• Be able to use clinical reasoning to work through patient problems	• In CBL sessions • With patients in hospital/community
8	• Expanded on 'paper case' patients studied during CBL by taking a history from, and examining patients with similar problems	• With patients in hospital and with GP, where possible
9	• Completed a study of a patient with chronic ill health over a six month period, preparing a written report on their specific illness problems and reflecting on how these determine the quality of their long term care	• In the community setting with the help of your GP Tutor. This is the Longitudinal Portfolio and is summatively assessed.

Appendix 2


Health benefits associated with physical activity
(based on moderate or strong evidence)
Health benefits across the life course
Mental health and wellbeing
Fitness
Healthy weight management
Muscle and bone strength
Improved sleep
Reduced risk of
• All cause mortality
• Stroke
• Heart diseases
• Type II diabetes
• Some cancers
Children
• Healthy growth and development
• Coordination
• Concentration and learning
Adults
• Prevents joint and back pain
• Improves hypertension
• Manages stress
Pregnant or postpartum women
• Lowers risk of gestational diabetes and hypertension
• Supports wellbeing
Adults living with disability or long term conditions
• Supports independence
• Quality of life
• Improves physical function
Older adults
• Reduces risk of falls and frailty
• Improves physical function
• Supports brain health

Appendix 3


Physical activity for disabled adults
Make it a daily habit
Improves mental health and quality of life
Makes maintaining a healthy weight easier
Creates opportunities to meet new people and feel part of the community
Disabled adults
Physical activity makes you feel good
Give things a go and enjoy what you do
Don't be still for too long
Even a little movement is better than nothing
Being inactive is harmful to health
Makes daily tasks easier and increases independence
Helps to prevent chronic disease
Strengthens muscles and bones
Improves mobility and balance
Improves fitness