



The
University
Of
Sheffield.

**The Medical School
Phase 3b MB ChB
Academic Unit of Primary
Medical Care**

**Community and Palliative
Care Handbook 2016**

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Who's who – Institute personnel involved in Phase 3b teaching

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Administrative staff involved in undergraduate teaching:

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(the above are based at Samuel Fox House, Northern General Hospital)

Messages relating to teaching & attendance should be left on 0114 222 2201

THE CURRICULUM

Module Aims

This senior clinical attachment seeks to introduce students to the clinical assessment and management of patients within a primary care setting and the challenges posed by this clinical environment.

This attachment also seeks to introduce students to the principles of palliative medicine and provides experience of their application in a variety of care settings.

Module Objectives

By the end of the module students will be able to:

- Assess those patients presenting with undifferentiated symptoms (CS3 – CS8)
- Formulate co-ordinated management plans in patients presenting with undifferentiated symptoms (CS9)
- Formulate co-ordinated management plans in patients presenting with more than one illness / multiple pathology (CS9)
- Begin to manage uncertainty and risk (PS7)
- Communicate risk to patients and relatives (IS2)
- Conduct an effective consultation (IS2)
- Describe approaches to the consultation (IS2)
- Manage difficult consultations (IS4)
- Describe the interaction of environment and health (CS2)
- Describe the role of preventative health care (CS2)
- Undertake and present clinical audit (PB1)
- Describe the impact of health care policy on patient care (PB4)
- Describe the diversity of primary care delivery (PB4)
- Assess patients in terms of pathological, psychological, social and existential issues (PB8 & CS8)
- Describe principles of medical ethics relevant to the end of life (PB5 – PB6 & PS7)
- Recognise signs associated with impending death (PS8, CS6 & CS8)
- Assess patient's pain and physical symptoms (CS5 - CS6)
- Communicate important information and bad news (IS2 & IS4)
- Formulate management plans for analgesics and control of symptoms (CS9)
- Formulate management plans for the care of psychological, emotional, social and existential distress (CS9)
- Recognise common emergencies in palliative care (PS8 & CS9)
- Describe important pharmacological considerations in the management of physical and psychological symptoms (CS9 & PB2)

COURSE ORGANISATION – AN OVERVIEW

The phase 3b community module

This module focuses on developing the students understanding of clinical general practice and how this integrates with other medical disciplines.

Course structure

- an introductory morning
- a single practice base for eight weeks
- seven half days of core teaching and learning in small groups
- four half days of consultation skills work in general practice including one half day looking specifically at consultations through interpreters
- five days attached to a palliative care inpatient facility including one half day communication skills work

Teaching and learning methods

- clinical experience through patient contact
- personal tutoring in the practice
- observation of, and feedback on, performance using mini-CEX
- significant event analysis
- small group work
- clinical topic based teaching
- self-directed study
- independent project work – audit
- communication skills training through role play
- participation in practice based multidisciplinary team meetings (MDT)

WEEKLY TIMETABLE IN PRACTICES

Central teaching will be in small groups of about eight students and will take place on Tuesdays throughout the module

Your practice attachment will begin on the first day of the attachment.. You will attend the practice on average five half days per week, excluding Tuesdays and excluding your Palliative Care Week.

Your timetable in practice will be mutually agreed with your GP tutor and will depend on the opportunities available.

Palliative Medicine Attachment

Students will spend one week during the module based at a hospice or palliative care unit learning the principles of palliative medicine. Students will be notified on MINERVA of the details of their attachment and their experience will include time assessing patients in palliative care, observing the role of clinical nurse specialists and other members of the multidisciplinary team. During the attachment, the Wednesday morning will be spent at St Luke's Hospice developing communication skills related to giving bad news.

Consultation Skills

There will be four half day sessions on consultation skills. These will utilise simulated patients and video recordings may be made to aid teaching

TUESDAY TEACHING TIMETABLE

Venues of tutorials depend on your timetable which will be notified individually.

Week 1	Tues am	9.00 – 10.00 Introduction and Audit Lecture 10.30 – 12.30 Small Group Tutorial
	Tues pm	Consultation skills/private study (alternate groups)
Week 2 -8	Tues am	9.00 – 12.30 Small group tutorial
	Tues pm	Consultation skills/private study (alternate weeks)

During the week of palliative care, students are not required to attend Tuesday teaching.

PRACTICE ATTACHMENT

The practice attachment offers many opportunities:

- It allows real clinical practice. You will see patients in the early stages of disease when diagnosis may be unclear and patients whose initially worrying symptoms become self limiting and resolve without specific treatment
- You will observe the management of patients with co-morbidities and will learn the pragmatic application of guidelines
- You should take every opportunity to consult with patients yourself and develop management plans which you should discuss with your GP tutor
- It provides an opportunity to practice clinical skills
- It provides a home base where you can observe the skills of other health professionals working in and with the practice
- You will become aware of the way general practice adapts and develops in response to external requirements and pressures

Assessment

There are several components of assessment. All assessment sheets and your audit should be completed and returned to the Teaching Office, Room 203, Samuel Fox House, NGH by 4.00pm on the final day of the module

- Small group tutor assessments including Consultation Skills
- GP tutor assessment
- Two Mini-CEX in practice

PALLIATIVE MEDICINE ATTACHMENT

In addition to the main Community and Palliative Care lectures which take place in January and August each year, students will spend one week during the module based at a hospice or palliative care unit learning the principles of palliative medicine.

During the undergraduate lectures, a session is included on Narrative Medicine. In some of the hospice/ palliative care unit placements students are encouraged to take a narrative history from a patient. The aim is to facilitate a memorable experience which provides insight into the significance of a life limiting illness for the individual. Comparing this approach, to more conventional history taking, allows students to reflect on their learning.

Students will be allocated to one of the four local hospices: Sheffield Macmillan Palliative Care Unit, Northern General Hospital, St Luke's Hospice (Sheffield), Ashgate Hospice (Chesterfield), or Barnsley Hospice, and may also be required to visit clinics within the local community during the course of their week in palliative care. Full details of the student's individual attachment will be placed on MINERVA.

The aim of the week in palliative medicine is to provide experience and training for students in the skills necessary when interacting with patients and their families in the context of palliative care.

During the week, the student's experience will include:

- Time assessing patients in palliative care and presenting cases to the team
- Observing the role of clinical nurse specialists and other members of the multidisciplinary team
- Informal teaching sessions with medical staff during ward rounds or clinics
- Observing the principles of symptom control in practice
- Observing clinical features of advanced illness
- Students may receive tutorials from different health care professionals, depending on the hospice
- Experience of the care of the dying and principles of end of life care, clinical features, symptom control, communication issues
- Attending multi-disciplinary team meetings
- Observing communication between staff and patients and their families, discussion of potential communication issues

During the attachment, students will attend St Luke's Hospice on the Wednesday morning where they will develop communication skills related to giving bad news using an adapted Maguire model of role play.

At the end of the week in palliative care, the palliative care tutors will discuss the placement with the student, complete and sign off the assessment sheet on page 16. This should then be returned to the AUPMC Teaching Office located in Samuel Fox House at the Northern General Hospital on the last day of the Community and Palliative Care module.

If students are absent for any reason, they are required to notify their hospice/palliative care unit. At the end of the week, the hospices/palliative care unit will sign off individual student's attendance on the allocation sheet and return it to the Module Co-ordinator on the student's behalf.

COMMUNITY & PALLIATIVE CARE

QUALITY IMPROVEMENT ACTIVITY

During the Community and Palliative Care placement, students will participate in a Quality Improvement activity. Further details will be available on Minerva prior to the 2016 placement.

COMMUNITY AND PALLIATIVE CARE

ASSESSMENT

All documentation including assessment pro-formas and written Quality Improvement submissions will be handed in to the Teaching Office (Room 204, Samuel Fox House) by 4pm on the final day of the module. Late submissions will be deemed 'unsatisfactory' professional behaviours.

GUIDELINES – SIGNATURES ON REPORT FORMS

All students intending to join the medical profession must be aware of the importance of accurate record keeping and the need for ethical conduct in connection with **signatures**.

Please ensure that attendance and performance during a placement is confirmed on your Report on Clinical Attachment form by the **signature** of your consultant/tutor and by submission of the form at the end of your placement to the Phase Administrator.

Any difficulties in obtaining the **signature** of a consultant/tutor **MUST** be discussed with the Phase Administrator.

Please be aware that the **forgery of a signature** is a very serious disciplinary matter. It is likely to lead to the student being charged under the discipline Regulations of the University. The University Discipline Committee will take a serious view when deciding the penalty for such misconduct.

The School of Medicine and Biomedical Science may, in addition, be obliged to advise the GMC that a student found to have forged a signature is **not of good character**. The student could then be refused registration as a doctor.

STUDENT SUPPORT IN PHASE 3b

General Support

Students are reminded that support regarding academic, emotional, personal or social difficulties can be sought from their mentor, tutor, Phase Administrator or Phase Director of Studies, in addition to the general support services offered by the University which are set out on the SSiDs webpage and in the Mentor Handbook.

Students requiring help with written (international and home students) and spoken (international students and non-native English speakers only) should contact the University's English Language Teaching Centre: <http://www.shef.ac.uk/eltc/>

Student Self-Certification Form

Students who need to report Medical and other Personal Circumstances resulting in absence or affecting performance for less than 7 working days, must complete a self-certification form. Please note that this form replaces the following University forms: "Special Circumstances Form"

Extenuating Circumstances Form

Students reporting absences due to medical or personal reasons that last for over 7 working days, must complete an "Extenuating Circumstances Form".

Copies of these forms for absences can be found by the following this link www.sheffield.ac.uk/ssid/forms/circs. Alternatively, copies are available on Minerva and from the Medical School Reception Desk. Once completed the form must be submitted to the Reception Desk or to your Phase Administrator.

Extenuating Circumstances Form for Exams

Students wishing to report extenuating circumstances that may have affected performance or attendance of an examination must complete the Medical School's online Extenuating Circumstances Form that can usually be found on Minerva under Assessment Related Information.

Students With A Disability

The School fully supports the GMC's position with regard to disabilities:

'students with a wide range of disabilities or health conditions can achieve the set standards'

Nonetheless, certain disabilities may make particular careers, once you have qualified, difficult or, in some cases, impossible. The School is anxious to provide as much support and advice to students with disabilities, throughout their undergraduate course, so that suitable arrangements can be made for the F1 year and, where necessary, appropriate career advice can be given.

All students will have an assessment with the Occupational Physician during their first year, and those students who have disabilities will be offered advice and follow up at this stage. Where appropriate, an interim assessment will be offered mid-way through the course.

For students who have a disability which might interfere with the full performance of the duties of a normal F1 post, a Post Graduate Dean will arrange a clinical assessment immediately after the Phase 3b Examination. This assessment will determine which aspects of the F1 post might be difficult to undertake, and in most cases it will then be possible to arrange a tailor made F1 post outside of the normal rotations so that the F1 year can be completed successfully. Where a student has an illness or disability which will prevent them undertaking a F1 post, appropriate careers advice will be provided at this stage.

Students should be aware of the University regulations on health matters. Students are also reminded of the various aspects of the GMC's document entitled 'Good Medical Practice' where the over-riding duty is to protect patients when there is any possibility that your health, conduct or performance is a threat to them. This document also makes clear the necessity to seek and follow advice from a consultant in Occupational Health, or another suitably qualified colleague where your own health and fitness might put patients at risk. Students must not rely on their own assessment of risk to patients. It therefore follows that if a student develops any disability during the course, or if an existing disability worsens, they should let the School know.

Students requiring assessment and/or support for a potential learning or other disability can contact one of the above or go directly to the Student Support and Guidance Service: <http://www.shef.ac.uk/ssid/disabilities>.

Support on Attachment

Your practice tutor will help you by arranging consulting room teaching and more formal tutorial sessions where appropriate. He/she will also provide guidance with regard to self-directed learning. The following are specific aims for tutors:

- To give students guidance in **personal study** (developing their own initiative to learn);
- To give students **feedback** about their personal progress and offer them assistance if progress is not satisfactory;
- To give students practice in **communicating** information verbally;
- To offer a sympathetic hearing and **advice** to any student who is having academic or other difficulties;
- To ensure that the attachment to your firm is **interesting, enjoyable and intellectually challenging**;
- To enable students to gain experience in a broad range of disease areas by facilitating learning opportunities in those areas outside of your everyday practice;
- To provide students with channels to feedback and constructively comment about all aspects of the course.

Mini Clinical Assessment Exercise for Phase 3b 2016 Community and Palliative Care Module

Student Name:.....
 Registration number.....Dates of Assessment:.....
 Assessor Name:Practice/Hospital:.....
 Patient Problem/Diagnosis.....

PLEASE TICK APPROPRIATE JUDGEMENT (see overleaf for detailed guidelines)

Setting: Inpatient Outpatient Primary care Other

Focus History Examination Communication* Diagnosis

Complexity of patient case: Low Moderate High

1. History Taking Skills (○ Not Observed)

Excellent	Good	Satisfactory	Borderline	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Examination Skills (○ Not Observed)

Excellent	Good	Satisfactory	Borderline	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Communication Skills (○ Not Observed)

Excellent	Good	Satisfactory	Borderline	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Professional Behaviours (○ Not Observed)

Excellent	Good	Satisfactory	Borderline	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Clinical Judgement (○ Not Observed)

Excellent	Good	Satisfactory	Borderline	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Overall clinical competence in relation to stage of training

Excellent	Good	Satisfactory	Borderline	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEEDBACK (particularly required if grade is borderline or unsatisfactory)

7. Mini-assessment time: **Observing time:** _____ min. **Feedback time:** _____ min.

8. Assessor satisfaction with mini-assessment: **Low** 1 2 3 4 5 **High**

9. Student satisfaction with mini-assessment: **Low** 1 2 3 4 5 **High**

Signature of Assessor:

Signature of receiving student:

Clinician progress benchmarks – Phase 3b GP

Student Name:

Reg Number:.....

Introduction

Doctors develop from their first day at medical school until their last day at work. The five scales below set out some of the key early developmental milestones. All Sheffield students will be assessed following the longer clinical attachments to help them know which milestones they have achieved and which they are now aiming for. They will also benchmark themselves against these milestones and have an opportunity to set some relevant objectives.

As an assessor please give enough feedback to show why you've benchmarked them as you have, and how to achieve the next milestone. If you haven't seen enough of them to say pass the form to a team member who has.

The benchmarks have no 'pass/fail' threshold, but the phase leads will contact students whose progress is falling behind their peers to help them remediate and, if there is no improvement, their progression may be held back.

Benchmarks (see back of form for explanation)

For each row (1-5) please circle the highest benchmark the student consistently achieves

1) History-taking	novice	knows how (general) knows how (speciality specific)	thorough	detective
2) Examining	novice	knows how (general) knows how (speciality specific)	thorough	detective
3) Interpreting	novice	knows about conditions	forms an opinion	seeks evidence for and against opinion
4) Managing	novice	knows about tests and treatments	suggests a plan	individualises plan
5) Relating to patients	novice	polite and professional	listens and explains	patient-centred

Single most important feedback tip

Areas of concern

Separately from general developmental progress, please tick the relevant box if you think this student needs specific support with any of the following. If possible, please share this concern with the student. We may contact you to ask for more details.

Resilience Relationships Conscientiousness Demeanour Safety

Other.....

Module-specific items

Assessors signature..... email..... date.....

Explanation of the benchmarks

1) History-taking	novice	<p>knows how (general)</p> <p>knows how (speciality specific)</p> <p><i>knows the content and process of a 'clerking' history; circle 'speciality-specific' once these new elements are known too</i></p>	<p>thorough</p> <p><i>consistently clarifies important details (purpose or duration of treatments, details of symptoms 'bile or no bile' etc)</i></p>	<p>detective</p> <p><i>history consistently geared to narrowing differential diagnosis (relevant positives and negatives)</i></p>
2) Examining	novice	<p>knows how (general)</p> <p>knows how (speciality specific)</p> <p><i>knows the content and process of a 'clerking' examination; circle 'speciality-specific' once these new elements are known too</i></p>	<p>thorough</p> <p><i>consistently clarifies important details (is tachypnoea obstructive or not, is murmur systolic or diastolic)</i></p>	<p>detective</p> <p><i>examination consistently geared to narrowing differential diagnosis (goes looking for the relevant findings)</i></p>
3) Interpreting	novice	<p>knows about conditions</p> <p><i>knows the important causes of the presenting complaint</i></p>	<p>forms an opinion</p> <p><i>consistently offers a defensible view about the most likely cause(s)</i></p>	<p>seeks evidence for and against opinion</p> <p><i>formulating view affects the order and emphasis of history and examination</i></p>
4) Managing	novice	<p>knows about tests and treatments</p> <p><i>knows tests and treatments for the important causes of the presenting complaint</i></p>	<p>suggests a plan</p> <p><i>consistently offers a defensible investigation and treatment plan</i></p>	<p>individualises plan</p> <p><i>data gathered during the history and examination used to gear the plan to the individual patient</i></p>
5) Relating to patients	novice	<p>polite and professional</p>	<p>listens and explains</p> <p><i>consistently enables questions & takes them seriously; provides explanations</i></p>	<p>patient-centred</p> <p><i>consistently gears questioning, explanations and plans to individual patients ('puts him/herself in the patient's shoes')</i></p>

ONCE COMPLETED, PLEASE RETURN THIS FORM TO:

Peggy Haughton, AUPMC, Samuel Fox House, Northern General Hospital, Herries Road

Clinician progress benchmarks (student self-assessment form)

Introduction

Doctors develop from their first day at medical school until their last day at work. The five scales below set out some of the key early developmental milestones. All Sheffield students will be assessed following the longer clinical attachments to help them know which milestones you have achieved and which you are now aiming for.

The benchmarks have no 'pass/fail' threshold, but the phase leads will contact students whose progress is falling behind their peers to help them remediate and, if there is no improvement, their progression may be held back.

Starting benchmarks (see back of form for explanation)

For each row (1-5) please circle the highest benchmark you consistently achieve at the start of the attachment

1) History-taking	novice	knows how (general) knows how (speciality specific)	thorough	detective
2) Examining	novice	knows how (general) knows how (speciality specific)	thorough	detective
3) Interpreting	novice	knows about conditions	forms an opinion	seeks evidence for and against opinion
4) Managing	novice	knows about tests and treatments	suggests a plan	individualises plan
5) Relating to patients	novice	polite and professional	listens and explains	patient-centred

Your three key learning objectives

If there is a chance to do so discuss these with your supervisor at the start of the attachment.

Finishing benchmarks

For each row (1-5) please circle the highest benchmark you consistently achieve at the end of the attachment

1) History-taking	novice	knows how (general) knows how (speciality specific)	thorough	detective
2) Examining	novice	knows how (general) knows how (speciality specific)	thorough	detective
3) Interpreting	novice	knows about conditions	forms an opinion	seeks evidence for and against opinion
4) Managing	novice	knows about tests and treatments	suggests a plan	individualises plan
5) Relating to patients	novice	polite and professional	listens and explains	patient-centred

Explanation of the benchmarks

1) History-taking	novice	<p>knows how (general)</p> <p>knows how (speciality specific)</p> <p><i>knows the content and process of a 'clerking' history; circle 'speciality-specific' once these new elements are known too</i></p>	<p>thorough</p> <p><i>consistently clarifies important details (purpose or duration of treatments, details of symptoms 'bile or no bile' etc)</i></p>	<p>detective</p> <p><i>history consistently geared to narrowing differential diagnosis (relevant positives and negatives)</i></p>
2) Examining	novice	<p>knows how (general)</p> <p>knows how (speciality specific)</p> <p><i>knows the content and process of a 'clerking' examination; circle 'speciality-specific' once these new elements are known too</i></p>	<p>thorough</p> <p><i>consistently clarifies important details (is tachypnoea obstructive or not, is murmur systolic or diastolic)</i></p>	<p>detective</p> <p><i>examination consistently geared to narrowing differential diagnosis (goes looking for the relevant findings)</i></p>
3) Interpreting	novice	<p>knows about conditions</p> <p><i>knows the important causes of the presenting complaint</i></p>	<p>forms an opinion</p> <p><i>consistently offers a defensible view about the most likely cause(s)</i></p>	<p>seeks evidence for and against opinion</p> <p><i>formulating view affects the order and emphasis of history and examination</i></p>
4) Managing	novice	<p>knows about tests and treatments</p> <p><i>knows tests and treatments for the important causes of the presenting complaint</i></p>	<p>suggests a plan</p> <p><i>consistently offers a defensible investigation and treatment plan</i></p>	<p>individualises plan</p> <p><i>data gathered during the history and examination used to gear the plan to the individual patient</i></p>
5) Relating to patients	novice	<p>polite and professional</p>	<p>listens and explains</p> <p><i>consistently enables questions & takes them seriously; provides explanations</i></p>	<p>patient-centred</p> <p><i>consistently gears questioning, explanations and plans to individual patients ('puts him/herself in the patient's shoes')</i></p>

ONCE COMPLETED, PLEASE RETURN A COPY OF THIS FORM TO:

Peggy Haughton, AUPMC, Samuel Fox House, Northern General Hospital, Herries Road

PHASE 3B 2016 PALLIATIVE CARE MODULE – LEAD TUTOR

To be completed by student:

Student Name
Tutor Name

Registration No.
Dates of Attachment

To be completed by tutor:

Please assess the student on the following criteria which are defined in more detail in the School's Outcome Objectives . It is highly desirable that other members of the clinical team be consulted (including nursing staff) before making your final judgement. This is particularly important in regard to Professional Behaviours which should be considered separately from the clinical and interpersonal skills assessments.

PLEASE CIRCLE THE APPROPRIATE JUDGEMENT

Interpersonal Skills

[Includes all aspects of communication with peers, tutors etc]

Excellent Good Satisfactory Borderline Unsatisfactory

Feedback (required if grade is Borderline or Unsatisfactory).

Professional Behaviours

These should be judged in relation to the Outcome Objectives, which also reflect the guidance provided by the GMC in *Duties of a Doctor*. Attendance should also be taken into account in this section].

Excellent Good Satisfactory Borderline Unsatisfactory

Feedback (required if grade is Borderline or Unsatisfactory).

Signature of Student Date
Signature of tutor Date

Please take a copy of this for your own records and hand the original to Peggy Haughton, AUPMC, Samuel Fox House, Northern General Hospital, Herries Road **on the last day of the module**. Failure to submit this form will affect progression to the phase 3b examination.