

# ASSESSMENT OF LEARNING OUTCOMES FOR PERSONAL DEVELOPMENT

## Level 1 – The doctor as a professional

## Level 2 – Outcomes for Personal Development

Personal development within the context of undergraduate medical education is a complex issue. The underlying personality of the individual graduate and his/her life experiences outwith the university have a major influence on personal development, as do experiences relating specifically to their training. Personal development is, of course, an ongoing, life-long process but it is possible to identify a number of important outcomes for the undergraduate period.

### Level 3 *This could include: Level 4*

Self-awareness	The ability to conduct oneself as a reflective and accountable practitioner including seeking out sources of informed criticism and valuing, reflecting and responding to them appropriately. Enquiring into own competence and evaluating own capabilities and personal effectiveness.
Self-learner	The ability to manage own learning as demonstrated by: Searching out and selecting appropriate learning resources of all types Making use of all available technical aids Employing appropriate and effective study skills Recognising limitations of current personal understanding and capabilities and identifying areas needing refreshed or extended Setting realistic and appropriate personal learning goals Selecting learning strategies that take account of personal learning preferences and that are likely to succeed Setting challenging personal learning goals as a basis for personal growth <i>Understanding skill decay for learned practical emergency procedures during subsequent non use</i>
Self-care	Recognition of the pressures of a demanding professional life on health, well-being and relationships with others and the need to maintain a balance between personal, professional and social goals and activities. Evidence of attention to lifestyle, diet, exercise and relaxation. Making use of available help and advice in stressful circumstances.
Page 36 continued	Recognition of the hazards of self-medication or substance abuse in dealing with stress.
Career choice	Identify short and long-term career and personal plans and aspirations and work towards these by establishing realistic development plans involving relevant activities. Participate fully in the life of the professional community and make use of professional and other networks of all types.
Motivation	Recognising key personal motivating factors and their importance in sustaining a high level of motivation.

Commitment

Demonstrating dedication to one's chosen career pathway through adherence to the codes of conduct and behaviour expected of undergraduate medical students and doctors and an acceptance of any limitations that might be associated with them.

## **ASSESSMENT OF LEARNING OUTCOMES FOR THE ROLE OF THE DOCTOR WITHIN THE HEALTH SERVICE**

### **Level 1 – The doctor as a professional**

### **Level 2 – Outcomes for The Role of the Doctor within the Health Service**

This is a rapidly changing area of medical education and practice which is subject to many external influences including political, legal and economic. However, there are a number of key outcomes applicable to the new graduate, awareness of which should provide a firm basis for dealing with future developments and changes within the health service.

### **Level 3**

#### ***This could include: Level 4***

Healthcare systems

*An outline of:  
The structure of the medical profession in the UK  
The professions allied to medicine  
Roles and relationships of primary, secondary and tertiary care  
NHS organisation  
The origin and history of medical practice  
Systems that impact on the NHS e.g. private medicine, EU, complementary therapies, **health and safety policies etc***

*Other health care systems*

The clinical responsibilities and role of a doctor

*The “Duties of a Doctor” as defined by the General Medical Council.  
Appreciation of the medical profession as a voice in society and an agent of change.  
The importance of valuing and participating in professional audit.  
The doctor as an employee within a corporate organizational entity or as an independent contractor **and employer.***

Code of conduct and required personal attributes

*Duties of a doctor (GMC)  
Local codes where applicable.*

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The doctor as researcher

*Appreciation of the value of medical research and how this is organised and funded in UK and Europe  
Outlining the potential role of research in career progression and the opportunities for research even as an undergraduate.*

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The doctor as mentor and teacher

*The importance of reflecting on and analysing own experience of mentors and teachers identifying the “positive” and “negative” and how to use this in one’s own practice as a teacher of others.  
The importance of adopting a culture of life-long learning and fostering this in the health service.*

The doctor as manager

*Managing people and resources e.g. financial*

The doctor as a member of a multi-professional team and the roles of other healthcare professionals

*The opportunity to learn with and be taught by other healthcare professionals during undergraduate education with an understanding of the benefits to be gained by all concerned including patients.  
Working with other healthcare professionals in the context of patient care as an undergraduate in order to better develop team-working, leadership and facilitative skills.*

## **ASSESSMENT OF LEARNING OUTCOMES FOR ATTITUDES, ETHICAL UNDERSTANDING AND LEGAL RESPONSIBILITIES**

Economic issues

*Knowledge and appreciation of financial constraints affecting the NHS and their impact on delivery of care  
Understanding the concepts of equity and access to services.*

Contributing to the advancement of medicine

*Progress in medical science and how it is achieved, particularly the potential for every doctor to contribute such progress.  
The doctors role in ethical regulated clinical trials.*

# ASSESSMENT OF LEARNING OUTCOMES FOR HEALTH PROMOTION AND DISEASE PREVENTION

## Level 1 – What the doctor is able to do

## Level 2 – Outcomes for Health Promotion and Disease Prevention

Every contact between a doctor and a patient can be seen as an opportunity for health promotion and disease prevention. It is therefore essential that the new graduate knows how to make the most of these opportunities through demonstrable knowledge of the principles involved both for individual patients and populations.

### Level 3

### *This could include: Level 4*

Recognition of the causes of disease and the threats to the health of individuals and population at risk

*Definition of health and disability.  
Assessment of distribution of risk factors in the population.  
Risk identification and reduction policies for populations taking into account diversity, ethnicity and social inequality.*

To be able to implement, where appropriate, risk reduction strategies for individual patients

*Knowing how to change risk factors.  
The use of evidence based medicine and effective interventions.  
Helping patients to modify behaviour whilst respecting their autonomy.  
Managing and implementing change.*

Appreciate that health promotion and disease prevention depend on collaboration with many other professionals and agencies

*Identify who the other professionals and agencies are and what their role is.*

Plan health promotion taking into account barriers to preventing disease and promoting health both in the individual and the population

*Consideration of; political, economic, behavioural, **geographical** and organisational barriers.  
Importance of audit of health promotion and disease prevention activities.*

Screening

*Criteria for determining appropriate implementation of screening programs **including access to technology.***

# ASSESSMENT OF LEARNING OUTCOMES FOR BASIC, SOCIAL AND CLINICAL SCIENCES AND UNDERLYING PRINCIPLES

## Level 1 – How the doctor approaches their practice

## Level 2 – Outcomes for Basic, Social and Clinical Sciences and Underlying Principles

The competent graduate recognises, explains and manages health problems using the principles of current scientific knowledge and understanding that underpin medicine.

### Level 3

Normal structure and function of the individual as an intact organism and of each of its major organ system

The Life-cycle

Behavioural relationships between an individual and His/her:

- Family/partners.
- Immediate social groups.
- Society at large and the general population.
- Physical environment.
- Health professionals.
- Responses to illness.

Beliefs and understanding of health and illness

### ***This could include: Level 4***

*Anatomy, physiology. Psychology/psychiatry, biochemistry, genetics. Molecular, biochemical, cellular and immunological mechanisms that are important in maintaining homeostasis.*

*The different stages and how these affect normal structure and function e.g. the foetus; the neonate/infant; childhood; adolescence; adulthood; old age; death.*

*Behavioural sciences, psychology and sociology*

*Study of cultural and ethnic influences on health care.*

*The role of complementary medicine.*

*Study of global health issues including rural poverty and its impact on health and disease.*

*An understanding of the impact of world travel on the spread to infectious diseases.*

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The mechanisms of diseases And the ways in which these diseases affect the body (pathogenesis)

*Knowledge and understanding of the following causes of disease: genetic, developmental, metabolic, toxic, microbiological, autoimmune, neoplastic, degenerative, traumatic, environmental, social, occupational.*

The alteration in structure and function of the body and its major organ systems resulting from various diseases and conditions

*Appropriate pathology and pathophysiology.*

Pharmacological principles of treatment using drugs

*Pharmacokinetics and pharmacodynamics. Mechanisms of action/interaction. Side effects/adverse reactions.*

Principles of therapeutic measures in the management and symptomatic relief of diseases

*Drugs, surgery, radiotherapy, complementary therapies.  
Evidence base for use of therapeutic measures.*

Public health

*Knowledge and understanding of scientific reasoning in the practice of public health in the NHS.  
Principles of healthcare planning, prioritising of service and communicable disease control.*

## **ASSESSMENT OF LEARNING OUTCOMES FOR PATIENT MANAGEMENT**

**Level 1 – What the doctor is able to do**

**Level 2 – Outcomes for Patient Management**

New medical graduates cannot be expected to have unsupervised experience of all aspects of patient management as many are restricted by law, e.g. drug prescribing. However, it is reasonable to expect that they will have a demonstrable knowledge of the important aspects of management in the areas outlined below and that they will have had supervised involvement in such activities.

**Level 3**

***This could include: Level 4***

General principles of patient Management

*Use of patient-centred, holistic approach with careful consideration of all information available from history, physical examination and investigations and in full consultation with patient, relatives etc.  
Immediate assessment and illness acuity/severity rating with appropriate intervention, investigation and monitoring.  
The principles of patient support (physiological, psychological, social, spiritual) and symptom management until a definitive diagnosis is reached and specific treatment is started.*

*The ability to recognise the need for specialist help, appropriate environment and the speed with which these two are required.  
Patient referral: as shown above and lines of communication, keeping the patient/family/carers informed.*

General principles of teamwork

*The roles and relationships of the multidisciplinary team.  
Accepting corporate decisions and priorities.*

Drugs

*Knowledge of prescribing and practical demonstration of prescribing ability.  
Knowledge of common adverse effects and their treatment.  
Selecting method of delivery  
Calculating dosage  
Consideration of dependence, interactions and adverse effects.  
Post-op pain relief.*

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Surgery

*Recognition of indications for intervention and the available surgical interventions.  
Knowledge of principles and practice of informed consent.  
Knowledge of common surgical problems and complications and remedies.  
Understanding of principles of pre-, peri and post operative care.*

Psychological

*Recognition of specialist availability and of interventions and their use.  
Role of psychosocial factors in precipitating and perpetuating illness.  
Consideration of patients social circumstances, work, family etc, when determining treatment options.  
Available interventions.  
The role of other organisations.  
Identification of child physical and sexual abuse.  
*An understanding that where a patient lives may affect their access to healthcare services and impact on investigation, management plan and family support.**