

Master Version - PROTECT

Produced by natural learning for the
University of Exeter Medical School and
the MSC, July 2019

Outbreak!

Journey to Medicine Summer School
2019



DO NOT SHOW

Some slides look like this - please do not show these to the pupils!

12:00 2nd July to 12:00 5th July 2019

West Buckland School, Barnstaple, Devon, EX32 0SX

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24 hour contact
07523 341 067

Leadership Team

Dr Crawford Winlove
Clinical and Scientific Director

Luke Graham
Safeguarding Designated Lead
Pedagogical Lead

Erin Whitcroft
Project Administrator, Lead for Student Welfare

Event staff

On-site 24 hours

Staff Lanyards

Luke Graham ([Safeguarding lead](#)), Dr Crawford Winlove, Erin Whitcroft,

REMOVED

Daytime

Visitor lanyards

REMOVED

[Staff from School may also be in attendance](#)

Students

72 students are registered to attend

35 students will be collected from Tiverton Parkway by Minibus between 11.00 and 12.30

Parents will be texted when their child boards our minibus

Dietary requirements of staff and students have been shared with the school

General administration

Accommodation is in the Parker building.

Key fobs are required to access the accommodation floors and the building after 7pm.

At 11pm, external doors will not open and fire doors become alarmed.

Staff will have single rooms at the ends of the pupil accommodation wings.

All meals are provided at 8:30-9:15, 1pm-2pm, 6pm-7pm

Refreshments are available in Parker's kitchen area.

All participants will be given a Wi-Fi code that works on 1 device.

The School is a **No Smoking** site; pupils that bring alcohol will be asked to leave; the MSC and their school will be notified.

Tuesday: Overview

12.00

Pupils arrive

Met at reception by Luke and Crawford; shown to Parker by TJ and early arrivals

At Parker they will be given an ID badge (School XXXX), room key & fob

Erin will be supervising minibuses at Tiverton Parkway

14.00

Welcome address – Crawford

14.30 – 17.30

Outbreak activities

Group A	Luke & Kate	Room A8
Group B	TJ & Erin	Room A9
Group C	Felicity & Marc	Room A12
Group D	Hannah & Crawford	Room A4

Between 17.30 and 19:00

Fire test in Parker (Luke)

Tuesday: Schedule

Group/ Base	14.00	14.30	15.00	15.30	16.00	16.30	17.00	17.30- 18.00	19.00-20.00
Group A Luke & Kate A8	Crawford lecture hall Welcome Address	Principles of Group work	Taking a history Malek A12	Patient vignette L2	TASK A4	Refreshments	Poster Presentation	Questions online	Medical & Healthcare Crareers
Group B TJ & Erin A9		Principles of Group work	Patient vignette	Taking a history Malek A12	TASK	Poster Prep: Disease hypothesis & justification	In your tutor base	a4	Malek/Crawford Lecture Hall
Group C Felicity & Marc A12		Principles of Group work L2	TASK A4	Patient vignette L2	Taking a history Malek A12				
Group D Hannah & Crawford A4		Taking a history Malek A12	Principles of Group work L1	TASK	Patient vignette L1				

Tuesday: Further details I

Taking a History with Dr Malek:

Preparation for their patient consultation on Wednesday.

Tutor session

Introductions; discussion of how to work as an interdisciplinary team: ground rules

Hand out reflective diaries

Site tour: 2 labs, 2 class rooms, dining room, sports hall – fire assembly point – football/volleyball areas

Questions online

<http://www.catalysis.org.uk/MS/>

Task

Patient vignettes and photos will be provided for this session

Tuesday: Work outcomes

Students prepare a poster explaining their initial diagnosis and key differentials

- Share their justification

- Propose what they need to find out next

- Summarize their questions for the patient consultation

Posters will be displayed in their tutor base from 5pm

- Some students present, others visit different groups

- Doctors available to rotate with questions

Patient History - I

- 1 Introduce yourself** - identify your patient and gain consent to speak with them.
Request permission to take notes.
- 2 Presenting Complaint (PC)** This is what the patient tells you is wrong, e.g. Chest Pain
- 3 History of Presenting Complaint (HPC)**
Get information about the specific complaint. For pain:

Site:	Where is the pain?
Onset:	When did it start; constant/intermittent, gradual/ sudden?
Character:	What is the pain like e.g. sharp, burning, tight?
Radiation:	Does it radiate/move anywhere?
Associations:	Is anything associated with the pain, e.g. sweating, vomiting.
Time course:	Does it follow any time pattern, how long did it last?
Exacerbating / relieving factors:	Does anything make it better or worse?
Severity:	How severe is the pain, consider using the 1-10 scale?

SOCRATES acronym can be used for any type of pain history.

Patient History - II

4 Past Medical History (PMH)

Information about a patients other medical problems (if any).

5 Drug History (DH)

Find out what medications the patient is taking, including dosage and frequency.
Does the patient have any allergies?

6 Family History (FH)

Information about the patients family history

7 Social History (SH)

The patient's background. Remember to ask about smoking and alcohol. Also find out who lives with the patient. You may find that they are the carer for an elderly parent or a child and your duty would be to ensure that they are not neglected should your patient be admitted/remain in hospital.

Patient History - III

8

Review of Systems (ROS)

Other systems not covered in your HPC.

Cardio Vascular System (CVS), Respiratory, Gastrointestinal (GI), Neurology, Genitourinary/renal, Musculoskeletal, Psychiatry

9

Summary of History

Complete your history by reviewing what the patient has told you. Repeat back the important points so that the patient can correct you if there are any misunderstandings or errors.

You should also address what the patient thinks is wrong with them and what they are expecting/hoping for from the consultation. A useful acronym for this is **ICE** [I]deas, [C]oncerns and [E]xpectations.

10

Patient Questions / Feedback

During or after taking their history, the patient may have questions that they want to ask you. It is very important that you don't give them any false information. As such, unless you are absolutely sure of the answer it is best to say that you will ask your seniors about this or that you will go away and get them more information (e.g. leaflets) about what they are asking. These questions aren't necessarily there to test your knowledge, just that you won't try and 'blag it'.

11

Wrapping up

When you are happy that you have all of the information you require, and the patient has asked any questions that they may have, you must thank them for their time and say that one of the doctors looking after them will be coming to see them soon.

**DO NOT SHOW UNTIL
DAY 2**

Wednesday: Schedule

Including the field hospital for Clinical Eval. and Parker Consulting room

	9:30	10.00	10:30	11:00	11:30	12:00	12:30		14.00	14.30	15.00	15.30	16.00	16.30	17:30-18:00	19.00-20.00
A Luke & Kate	Clinical Eval. Malek A8	Patient Prep 1 A4	Consult. 1 Parker <u>Patient</u>	Break to 11:15 Go to Lab	Lab A9	Lab A9	Patient Prep 2 A8		Consult. 2. Parker <u>Patient</u>	Lab A9	Lab A9	Lab A9 Break 15:15	Tasks A8	PREP A8	Lecture Hall Presentations	Advanced Clinical Skills, surgical knots Room TBC
B TJ & Erin	Tasks A12	Clinical Eval. Malek <u>Field Hospital</u>	Patient Prep 1 A4	Consult. 1 Parker <u>Patient</u>	Break Go to lab	Lab A9	Lab 7		Patient Prep 2 A8	Consult. 2. Parker <u>Patient</u>	Lab A9	Lab A9	Tasks A4	PREP A4		Sport Badminton
C Felicity & Marc	Lab A9	Lab A9	Lab A9 to 10:15, then Break	Patient Prep 1 A4	Consult. 1 Parker <u>Patient</u>	Clinical Eval. <u>Field Hospital</u>	Tasks A4		Tasks A4	Patient Prep 2 A8	Consult. 2. Parker <u>Patient</u>	Lab From 15:15 A9	Lab A9	PREP A12		Films: 8pm TOP LEFT: The Greatest Showman
D Hannah & Crawford	Lab A9	Lab A9	Lab A9	Lab A9 Break 11:15	Patient Prep 1 A4	Consult. 1 Parker <u>Patient</u>	TASKS A12		Tasks A12	Clinical Eval. Malek <u>Field Hospital</u>	Patient Prep 2 A8	Consult. 2. Parker <u>Patient</u>	Lab A9	PREP Parker		TOP RIGHT: Ready Player One

Wednesday: Work outcomes

All groups should prepare a 5 minute presentation that addresses:

The patient's travel route

The most probable disease: its mode of infection, incubation time and treatment

What WHO Grade emergency it is and why

In addition, each group has an additional specific task

GROUP A

Prepare a press release, a tweet and a Facebook message. Do you want to contact any other travelers? It costs £10,00 to contact all the passengers on one plane / bus.

GROUP B

Suvarnabhumi Airport reports a traveller with similar symptoms in a toilet in a transit lounge. All international airports need a briefing explaining what the symptoms are for your suspected disease. This should be no more than 100 words, but include clear diagrams / images.

GROUP C

The airport the patient left from has contacted us to say two patients travelling together have presented with similar symptoms and have been detained. They can hold them for a short time, but need to know by 5:05pm if they need to be held or allowed to catch their next flight to Paris.

Group D

The local Devon press have asked about the patient and want to know what is going on. Someone has told them there is a patient with E-Bola in the hospital.

Wednesday: Overview

Medical instruments with Malek

We have BP cuffs, and each pupil will be given a stethoscope to keep.

Patient consultation with Malek and Kathy in the Parkers downstairs lounge

Malek will sit with the pupils in the morning, then work with them in the afternoon to structure their second interview.

Lab Work with Crawford, Dominic and Shelly

Sessions last 3hrs, repeated AM and PM. Each group will do part of the morning and a different part of the afternoon.

Tutors stay with the pupils during the orange sessions and escort the pupils to their other sessions,.

Task time allows pupils to complete today's tasks; laptops will be available. Please can you plug the laptops back into the trolley at the end.

Prep allows the pupils to get ready for the presentation. We have 4 PCs in Parker, and 20 laptops on trolleys, please collect 6 laptops and return them after. Lecture Hall for 5pm, with USB.



WHO: Emergency Levels

Grade 3

A single or multiple country event with substantial public health consequences that requires a substantial WCO response and/or substantial international WHO response. Organizational and/or external support required by the WCO is substantial. An Emergency Support Team, run out of the regional office, coordinates the provision of support to the WCO.

Grade 2

A single or multiple country event with moderate public health consequences that requires a moderate WCO response and/or moderate international WHO response. Organizational and/or external support required by the WCO is moderate. An Emergency Support Team, run out of the regional office (the Emergency Support Team is only run out of HQ if multiple regions are affected), coordinates the provision of support to the WCO.

Grade 1

A single or multiple country event with minimal public health consequences that requires a minimal WCO response or a minimal international WHO response. Organizational and/or external support required by the WCO is minimal. The provision of support to the WCO is coordinated by a focal point in the regional office.

Wednesday: Patient Consultations

GROUP A	Alex (Male)
GROUP B	Ben (Male)
GROUP C	Camilla (Female)
Group D	Daniella (Female)

In all the scenarios, Kathy is a friend of the patient and is looking after them at home.

We have been in text contact about the patient while they have been away, and the pupils will get copies of the photos and the text messages before they meet the patient.

Kathy will say that I told her to bring as much info as she could about our mutual friend was doing, and she made notes. Anything she does not know or can't remember she will find out for later.

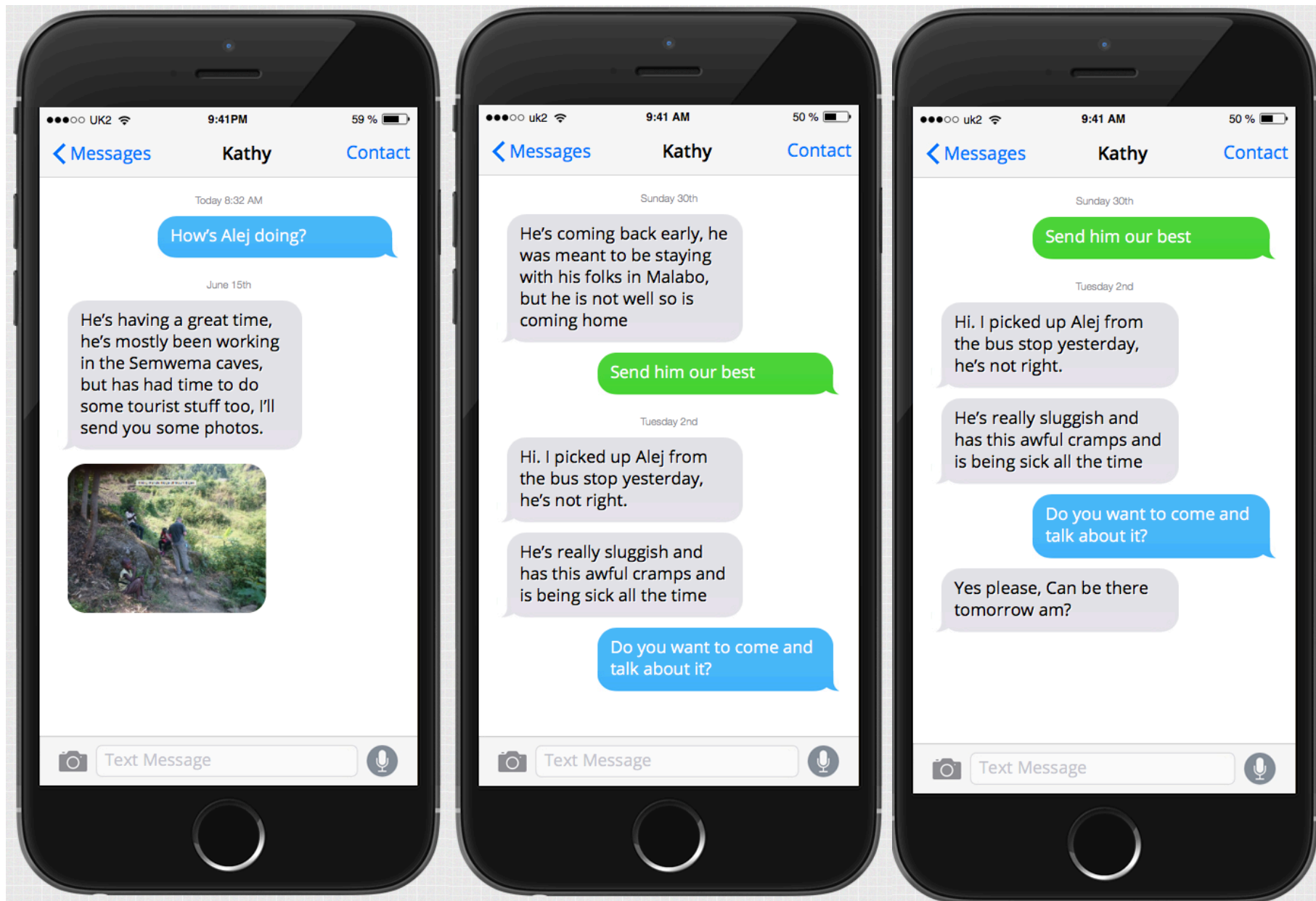
In the consultations, the pupils should be asking the questions, how does he look? Is he responsive? And Kathy will answer them as accurately as she can. She will not be feeding them the lines.

In the afternoon we will give the pupils the flight details and it will tell them where the patient travelled through and for how long. They might have some more questions.

Wednesday: Group A



What and where: Research on remote caves in Uganda, near the Semwema Caves

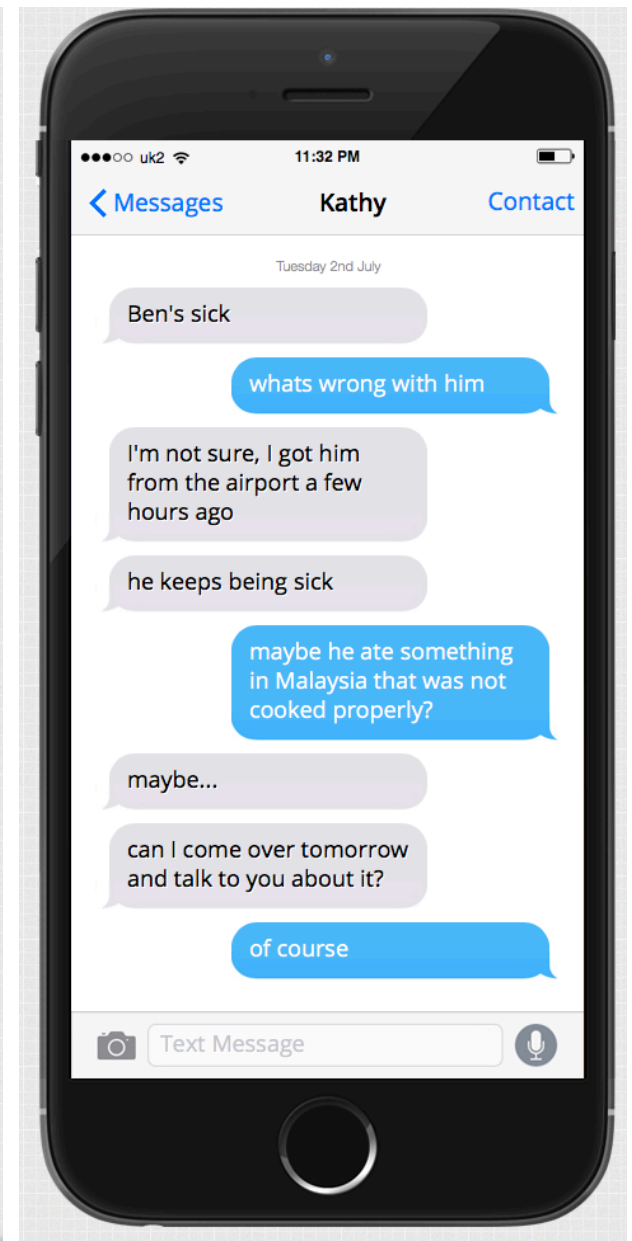
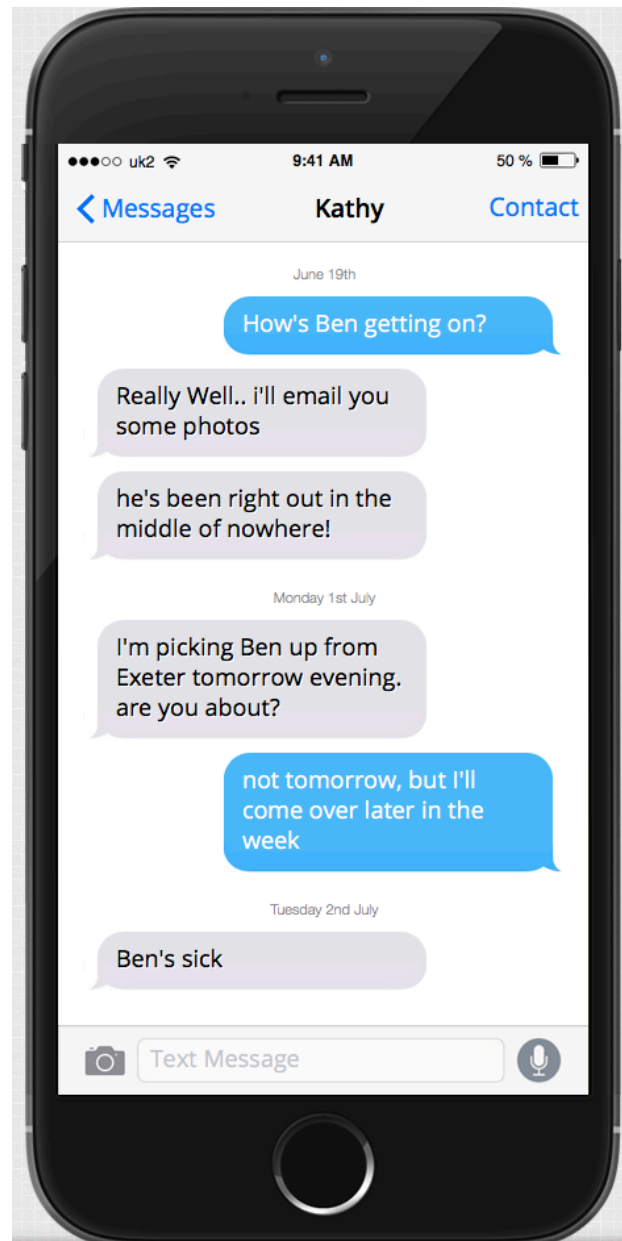
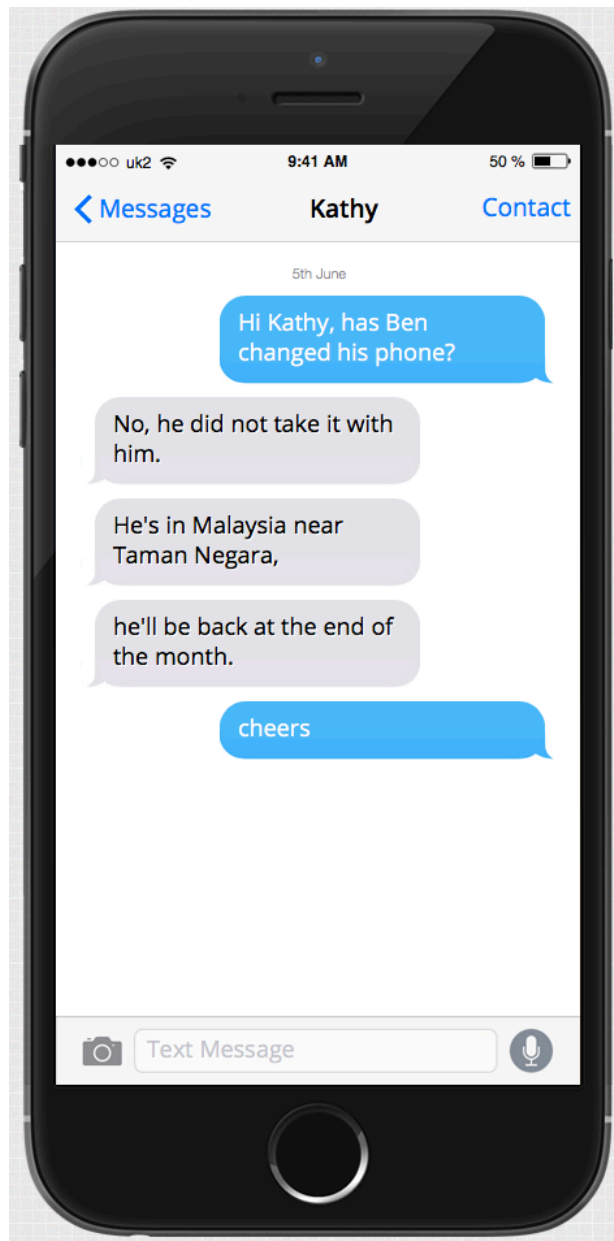


Wednesday: Group B



What and where
Negara, Malaysia

Working with rural farmers doing solar installations near Taman

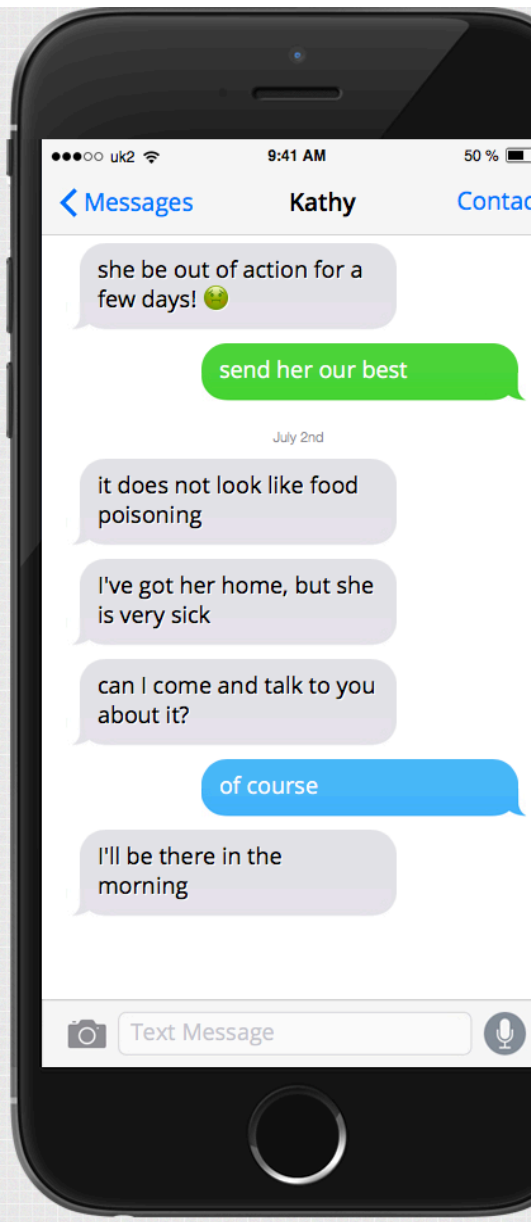
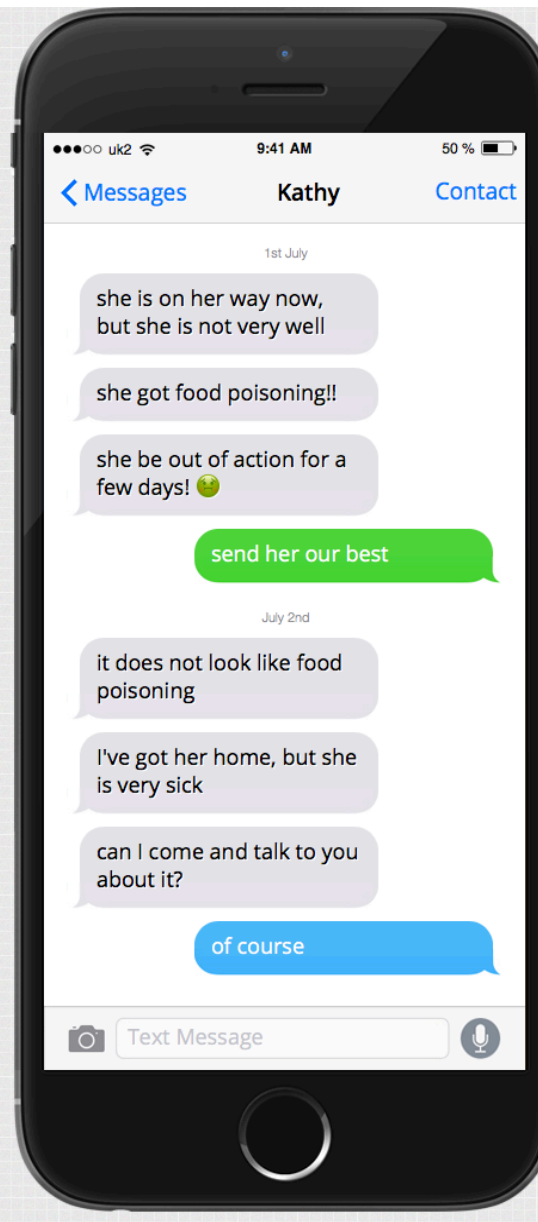
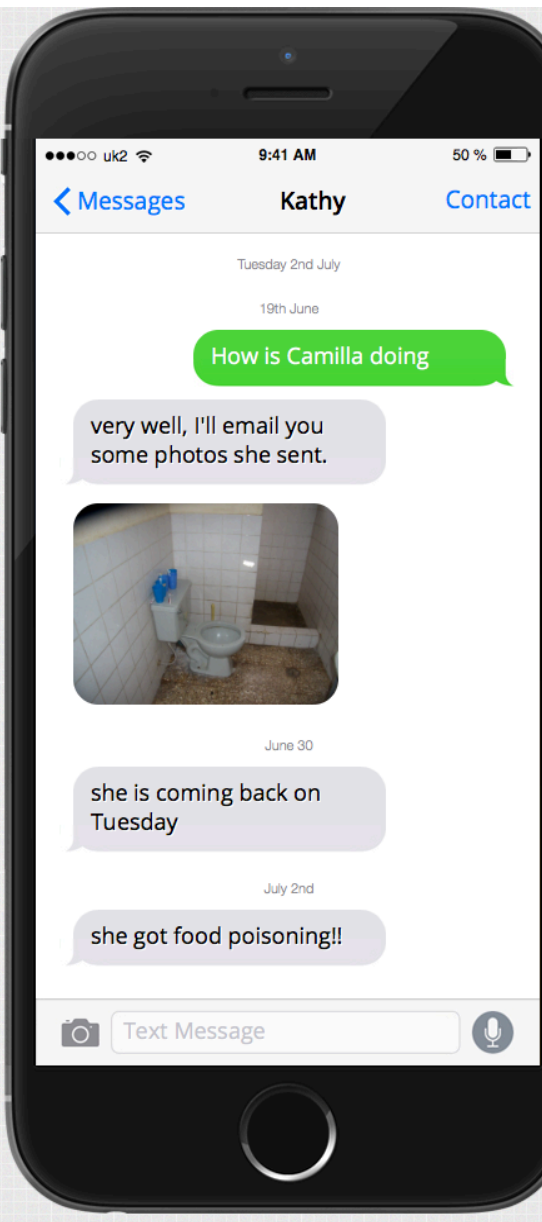
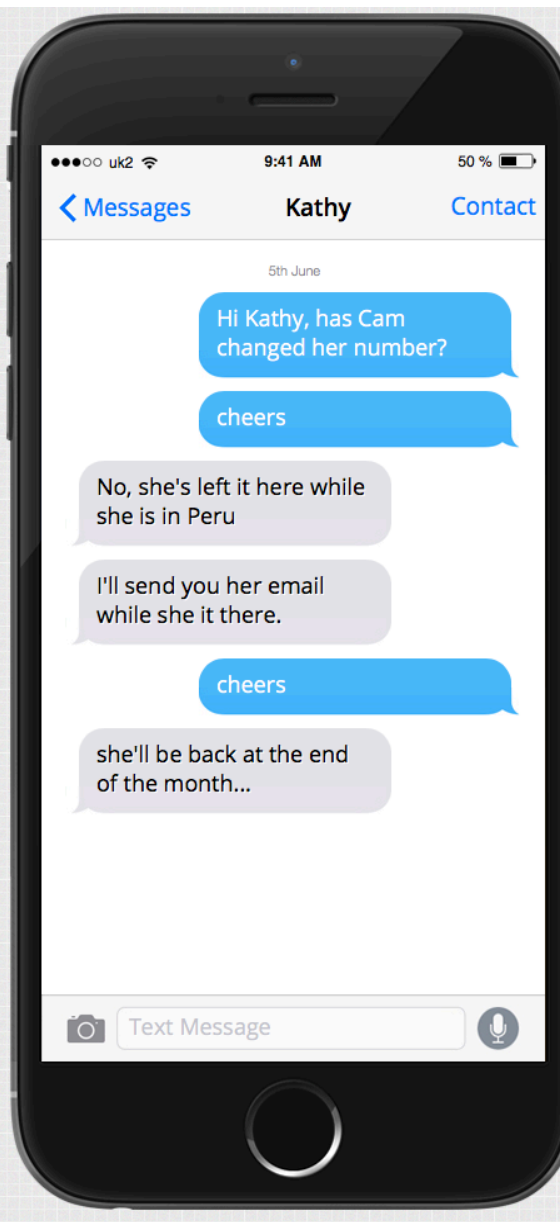


Wednesday: Group C



What and where

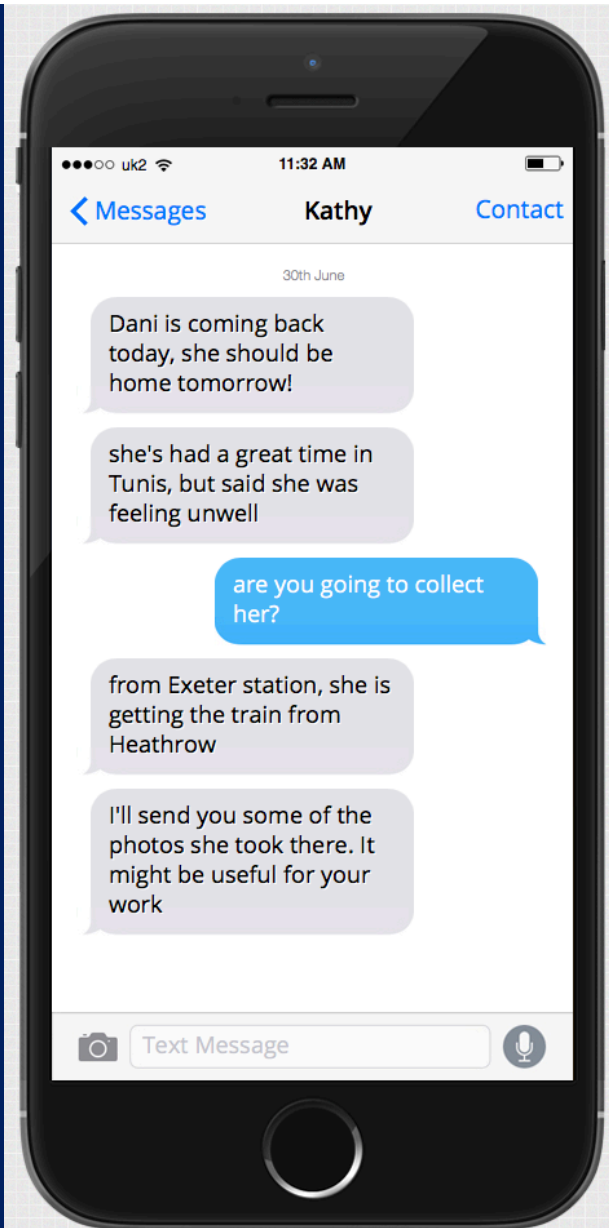
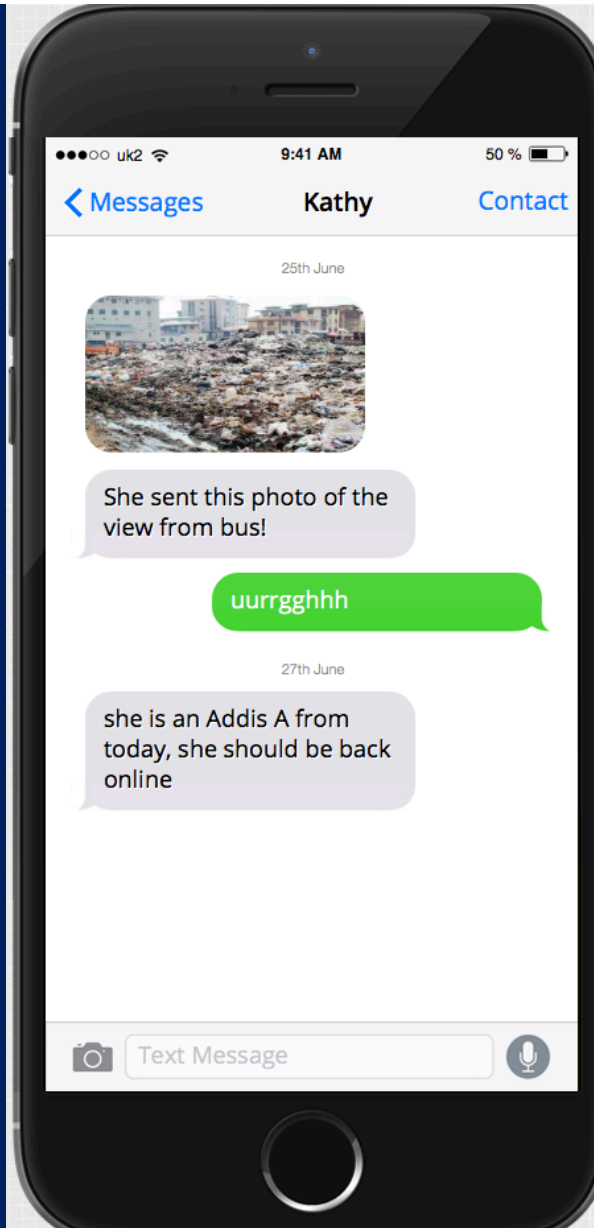
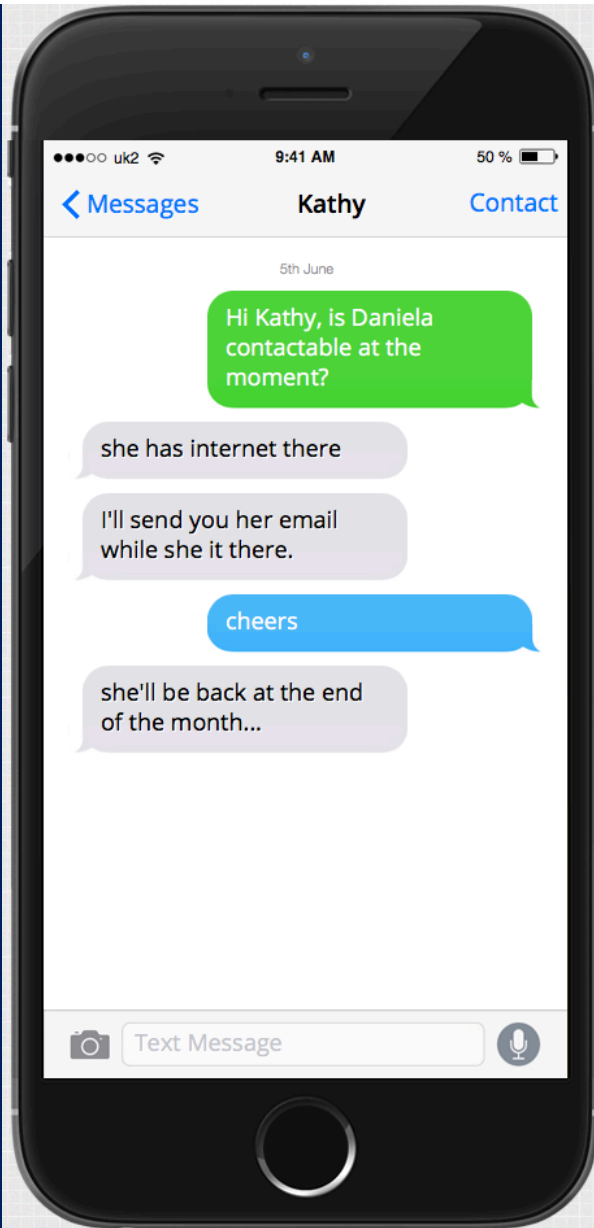
Working in a school, helping with toilets / water etc. for Borgen project in a rural school about 200 km from Lima, Peru. Camilla is a native Spanish speaker (hence the trip to Peru) so it is sometimes hard for her to be clear in English about how she feels.



Wednesday: Group D



What and where Helping rural communities improve sanitation about 100km from Onitsha, Nigeria



Alex



Ben



Camilla



Daniella



Wednesday: Final session

Lab results and diagnosis

Alex
Uganda



Ben
Malaysia



Camilla
Nigeria



Daniella
Peru



**DO NOT SHOW UNTIL
DAY 3**

Thursday: Schedule

	1 9:30	2 10	3 10:30	4 11	5 11:30		7 12:15-1pm		8 2:00	9 2:30	10 3:00	11 3:30	12 4:00	13 4:30	14 5-5:30	7-8
A	Hospital equip audit and design research	Triage 1 Malek tent	FB1 Malek Parker	Patient 2 Tent		Tasks A4	Break 15 mins	Special Guest Bahrat Pankhania Lecture Hall	Water Kate A8	Water Kate A8	Lab2 A9	Lab3 A9	Work shop A12	Prep A12	Lecture hall presentations	How to get into medical school / lecture hall
B		Patient 1 tent Malek	Tasks A4		Lab 3 A9	Lab 4 A9			Triage 3 tent Malek	FB3 Malek Parker	Work shop A12	Water Kate A8	Water A8	Prep A8		
C		water Kate A8	A8		Triage 2 tent Malek	FB2 Malek Parker			Work shop A12	Lab1 A9	Lab2 A9	Patient 4 tent Malek	Tasks A4	Prep A4		
D		Lab 1 A9	Lab 2		Kate	Water A8			Patient 3 Tent Malek	Work shop A12	Tasks A4	Triage 4 tent Malek	FB4 Malek Parker	Prep Parker		

Thursday: Outline

09.15 Situation update Lecture theatre

Disease identified, with multiple cases reported across Ground Zero; additional cases at some transport hubs. Patient Zero in ICU; Kathy unwell.

Field hospital in preparation.

Sessions

Field Hospital Prep.	½ hour for equipment audit and triage preparation
Triage Event	Malek +2 tutors – Rotation with visits from other groups
Water analysis	Kate + 1 tutor
Lab	Dominic, Shelly, Monica + 1 Tutor

Thursday: Work Outcomes

Diseases identified and, due to climate change, are likely to be stable in the UK

1. Make a visual information sheet for the Ground Zero area
2. Produce briefings for UK media - what the public need to know and do

Thursday: Triage – Clinical Team

Task:

You will assess patients as they arrive at the hospital, giving each a triage band. You will find out more about each patient as the scenario unfolds. You will have 10 minutes to set up the hospital and establish your roles before the patients arrive.

Structure

The Triage Officer coordinates Triage Teams who evaluate and tag patients. To get the blood pressure dwetails from the patient, you need to put on the BP cuff with 1 minute to measure BP. For pulse etc, you will need to use the stethoscope for each patient.

Re-triage occurs when the status of a patient changes significantly . The previous code is crossed out, with the updated code and vital signs are entered on the triage tag.

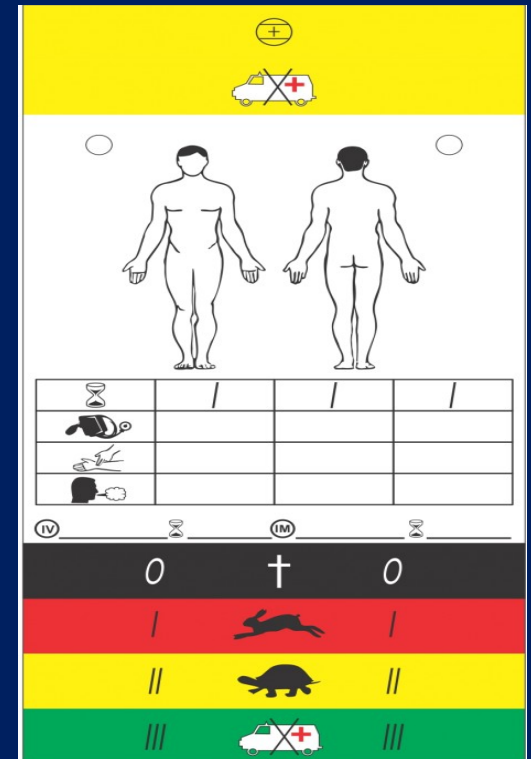
Following re-assessment, patients may be moved from one area to another.

Priorities

You will need to **Control** the access to the hospital


You will have 20 minutes from the start of the exercise when the patients arrive.

Patients will each have a tag that you can write on, shown on the right.

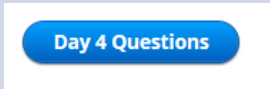


Thursday: Triage – Patient Briefing

Friday: Schedule

8:30-9:15	9:30-10:15	10:15	10:30-11:30	11:30-12:00
Breakfast	<p>Checkout.</p> <p>Pack up all of your belongings. Check the drawers, cupboards and the bathroom. Bring your bags downstairs.</p> <p>When you are downstairs:</p> <p>Take your KEY and KEY FOB to Erin in Parker lounge. You can keep your ID and lanyard.</p> <p>Complete the 2 questionnaires below</p>	Take your bags to the dining room and put them on the raised area at the back	<p>MASSIVE CASUALTY SCENARIO 1</p> <p>MASSIVE CASUALTY SCENARIO 2</p> <p>We will run a causality scenario twice. You can be a 'doctor' once, and a patient once, or be a patient twice.</p>	<p>First bus to dining room at 11:30</p>  <p>Others to remain at the tent</p>



learning-gain.co.uk	<p>This is the second survey, it will measure how much your thoughts have changed since Monday.</p> <p>You need to use the registration login and password from before.</p>
<p>catalysis.org.uk/MSO/</p> 	<p>We also want to know what you thought of the whole of residential and click Day 4 Questions.</p> <p>This goes to the teachers and doctors you have been working with.</p>

Day 4

	9:30	10	10:30	11:00	11:30
A	Triage 1	<i>Final Questions</i>	Last lecture	Patient 4	Wrap up Lecture Pack Triage 4
B	Pat 1	Triage 2	<i>Final Questions</i>	Patient 4	
C	Pat 1	Patient 2	Triage 3	<i>Final Questions</i>	
D	<i>Final Questions</i>	Patient2	Patient 3	Triage 4	

Additional Resources

