



THE UNIVERSITY
OF THE
WEST INDIES
CAVE HILL CAMPUS



FACULTY OF MEDICAL SCIENCES

FAQ

Transition from
Phase 1 to Phase 2

Faculty of Medical Sciences
Frequently Asked Questions
Transition from Phase 1 to Phase 2

General

1. How long is the vacation period after Year 2, Semester 2?

The vacation period begins after final exams are over sometime in May until the first week of June when Year 3 starts.

2. When should we return for Year 3, Semester 1?

Students return in the first week of June.

3. How many semesters are there in Year 3, and by extension, Years 4 and 5?

Year 3, Summer semester: June-Aug - MDSC3101, MDSC3103, MDSC3104.

Year 3, Sept to end of Oct - MDSC3200, MDSC3105. Junior clerkships start usually first week in Nov-April (MDSC3201, MDSC3202, MDSC3303).

Years 4 and 5 do not adhere to usual semester periods. There are two breaks:

- 1) Between Year 4 and Year 5 in April 2 weeks.
- 2) Christmas period 2 weeks.

4. When do we begin rotations in the hospital?

Year 3: Junior clerkships start usually first week in Nov.

Year 4: Starts mid-April.

Year 5: Starts mid-April.



5. What mandatory vaccinations should we have before our time at the hospital?

A memo from the Dean is usually sent out in February with a list of vaccinations. The list of immunisations can be found in the 'immunisation' section in the FMS handbook and are as follows:

Mandatory:

- Diphtheria, Tetanus (booster within the last 10 years).
- Acellular Pertussis - one dose as an adolescent or adult. This is normally given in combination with Diphtheria and Tetanus.
- 3 doses of Hepatitis B vaccine plus lab evidence of immunity (anti-HBs).
- 2 doses Varicella vaccine or immunity from

previous infection documented by serology.

- 2 doses of Measles, Mumps and Rubella (MMR).
- Polio is needed only if the booster at age 4-5 is not given or if travelling to a country where it is endemic.

Tuberculosis status:

- Two-step Mantoux test done less than one year before starting clinical clerkships and repeated annually. If the Mantoux test is positive, then a chest X-ray is needed.

Optional:

- Influenza vaccine (optional but highly recommended).

May be required for travel overseas to certain countries:

- Meningococcal vaccine
- Varicella titre if previous immunisation not documented.

These immunisations are also a requirement for the Queen Elizabeth Hospital (QEH). *Note that you will not be able to be admitted to clinical areas or allowed to start clinical clerkships unless you are fully immunised.*

Students needing immunisation may have this done privately or through the Student Health Clinic. Mantoux testing and some immunisations are done at Winston Scott Polyclinic. The Student Health Clinic can arrange appointments for these and for immunity titres.

The Office of Student Services (417-4165/6/7) is the first port of call for any related issues. You may also contact the FMS Office of Undergraduate Affairs and Medical Education (417-4701).

6. Will student be privy to an official orientation session at the beginning of the clinical phase and/or before beginning rotations at the hospital?

There is an official orientation session before the Pinning ceremony.

7. Before our time at the hospital, can a private meeting (i.e. no staff or faculty) between (a) current 3rd, 4th, and/or 5th student(s) and our class be scheduled? Please note that the request for privacy is not intended to offend, but instead, to allow genuine perspectives, experiences and advice to be shared without fear of repercussions.

Yes, there is now a "Peer Mentoring Session" slotted in the Summer Semester timetable for this purpose. The summer semester has been chosen for this so that Years 4 and 5 class reps or appointed reps can attend the session at Cave Hill Campus and answer any questions/provide feedback to Year 3 students.

8. What are some common issues/problems clinical faculty and staff have experienced with students in the past?

The issues will be highlighted in the official orientation session (Question 6).

9. What would clinical phase faculty classify as definite "do's and don'ts" for students, whilst at the hospital during general working and "on-call" hours, ward rounds, examinations etc.?

Students will have:

- Full orientation session the Friday before the start of clinical rotations which specifically address "do's and don'ts" for students.
- Another shorter orientation session at the beginning of Year 4.
- Orientation session at the beginning of each clerkship.

Day-to-Day Schedule, Roles and Responsibilities and Amenities

10. During third year clerkships, what are the required working hours and available lunch breaks?

These questions are better answered by individual rotations. However, students are expected to remain in their assigned rotations usually 8 am - 4 pm but Surgery often starts at 7 am and early rounds may be scheduled after a call day in Internal Medicine.

There is no designated lunch break in any rotation; students will be told when they can get lunch on a day-to-day basis.

11. Will students' hours of work remain generally consistent or vary drastically as they rotate and/or progress to the 4th and 5th years?

Work hours vary for each rotation and they also take into account tutorials which are scheduled around availability of tutors.

12. From what year will students be expected to be "on-call"?

All students do "call" from Year 3.

13. Please explain the "on-call" system? What are the roles and responsibilities of the student while "on-call"?

The time period after 4 pm weekdays when students remain in Hospital and shadow staff doctors and participate in managing and admitting patients. Students are expected to work both weekend and holidays as per rotation.

Roles and responsibilities during work week, on call and by year, vary per discipline. Typically students are expected to be active participants in the management of the team's patients, shadow the junior doctors on their service and assist them with their duties and read about patients' conditions and management.

14. What is a typical day and week like once students arrive at the hospital?

Work hours vary for each rotation and the schedule may be different.

15. Is there a standard, weekly number of hours students are expected to achieve, once in the hospital?

No.

16. Are students required to be at the hospital during weekends and holidays? If yes, are there any provisions made for Seventh-day Adventist and other Faith-Based students?

Yes. For undergraduate exams some allowance MAY be made for students who may not be able to participate due to religious reasons on application to the Office of the Dean at least 2-4 weeks before exams. Other exemptions due to religion may otherwise be considered in application.

17. Are students paid during the clinical phase?

No.

18. Are there kitchen, and sleep and shower facilities available/accessible to students on shift at the Queen Elizabeth Hospital (QEH)?

Yes. QEH has showers, lounge, sleeping facilities, lockers. There are also lockers available at the Clinical Skills Building (CSB).

19. How do we obtain lockers?

Lockers for Year 3 students are available at the CSB. Year 3 students need to contact the office at the CSB (Tel: 271-1508).

Lockers for Years 4 and 5 students are available at the QEH. Years 4 and 5 students need to contact the office at the QEH (Tel. 429-5112).

20. Are there food/snack/fruit shops on or within walking distance of the QEH premises?

Yes. There are snack machines at both CSB and the QEH. QEH also has a cafeteria.

21. At what time do ward rounds typically begin?

It varies by clerkship. Students are expected to attend from the beginning.

22. Whilst on ward rounds, what will be the roles and responsibilities of each student?

Typically students are expected to be active participants in the management of the team's patients, shadow the junior doctors on their service and assist them with their duties and read about patients' conditions and management.

23. Do we interact with patients on the first day/within the first week at the hospital?

It depends on the individual rotations and the level of training students have reached.

24. What should a student do if they are alone and a patient has died/is dying or in distress in their presence?

In this situation students MUST alert the house officers/interns on the ward. In their absence must alert senior nurse (senior sister)/nurse-in-charge.

25. What are some recommended coping mechanisms after experiencing the death of a patient?

Coping mechanisms are covered in IMP1/2 and other courses.

26. Will we ever get accustomed to death and the loss of patients?

These issues are covered in IMP1/2 and other courses.



27. What happens if we make a mistake, especially if it is one that has resulted in injury to/death of a patient?

Students should report to clerkship coordinators, who will advise accordingly.

28. Are we allowed to refuse to see a patient/ refuse to perform a procedure and if so how should we go about it? E.g. a Jehovah's Witness student who does not wish to draw blood from patients?

These issues are covered in many courses which cover ethics.

29. If a student should find themselves in conflict with a patient, fellow student or senior personnel what is the chain command the student should utilize to voice their complaint?

These issues are covered IMP1/2.

Absences, Breaks and Leaves

30. If a student falls ill or is injured whilst at the hospital (QEH) and is unable to continue their duties, what should they do?

The student can visit the Student Health Clinic or if urgent, accident and emergency. If sick leave is merited, the forms must be handed into the FMS Clinical Dean's Office. The Clerkship Coordinator will also need to be informed. If the time off work is more than 20% of the individual rotation, the student may have to repeat the course/clerkship.

31. If a student needs leave, or is unable to show up for work due to illness or otherwise, what procedure should they follow?

The student will need to go to the Student Health Clinic or to their doctor and their doctor will need to send the information to the Student Health Clinic as well as the FMS Clinical Dean's Office. The Clerkship Coordinator will also need to be informed.

32. Are there any pre-determined vacation breaks during the 3rd, 4th and 5th Years? If so, when are they?

Year 3: After the first junior clerkship rotation, there is a 2-week break around Christmas time. There is no break between 2nd and 3rd junior clerkship rotation. There is a break after completing the 3rd Junior clerkship rotation.

Years 4 and 5: There are two breaks:

- 1) Between Year 4 and Year 5 in April 2 weeks.
- 2) Christmas period 2 weeks.

Attire and Guidelines for General Appearance and Deportment

**** Refer to the Dress Code for Medical Students leaflet ****

33. Why do we need dress codes?

In the current medical curriculum, you may be in contact with patients from as early as the first year. The public has admirable expectations of a doctor and in these circumstances you will be regarded as a valued member of the health care system. Whether attending lectures, case-based learning tutorials or visiting patients, **you must always appear neat and tidy, wearing reasonably smart and suitable clothing.** Therefore, at all times it is important that you dress (and behave) in the appropriate manner, which will identify you as a member of the respected profession and allow patients, from all walks of life, to feel comfortable in your presence and care.

34. What are the guidelines with respect to professional work attire for females?

For lectures, case-based learning and tutorials:

On-Campus:

MODEST CLOTHING. Clothing must **NOT** be:

shorter than 2 inches above the knee; have slits shorter than 2 inches; with exposed backs; with exposed waists; see-through; tight-fitting all over the body; with any offensive prints/designs.

NO gym attire, beachwear, mini-skirts, short shorts, leggings, jeggings, tube tops, tank tops and low-cut tops. **NO** cut-up or shredded jeans. Under garments

should **NOT** be visible. Modest shoes and jewellery are allowed. Laboratory attire will be detailed as per the norm for practical sessions.

For any activity involving contact with patients:

CLINICAL ROTATIONS:

IDENTIFICATION: The gold/silver coloured name pins must **ALWAYS** be worn on the premises.

BLOUSES: A modest, light/dark coloured blouse must be worn with the buttoned white jackets. **Flamboyant Wear is NOT** acceptable. Clothes must **NOT** be tight-fitting.

PANTS/SKIRTS/DRESSES: **NO** jeans are allowed. Clothes must **NOT** be tight-fitting. Pants must be below the calf. Skirts are to be at or below the knee. Splits must be modest and **NOT** more than 2 inches. Accepted colours are: black, grey, navy blue, brown/ beige/ khaki. **Flamboyant Wear is NOT** acceptable.

SHOES: Comfortable, enclosed flat shoes are preferred. Enclosed, low heel shoes (**NOT** >2 inches high) can be worn. Slippers are **NOT** allowed.

WHITE COAT as per the faculty' design.

The following should NOT be worn underneath the white coat: T-shirts, tube tops, tank tops and low-cut tops.

ACCESSORIES: Only the following types of jewellery are allowed: a simple necklace, a wrist watch and **ONE** pair of stud earrings (**NO** hoops or long earrings). **NO** coverings of the head (except for religious purposes).

HAIRSTYLES: Long/Medium-length hair should be tied at the back. Hair should **NOT** cover any part of the face, especially the eyes.

OTHER: Excessive make up **should NOT be worn.** **NO** nail polish. **NO** artificial nails. Nails must be manicured; kept short and clean.

OPERATING ROUNDS IN CLINICAL ROTATIONS:

SCRUBS: Plain, light-coloured scrubs are allowed. These must **NOT** be tight-fitting. White coats must be worn along with your scrubs outside of operating theatre, labour ward and any other surgical area.

SHOES: Sterilised sneakers or Crocs are allowed.

ACCESSORIES: **NO** head coverings (except for religious purposes). Only **ONE** pair of stud earrings is accepted.

OTHER: Excessive make up should **NOT** be worn. Nails must be well manicured; kept short and clean. **NO** nail polish. **NO** artificial nails.

On weekends the following should **NOT** be worn, in addition to the above (On-Campus): beachwear, slippers/sandals and party-type wear. If jeans are to be worn, they **MUST** be worn with a scrub top only. **The following types of jewellery are ONLY allowed:** a simple necklace, a wrist watch and **ONE** pair of stud earrings (**NO** hoops or long earrings). **NO** coverings of the head (except for religious purposes). However, if **on duty** or if **there will be contact with patients outside of the operating rounds**, the attire will be the same as that, described for clinical rotations. Scrubs may also be worn when specified by the various hospital departments.

35. What are the guidelines with respect to professional work attire for males?

For lectures, case-based learning and tutorials:

On-Campus:

MODEST CLOTHING. The types of clothing that are allowed are: long/short pants, sleeved T-shirts or other sleeved shirts. Clothing must **NOT** be with any offensive prints/designs and/or tight-fitting and must appropriately cover your body. Underwear should **NOT** be visible. Modest shoes and jewellery are allowed. Laboratory attire will be detailed as per the norm for practical sessions.



For any activity involving contact with patients:

ALL MALE STUDENTS MUST HAVE A STANDARD WHITE COAT TO BE WORN AT OFFICIAL OR GROUP EVENTS.

CLINICAL ROTATIONS:

IDENTIFICATION: The gold/silver coloured name pins must **ALWAYS** be worn on the premises.

SHIRTS: A white shirt jack or a buttoned oxford, short-sleeved, white shirt **worn with or without a tie**. NO other colour of shirt is allowed.

PANTS: NO jeans are allowed.

- Pants are to end at the ankle.

- Accepted colours are: black, grey, navy blue, brown/ beige/khaki; to be worn with dark coloured belts.

SHOES: Dark (black/brown) shoes, worn with socks.

ACCESSORIES: A wrist watch is **ONLY** allowed.

OTHER: Nails must be kept short and clean.

WHITE COAT as per the faculty's design.

OPERATING ROUNDS IN CLINICAL ROTATIONS:

SCRUBS: Plain, light-coloured scrubs are allowed. **These must NOT be tight-fitting.** White coats must be worn along with your scrubs outside of operating theatre, labour ward and other surgical area.

Sterilised sneakers or Crocs are allowed. **NO** hats. **NO** jewellery. Nails must be kept short and clean.

OTHER: On weekends the following should **NOT** be worn, in addition to the above (On-Campus): beachwear, slippers/sandals and party-type wear. If jeans are to be worn, they **MUST** be worn with a scrub top only. Polo shirts are allowed. **The following types of jewellery are ONLY allowed:** simple chain and wrist watch. **NO** coverings of the head (except

for religious purposes). However, if **on duty** or if **there will be contact with patients outside of the operating rounds**, the attire will be the same as that, described for clinical rotations. Scrubs may also be worn when specified by the various hospital departments.

36. How do we obtain the white coat that is expected to be worn during the clinical phase? Is it offered by the Medical Faculty?

Students can purchase the white coat through the faculty. The FMS Cave Hill Campus is currently looking at ways to offer lab coats and other teaching aids in the near future.

Instruments/Tools

37. What instruments/supplies are students expected to have?

Students are encouraged to have their personal instruments for use: Welch-Allyn diagnostic kit, Patella hammer, tuning fork, penlight, tape measure, anaeroid BP machine.

38. Will the instruments/supplies be found on the wards or are students expected to purchase their own personal instruments for use?

The UWI bookshop has a special package on "student medical kit" which has the necessary diagnostic equipment needed for the clinical years and for medical practice. Students also have the option of sourcing these instruments from off campus/ overseas/online.

39. What kind of stethoscope should students purchase? Cardiology, Classic or other? What are the most recommended brands?

Littman recommended brand - Classic.

40. Does the stethoscope colour matter with respect to uniform?

No.

Transportation

41. Will transportation be provided to and from the hospital?

No, there is no direct UWI shuttle service to the hospital. A shuttle bus service, implemented by the Office of Student Services runs from Campus to the Clinical Skills Building (CSB) twice per day; leaving **Keith Hunt Hall at 7:10 am, 3W'S Oval at 7:15 am** and **CSB Car park at 10:15 pm**.

42. Is it complimentary or is there a cost attached?

There is no charge at the point of service.

43. How many persons can be accommodated on one trip?

The shuttle can seat twenty-four (24) or twenty-eight (28) persons.

44. What are the recommendations for transport, especially for foreign students?

Students are advised to speak to the Medical Students' Association (MSA) representatives about this. Students can contact legit private taxi firms to hire taxicabs as a group. It could take students about 15-20 minutes to walk from clinical skills building/ QEH to Probyn street to catch UWI shuttle, but early morning or late at night is **NOT** recommended.

45. Is there transportation from terminals in Bridgetown to the hospital? If yes, what is/are the name(s) of the bus route(s) and ZR number(s)?

Students can take Bus no 10 and 11 (ZR vans) from bus terminal near Independence Square, Bridgetown.

Academics, Rotations, Electives and Clerkships

46. What does "trailing" with respect to credits mean?

This means that in Phase 1, students can trail no more than 6 credits and still be able to continue to the next academic year in Phase 1. However, by the end of Year 3, students must have completed ALL phase 1 courses and Foundation courses before being allowed to progress to Phase 2.

In Phase 2 (Years 4 and 5), failing more than 6 credits also prevents students from progressing to the subsequent year.

47. How many credits can a student trail by before they become ineligible to enter the clinical phase?

Students must pass all Phase 1 MBBS courses and foundation courses before they are allowed entry into Phase 2.

48. If a student is unable to enter the clinical phase because of the number of credits they trail by, whom should they seek for advice and guidance on the way forward?

They must speak to their assigned faculty advisor.

49. Will classes be taught during the clinical phase? If yes, what is the typical teaching schedule like?

Classes occur within the rotations generally afternoons as small group sessions or group lectures.

50. What key/ "must have" textbooks are recommended for use during the clinical years?

Full booklists should be available for all rotations.

51. How will we be assessed during the clinical years?

Students will be assessed by clinical exams, written papers, professionalism, deportment, attendance, performance, and completion of each clerkship exam.

52. Do our grades and evaluations at the hospital contribute to our GPA?

Yes. Your grades contribute to GPA.

53. What are rotations, electives and clerkships?

Rotations and clerkships are the same. These are periods of time designated for a specific clinical discipline. These are mandatory.

Electives are short periods each year – 4 weeks in Year 4 and 5 weeks in Year 5 in which a student can spend in a discipline of choice either locally or overseas once approval is given beforehand. Students are assigned to both rotations and electives as per timetable from the FMS Clinical Dean's Office.

54. Can a clear breakdown/list of the rotations and electives available be provided?

All are mentioned in student handbook.

55. Who determines the order of the rotations for each student (i.e. "who goes where first")? Faculty or the student?

Faculty.

56. If faculty determines the order, on what criteria is a student assigned to a specific group? e.g. alphabetically, by request etc.

Alphabetically or randomly.

57. If a student wishes to change the group or order, is it possible? If so, who should they contact?

Not allowed.

58. How should we prepare for each new rotation?

All timetables and objectives are available from the office ahead of each rotation. Some clerkships have objectives on e-Learning.

59. Are all core rotations based at QEH or will there be one/some at polyclinics, health centers and/or private hospitals? If yes, what other locations will be utilized?

They can be based at the QEH, polyclinics, Bayview Hospital, with private physicians, psychiatry Hospital, or any other approved health centres in Barbados.

60. If a student fails a rotation, what should they do next? Would the student have to repeat the rotation and if so, when?

Students are individually counselled after any failure by the coordinator and/or the phase 2 coordinator and/or Deputy Dean. Both academic and non-academic issue may have contributed to failure so these are identified and the necessary assistance given.

61. If we desire to undertake an elective at another hospital regionally or internationally, what procedure must we follow?

Yes, can happen. The procedure is explained at the FMS Faculty Office at Cave Hill or QEH. A form is completed by the student which the Dean signs.

62. If a student becomes overwhelmed, despondent or has decided to switch/withdraw from the program, with whom should they speak to for help?

Students should speak to their faculty advisors and the Dean.

Tuition Fees

63. With respect to tuition, does the cost during clinical years increase, decrease or remain the same as in pre-clinical years?

Tuition fees decrease to \$16,618.00 per year plus University fees during clinical years.

64. Are there any extra fees, besides tuition, incurred during the 3rd year and other clinical years? If so, what are they?

The only other fees applicable are University fees i.e. Amenities fees and Guild fees.

65. Are the Year 3 courses undertaken in the June-August/September period, covered by the payment for the two academic semesters we currently pay for?

Yes, courses undertaken in the June-August/September period of Year 3 are covered by the payment for the two academic semesters.

66. If a student ends up in financial difficulty, who should they speak to?

Students experiencing financial difficulty should contact the Bursary-Student Accounts Section. There are Bursaries and Scholarships available at UWI to assist students in need.

Intercampus Transfers

67. If a student desires to spend the duration of the clinical years at another U.W.I campus, is an inter-campus transfer (still) allowed?

Yes but may be more difficult with St. Augustine due to curriculum not being the same. It is easier with Mona.

68. If yes, what is the procedure to do so?

Complete the online form on FMS Cave Hill website and submit to the FMS Office of Undergraduate Affairs and Medical Education by the second Friday in January in the year of application.

69. How will a transfer affect graduation?

It should not affect graduation.

70. What important/noteworthy points should the student consider, before applying for a transfer?

Accommodation, new environment, country etc., fitting in somewhere new, and good pass rates.

Career Advising

71. Does the FMS, Cave Hill provide career advising?

Yes, the FMS provides career advising for medical students. There is a career advising online forum which contains all relevant information on MyeLearning under the section "The Faculty of Medical Sciences Careers Hub". All students have access to this information.

72. Does the FMS, Cave Hill provide any support for students who wish to attempt licensing exams?

The FMS offers career advising to students including training in the USA and taking USMLE exams. This information is on MyeLearning under the section "The Faculty of Medical Sciences Careers Hub".

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**For further information or to leave comments or suggestions;
Please contact the Faculty of Medical Sciences at: fms@cavehill.uwi.edu**



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