

**BM FINAL YEAR ATTACHMENT QUESTIONNAIRE 2006/2007
STUDENT COMMENTS BY TEACHING CENTRE**

12306150

MENTAL HEALTH

BASINGSTOKE Mental Health: Attachment

All consultants were very helpful and friendly.
Good teaching with lots of support and feedback.
Excellent teaching in the medical student teaching. Especially enjoyed the video sessions and formalised Tuesday morning sessions. Didn't find ward rounds particularly useful – would have liked to have a consultant present when taking histories from patients so they could give me advice on how to improve. Initial assessments in CRIS were very useful.

BASINGSTOKE Mental Health: Resources

The library needs more study desks as I was unable to access one during the evening.
Accommodation is in need of refurbishment immediately.
Hospital accommodation was very poor.
Good to be given textbook on arrival. Accommodation was v.v. poor! No resources (cutlery etc.) in kitchen.

BASINGSTOKE Mental Health: MiniCEX

Was upset about 2nd Mini-CEX felt that it was harshly marked. Upset that I had been taking histories for the consultant, who performed the CEX every week in OPD but he did not critique my history taking once during that period but gave me poor marks for the CEX.

CHICHESTER Mental Health: Attachment

The SHO meetings on Monday afternoons were very useful – great to have a free lunch too!
Code A along with all members of the team in Rehab psychiatry were a dream; wonderful at teaching, making me feel welcome and just generally being superb
Very good teaching from the SPR.
Friendly and supportive staff made for a very useful and enjoyable attachment.
I thought we had a lot of support and you get as much out of the placement as you wanted. Chichester is a good accurate ward as is well facilitated.
The SHO we were with was great and gave great feedback at all times.
The teaching aimed at just medical students was very good. We were also taught a lot in clinics which were also very beneficial.
Didn't have very much exposure to CAMHS or working age services as was attached to old age psychiatrist, perhaps could be attached to three consultant/registrar so that you could get a more balanced experience (one from each area).
Please check all start times on time-table, I think we waited for at least 30-40mins a week for things to start.
I would advise timetabling a variety of old age, working age, and child and adolescent clinics for each student.
Ward reviews were not beneficial.
The SHO we were with – Code A was great at presenting histories to and getting feedback from.
I thought we had a lot of support and you could get as much out of the placement as you wanted. Chichester is good for psychiatry as it has an acute ward as well as normal wards so good for experience.
Excellent placement. Everyone very friendly and helpful. Lots of teaching and ample opportunity to clerk patients. Not many opportunities for observing out patient clinics, but partly due to staff absences. With special thanks to Code A for always giving us his time for teaching, finding patients to clerk and giving feedback. SHO teaching on Monday afternoon was not useful (clinical audits...) but maybe due to change over of SHO's mid placement
Teaching sessions were very good. It was helpful having most things time-tabled. All the teaching sessions happened as timetabled. It might be beneficial having one week scheduled old age psychiatry in the time table.
Code A very good. Code A was our main consultant and grader however we had no teaching or CEX's with her.
Teacher was fantastic, really helpful and willing to answer questions and concerns without any hesitation. The teaching sessions were also very useful and the practice mini-CEX with Code A went a long way in preparing for the real thing. Very good.
Apart from some blips in first week, generally well organised. However some points: lack of clinic opportunities as only one student per clinic, less than one clinic per week! . Little contact time with our own team. Difficult to fill non-timetabled time – crisis team had too many other students, no response when trying to see ECT, SHO's difficult to track down. Lack of culture

BM FINAL YEAR ATTACHMENT QUESTIONNAIRE 2006/2007 STUDENT COMMENTS BY TEACHING CENTRE

of seeing students- often turned away from clinics and ward rounds by patients. Need more info on when other clinics going on, which SHO's on call.

Generally good learning opportunities.

It would have been helpful to have had greater access to patients who were under the care of other consultants as we mostly ended up seeing only our own consultant's patients. This was due to other teams preventing us from seeing their patients.

It was helpful and interesting to be given an opportunity to see patients at home and with other members of the MDT.

It would have been very useful to have more opportunities to join other teams (e.g. in OPD setting etc) to get a broader experience and see/observe different clinicians tackle the same issues/problems - there was little flexibility within the timetable to be able to set our own priorities/agenda.

The medical student teaching each week was excellent, consultant were friendly to students and very willing to teach. All the team were very good. An excellent attachment.

Code A excellent teacher, v. supportive. Good support from admin office. All staff friendly and approachable. Teaching standard very high.

Code A was excellent at teaching and very encouraging in our learnin. Standard of teaching overall was high. Admin staff at the Bedale centre and in post-grad centre at chichester were friendly, very helpful and supportive.

Teaching sessions were quite sparse with large gaps between them. It would have been useful to have had more teaching sessions especially at the beginning of the attachment so we could have longer understanding and seeing patients with these conditions.

The standard of teaching was good.

It is difficult to find people to present to. Would be beneficial to have some prescheduled time for this purpose.

Really enjoyed the attachment & working in the team. However, I feel we would have been more included if the assertive outreach team were briefed ahead of time to expect students and to take us on home visits/ assessments of the ward - except for **Code A** they all seemed very unwilling to do so, which made it difficult to schedule & plan the continuity visits **Code A** wanted us to go on. **Code A** also asked us to present a case to him. This is a useful exercise since consultants may not see us clerking patients & presenting them, but would be better if more formally organised & planned/timetabled in advance, rather than left to the last minute.

Very interesting. Good teaching. I had many opportunities to clerk patients and I found the feedback I received v. useful. I enjoyed the attachment and look forward to seeing more psychiatry in general practice.

Overall the attachment was really good. There was lots of opportunities to see patients & take histories.

CHICHESTER Mental Health: Resources

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New accommodation is very good and close to teaching area.

Facilities were also excellent but I would have appreciated a small desk in my room to put books on etc.

Accommodation was excellent. One minor detail, the internet connection was unavailable for the first two weeks and the I.T. technician was called out but never arrived

Library (St Peter's) should be a quiet area instead of a place of discussion.

No Problems - all excellent

Library is good. Accommodation is fantastic.

Accommodation was excellent

Accommodation was good.

Library was useful and staff very helpful.

Accommodation was brilliant.

Library was good.

Accommodation was fantastic - the best I have ever had as a medical student.

Library good resources. House is luxurious - thank you very much

Library was good. Accommodation was brilliant. (the best I've had this year!)

Computers are slow in library and library closes too early for my liking.

Accommodation was excellent.

BM FINAL YEAR ATTACHMENT QUESTIONNAIRE 2006/2007 STUDENT COMMENTS BY TEACHING CENTRE

Accommodation lovely, although on arrival on Sunday morning before starting, receptionist at St Richards utterly clueless! Had to grab unmarked keys and hope for the best! Front rooms need double glazing as much noise from road. Apart from my keys not being available the day before my attachment started (which was eventually sorted out the following day) the accommodation was good and library was well stocked and had helpful staff.

Was adequate.

Library was good fast and helpful. Accommodation was very good. In fact best I had so far.

Excellent library.

The postgrad library was really well equipped with learning resources. Accommodation was good and well equipped, it was really useful to have the computer and internet access in the house.

Good resources in library. Still very friendly at Bedale and Chichester.

Accommodation was great, much nicer being in a house than hospital accommodation, bonus to have a cleaner!

Excellent accommodation – spacious, comfortable, very clean. Any problems were dealt with immediately.

Good facilities & resources overall. Would have been nice if the microwave was working!

V. good. Enough books available for the number of students. Accommodation is lovely. V useful to have internet access.

CHICHESTER Mental Health: Mini-CEX

All assessments on students should be carried out by the SAME doctor to eliminate bias between students/doctors in each CEX. There should be some form of moderation

A good experience. I accept that it is a 'snap shot' of patient-doctor interaction but it does leave areas of psychiatric history LMSE untouched.

Good assessment as it prompts students to study.

They were fine- very fair I thought.

Not all the same case. Should be the same for all students i.e.) All MSE in 1st CEX.

Worked well and made you focus on knowledge

The Mini-Cex forms were very well organised and were very helpful as a guide to our progress. Feedback was also very useful Only that I hate doing them.

Not all the same case – should be the same for all students, i.e. all MSE in 1st CEX.

They were fine – very fair I thought – for once, as we all had the same person taking all of the CEX's so could compare us all Mini-CEX firm and thorough but fair. Good feedback, especially from [Code A] Thank you everone. One of my best attachments has renewed my enthusiasm for psychiatry.

It was good having them scheduled with the same examiner for all the students.

As above. Practice mini-CEX was very useful. The feedback on the actual mini-CEX was really good.

Good standardisation. Fantastic that they were pre-scheduled.

It may be helpful for the clinicians involved to have some idea of what patient/condition had been encountered in previous mini CEXs and what task was already been assessed.

Very helpful to have them scheduled into the timetable. Good feedback.

It was really good to have the practice mini CEX timetabled and useful to have already had the others pre-arranged. Feedback given was good.

It was very useful having a practice mini-CEX in the 2nd week.

Useful form of feedback.

These were the best structured Mini-CEXs I have done – the doctors kept us to specific times and didn't go over. However, I think it is important that they discuss with students before the mini CEXs that each CEX will examine only a specific portion of a full psych history.

V. good learning experience.

Yes, each assessor gave constructive feedback.

DORCHESTER Mental Health: Attachment

Teaching is very good.

Non Scheduled sessions are available and are very good.

Excellent teaching and it was directed at what we really needed to know.

[Code A] was really great and played a big part in dramatically improving my opinion of psychiatry and its potential for helping people.

Tutorials were excellent

Could have had more formal requirement to present patients.

Very good tutorial sessions by going through the topics we needed to know for MiniCEX.

Many opportunities to clerk patients.

I enjoyed this attachment and found it very interesting, with all the consultants keen to give us some teaching during the time here. I feel that I was well supported throughout the placement and given constructive feedback on my history taking and presentation skills. It was also easy to contact [Code A] if you wanted to talk to him about any queries which made me

BM FINAL YEAR ATTACHMENT QUESTIONNAIRE 2006/2007 STUDENT COMMENTS BY TEACHING CENTRE

feel even more well supported. It was really good to have regular weekly teaching slots with 2 of the consultants where we covered a lot of the things that may come up in mini-CEXs or finals (OSCEs).

DORCHESTER Mental Health: Resources

Accommodation is separate from students doing all other attachments – mentioned to SOM and tutor for possible change in future.

Both were ok

Library was good – 24hr computer access, but not particularly useful book collection.

Accommodation – actually quite nice living with people other than other medical students, but would have felt differently if they hadn't been so nice.

It would be better if we can stay at the accommodation with other non-mental health students who are at their attachment during the time.

The learning resources room at Forston Clinic was a really useful place to know about so we could go and study/use computers if we had an hour or so to spare – perhaps its location & availability could be made more well known by including it in the information in our 5th yr Handbook, as otherwise computer access is difficult and you need to get out of hours access to the library at DCH.

DORCHESTER Mental Health: MiniCEX

The consultants doing the forms all explained clearly what they wanted me to achieve in the history taking and this was very helpful to focus on.

These assessments were carried out in a fair way, with some useful feedback on how I can improve in the future. They were also easy to arrange with the consultants, we were well prepared for the mini-CEX through the teaching we were given throughout the attachment.

I don't think 20 – 30 mins is long enough for a psychiatric mini-CEX. It would be useful to have more time with the patient.

FRIMLEY Mental Health: Attachment

FRIMLEY Mental Health: Resources

FRIMLEYM Mental Health: Mini-CEX

GOSPORT/FAREHAM Mental Health: Attachment

Staff were all very helpful. Good teaching sessions from Code A OT and learning disability sessions were good but unnecessary as from the 3rd year psychiatric attachment.

Everybody was very welcoming and seemed genuinely interested in my welfare and learning. Very good at finding patients to see and listening to presentations. A good mixture of set teaching covers all aspects of mental health whilst allowing enough time to clerk patients.

Very good teaching quality. Good structured programme. Always able to answer questions.

GOSPORT/FAREHAM Mental Health: Resources

Appreciated being given text books for personal use.

Computer facilities were very useful

Library was always available to me.

None. Excellent idea to give out text books to students.

GOSPORT/FAREHAM Mental Health: Mini-CEX

Useful opportunity for feedback from consultants

Went OK some of the sections quite difficult to accomplish given the focused nature of the exercise.

Not good for psy. As they are too short.

Feel consultants measure your performance to too great a standard – SHO Level – plus difficult when only student

BM FINAL YEAR ATTACHMENT QUESTIONNAIRE 2006/2007 STUDENT COMMENTS BY TEACHING CENTRE

GUILDFORD Mental Health: Attachment

This was overall a very enjoyable attachment! I received a great deal of support from the team, and staff were helpful and friendly. Clinicians were keen to teach and I learned a substantial amount.

Very enjoyable and made psychiatry fun! (No mean feat). Excellent support from educational manager, clinical tutor (as well as teams, including consultants and SHO's. Really felt part of things and excellent respect shown to students. Feedback was adequate – could as in any attachment be increased.. Try to do ½ to ½ split between adult and old age if it is practical in future.

Very good teaching, everyone very friendly and helpful keen to support me.

Excellent placement. At Farnham Rd. all the staff were really welcoming and keen to include/teach. It was a shame we had to travel off site for adult psych but the experience at Ridgewood was excellent and again everyone was very helpful and friendly. At least the travelling gave us opportunity to see another psychiatric unit so was actually a useful experience. On the whole I have really enjoyed my placement, feel I have learnt a lot and cannot fault it at all. Plenty of teaching (formal) from [Code A] and [Code A] Friday lunchtime and informal from sisters on wards very helpful.

[Code A] were all so lovely during my stay, didn't mind me following them around, gave me loads of teaching with a lot of patience! [Code A] was just amazing, full of enthusiasm, gave me a lot of privileged experience.

Teaching from both [Code A] was very good.

[Code A] – excellent, helpful person. [Code A] – Sp. Reg. most helpful, [Code A] – excellent, useful teaching on “critical appraisal”.

GUILDFORD Mental Health: Resources

IT facilities good and accessible. The opportunity to borrow books from RSCH compensated for the limited resources in the library. Accommodation excellent.

Library was being renovated – BUT RSCH was open to us. Accommodation – super! One issue, is perhaps fridge/cupboard space, but situation is still pleasant and workable. It would be helpful to inform students there is an (a) iron (b) washing machine (c) kettle (d) bedding etc. (I brought all these bar (b) initially)

Accommodation lovely. Shame there is no library on site.

The library at FRH was very basic. Lacking the recommended text, though we were provided with a pocket guide book.

Poor library resources. Accommodation excellent.

GUILDFORD Mental Health: MiniCEX

Very good method of teaching the practical application of knowledge. A beneficial learning experience.

A fair method of assessment. The marking scheme shows a 3 to be actually a 'good' effort. It should be clearer its 'effectively' a fail as you retake in FINALS. That's not a bad method, but a good performance could gain only a 3, as the mark scheme is a little unclear.

Nope.

Suggest “mock” mini-CEXs in week 1&2.

ISLE OF WIGHT Mental Health: Attachment

[Code A] was excellent – very approachable and willing to help. His teaching was good and he provided good feedback. I.O.W. seems a good place to do psychiatry – good facilities (ward, etc) friendly staff, etc.

Very good. Only thing lacking was some time in child and adolescent mental health.

[Code A] taught me a lot, gave plenty of chances to observe talking histories.

– input and commitment to teaching was excellent. Shows great interest in teaching. Any progress in psych attachment reflects his enthusiasm.

Adult psych – felt no mentor or teacher. Input variable. Could be a bit better organised. No formal teaching sessions arranged.

ISLE OF WIGHT Mental Health: Resources

Very good.

Library – found all books relevant. Staff v. helpful and pleasant

BM FINAL YEAR ATTACHMENT QUESTIONNAIRE 2006/2007 STUDENT COMMENTS BY TEACHING CENTRE

accommodation – no complaints. Housekeeping staff (Jan) excellent.

ISLE OF WIGHT: Mental Health MiniCEX

Each mini – CEX is conducted by same senior doctor – feel more objective and fair method of assessment. Thank you to all staff.

Positive comments on fact that each mini CEX was conducted by the same senior doctor – fell more objective and fair method of assessment.

NEW FOREST Mental Health: Attachment

The organisation of the attachment was excellent. We felt there were suitable opportunities timetabled and flexible for us to get the most out of it. It may have been helpful to have some more structured teaching specifically for medical students, e.g., 1 or 2 hours in the week.

I thoroughly enjoyed my attachment and found that all teachers and doctors in my team were excellent for helping my learning and giving feedback

Needed more teaching time for students

Overall a good attachment.

Very well organised, very helpful approachable staff.

Would be nice to go out into the community (community visits) as this did not happen on my attachment!

Excellent support and teaching from Code A and other SHOs.

Timetable often incorrect – necessary to check everything first.

Fantastic placement, the teaching was excellent. Really was encouraged to feel part of the team and given tasks to undertake.

Consultants and SHOs were very good at including me whenever possible.

There were two final year students and most of the time we were fine, but occasionally there was overcrowding by the 3rd years. On some days there were eight and we had to find other things to do, as having too many students meant getting 'kicked out' of ward round and not enough patients to clerk. Out patients was a great experience, lots of one to one teaching by main consultant, very good feedback, frequent opportunity to present cases or discuss.

There were too many third year students and they always seemed to get priority over final year students to examine patients. I was frequently asked not to see/talk to a patient because they were needed for third year students. As only a small number of patients would agree to see students if was difficult to see inpatients.

The psychiatric attachment in New Forest was very good. More experience in clinics may be useful.

Would be good to have more teaching. Structural teaching for instance a 1 hour slot a week.

I have enjoyed this attachment far more than I had expected. All staff have been very welcoming, especially the nursing staff who have been fantastic (please tell them too, I have!) But, one small suggestion. Some timetabled consultant/ senior psychiatrist lead teaching would have been a real asset. Perhaps 1 hour per week on the principle clinical conditions met in psychiatry? There has been very little formal teaching (though extensive informal teaching is available to those who seek it.)

There are no formal teachings given to the Final year students as compared to the third years. We were told to leave the teaching sessions prepared for the third years but we have not got a structured teaching at all.

NEW FOREST Mental Health: Resources

A library for the New Forest Woodhaven/Anchor House would be useful but it was relatively easy to access SGH library as there were no other facilities available

No problems here.

No.

Computing facilities and staff room were useful.

There isn't anywhere to study at Anchor house or Woodhaven. The computer room is useful, but not big enough to study in – all other attachments have a library, there are no books at all!! A few reference books would have been useful.

There is no library facilities at Woodhaven or Anchor house where I was posted.

It was helpful to be able to have access to the computers.

Woodhaven is a smashing place – all facilities/resources exceeded expectations.

NEW FOREST Mental Health: Mini-CEX

I think it needs to be longer for psychiatry bearing in mind it is important and often difficult to build up a rapport with the patient before carrying out your task

The Mini-CEX is far too short for psychiatry. 10 minutes is not enough to gain a rapport with the patient and do the task. It was a useful experience. Not all the consultants seem to be aware of the need to tell us before we do the assessment what

BM FINAL YEAR ATTACHMENT QUESTIONNAIRE 2006/2007 STUDENT COMMENTS BY TEACHING CENTRE

exactly is expected (e.g. I was told once the patient was already in front of me and then something added afterwards). Too much expected in a short time.

These are a very / very good way of assessing a students progress and fantastic to get feedback straight after. Almost need more of these.

Would perhaps be better to designate doctors to each CEX.

I felt these were very fair and less intimidating than I had expected, as they were my first CEXs.

Fine, but again often difficult to get a patient, as many had already see the 3rd years and did not want to be seen again. But as for structure of mini-CEX fine.

It has been refreshing how consistent my miniCEXs have been conducted by examiners in psychiatry. Other specialisms could learn a lot from you.

POOLE Mental Health: Attachment

Excellent support within the team (CMHT) and from the nursing staff on the wards.

Time was very structured in terms of Out Patient Clinics, meetings and ward rounds which did not give much time during the day to speak to inpatients and practice history taking.

Excellent on-take experiences.

Consultants were very helpful. Feedback on progress was good. It was a good attachment

Having lectures in the first week was useful

The attachment was well organised overall

Being allocated to a "Rehab only" consultant limited my experience of common psychiatry as I was not on a ward and able to be closely involved in the management.

Overall I thought the attachment was good.

I really enjoyed my clinical experience especially with Code A team.

The teaching during the first week was excellent. Probably if the history taking teaching on day 4 could be moved forward to day ½ that would be very helpful.

It was very nice to feel that the team Code A was interested in you, wanted you there. Having done 8 weeks of elderly care in medicine I did not find the elderly psych attachment very useful. It would have been nice to have some child psychiatry organised for us. (I tried but failed to organise this for myself). It was very useful to have few introductory days of lectures.

Code A were great. I learnt a lot about ward work and saw good pathology. My team were very supportive and I got good feedback from my mini-CEX's. Taxis were late so I missed the first patients in clinic and sometimes drivers were rude but mostly friendly. It seems a shame to use taxis when they are so expensive.- I think it annoys reception when I ask them to book a taxi.

Good teaching sessions. Good opportunity to see patients. Good support.

Overall the attachment has been fair. However, due to unforeseen circumstances, I didn't get a chance to learn as much from my team as I should/expected. (e.g. SHO on leave, no SpR in my team. Tutorials in the first week were good, staff nurses on the ward have been helpful. Would appreciate if more opportunity to receive feedbacks on performance.

Overall excellent. Starting the teaching week first is an excellent idea.

POOLE Mental Health: Resources

I.T. facilities could be better.

Accommodation: being above the Ward meant it was at times very difficult to separate 'work' and 'home'.

The accommodation was good however its location from the place that I was placed in, were was a little intimidating as I have to walk through wards to get to my room and many people were always sitting by the door.

The computing facilities seem to be inadequate and students may benefit from being able to access the internet

Library opening times of 9-5 with dial up internet was not great!

Perhaps St. Annes could look into a wireless router for the residents upstairs.

Library and accommodation was very good.

Internet not having access to hotmail/Yahoo (my uni e-mails are diverted to these) Windows in my bedroom don't open. It is a shame that the balcony doors don't open, especially as Branksome ward has access to their balcony. Good to be provided with tow library books. Beautiful building and location, very nice rooms and lounge. (TV not great – picture green!)

Did not use library, but thank you for giving us 2 textbooks for the placement. Accommodation lovely and warm, but some windows are stuck, kitchen extractor fan doesn't work, light in lounge doesn't work. Please wash oven gloves and tea towels, bedding not replaced. Cannot access hotmail on computer. Saucepans are burnt.

An internet connection would be nice.

Library facilities are adequate. Room doesn't have wash basin which is not convenient at all but otherwise ok.

BM FINAL YEAR ATTACHMENT QUESTIONNAIRE 2006/2007 STUDENT COMMENTS BY TEACHING CENTRE

Access to rooms is via a ward. This is not ideal. Very poor access to internet and e-mail.
Accommodation standard is fine and excellent car parking.

POOLE Mental Health MiniCEX

Not a very standardised method of assessment with varying expectations between examiners. If there are other members of the team present during the exam they would be made fully aware that the student is being assessed and should ask any questions they have at the end of the consultation!

Not varying expectations of examinees.

Mini CEX offer a great teaching opportunity. Perhaps 'mock' mini CEX could be used as a teaching tool and also help prepare the students for OSCE type situations.

I am very happy on how the CEX's are carried out.

Examiners preferred long cases, but I was happy with the shorter version.

Fine but examiners said they preferred long cases to mini-CEX's

Examiners should be fair or have expectations same as of School of Medicine. Examiners should have experience with students prior to assessment or have done it before/observed one before.

Not the best way of assessing us.

Big variation in expectations between different examiners.

PORTSMOUTH Mental Health: Attachment

Teaching was very good. It was a great learning experience there in Portsmouth.

Adequate teachings were prepared and generally all the doctors there are very happy to teach. Felt well received.

Would have been easier to do this attachment if you had a car!

All staff were very helpful.

The Havant were very welcoming and encouraging towards me. Initially I wasn't happy about being placed so far away when St. James's is a quick walk but the team were so helpful and supportive that it made the travelling worth while. Code A

was extremely kind and had plenty of time for me. She also gave me good feed back after my Mini- CEX.

Excellent support from all staff. Having pre-arranged timetable might be easier. Wasn't particularly easy in having to arrange elderly mental health and substance misuse during the attachment.

Excellent attachment.

Plenty of time to get consultant teaching.

Staff v. friendly and helpful.

Perhaps the 1st introductory session at QAH could be done in St. Mary's. Going there was difficult/a bit of a waste of time for people who's going psychiatry really.

Many thanks, good teaching and support.

Too much travelling (from St. Mary's P'mouth to Havant).

I received som good old age psychiatry teaching from Code A each week.

PORTSMOUTH Mental Health: Resources

Library is very good. The thing that delighted me the most is its 24 hour access. (As compared to the limited access hours in Southampton library). Accommodation was very good as well, the warden was very helpful.

Everything was fine.

Accommodation did not have many facilities especially in the kitchen

The accommodation is lovely, I can see a lot of money has been invested in it. However, it is not advisable to put females on the ground floor – the security staff informed us that there are no external cameras at St. Mary's do I didn't feel safe opening my windows at night- just boiled inside! Library is very well equipped. Staff are friendly and helpful.

Excellent facilities eg gym, library but very difficult to access if you have lost your ID card. Security aren't very helpful, requiring seven days to pass allocation of a new ID card. Very frustrating if you need to use the library (out of hours) before a mini CEX!!!

No.

More computers available after 8pm would be v.useful.

The library was very good, had all books I wanted etc. Accommodation is basic, but basically has what you need.

PORTSMOUTH Mental Health: MiniCEX

Only limited sintations in Psychiatry can be used for the CEX assessment.

Seems to be variation in examiner's expectations and scoring.

No. They are totally subjective as ever. It was encouraging to see that the Portsmouth Drs. Understand that they are allowed to award 6's and that a 6 is not equivalent to registrar level.

Trying to ake a focussed history in psychology within a set time limit is very difficult, given the nature of the speciality.

**BM FINAL YEAR ATTACHMENT QUESTIONNAIRE 2006/2007
STUDENT COMMENTS BY TEACHING CENTRE**

None.

SALISBURY Mental Health: Attachment

It would be nice to have a colleague to share the experience with and more importantly to measure your progress to Timetable was, at times, incorrect. (e.g., timetabled to attend clinic on a Wednesday when only occurs on Tuesday/Thursday). Great teachers really motivated my learning process. Feedback were taken very seriously. More quizzing by consultants would be welcomed.

Would have been useful to have formal teaching. The team teaching sessions were only on 2/5 in my time there.

Very friendly and helpful doctors, CPN's and other staff. Always willing to explain and give me the opportunity for learning.

Would have liked child and adolescent for a week too.

SALISBURY Mental Health: Resources

It would be helpful if the Avon-Wiltshire Trust could allow students access to internet whilst on Fountain Way grounds. It would allow students to refer and obtain information whilst waiting for ward rounds or clinics. It gets boring having to sit in the library all the time

Had problems accessing computers/internet. Poor communication between psychiatric hospital about internet access, as on different sites. Never got to use internet because had to arrange inductions (and not at SDH 9-5) and then account was not activated until the end of the penultimate week.

Good accommodation facilities. Would be more useful if students can have access to a temporary password to access computers and internet at the Fountain Way site. Would also be great if students can have a rest room to go to during break time.

Core psychiatric texts were not available for library from Fountain Way or Odstock had to go back to Southampton

Excellent facilities..

SALISBURY Mental Health: MiniCEX

None

Inaccurate assessment of students ability in clinical setting, brings about inappropriate stress to students.

Fine. The consultants prefer long cases as a method of assessment in psychiatry though!

SOUTHAMPTON Mental Health: Attachment

More tutorial sessions and teaching sessions

I don't think an outpatients department is an appropriate place for a 5th year attachment, as there are fewer opportunities to see patients.

It was disappointing that all of the EBM teaching sessions were cancelled & I hope this can be corrected for the next year of students.

Great support from UE psychiatry some at DOP, esp: Code A

Code A were excellent teachers.

Code A team were overall very helpful and enthusiastic and made the attachment very enjoyable.

Very organised course – really enjoyed it.

Very well organised.

I've enjoyed this psychiatry attachment very much. The clinical team was very helpful and made me feel welcome and part of the team. The group task of evidence-based medicine was very interesting and good preparation.

SOUTHAMPTON Mental Health: Resources

None

Very good facilities – library/computer room.

SOUTHAMPTON Mental Health: Mini-CEX

Some examiners are too harsh in scoring the Mini-CEX

Some patients didn't turn up and this makes the CEX difficult to carry out.

Very useful feedback.

WEXHAM PARK: Mental Health Attachment

WEXHAM PARK: Mental Health Resources

**BM FINAL YEAR ATTACHMENT QUESTIONNAIRE 2006/2007
STUDENT COMMENTS BY TEACHING CENTRE**

WEXHAM PARK: Mental Health Mini-CEX

WINCHESTER Mental Health: Attachment

It was difficult to get experience of emergency work because there weren't enough acute admissions but otherwise teaching, support and feedback was very good.

The organisation of the course was excellent. We received lots of useful handouts. Code A was very enthusiastic regarding student teaching.

Very well organised, excellent support.

WINCHESTER Mental Health: Resources

Really good facilities!

Accommodation was disappointing as there was no shower available, only a bath.

Tap was leaking on arrival in accommodation, was reported at this time and still not fixed when I left 5 weeks later

WINCHESTER Mental Health: Mini-CEX

A fair assessment.

Did not feel that some of the mini-cex were a fair evaluation of my abilities due to poor choice of patients by the consultants.

WORTHING Mental Health: Attachment

WORTHING Mental Health: Resources

WORTHING Mental Health: MiniCEX