School of Medicine

Graduate Entry student guide 2012-13

Foundations of Clinical Practice:

**Problem Based Learning**

**Part 2**



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***Disclaimer***

It should be noted that, although every effort has been made to ensure that the information in this document is correct at the time of going to press, information may be subject to change. You will be informed of any changes that affect the curriculum or your progress through the course.

**Description: guardian.co.uk home**

**Case 4: The no-blame game**..... it is wrong to blame immigrants for the capital's public health crisis, says Evelyn Harvey <http://www.guardian.co.uk/society/2008/jan/28/tb.london>

**Molecules, Cells and Disease Theme**

**Original author of ‘A fading rose’ Dr. Ivor Brown**

**Revised by Dr. E. David McIntosh** [e.mcintosh@imperial.ac.uk](mailto:e.mcintosh@imperial.ac.uk) **and Dr. Saranya Sridhar,** [**s.sridhar@imperial.ac.uk**](mailto:s.sridhar@imperial.ac.uk)**, National Lung and Heart Institute, Wright Fleming wing, St. Mary’s hospital**

**Setting** General Practice and Medical Outpatients

**Abstract**

You are observing in the medical outpatients of St. Mary’s hospital. A 22-year-old female asylum seeker, Gail Mutola, has been referred by the GP asylum doctor. Miss Mutola presented to the GP with a persistent cough, fever and a 7kg weight loss over the past two months. She had previously been in good health but had spent some time in crowded conditions in refugee camps where there was often not enough food. She is meant to use a lot of creams for her eczema, but these are expensive. She does not smoke and denied haemoptysis or chest pain. Recently she had been waking up at 2 or 3 am drenched with sweat. Physical examination was unrevealing, but a chest radiograph showed a shadow in the upper lobe of the left lung. The consultant comments that during her working life in the UK this sort of presentation was rare in comparison with world-wide, until recently.

Apply the PBL process to the case up to this point- follow the ‘steps’.

**Supplementary information to be provided by tutor** *Discuss*

*Then continue.*

Miss Mutola speaks little English. Her interpreter reports that Miss Mutola is frightened of the coloured medicines that her uncle was made to take when he was ill in the same way. She is also very worried about how much the medicines would cost her and about the implications for her asylum status.

**Aims**

The aim of this problem is for students to learn about a global health problem and the implications for the health services of countries which are the destination of those with infection, based on the critical appraisal of given sources of information.

We want to encourage you to apply the tools you have learnt in the *Evidence in Practice and PBL courses* to do rapid but accurate appraisals of any source.

***Instructions for students***

Once you have agreed your learning objectives for the whole case, allocate the following sources and tasks amongst your peers. You should appraise these sources in a critical way.

**Critical appraisal 1:**

Clark RC, Mytton J. Estimating infectious disease in UK asylum seekers and refugees: a systematic review of prevalence studies. J Public Health 2007; 29: 420-428. Pubmed: <http://www.ncbi.nlm.nih.gov/pubmed/17923473>

Discuss the pros and cons of improving ascertainment, diagnosis, surveillance and treatment for infectious diseases in UK asylum seekers and refugees.

You should also make reference to Pareek *et al*. The Lancet Infectious Diseases 2011; 11: 435-444. This is an article about screening of immigrants in the UK; it is a multicentre cohort study and cost-effectiveness analysis. <http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(11)70069-X/abstract>

Discuss the sensitivity/specificity of the interferon-γ release-assay (IGRA).

Critically evaluate the conclusion of the Pareek *et al*. study: “Screening for latent infection can be implemented cost-effectively at a level of incidence that identifies most immigrants with X thereby preventing substantial numbers of future cases of X”. See also:

<http://www3.imperial.ac.uk/newsandeventspggrp/imperialcollege/newssummary/news_27-4-2011-10-47-14>

**Optional critical appraisal 1**:

Patradoon-Ho PS, Ambler RW. Universal post-arrival screening for child refugees in Australia: Isn’t it time? Journal of Paediatrics and Child Health 2012; 48: 99-102.

*If time allows*, perform a critical appraisal of this case: a child refugee with a serious, life-threatening infection, *or another selected case of your choice*. The child in the J Paed and Child Health article presented with a suspicious cough, but did not receive adequate treatment until 16 days after presentation; on Day 19 the child experienced severe neurological deterioration with poor outcome. The case (*or the selected case of your choice*) should draw attention to how single case reports can be used (and are used) to drive changes in policy.

**Critical appraisal 2:**

Pitman A. Medicolegal reports in asylum applications: a framework for addressing the practical and ethical challenges. Journal of the Royal Society of Medicine 2010; 103: 93-97. <http://jrsm.rsmjournals.com/cgi/content/full/103/3/93>

You are asked to draft a medicolegal report, in support of her asylum application, on behalf of your consultant about Gail Mutola, a 22-year-old female asylum seeker. How would you frame that report?

**Critical appraisal 3:**

Winje BA, Oftung F, Korsvold GE, Mannsåker, Ly IN, Harstad I, Dyrhol-Riise AM, Heldal E. School based screening. BMC Infectious Diseases 2008; 8: 140. <http://www.biomedcentral.com/1471-2334/8/140>

Miss Mutola’s two younger sisters (who are 14 and 15 years old) have been attending a local school. A decision has been made to screen all children and staff at the school for infection. Assess the pros and cons of the tests.

**Critical appraisal 4:**

Gleadow Ware SH. Treating failed asylum seekers. Stick to our ethical principles. BMJ 2009 (letter published 1st June); 338: b2192. <http://www.bmj.com/cgi/content/full/338/jun01_1/b2192?maxtoshow=&hits=10&RESULTFORMAT=1&author1=Gleadow+Ware%2C+SH&andorexacttitle=and&andorexacttitleabs=and&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=date&fdate=1/1/1981&resourcetype=HWCIT>

You are Miss Mutola’s GP and you have received a letter from the medical outpatients of the teaching hospital. It states that Miss Mutola has been diagnosed and started on therapy. It also states that children and staff at the school which her younger sisters attend are going to be screened. But the letter is somewhat ambiguous regarding Miss Mutola’s eligibility for free therapy and nutritional support. So you decide to write a letter to the British Medical Journal somewhat similar to the Gleadow Ware letter (above). What are some of the ethical principles involved here and should you take it upon yourself to provide her with free therapy and medical support?

**Critical appraisal 5**

What are your opinions and critique of the headline article in The Guardian?

**Guidance**

This case offers you another opportunity to ‘sharpen up’ your search skills.

Please contact the Library staff if you are not confident at using OLIVIA- it is expected that you will be skilled at searching for, and appraisal of, information by this stage in your career.

However, you will need to adapt the skills from your previous degree studies- during a medical career you will have to appraise sources of information **rapidly**.

Presenting critical appraisal findings to tutors and peers- refer to your Evidence in Practice Course Guide and lectures.

Over the years students have said that they struggle to apply this skill that they learnt about in the Evidence in Practice Course. However, since we introduced the application of this skill to PBL cases students have become more confident.

**Presenting critical appraisal findings to tutors and peers**

You will need to adapt the following if your source is from the media and not a research paper.

Summarise paper first: with a sentence for each of the following:

* Who did the study?
* Why did they do it?
* What did they do?
* What did they find?
* What did they conclude?
* Where was the study reported/ published?
* Was it peer reviewed?
* Then consider the following:
  + 1. Question
  + 2. Design
  + 3. Population
  + 4. Methods
  + 5. Analysis
  + 6. Confounding
  + 7. Bias
  + 8. Ethics
  + 9. Interpretation

+ for the purposes of PBL

* + 10. Your overall judgment about the paper or source

**Links with other parts of the course**

* Microbiology, immunology and pathology sessions in Cellular and Molecular Science Course, Year 1 Evidence in Practice Year 1
* Medical Ethics Year 3