MB ChB Programme

Year 3

Junior Medicine & Surgery

Unit Handbook

Academic Year 2018-2019

This handbook should be read in conjunction with the Year 3 Handbook and the Rules, Policies and Procedures Handbook. For information on Assessment, please refer to the Year 3 Assessments Webpage Assessment information Years 3, 4 & 5

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Welcome to Year 3 Medicine and Surgery

The primary purpose of the Junior Medicine and Surgery Unit in Year 3 is to achieve competence with the clinical skills you were introduced to in the Basic Clinical Skills Unit in Year 2 so that you are able to:

a) Make an assessment of a patient presenting with a common problem and come to a working diagnosis,
b) Choose and interpret appropriate investigations to refine that diagnosis,
c) Outline a plan of management.

During the year you will complete an 18 week Unit in medicine and surgery including diseases of the ear, nose, throat and oral cavity. Having completed this unit you will have learnt the basic medicine and surgery skills required and been introduced to all of the important common conditions in medicine and surgery. Most importantly you will be able to take a focused history, complete a full examination of the patient and form a plan of how to advance the care of the patient. The essence of Year 3 is to provide the foundation for the subjects you will cover in more detail in Years 4 and 5. You need to be fully competent with these skills by the end of year 3 in order to take full advantage of the teaching offered in years 4 and 5.

We strongly advise that you review the information available regarding assessment in Year 3 Medicine and Surgery. This information is not included in the handbook and can only be accessed online:
Assessment information Years 3, 4 & 5

We hope that you enjoy your JMS attachment and we look forward to seeing you develop your clinical competencies throughout the Unit!

With best wishes,

Claire Rice, Tim Porter and Umberto Benedetto
JMS Leadership Team
Welcome from JMS Leads

Key dates

Key contacts/Student support/Raising Concerns

Admin staff information

Academy staff information

General practice placements

Teaching information

Aims & objectives

Learning outcomes

Teaching and learning methods

Expected student input

Assessment information

JMS – Team Assessment of behaviour

Feedback

Travel

Core clinical problems

Recommended reading
**KEY DATES**

**Unit Dates**
The start and end date for each Block is shown in the Key Dates document which can be found on MBChB Years 3, 4 & 5 (under year 3 tab) - see link below:

**Assessments**
To minimise the potential for misunderstanding, the only source of information regarding assessment in JMS is the MB ChB Assessments website: [Assessment information Years 3, 4 & 5](#).

Please check this website carefully for information regarding the assessments including the ‘Management of Marks’ and key dates for submissions and examinations.
KEY CONTACTS/STUDENT SUPPORT/RAISING CONCERNS

A full list of contacts, including Academy Deans, Co-ordinators, Tutors and Administrators is included below. These details as well as those for Centre for Medical Education staff can be found at Contact Information.

Please also see the ‘How do I?’ university webpages which are available at How Do I?

ADMIN STAFF INFORMATION

<table>
<thead>
<tr>
<th>Unit Administrator:</th>
<th>Unit Lead:</th>
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<tbody>
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<td>Dr Claire Rice</td>
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<td>Bristol Medical School</td>
<td>Southmead Hospital</td>
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<td>University of Bristol</td>
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<td>5 Tyndall Avenue</td>
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<td>Yeovil District Hospital</td>
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<td></td>
<td>Bristol Royal Infirmary</td>
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Student Support
One of the primary roles of your Unit Tutor is to provide pastoral as well as educational support whilst you are attached to a Unit. For information on support available outside your Unit, please see the Year 3 handbook and university webpages including: Student support page or contact Dr Nicola Taylor, Senior Tutor (med-seniortutor@bristol.ac.uk).

Staff Concern
We expect a high standard of professionalism and skills in medical education from all Academy and University staff. However, if you have concerns about a teacher please let us know either directly or use the Staff concern form which is available here: Raising concerns page

Our University is committed to creating a welcoming, positive, supportive and safe place in which our communities can work, live and study. We take racism, discrimination, hate crime, sexual harassment, physical assault and all forms of abuse very seriously. We want to ensure that there is a clear process that allows you to speak up if you feel you have been on the receiving end of such behaviour.

The University has launched Report and Support, which is an online tool used by other UK universities, offering a quick and easy way to report specific incidents. Staff and students can use the tool to report something anonymously or to be linked to someone you can talk to about what you’ve experienced.

In addition, the University has a policy on the Prevention of Sexual Harassment intended to help protect students and staff from inappropriate sexual behaviour, which may include, but is not limited to, violence, grooming, misconduct and harassment. This policy will complement our existing Policy on Acceptable Behaviour which sets out our expectations that staff and students need to treat each other with courtesy, respect and consideration.

If you choose to report a concern, you will be asked to provide as much information as possible, even if reporting anonymously. This will help us better understand and respond to your experience, as well as to give you the most appropriate advice and support.
ACADEMY STAFF INFORMATION

Bath
Unit Co-ordinator/Tutor
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Unit Tutors
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Richard Mansfield

Academy Dean
Alastair Kerr

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Clinical Teaching Fellows
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Catherine MacIver Full time CTF
Becky Hodnett CTF/Surgical
Charlie Stewart CTF/Surgical
Zachary Craft ED jobshare
Catherine Macaulay Ed jobshare

Jono Holme SIM

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***jobshare

Gloucester
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Susannah Jenkin

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Claire Gleeson
Susannah Jenkin
Faith McMeekin

Academy Dean
Phil Davies

Academy Vice Dean
Susannah Jenkin

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Secretary:
Laura Gill (Secretary)
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Overall placement Secretary
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Primary Health Care Teaching Office
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GP teaching sessions:
• You will have 8 half day sessions in General Practice in Year 3 (2 in MDEMO, 2 in Pathology and Ethics, 4 in JMS)
• You will be with two different GPs, one in each Academy, i.e. 4 sessions with each GP
• You will attend the GP sessions in groups of 4 students (rarely 5)
• Session length is 3 hours
• Attendance at the GP sessions is compulsory

Learning objectives for your GP sessions:
• To see patients with a variety of problems in GPs’ surgeries or patients’ own homes
• To practice complete and focussed history taking and examination
• To practice clinical reasoning through formulating and presenting the problem and/or differential diagnoses
• To practice planning investigations, working out management plans and prescribing
• To consult with patients who have chronic diseases and multiple problems
• To observe and reflect on how social and psychological factors interact with physical illness
• To learn about and reflect on the interface between primary and secondary care

What to expect from your GP teachers
• To be welcoming
• To discuss your learning needs and help you achieve your learning objectives
• To start the sessions on time
• To invite 2 or more patients/session
• To observe you directly consulting with patients and examining patients
• To give you feedback during the sessions and individually at the end of session 4 and 8

What your GP teachers expect of you
• To communicate promptly regarding the organisation of the sessions
• To arrive on time for the sessions
• To show professional behaviour towards patients, staff and peers
• To actively contribute to the session
• To give constructive feedback to your peers and your teacher
• To actively manage your learning (reflect, identify more learning objectives, plan how to achieve them)

How to organise your GP sessions
All students please contact your academy administrator to find out which GP practice you have been placed with. Your administrator will nominate one student in each group to be the lead student and send the names of all the students in a group to the GP teacher for that group. In some academies, the dates for the GP attachments have been fixed, in others you will need to agree the date with your GP teacher. It is the responsibility of the lead student to contact the GP teacher in the first week of each GP attachment to agree and confirm the GP sessions and to disseminate dates and times for the GP sessions to the other students in the group.

Lead students – please give your mobile number to your GP
When you start each new Unit, in the first week after receiving your hospital timetable, please check that your GP teaching sessions do not lead to any timetable clashes.

It is very important that you do this in the first week of each attachment

Your GP teacher needs lots of notice

Your GPs will have cancelled their normal surgery, may have hired a locum and will have invited two or more patients for you to consult with and examine.

It is vital that you do not let your GP teacher and the patients down

Although the GP sessions are half-day sessions, it is essential that you allow plenty of time to get to the practice, which may be some distance away. Please do not agree to attend a ward round at lunchtime if you have to be at your GP practice for the afternoon.

If you experience problems with arranging your GP sessions speak to your Academy administrator, Academy GP lead in the first instance or the GP Year 3 lead straight away. Don’t leave it to the end of the Unit.

Academy GP leads contacts details

<table>
<thead>
<tr>
<th>Area</th>
<th>Contact Details</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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<td><a href="mailto:ciaran.conway@bristol.ac.uk">ciaran.conway@bristol.ac.uk</a></td>
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<td>07967 652701</td>
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<tr>
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<td>0117 3422256</td>
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<td>01793 605 913</td>
</tr>
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Attendance register

GP teachers keep an attendance register and return this to Primary Care. If you are unable to attend you need to inform your GP Teacher in advance of the session. Missing a GP session without explanation will trigger a ‘student absence concern form’. Missing 2 GP sessions for any reason will trigger a student absence concern form.

Information about Year 3 assessments is on the central assessment page. Primary Care contributes questions to the Junior Medicine and Surgery written exams. These are based on the learning objectives in the guidebook for Year 3 GP student placements. You can find the Year 3 GP guidebook in Hippocrates and in the Blackboard course for Year 3 GP placements.

General Information Years 3, 4 & 5

Learning in your GP attachments

At the start of Year 3 one can easily feel overwhelmed with information and the challenge of learning in clinical situations. You will need to develop yourself as a flexible and focussed learner. This means that you should not only think about what you need to learn but also how you are going to learn it. To help you with your learning we have devised the forms below. You can find them in the Year 3 GP guidebook and in Blackboard - Year 3 GP placements.

Year 3 Student learning check list

This is a tick list for rating your skills and knowledge. You may find it useful to rate yourself at the beginning of Year 3 and again at the end of the 1st and 2nd GP attachments. This form is for you to keep as a check on your progress. You may find it useful to bring the completed checklist to the final session in each attachment when your GP teacher will see you individually to review your progress and feedback on your progress.
Year 3 student reflection on learning
This form is intended to encourage you to reflect on your strengths and weaknesses and to plan how to address areas for development. Please complete this near the end of each GP attachment and take it along to the final session in each academy. Please add your GP teacher’s feedback to the form.

What to do with the forms

1. Joining up learning from your first and second GP attachment
   Please take the completed self-assessment form and checklist along to your first GP session in your second Academy. This can help you, your group and your GP to tailor the sessions to what you need.
2. Add your GP Teacher’s feedback to your form
3. Add the form to your e-portfolio and JMS Clinical Portfolio
4. Use these forms as a basis for further reflection on your learning as you progress through the course

This is good practice for the future. All qualified doctors have to document their learning and reflections for their 5-yearly revalidation. Revalidation started in 2013.

Feedback from your GP teacher
Your GP teachers will provide feedback throughout the sessions within the group and to you individually at the end of each last session (session 4 and 8). We strongly encourage you to complete the student self-assessment form and checklist and take them along to the final session.

Feedback to your GP teacher
Each of your GP teachers will ask you to complete an evaluation form at the end of the last session with them. This tells us what you liked and how we can improve the GP sessions. It is an important part of our quality assurance of the GP attachments. Your comments will be fed back anonymously to your GP teacher. GPs really appreciate getting feedback from their students. Thank you in advance for completing the forms.

What 3rd year students said about their GP sessions in 2017-18

Very enthusiastic and engaging teacher. Very approachable and answered questions well. Good variety of pts with relevant conditions. Very enthusiastic and genuinely interested in our education

Very good patients with good signs. Wonderful small group teaching with lots of time to discuss. I like going around the table to answer questions.

Much more confident w/examinations and how best explaining them to patients. I particularly found being able to practice presentation was useful.

Very open learning environment with emphasis on what we wanted to learn

All students - Please check your email regularly

Enjoy your GP sessions
TEACHING INFORMATION

AIMS & OBJECTIVES

The emphasis in year 3 will be developing clinical skills. You will learn how to apply the knowledge of basic physiology, anatomy, pharmacology and pathology that you have learnt in the previous two years to patients with a wide range of diseases. Taking a good history which draws out the salient points, properly examining the patient, coming up with a differential diagnosis and thinking about a management plan is fundamental to clinical medicine and is what you will spend the rest of your clinical career doing. In year 3 it is vital that you develop a solid grounding in these skills, which will stand you in good stead for future years and your whole career. You can only become proficient in these skills by seeing lots of patients and practicing examining and presenting.

AIMS

1. To be competent in assessing, recording and managing patients with common clinical problems
2. To understand and use the concept of a working diagnosis
3. To develop a self-directed learning strategy using all the learning opportunities offered
5. To accrue the knowledge, skills and attitudes to fulfil the objectives detailed below

OBJECTIVES

By the end of the attachment you should be able to:
1. Take, record and present a relevant history, including drug history
2. Examine a patient and elicit, demonstrate and interpret common physical signs
3. Demonstrate an adequate knowledge base and an ability to use this knowledge to guide your history taking and examination
4. Integrate the history and physical findings to construct a working diagnosis and differential diagnosis
5. Formulate plans for investigation and management of the core clinical problems detailed in the JMS Curriculum in the light of the available evidence base.
6. Develop skills with common clinical procedures as defined in CAPS logbook
7. Assessment and resuscitation of the acutely ill patient
8. Diagnose and understand the principles of management of acute medical emergencies
9. Be confident in seeking out and using learning opportunities, and reflecting on these
10. Demonstrate a professional attitude, including the need to:
    • Treat patients with courtesy and consideration
    • Respect the dignity and privacy of patients and confidentiality of information
    • Work efficiently and professionally with other colleagues within the team to maximise the interests of the patient.
    • Reflect on learning opportunities and behaviours.
11. Demonstrate an ability to research clinical problems and understand application of the findings of this research to clinical management
12. Demonstrate an ability to communicate:
    • Clinical findings to patients and other health care professionals both in clinical (e.g. ward round) and academic (e.g. Grand Round) settings
    • Diagnosis and management plans to patients and respond to questions about their care, including breaking bad news
LEARNING OUTCOMES

Patients
Patients are by far the most important resource for your learning. You should aim to clerk one patient independently each day of your Junior Medicine and Surgery attachments. There is a diary in your log book for you to record the patients you clerk. Of the patients you clerk you will be required to submit 32 selected patient records as part of your ‘JMS Clinical Portfolio’. These should not be re-written but should be submitted as the original handwritten clerkings, signed and dated by yourself at the time of clerking. Importantly, in addition to the admission clerking, these patient records should document also the progress of the patient throughout their stay in hospital. You should aim to follow these patients through the course of their admission and learn from them and their experiences. In the modern NHS, patients are often admitted under one team but have their care transferred to another team during the admission. You will have to use your initiative to track these patients through their hospital stay. You will learn by far the most from the patients you have seen all the way through from admission to discharge. This portfolio contributes to your unit assessment and will be reviewed by your tutor. Structured guidance for the review is available in the JMS Clinical Portfolio section on the Year 3 Medicine and Surgery Assessment webpage:
Assessment information Years 3, 4 & 5

In addition, the patients you see during your general practice attachments will give you the chance to learn more about chronic problems and the wider impact of illness on the lives of patients and their families. At least one of your 32 submitted clerkings should be a patient you see in General Practice. The focus for this clerking should be the history you obtain from the patient and the physical and psychological impact of their disease on their daily lives. There is no need to present examination findings for this patient.

In Medicine and Surgery, the patients admitted as an emergency often offer the greatest learning opportunities. Make sure that you take advantage of this by clerking and presenting as many patients as possible when you are on take. This is also an opportunity for you to see and learn about many of the investigations and practical procedures that form part of the objectives. When on take remember that you will be clerking acutely ill patients. Some patients may need to see qualified medical staff before being clerked by yourself. Do not hesitate to call nursing or medical staff if you have any concerns about a patient you are clerking.

Teaching Fellows
In each Academy, one or more junior doctors have been appointed to support your learning. They are an invaluable resource and will provide bed-side teaching, clinical skills training and topic-based sessions based on your needs. They will also help to prepare you for your Long Case assessment and Objective Structured Clinical Examination (OSCE).

Clinical Teachers
The consultant and trainee staff on your firm are ready to help you achieve the objectives of the course. Some of your learning will come from timetabled teaching sessions, but much more will be informal. You will also have the chance to attend clinics and operations in which teaching is much more opportunistic.

Patient care is a team effort and many people are involved. You will learn a lot from all team members – health care professionals and others. People are often very busy but you will find that, if you demonstrate an enthusiasm for learning, they will most often be enthusiastic also about teaching within the confines of their busy clinical commitments. Going to the radiology department or other investigations with your patient will teach you much more than a book, and seeing what physiotherapy or dietary assessment actually involves is much more informative than hearing it referred to in a lecture. It is often said that learning medicine is an apprenticeship and much of what you learn is via experience of ‘real patients’ and immersing yourself in the clinical environment. Your JMS Clinical Activity Log will help you identify learning opportunities in addition to clinics and ward rounds.

Tutors
Each student group (or “firm”) will meet weekly with their Tutor, usually for 1 hour. The purpose of these tutorials is to assist in attaining personal learning goals, monitor your progress through the Medicine and Surgery Unit, support your internal Student Selected Component/case presentation and provide a forum for feedback. An important part of this will be regular review of your clinical portfolio including your logbooks to ensure you are making adequate progress. If there are any items listed in the core clinical problems or core curriculum that you do not feel have been adequately covered, this is the forum in which to address this. Your tutors will be asked to help with selection of a suitable case for your iSSC/case presentation and ensure you have a supervisor, who in many cases will be your Tutor.
Your Tutor will also be an important person monitoring your professional behaviour within the Unit and will complete the attitudinal learning objectives pro forma with you. Halfway through the attachment you will be asked to undertake a progress review with feedback from your Tutor. Information from the formative long case that you will take in the middle of the Unit will be available at this meeting. This should give opportunity for any concerns to be identified early in the attachment to be addressed before the final assessments.

Your Tutor must sign the JMS mid-point and end-point Report Card which must be uploaded to Blackboard in a timely manner (see Assessment information Years 3, 4 & 5). Failure to do so may result in you failing the JMS Unit and not being able to progress to year 4 of the MB ChB programme.

Self-Directed Learning
Expect to have to supplement your learning by reading books and papers. Read around a clinical problem at the same time as you see a person with the condition. This way knowledge is much easier to retain.

A list of core texts is presented on P28 and the recommended reading list for JMS is available here: https://www.ole.bris.ac.uk/bbcswebdav/pid-2816974-dt-content-rid-111639_5/xid-111639_5

The clinical skills books recommended in Year 2 will be useful for revision of the basics.

Hippocrates
This is a Year 3 online teaching resource which continues to be developed year-on-year and useful information will be found here. Some of the learning materials previously present on the Medicine and Surgery pages of Blackboard are now available through Hippocrates General Information Years 3, 4 & 5. This resource is open to everyone to support your self-directed learning. Examples of the type of information to be found on this site includes:

Information on how to take a history
General Information Years 3, 4 & 5

Cardiovascular examination tutorial

Clinical skills videos
General Information Years 3, 4 & 5

We are very keen to receive your feedback on this site so that it grows in a useful manner. This can be sent directly to the Technology Enhanced Learning (TEL) team via email (cfme-elearning@bristol.ac.uk).

Unit Seminars
A series of core seminars has been defined that will be delivered by all Academies. The list of topics can be found on Hippocrates General Information Years 3, 4 & 5. The timing and order in which these seminars will be delivered will differ between Academies. However, by the end of your Medicine and Surgery Unit you can expect to have received a seminar on each of these topics. This list of core seminars also represents a check list of topics that you must be familiar with. Importantly, there are many additional presenting complaints and medical conditions that you must become familiar with, as defined in the list of core clinical problems on Page 26. For some core seminars online eTutorials are available that revise the basic information relevant to a specific clinical problem or group of problems e.g. jaundice. Although not yet a formal part of the teaching programme, some Academies will use these eLearning packages (eTutorial plus seminar) and some of you may be involved in evaluation of new seminars through the year. If your Academy chooses to use these materials it is essential that you should work through these online seminars before attending the related Unit seminar. The Unit seminar will develop this information in a clinical context and demonstrate how this information may be used to formulate a differential diagnosis and prioritise your history taking when approaching a patient. The online support material for these seminars is available for all students, whether or not your Academy specifically uses this material to support the core seminars they deliver.
**Clinical Skills Sessions**
The course organisers at the Trust where you are based will arrange these. They will include student-led sessions and are likely to require preparatory work on your part. The CAPS logbook details those skills that will be covered in Year 3 Medicine and Surgery. All procedures which can be examined in the JMS OSCE are listed in the CAPS logbook.

**Lectures**
During the Unit you will have three or four days of integrated system teaching on the central teaching days. These core topics can be included in the end of year examination.

**Reflection on the student experience**
One of the biggest challenges of year three is the transition from being a student to being an apprentice clinician with the adoption of an appropriate professional identity. Students reflect on this and provide many other valuable insights into medical training in the following text:

Feest K, Forbes K, Today’s Students, Tomorrow’s Doctors reflections from the wards. Radcliffe Publishing.
TEACHING AND LEARNING METHODS

Year 3 presents a significant challenge as for the first time the main focus will be learning how to put into practice the knowledge you have acquired so far. Simply having a ‘textbook’ knowledge is not sufficient. You must learn to use this knowledge to guide your history taking and examination and formulation of a management plan. It will often feel uncomfortable as this will be completely new territory for you; the emphasis now being on clinical skills rather than recall of facts.

A good clinical history reorganises the findings from the patient clerking into a brief focused presentation, highlighting the important positive and negative findings. During Year 3 you will develop the ability to customise your history taking and clinical examination using the fact-base you have acquired during years 1 and 2 and the information provided by the patient. This is achieved predominantly by clerking patients outside formal teaching sessions as there is no substitute for practice at independent clerking of patients. Compilation of the JMS Clinical Portfolio is intended to reinforce this.

➢ The Learning Cycle

By the time you reach year 3 many of you will already have developed successful, self-directed learning strategies. Whether or not this is the case, using the following advice may be helpful:

1. Refresh your learning to date from Years 1 and 2
2. Immerse yourself in clerking patients with your buddy (see below)
3. Use each patient and the entry into the clinical portfolio as a starting point to reflect on the experience and to investigate the disease process and presentation further
4. Use the core texts to learn more about the case
5. Investigate how closely your experience is typical of a particular presentation
6. Challenge your knowledge by exploring Hippocrates e-learning opportunities

Investing time at the beginning of the process and getting used to further investigating the cases will help to understand the relevance and usefulness of the clinical portfolio. It will also prepare you for the ward based teaching and help to engage with the core seminars more effectively—these should be seen as interactive refresher sessions rather than the definitive “all you need to know” lectures that you may have become used to!

➢ “Buddies”

A horrible word for a useful process!

Clerking and examining patients in pairs (identifying a ‘buddy’) is helpful on a number of levels. It allows you to get used to someone else observing your clerking, allows a supportive critique of performance, and makes review and debriefing a routine part of your learning. It is a good way to approach patient clerking at this (and later) stages of your training. Also, the observer (Buddy) cannot use your clerking for their portfolio.

➢ Balint Groups

Balint groups are a type of case discussion group with a focus on the doctor-patient relationship. They offer a reflective space for consideration of clinical cases in a structured way within supportive peer group forum. Balint groups have been running for doctors since the 1950s and for students in some medical schools. There is evidence for their effectiveness with numerous benefits described in the literature including improving understanding of doctor-patient relationship, communication skills and maintaining empathy. The Bristol Balint group started in 2012 and since 2014, groups have been offered to all 3rd year medical students on their medicine and surgery placement. Each group consists of around 6-10 students and a group leader. After an introductory session, each group meets for either 5 or 6 hour long sessions over the 18 week medicine and surgery placement. Students are invited to bring cases to the group for discussion within the peer group. Typically 1 or 2 cases might be considered within the hour, with the group leader guiding discussion encouraging students to explore different perspectives. Attendance at the first two Balint sessions is compulsory with voluntary attendance thereafter.

➢ Case-based Learning

In 2018/’19, we have introduced a selection of cases as an introduction to case-based learning (see Year 3 Handbook). A minimum of 2 of these cases will be delivered during JMS. Please click on this link to view CBL examples on Blackboard (Blackboard login required).
**EXPECTED STUDENT INPUT**

There is an expectation that your attendance will be 100% for all teaching and there is a University requirement for 80% attendance. **Attendance will be monitored by the Academies and failure to reach the minimum standard of 80% will ‘fail’ the JMS Assessment** as set out in the Management of Marks document ([Assessment information Years 3, 4 & 5](#)).

Any unplanned absence must be reported on the first day of absence by completing an online form here: [absence form](#) and by emailing your Academy administrator.

On return you need to complete a self-certification form here: [self-certification form](#). If absent for more than five working days a medical certificate is required.

Further information on unplanned absence and the procedure for planned absence is available at: [How Do I?](#)

Any unplanned absence must be reported on the day of absence. Please use the following web link which will provide you with contacts and other relevant information: [How Do I?](#)

The Faculty supports having Wednesday afternoons free (from 1300) to engage in extracurricular activities. However, in order to meet the requirements of the programme, students may need to attend some teaching on a Wednesday afternoon to fit in with NHS scheduling. If you wish to take up entitlement to partake in extracurricular activities, you will need to make the Academy staff including the Unit Co-ordinator and/or Unit Tutor aware in advance that this is the case. This will allow appropriate timetabling to be scheduled. If project work or similar activity is scheduled on a Wednesday afternoon, you will have the option of undertaking this work at another time.

**Acute takes**

You will be required to attend **four medical and four general surgical takes** in total during your attachments to Medicine and Surgery, including weekends. Attendance will include staying until late evening or overnight (see below) and presenting cases on post-take rounds. You must keep a written record of patients seen by you on these occasions to indicate that your attendance at out of hours work has been satisfactory ([General Information Years 3, 4 & 5](#) see JMS Clinical Activity Log). Any problems with fulfilling this requirement must be discussed in full with your Unit Tutor, and will be included in the report on your performance. Remember also that time is limited on post-take ward rounds and that you are unlikely to be able to do full presentations of all the patients you clerk.

The following attendance is expected of a student on take:

- **Monday-Thursday:** Join take team at 5 pm, or earlier if no other teaching commitments, and stay until at least 12 midnight. Attend post-take round the following morning.
- **Friday:** Join take team as soon as day-time teaching commitments completed and stay until the end of the evening post-take round.
- **Saturday-Sunday:** Join take team at 12 noon, stay until the end of the evening post-take round.

**Professional Behaviour**

Professional behaviour is an essential part of clinical practice. You should adhere to the professional code of practice at all times which can be found at: [Rules and Policy and Procedures Handbook](#). Any transgressions may question also your ability to practice as a doctor. There are specific requirements of you as a trainee doctor and your adherence to these will be reviewed during your meetings with your tutor. The Attitudinal Learning Objectives form will be used as a tool to assess this and this is available on the Assessments webpage: [Assessment information Years 3, 4 & 5](#)

The requirements include:

1) treating all staff and colleagues with respect (including not disrupting their teaching)  
2) attending all teaching on time and adhering to the clinical dress code  
3) being honest and handing in all required paperwork/assessments to deadlines  
4) taking care of your health and seeking help if your health may impact on patient care

Student concern forms may be filled in if any teachers, hospital staff, patients or peers feel your behaviour is inappropriate in any of these areas. Student concern forms are reviewed by the senior central teaching team who decide if action is necessary. Submission of multiple student concern forms will inevitably necessitate a response.
A professional behaviour panel exits that will be informed of and consider any behaviour believed to question your ability to practice medicine.

**Liaison Psychiatry**

During your Medicine and Surgery block you are required to spend one day with a Liaison Psychiatry team.

Liaison Psychiatry is the assessment, management and treatment of mental disorder and the optimisation of mental health within a general hospital setting. You should look at the introductory video on the medicine/surgery site on Hippocrates, which also provides some other resources to look at: [General Information Years 3, 4 & 5](#).

The exact nature of your experience on your Liaison day will depend on the type of Liaison Psychiatry Service that there is in your hospital, and “what comes through the door” but you should be able to watch an assessment or two and get some ward or ED teaching from members of the team. This is part of the more spiral approach to Psychiatry teaching and it would be important to refresh your knowledge re Mental State Examination that you will have had some training on in LiTHE and ICS. This is an evolving Course and during this year we will be developing some local approaches to this teaching [which will be clear at each site], so that we can optimise your learning as best as possible and so please fill in the feedback.

**Please note that there is an expectation that a minimum of one case included in your JMS Clinical Portfolio has a presenting complaint related to psychiatric disease and a psychiatric formulation is presented.**
ASSESSMENT INFORMATION

The specifics of the assessment process, marking schemata and breakdown of assessments can be found on MBChB Years 3, 4 & 5: Assessment information Years 3, 4 & 5
In Year 3 you will need to collect Multi-source Feedback (MSF) on your professional behaviour to allow a Team Assessment of Behaviour (TAB). Multi-Source Feedback is used to collect colleagues’ opinions on your clinical performance and professional behaviour (definition from the RCGP). In Foundation training it is done using TAB. TAB is a mandatory requirement for foundation F1 training. It has been introduced into the undergraduate curriculum for Years 3 and 5 to help you become familiarised with the process, learn how it works and also help you get used to being critiqued by other healthcare professionals. Below (italics) is the wording used by the Foundation eportfolio / UMeP. At first reading it can appear punitive. In fact MSF is now part of medical training at all levels of seniority, and so we feel Year 3 is a good opportunity to become familiar with TAB.

**What is the purpose of TAB?**

TAB is a screening tool to help identify students who may need additional help, so steps can be taken to reduce the risk of any concerns about your professional practice developing into chronic problems. However, in the great majority of cases, no concerns are identified and TAB confirms good professional behaviour. (NHSE)

You must complete a self-TAB before you can nominate assessors to complete a TAB. This will allow your academic mentor to spot any discordance between your own, and others’, views of your professionalism.

**How does it work?**

1. Log in to the UMeP website
2. GO TO “FORMS”, THEN “ASSESSMENT (TAB)"
3. You must complete a self-TAB before requesting TABs from others. Under the “self TAB” heading click the “create” link, complete the assessments and click “save.” Think carefully about this. Consider and reflect, and be honest. This “self-TAB” is compared to the replies from the assessors, and comes out in the report.
4. What is the timescale? Invite your assessors throughout Year 3, mainly during Junior Medicine and Surgery. Your TAB must be completed and signed off by your Mentor during the last meeting of the year in May.
5. Your assessors are all busy and some do not reply in time. You need to collect six TABs, and we recommend that you send out at least ten requests, to include the following:
   a. 2 clinical teaching fellows
   b. 1 tutor
   c. 1 GP
   d. 3 medical student peers
   e. 1 academy administrator
   f. 2 others (physio, OT, pharmacist, nurse)
6. Complete the boxes in the “create a ticket” section at the bottom of the page. In the “comments” box write a personal message and ask the assessor to complete the form within seven days, click the “add” button. We suggest this personal message should say “Dear………. Please could you complete this short assessment on my professional behaviour as a third year medical student? Many thanks, XXXX”.
7. If your assessor has not responded to the request within seven days, you will be able to send them a reminder. To do this go to “forms”, then “ticket requests” and click the “send reminder” link. NB Tickets expire after 30 days.
8. Check the UMeP website regularly to see if TABS have been completed; (go to “Forms”, then “Assessment (TAB)”, you will see a table summarising the status of each TAB you have requested. Once you have six TABS showing as “complete” please notify your academic mentor via email.
9. When you meet with your Mentor during this year, your progress towards completing your TAB will be discussed.
10. Your mentor will produce a report of ratings and comments from your assessors, and you will receive this within 2 weeks

**What about feedback?**

You may occasionally discover an unexpected weakness, e.g. patients having difficulty understanding you.

- Many of the clinicians in your academies have experience with TAB. If you have feedback that needs addressing, your Academy Dean can advise you further.
- You will have the chance to discuss this with your Academic Mentor to establish if there is a problem which needs to be addressed. If, after having discussed any concerns with your assessors, the mentor thinks it necessary, a further TAB may be arranged.
- In practice the process usually results in gratifying, descriptive praise for students from their co-workers.
Please see the Year 3 tab of the Assessments website for the deadline for completing the TAB in Year 3.

Assessment information Years 3, 4 & 5

During JMS, your tutor will enquire about your progress towards completion of the TAB.

What is the role of my Professional Mentor?
Your Professional Mentor will discuss your TAB with you each time you meet during Year 3. In the last meeting (during May 2019) your mentor will be able to produce the final report which will describe the ratings and comments from everyone who completed a ticket for you.

Whom should I contact if I have questions about the TAB process?
Please email med-umep@bristol.ac.uk if you have any queries or problems.
Within the Junior Medicine and Surgery Unit informal feedback on performance and professional behaviour will be provided by your Tutor. You must have a mid-point and end-of-attachment meeting with your Tutor specifically to provide a more formal opportunity for any concerns to be raised and for you to receive feedback on your progress. A Report Card must be uploaded to Blackboard following on from mid-point and end-of-attachment meetings (see the assessment website for the form and details of the relevant deadlines: Assessment information Years 3, 4 & 5).

iSSC Case Report: Supervisors will give written feedback on the case report and oral presentation. This should be included in the JMS Clinical Portfolio.

JMS Clinical Portfolio: Your tutor will review progress with your clinical portfolio and provide feedback and guidance on how clerkings should be improved through the Unit.

Objective Long Case: Feedback will be provided by the examiner after your Objective Long Cases. This should be included in your JMS Clinical Portfolio.

Written Exams: Cohort analysis of written exams will be provided after the exam boards have met at the end of the academic year.

Clinical Assessment: Face-to-face feedback will be available on the day of the examination and cohort analysis of the OSCE examinations will be provided after the exam boards have met at the end of the academic year.

At the end of the year, you will be informed of your year mark, your clinical assessment mark, written assessment mark and rank within the year. Additional feedback will be offered by the Unit Leads for students failing or achieving borderline performance in the assessments.

Engagement and Professional Behaviour
Feedback will be provided at regular tutor meetings in the Academy and students will be given clear warning if there are concerns regarding engagement and professional behaviour. Formal review of behaviour will be aided by the ‘Review of Attitudinal Learning Objectives’: Assessment information Years 3, 4 & 5.

During year 3, you will also be given Professional Behaviour scenarios to discuss in groups. Please see the Year 3 Handbook for additional information.

Patient Feedback
During JMS, there is an expectation that you will collect feedback from 10 patients. Guidance on how to do this is provided on the Assessment website: Assessment information Years 3, 4 & 5.

Resits
The resit policy is documented in the ‘Management of Marks’ document on the assessments website (Assessment information Years 3, 4 & 5) and the rules and regulations documents referred to therein.

If you do need to resit you may not be able to complete your original planned eSSC. It is therefore essential that you do not leave Bristol until you are sure that you do not need to resit. If you are required to resit, you will be given the option of doing a revised and shortened external SSC which will be capped at 50%.
TRAVEL

Make sure you know whether you should be claiming your travel costs from your Academy, NHS Bursaries or the University and that you are eligible to claim everything on the form – errors in submitting claims will delay reimbursement. Full travel regulations are available at: Rules and Policy and Procedures Handbook

If you use your own transport please ensure that you have adequate insurance.
The following is a list of common presenting complaints. This list is not exhaustive but represents a list of problems that you must be familiar with by the end of Year 3. Please also refer to the curriculum on the Hippocrates website https://www.ole.bris.ac.uk/bbcswebdav/xid-5885768_4

1. Cardiovascular disease (cardiology and vascular surgery)
   a) I have chest pain
   b) The finding of high blood pressure
   c) I get palpitations
   d) The finding of a heart murmur
   e) I am short of breath
   f) My legs hurt when I walk
   g) I have leg ulcers
   h) The finding of a pulsatile abdominal mass
   i) I suffer from transient limb weakness, visual deficit or speech problem
   j) My leg is cold and painful
   k) I have varicose veins
   l) I have a warm swollen tender calf

2. Respiratory disease
   a) I have coughed up blood
   b) I am wheezy
   c) I am coughing up coloured sputum

3. Diseases of the ear nose and throat
   a) I am dizzy
   b) My voice has changed
   c) My child can’t hear
   d) I have become deaf
   e) My nose is blocked
   f) I have a lump in my neck
   g) I have mouth ulcers

4. Gastrointestinal disease
   a) I have pain in my abdomen
   b) I have pain or difficulty in swallowing/I have been vomiting
   c) I have vomited blood or have blood in my stools
   d) I have gone yellow
   e) I have noticed a change in my bowel habit
   f) I have lost weight
   g) The finding of anaemia
   h) There is a lump in my abdomen

5. Breast disease
   a) I have a breast lump
   b) I have a nipple discharge

6. Neurological disease
   a) I have a headache
   b) I have had a blackout
   c) I have a weak arm
   d) I am dizzy/unsteady
   e) I have weak legs

7. Endocrinology and diabetes
   a) I am thirsty
   b) I have lost weight
   c) There is glucose in my urine
8. Urology and renal medicine
   a) I have passed blood in my urine/the finding of protein in the urine
   b) I have stopped passing urine
   c) I pass a lot of urine/have to pass urine at night
   d) I keep getting cystitis
   e) I have a lump in my testicle
   f) I have loin pain

By the end of the Medicine and Surgery attachment you should expect to feel competent in assessing a patient presenting with any of these problems and in planning investigations and treatment. These are the basic skills you need to acquire and on which you may be tested.


**Core Texts**


**Recommended Reading List**

https://www.ole.bris.ac.uk/bbcswebdav/pid-2816974-dt-content-rid-111639_5/xid-111639_5