MB ChB Programme

Year 5 Handbook

Academic Year 2017 – 2018

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Welcome to year 5 of the University of Bristol MBChB programme.

This is an exciting year, not only because it means you are not far from graduation, but also because you are the first year 5 group to experience elements of the MB21 curriculum.

Senior Medicine and Surgery, the first Unit of the year, is largely unchanged and leads up to written final examinations before Christmas. After Christmas you will experience student assistantships within an improved Preparing for Professional Practice Unit, incorporating blocks in ward-based care, acute and critical care and primary and community care.

Year 5 is all about preparing you for practice as a foundation programme doctor. We will provide you with experiences and teaching and learning activities on hospital wards, in primary care and in the community, and you will arrange your elective placement, but this year is mainly about you as a self-directed learner, being in the clinical environment, interacting with patients, their families and your colleagues, and learning from these opportunities. It is a busy year with lots to do, but it should be an enjoyable year, when you will learn to function as a doctor ready for graduation in the summer.

Make the most of your opportunities, let us know if you need help, but mostly enjoy your year!

Karen Forbes

Professorial Teaching Fellow and Consultant in Palliative Medicine and Year 5 lead
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AIMS OF YEAR 5

The aims of year 5 are:

a) To facilitate progression from undergraduate to competent, confident, foundation programme year 1 doctor

b) To consolidate students’ practical knowledge, skills, attitudes and behaviours essential for beginning the foundation programme

c) To help students to embed their learning into clinical practice across a variety of relevant specialty areas

STRUCTURE OF THE YEAR & TIMETABLE

Year 5 is made up of:

Unit 1: Senior Medicine and Surgery;
    12 weeks before Christmas: see link at Unit 1: Senior Medicine

Unit 2: Preparing for Professional Practice (PPP);
    12 weeks after Christmas: see link at Unit 2: Preparing for Professional Practice (PPP)

Unit 3: Elective studies;
    8-week block: see link at Unit 3: Elective
### SCHEMATIC OF YEAR 5 2017-18

<table>
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<tr>
<th>Week</th>
<th>Senior Medicine</th>
<th>Senior Surgery</th>
<th>PCO</th>
<th>Senior Surgery</th>
<th>Senior Medicine</th>
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<th>PCO = core palliative care and oncology teaching</th>
<th>Emergency medicine and neurology teaching</th>
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<td>Easter holiday</td>
<td>Elective marking and exam boards</td>
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PCO = core palliative care and oncology teaching
Emergency medicine and neurology teaching
LEARNING OUTCOMES: YEAR 5 – ENTRUSTABLE PROFESSIONAL ACTIVITIES

Your learning outcomes as specified in the GMC’s ‘Tomorrow’s Doctors’\(^1\) and ‘Outcomes for Graduates’\(^2\) have been mapped to, and are encompassed within, 16 Bristol Entrustable Professional Activities.

Entrustable Professional Activities (EPAs) are ‘units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and, therefore, suitable for entrustment decisions’\(^3\).

The 16 Bristol EPAs have been modified from the American Association of Medical Colleges’ EPAs:

1. Gather a history and perform a mental state and physical examination
2. Communicate clearly, sensitively and effectively with patients and relatives verbally and by other means
3. Prioritize a differential diagnosis following a clinical encounter and initiate appropriate management and self-management in partnership with the patient
4. Recommend and interpret common diagnostic and screening tests
5. Prescribe appropriately and safely
6. Document a clinical encounter in the patient record
7. Provide an oral presentation of a clinical encounter
8. Form clinical questions and retrieve evidence to advance patient care and/or population health
9. Give or receive a patient handover to transition care responsibly
10. Communicate clearly and effectively with colleagues verbally and by other means
11. Collaborate as a member of an inter-professional team, both clinically and educationally
12. Recognize a patient requiring urgent or emergency care and initiate evaluation and management
13. Obtain informed consent for tests and/or procedures
14. Contribute to a culture of safety and improvement and recognise and respond to system failures
15. Undertake appropriate practical procedures
16. Adhere to the GMC’s guidance on good medical practice and function as an ethical, self-caring, resilient and responsible doctor.


09.10.2017-17.11.2017  Objective Long case Clinical Competency Assessments 1
04.09.2017-24.11.17  1 (or 2) mini-CEX and 1 (or 2) CBD competed during Unit 1 SMS
24.11.2017  12:00 noon  Unit 1 Senior Medicine and Surgery portfolio hand in to Academy
11.12.2017 09.30am  Year 5 written paper
13.12.2017  Bristol Clinical Data Examination
03.01.2018-09.02.2018  Objective Long case Clinical Competency Assessments 2
08.01.2018 – 10:00am  Situational Judgement Test
02.02.2018  Prescribing Safety Assessment
12.02.2018-09.03.2018  Objective Long case Clinical Competency Assessments 3 and 4 – if needed
1 mini-CEX during Primary Care Placement in PPP – during PPP placement with GP (no later than 16 March 2018)
08.01.2018-16.03.2018  1 (or 2) mini-CEX and 1 (or 2) CBD during PPP
16.03.2018 – 12 noon  Yr 5 Workbook hand in at Academy
12.03.2018  Prescribing Safety Assessment 2nd sitting (if required)
02.04.2018-25.05.2018  Elective period
14.05.2018  Prescribing Safety Assessment final sitting (if required)
21.05.2018  Bristol Clinical Data Examination 2nd sitting
23.05.2018  Year 5 written papers 2nd sitting
# KEY CONTACTS/STUDENT SUPPORT

**MB ChB Programme Administration – Contact Information SEPTEMBER 2017**

**MB ChB Curriculum Office, Faculty of Health Sciences, 1st Floor Senate House, Tyndall Avenue, Bristol BS8 1TH**

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<thead>
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<th>Responsible for:</th>
<th>Name</th>
<th>Generic Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Other Staff</td>
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<td>-assessments, collation of marks, Faculty Examination Boards and assessments feedback to students.</td>
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Senior Medicine and Surgery Unit lead, Medicine lead for year 5 and lead for written examination

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Dr Jon Dallimore ([jon.dallimore@bristol.ac.uk](mailto:jon.dallimore@bristol.ac.uk))
Elective Coordinator (usual hours of work: 13.15 – 17.15 Tuesday afternoons)

Professor Andy Levy ([a.levy@bristol.ac.uk](mailto:a.levy@bristol.ac.uk))
Lead for Bristol Clinical Data Examination

**UNIVERSITY SUPPORT CONTACTS**

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Senior Tutor: Pastoral Support

Faculty Student Adviser ([healthsciences-support@bristol.ac.uk](mailto:healthsciences-support@bristol.ac.uk))

**PROFESSIONAL MENTORS**

Each of you has an Professional Mentor. This person will support your professional and academic development within the University of Bristol, whether you are on the university precinct, or at other sites of teaching in the Academies and the community.

Professional Mentors:
- Support your professional development from medical student to doctor
- Help you establish your professional identity through the five years of the undergraduate curriculum, linking with the Foundation Programme and on into post-graduate training
- Facilitate an ongoing, and in part student-generated, record of academic achievements
- Guide professional and career decision making
- Help produce a record enabling references to support professional progress, F1 applications etc.

Your professional mentors are academics or doctors in practice. They will see you twice a year, as a minimum. The e-portfolio forms the foundation of your relationship and will be the place to record your meetings.
The meeting format has been standardised. You are required to update your e-portfolio (exam results etc) and write a career reflection before each meeting. When you meet your mentor, expect to show him/her your e-portfolio. The meeting will cover:

1. Your academic and professional achievements against the curriculum’s milestones
2. Your progress with skills learning
3. Your career thinking
4. Advising you who to seek help from for any pastoral issues (for example referral to healthsciences-support@bristol.ac.uk).

UNITS IN THE YEAR

UNIT 1: SENIOR MEDICINE AND SURGERY

SENIOR MEDICINE

AIM

To facilitate the progression from undergraduate to competent, confident, F1 doctor

LEARNING OBJECTIVES

See:
- Bristol Entrustable Professional Activities (Ctrl+Click to follow link)
- Generic Senior Medicine and Surgery Learning Objectives (including where these are assessed in year 5) https://www.ole.bris.ac.uk/bbswebday/xid-6987631_4 and
- Medicine and Surgery Curriculum [Hippocrates]

You will be attached to a ward or speciality firm. If you are attached to a firm which does not undertake continuing care of patients admitted on an undifferentiated medical ‘take’, you should rotate onto other firm(s) in different sub-specialties.

You will be expected to spend the majority of your time on the wards, clerking patients, presenting them to the ward team, including (but not limited to) ward rounds. In addition, you should seek out and attend learning opportunities in different clinical areas e.g. the emergency medical take, post-take ward rounds, outpatient clinics, multidisciplinary team meetings, X-ray meetings, grand rounds, audit discussions, pathology demonstrations, etc. You will begin to acquire competence in the skills
and procedures necessary to function as an F1 doctor, with a focus on those that may be examined within finals.

You will be expected to re-familiarise yourself with the learning outcomes met in year 3 and you are encouraged to review the clinical examination revision videos available on Blackboard.

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**NEUROLOGY**

During senior medicine, you will have neurology teaching. This will be delivered either as a separate week at North Bristol Trust or throughout the Senior Medicine Unit depending on your Academy.

**AIM**

To develop your clinical skills in neurology, building on the neurological experience gained in year 1, 2 and 3 clinical attachments, to enable you to assess and manage common clinical neurological problems accurately.

**OBJECTIVES**

By the end of Unit 1: Senior Medicine and Surgery students should be able to:

- Take, record and present a succinct, problem-orientated neurological history
- Examine the nervous system effectively to elicit and interpret common physical signs correctly
- Formulate a diagnosis or differential diagnosis on the basis of the history and physical signs
- Construct a relevant investigation plan to confirm/establish a diagnosis
- Formulate a management plan appropriate for the patient’s condition

The delivery of neurology teaching will vary between academies depending on the local presence of neurology services. Students allocated to North and South Bristol and Weston will attend a specific week of neurology at North Bristol academy. Students in other academies will receive neurology teaching within senior medicine and acute care. The theme of the attachment will be clinical neurology, i.e. the assessment and management of clinical problems. Teaching will emphasise interpretation of neurological history and examination, diagnosis, investigation and treatment. You will have the opportunity to attend neurology clinics.

You should witness lumbar punctures, and be involved in the immediate investigation and management of emergency admissions.

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**SENIOR SURGERY**

**AIM**

To facilitate progression from undergraduate to competent, confident, F1 doctor
LEARNING OBJECTIVES

See SMS objectives and Medicine and Surgery curriculum (Hippocrates)

You will be allocated to wards or teaching firms. You should understand there is increasing specialisation in general surgery within the following four main areas:

- Breast and endocrine
- Vascular
- Colorectal
- Upper gastrointestinal and hepatobiliary.

Because of sub-specialisation within surgery, you may rotate to other surgical firms to increase exposure to a range of surgical conditions. Where feasible, you should also clerk patients under the care of the following advanced surgical specialties: urology; cardiothoracic; neurosurgery; paediatric surgery; burns and plastic surgery and transplant surgery.

You will be required to:

- Seek out and attend learning opportunities in different clinical areas eg the inpatient ward, post-take and business ward rounds, theatre, on-call and outpatient clinics
- Clerk, present and follow up patients in the care of the surgical teams you are attached to
- Attend operating theatres when patients you have clerked are undergoing surgery
- Be present during the emergency surgical take
- Attend and complete satisfactorily both parts of the final year surgical skills course
- Demonstrate understanding of the principles of post-operative pain relief, peri-operative fluid management, antibiotic prophylaxis for surgery, antithrombotic prophylaxis, principles of note-taking
- Attend other learning opportunities such as the performance of diagnostic and interventional radiological investigations, X-ray and pathology meetings, multidisciplinary team meetings, grand rounds and audit conferences
- Witness, but not necessarily perform, as many other common clinical surgical procedures as possible before finals part I.

You should understand that the operating theatre is a potentially dangerous environment for the patient. Initiatives have been introduced to reduce the risk of adverse events or near misses caused by human error. You should be aware of principles of surgical consent; the World Health Organisation (WHO) surgical check list, the surgical ‘time out’ and team briefing, undertaken in the operating theatre. You should also be aware of surgical ‘never events’ including wrong side, wrong site and wrong operations in surgical practice and of the mechanisms designed to reduce this risk.

You will be expected to take part in a surgical team briefing in the operating theatre and to undertake the WHO checklist under supervision, on behalf of the surgical team, during their surgical attachment.
SURGICAL SKILLS COURSE

The surgical skills course runs over two days, one during Unit 1 and the second during Unit 2: PPP. This provides opportunities for you to practise some of the practical skills outlined in ‘Tomorrow’s Doctors’, in a controlled setting, with formative feedback.

A separate handbook will be provided. You will be informed of the dates and venues of the course. Video demonstrations, reference to the handbook and opportunities to practice relevant skills will be available.

PRESCRIBING

ACUTE PRESCRIBING TUTORIALS

You will have a series of prescribing tutorials throughout the 11 weeks of medicine and surgery covering common medical and surgical emergencies. This teaching will help with preparation for the Prescribing Safety Assessment.

You must complete the on-line ‘pre-prescribing’ e-learning module before attending the first prescribing tutorial which covers core, basic aspects of prescribing that you must be familiar with. This is accessible through the prescribing section of Medicine and Surgery on Hippocrates.

AIMS

To enable you to be able to prescribe competently, confidently and safely at the level that would be expected for a Foundation Year 1 doctor for common emergency situations

To develop your understanding of the recognition and management of common emergency situations

OBJECTIVES

By the end of the series of prescribing tutorials you should be able to:

- Recall, apply and demonstrate principles of prescribing in accordance with generic ‘Good Prescribing Standards’
- Apply pharmacological knowledge to the practical task of selecting and prescribing medications and intravenous fluids in common medical and surgical emergency situations (e.g. acute pulmonary oedema, sepsis)
- Write safe and effective error free prescriptions for common medical emergencies
- Use the British National Formulary (BNF) effectively to facilitate prescribing
- Provide patients with appropriate information about their medicines (e.g. common side effects, monitoring advice where appropriate)
- Calculate drug doses correctly where appropriate (e.g. those drugs dependent on weight/renal function)
- Identify, respond to and prevent potential adverse drug reactions
- Demonstrate the ability to interpret data on the impact of drug therapy and make appropriate dose changes
• Recognise and diagnose common medical and surgical emergencies based on case scenarios
• Outline the principles of management of acute medical emergencies using the ABCDE approach

RADIOLOGY

AIM

To facilitate the progression from undergraduate to competent, confident, F1 doctor able to order a wide range of radiology investigations and be able to interpret basic plain films such as chest and abdominal radiographs as required by the GMC (Tomorrow’s Doctors) and Royal College of Radiologists.

LEARNING OBJECTIVES

To:

• Understand how to use radiological services effectively as part of a reasoned diagnostic and therapeutic approach to the patient
• Understand the hazards of exposure to ionizing radiation and the associated legal responsibility as per Ionising Radiation (Medical Exposure) Regulations
• Develop competence in interpretation of CXR including line positions (e.g. nasogastric tube)
• Develop competence interpretation of AXR
• Develop competence interpretation of basic trauma films
• Understand the best methods of investigation for relevant medical and surgical conditions. This includes the use of ultrasound, CT, MR and nuclear medicine.

You should have the equivalent of 1 hour per week of formal radiological teaching. This will cover:

• CXR interpretation
• AXR interpretation
• Trauma radiograph interpretation
• Neuro imaging with CT and MR
• Basic introduction to chest and body CT and MR and nuclear medicine
• An understanding of what interventional radiology can offer in the investigation and treatment of patients.

You will be required to:

• Seek out and attend learning opportunities in the radiology department itself. This is best done by following patients down to the radiology department as part of their care
• Attend multidisciplinary and clinico-radiological meetings
• Spend time in the radiology department itself. In addition to a better understanding of radiological techniques it may be possible to consolidate other skills such as hand washing, cannula insertion and sterile technique.

PALLIATIVE CARE AND ONCOLOGY

AIMS

To equip you with the knowledge, skills and attitudes to enable you to care for patients with palliative or end-of-life care needs during the F1 year

To model interest and enthusiasm so that you can appreciate the rewards of caring for these patients and accept that death is not a failure of medicine

LEARNING OBJECTIVES

Following core teaching in palliative care and oncology and clinical attachments during Unit 1: Senior Medicine and Surgery you will have a working knowledge of:

• How to take and record a history from a patient with cancer or palliative care needs
• The clinical signs of malignancy
• Symptoms, their assessment, appropriate investigations and formulation of management plans
• Who the patient should be referred on to and how this should occur
• The communication skills necessary to discuss and explain to patients and families:
  o The diagnosis of malignancy
  o The principles of management of malignancy
  o The principles of treatment with curative and palliative intent
  o The side-effects of chemotherapy and radiotherapy and their management
  o The fact that a patient is deteriorating
  o The fact that a patient is dying, and advance care planning
• Assessing and discussing the management of a patient with an oncological or palliative care emergency
• Assessing and prescribing for a patient in pain or with common symptoms
• Assessment and anticipatory prescribing for symptoms at the end of life
• The role of the F1 within a multidisciplinary team caring for patients with cancer and advanced disease.

TEACHING AND LEARNING METHODS
Timetables will vary in the different academies, however you will all receive core teaching in palliative care and oncology, presented as lectures, group work and case presentations.

**PALLIATIVE CARE AND ONCOLOGY CLINICAL ATTACHMENTS**

You will have clinical attachments spread over senior medicine and surgery in Unit 1. You should gain as many of the following experiences as possible:

- Attendance at a hospice to observe the philosophy of care, the range of services and to talk to patients; preferably a full day
- Attendance at oncology and/or palliative care clinics
- Experience with hospital or community clinical nurse specialists in oncology and/or palliative care
- Attendance at medical, oncology or palliative care multidisciplinary team meetings
- Talking to patients undergoing chemotherapy
- Observation of patients having radiotherapy planning or guided tutorial/teaching about the experience of undergoing radiotherapy
- Observation of difficult consultations around prognosis/advance care planning/the diagnosis of dying/care at the end of life for patients with malignant and non-malignant life-limiting illness.

You should normally attend clinical attachments in these specialties alone, or in pairs as a maximum, due to the sensitive nature of many of the interactions you might be involved in or witness.

**COMMUNICATION SKILLS TEACHING**

This session will focus on communication issues relevant to palliative care and oncology that may concern you when you commence practice.

**ETHICAL AND MEDICOLEGAL ISSUES AT THE END OF LIFE**

We will discuss the ethical and medico-legal aspects of end of life care including withholding and withdrawing treatment, the doctrine of double effect, assisted suicide and euthanasia.

**TUTORIALS**

You will have three palliative care and oncology tutorials during Unit 1.

A final tutorial will be scheduled for Unit 2: PPP.
EMERGENCY MEDICINE

During senior medicine and surgery, you will undertake an attachment in Emergency Medicine. Depending on which academy you attend this may be in a one-week block, or spread throughout Unit 1.

AIM

The year 5 Emergency Medicine curriculum aims to reinforce and build on the topics introduced in the year 3 MDEMO unit. You will be expected to use the experience you have gained throughout your clinical attachments of emergencies and demonstrate a self-directed approach to learning about emergency care.

LEARNING OBJECTIVES

- To gain training and experience in the knowledge and skills required for the diagnosis and management of important or common emergency presentations
- To recognise when to use an ABC approach to emergency care and when to carry out a focused history and examination
- To develop skills and attitudes needed to work effectively in an emergency situation
- To experience working within the multidisciplinary emergency team
- To understand the role of emergency physicians and the Emergency Department team within the broader context of the Health Service
- To improve time management and decision making skills
- To improve communication skills with colleagues, patients and carers.

You are directed also to the following on-line resource which provides excellent guidance on assessing the acutely unwell patient:

http://rrapid.leeds.ac.uk/RRAPID_eBook.html

YEAR 5 UNIT 1 PORTFOLIO – SENIOR MEDICINE AND SURGERY

SENIOR MEDICINE AND SURGERY CLERKING PORTFOLIO

Students are required to complete a portfolio of patients clerked throughout Unit 1.

Students are strongly advised to review the marking scheme for the unit portfolio available on the Year 5 section of the assessments page on the medical school website.
In Unit 1 you should collect all of the original full clerkings you do. If the original clerkings need to be filed in the patient’s notes; signed **anonymised** photocopies are acceptable.

**There is no minimum or specific required number of clerkings expected in the portfolio**, however, from experience of assessing portfolios in previous years, it would be unusual for a submission scoring well enough to demonstrate a clear level of competence to have fewer than 25 -30 complete clerkings (including those from ED).

Clerkings should be performed on blank sheets of clinical notepaper, unless the clerkings is to be filed in a patient’s notes as part of an acute admission on a required admission proforma, for example. If the clerkings needs to be anonymised, ensure areas of the page including patient identifiers have been covered before photocopying – trying to ‘black over’ information on photocopied sheets is not appropriate. Clerkings must not include photocopies of printed results/letters/radiology (and specifically not copies of actual CXRs/CTs)/ECGs).

A key purpose of the portfolio is to allow demonstration of some of the key skills required of an F1 doctor. It allows you to demonstrate your diagnostic reasoning, investigation planning and ability to develop management plans. It should also act as part of the framework to guide your learning through the unit.

For each patient clerked, there must be a diagnosis (or where relevant a differential diagnosis), a management plan and summary. There should also be supplementary paragraph or two detailing the patient’s outcome. This will require you to go back to the patient at some point to follow up their subsequent investigation, management and progress. You are not required to document daily updates or copy case note entries of multiple health professionals – the purpose of following up on patients is to help guide your learning about **outcomes** following acute admissions, to stimulate reflection on the case and to consider points for further learning. In some cases, follow up may not be practicable e.g. patients seen in ED who are discharged directly.

All clerkings should detail your personal learning points/learning action plan from the case. This is to help frame further learning. This should take the form of a few bullet points detailing what you plan to learn about following the case, **not** sections of textbooks reproduced in relation to the patient’s diagnosis. During the oral discussion component of the clerkings portfolio assessment these learning plans will be explored to confirm they have been actioned.

In addition, there should be demonstration of evidence of reflection on your own learning from the patient’s journey for a proportion of patients seen. Suggested themes to explore include:

- Did the patient’s outcome surprise you (be it good or otherwise)? How did this compare/contrast with other patients you have seen with similar conditions?
- What would you do differently when faced with a patient with a similar problem e.g. points you may focus on differently in the history/examination/investigation or management planning etc.
- Did anything resonate with you from the case? If so what and why do you think so?
- Did the patient have a common/uncommon condition? How did this influence your learning?
• Were there any psychological factors that influenced the patient’s presentation/response to treatment and ability to self-care?
• Did the patient’s lifestyle affect their presentation/management? If it did how would you deal with that as a foundation doctor?

Clerkings need to be presented to a member of the medical team and show evidence of this (see below). Students are encouraged to complete a prescription chart for patients clerked, but this will not form part of the assessment for the Unit 1 portfolio. Students are not required to collect patient feedback routinely from patients clerked for the SMS portfolio.

SUBMISSION OF CLERKING PORTFOLIO

Portfolios must be submitted to the Academy administrator by 12 noon on the last Friday of the unit (i.e. Friday of week 12).

PRESENTATION OF PATIENTS CLERKED

As many of your clerkings as possible should be presented to a member of the medical team. This presentation should take the form of at least a concise summary of what the current situation is, problems the patient has and your proposed investigation and management as would be done on a ward round.

You must include evidence of having presented a significant majority (i.e. at least two thirds) of your cases to a doctor (of any seniority) within your portfolio. Stickers for each clerking will be provided by your academy to facilitate this and you should provide a front sheet to include number and proportion of clerkings presented to aid markers.

PATIENT IDENTIFIABLE INFORMATION AND STUDENT CLERKINGS

Students must follow the following University policy. Do not photocopy printed results/letters/radiology that includes patient identifiers within the portfolio. Your academy may be able to set up a securely kept electronic record (i.e. on secure hospital server) of lists of clerkings:

1. Clerking sheets must be dated and must only contain the following patient sensitive information:
   a. patient age
   b. patient gender
2. To protect patient confidentiality, do not write the patient’s name or hospital ID on the clerking sheet. The patient can be identified by Mr/Ms X if this aids the sense of the clerking
3. Students must record the MRN number (or NHS number), against the number of that clerking, for each portfolio. This list is necessary to enable to students to follow up on their patients and record their results. This list must not contain any additional patient identifiable information (for example, it must not include the patient’s name). The list will reside in Academy offices (until the portfolio is marked in the Academy)
4. The list must be submitted at the front of every clerking portfolio that is submitted for marking. The list will remain at the Academy concerned, and not be sent off NHS property
5. Clerkings where patient identifiable information is recorded in the clerking will be noted. This should result in a student concern form being completed. Learning how to use sensitive information, and how this relates to confidentiality is a key professional skill for every healthcare worker.

**PRESCRIBING SAFETY ASSESSMENT**

The best training for the PSA is spending time on the wards with prescribers (the junior doctors), dispensers (the nurses), and ward pharmacists, looking at drug charts and reading around the drugs prescribed, as well as attending the prescribing tutorials.

**PRE-FINALS MENTORING PROGRAMME**

All academies have been offering the students the opportunity to have local mentors during their Senior Medicine and Surgery Unit. The Year 5 group recognises the value this has for both students and the ‘mentees’ in their professional development. This is supplementary to the important and successful Professional Mentor Scheme.

**AIM**

To provide individualised pastoral and academic support to final year medical students within their academy in the run up to Finals.

**OBJECTIVES**

- To provide a student-centred learning environment, in which students direct the content of sessions according to their learning needs
- To identify skills and areas of knowledge in which students feel less confident, and help them to develop and improve these
- To pass on words of wisdom as someone who has passed finals relatively recently

**DELIVERY**

In Unit 1 all academies will offer this voluntary scheme in the following way:

- Interested mentors are recruited from the pool of foundation programme/core training doctors during the month of August. Consider ‘buddying’ mentors to allow for alternative point of access during periods of leave/nights
- Mentors are given a ‘welcome pack’ which details suggested activities, and responsibilities of mentors and students
- Mentors must attend introductory sessions providing support and guidance
- Students are offered the opportunity to sign up for the scheme at their induction in the Academy
- Mentors should be encouraged to sign up to T-log to record any teaching activities ([www.t-log.co.uk](http://www.t-log.co.uk)), allowing them to generate a pdf certificate for their e-portfolios.
ADDITIONAL RESOURCES AND TOOLS

The following tools to support your activities and learning within Unit 1 will be available on Hippocrates:

- Medicine and Surgery Curriculum
- Student activity log (Pre-finals Mentoring programme)
- Prescribing tutorial scenarios and relevant supporting information
- ECG revision
- Clinical Examination videos
UNIT 2: PREPARING FOR PROFESSIONAL PRACTICE

Students will complete three student assistantships within Preparing for Professional Practice. These will be ward-based care, acute and critical care, and primary and community care. The focus of these assistantships is experiential learning, and therefore non-bedside/clinical didactic teaching is limited to 3 hours per week during working hours.

AIM

To consolidate your practical knowledge, skills and attitudes that are essential for beginning the foundation programme

LEARNING OBJECTIVES – PPP

- To understand the roles and responsibilities of the F1 doctor
- To identify and reflect on the clinical skills needed by F1 doctors
- To consolidate the communication skills required of a F1 doctor
- To consider how to prioritise clinical and administrative work
- To become familiar with relevant administrative procedures
- To appreciate the nature of teamwork in the health professions
- To appreciate the roles and responsibilities of other professionals caring for patients, and to identify areas of interface with the F1 doctor role
- To consider when, how and whom to ask for help.

WARD-BASED CARE

AIMS

To prepare you for the transition from student to F1 doctor through the practical clinical experience of assisting a junior doctor

Teaching and Learning opportunities

- Paired with foundation programme doctor
- Following patients through from admission to discharge – focus on ‘home to home’
- Clerking portfolio
- Procedures – completion of CAPS logbook, surgical skills course
- Simulation teaching
• Development of team working – attendance and participation in handovers, referrals to other teams, seeking advice from others, raising concerns, escalating care, involvement in multidisciplinary team meetings
• Focus on patient safety – triage, prioritisation, consent and preparation for procedures and surgery, prescribing, WHO surgical checklist, DATIX
• Quality improvement project – involvement in QI project/audit
• The patient’s journey through the hospital – attendance at investigations including radiology, outpatient clinics, involvement with discharge teams, social work, occupational and physiotherapy, care at the end of life, death certification

During the assistantship you will be paired with a foundation programme doctors (F1 or F2) and be involved in the day-to-day care of patients for 3-4 weeks. You will gain direct experience of working as an F1, as a member of the team within the academy. You will translate your knowledge into the work environment without the responsibility that will be yours once you qualify, consolidating the knowledge, skills, attitudes and behaviours that you have gained during your previous training and embedding them into the world of work.

You will be expected to admit patients and follow them up, arrange and attend investigations and procedures with patients and be involved in significant conversations with them and their families or carers, with supervision. Preferably you should be based on a single ward during this period. You may be on medical, surgical, health care of the elderly, oncology wards etc. The ward specialty is not important; the students will be learning the job of a foundation programme doctor, not learning more medicine or surgery (although you will of course gain knowledge, as well as skills and attributes).

You should be given a list of multidisciplinary team meetings, clinics, investigation lists (for example endoscopy, bronchoscopy, theatre sessions) that you can attend. In addition, you will receive some non-bedside teaching such as within prescribing and radiology tutorials. You will also attend multidisciplinary, audit and governance meetings and are expected to be involved in patient safety procedures (such as the WHO surgical checklist) and projects, and quality improvement projects.

We wish you to consider the home-to-home journey for patients, and to think about your involvement with patients as within a ‘film’ rather than a ‘snap shot’. Academies not already doing so will be free to pilot the use of the ‘my bed’ project, and initiatives such as ‘what one thing could I do to make a difference to your stay?’ You will also be involved in teaching other students through the Peer Assisted Learning Scheme.

SUGGESTED MODELS

The junior doctor will either a) allocate a number of patients to your care, for whom you will have first responsibility or b) swap roles with you, so that you function as the F1 doctor and the junior doctor assists and oversees you. All members of the team should be aware of the model being used.

Within either model it is your responsibility to:
• clerk the patient and write the admission notes
• file anonymised copies of these clerkings in your PPP portfolio
• arrange the necessary initial and continuing investigations
• explain and justify treatment and management plans to the patient
• visit the patient at least daily to check on their progress, examining and performing additional investigations as necessary and documenting this in the patient’s notes
• write up all medication (this must be signed by a qualified prescriber)
• liaise with other members of the multidisciplinary team regarding the patient’s care
• prepare for and organise consultant or registrar ward rounds
• present succinct patient summaries on ward rounds
• take part in the planning of patients’ discharges (for instance, through the multidisciplinary team meeting), write the discharge medication (this must be signed by a qualified prescriber), complete the discharge letter to the General Practitioner
• be present when any important communication takes place involving the patient or when informed consent is being obtained
• be involved in communication with the patient’s family, with the patient’s consent
• be present to support and observe the patient during any procedures or other significant activities.

In carrying out these duties, you must always:
• identify yourself to the patient as a medical student
• wear a name badge which identifies you as a medical student
• in the patient records, sign date and legibly print your name and the fact that you are a medical student
• have patients’ prescriptions, pathology and other request forms you have written agreed and signed by a qualified doctor.

The qualified doctor’s signature on the drug chart or in the patient’s notes confirms they have taken legal responsibility for the drugs written, action proposed, or communication made and recorded by you. A qualified doctor must always check your notes and examinations, agree the investigations to be performed, agree which drugs are to be prescribed and be present if you are communicating important news to a patient or relative.

Patients should be asked to give their permission for you to help with their care. If the patient declines to be seen by you, you should report this immediately so the patient’s care is not compromised in any way.
During this assistantship you will learn how to manage acutely unwell patients to the level of an F1 doctor. You will spend time across the acute specialties and become an integral member of the team who will act independently at a basic level of care and escalate appropriately. You will be expected to develop decision-making skills that will affect patient care and understand the principles of patient safety.

TIMETABLEING

The Acute and Critical Care Assistantship will help you to understand the journey of patients admitted acutely to the hospital whilst also allowing you to become an integral part of the acute care team. You will be on a fixed rota within the academy that will be unlike anything you have experienced previously. Instead of doing ‘blocks’ in each specialty you will have 3-4 weeks where you will do 2-3 days/ nights in one of the four specialties and will then move into the next specialty. This will allow you to follow a ‘virtual’ patient through the hospital. For example, following days in the emergency department where you may have seen a patient with a fractured neck of femur, you are expected to go and see a patient being prepared for their surgery and in recovery following surgery during their theatre sessions. In this way, you will synthesise your previous involvement in acute medicine and surgery, anaesthetics and critical care in a patient-journey-centred way. You will gain experience of your future roles and how you cope with and learn from being on call, on take, on shifts and on nights.

A detailed exemplar timetable for the 9-week block is included at Appendix 1. This timetable is for 9 weeks and 12 students but can be cut down to 3 or 4 weeks and to the relevant number of students.

LOGISTICS AND LEARNING OUTCOMES

Students will need to know who to contact on arrival in theatre, the emergency department, the critical care area etc. You should attend with learning outcomes you wish to achieve and your contact should be able to direct you to the best way to meet these. The focus should be on the care of the patient as an F1 doctor.

Suggested patient-centred teaching and learning outcomes for the different areas are as follows:

Within the emergency department, to be able to explain:

- How patients are triaged on arrival
- The assessment and care process for patients
- Appropriate documentation
- How decisions about admission are made
- The logistics of referral to other teams
- The necessary steps to moving a patient to a ward
- The patient experience of care and admission
- The role of the F1 doctor when continuing care for emergency admissions

Within the acute admission areas, to be able to explain:

- How patients are assessed by the multidisciplinary team on arrival
- Initial care planning
- Appropriate documentation
- Review of care plans following on going observation and assessment
• Decision-making around referral on to other teams
• When and how patients are moved on to other ward areas
• The involvement of patients and their carers in decision-making
• Triggers for decisions about appropriate treatment/withholding or withdrawal of treatment/treatment escalation plans/do not attempt resuscitation decisions
• The patient experience of care
• The role of the F1 doctor

Within theatres, to be able to explain:
• Safe transfer of a patient to theatre
• Safety briefings and safety checks eg WHO checklist
• Appropriate documentation
• Procedures during the peri-operative period eg cannulation, airway management, catheter placement
• The care of the patient during surgery
• Safe transfer and handover of a patient to the recovery area
• Observation and assessment of a patient post-operatively
• Management of the unstable patient post-operatively
• Decision-making around safety of the patient to return to the ward
• The patient experience of care
• The role of the F1 doctor in preparing a patient for theatre and caring for them on the post-op ward

Note that this list does not include scrubbing and assisting in theatre. Students will be welcome to scrub to aid their understanding of aseptic technique and the procedures that their patients will go through, but this should not be the focus of the theatre sessions, even for aspiring surgeons.

Within critical care areas, to be able to explain:
• The assessment of an acutely unwell patient using ABCDE
• Understanding the process of transfer to a critical care area from the ward/ED/theatres
• How patients are assessed by the multidisciplinary team on arrival
• Appropriate documentation
• Initial care planning
• Review of care plans following on going observation and assessment
• Decision-making around referral on to other teams
• When and how patients are moved on to other ward areas after critical care treatment
• The involvement of patients and their carers in decision-making
• Triggers for decisions about appropriate treatment/withholding or withdrawal of treatment/treatment escalation plans/do not attempt resuscitation decisions
• Approaches to communicating difficult news
• The patient experience of care
The role of the F1 doctor working in the area, referring a patient to, or taking over the care of a patient from a critical care area.

You will complete your Immediate Life Support course during this attachment, and attend simulation training around core acute and emergency presentations, including those ‘special circumstances’, for example, the pregnant patient, usually taught within the Advanced Life Support course which you will go on to complete as postgraduates.

**ATTENDANCE**

We wish students to be able to follow real or ‘virtual’ patients through their admission/theatre/acute and critical care area journey. You will thus need flexibility. You are likely to be less ‘visible’ than for other assistantships and there is some anxiety that this might lead to students not engaging with this block. You will therefore be asked to keep a record of the area attended, who you reported to and (very briefly) what you did during each half day session. Students will only be asked for this record should there be concerns about attendance; if this is the case the person you reported to will be asked to confirm that they saw you on that day.

A suggested log is included at Appendix 2.

**PRIMARY AND COMMUNITY CARE**

**AIM**

The aim of the primary and community care rotation matches that of PPP overall, that is to prepare you to work as foundation programme doctors. There are unique features to the primary and community care rotation; the key features are working closely with a senior doctor as opposed to a near-peer-foundation doctor and having to complete full consultations with patients who will leave the clinical environment after the consultation. You should be able to use this experience, therefore, to hone your clinical skills as individual adult learners before starting work as qualified doctors. In these transitional years, changes have been made towards the 2021 model of a single student working as a clinician in their own clinics for 9 weeks. Teaching themes will emerge from experiential learning, and the focus is on students consulting with patients and practising decision making.

**TEACHING AND LEARNING OPPORTUNITIES**

- A beginning, middle, and end tutorial with formative mini-CEXs to tune clinical skills through the rotation. This will also allow planning of learning activities against the EPAs you need to develop
- You will work both in pairs for peer support, and individually to improve decision-making skills
- Student clinics – making diagnoses and proposing management plans before presenting and reviewing with a GP
- Responsibility for patients in residential settings – reviewing care plans, checking medicines safety, being proactive about care by using computer systems to identify at-risk patients
- Explore, experience and practice the concept of risk management for patients leaving the auspices of the clinical environment, including safety netting
• Improve consultation skills, including negotiating and promoting self-care with patients
• Gain insight into the complexities of managing multimorbidity, including the burden of treatment for patients, monitoring and prescribing in polypharmacy situations
• Gain experience of taking an active role in a multidisciplinary team
• Improve understanding of the primary/secondary care interface – seeing how clinic letters and discharge summaries work for foundation doctors, primary care doctors and patients
• Take the lead on developing a student-initiated community project, providing a useful service to the practice’s patients
• Limited availability of a session in Out of Hours on a voluntary sign-up basis, working towards full provision in 2021
• Opportunities for auditing and researching clinical questions and presenting them to in-house learning groups
• Attendance at practice management meetings, which may cover significant event analyses
• Completing a Patient Satisfaction Questionnaire, receiving direct feedback from patients about their performance.

**TIMETABLING**

• You will undertake a 3 or 4 week, practice-based placement. The exact make up will depend upon your desired learning activities, time away at Academy teaching, time off in lieu of Out of Hours work or delivering projects out of hours and length of the rotation. The timetable is shown at Appendix 3

During 2016/17 we successfully piloted an Out of Hours session with BrisDoc across Bristol and North Somerset, Vocare in BaNES and Somerset and Medvivo in Wiltshire. For 2017/18 we aim to pilot this with the new provider in Gloucestershire and offer approximately 50% of students in each of the counties served an Out of Hours session on a voluntary sign up basis. The feedback from the pilot confirmed that students found experience of this acute care environment worthwhile and out-of-hours provision is a large, previously unaddressed part of the primary/secondary care interface. It is not feasible currently to make this session compulsory.

Students are NOT expected to come back to the academy for PPP tutorials during their primary and community care block.

**NB** Students can be released from their primary care attachment for the following academy sessions ONLY:
• Situational judgement test
• Prescribing safety assessment
• Intermediate life support course
• Advanced consultation skills X2
• Simulation sessions
Academy administrators will need to give affected GPs one month’s notice of sessions planned during the three placement blocks which mean students will be absent. Any teaching planned should not be on a Wednesday (particularly in block one).

**ON CALL, ON TAKE AND WEEKEND WORKING**

You should arrange to experience work at the weekend, as hospitals function very differently at this time. You should also experience being on call and on take.

**NIGHTS**

You will be expected to work at least three and preferably five night-shifts during your PPP assistantships. These should be booked so they do not clash with other commitments.

**ELECTIVE PREPARATION**

If you need to take time off to attend Embassies for visa applications or to have immunisations or X-rays, you should discuss this with your clinical firms and Unit tutor/coordinator. You must arrange any days away from the academy so that they do not conflict with planned, timetabled activities.

**TUTORIALS AND CLERKING PORTFOLIO**

You will be expected to discuss patients you have clerked and cared for relevant to the PPP learning objectives during your seven weekly PPP tutorials held during your ward-based care and acute and critical care blocks.

**OTHER ACTIVITIES WITHIN PPP**

Specific clinical activities will include:

- [the ILS course](#) during acute and critical care
- the second part of the [surgical skills course](#) (first part in Unit 1) during ward-based care
- two [PALS](#) support tutorials and one session of student-led teaching per week
- at least four [simulator sessions](#) to facilitate skills in providing acute care during acute and critical care
- final palliative care and oncology tutorial
- weekly tutorials/case discussions to facilitate understanding and sign off of entrustable professional activities
OTHER ACTIVITIES WITHIN PRIMARY CARE

- A workshop on ‘caring for fellow health professionals and becoming the patient yourself’
- Advanced consultation skills seminar (at academy)

ADVANCED CONSULTATION SKILLS SEMINAR

This is a Primary Care seminar organised at Academies by GP academy leads, which will be held during PPP. You will observe and role play scenarios in small groups. Tutors will be local GPs and professional actors will play the role of patients.

Consultation skills teaching has moved from simple history taking and task-based communication skills in Year 2, to complete consultations in Year 4. During this seminar and your three to four-week primary care placements, you will have further opportunities to practise these skills. In addition, you will be learning about consulting in more complex scenarios, which represent common situations you may experience as Foundation Year doctors.

These sessions will focus on:

1. Consulting on the telephone
2. Consulting with a patient with multiple medical problems
3. Consultation with a patient and relative

You will also have a workshop on ‘Caring for fellow health professionals and becoming the patient yourself’. This workshop will look at the importance of self-care and building resilience throughout your professional career as a doctor, which can be very stressful at times. We will look at the difficulties doctors face when they become patients themselves, and how having a certain amount of knowledge can be unhelpful. During the session, we will do some role plays using professional actors based around how to be a patient and accept advice from a colleague and how to manage colleagues who seek your advice and opinion. We will also look at the difficult area of mental health issues, acknowledging them, addressing the stigma associated with them and accepting appropriate help and advice. Another area we will look at is being signed off work due to ill health and the impact this has on colleagues, and the difficult issue of presenteeism.

IMMEDIATE LIFE SUPPORT COURSE

https://www.resus.org.uk/information-on-courses/immediate-life-support/
DESCRIPTION

This is a national course designed on advanced life support guidelines (ALS) and is approved by the Resuscitation Council. It is relevant to those who will go on in their early medical career to take the full Advanced Life Support course. It assumes no prior knowledge or experience in cardiac resuscitation.

A course handbook will be given to each of you at the commencement of your medicine attachment within PPP. This is mandatory reading for every student before you attend the course. The interactive course content and the assessment methods depend on this.

DATES FOR ILS COURSES

The ILS course is delivered during the acute and critical care attachment of PPP. You will be told the dates of the ILS course when you start your attachment. Dates will also be found on Blackboard.

This course is a mandatory requirement for qualification – you must pass this assessment to graduate.

SURGICAL SKILLS COURSE PART II

The second part of the surgical skills course will take place within the ward-based care block of the PPP unit.

Please click here for the overall aims and objectives of the course. Please see here for the Surgical Skills handbook.

PEER ASSISTED LEARNING SCHEME

AIM

To equip you with skills to fulfil the Teaching and Training core competencies for the foundation years

OBJECTIVES

- To demonstrate an understanding of how adults learn
- To support and facilitate the learning of other students
- To be willing and able to undertake teaching of students in a one-to-one or small group setting
• To demonstrate appropriate preparation for teaching
• To set educational objectives, identify learning needs (your own and the group’s) and apply teaching methods appropriately
• To undertake a presentation to a small group, using a range of teaching materials
• To demonstrate a learner-centred approach

You should be supported in delivering teaching in one of the following situations:
• Facilitating Year 2 or 3 students doing Junior Medicine and Surgery to practise history and examination skills
• Leading a small group with Year 3 students consolidating core topics
• Bedside teaching for Year 2 students on Introduction to Clinical Skills course (ICS) - either individually or in groups of two to three

SUPERVISION

Supervision of teaching is important for the following reasons:
• Checking that teaching materials are accurate and appropriate for the junior students and comply with their curriculum
• Observing your teaching to ensure accuracy in delivery
• Ensuring attitudes and teaching behaviour is appropriate
• Ensuring organisation of teaching to junior students is professional

Supervision will be achieved through two PALS tutorials and direct observation of teaching. Some Academies will explore peer observation of teaching.

ASSESSMENT

You should keep a reflective log of teaching delivered within your portfolio to be presented and discussed during tutorials. You may also be observed whilst delivering teaching.

CLINICAL SIMULATOR SESSIONS

You should have at least four simulator sessions during Unit 2: PPP. These will be based on common emergency situations.

AIM

To allow you to practise the initial management of acutely ill patients within a safe environment
OBJECTIVES

- To demonstrate the logical assessment of patients presenting acutely unwell
- To demonstrate competently the use of the ABCDE approach
- To demonstrate the undertaking of appropriate emergency investigations and management in a timely fashion
- To demonstrate the ability to work as part of a team in caring for acutely unwell patients
- To develop communication skills with the patient, their family (where relevant) and other medical, nursing and paramedical staff
- To help you recognise when you need help and should seek senior review.

Link to learning objectives for the simulator sessions

You will attend the clinical simulator in small groups and ‘manage’ an acutely unwell patient with tutor supervision. Tutor and peer feedback will be employed.

ASSESSMENT

There is no assessment of learning but you will be given feedback on your performance during the de-brief sessions.

You are directed also to the following on-line resource which provides excellent guidance on assessing the acutely unwell patient: http://rrapid.leeds.ac.uk/RRAPID_eBook.html

RADIOLOGY

Spending time in the Radiology department is an excellent way of acquiring the radiology learning objectives. The understanding of the interaction between the radiologist and the junior doctors is excellent preparation for the F1/2 years. Academies will deliver radiology teaching in different ways.

The activities below are suggested as a means for you to meet the above objectives. These can be undertaken throughout year 5 but it is anticipated that you will do much of this during PPP. It is suggested you use opportunities on the ward to prompt following a number of patients through radiology. You may wish also to arrange a specific time to spend within the department (e.g. for radiologist reporting) through the radiology contact within each academy if you cannot meet these learning objectives by accompanying patients to the department.

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<th>ACTIVITY</th>
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<tr>
<td>Radiologist reporting</td>
<td>• Interpretation of radiographs</td>
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<td>Plain films(CXR, AXR, trauma)</td>
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| CT/MR - watching scans being performed reported | • Basic understanding of how CT and MRI work  
• Indications and contraindications  
• Interaction with radiographers  
• Cannula insertion  
• Interaction of radiologist and junior doctors |
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<td>Ultrasound</td>
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| Screening and plain film radiography          | • Image guided joint injections  
• Plain film radiographic techniques  
• Barium studies |
| Interventional and vascular radiology         | • Use of minimally invasive techniques  
• Consent for procedures and hand washing skills |
| Fast Track clinics e.g. Breast clinic         | • Observe interaction of surgeons, radiologists, nurses and radiographers  
• Ultrasound guided biopsy and localisation techniques |

See also
- Blackboard
- Bristol Hippocrates [http://www.bristol.ac.uk/medical-school/hippocrates](http://www.bristol.ac.uk/medical-school/hippocrates)

**TUTORIALS AND CASE-BASED LEARNING DURING PREPARING FOR PROFESSIONAL PRACTICE**

You will be allocated a Unit tutor throughout Unit 2: PPP. This tutor will host most of your weekly tutorials while you are based within the academy, although some tutorials will be facilitated by tutors with a specific interest in a particular area. The PPP tutorials are designed to help you understand and sign off the entrustable professional activities.

These are **not** didactic teaching sessions. You should be prepared to present patients whose care you have been involved in during these tutorials which have raised issues relevant to the entrustable professional activities. Tutors will check over the seven tutorials that the patients discussed in these tutorials lead to all the necessary learning objectives being covered.

Other specific tutorials will support teaching during the simulator sessions and the peer assisted learning scheme.
You will work on two standard cases during PPP designed to fulfil the learning outcomes within the EPAs not easily achieved during usual clinical activities. These cases will be provided to your academy tutors.

UNIT 3: ELECTIVE 2017

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Dr Jon Dallimore. Elective Coordinator
(jon.dallimore@bristol.ac.uk)
Usual hours of work: 13.15 – 17.15 Tuesday afternoons

The Year 5 elective is in the latter part of the final year, when all the Year 5 assessments have been completed. This means you will go on your elective with all the knowledge, skills and preparation you require to be an F1 doctor, and will therefore find it a more meaningful experience.

TIMINGS AND DEADLINES FOR THE ELECTIVE PERIOD
For 2017/2018 the elective date has been confirmed as being the eight-week interval between week commencing Monday 2nd April 2018 and Friday 25th May 2018.

- This is the only time for your elective and is not negotiable. You must present letters which show that your elective period is totally occupied by your placement(s).
- The elective coordinator will neither discuss nor approve alternative dates. You should take any holidays in your chosen location outside of this time.

IF YOU HAVE NOT ALREADY DONE SO YOU SHOULD START PLANNING NOW.

Registration on Blackboard deadline: 12:00hrs (GMT) Thursday 8th February 2018

Detailed elective plan submission on Blackboard deadline: 12:00hrs (GMT) Thursday 15th March 2018
A range of penalties apply if you do not meet these deadlines. In particular you should note that if you do not complete and have approval for your electives documentation before the first day of the elective period, you will be referred to the Fitness to Practice Panel. You must register your elective and submit an elective plan by the published deadlines – see above. Late submission may result in the application of a penalty equal to an absolute reduction in the mark by 10 percentage points (e.g. from 63% to 53%).

On completing the elective, you must submit a form from your host supervisor confirming that you have completed the elective. This form must also be submitted by the published deadline. Failure to meet this deadline may prevent you from graduating.

ELECTIVE AIMS AND OBJECTIVES

The final year elective gives you the opportunity to undertake a period of study, or clinical experience, in an area of medicine of particular interest to you.

Objectives of your elective 'project' are for you to demonstrate your ability to:

- Develop and work to a set of realistic aims and objectives
- Manage your own time and prioritize tasks effectively
- Take account of medical ethics when practicing
- Present your preparatory work in writing, clearly and concisely
- Reflect on your practice and be self-critical
- Follow the principles of risk management when you practice
- Consider potential career paths

You can take this opportunity to gain experience in different environments from your other undergraduate studies. Your personal tutor or local elective supervisor of your choice should be able to help you.

ASSESSMENT OF THE ELECTIVE PERIOD

DETAILED ELECTIVE PLAN

This will be an electronic form on which you must record your plans for your elective studies and what you aim and expect to get out of it. In this preparatory phase of the elective you will need to be clear about what you plan to do and how you are planning to get the best from this period of study. Please alert your local supervisor that this detailed elective plan will need to be marked by them by Thursday 12th April 2018.

Each of your host elective supervisors must complete a copy of the Elective Supervisor’s Report at the end of each placement. This must be emailed to medadmin-5@bristol.ac.uk on or before 28th May 2018.
HOW DO I REGISTER MY ELECTIVE?

All students need to submit all of the following to the Curriculum/Reception Office by the deadline, on Blackboard – 12.00GMT Thursday 8th February 2018.

1. The completed Registration Form (available on the elective Blackboard site www.ole.bris.ac.uk).

2. A letter or email from your host institution(s) showing that they can and will allow you to undertake your elective in the location and on the dates you propose.

3. A letter or email which confirms that you have suitable accommodation for each elective destination.

4. Copies of your proposed travel itinerary detailing your travel arrangements.

5. A copy of insurance papers for your travels: This must cover medical emergency & travel expenses, personal liability, baggage and personal effects, money & credit cards. You may wish to purchase insurance cover for change of venue because of a national disaster or an outbreak of disease or if you have to remain in the UK to re-sit part or all of the Year 5 assessments. If relevant, your travel insurance should also cover you for other activities before or after the elective such as high altitude mountaineering, white-water rafting or bungee jumping.


ALL SIX OF THESE ITEMS MUST BE COMPLETE BEFORE THE DEADLINE OR LATE SUBMISSION PENALTIES WILL APPLY.

It is your responsibility to ensure that all documentation is in place by the deadline. No allowances will be made if:

- you choose to travel to a country where it is time-consuming to obtain confirmation of placements, accommodation, etc.
- the company that is organising your elective cannot provide confirmations by the required deadlines – check this before you sign up with them.

If you have valid extenuating circumstances which have meant that you are unable to submit your registration form on time you should complete a ‘Late Submission Form’ http://www.bris.ac.uk/medical-school/staffstudents/student/forms/

If you are planning to go to your country of origin you will still need to produce these documents even though you may be going ‘home’.
Late Registration/Submission of Coursework. Please see University guidelines at:
http://www.bristol.ac.uk/academic-quality/assessment/codeonline.html

WHAT HAPPENS ONCE I HAVE SUBMITTED MY CORRECT DOCUMENTS?

Your documents will be checked by Dr Dallimore (elective coordinator) only when all the correct documentation has been submitted. Dr Dallimore will either approve your elective unconditionally or you may have to provide some further information. If Dr Dallimore believes that substantial unaddressed risks still remain he may deem that the placement is inappropriate.

ELECTIVES AND RESIT EXAMINATIONS

Any student who has either missed a significant part of the course or who requires further time and revision teaching to re-take the year 5 written examination, BCDE or CCAs will have to undertake further studies based in one of the seven Academies. You must take this factor into account in any planning that you make and any insurance cover that you organise. If you undertake further studies you do not need to submit elective planning documentation, but you will need to discuss your learning needs for remedial teaching with the Programme Director or Year 5 Lead.

WHERE CAN I GET IDEAS FOR AND INFORMATION ABOUT MY ELECTIVE

The ‘Electives Network’ via the MDU website: www.themdu.com
- General information from the BMA and the Royal Society of Medicine
  - https://www.rsm.ac.uk/prizes-awards/students.aspx

WHERE CAN I GO?

You can travel just about anywhere in the world, but:

- You may not travel to countries/regions where the Foreign and Commonwealth Office recommends against travel (https://www.gov.uk/foreign-travel-advice) or anywhere the WHO has declared ‘at risk’ for infectious diseases such as Ebola or Avian influenza (see www.who.int for up to date information). This is absolutely not negotiable – no travel will be approved to these regions/countries.
- You may only travel if you fulfil health & safety requirements (e.g. immunisations) for the country/region you are travelling to and have completed a thorough risk assessment. Make sure you allow adequate time for immunisations.
WHERE DO I GET PROOF OF MY STUDENT STATUS?

- The Year 5 administrative lead, Dolores McDonnell, at the Faculty office, Senate House can supply you with a letter to show you are an elective student for your placement organisation. Email: medadmin-5@bristol.ac.uk
- If you require a letter regarding Personal Protection Equipment (PPE) this will be provided by the Programme Director on request (NOT all students need this - your host institute will inform you).

HOW CAN I RAISE FUNDS?

There are several sources of funding available:

The Faculty Office administers the faculty bursaries and students will be emailed regarding the deadline for these and other bursaries. You should note that there is a lot of competition for all these bursaries so you should ensure that you follow the guidance when writing your application.

ELECTIVE SUPERVISORS

Your supervisor should be a member of staff from the University or one of the Academies. Neither your local supervisor nor your supervisor at your elective destination should be a friend of the family or a family member.

You should discuss the following issues with your supervisor:

1. The aims & objectives and learning outcomes of your elective
2. Health & safety
3. Ethics & data protection
4. Time planning – are the times you have allowed realistic?

BLACKBOARD

The information contained on these pages, registration forms and other useful information can be found on the elective Blackboard site (www.ole.bris.ac.uk).

HEALTH AND SAFETY RISK ASSESSMENT
You must think very seriously about any possible risks to your health and safety (physical or mental) during your elective and complete a risk assessment for your travels.

**WHAT IS A RISK ASSESSMENT?**

A risk assessment is a careful examination of what could cause you or others harm during your elective, so that you can weigh up what precautions you should take before and during your elective to prevent or minimise any risk of harm.

On your electives registration form there is a risk assessment section which you **must** complete carefully.

**TO MINIMISE RISKS AND THEIR EFFECTS YOU MUST:**

- Ensure that the Foreign and Commonwealth Office does not recommend against travel to your chosen country/region. ([https://www.gov.uk/foreign-travel-advice](https://www.gov.uk/foreign-travel-advice))
- Maintain effective lines of **communication** while on elective with your next of kin or other responsible adult – use email or mobile telephone links if possible
- Provide the name and address of the local supervisor at your elective destination. Where possible please provide their telephone number and e-mail address so that the University may contact you through this route if necessary
- Obtain comprehensive **travel insurance from BMA Services or similar** and ensure you have adequate **funds** for your trip. Travel insurance must cover medical emergency & travel expenses, repatriation, personal liability, premature return, baggage and personal effects, money & credit cards. You may wish to purchase insurance cover for change of venue because of a national disaster or an outbreak of disease or if you have to remain in the UK to re-sit examinations or for some other reason. Make sure you know how to contact your insurance company and take a copy of your insurance details with you
- Discuss your health and safety with your elective supervisor
- Read ‘**Risk Assessment for Contagious Diseases while on Student Electives**’ and address any issues raised. (see below)
- Prepare a **first aid kit** as appropriate to your destination country
- Note that if you go to an HIV endemic area on your elective remember that it is particularly important that you address risk assessment and management – you will have to pay for your own prophylactic medicines or equipment. You may also have to purchase other medical items such as latex gloves
- Ensure that you are aware of **health & safety regulations and procedures** at your host institution, including whether you need an up to date **Criminal Records Check from the Disclosure and Barring Service** – you will need to pay for this yourself and apply at least 3 months in advance. You can get information from medadmin-1@bristol.ac.uk
- Make yourself aware of **what to do** and **who to contact** if something should go wrong
- Check which **vaccinations** you need at least 3 months prior to departure. You can obtain these
from Student Health, your GP or a travel clinic. You should expect to pay for these (see below)

- Ensure you are familiar with **local laws and customs**.

### UNIVERSITY EMERGENCY CONTACT DETAILS

**Student Health**: Tel: +44 117 330 2720 (this is manned 08.00-18.30 Monday to Friday – out of hours you will be directed to a further number to contact an on call doctor). Student Health will also answer emails the following working day (Monday-Friday) if sent to this address: admin@gp-L81133.nhs.uk.

Students not registered with Student Health may still use this number while on elective for emergency help and advice but must contact their own GP for illness which develops after they have returned.

### ELECTIVE RISKS

You need to identify risks which are specific to your elective. The following checklist of issues is adapted from ‘Health & Safety Guidance when Working Overseas’. You should work your way through this checklist to ensure that you have considered these potential hazards:

- Transportation – poor drivers, hazardous terrain, maintenance of vehicles, etc. (Note that traffic accidents are the main cause of deaths among travelers)
- Invalid passports, which do not comply with entry criteria
- Invalid visas and other documentation for travel (may need ‘work’ or other visa for an elective)
- Cultural misunderstandings (customs, dress, religion)
- Legal differences – local standards, local statutes
- Insecure or inappropriate accommodation
- Theft and other crime
- Infectious diseases
- Contact with animals (wild or domestic) – allergies, asthma, bites, rabies, malaria, etc.
- Contaminated drinking or other water (diarrhoea, Legionella, cholera, polio, etc.)
- Contaminated food (allergies, food poisoning, Hepatitis A)
- Electricity – compatibility of equipment and supply, etc.
- Emergencies (including fire) – arrangements and procedures, first aid provision, etc.
- Hazardous substances/chemicals/radiation
- Needles and other possible sources of cross contamination (HIV, Hepatitis B)
- Stress (due to accommodation problems, communication difficulties, loneliness etc.)
- Climatic extremes
• Natural phenomena – avalanche, tsunami, earthquake, volcanoes, etc.
• Civil unrest/terrorist activity.

**THIS LIST IS NOT EXHAUSTIVE. DEPENDING ON WHERE YOU ARE BASED, THERE MAY BE OTHER HAZARDS NOT INCLUDED HERE. ANY SIGNIFICANT HAZARDS SHOULD BE LISTED IN THE RISK ASSESSMENT SECTION OF YOUR REGISTRATION FORM.**

You will be able to find information on the above potential hazards at:

- Foreign and Commonwealth Office website [https://www.gov.uk/foreign-travel-advice](https://www.gov.uk/foreign-travel-advice)
- Medical advice is also available from the Student Health Service or your GP

Consulates of the countries you are travelling to can give you visa information; their websites may also give you information on local laws and customs (see [https://www.gov.uk/foreign-travel-advice](https://www.gov.uk/foreign-travel-advice) for a list of consulates and their websites).

**TRAVEL HEALTH COSTS – INFORMATION FROM STUDENT HEALTH**

Whilst thinking about and planning your final year elective period, it is worth considering all of the following factors as they may affect the ease of planning the trip and overall cost. Services available under the NHS are clearly defined and there will be charges payable for anything else.

**IMMUNISATIONS**

Occupational – some institutions abroad may require you to have additional immunisations or possibly a blood test to prove that you have had certain immunisations e.g. MMR. There will be a charge for this blood test. In some institutions in North America they may require an immunisation which is not available in the UK and then you may need to pay for a medical certificate declaring this. You should be aware that these requirements may not be the same as those in the UK and decisions regarding immunisations will be made on clinical grounds only.

Travel – hepatitis A, Typhoid, Tetanus, Diphtheria, Polio, and Cholera (for a certain subset of travellers) vaccinations are available free on the NHS. Any other travel vaccines that may be required **you** will have to pay for. Please check the SHS website for further information – [http://www.bristol.ac.uk/students-health/](http://www.bristol.ac.uk/students-health/).
MRSA SWABS

Several countries, e.g. Australia or New Zealand, require a certificate stating that you have had recent swabs negative for MRSA. There is a charge for these and requirements may vary even within the same country. You should check documentation carefully and bring it with you to any appointment at Student Health with one of the Health Care Assistants.

ANTI-MALARIALS

Malaria is a potentially lethal disease which is prevalent throughout Africa, Asia and S. America. You may require anti-malarial medication for the whole time you are abroad. Some are only available on a private prescription, for which there is a charge for the prescription and then you will also have to pay for the anti-malarial tablets (see below).

CERTIFICATION

Many institutions will require a statement of health and in some instances will even demand you have a chest x-ray. There will be a fee for both of these.

HIV PROPHYLAXIS

If you are travelling and working in a country where there is a high incidence of HIV e.g. Africa, then you may require HIV prophylaxis for which there is a charge (see below). This is obtained from Occupational Health.

OTHER POSSIBLE COSTS

These may arise if you decide to travel independently before or after your elective period e.g. a private prescription for antibiotics if you become unwell, or medication for altitude sickness if you are climbing. These are all available and cheaper to buy at one of the private travel clinics e.g. NOMAD - http://www.nomadtravel.co.uk/

Please consider all the above factors before you make your choice and finalise your plans. The staff at the Students’ Health Service have many years’ experience of helping elective students and would be happy to answer any queries you may have. Please book into a travel clinic appointment at Students’ Health Service as soon as you start planning your medical elective. Students’ Health Service has a huge demand for travel clinic appointments for medical electives in February/March each year and availability of appointments cannot always fulfil demand during this time.

This information is not exhaustive and further information can also be found on the websites referred to in this handbook.
FREQUENTLY ASKED QUESTIONS FOR TRAVEL

HOW CAN I CHECK WHAT IMMUNISATIONS ARE RECOMMENDED?

Information can be found at http://www.nathnac.net

WHAT ARE THE CHARGES FOR MALARIA PRESCRIPTIONS?

Some antimalarials are not available on the NHS and only available on private prescription, these include Malarone, doxycycline and mefloquine (Lariam). There is a £14 private prescription charge at Students’ Health Service and the pharmacy will then charge you for the items. Each pharmacy charges a different price so it is worth shopping around with your prescription.

If chloroquine and/or proguanil antimalarials are recommended for your destination, these do not require a prescription and can be bought over the counter at a pharmacy.

You can check the following website for further information on risk of malaria at your destination (malaria maps) and antimalarials recommended.
http://www.fitfortravel.nhs.uk/home.aspx

WHERE CAN I GET A PRESCRIPTION OF ANTIBIOTICS TO TAKE WITH ME TO TREAT TRAVELLER’S DIARRHOEA?

It is cheaper to buy these at NOMAD travel clinic on Park Street than to obtain them from Students’ Health Services as they need to be issued on a private prescription which incurs a £14 prescription charge plus the price of the tablets from the pharmacy.

WHERE CAN I OBTAIN ACETAZOLAMIDE (DIAMOX) FOR ALTITUDE SICKNESS?

This is unlicensed for the prevention and treatment of altitude illnesses in England, so not prescribed at Student Health Service, however NOMAD sell it within their clinic.

WHERE CAN I CHECK HOW LONG MY IMMUNISATIONS LAST FOR?

Information can be found at http://www.nathnac.net
RISK ASSESSMENT FOR CONTAGIOUS DISEASES ON STUDENT ELECTIVES

Students travelling abroad may be exposed to contagious diseases which may be life threatening. Before travelling on your elective you should:

- Assess the risks of contagious diseases with your elective advisor and take the appropriate precautions
- Have a dental check up
- Know your blood group.

INFORMATION ON POTENTIAL HAZARDS

There are resources available which provide up to date information which can be used for your risk assessment (some charge for their services). These include:

Foreign & Commonwealth Office (https://www.gov.uk/foreign-travel-advice)

The National Travel Health Network and Centre (NaTHNaC) http://www.nathnac.net

If the information you require is not available from these resources or your supervisor please contact Students' Health Service, if you are registered with the Students' Health Service, or Dr Jon Dallimore, Elective Coordinator.

INFECTIOUS DISEASE RISK ASSESSMENT

While there are numerous potential infectious hazards when travelling abroad, most of these can be avoided by appropriate immunisation, use of insect repellents/mosquito nets and malaria chemoprophylaxis and avoiding contaminated food and water. However, particularly in clinical practice, you may be exposed to HIV, the viral haemorrhagic fevers, avian flu, or other unexpected infectious hazards – the risks therefore require careful consideration with your adviser before embarking on your elective.

HIV

There are around 36 million people infected worldwide, with around 8,000 new infections each day. The pandemic has reached all parts of the world, with sub-Saharan Africa most affected (22.5 million people infected). Against a background of general high prevalence of HIV infection in some countries, certain risk groups within those countries have even higher prevalence, for example IVDU, men who have sex with men, and sex workers. Such groups may have an HIV prevalence of over 50%. In addition, HIV infection is common amongst individuals presenting to medical services.
In many areas of sub-Saharan Africa, over 75% of in-patients on general medical wards are HIV positive.

**Action** – All students must familiarise themselves with the risk of HIV in the area they propose to visit.

**HOW MIGHT A STUDENT ON ELECTIVE BECOME EXPOSED TO HIV?**

HIV is a blood-borne virus – exposure occurs through inoculation or mucous membrane exposure to infected blood or secretions. There is a potential for occupational/work related risk, and risk through sexual exposure, intravenous drug use, and use of unsterile equipment (e.g. tattooing). Exposure prone procedures include: venesection, insertion of intravenous catheters, lumbar punctures, immunisation, insertion of chest drains and all surgical procedures. Obstetrics, orthopaedic surgery and trauma surgery are high risk exposure-prone procedures.

**WHAT IS THE RISK OF HIV INFECTION?**

The average risk of HIV after a significant needle-stick injury from an infected source or person is approximately 1 in 300.

It is essential to remember that sexual intercourse with local people is extremely hazardous in HIV endemic areas.

**RECOMMENDED ACTIONS (HIV RISK)**

1) **High Risk** exposure-prone procedures (i.e. obstetrics, orthopaedic surgery and trauma surgery) **must** be avoided in all areas where the local HIV sero-prevalence is equal to or greater than 1%. Standard Universal Precautions should be adopted in all situations.

2) **Post-Exposure Prophylaxis** (PEP) should be carried by students travelling to areas where HIV sero- prevalence is equal to or greater than 1%, and the equivalent medication is unlikely to be available locally. We recommend that for sub-Saharan Africa you take with you a starter pack of PEP, sufficient for at least 3 days to cover you while you arrange to fly home. A full course of PEP consists of 28 days of treatment, which can be continued in the UK upon return. Guidelines for when to commence treatment are provided below.

3) **Latex gloves and a medical kit** should be carried by students travelling to all areas where the equipment for standard universal precautions is unlikely to be available locally.

**WHAT DO I DO IF I SUFFER A HIGH-RISK INCIDENT WHILST ON ELECTIVE?**
This could be a percutaneous or mucosal exposure to potentially HIV-infected blood or other high risk body fluid sustained during medical activities:

- Encourage any puncture site to bleed, and wash with soap and water (do not scrub); cover with a waterproof sticking plaster.
- Irrigate contaminated conjunctiva or mucous membrane with sterile saline or water for at least 5 minutes.
- Assess whether the patient may be HIV positive or suffering from AIDS. Involving a local experienced clinician would be valuable in performing the risk assessment, including details such as known recent test results, HIV treatment status, reason for attending medical services, additional risk group activities above the general population prevalence. Where possible, arrange for the patient’s blood to be tested as soon as possible for HIV (and HBV and HCV) with the informed consent of the patient.
- Report the incident to the appropriate senior person locally, and keep a copy of the accident report.
- If HIV infection cannot be excluded, take a stat dose of HIV PEP as soon as possible and, ideally, within one hour of the incident. This one dose is unlikely to give side effects.
- Try to contact Dr Matthew Donati, Consultant Virologist (Tel: +44 117 342 5016) OR, if unavailable, the Consultant Virologist on-call via the switchboard at the Bristol Royal Infirmary (Tel: +44 117 923 0000)
- If the exposure is to blood or body fluids/tissues from a patient shown to be or strongly suspected of being HIV positive, you should continue to take the HIV PEP for four weeks.
- Report to the Occupational Health Department, University Hospital, Bristol, or the Director, Students’ Health Service, Hampton House, St. Michael’s Hill, BS6 6AU, 0117 330 2720, immediately on your return to the UK.

**VIRAL HAEMORRHAGIC FEVERS (VHFS)**

Dengue fever is the commonest VHF, it is transmitted by mosquito bites and usually manifests as a severe flu-like illness. In Africa, VHFs include Lassa fever, Rift Valley fever, Marburg, Ebola, Crimea-Congo haemorrhagic fever (CCHF) and yellow fever. Humans initially contract these infections through exposure to rodents or insects (Ebola and Marburg unknown). Person-to-person transmission of Lassa, Ebola, Marburg and CCHF viruses can occur through direct contact with infected material (blood, vomit, pus, stool and saliva).

**Action** - Students travelling to at-risk areas for Lassa, Ebola, Marburg and CCHF viruses must avoid exposure prone procedures (see above) in all patients and avoid contact with patients in whom these VHFs are being considered or have been diagnosed.
IMMUNISATION

Immunisation is an essential component of your preparation for your elective. When evaluating your requirements, you should consider the following vaccines:

- Diphtheria
- Tetanus
- Polio
- Hepatitis B
- Hepatitis A
- Typhoid
- Yellow Fever
- Cholera
- Japanese encephalitis
- Rabies
- Influenza
- Meningococcal ACWY

**Action** – All students must familiarise themselves with the immunisation requirements for the area where they propose to visit. Advice should be sought from the University Students’ Health Service or GP and the sources of information listed above.

MALARIA PROPHYLAXIS

Malaria is the commonest imported infectious disease amongst travellers to the tropics. Prevention involves taking precautions to avoid mosquito bites (clothing, repellents and nets) and ensuring strict compliance with the recommended anti-malarials for your destination.

**Action** – All students must familiarise themselves with the risk of malaria in the area they propose to visit (see information listed above) and take appropriate preventative measures. Please remember that sleeping under an impregnated mosquito net is at least as effective as chemoprophylaxis in preventing malaria. So if you plan to take malaria prophylaxis, take an impregnated net with you, particularly if you are not sure that one will be available where you are going.

UNIVERSAL PRECAUTIONS

Hand care: cover all cuts/abrasions with a waterproof dressing. Wear gloves during all examinations which may involve contact with blood or other body fluids. If blood or body fluids do make contact with your skin, wash thoroughly with soap or a disinfectant.

Mucous membranes – always wear a mask and eye protection if you are involved in a procedure that may lead to a splash of blood or body fluids.

Needles and sharps – while handling needles and other sharps gloves should be worn. Never re-sheath needles. Always dispose of them in an appropriate container.
FINALLY PLEASE NOTE

Provided that you follow these guidelines the risk from infectious disease is very small. More travellers die from accidents (often road traffic collisions) than from any other cause and most of these accidents could have been avoided. The consequences of having an accident abroad are often far more serious than if they occur at home. It is therefore important to avoid exposing yourself to unnecessary danger.

WHAT TO DO IN CASE OF A NEEDLESTICK INJURY – SUMMARY

Wash the area thoroughly in sterile or boiled water. Try to make the broken skin bleed. Cover with a clean dressing

Try to ascertain the HIV status of the patient. If not known, assume positivity

If possible, contact the most senior local doctor available immediately. Assess the risk with the help of the doctor. If high risk, then start HIV PEP

Take the first dose of HIV PEP in the kit as soon as possible, ideally within one hour of the injury. Remember to check for any possible drug interactions on the patient information leaflet

Continue to take HIV PEP as prescribed

Inform the elective coordinator via email – jon.dallimore@bristol.ac.uk

After consultation with one of the consultant virologists at the BRI, consider returning to the UK within 3 days in order that further treatment can be given continuously on return

Try to obtain as much information as possible about the index patient, including asking permission to test for HIV, and ask the responsible physician to monitor the patient’s progress and to keep you informed

Leave a forwarding address with the host physician

REMEMBER: PREVENTION IS BETTER THAN TREATMENT

TEACHING AND LEARNING

Year 5 is spent working with clinical teams and in student assistantships, on medical and surgical wards, in primary care and the community or on palliative care and oncology, neurology, acute and critical care clinical placements. You will therefore be expected to spend the majority of your time on the wards. In addition you should seek out and attend learning opportunities in other clinical areas.

‘Teaching’ will therefore happen throughout the working day in the clinical environment from medical staff of varying seniority, and the more this environment is exploited, the more you will
benefit. The clerking portfolio and learning objectives are the key tools in facilitating your learning within the Unit.

‘Formal teaching’ (delivered/organised by Unit tutors, coordinators and clinical teaching fellows) will be ‘patient-centred’ i.e. with the ultimate goal of you being able to synthesise information from history, examination and investigations in order to hone diagnostic reasoning and treatment planning skills.

This will be delivered in a variety of ways in academies and may include sessions on

- small group discussion/presentation of cases seen
- observation of taking focussed history by the bedside
- honing examination technique and interpretation skills
- interpreting common investigations and management planning.

‘Classroom teaching’ will be limited to no more than 3 hours/week on average within the working day in order to facilitate patient-centred teaching and learning in the clinical environment. This will normally comprise prescribing teaching, tutorials and radiology teaching.

APPROACHES

You are expected to be self-directed learners and to seek out opportunities to fulfil your learning objectives.

VERTICAL THEMES

As well as specialist topics, the Bristol MB ChB programme has six vertical themes that run through all the curriculum years. This document describes the scope of these themes and gives points of contact for further information.

Disability, disadvantage and diversity (3D). These are three formidable components, all of which define the patient’s environment, function and potential to live a fulfilling life. It similarly affects us as practitioners, and our own personal experience of these components will in turn determine our approach to this theme, and ultimately our practise. The 3D journey is therefore an assessment of one’s beliefs and attitudes, as well as acquisition of knowledge and various skills. Learning and teaching occurs especially in ‘3D Week’ of Year 2, Central Study Days of Year 3, COMP1&2 and scattered through all other clinical units. 3D, along with EBM&PH, is where teaching on global health issues are sited in the curriculum.

Consultation and Procedural Skills (CAPS). Doctor-patient communication is paramount in making and explaining a diagnosis, finding out how an illness impacts on a patient and in discussion of treatment options. The GMC has now produced a list of core clinical skills that every student should have mastered before qualification to ensure they are well prepared for work as
an F1 doctor. Bristol has an active programme of communication skills training (in all curriculum years). Clinical skills teaching is happening in all units but opportunities for learning clinical skills obviously expand considerably in the clinical years.

The Ethics and Law in Medicine (Ethics) vertical theme seeks to help students develop an awareness and understanding of ethical, legal and professional responsibilities required of them as students and doctors. Students learn to reflect critically on ethical and legal issues and to understand and respect the strengths and weaknesses of views different from their own while maintaining personal integrity. Ethics teaching follows a National Curriculum and is introduced in Year 1 (HBoM). There is a further course in Year 3 (as part of psychiatry) and many other teaching and learning opportunities within other units.

Evidence Based Medicine (EBM) and Public Health. EBM is defined as ‘the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.’ Public health includes actions to promote healthy lifestyles, prevent disease, protect and improve general health and healthcare services for their local ‘population’ – which could be a rural community, an entire city or even the global population. Whilst only a handful of students in any year will ever become epidemiologists, every student will need to read research papers to keep up-to-date as a good doctor and consider the impacts of health care decisions at a population level. EBM is taught mainly in HBoM (Year 1) and COMP1 ((Year 4). Teaching is also undertaken in other Units.

Personal, Professional and Interprofessional Development (PAID). Producing a Doctor with personal skills, professional skills, world of work skills and the interprofessional skills required for the role has always been an essential part of undergraduate training at Medical School; simply producing a medical graduate is not good enough. The most highly developed set of skills that the student must acquire before passing into the Foundation Programme as a doctor are those that characterise professionalism. This is a term that embraces many things but particularly the ability to function in a workplace, to work in a team and to work with fellow clinicians from other professions. PAID is delivered across the curriculum years including the ‘Interprofessional Learning’ (IPL) programme in Year 3 and Career’s Fairs in Years 3 and 4. It is, obviously, a major aspect of the ‘Preparing for Professional Practice’ (PPP) course in Year 5.
Medical Humanities and Whole Person Care (WPC). Medicine exists at a turbulent intersection between scientific and humanistic understandings of life. WPC exists to champion the human dimension. The curriculum has a natural and necessary tendency toward specialisation. The WPC theme reminds us that, whatever the diagnosis, it always exists within the life of ‘whole’ person. In servicing this aim we draw illumination from the wealth of human endeavour that constitutes the ‘humanities’. This includes literature, philosophy, history and the visual arts. The VT launches in HBoM of Year 1 and is represented in several other units. Look out for the arts website www.outofourheads.net and also our intercalated programme in medical humanities.

Dr Trevor Thompson, as well as being lead for the WPC VT is chair of the Vertical Themes Committee.
ATTENDANCE
Faculty of Medicine and Dentistry Rules, Policies and Procedures 2014/15 page 4 state:

‘We expect attendance to be 100%. As a professional programme, students may not pick and choose among core material, but are expected to attend all teaching sessions provided. We reserve the right to take attendance registers and students’ attendance will be regularly monitored. Failure to attend may raise professional behaviour concerns.’ (See Fitness to Practice procedures page 34).

https://www.bris.ac.uk/medical-school/staffstudents/rulesandpolicies

You are expected to be at all teaching sessions and organised clinical placements, and present within hospital wards or in primary care during normal working hours for the whole of year 5. Your tutors and the junior doctor you are shadowing will be asked about your attendance. If you fail to attend 100% of the teaching without submitting extenuating circumstances you risk failing the unit and forfeiting your elective.

ASSESSMENT – LINK TO ASSESSMENTS WEBSITE

Please click Year 5 tab.

FINALS INFORMATION

Finals information is available on the Assessments and Feedback section of the Medical School website. Please click Year 5 tab.

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS)

Students will have to gather sufficient evidence during Senior Medicine and Surgery (SMS) and Preparing for Professional Practice (PPP) to demonstrate that they are competent in the 16 Entrustable Professional Activities as described in the Year 5 handbook. During PPP the Unit coordinator will ensure that this evidence is scrutinised and will oversee the initial sign-off of the all the EPAs for each student with exception of EPA 15 and 16. Responsibility for the final sign-off of each EPA will rest with the Faculty Examination Board. Evidence for EPA 15 (undertakes appropriate practical procedures) will be provided by completion of the Consultation and Procedural Skills (CaPS) logbook, which can only be confirmed by the Faculty Examination Board. Evidence for EPA 16 will include completion of Team Assessment of Behaviour (TAB) which also can only be confirmed by exam board.

Students will gather evidence of their competence in each EPA by engaging with clinical activities in the units as detailed in the Year 5 handbook. They will collect this evidence in the ‘year 5 workbook’. The workbook contains examples of the sort of evidence that should be provided for each EPA. It is anticipated that the majority of evidence will be obtained during PPP but to ensure students are ‘on
track’ it is expected all students should have at least one item of evidence (not including the CCAs) for EPAs 1-14 detailed in their Year 5 workbook by the end of SMS.

Core evidence for some EPAs will come from completion of Clinical Competency Assessments (CCAs) during both SMS and PPP. CCAs will comprise objective long cases (OLC-CCA), mini-clinical examination exercises (Mini-CEXs) and case based discussions (CBDs), akin to formative workplace-based assessments used in postgraduate training. To get all their EPAs signed-off at their academy, students will be expected to complete at least 8 CCAs without any global verdict ‘not yet performing at level expected’, in addition to gathering other evidence. If a student is judged to be ‘not yet performing at the level expected’ in one or more CCAs they should be able to do more CCAs. If a student fails to gather sufficient CCAs demonstrating that they ‘perform at level expected’, and initial sign-off is not felt to be possible by the academy teachers, then the student must provide alternative evidence within the Year 5 workbook to help the Faculty Examination Board make a final decision. Students in this situation should meet with their PPP Unit coordinator (or deputy) to discuss what evidence they have and how such evidence may be obtained.

Students are required to complete the following number of CCAs at ‘performs at level expected:’

2 Objective long cases (OLC-CCA), 1 in SMS and 1 in PPP
3 Mini-CEXs – at least 1 in SMS
3 CBDs – at least 1 in SMS.

Academies will arrange one OLC-CCA per student during weeks 6-11 of SMS and a second OLC-CCA during weeks 1-6 of PPP. If either of these OLC-CCAs is judged as giving overall ‘not yet performing at level expected’, the academy should arrange up to two further OLC-CCAs by the end of week 10 of PPP.

The other 6 CCAs (3 Mini-CEX and 3 CBDs) should be undertaken during Senior Medicine and Surgery and Preparing for Professional Practice as and when students are able to identify appropriate opportunities within their placement/assistantship. It is expected however that students undertake a minimum of 1 Mini-CEX and 1 CBD during Senior Medicine and Surgery.

At least one Mini-CEX must be undertaken within the primary and community care attachment of Preparing for Professional Practice.

One of the CBDs should have a focus on a patient with palliative care and/or oncology needs.

All of the above assessments will be undertaken by a single assessor. Assessors for OLC-CCAs will be GMC registered doctors who have completed any relevant postgraduate membership/fellowship examination and who have reviewed the CCA assessor guidance material. Assessors for all other CCAs (Mini-CEX and CBD) will be GMC registered doctors who are CT1 level or above (including clinical teaching fellows) who have reviewed the CCA assessor guidance material, or specialist nurses who are involved in regular completion of Supervised Learning Events/Workplace Based Assessments for foundation/speciality trainee doctors and who have read the CCA assessor guidance material.
To ensure students are on the right trajectory for meeting all EPAs the following review meetings will be offered by academies to allow opportunities for any concerns / difficulties to be addressed and appropriate guidance given to students:

- **Week 6-7 SMS**: Alongside mid-point review meeting for SMS portfolio
- **Week 1 revision period SMS**: Following oral discussion of SMS portfolio
- **Week 5/6 PPP**: Mid-point PPP review.

All Year 5 workbooks should be submitted to the Academy office by 5pm on Friday of week 11 in PPP (16 March 2018).

**STUDENTS FAILING TO DEMONSTRATE COMPETENCE IN THE EPAS**

Students who provide insufficient or inadequate evidence to enable the Faculty Exam Board to sign-off all 16 EPAs will be required to undertake further assistantships during the elective period in one of the academies that form part of Bristol Medical School to gather more evidence. This will be supplemental to evidence previously collected during SMS and PPP, and so completion of a ‘new’ workbook is not required. In order to graduate students must have provided adequate evidence within their Year 5 workbook by the time of the Faculty Examination Board in June to allow final EPA sign-off.

**CLINICAL COMPETENCY ASSESSMENTS**

**GUIDANCE FOR STUDENTS AND ASSESSORS**

Students should try to identify potential CBD/Mini-CEX CCA opportunities during Senior Medicine and Surgery and PPP and agree their undertaking with assessors from within the clinical teams they are working with. Their ability to organize this will reflect their developing professionalism. There will be appropriate Academy support where necessary.

After their completion, marking of Mini-CEXs and CBDs should be done with the student electronically by accessing the student’s e-portfolio through either a handheld device or a desktop PC. Paper marksheets are available (UoB assessment webpage/Academy office) in case of difficulty. OLC-CCAs will be marked on paper but with the global rating recorded on the student’s e-portfolio at the time of the assessment.

**MINI CLINICAL EXAMINATION EXERCISE (MINI-CEX)**

A mini-CEX is an assessment of direct observation of a student/patient clinical encounter.
Mini CEXs must comprise clinical encounters that will be performed routinely by an F1 doctor. They must comprise a degree of information gathering as well as communication of clinical information. They may, but are not absolutely required to, include aspects of clinical examination.

Mini-CEX should not be completed after a ward round presentation or when the doctor/patient interaction was not observed but be planned with agreement between student and assessor.

Acceptable encounters could include:

- Clinical patient review e.g. on ward round, in GP surgery or out-patient clinic, at request of nursing staff
- Explanation of diagnostic test results
- Explanation of an investigation and/or management plan (e.g. complex treatment regimen)
- Focused assessment of an existing ward patient known to assessor but not to the student.

Cases for a mini-CEX must allow demonstration of competence in the following areas (please see mark scheme):

- History taking/information gathering (from patient)
- Communication skills
- Professionalism
- Diagnosis and/or management planning
- Organisation and efficiency

The complexity of cases will vary and assessors must take account of this but encounters that do not allow for clear demonstration of competence in these areas will not be valid (see marking scheme).

Review of patients the assessor anticipates to be completely stable and not requiring any management change (e.g. the ‘medically fit patient’ awaiting discharge planning) would not be appropriate.

A Mini-CEX should take not less than 10 and not more than 20 minutes for the student to complete with the patient. Students should be told when 15 minutes have passed. Detailed written feedback must be provided as detailed on the marking scheme.

Assessors need to give clear instruction to the student as to what is expected within the assessment, and to ensure what they ask can realistically be completed within the above timeframe, for example “Mrs X was recently admitted with breathlessness – please take a history in relation to her presentation and perform a relevant examination”. Alternatively, students may be directed towards focusing on key aspects of the history alone to allow questioning around diagnostic reasoning and management.

Students must not try to take a full history as they would in a long case but focus on the presenting complaint and any other relevant points for example PMH/drug history. Similarly, examination should be focussed but relevant and appropriate. Students would not, for example, be required to measure blood pressure, but note relevant findings from observation charts.

The Mini-CEX will be scored in specific domains. A global opinion of competence will determine overall performance in the Mini-CEX. Assessors will use the descriptors for the scores are as follows:

- Performs at level expected indicates the student is competent and safe procedurally, and has demonstrated at least the minimal level of competence required for commencement of F1.
• **Not yet performing at level expected** means that the student has not yet reached a standard that will allow him or her to function as an F1, in particular if the assessor feels they have demonstrated behavior that potentially could compromise patient safety.

**CASE BASED DISCUSSION**

This is a structured discussion of a clinical case either clerked or reviewed significantly by the student during SMS or PPP. Its strength is investigation of, and feedback on, clinical reasoning.

The student should select patients seen during SMS/PPP where either the student performed a full clerking (e.g. for inclusion within their SMS portfolio) or where there is documentation of the student’s review and involvement included in the medical notes.

One CBD must involve a patient whose primary problem is related to oncology or palliative care needs. This must be confirmed by the assessor on the appropriate CBD marksheet.

Students should bring either the anonymised clerking or anonymised copies of their case note entries to the assessment. Students should bring two cases and the assessor will select one for use in the CBD. Alternatively, if the assessment is being carried out in an appropriate location in the ward area, the clinical notes can be used where appropriate. The discussion must start from and be centred on the student’s own record in the notes.

Cases for a CBD selected by the student must allow demonstration and discussion of the following areas (please see mark scheme):

- Medical record keeping
- Clinical assessment
- Investigation planning
- Management planning
- Professionalism

It is therefore not appropriate for students to select cases that they have simply recorded in the medical notes but where they were not leading the encounter (e.g. ward round entries for other doctors).

A CBD should take approximately 15-20 minutes including time for feedback.

As with the Mini-CEX, the CBD will be scored in specific domains. A **global** opinion of competence will determine overall performance in the Mini-CEX. Assessors will use the descriptors for the scores are as follows:

- **Performs at level expected** indicates the student is competent and safe procedurally, and has demonstrated at least the **minimal** level of competence required for **commencement** of F1.

- **Not yet performing at level expected** means that the student has not yet reached a standard that will allow him or her to function as an F1, in particular if the assessor feels they have demonstrated behavior that potentially could compromise patient safety.
OBJECTIVE LONG CASE CCA (OLC-CCA)

Students will be required to take and record a full history and examination from a patient identified in advance by the Academy. Students will have 60 minutes to complete this with the patient, and have a further 10 minutes to complete their written record of the case as if it were to be included in the patient’s medical record. Patient feedback will be sought. Students should take note of the following guidance to assessors given in the marksheet:

‘When the candidate arrives, please introduce yourselves and establish whether the candidate has any prior knowledge of the patient.

**Explain to the student** – You have 60 mins to collect and record the history (as if to be filed in the patient’s case-notes) and carry out a complete examination.

After 60 minutes, students should be given a further 10 minutes to complete their written record of the case as if it were to be included in the patient’s medical record. Assessors should use this time to gather patient feedback as required in the marksheet, and to confirm any clinical signs. The written record must be reviewed by the assessor during the assessment to inform marking of the medical record domain.’

**Assessors please**

a. Ask the student to present a summary of the case and to outline their diagnosis +/- differential.

b. In many cases assessors may find it valuable to ask students to consider their diagnostic thinking from the history separately before discussing their examination findings. In all cases, though, the student’s rationale their diagnostic reasoning must be probed, e.g. did they find signs on examination that were expected/unexpected, if so why?

c. Ask the student what their initial investigation and management plan would be were they the F1 either admitting the patient or responsible for immediate management on the ward.

The framing of this part of the discussion will depend on how long the patient has been in hospital. For a patient very close to their acute admission it may be easier to discuss the initial approach the student would take in the ED/acute admission ward. For a patient who has completed a series of investigations and is established on treatment, it may be more appropriate to discuss the issues around discharge planning, liaising with e.g. the GP and ongoing issues that will need attention in the community/as an outpatient.

**Assessors please consider individual domains detailed and feedback according to the following anchor statements:**

- **Performs at level expected** indicates the student is competent and safe procedurally, and has demonstrated at least the minimal level of competence required for commencement of F1.
• **Not yet performing at level expected** means that you do not feel student has reached a standard that will allow him or her to function as an F1, in particular if you feel they have demonstrated behavior that potentially could compromise patient safety.

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**IMMEDIATE LIFE SUPPORT**

The GMC requires all students to pass an ILS course to graduate. Assessment is both formative and summative. You will be awarded a certificate of completion. Preparation before and participation during the course is required. If you do not pass you will be debriefed, instructed and given an opportunity to re-sit.

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**PALLIATIVE CARE AND ONCOLOGY**

You are required to complete tutorials on Blackboard (log in to Blackboard Senior Medicine & surgery Course) during Unit 1: Senior Medicine and Surgery, and a mini-CEX during PPP.

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**CONSULTATION AND PROCEDURAL SKILLS LOG BOOK**

![CAPS Logo]

The 32 core skills expected of all newly qualified doctors defined by the GMC in Tomorrow’s Doctors 2009 and five extra skills, measuring arterial blood gases, nasogastric tube insertion, clinical examination of the ears and functional testing of hearing, partnership prescribing and patient safety are described in the CAPS log book. You must have all 37 skills signed off by the end of PPP.

Competency in these skills is achieved as follows:

- **Learning and recording each attempt at a skill**
  - Having been instructed, observed and assessed doing a skill, the assessor should sign your log book. This signature is the third party confirmation
  - Continue collecting records up to the minimum expected for each skill
  - Upload these events onto your e-portfolio, in case you lose your CAPS log book and so you can see your progress in learning each skill.

- **Confirming to your Professional Mentor that you feel competent**
  - Once you have reached the minimum number of attempts your professional mentor will ask you if you feel competent
- Record this on the ‘CAPS sign off form’ on your e-Portfolio

By the end of PPP students are expected to have gained competence in all 37 core skills.

**ASSESSMENT OF CLERKING PORTFOLIO**

The Unit 1 portfolio will be assessed **within the academy** as part of finals in a two-step process:

- Examiner marking of the written submission
- Oral discussion (during revision fortnight)

The examiner marking scheme is available on the Year 5 page of the assessments section of the medical school website. The examiners will assess the quality, quantity, integrity, evidence of improvement over time etc. of the contents, your knowledge of the patient’s subsequent progress and evidence of your learning from the clerkings.

**E-PORTFOLIO**

You have been enrolled on the e-portfolio so as:

- To record your summary of competencies achieved
- To encourage completion of a career reflection
- To enable familiarisation with e-portfolio learning which will be used in the Foundation Programme.

You must:

- Sign into the e-portfolio and check it regularly.
- Upload the summary of competencies achieved record to your personal library (shared area). Keep this up to date

Students are advised to:

- Look under reflective practice and complete a career reflection
- Look at the structure of the assignments to be submitted
- Ask a current F1 to show you their e-Portfolio.

**SURGICAL SKILLS COURSE**

You will attend part one of the surgical skills course during Unit 1 and part two during Unit 2. You must be signed off as competent in the surgical skills course to complete year 5 satisfactorily.

**SIMULATOR SESSIONS**

You must complete at least four simulator sessions during Unit 2: PPP to complete year 5 satisfactorily. Many academies will offer additional simulator sessions.
PALS
You will need to keep a reflective log of your teaching activities during your Peer Assisted Learning Scheme to be discussed during PPP tutorials, and may be observed delivering teaching.

NIGHTS
You need to book and complete at least three nights during Unit 2: PPP, to complete year 5 satisfactorily. You are encouraged to complete five nights where this is possible.

MULTI-SOURCE FEEDBACK (MSF) – USING TEAM ASSESSMENT OF BEHAVIOUR

Multi-Source Feedback is used to collect colleagues’ opinions on your clinical performance and professional behaviour. In Foundation training it is done using the Team Assessment of Behaviour (TAB). TAB is a mandatory requirement for F1 training. It has been introduced into the undergraduate curriculum to help you become familiarised with the process, learn how it works and also to help you get used to being critiqued by other healthcare professionals. Below, in italics, is the wording used in the Foundation e-portfolio. MSF is now part of medical training at all levels of seniority, and so we feel PPP is a good opportunity to become familiar with TAB before the Foundation years.

Information from NHSe, on F1 ePortfolio

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

How does it work? – instructions for students

Please see the following steps:
1. Log in to the UMeP website (your e-Portfolio)
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. You will then need to invite your assessors. Their view of you is compared to your own, and appears in the report (see below). You therefore need to choose assessors who will have some knowledge of you and your practice
5. What is the timescale? Invite your assessors during Units 1 and 2 of the year and by the last week of your second block of PPP – so by Monday 19th February.
6. Your assessors are all busy and may take some time to reply. You need to collect seven TABs, and we recommend that you send out at least ten requests to include the following.
   a. 1 F1 doctor
   b. 1 ward sister
c. 1 senior nurse
d. 3 medical student peers
e. 1 clinical teaching fellow
f. 2 others (physio, OT, pharmacist, Unit tutor)
g. Your Professional Mentor

7. 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.

8. If your assessor has not responded to the request within 7 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.

9. Check your e-portfolio 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 seven TABs showing as ‘complete’ please notify your professional mentor via email. On Friday March 2nd March, however many TABs you have, alert your mentor.

10. Your mentor will produce a report of ratings and comments from your assessors, and you will receive this within 1 week.

11. You should meet with your mentor for your second meeting shortly after that to discuss your TAB. Your TAB must be completed and released by your mentor in the e-Portfolio by the end of PPP – Friday 23rd March.

What about feedback?: Rarely you may discover an unexpected weakness, for example you might need to work on your oral or written communication skills.

- Clinicians within the academies use TAB with their trainees, so will be able to advise you further.
- You will discuss your feedback with your professional mentor. Exceptionally, your mentor may ask you to repeat your TAB or seek feedback from further assessors.
- Our experience is that students usually gain affirming and positive feedback from their colleagues.

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.

Use of TAB – Guidance on giving written feedback to other students

‘Feedback refers to information describing a student’s performance in a given activity that is intended to guide their future performance in that same or in a related activity. It is a key step in the acquisition of clinical skills.’

Feedback helps to reinforce positive behavior. Without constructive feedback, mistakes can go uncorrected and bad habits can develop. It is very important to consider the language and words that you use to give feedback. The words you use need to be descriptive rather than judgmental – i.e. you need to describe your colleague’s behaviour rather than evaluate it.
The aim of the TAB is to provide students with evidence and feedback on whether they are developing as professionals; it is not designed to assess skill or knowledge. If possible therefore try to give specific examples of the professional behaviour that you witnessed as evidence for your feedback.

**Examples for each area of the TAB:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Examples of appropriate use of language for feedback</th>
<th>Examples of inappropriate use of language for feedback</th>
</tr>
</thead>
</table>
| Maintaining trust/professional relationships with patients | He/she is always polite when speaking to patients and other health professionals  
I have noticed that he/she sometimes ignores patients’ requests when on the ward | He/she is really clever  
He/she is not always nice to other people |
| Verbal communication skills | I’ve noticed that he/she takes time to explain procedures clearly to patients  
He/she uses a lot of medical terminology when speaking to patients | He/she is good/bad at talking to patients |
| Team-working/working with colleagues | He/she contributes actively to team work and group discussions | He/she is nice to other students  
He/she is not a team player |
| Accessibility | He/she is usually on time for teaching sessions  
I’ve noticed that he/she is often late or absent from sessions | He/she is never around to help out with the rest of the team |
ELECTIVE ASSESSMENT

DETAILED ELECTIVE PLAN

This will be an electronic form on which you must write your plans for your elective studies and what you aim and expect to get out of it. You will need to pay attention to this preparatory phase of the elective and be very clear about what and how you are planning to get the best from this period of study. Time can be allowed for some preparation in Unit 2: PPP. The local supervisor will need to mark the detailed elective plan by Thursday 12 Apr 2018.

Each of the Host Elective Supervisors must complete a copy of the Elective Supervisor’s Report at the end of each placement. This must be emailed to medadmin-5@bristol.ac.uk by 28 May 2018.

PRESCRIBING SAFETY ASSESSMENT – FRIDAY 2 FEBRUARY 2018

The Prescribing Safety Assessment (PSA) was developed by the Medical School Council and the British Pharmacological Society in response to studies highlighting the need to raise the standards of prescribing amongst foundation doctors.

All students must pass the PSA before graduation. Tasks in the assessment include prescription writing, prescription review and calculating drug doses. You will receive feedback. The timing of the assessment chosen will allow you two attempts to pass without forfeiting your elective. Remedial teaching will be offered to any student who performs poorly as long as you identify yourself – the medical school does not receive students’ results.

You should be familiar with the British National Formulary before attending the assessment and will be permitted to use the BNF and e-BNF during the assessment. You should have an e-BNF login.

Specific information about the type of questions to be used and the prescribing skills assessment blueprint is available at:

https://prescribing­safetyassessment.ac.uk/

Frequently asked questions for medical students can be seen at: http://www.medschools.ac.uk/aboutus/projects/prescribing-Safety-Assessment/Pages/default.aspx

For resources to help prepare for this assessment sign up at http://www.prescribe.ac.uk

You will need to register in advance to sit the examination and obtain a password. We will remind you. You might also find http://www.prepareforthepsa.com/ helpful.

SITUATIONAL JUDGMENT TEST – MONDAY 8 JANUARY 2018

The Situational Judgement Test (SJT) is taken in exam conditions and consists of 70 questions in 2 hours and 20 minutes. It contains two question formats: rank five possible responses in order and select the three most appropriate responses. All students must take the SJT.
EDUCATIONAL PERFORMANCE MEASURE

This measure of clinical and non-clinical skills contributes to your ranking for your foundation programme application. It comprises knowledge and performance up to the point of application. It comprises three elements; medical school performance in deciles, additional degrees and academic achievements.

For further information on Foundation Application, the SJT and EPM see http://www.foundationprogramme.nhs.uk/pages/medical-students/SJT-EPM

PLACEMENT INFORMATION

Details of your placements will be available on Blackboard.

HEALTH AND SAFETY

You should be familiar with all regulations concerning Health and Safety, and understand that these will vary in different areas within the medical school and within the academies. You should consult the specific site displayed notices for more details.

TRAVEL EXPENSES

Travel in Year 5 – please see the Rules, Policies and Procedures Handbook on the Medical School website: https://www.bris.ac.uk/medical-school/staffstudents/rulesandpolicies

https://www.bris.ac.uk/medical-school/staffstudents/student/forms/expenseclaimformfinal.pdf

PROFESSIONAL BEHAVIOUR

Professional Behaviour – please see the Rules. Policies and Procedures Handbook on the Medical School website

https://www.bris.ac.uk/medical-school/staffstudents/rulesandpolicies/rulesandpoliciesv4.pdf

STUDY SUPPORT

LIBRARY INFORMATION

Information about Library Services is available here: www.bristol.ac.uk/library

The medical library is in the Medical Sciences Building. Bring your Ucard to enter the building and to borrow books.
Although a vast amount of information is available on the web and elsewhere, it can be hard to find high quality, relevant information for your course.

Library Services are here to help. **Access to information** is provided through books, journals and other material in print and/or online. We offer training, advice and individual consultations to help you make best use of these resources.

You can find **study space** within the library. We provide **zones** to suit different preferences for social, quiet or silent study. You may also book one of our group rooms which are equipped with whiteboards and a PC so that you can work with other students. To find study space beyond the Medical Library, see this page: [www.bris.ac.uk/library/study/spaces/](http://www.bris.ac.uk/library/study/spaces/)

You can access the University’s **wireless** network within the library or **borrow a laptop** from the issue desk. Information on how to access the wireless service is available from the IT Services web pages.

Two computer rooms are available for you to access networked PCs.

We also have colour and black & white **printers, scanners and photocopiers**. Printers elsewhere in the University may be accessed via the wireless network. More information about printing is available on the IT Services web pages: [www.bristol.ac.uk/it-services](http://www.bristol.ac.uk/it-services)

Ask at the Issue Desk for an introduction to the Medical Library, or pick up a **Library Guide and Self-Guided Tour** leaflet.

You may return books in the book box outside the library entrance when the library is closed.

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**LIBRARIES**

There are 9 **branch libraries** at the University: you are welcome to use all of them.

Find out where they are and when they are open here: [www.bris.ac.uk/library/using/branches/](http://www.bris.ac.uk/library/using/branches/)

**SUBJECT LIBRARIANS**

Subject Librarians are here to make sure that you can **find the information you need**. They obtain copies of **books** recommended by your lecturers, provide access to **journals** and online **databases** as well as providing **training** so that you can **find and manage** the information you need. They also offer extra training for small groups on request. For a guide to library resources for your subject see: [www.bris.ac.uk/library/support/subjects/](http://www.bris.ac.uk/library/support/subjects/)

The Subject Librarian for Medicine is Richard Kielb ([Richard.kielb@bristol.ac.uk](mailto:Richard.kielb@bristol.ac.uk)).

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**FINDING INFORMATION FOR YOUR COURSE**

**READING LISTS**

You can access MB ChB reading lists through the library button on your Blackboard course. Copies of books and journals on the reading lists are available in print in the Medical Library or electronically, where possible, as eJournals or eBooks through Library Search.

**BOOKS**
It is usually best to start with textbooks. You will get a good overview of the subject with explanations and further references. Most books are available in print, but we offer access to a growing number of e-books.

Undergraduates may borrow up to 25 items at any one time. Taught postgraduates may borrow up to 35 items. Check the label at the front of the book to find out what the loan period is. To help your fellow students, and avoid fines, keep an eye on the due date and return or renew your books before then. You can renew your books via the ‘My Library Account’ option on Library Search or in person.

Articles in scientific journals contain more detailed and up to date information and will enable you to find the latest ideas in a specific subject area.

**LIBRARY SEARCH**

Use Library Search to find books, journals and other sources of information. You will find Library Search on our home page.

**INTER-LIBRARY LOANS**

Use the Inter-library loan service to obtain books or journals that we do not have. More details are available on the Library Services’ web pages.

**DATABASES**

To find out what has been published in journals about a particular subject area, use online databases such as Medline. We publish a comprehensive set of guides to help you use them: [www.bris.ac.uk/library/support/subjects/medfac/trainingguides.html](http://www.bris.ac.uk/library/support/subjects/medfac/trainingguides.html)

When using your own computer or mobile device, use the Student Remote Desktop to access online University resources, including your University software, files and folders. For more information, see the IT Services web pages.

**MANAGING YOUR REFERENCES**

EndNote online helps you to keep track of the references you find. You can also use it to insert citations into your coursework and generate a reference list.

**TRAINING**

Medical Subject Librarians provide training to help you make the best use of library facilities and resources, and gain essential academic information skills. Topics include: searching library databases, accessing journals, plagiarism and citing references; inter-library loans, and using EndNote.

**FURTHER HELP**

If you have any questions about Library Services or you would like some advice on finding information, ask at the Issue Desk, e-mail medical-librarians@bristol.ac.uk or telephone (0117) 3311504 (internal: 11504) or you are welcome to come to the Subject Librarians’ office on the ground floor of the Medical Library.
Library video tutorials:
www.bristol.ac.uk/studentskills/content/ilitskills/tutorials/allsubjects.html

Library guides: www.bristol.ac.uk/library/help/guides/

Follow the library on Twitter: www.twitter.com/BristolUniLib and Facebook: www.facebook.com/BristolUniLib

HOW DO I?

RULES AND POLICIES
Please check the webpage https://www.bris.ac.uk/medical-school/staffstudents/rulesandpolicies for all the most up-to-date information about the rules and policies relating to the medicine programme. It also includes information about plagiarism guidelines, GMC Code of Practice, UoB rules and regulations as well as the MB ChB programme handbook.

ABSENCE
https://www.bris.ac.uk/medical-school/staffstudents/howdoi/#absenceinformation

STUDENT STATUS LETTERS
https://www.bris.ac.uk/medical-school/staffstudents/howdoi/#studentstatus

TRAVEL CLAIMS (From Page 33, Page 35 for Year 4)
https://www.bris.ac.uk/medical-school/staffstudents/rulesandpolicies/rulesandpoliciesv4.pdf

REQUEST A REFERENCE
https://www.bris.ac.uk/medical-school/staffstudents/howdoi/#reference

REQUEST A TRANSCRIPT
https://www.bris.ac.uk/medical-school/staffstudents/howdoi/#transcripts

TIMETABLE
https://www.bris.ac.uk/medical-school/staffstudents/howdoi/#timetable

SUSPEND STUDIES
https://www.bris.ac.uk/medical-school/staffstudents/howdoi/#suspendstudies

Apply for a NHS Bursary
https://www.bris.ac.uk/medical-school/staffstudents/howdoi/#nhsbursary

ASSESSMENT
https://www.bris.ac.uk/medical-school/staffstudents/assessments/students
EXTENUATING CIRCUMSTANCES
Please see the webpage
https://www.bris.ac.uk/medical-school/staffstudents/student/excircs for details about submitting extenuating circumstances affecting your assessment.

NAME CHANGES
https://www.bris.ac.uk/medical-school/staffstudents/howdoi/#namechange

USEFUL FORMS
https://www.bris.ac.uk/medical-school/staffstudents/student/forms/

STAFF CONCERN FORM (Under Exams and assessment) https://www.bris.ac.uk/medical-school/staffstudents/student/forms
# APPENDIX 1: EXEMPLAR TIMETABLE ACUTE AND CRITICAL CARE

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**Key**

- **ED**: Emergency department
- **T**: Theatres
- **ITU**: Intensive care unit
- **AM**: Acute medicine (admission units)
- **SIM**: Simulation
# APPENDIX 2: EXAMPLE ATTENDANCE LOG ACUTE AND CRITICAL CARE

<table>
<thead>
<tr>
<th>Day and date</th>
<th>Site (ED, AMU, ITU, theatres etc)</th>
<th>Record who you reported to</th>
<th>Activity</th>
<th>Record any learning outcomes/further learning objectives identified</th>
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### APPENDIX 3: PRIMARY AND COMMUNITY CARE TIMETABLE

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<th>WEEK 1</th>
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<th>Weds</th>
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</table>
| **AM** | Induction | Student A – nursing home reviews; 4 patients’ care plans  
Student B – own surgery; 4 patients reviewing with GP after each one | Student initiated community project 1 | Joint surgery 1  
Both students and GP | Student A – own surgery  
Student B – nursing home reviews |
| **Lunch** | Induction | Visits with GP – student does consultation while GP observes | | Introduction to pathology results | Introduction to searching on computer system |
| **PM** | Learning needs analysis; observed consulting with first formative mini-CEX; planning rotation | Student A – own surgery  
Student B – nursing home reviews | | Student A – nursing home reviews  
Student B – own surgery | Private study |
<table>
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<tr>
<th>WEEK 2</th>
<th>Mon</th>
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<th>Weds</th>
<th>Thurs</th>
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</table>
| AM    | Student A – scribing/issuing scripts/ dictating letters for GP  
Student B – routine home visits | Student A – medication safety reviews  
Student B – own surgery | Student initiated community project 2 | Time with community matron/district nurses/midwives etc. | Student A – own surgery  
Student B – nursing home reviews |
| Lunch | Attend practice meeting – any EPA-relevant issues to discuss? | Admin including pathology results, discussing with clinician afterwards | Introduction to processing discharge summaries | Admin including pathology and discharge summaries |
| PM    | Student A – routine home visits  
Student B – scribing/issuing scripts/dictating letters for GP | Student A – own surgery  
Student B – medication safety reviews | “” | Student A - nursing home reviews  
Student B – own surgery | Treatment room – bloods, dressings, ECGs, IM injections etc. |
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<tr>
<th>WEEK 3</th>
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</table>
| AM     | Students together assisting duty doctor | Student A – review/follow up nursing home or medication safety review patients  
Student B – own surgery | Student initiated community project 3 | Joint Surgery 2 – GP and both students | Students consulting together |
| Lunch  | Attend practice meeting – any small audits to present? | Admin and visits | | Pathology results | |
| PM     | Learning needs analysis review – mock Mini-CEX with one patient each and planning rest of placement | Student A – own surgery  
Student B – review/follow up nursing home or medication safety review patients | | Students consulting together | Private study; completing literature/evidence searches; time off in lieu of OOH shift or evening patient education programme |
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<tr>
<td>AM</td>
<td>Students together assisting duty doctor</td>
<td>Student A – review/follow up nursing home or medication safety review patients Student B – own surgery</td>
<td>Student initiated community project 4</td>
<td>Final mini-CEX/feedback tutorial. Allows some time for last minute catch up activities</td>
<td>Student B – finalises any nursing home/house-bound care plans and ensures follow up plans Student A – own surgery</td>
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<td>Lunch</td>
<td>Attend practice meeting – any interesting patients to present?</td>
<td>Admin including pathology, letter processing; visits</td>
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<tr>
<td>PM</td>
<td>Students consulting together</td>
<td>Student A – own surgery Student B – review/follow up nursing home or medication safety review patients</td>
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<td>Student A – own surgery Student B – finalises any nursing home/house-bound care plans and ensures follow up plans</td>
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<td>Private study/final treatment room session for CAPS log etc.</td>
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