



University of BRISTOL

MB ChB Programme

Year 5 Handbook

Academic Year 2013/14

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Contacts

Medical Education Office

1st Floor, Senate House, Tyndall Avenue, Bristol DS8 1TH

<http://www.bris.ac.uk/medical-school/contact/#mededteam>

Academies

<http://www.bris.ac.uk/medical-school/contact/unitleads.pdf>

Please contact the relevant Academy if you have any problems while on clinical attachment, the following staff at the above weblink provide on-site support to students

Student Support

<http://www.bris.ac.uk/medical-school/staffstudents/support/>

Introduction

Year 5 is made up of three units:

Unit 1: Senior Medicine and Surgery; 12 weeks pre Christmas: see link at [Senior Medicine](#)

Unit 2: Preparing for Professional Practice (PPP); 12 weeks post Christmas: see link at [Unit 2: Preparing for Professional Practice \(PPP\)](#)

Unit 3: Elective studies; 8 week final block

Link to the structure of year 5:

<http://www.bris.ac.uk/medical-school/staffstudents/student/generalinfo/year5structure13-14.pdf>

Year 5 curriculum

The generic year 5 curriculum covers the whole of year 5 and is based upon the foundation programme curriculum. The fifth year should prepare you for the foundation programme, which will build upon learning acquired during year 5.




The generic curriculum is divided into four columns:



- The area of practice
- Knowledge related to the area of practice which may be examined at final examinations pre-Christmas
- Competencies you will be expected to have acquired by the end of Unit 1: Senior Medicine and Surgery
- Additional knowledge and competencies, building upon those acquired in Unit 1, that you will be expected to have acquired by the end of Unit 2: Preparing for Professional Practice.

Your knowledge and competencies will be consolidated during the elective period.


Learning objectives for Unit 2: Preparing for Professional Practice are mapped against Tomorrow's Doctors 2009 [GMC] and are divided into the domains of:




- The doctor as scholar and a scientist
- The doctor as clinician
- The doctor as professional.



GENERIC CURRICULUM YEAR 5			
Area of knowledge, skills and attitudes	Knowledge – may be examined at final examinations pre-Christmas	Competencies to be achieved during Unit 1: Senior Medicine and Surgery	Additional knowledge and competencies to be achieved during Unit 2: Preparing for Professional Practice
1. Professionalism			
1.1 Behaviour in the workplace 	Awareness of need for integrity, compassion, aspiration for excellence, ethical behaviour, probity etc	Polite, respectful and non-judgemental with patients, relatives and staff. Respects patient confidentiality	Recognises own competence and seeks help Supports pts' privacy and dignity Respects others' roles Encourages good MDT communication
1.2 Health and handling stress and fatigue	The risk to patients if the doctor's performance is compromised	Knowledge of risks to patients of blood-borne infection	Effects of stress or fatigue on performance, when occupational health should be involved
1.3 Time management and continuity of care	What factors should lead to prioritisation of patients and tasks	Attends and is punctual for ward rounds, clinics, teaching etc	Is punctual for clinical shifts, meetings, handovers etc Lists tasks and prioritises and knows when to ask for help
2. Good clinical care			
2.1 Eliciting a history 	Symptom patterns Incidence patterns in primary care Alarm or 'red flag' symptoms Physical illness causing psychiatric problems and vice versa. Physical symptoms due to psychosocial distress - somatisation	Takes full, accurate history and communicates this succinctly to others Able to take a collateral history. Constructs and interprets a family tree.	Takes a history from a patient with psychological/psychiatric problems who is physically unwell or with communication difficulties: not in patient's first language; with interpreter; hearing impairment; learning difficulties
2.2 Examination 	Patterns of clinical signs including mental state	Explains and gains consent for examination, completes full examination in appropriate time Use of equipment eg ophthalmoscope and sphygomanometer Performs mental state exam Asks for chaperone if necessary	Develops awareness of signs suggesting children and adults may be at risk
2.3 Diagnosis and clinical decision making	Principles of clinical reasoning in medicine Sensitivity, specificity and predictive	Formulates a differential diagnosis and problem list Constructs initial investigation and	Makes a judgement about prioritising action on basis of differential diagnosis


	value of the most commonly used diagnostic tests	management plan Interprets results of most common diagnostic tests	Describes applicability/limitations of diagnostic tests Negotiates treatment plan with pt Considers VTE prophylaxis
2.4 Safe prescribing	Principles of safe prescribing Effects of patient factors on prescribing eg age, weight Effects of disease on prescribing eg renal and liver function Safe prescribing of oxygen and drugs that require monitoring Generic/brand name prescribing	Takes an accurate drug history including OTC medications, complementary therapies, allergy Prescribes drugs accurately Demonstrates awareness of drug interactions Makes accurate dose calculations Prescribes oxygen, insulin and anticoagulants accurately and describes their risks Prescribes controlled drugs correctly	Discusses drug treatment with pts and carers Modifies prescribing in pts with renal/hepatic impairment Understands how to prescribe blood/blood products and risks Recognises common adverse effects and talks to pts about them Understands monitoring for therapeutic effect and alteration of dose to achieve this
2.5 Medical record keeping and correspondence		Structure of medical documents eg notes, charts, discharge summaries and letters Need for clear documentation that all team members can assimilate Awareness of legal standing of records and that pt may gain access to them	Records history, examination, diagnosis, investigation and management plan clearly Aware all records must be legible, signed and dated Records pt's progress, ward round reviews, conversations with pt and family and MDT decisions Writes succinct, accurate discharge summaries
2.6 Safe use of medical devices	How to measure blood pressure, measure oxygen saturation and infuse fluids using appropriate medical devices	Demonstrates how to measure blood pressure, measure oxygen saturation and infuse fluids using appropriate medical devices	Understands the training necessary and operation/ maintenance of devices used commonly on MAU/SAU/wards
3. Recognition and management of the acutely ill pt			
3.1 Promptly assesses the acutely ill or collapsed patient	Understanding of 'ABC' approach to assess the acutely ill patient in a prompt and effective manner	Assesses: Airway and respiratory function Pulse, blood pressure and perfusion Conscious level	Develops the ability to carry out a prompt, full initial assessment in three minutes




		Blood glucose	
3.2 Identifying and responding to acutely abnormal physiology	Symptoms and signs and bedside monitoring of oxygenation, circulatory failure and oliguria	When to call for help Administers oxygen safely Identifies circulatory failure and oliguria and explains how to manage them	Calls for help Develops experience of managing circulatory failure and oliguria
3.3 Fluid challenge in the acutely ill patient	Symptoms/signs of hypotension and hypovolaemia When and how to give a fluid challenge The impact of hypotension/hypovolaemia on organ function Symptoms/signs of fluid overload	Explains appropriate fluid for iv resuscitation Cannulates patient and sets up iv giving-set correctly	Develops experience of administering fluid boluses and assessing patient's response Chooses safe and effective method of potassium supplementation; monitors response
3.4 Reassesses ill patients appropriately after starting treatment	Explains the need for reassessment	Recognises acute illness may be an exacerbation of chronic disease Recognises acute organ injury	Develops systems for prioritising patients and checking them Knows when to call for help
3.6 Obtains an arterial blood gas safely and interprets results	Interprets blood gas results	Recognises significant acid-base disturbances and explains their causes and management	Takes an arterial blood sample, supervised Records results and develops appropriate management plan
3.7 Manages patients with impaired consciousness, including convulsions	Appreciates urgency of situation Common causes of decreased conscious level; their management Causes and initial management of fitting	Assessment using ABC protocol Administration of oxygen Demonstrates recovery position Explains initial management of fitting and when to call for help	Develops experience of assessing and forming initial management plan for pts with decreased conscious level/fitting
3.8 Uses common analgesic drugs safely and effectively	How to assess a patient in pain Principles of prescribing non-opioid/opioid analgesics safely Awareness common side effects Management of expected side effects Contraindications for particular analgesics Effect of renal/liver impairment on analgesic pharmacology	Assesses a patient in pain and prescribes appropriately Describes common side effects and how to manage them Describes contraindications to NSAIDs, opioids etc Describes effects of liver/renal impairment on analgesic pharmacology	Explains opioid-responsive and poorly-responsive pain Prescribes opioids for inpatient and outpatient use correctly Demonstrates understanding of the need for opioid switching Explains how to prescribe appropriately for patients with liver/renal impairment
3.9 Understands and applies the principles of managing a patient with acute mental	Common presenting features of acute mental disorder including self harm	Recognises and describes common presenting features of behaviour/mood/cognition/	Gains experience of assessing and managing patients with acute mental disorder and referring on

<p>disorder</p> 		<p>perception completes mental state exam Describes reasons for referral to mental health staff</p>	<p>where necessary Understands possible risk to patient/self and others</p>
<p>3.10 Ensures safe continuity of care for patients</p>	<p>The need for accurate handovers in ensuring continuity of patient care</p>	<p>Describes the need for accurate handovers and how these can be achieved</p>	<p>Provides accurate summaries and records patients' diagnoses, problems and management plans for handover between shifts or to on-call or hospital at night teams</p>
<p>4. Resuscitation</p>			
<p>4.1 Resuscitation</p>	<p>Knowledge necessary to perform immediate life support</p>		<p>Passes ILS assessment Develops understanding of local protocols and roles of the peri-arrest and cardiac arrest teams</p>
<p>4.2 Discusses do not attempt resuscitation (DNAR/DNACPR) orders and advance directives</p>	<p>Law, ethics and guidance around DNAR/ DNACPR orders The Mental Health Act and requirements for advance directives to be honoured</p>	<p>Describes criteria for issuing DNAR/DNACPR orders and the seniority required Role plays discussing DNAR/ DNACPR with staff, patients/ relatives</p>	<p>Observes or takes part in discussions re DNAR/DNACPR Demonstrates awareness of need for review of these decisions Understands possible conflicts</p>
<p>5. Discharge and planning</p>			
<p>5.1 Discharge and planning for chronic disease management</p>	<p>Impact of physical problems on daily living Impact of hospitalisation Roles and skills of other members of the MDT in discharge planning Support available in community settings Concept of self care and expert patients</p>	<p>Describes the assessment and planning of a discharge home for patients with chronic disease Describes the roles and contributions of the MDT Explains the support available for patients in the community Explains other places of care</p>	<p>Understands when patients are fit for discharge Helps plan patients' discharges Liaises with other MDT members Takes part in discussions with patients and their families Liaises with primary care services Writes prompt discharge summaries</p>
<p>6. Relationship with patients and communications skills</p>			
<p>6.1 Within the consultation</p>	<p>How to structure a consultation to elicit the patient's concerns, expectations, understanding and acceptance</p>	<p>Demonstrates courteous listening/ communication skills Role plays explaining options and checking understanding, to help</p>	<p>Understands importance of environment for patients from different social and cultural backgrounds</p>

	The difficulties of communicating across cultural or physical barriers	patients to make informed decisions about their care	Explains other media eg Braille, video for pts who find written or visual info difficult
6.2 Breaking bad news	Appropriate interview environment and who should be there Bereavement process/behaviour Organ donation procedure and role of transplant coordinators Different cultural and religious differences in end of life care	Role plays breaking bad news effectively/empathically to patients and relatives Role plays giving complex or bad news to vulnerable patients or who are very ill or dying or relatives	Observes or takes part in discussions with vulnerable patients or people who are very ill or dying, and their relatives, sensitively and compassionately
7. Patient safety within clinical governance			
7.1 Treats the patient as the centre of care  	Definitions of competence, autonomy and confidentiality Rights of patients to make decisions about their care	Demonstrates enabling patients to express concerns and preferences, ask questions and make choices Demonstrates respect for autonomy and confidentiality Explains the clinical/governance reasons for putting the patient as the centre of care	Understand the patient's right to refuse treatment or take part in research Considers pathways of care from the patient's perspective Describes patients', family's and staff reactions to error Demonstrates putting the needs of the patient first
7.2 Makes patient safety a priority	Risks and hazards to patients Definition of critical incidents	Explains risks to patients in routine clinical care Complies with governance standards of confidentiality and data protection	Identifies risks to patients Understands drivers for protocol-driven care Explains critical incidents and adverse events and appropriate responses to them
7.3 Promotes patient safety through good team working	Benefits and risks of team working in caring for patients safely	Explains how teams work together to develop care plans for patient management	Involvement in team working to develop care plans Highlights potential risks if these are observed Cross checks instructions and

			actions with colleagues, particularly within student assistantship
7.4 Understands quality and safety improvement, audit and complaints	Definitions of adverse events and near misses Description of the audit cycle and audit's role in clinical governance Knowledge of complaints procedures, error disclosure, apology and restitution	Describes situations where patients and relatives might be unhappy, how to highlight these and seek senior help Describes the audit cycle and its role in improving patient care Describes how doctors should respond to making mistakes	Aware of complaints procedures Explains risk and conflict management in health care Understands human error and ways to guard against it Defines clinical governance/its components and how it is used to monitor/improve quality of care
8. Infection control			
8.1 Minimises the risk of cross-infection	Risks of infection and how to minimise these Principles of use of antibiotics Development of resistance to antibiotics Rationale for aseptic techniques and isolation Impact of iatrogenic infection on mortality and morbidity	Demonstrates correct hand hygiene techniques Demonstrates aseptic technique Uses personal protective equipment Demonstrates appropriate sharps and clinical waste disposal Explains the rationale for the above and for isolation of patients	Takes appropriate microbiological samples Demonstrates understanding of adhering to antibiotic protocols Explains role of infection control team Recognises healthcare associated infections
9. Nutritional care			
9. Nutritional care		Performs a basic nutritional screen	Knowledge of effects of disease on nutritional requirements and susceptibility to, and recovery from, disease Discusses options for nutritional support in conjunction with other members of the MDT
10. Health promotion			
	Natural history of common diseases Importance of occupation, and social and economic factors in disease	Screens for and recognises where patient factors may be causing or exacerbating illness when taking history	Uses opportunities to prevent disease and promote health Takes part in conversations about the possible effects of diet, nutrition, smoking, alcohol and drugs

11. Ethical and legal issues			
11.1 Medical ethical principles and confidentiality	 <p>Definitions of autonomy, beneficence, non-maleficence, justice and confidentiality Current GMC guidance on ethical issues and consent Principles of patients' best interests</p>	Demonstrates understanding of main principles of medical ethics Understands need for privacy and confidentiality Explains how management plans are modified to ensure patients' best interests, autonomy, rights	Ensures privacy and confidentiality when talking to patients and relatives Uses and shares patient information appropriately Demonstrates understanding of acting in a patient's best interests
11.2 Valid consent	Legal framework with regard to consent and capacity Difference between consent and assent Children's rights including Gillick competence	Describes the principles of valid consent Role plays giving the patient sufficient information to make an informed, competent choice Describes the legal framework for consent and capacity	Obtains valid consent with supervision Describes situations where would defer to a senior colleague
11.3 Legal framework of medical practice	Knowledge of key elements of Mental Health, Mental Capacity, Data Protection and Freedom of Information Acts How to complete a medical certificate of cause of death Which deaths need to be referred to the coroner The doctor's role in cremation procedures	Describes and applies principles of confidentiality Shows how to complete a death certificate Discusses which deaths need to be referred to the coroner	Discusses the need to achieve necessary standards of care Discusses the role of the doctor in cremation procedures Recognises the need for restraint of some patients with mental illness with the appropriate legal framework
11.4 Relevance of outside bodies			Begin to understand the roles of: NHS structure GMC Royal Colleges and Faculties UKFPO Postgraduate deaneries Foundation schools Defence organisations British Medical Association
12. Maintaining good medical practice			
12.1 Lifelong learning	Concept of continuing professional	Demonstrates learning from	Reviews own learning needs eg

	<p>development Role of assessment, formative and summative</p>	<p>experience Reflects on practice</p>	<p>in clerking portfolio and takes steps to meet them Begins to understand the role of appraisal and revalidation</p>
<p>12.2 Research, evidence, guidelines and care protocols</p> 	<p>Knowledge of principles of evidence-based medicine Limitations of existing evidence base Advantages and limitations of guidelines and protocols</p>	<p>Finds and interprets evidence relating to clinical practice</p>	<p>Helps support patients in interpreting evidence Begins to appraise recent research and considers how it might alter practice</p>
<p>13. Teaching and training</p>			
<p>13.1 Undertakes teaching</p>			<p>Understands how adults learn Describes principles of an effective presentation or teaching intervention, assessment and feedback Undertakes teaching through mini-PALS</p>
<p>14. Working with colleagues</p>			
<p>14.1 Communication with colleagues and teamwork for patient safety</p> 	<p>MDT members' roles</p>	<p>Describes team members' roles in context of patient care</p>	<p>Displays understanding of own role in team Listens and respects others' views Transfers information to primary care on patient's discharge Involvement in liaison with community care and voluntary sector to allow patients to be supported at home</p>

Attendance, Assessments and demonstration of competence

Attendance

Faculty of Medicine and Dentistry Rules, Policies and Procedures 2012/13 page 4 states: 'We expect your 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 your attendance will be regularly monitored. Failure to attend may raise professional behaviour concerns.' (See Fitness to Practice procedures page 31).

(<http://www.bristol.ac.uk/medical-school/staffstudents/rulesandpolicies/rulesandpolicies12-13.pdf>)

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: Summary of final examinations

Written assessment

The written examination will consist of two, up to 130 best-of-5 MCQ papers;

Data Objective Structured Clinical Examination (DOSCE)

The DOSCE is a series of projected slides and videos containing clinical information requiring interpretation.

Direct Observation of Clinical Communication Skills (DOCCS)

The DOCCS will run for the academic year 2013/14 only – after this the majority of these stations will be incorporated into the fourth year OSCE, if they are not already in place.

The DOCCS will be made up of four, eleven minute, clinical communication skills stations with a one minute break between stations in:

- Disability
- Communication skills
- Palliative care and oncology
- Primary care

At the end of the examination of all four stations, you will rotate back through the four stations for two minutes each to receive feedback. You will NOT be told if you have passed or failed; you will be told up to three things you did well and up to three things you could have improved on.

Candidates

- failing more than one third of the total DOSCE stations (to the nearest 1) *or*,
- failing more than 2 of the 5 DOCCS stations and the portfolio *or*,
- whose aggregate score is less than the aggregate pass mark,

will be deemed not to have achieved competence in the exam and will be required to sit the May assessment.

Objective Long Case Examinations

The Objective Long Case examination is an assessment of history taking and physical examination. You have two opportunities to demonstrate competence in the Objective Long Case examination in Year 5; by mid-March and mid-May. Students judged competent by mid-March are not required to sit the May assessment.

Competence in the Objective Long Case assessment will be achieved if the first three Objective Long Cases are satisfactory. Those with unsatisfactory performance in the first three will require a further assessment before the end of Unit 2.

The first two Objective Long Cases will be within the academies. Patients should be identified in the academies by a doctor or nurse on the ward; brief patient information should be made available to the academy administrators who will pair students with patients. Patients should not be known to you and you should not have had the opportunity to read the patient's notes.

If a fourth Objective Long Case is required, examiners and venues will be arranged centrally by the medical school.

If the first two Objective Long Cases are not undertaken (for whatever reason), you will have a fourth Objective Long Case before the end of Unit 2.

Objective Long Case assessments are weighted as follows:

Objective Long Case	Format	Weighting
1	Summative/formative – one examiner	25%
2	Summative/formative – one examiner	25%
3	Summative – two examiners	50%
4	Summative extra – two examiners	100%

The standard for all Objective Long Cases is that of the student ready to start F1.

Objective Long Case Examinations – formative feedback

The first and second Objective Long Cases contribute to your final mark ie are assessed summatively, however you will receive formative feedback also. Examiners will go over the long case with you to give constructive criticism; you should take written notes. You **will not** receive copies of your mark sheets; these are written as 'aides-memoires' for examiners and will not necessarily be useful for you.

The 3rd Objective Long Case will have two assessors, one from the local academy and one from an external academy (where possible). Your overall pass mark will be determined using the regression method derived using the global opinions and marks from all of the Objective Long Cases. Should you fail to reach the required standard you will have a final opportunity to undertake a 4th Objective Long Case with two assessors, one from the local academy and one from an external academy (where possible). For the third and fourth Objective Long Cases you will be told three things you did well and three areas for improvement. No other feedback will be given.

Failing to achieve competence in written, Objective Long Case or DOSCE/DOCCS and PSA examinations.

If you fail to demonstrate competence in any component of the Year 5 assessments by March, you will have a revised, focused elective prior to repeat examinations in May. Failure to demonstrate competence in any component in May will result in you being required to retake year 5 for the second and final time.

Clerking Portfolio

You should keep all the original clerkings you do in Units 1 and 2 in a clerking portfolio. If the original clerking must be filed in the patient's notes, signed photocopies are acceptable. For each patient, please record a diagnosis or differential diagnosis, a management plan and summary, plus a short note indicating the patient's outcome during the admission. This means you need to go back to the patient to follow up their subsequent investigations, management and progress. You should also record brief learning points from the clerking.

A clerking should not be copied from the patient's notes. Each clerking needs to be timed and dated, and signed by a member of the ward staff to verify the interaction. Evidence of fabrication of patient clerkings within the portfolio will lead to an examination of your fitness to practice.

The clerking portfolio will be examined in the academy towards the end of Unit 1. 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. The clerking portfolio mark will contribute to the DOSCE/DOCCS examination mark.

The clerking portfolio will also be reviewed for PPP competencies at the end of Unit 2.

Palliative Care and Oncology

You are required to complete tutorials on Blackboard.

Immediate Life Support

The GMC requires you 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.

Elective assessment

You must:

- i) Submit a satisfactory elective planning report with aims and objectives of the elective, and what your own learning outcomes are.
- ii) Ensure a **Host Elective Supervisor's Report** is emailed to medadmin-5@bristol.ac.uk by the deadline.

If you have to complete a revised elective because you have not achieved competence in any component of your assessments, you do not need to submit an elective planning report.

Demonstration of competencies

Consultation and Procedural Skills log book



In Tomorrow's Doctors 2009 the GMC defined 32 core skills expected of all newly qualified doctors. These are described in the CAPS log book. Two others - measuring arterial blood gases and N/G tube insertion - have been added. These procedures raise patient safety issues, and have been inserted at previous students' request. You must have all these 34 skills signed off by the end of the 5th year (in practice by the end of PPP).

Competency in these skills is achieved in a 2 stage process:

- learning and recording each attempt at a skill
- confirming to your Academic Mentor that you feel competent

You have been using the CAPS log book to drive and record your skills and learning in the clinical setting for over a year now. Having been instructed, observed and assessed doing a skill, you should ask the assessor to sign your log book. This signature is the third party confirmation. You should continue collecting records up to the minimum expected for each skill. You are strongly advised to upload these events onto your UMeP, in case you lose your CAPS log book and so you can see your progress in learning each skill on the UMeP.

Once you have reached the minimum number of attempts the second stage of sign-off for that skill can be completed. Your academic mentor will ask you if, having done the required number, you feel competent. This enquiry is done away from the clinical arena and will encourage you to develop your self-awareness. This is then recorded on the 'CAPS sign off form' on the UMeP.

By the end of PPP you are expected to have gained competence in all 34 core skills.

Undergraduate Medical ePortfolio (UMeP)

The UMeP is the undergraduate prototype of the Foundation ePortfolio. This is produced by NHSe Scotland. You have been enrolled for three reasons:

- As the place to hold the Summary of Competencies Achieved record
- To encourage completion of a career reflection
- To enable familiarisation with ePortfolio learning which will be used in the Foundation Programme.

You must:

- Sign into UMeP
- Look at UMeP regularly. There is a short instruction booklet (How to use the UMeP) in the 'help', then 'information' menu
- Upload the Summary of Competencies Achieved record to your personal library (shared area). Keep this up to date.

You 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 ePortfolio.

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.

Mini-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.

PPP learning objectives

80% or more of the learning objectives must be signed off for you to complete year 5 satisfactorily.

Prescribing Skills Assessment - 3 Feb 2014

The Prescribing Skills 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.

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

Your best training for this assessment is spending time on the wards with prescribers (the junior doctors) dispensers (the nurses) and ward pharmacists, looking at drug charts and looking up and reading around the drugs prescribed.

You should be familiar with the British National Formulary before attending the assessment and will be permitted to use the BNF and eBNF during the assessment. It is helpful if you have an eBNF login. Specific information about the type of questions to be used and the prescribing skills assessment blueprint is available at http://www.prescribe.ac.uk/psa/?page_id=23. The following web address includes a link to some frequently asked questions for medical students: <http://www.medschools.ac.uk/AboutUs/Projects/Prescribing-Skills-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.

Situational Judgement Test – 6 Jan 2014

The 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 Bristol students will take the SJT.

Educational Performance Measure

This is a measure of clinical and non-clinical skills, 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>

Unit 1: Senior Medicine and Surgery



Senior Medicine

Aim

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

Learning objectives

[Senior Medicine Curriculum 2013](#)

Description

You will be attached to a ward or teaching firm. If you are attached to a firm which is sub-specialised or if the firm does not undertake continuing care of patients admitted on undifferentiated acute 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, and following their progress.

Teaching delivered or organised by unit tutors, co-ordinators and clinical teaching fellows during senior medicine will be focused on bedside teaching in conjunction with small group discussion around cases, frequently those identified by you during time spent on the wards (eg those in your clerking portfolio). You will be expected to re-familiarise yourselves with your year 3 learning outcomes and to look at clinical examination revision videos available through Blackboard to enable you to build on these learning outcomes to become confident, competent F1 doctors. Teaching will focus on developing your skills in diagnostic reasoning through the interpretation of history, examination and investigation findings.

Teaching will be supplemented by sessions addressing the core skills required of F1 doctors that will be examined in finals, for example interpretation of common investigations, in particular ECG interpretation, radiology, practical procedures and prescribing. Such classroom-based teaching will be limited to not more than 3 hours on average during the working (9-5) week to allow you to spend the maximum amount of your time on the wards.

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, on-take and on-call and outpatient clinics
- Clerk, present and follow up all patients in the care of the firm's consultants
- Be present during emergency medical take
- Begin to acquire competence in the skills and procedures necessary to function as an F1 doctor, with a particular focus on those examined within finals
- Attend other learning opportunities such as multidisciplinary team meetings, X-ray meetings, grand rounds, audit discussions, pathology demonstrations, etc.

Recommended Reading: see

https://www.ole.bris.ac.uk/webapps/cmsmain/webui/xy-136348_5-t_hYyAB8mF

Neurology

During senior medicine you will have neurology teaching.

Aims

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

Objectives

By the end of Unit 1: Senior Medicine and Surgery you 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
- 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 to the patient's condition

Description

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 the Regional Neurosciences Unit in North Bristol. Students in other academies will receive neurology teaching within senior medicine and acute care. The theme of the attachment will be clinical neurology, ie the assessment and management of clinical neurological problems. Teaching will emphasise neurological 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.

Assessment

Neurology will be assessed during finals part I (MCQ, DOSCE and Objective Long Cases).

Recommended Reading: see

https://www.ole.bris.ac.uk/webapps/cmsmain/webui/_xy-136348_5-t_hYyAB8mF

Senior Surgery

Aim

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

Learning objectives

[See year 5 generic curriculum](#)

Description

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.

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-take and on-call and outpatient clinics.
- Clerk, present and follow up all patients in the care of the surgical teams to which you are attached
- Attend operating theatres when patients you have clerked are undergoing surgery
- Be present during emergency surgical take
- Demonstrate competence in history taking and examination at surgical Objective Long Case practice prior to the final examinations
- Attend and complete satisfactorily the first part of the final year surgical skills course
- Begin to acquire competence in the skills and procedures necessary to function as an F1 doctor, with a particular focus on those examined within finals
- Demonstrate understanding of the principles of post-operative pain relief, peri-operative fluid management, antibiotic prophylaxis for surgery, antithrombotic prophylaxis, surgical consent and 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.

Surgical Skills Course

The surgical skills course runs over two days, one during Unit 1 and the second during the surgical attachment within Unit 2: PPP. This provides opportunities 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.

Recommended Reading: see https://www.ole.bris.ac.uk/webapps/cmsmain/webui/_xy-136348_5-t_hYyAB8mF

Acute Prescribing Tutorials

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 your 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 a safe, accurate and effective prescription for common medical emergencies
- Use the British National Formulary effectively (BNF) to facilitate prescribing
- Provide patients with appropriate information about their medicines (e.g. common side effects, monitoring advice where appropriate)
- Correctly calculate appropriate drug doses 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, diagnose and prescribe for common medical and surgical emergencies based on case scenarios
- Outline the principles of management of acute medical emergencies using the ABCDE approach

You will be given a series of tutorials throughout Unit 1 covering common medical and surgical emergencies.

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

- 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 IRMER regulations
- Competent interpretation of CXR including line positions (e.g. nasogastric tube)
- Competent interpretation of AXR
- Competent 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.

Description

You should get 1 hour per week of formal radiological teaching. This will cover the following broad areas:

- 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 acquire other skills such as hand washing, venflon 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 your 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 and 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:
 - The diagnosis of malignancy
 - The principles of management of malignancy
 - The principles of treatment with curative and palliative intent
 - The side-effects of chemotherapy and radiotherapy and their management
 - The fact that a patient is deteriorating
 - 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
- Your role as an F1 within a multidisciplinary team in caring for patients with cancer.

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 should 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 care given, 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 disease

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 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. See link: [Palliative care and oncology – communication skills](#)

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

Recommended Reading: see

https://www.ole.bris.ac.uk/webapps/cmsmain/webui/_xy-136348_5-t_hYyAB8mF

Emergency Medicine

During Year 5 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.

Recommended reading:

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

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

Unit 2: Preparing for Professional Practice (PPP)



Student Assistantships

Senior medicine and senior surgery attachments will run as two 4-5-week student assistantships. You will be attached to a junior doctor for the duration of these blocks.

Aims

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

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

Learning objectives

- 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 team work 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

Description

During the nine weeks of PPP student assistantships you should accompany and assist a junior doctor in medicine for 4-5 weeks, and in surgery for 4-5 weeks. The purpose of the assistantships is for you to gain direct experience of working as an F1, as a member of the team within the Trust. You should begin to translate academic knowledge into the work environment without the responsibility that will be yours from August.

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
- 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 at all times:

- identify yourselves to the patient as a medical student
- wear your 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 undertaken 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.

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 take and on call.

Nights

You will be expected to work at least three and preferably five night shifts during your ten weeks of student assistantship. These should be booked by you 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 bring your clerking portfolio to your weekly tutorials and to discuss patients you have clerked and cared for relevant to the PPP learning objectives.

Other activities within PPP

Specific clinical activities will include:

- [the ILS course](#)
- the second part of the [surgical skills course](#) (first part in Unit 1)
- 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
- final palliative care and oncology tutorial
- weekly tutorials/case discussions to facilitate understanding of specific PPP learning objectives as laid out within Tomorrow's Doctors

[During primary care](#)

- Introductory session with learning needs analysis
- Themed surgeries on consultation skills, prescribing, advanced consultation skills, communication between primary and secondary care, complex patients with multimorbidities, exploring unexplained symptoms
- Final feedback session
- Primary Secondary Interface Seminar (at academy)
- Advanced Consultation Skills Seminar (at academy)

[Link to learning objectives of PPP tutorials](#)

[Link to learning objectives for the simulator sessions](#)

Primary Care



Aim

To prepare you for working as F1 doctors by learning in the primary care setting

Within Unit 2 you will have a 2-week placement in Primary Care. You will be paired but sessions may be spent with a single GP. This provides opportunities for you to learn from each other, for example two students can sit in with a GP, but then see a patient together in another room, with one consulting, and the other observing and giving feedback.

All the GP placements will be non-residential. For practices without easy transport to/from the local Academy, we will ensure that at least one of you has a car. Priority must be given to Primary Care teaching during these two weeks, so the only times you should return to your academies for teaching is for the Primary/Secondary Care Interface and/or Advanced Consultation Skills Seminars, both of which are organised by Primary Care. You should not leave Primary Care for other PPP tutorials.

What and how will you be learning in your GP placement?

The two weeks will be similar to Year 4 COMP2 placements with a combination of observing clinics, seeing patients before presenting to the GP, and tutorials. There will be increased emphasis on you conducting your own consultations including at special medical student surgeries, and on producing comprehensive management plans. There will also be structured learning around specific themes. Sessions will also be spent with other Primary Care professionals such as community pharmacists and community matrons.

Main Themes

- Prescribing and therapeutics
- Advanced consultation skills (such as telephone communication)
- Communication between primary and secondary care (including referral letters, discharge summaries)
- Complex patients with multimorbidities
- Exploring unexplained symptoms

You will have logbooks and complete specific tasks related to these themes. For example:

Prescribing and Therapeutics

Two students will sit in with a GP. You will each make a note of different therapeutic questions that arise, for example:

- What antibiotics are used for urinary tract infections and why?
- What is the interaction between erythromycin and statins; what advice should be given to patients taking both?
- What are the first choice medications for a 40 year old Afro-Caribbean man with hypertension?

Time will be allocated to look for the answers to these questions, complete the logbook, and discuss these with the GP.

Attendance

You should complete an attendance diary: [Attendance Diary for GP placement during PPP Primary Care](#). If you require a 4th Objective Long Case you are allowed a maximum of 2 days off your GP placement.

Assessment

GPs will have a role in assessment, including direct observation of consultations, and signing off tasks in log-books.

You will be given greater written details of the Primary Care attachment prior to the start of the course in January.

Click here for link to Primary Care teaching:

<http://www.bristol.ac.uk/primaryhealthcare/teachingundergraduate/year/five>

Primary-Secondary Care Interface Seminar

Process

This is a seminar held jointly by Primary Care and the Hospital Trust which is organised by the GP academy leads and will be held during PPP.

Aims

To improve understanding of the GP/hospital interface in relation to hospital admission and discharge

To understand the factors underlying the decision to admit a patient to hospital

To facilitate appropriate, high quality arrangements for discharging patients from hospital

To further professional relationships between junior hospital doctors and GPs, and to improve understanding of each other's priorities and pressures

Objectives

At the end of the session, you should be able to:

- Describe the factors which determine why and when patients get admitted to hospital. Explain how primary and secondary care contribute to providing high quality care in relation to hospital admission and discharge for patients and their families
- Describe the administrative process that is followed to arrange a hospital admission in the Trust, and how this may vary in other Trusts
- Describe the process that should be followed in arranging a patient's discharge from hospital
- Describe the communication with primary care which should occur if a patient dies in hospital
- Be aware of what needs to be included in an adequate discharge letter
- Describe the various alternatives to direct discharge to home which may need to be considered (e.g. rehabilitation, nursing home etc) and how these are arranged.



Advanced Consultation Skills Seminar

This is a Primary Care seminar organised at Academies by GP academy leads, which will be held during PPP. Students in small groups will observe and role play scenarios. 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 two week General Practice placements, you 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
4. Consulting with an angry patient.

Immediate Life Support Course



Link to <http://www.resus.org.uk/pages/ilsgen.htm>

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 medicine attachment of PPP. You will be told the dates of the ILS course when you start your medicine attachment. Dates will also be found on Blackboard.

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

Surgical skills course part II

The second part of the surgical skills course will take place within the surgery attachment of the PPP unit.

Please [click here](#) for the overall aims and objectives of the course.

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 (own and 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

Description

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 5th year 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 your teaching within your portfolio to be presented and discussed during tutorials. You may also be observed whilst delivering teaching.

Attendance Diary for GP placement during PPP

Day / Date		Where?	What done?
Monday	am		
	pm		
Tuesday	am		
	pm		
Wednesday	am		
	pm		
Thursday	am		
	pm		
Friday	am		
	pm		
Saturday	am		
	pm		
Sunday	am		
	pm		
Nights	Date		
	Date		

Week commencing:

Signature of member of staff:

Date:

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 competently demonstrate 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

Description

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 formal assessment but you will be given feedback on your performance during the de-brief sessions.

Recommended Reading

Students are directed 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 Placements

Spending time in the Radiology department is an excellent way of acquiring the skills outlined above. The understanding of the interaction between the radiologist and the junior doctors will be 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 suggested and anticipated you would do much of this during Unit 2 (PPP). As with other PPP objectives, you would be required to demonstrate achieving sign off in at least 80% of the activities. It is suggested you use opportunities on the ward to prompt following a number of patients through radiology. You may wish 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. This modular format is designed to minimise impact on ward based experience and teaching.

ACTIVITY	LEARNING
Radiologist reporting Plain film(CXR, AXR, Trauma)	<ul style="list-style-type: none"> • Interpretation of radiographs • Exam and F1 preparation
CT/MR Watching scans being performed and observing a radiologist reporting them.	<ul style="list-style-type: none"> • Basic understanding of how CT and MRI work. • Indications and contraindications. • Interaction with radiographers • Venflon insertion • Interaction of Radiologist and Junior doctors.
Ultrasound	<ul style="list-style-type: none"> • Understanding various uses of ultrasound and its indications
MDT/Radiology Meetings	<ul style="list-style-type: none"> • Interaction of clinical teams and understanding of cancer management
Screening and Plain film radiography	<ul style="list-style-type: none"> • Image guided joint injections • Plain film radiographic techniques • Barium studies
Interventional and vascular radiology	<ul style="list-style-type: none"> • Use of minimally invasive techniques. • Consent for procedures and hand washing skills
Fast Track clinics e.g. Breast clinic	<ul style="list-style-type: none"> • Observe interaction of surgeons, radiologists, nurses and radiographers • Ultrasound guided biopsy and localisation techniques
Signed	Signature

Recommended Reading: see https://www.ole.bris.ac.uk/webapps/cmsmain/webui/_xy-136348_5-t_hYyAB8mF

- Bristol Blackboard
- Bristol Hippocrates <http://www.bristol.ac.uk/medical-school/hippocrates>
- Learning Radiology.com <http://www.learningradiology.com/>

Tutorials during Preparing for Professional Practice

You will be allocated a Unit tutor throughout Unit 2: PPP. This tutor will host the majority of the weekly tutorials, although some tutorials might be facilitated by tutors with a specific interest in a particular area.

The PPP tutorials are designed to help you meet the learning outcomes outlined in Tomorrow's Doctors 2009. The learning outcomes required from these tutorials are grouped together under the links below, along with the learning outcomes to be gained during the student assistantship. For each table of learning objectives, it is made explicit how you will be observed or assessed as competent and how you will record this.

- A - [Initial patient presentation](#)
- B - [Initial patient management](#)
- C - [Therapeutics I](#)
- D - [Therapeutics II](#)
- E - [Communication workshop](#)
- F - [Equality and diversity](#)
- G - [Professional behaviour](#)
- H - [Governance and regulation](#)
- I - [Infection control](#)
- J - [Practical procedures and assessment as an F1](#)
- K - [Acute care I](#)
- L - [Acute care II \(to complement simulator sessions\)](#)

These are **not** didactic teaching sessions. You should be prepared to present patients' cases from your portfolios during these tutorials which have raised issues relevant to tutorial learning outcomes. Tutors will check over the 11-week period 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.

The following checklist must be signed off by the Unit tutor, (or course tutor or doctor taking a specific tutorial) for each student to indicate satisfactory completion of Unit 2: PPP. It is your responsibility to ensure that this checklist is signed off:

- Satisfactory attendance diary to include Primary Care, on call, on take and at least three nights
- Clerking portfolio of cases seen during PPP and discussed during PPP tutorials – signed off against PPP tutorial-based learning objectives (links A-L as above)
- Clinical simulator sessions
- PPP tutorials
- PALS tutorials and teaching
- Palliative care tutorial
- Primary-secondary care interface
- Communication skills workshop
- Surgical skills course part II
- CAPS logbook
- Radiology Activity

You will also require your ILS certificate.

Grouped learning objectives to be signed off by end of PPP

Key	O – observed	CBD – case-based discussion
	R – recorded by student	Portfolio – Unit 1 referred to as ‘ clerking portfolio ’
	A – assessed	Portfolio – Unit 2 reflective portfolio referred to as ‘ portfolio ’

A – initial patient presentation



TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
14a	13	Practitioner	Synthesises history, examination, mental state and patient factors	O/A – formative and summative Objective Long Cases R – within portfolios A – CBD within tutorial	
8b	1	Scholar and scientist	Scientific basis of common presentations	R – students will record the scientific basis of the patient’s presentation, where appropriate, for cases recorded in the portfolio A – CBD within tutorial and/or portfolio review	
8g	5	Scholar and scientist	Make accurate observations of clinical phenomena and critically analyse clinical data	O – formative and summative Objective Long Cases R – relevant patient data recorded and critiqued in portfolio A – CBD within tutorial and/or portfolio review	
14b 14e	14	Practitioner	Formulating and understand reasons for making differential diagnosis	O/A – formative and summative Objective Long Cases R – within portfolios A – CBD within tutorial and/or portfolio review	
8c 8d	2	Scholar and scientist	Scientific basis of investigations justifying their choice	O/A – formative and summative Objective Long Cases and portfolios R – within portfolios A – CBD within tutorial and/or portfolio review	

B – initial patient management



TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
14c	15	Practitioner	Formulate a management plan with patient, to include informed consent (to plan and/or procedure)	O/A – student assistantship R – appropriate independently formulated plan in portfolio A – CBD within tutorial and/or portfolio review	
19d 19e	27	Practitioner	Access, critique and integrate info from all sources for patient care to include patient paper and computer records, guidelines, policies and the literature	R – integration and critique of information sources relevant to patients clerked and reviewed and discussion of how this should improve patient care A – CBD within tutorial and/or portfolio review	
8e	3	Scholar and scientist	Select and justify appropriate management both protective and preventive measures	O/A – student assistantship R – examples of justification of protective and preventive measures in patients clerked recorded in portfolio A – CBD within tutorial and/or portfolio review	
9b 9c 9d	6	Scholar and scientist	Psychological factors involved in illness presentation, patient response to management and ability to self-care	R – psychological factors involved in illness presentation and/or patient response to management and/or patient's ability to self care reflected upon in portfolio A – CBD within tutorial and/or portfolio review	
8c 8d	2	Scholar and scientist	Scientific basis of investigations justifying their choice	O/A – student assistantship R – scientific basis of a plan of investigations independently formulated and justified in portfolio A – CBD within tutorial and/or portfolio review	
11	10	Scholar and scientist	Critique data on the incidence, frequency and prevalence of illness	R – student to critique and reflect upon these data relevant to patients clerked A – CBD within tutorial and/or portfolio review	

C and D – therapeutics



TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
8f	4	Scholar and scientist	Understanding of therapeutics	R – for patients admitted, copy of original drug chart prescribed by student and countersigned, in portfolio. Your reflection upon drugs prescribed and why. A – scripts countersigned as correct and portfolio review	
17a 17b	22	Practitioner	Take a drug history including OTC medications and complementary therapies, and plan appropriate therapy for common indications, including pain and distress	R – examples of appropriate drug histories within clerking portfolio. Copies of original drug charts as above A – scripts countersigned as correct A – oncology/palliative care prescribing tutorial signed off	
17e 17f 17h	23	Practitioner	Access reliable information about drugs and explain their medicines to patients. Understand why some patients use complementary therapies	O/A – explain discharge medication to patients during student assistantship (nurse responsible to sign off) R – drug information sources relevant to specific patients reflected upon, including complementary therapies and why patient chose to use them A – portfolio review	
17c 17g	24	Practitioner	Prescribe accurately, safely and legally, and report adverse drug reactions (ADRs)	R/A – for patients admitted, copy of original drug chart prescribed by you and countersigned, in portfolio. Any ADRs observed recorded. A – discussion ADR reporting within tutorials	
9e	7	Scholar and scientist	Awareness of need to encourage lifestyle changes and of patients agreeing to management plan/taking medication including dependence and self-harm	R – reflection on discussions with patients about lifestyle changes and negotiating management plans R – reflection on the therapeutic management of patients with dependence and/or self harm issues A – CBD within tutorials	

E – communication workshop



CAPS



ETHICS



3D

TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
13a 13b 13f	11	Practitioner	Communication – elicit patients' understanding of condition and treatment options, views, concerns and preferences and extent pts want to be involved in care and treatment	R – reflection upon patient's understanding, views, concerns and expectations within portfolio R – reflection upon specific conversations about patient's wish for involvement in care and treatment A – formative assessment during role play in workshop	
13d	12	Practitioner	MMSE and capacity	R – evidence of having incorporated MMSE into clerking and of assessing capacity with reflection A – role play during workshop and portfolio review	
15 15e 15f 15g	16	Practitioner	Communication – verbal, non-verbal, written with patients, families, colleagues. To include the vulnerable, deaf, learning disabled, mentally ill, angry, potentially violent, where English not first language	R – reflection upon 'routine' communication, verbal, non-verbal, written etc with patients, families <u>and</u> colleagues R – reflection upon challenging communication situations, as listed, student involved in (preferably) or observed A – formative assessment during role play in workshop	
15h	18	Practitioner	Communication – as patient advocate, teacher, manager/improvement leader	R – reflection upon yourself as patient advocate R – reflection upon communication skills needed as teacher/manager/improvement leader eg during PALS A – role play during workshop, PALS and portfolio review	
19a 19b 19c	26	Practitioner	Information recording; clerking, ward round note-taking, computer use – retrieving and recording patient information, requesting investigations. Data protection and confidentiality	O/A – information use and recording during student assistantship R – evidence of information recording and use relevant to specific patients in portfolio A – tutorial discussion about data protection/confidentiality	

F – equality and diversity



TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
20d	31	Professional	Respect for others regardless of age, colour, culture, disability, ethnic origin, gender, lifestyle, religion etc	R – reflection upon situations where the patient's age, colour, culture, disability etc meant or could have meant their care was compromised and how this was or could/should have been avoided A – CBD in tutorial and discussion of and response to others' or worked examples	
20e	32	Professional	Recognise opportunities for some may be limited by others' perceptions	R – reflect upon and discuss situations where a patient's opportunities were, or could be, limited by others' perceptions A – CBD in tutorial and discussion of and response to others' or worked examples	
10d	9	Scholar and scientist	Impact of social deprivation and health inequalities on illness	R – reflection upon the impact of sociological factors such as health inequalities, occupation, poverty and affluence on specific patients' course of illness and response to treatment and management A – CBD in tutorial and worked examples for instance around occupational disease	

G – professional behaviour



ETHICS



PAID

TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
20f	33	Professional	Understand and accept legal, ethical and moral responsibility	O/A – student assistantship R – reflection upon legal, ethical and moral dilemmas raised by the care of patients seen by students A – CBD during tutorials and portfolio review	
20a	28	Professional	Behave according to ethical and legal principles	O/A – student assistantship R – reflection upon any situations where how to behave ethically or legally was unclear, if these arose A – discussion of worked examples in tutorials eg end of life issues in palliative care and oncology A – professional behaviour forms	
20c	30	Professional	Professional behaviour – integrity, honesty, maintain confidentiality, respect for privacy and dignity, importance of consent	O/A – student assistantship R – reflection upon issues around informed consent and any situations, if these arose, where own or others' professional behaviour was lacking A – CBD about informed consent A – discussion around worked examples in tutorial	
23i 23j	47	Professional	Consider own and others' health needs and protect patients from any risk posed by own or others' health	R – reflection upon any situations, if these arose, where own or others' health could have posed a risk to patients A – discussion around worked examples in tutorial	
23f	44	Professional	Respond constructively to appraisals, performance reviews and assessment	R – reflection upon one-to-one feedback in portfolio A – response to feedback signed off by tutor	

H – governance and regulation



TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
23c	42	Professional	Understand the framework in which medicine is practised, organisation, management and regulation of healthcare provision and roles of other agencies and services involved in protecting and promoting individual and population health	R – healthcare agencies and services involved in patient care recorded and interaction reflected upon within portfolio particularly with respect to a) patient admission b) patient discharge (especially complex discharges) c) detention under section 2 of the Mental Health Act d) assessing competence and best interests under the provision of the Mental Capacity Act e) reporting of a vulnerable adult or child A – CBD in tutorial and discussion of worked examples A – participation in discussion on professional regulation	
23d 23e	43	Professional	Understanding and dealing with errors; clinical governance, quality assurance, risk management and incident reporting and how to use audit to improve practice	R – reflection upon any errors or incidents the student has observed, their experience of risk management and incident reporting and evidence of audit improving practice A – discussion in tutorials and your will be asked to design an audit to improve an area of practice they have observed	
23g	45	Professional	Awareness of doctors as managers, including seeking ways to improve the use and prioritisation of services	Discussion with a doctor in a management role within tutorial A – group work to explore ways of improving the use and prioritisation of a service within the Trust you are in	

I – infection control



EBM



PAID

TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
23h	46	Professional	Infection control, and how infection spreads in hospital and the community	<p>R – patient clerking and review where the patient is undergoing barrier nursing or reverse barrier nursing including a consideration of the risks of infection to the patient and others, the evidence for the efficacy of the infection control measures undertaken, and the effect on the patient, their family, staff and the wider community</p> <p>A – CBD within tutorial and participation in discussion about infection control</p> <p>A – handwashing and use of aseptic technique within surgical skills course</p>	

J – practical procedures and assessment as an F1



TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
18	25	Practitioner	<p>Familiarity with assessments to be used within the foundation programme to include</p> <ul style="list-style-type: none"> a) Direct Observation of Procedural Skills b) Mini Clinical Examination Exercise c) Case Based Discussion d) Procedural logbook e) Team Assessment of Behaviours f) Developing the Clinical Teacher Assessment 	<p>R – procedural skills and practical procedures should be recorded in the year 5 skills logbook.</p> <p>A – you should work through mini-CEX and CBD to self and peer assess cases within your portfolios where you have appropriate material</p> <p>A – you should critique the assessment methods where you do not have appropriate material, for example Team Assessment of Behaviours and Developing the Clinical Teacher Assessment</p>	

K and L – acute care (to complement simulator sessions)



TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
16a 16b	19	Practitioner	Acute care – assess severity of presentation, diagnose and manage acute emergencies	<p>R – copies of your admissions of patients admitted acutely through A&E, MAU and SAU, with full history and examination, differential diagnosis and <u>independent</u> investigation and management plan filed in portfolio. These notes and plans should be countersigned and dated by ward staff.</p> <p>R – your reflection upon the severity of presentation, urgency of investigation and management and own ability to see, assess and manage the patient in a timely fashion to follow the copy of the patient's admission notes.</p> <p>A – CBD within tutorials</p> <p>A – satisfactory performance in managing patients presenting acutely with COPD, pulmonary oedema, hypotension secondary to sepsis and upper gastrointestinal bleed within simulator sessions</p>	

Peer assisted learning 1



TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
20f	38	Professional	<p>Function as a mentor and teacher</p> <p>Knowledge outcomes</p> <ul style="list-style-type: none"> a) understands how adults learn b) knows how to support and facilitate other students' learning c) develops a lesson plan for teaching d) understands the necessary preparation for teaching e) understands the functions of and how to give feedback 	<p>R – evidence recorded in teaching sub-section of portfolio of integrating knowledge acquired during PALS seminar 1 in preparation for teaching to be delivered to</p> <ul style="list-style-type: none"> i) 2nd years – Integrated Clinical Skills course or ii) 3rd years – junior medicine and surgery or MDEMO <p>A – attendance at PALS seminar 1 and evidence of knowledge integration signed off by PALS tutor</p>	

Peer assisted learning 2

TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
20f	38	Professional	Function as a mentor and teacher Skills and attitudes outcomes a) is willing and able to teach students in one-to-one and small group settings b) demonstrates appropriate preparation for teaching c) sets educational objectives, identifies own and group's learning needs and applies teaching accordingly d) undertakes teaching/presentation to a small group using a range of materials e) demonstrates a learner-centred approach f) presents evidence of personal learning	R – preparation for teaching, teaching materials used and evaluations of teaching recorded in teaching sub-section of portfolio O – 10 minute presentation to tutor group outlining teaching undertaken, including preparation and self and group evaluations and personal learning A – teaching sub-section portfolio review by PALS tutor A – assessment with feedback of ten minute presentation to peer group	

Palliative care and oncology – communication skills (tutorial during Unit 1)



TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
15d	17	Practitioner	Communication – Breaking bad news	R – difficult communication issues you were involved in or witnessed documented and reflected upon within your portfolio, in the light of teaching in communication skills throughout the five undergraduate years and in breaking bad news in palliative care and oncology core teaching A – engagement in discussion and critique of skills in peer role play assessed by tutor	

Palliative care and oncology – dealing with death and dying (tutorial during Unit 1)

TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
9f	8	Scholar and scientist	Awareness of psychological responses to major illness and death, breadth of normal reactions, including on self	R – own and others' responses to illness and death reflected upon within portfolio and/or SA reflective account where appropriate A – portfolio review and/or SA reflective account	
20g	34	Professional	Understand medico-legal issues, completing certificates and liaising with the coroner	R – worked examples of death certificates and cremation forms and discussion with coroner filed in portfolio A – discussion around worked examples of writing death certificates and cremation forms signed off in tutorial	

Palliative care and oncology – therapeutics (tutorial during Unit 1)



TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
8f	4	Scholar and scientist	Understanding of therapeutics with particular relevance to palliative care and oncology	R – scripts for pain and symptom control completed within tutorial filed in portfolio A – scripts countersigned as correct and portfolio review	
17b	22	Practitioner	Plan appropriate therapy for common indications, including pain and distress	R – scripts for a) pain with prophylactic laxatives, b) nausea and vomiting and c) end of life drugs completed within tutorial filed in portfolio A – scripts countersigned as correct	
17c 17g	24	Practitioner	Prescribe accurately, safely and legally	O – discussion around particular legal requirements when prescribing, dispensing and mixing controlled drugs A – scripts (see above) countersigned as correct	
17h	23	Practitioner	Discuss why some palliative care and oncology patients might use complementary therapies, be aware of possible interactions and how to look these up	R – reflection upon patient(s) taking complementary therapies within portfolio and evidence student has looked these up, and how, to check drug interactions A – portfolio review	
9e	7	Scholar and scientist	Awareness of particular issues around opioid prescribing in patients with history of opioid misuse	R – reflection on the therapeutic management of patients with opioid dependence or past misuse requiring pain control <u>if</u> the student has met such patients A – participation in discussion within tutorial signed off by tutor	

Palliative care and oncology – reflections on practice (PPP)

You should be offered a fourth palliative care and oncology tutorial during Unit 2: PPP, to reflect upon the issues raised in seeing and caring for patients with palliative care needs or who are approaching the end of life during your student assistantships.

Other learning objectives to be met

Student Assistantship



TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
20b	29	Professional	Demonstrate awareness of clinical responsibility, making patients' needs and safety the first concern, involving patient in self-care, involving and explaining care to relatives and carers	O/A – observed and signed off by colleagues during SA R – patient involvement in self care, involving and explaining care to patients and relatives	
21a	35	Professional	Acquire, assess, apply and integrate new knowledge and adapt to changing circumstances. Deal with uncertainty	R/A – reflect upon these issues within SA reflective account	
20b 20c	36	Professional	Reflect on achievements and learning needs within a portfolio, show evidence of changing actions in response to learning, critically appraise own and others' practice and personal audit	R – reflection within portfolio to include evidence of change, critical appraisal of own and others practice and change in response to learning and reflection A – portfolio review and SA reflective account	
20d 20e	37	Professional	Manage time and prioritise tasks. Be aware of personal and professional limits and willing and knows when to seek help	O/A – observed and signed off by colleagues during SA R – reflection within portfolio A – portfolio review	
22a	39	Professional	Demonstrate understanding of the role of health and social care professionals within the working team	O/A – observed and signed off by colleagues during SA R/A – reflected upon in portfolio and in SA reflective account	
22b 22d	40	Professional	Demonstrate understanding of interdisciplinary working in providing safe and effective care, foster team working	O/A – observed and signed off by colleagues during SA R/A – reflected upon in portfolio and SA reflective account	
22c 22d	41	Professional	Work with colleagues, handing over information and demonstrate both leadership and the ability to be led in the best interests of patients	O/A – observed and signed off by colleagues during SA R/A – reflected upon in portfolio and in SA reflective account	

You should continue to record your clinical work within your portfolio during your assistantship and to reflect upon issues such as clinical responsibility, time management and team working. Colleagues should be asked to sign off the areas above at the end of the assistantship period.

Radiology Placements

ACTIVITY	LEARNING
Radiologist reporting Plain film(CXR, AXR, Trauma)	<ul style="list-style-type: none"> • Interpretation of radiographs • Exam and F1 preparation
CT/MR Watching scans being performed and observing a radiologist reporting them.	<ul style="list-style-type: none"> • Basic understanding of how CT and MRI work. • Indications and contraindications. • Interaction with radiographers • Venflon insertion • Interaction of Radiologist and Junior doctors.
Ultrasound	<ul style="list-style-type: none"> • Understanding various uses of ultrasound and its indications
MDT/Radiology Meetings	<ul style="list-style-type: none"> • Interaction of clinical teams and understanding of cancer management
Screening and Plain film radiography	<ul style="list-style-type: none"> • Image guided joint injections • Plain film radiographic techniques • Barium studies
Interventional and vascular radiology	<ul style="list-style-type: none"> • Use of minimally invasive techniques. • Consent for procedures and hand washing skills
Fast Track clinics e.g. Breast clinic	<ul style="list-style-type: none"> • Observe interaction of surgeons, radiologists, nurses and radiographers • Ultrasound guided biopsy and localisation techniques
Signed	Signature

Intermediate life support



TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
16d	21	Practitioner	Provide immediate life support	Attendance at immediate life support course	ILS course certificate filed in portfolio
16e	21	Practitioner	Provide cardio-pulmonary resuscitation or direct other team members to carry out resuscitation		

Basic first aid

TD	no	Section	Brief description topic/learning objective	How observed, recorded by you and assessed	Signature
16c	20	Practitioner	Basic first aid		

You should be aware that Tomorrow's Doctors specifies that you should be able to provide basic first aid and should seek opportunities to fulfil this learning objective.