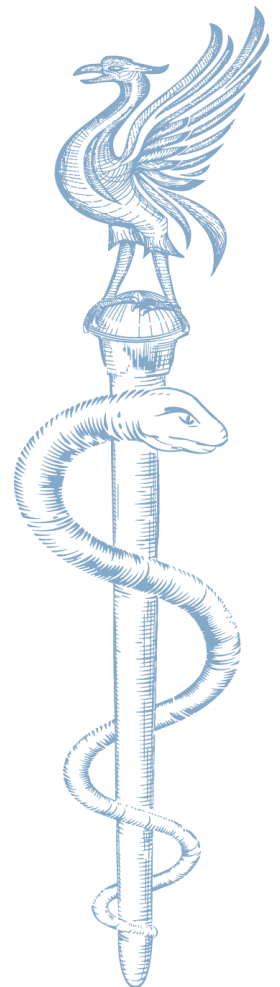




Year 4 MBChB Placement E-portfolio Requirements

2023/24



Contents

| | |
|---|----|
| 1. Placement overview..... | 2 |
| 2. Direct Observation of Procedural Skills (DOPS) | 2 |
| 2.1 Mandatory..... | 2 |
| 2.2 Recommended..... | 2 |
| 3. Recording clinical activity on placement | 2 |
| 3.1 PebblePocket App | 2 |
| 3.2 E-forms | 2 |
| 4. Placement Information..... | 4 |
| 4.1 General Practice B placement activities..... | 4 |
| 4.2 Medicine C placement activities..... | 5 |
| 4.3 Medicine D Palliative Medicine placement activities | 8 |
| 4.4 Medicine D Oncology & Haemato-oncology placement activities | 10 |
| 4.5 Neurology placement activities | 12 |
| 4.6 Obstetrics & Gynaecology B placement activities | 14 |
| 4.7 Paediatric B placement activities | 16 |
| 4.8 Psychiatry A placement activities..... | 18 |
| 4.9 Surgery C Paediatric Head & Neck placement activities..... | 20 |
| 4.10 Surgery C Adult Head & Neck placement activities | 22 |
| 4.11 Surgery C Ophthalmology placement activities | 24 |
| 4.12 Surgery C Plastic Surgery placement activities | 26 |

1. Placement overview

Year 4 has seven 4-week placements:

- General Practice B.
- Medicine C: Geriatric Medicine, Renal & Rheumatology.
- Medicine D: Palliative Care, Oncology & Haemato-oncology.
- Neurology.
- Obstetrics & Gynaecology B and Paediatrics B.
- Psychiatry A (including Child & Adolescent Psychiatry).
- Surgery C: Paediatric Head & Neck (ENT), Adult Head & Neck (OMFS), Ophthalmology and Plastic Surgery.

2. Direct Observation of Procedural Skills (DOPS)

DOPS can be completed during any placement and are expected to be recorded regularly throughout the academic year.

2.1 Mandatory

Airway assessment, cervical speculum examination, inhaler technique demonstration: adult or paediatric, intravenous (IV) cannulation, intravenous (IV) fluid line preparation, intramuscular (IM) injection, peak expiratory flow rate (PEFR): adult or paediatric, subcutaneous (SC) injection, surgical scrubbing up incl. sterile gloving, swab taking, urinalysis, venepuncture, vital signs: adult (NEWS), vital signs: paediatric, wound care & basic wound dressing.

2.2 Suggested

12 lead ECG: record & interpret, arterial or venous blood gas sampling, basic wound closure e.g. steri-strips, glue, child growth: measure & record, eye drops administration, paediatric urine sample collection, plaster cast application, plaster cast removal, urinary catheterisation: male or female.

3. Recording clinical activity on placement

3.1 PebblePocket App

Student doctors can record their clinical activity using the PebblePocket App on their mobile device. At the start of the academic year, student doctors are to ensure that they update their device so they can view the 23/24 forms e.g. CPADs, OEs, DOPS, Student Declarations.

3.2 E-forms

If student doctors are unable to obtain a signature on the PebblePocket App in person from their assessor, they can email them an electronic version of the form. Please refer to the E-forms page within the clinical workbook for further details. Please note that CPADs, OEs, DOPS are

still expected to have been presented and/or performed and only forms containing a signature can be attached to your clinical workbook.

The deadline for all placement evidence, including all attachments, to be completed in the workbook is: 10am on Monday 3rd June 2024.

4. Placement Information

| Activity | Form | 4.1 General Practice B placement activities 4-week placement |
|--|-------------------------|---|
| Cases | CPAD | Recommended: 10 (minimum: 5) Record a range of cases seen in primary care. |
| Examinations | OE | Recommended: 3 (minimum: 2) Record examinations from a range of cases seen in primary care. |
| Procedures | DOPS | Record as many procedures as possible from the following: cervical speculum examination, child growth: measure & record, inhaler technique demonstration: adult/paediatric, intramuscular (IM) injection, peak expiratory flow rate (PEFR): adult/paediatric, swab taking, urinalysis, venepuncture, vital signs: adult/paediatric, wound care & basic wound dressing. |
| Reflections | Reflection form | Recommended: 4 (minimum: 2) Reflect on an unmetabled activity e.g. CPAD, OE or DOPS that you performed during this placement. |
| Mandatory Experiences | Student Declaration | Minimum: 4 Participate in one of each of the following activities: 1) Review of a palliative care patient, followed by a debrief with a GP in the form of a case-based discussion (CBD). The review can occur at a home visit, remote consultation, case review or GSF meeting. 2) Review of a care home patient, followed by a debrief with a GP in the form of a CBD. The review can occur at a home visit, virtual ward round, case review or MDT meeting. 3) Review and discussion of investigation results. 4) Attendance at a practice or locality meeting followed by a debrief with a GP (if a GSF meeting has been used for the first mandatory experience, this meeting may not be used as the basis of this experience). |
| Additional opportunities | Student Declaration | Recommended activities include: 1) Observe a learning disability annual health check. 2) Follow a patient's admission to hospital / 2-week rule referral. |
| First & End of placement Educational Supervisor (ES) meetings | Recorded in E-portfolio | All sections completed by student doctor and Educational Supervisor. All student doctor comments/reflections are mandatory and must be completed prior to meeting. |
| Tutorials | n/a | 1 x Placement Induction Session. 4 x Full days of Community Clinical Teaching (CCT) each Tuesday of placement. |

| Activity | Form | 4.2 Medicine C placement activities 4-week placement |
|---------------------|---------------------|--|
| Cases | CPAD | <p>Recommended: 6 (minimum: 4) Record a range of cases from the following: an older person with a fall, stroke, TIA, acute cognitive impairment, leg ulcers, pressure sore, incontinence, dementia (including a formal assessment of cognitive abilities e.g. MoCA or Addenbrooke's Cognitive Examination). Must include at least one renal case from a patient with acute kidney injury (AKI), chronic kidney disease (CKD), a patient receiving renal replacement therapy (RRT). Must include at least one rheumatology case from a patient with inflammatory arthritis, osteoarthritis, gout, septic arthritis, autoimmune connective tissue disease/vasculitis, chronic widespread pain/fibromyalgia.</p> |
| Examinations | OE | <p>Recommended: 6 (minimum: 4) To include the examination of a system e.g. CVS, respiratory, GIT, neurology. Must include at least one rheumatology examination e.g. hands, large joint. Must include at least one assessment of fluid status e.g. assessing for fluid overload or dehydration.</p> |
| Procedures | DOPS | <p>Record as many procedures as possible from the following: 12 lead ECG: record & interpret, arterial/venous blood gas sampling, intravenous (IV) cannulation, intravenous (IV) fluid line preparation, intramuscular (IM) injection, subcutaneous (SC) injection, swab taking, urinalysis, urinary catheterisation: male/female, venepuncture, vital signs: adult, wound care & basic wound dressing.</p> |
| | Student Declaration | <p>Minimum: 1 Observation of a haemodialysis session during half day placement on haemodialysis ward.</p> |
| Reflections | Reflection form | <p>Recommended: 4 (minimum: 2) Reflect on an untimetabled activity e.g. CPAD, OE or DOPS that you performed during this placement.</p> |
| Ward rounds | Student Declaration | <p>Minimum: 4</p> |
| Clinics | Student Declaration | <p>Minimum: 4 Can include general geriatrics, stroke/TIA, falls, movement disorders. Must include at least one rheumatology clinic e.g. general rheumatology, early arthritis, connective tissue disease/vasculitis. Must include at least one renal clinic e.g. general nephrology, dialysis, transplant, low clearance.</p> |

| Activity | Form | 4.2 Medicine C placement activities 4-week placement |
|--|------------------------------------|--|
| On-call | Student Declaration | Minimum: 1 |
| Multi-Professional working | Student Declaration | Minimum: 4 Record a range of activities from the following: Must include at least one rheumatology and one renal experience 1) An occasion when you spent time at an MDT discharge planning meeting, observing the work of an Allied Health Professional e.g. OT, physiotherapist, SALT, dietician, social worker. 2) An occasion when you discussed prescribing plans with a pharmacist in a clinical setting e.g. for a patient taking multiple medications, a patient with a rheumatological condition, a patient with renal impairment requiring dose adjustment. 3) An occasion when you shadowed a Tissue Viability Nurse (TVN). 4) Reflect on a patient journey (full or part of) from admission to discharge back to community services. Consider the impact on the patient and the team members involved. Were any challenges encountered? 5) An occasion when you spent time with a rheumatology specialist nurse e.g. at a DMARD drug education session, IM injection clinic, seeing acute exacerbations. 6) An occasion when you attended a radiology meeting. 7) An occasion when you observed a patient during part of their pre-dialysis pathway. Describe the role of the team members e.g. pre-dialysis nurse renal dietitian, renal psychologist. |
| Simulation Training | Certificate or Student Declaration | Trust Simulation Training |
| First & End of placement Educational Supervisor (ES) meetings | Recorded in E-portfolio | All sections completed by student doctor and Educational Supervisor. All student doctor comments/reflections are mandatory and must be completed prior to meeting. |
| Tutorials | n/a | 1 x Placement Induction Session. 4 x Case-Based Learning (CBL) Tutorials. 4 x Bedside Teaching Tutorials. |

| Activity | Form | 4.2 Medicine C placement activities 4-week placement |
|----------|------|--|
| | | 1 x Clinical Skills Teaching: adult BLS during first rotations, venepuncture & cannulation equipment refresher. 1 x Safe Prescribing Session. 1 x Stroke Awareness Workshop. |

Note: the stroke awareness workshop and cerebrovascular disease CBL will take place on Friday of week two at the School of Medicine.

| Activity | Form | 4.3 Medicine D Palliative Medicine placement activities 2-week placement |
|---|-------------------------|--|
| Cases | CPAD | Recommended: 3 (minimum: 2) Record a range of cases from the following: a patient with complex pain, a case incorporating shared decision making, a case incorporating complexity and uncertainty of the disease or symptoms, a case incorporating ethical decision making in end-of-life care, a patient with complex psychological, social or spiritual end of life care issues. Must include at least one patient in the dying phase. |
| Examinations | OE | Recommended: 2 (minimum: 1) To include the examination of a system e.g. CVS, respiratory, GIT, neurology. |
| Procedures | DOPS | Record as many procedures as possible from the following: intravenous (IV) fluid line preparation, subcutaneous (SC) injection, swab taking, urinalysis, venepuncture, vital signs: adult, wound care & basic wound dressing. |
| | Student Declaration | Minimum: 1 Observe a complex conversation e.g. breaking bad news |
| | Student Declaration | Minimum: 1 Observe the setting up of a syringe driver setting for SC medication. |
| Reflections | Reflection form | Recommended: 2 (minimum: 1) Reflect on an untimetabled activity e.g. CPAD, OE or DOPS that you performed during this placement. |
| Ward rounds | Student Declaration | Recommended: 2 (minimum: 1) |
| Clinics | Student Declaration | Recommended: 1 (minimum: 0) Suggest include one palliative medicine OP clinic |
| Multi-Professional working | Student Declaration | Minimum: 2 Record a range of activities from the following: 1) An occasion when you took part in a community session e.g. day care, domiciliary visit. 2) An occasion when you attended a multi-professional clinical interface meeting. 3) An occasion when you attended a multidisciplinary team meeting. 4) An occasion when you shadowed the hospital palliative care team. |
| Additional opportunities | Student Declaration | Recommended activities include: observation of verification of death, observation of certification of death. |
| Initial & end of placement Educational | Recorded in E-portfolio | All sections completed by student doctor and Educational Supervisor. All student doctor comments/reflections are mandatory and must be completed prior to meeting. |

| Activity | Form | 4.3 Medicine D Palliative Medicine placement activities 2-week placement |
|---------------------------------|------|---|
| Supervisor (ES) meetings | | |
| Tutorials | N/A | 1x Placement Induction Session. 2 x Case Based Learning (CBL) Tutorials. 2 x Bedside Teaching Tutorials. 1 x Clinical Skills Teaching: verification & certification of death, use of a syringe driver. |

| Activity | Form | 4.4 Medicine D Oncology & Haemato-oncology placement activities 2-week placement |
|-----------------------------------|---------------------|--|
| Cases | CPAD | Recommended: 3 (minimum: 2) Record a range of cases from the following: Must include at least one case of a patient undergoing chemotherapy for a haematological or solid malignancy. Must include at least one case of a patient admitted as an emergency with a complication of treatment or an oncological emergency. |
| Examinations | OE | Recommended: 3 (minimum: 2) To include the examination of a system where there is an abnormality to be detected e.g. respiratory, GIT, neurology, gynaecology, breast. |
| Procedures | DOPS | Record as many procedures as possible from the following: intravenous (IV) cannulation, intravenous (IV) fluid line preparation, subcutaneous (SC) injection, swab taking, urinalysis, venepuncture, vital signs: adult, wound care & basic wound dressing. |
| | Student Declaration | Recommended: 2 (one of each) (minimum: 1) Observe the delivery of either chemotherapy or radiotherapy. |
| | Student Declaration | Recommended: 1 (minimum: 0) Observe the setting up and delivery of a blood transfusion. |
| Reflections | Reflection form | Recommended: 2 (minimum: 1) Reflect on an untimetabled activity e.g. CPAD, OE or DOPS that you performed during this placement. |
| Ward rounds | Student Declaration | Minimum: 1 |
| Clinics | Student Declaration | Minimum: 2 Recommend include one solid tumour and one haemato-oncology clinic. |
| Multi-Professional working | Student Declaration | Minimum: 1 Record one or more activities from the following: 1) An occasion when you attended a tumour specific multidisciplinary team meeting. 2) An occasion when you attended a clinic or ward-based session under the supervision of a senior nurse or radiographer e.g. a treatment review clinic with an on-treatment review (OTR) radiographer or chemotherapy clinic with an ANP. 3) An occasion when you attended a medical ward handover meeting. |
| Additional opportunities | Student Declaration | Recommended activities include: observation of a bone marrow biopsy, observation of radiotherapy planning. |

| Activity | Form | 4.4 Medicine D Oncology & Haemato-oncology placement activities 2-week placement |
|---|-------------------------|---|
| End of placement Educational Supervisor (ES) meeting | Recorded in E-portfolio | All sections completed by student doctor and Educational Supervisor. All student doctor comments/reflections are mandatory and must be completed prior to meeting. |
| Tutorials | N/A | 1 x Placement Induction Session. 2 x Case Based Learning (CBL) Tutorial. 2 x Bedside Teaching Tutorials. 3 x Communication for Clinical Practice (CCP) Sessions |

Note: the first CCP session will take place in the academic week prior to the Medicine D.

| Activity | Form | 4.5 Neurology placement activities 4-week placement |
|--|---------------------|---|
| Cases | CPAD | <p>Recommended: 6 (minimum: 4)</p> <p>Record a range of cases from the following: acute headache, chronic headache, acute confusion, dementia, seizure or transient loss of consciousness, coma, movement disorder, stroke, intracranial haemorrhage, neurotrauma, impairment of speech or swallowing, acute paralysis or imbalance, chronic weakness or imbalance, somatosensory loss, visual loss, loss of sphincter function, neuropathic pain, functional neurological disorder.</p> <p>Must include at least one case with a surgery component</p> <p>Must include at least one case with a rehabilitation component</p> |
| Examinations | OE | <p>Recommended: 5 (minimum: 4)</p> <p>Must include a least one motor, one sensory and one cranial nerve examination.</p> |
| Procedures | DOPS | Record as many procedures as possible from the following: intravenous (IV) cannulation, intravenous (IV) fluid line preparation, intramuscular (IM) injection, subcutaneous (SC) injection, surgical scrubbing up, swab taking, urinalysis, urinary catheterisation: male/female, venepuncture, vital signs: adult, wound care & basic wound dressing. |
| | Student Declaration | <p>Recommended: 1 (minimum: 0)</p> <p>Observe a lumbar puncture</p> |
| Reflections | Reflection form | <p>Recommended: 4 (minimum: 2)</p> <p>Reflect on an untimetabled activity e.g. CPAD, OE or DOPS that you performed during this placement.</p> |
| Day case ward | Student Declaration | <p>Minimum: 2</p> <p>Describe what you learnt on your day case ward sessions.</p> |
| Ward rounds | Student Declaration | <p>Minimum: 2</p> <p>Can include a district general hospital (DGH) ward round.</p> |
| Clinics | Student Declaration | <p>Recommended: 3 (minimum: 3)</p> <p>Can include DGH clinics and sub-specialities e.g. epilepsy, MS, movements disorders, neurosurgery, pain management.</p> |
| Theatre/Investigative experiences | Student Declaration | <p>Minimum: 1 half day per placement</p> <p>Describe a range of surgery, tests or imaging you have witnessed from the following: neurosurgery, interventional neuroradiology, pain intervention.</p> |
| On-call | Student Declaration | <p>Minimum: 1</p> |

| Activity | Form | 4.5 Neurology placement activities 4-week placement |
|--|-------------------------|--|
| Multi-Professional working | Student Declaration | Recommended: 3 (minimum: 2) Record a range of activities from the following: 1) An occasion when you spent time in neurorehabilitation. 2) An occasion when you attended a neuroradiology meeting. 3) An occasion when you attended the multidisciplinary grand round. |
| First & End of placement Educational Supervisor (ES) meetings | Recorded in E-portfolio | All sections completed by student doctor and Educational Supervisor. All student doctor comments/reflections are mandatory and must be completed prior to meeting/sign-off. |
| Tutorials | n/a | 1x Placement Induction Session. 4 x Case Based Learning (CBL) Tutorials. 4 x Bedside Teaching Tutorials. 1 x Clinical Skills Teaching: adult BLS during first rotations, venepuncture & cannulation equipment refresher, revision of the neurological examination. 1 x Safe Prescribing Session. 1 x Living with a Long-Term Disability Workshop. 1 x Parkinson Awareness Workshop. 1x End of Placement Clinical Assessment for Learning. |

| Activity | Form | 4.6 Obstetrics & Gynaecology B placement activities 2-week placement |
|--|---------------------|---|
| Cases | CPAD | Recommended: 3 (minimum: 2) Record a range of cases from the following: gynaecological cancer, fertility problem (male or female), management of a fetal medicine condition, management of a urogynaecology condition, management of a maternal condition. |
| Examinations | OE | Recommended: 3 (minimum: 2) Must include at least one obstetric palpation. Can include an examination of a new-born, pelvic examination. Please note that cervical speculums are considered as DOPS and not OEs. |
| Procedures | DOPS | Record as many procedures as possible from the following: cervical speculum examination, intravenous (IV) cannulation, intravenous (IV) fluid line preparation, intramuscular (IM) injection, subcutaneous (SC) injection, surgical scrubbing up, swab taking, urinalysis, urinary catheterisation: male/female, venepuncture, vital signs: adult, wound care & basic wound dressing. |
| | Student Declaration | Recommended: 1 (minimum: 0) Record and interpret a partogram. |
| Reflections | Reflection form | Recommended: 2 (minimum: 1) Reflect on an untimetabled activity e.g. CPAD, OE or DOPS that you performed during this placement. |
| Ward rounds | Student Declaration | Minimum: 2 Can include gynaecology, obstetric, neonatal. |
| Clinics | Student Declaration | Recommended: 3 (minimum: 2) Can include: general gynaecology, rapid access gynaecology, colposcopy, gynaecology oncology, urogynaecology, fertility, andrology, fetal medicine, antenatal, neonatal, clinical genetics. |
| Theatre/Investigative experiences | Student Declaration | Minimum: 4 Describe a range of surgery, tests or imaging you have witnessed from the following: laparoscopy, gynaecology oncology surgery, urogynaecology surgery, fertility investigations/procedures, caesarean section, instrumental delivery, urodynamics assessment, obstetric ultrasound, gynaecology ultrasound. |
| Intra-partum care session | Student Declaration | Minimum: 1 Session on delivery suite/midwife led unit. This may take place out of hours e.g. evenings or weekends. |

| Activity | Form | 4.6 Obstetrics & Gynaecology B placement activities 2-week placement |
|--|-------------------------|--|
| Multi-Professional working | Student Declaration | Minimum: 2 Record a range of activities from the following: <ol style="list-style-type: none"> 1) An occasion when you spent time with a nurse specialist or specialist midwife e.g. Macmillan nurse. 2) An occasion when you attended a MDT meeting handover or “huddle” e.g. before a theatre list. 3) An occasion when you spent time with a neonatal doctor or nurse specialist. 4) An occasion when you attended an MDT meeting. 5) An occasion when you discussed prescribing plans with a pharmacist in a clinical setting e.g. a ward round. 6) An occasion when you shadowed the anaesthetic pre-op management and post-op assessment of a patient. |
| Additional opportunities | Student Declaration | Recommended activities include: discharge planning, obtaining informed consent, venous thromboembolism (VTE) risk assessment, WHO surgical safety checklist, neonatal intensive care. |
| First & End of placement Educational Supervisor (ES) meetings | Recorded in E-portfolio | All sections completed by student doctor and Educational Supervisor. All student doctor comments/reflections are mandatory and must be completed prior to meeting. |
| Tutorials | n/a | 1 x Placement Induction Session. 2 x Case Based Learning (CBL) Tutorials. 2 x Bedside Teaching Tutorials. 1 x Clinical Skills Teaching: adult BLS during first rotations, venepuncture & cannulation equipment refresher. 1 x Safe Prescribing Session. |

| Activity | Form | 4.7 Paediatric B placement activities 2-week placement |
|--|---------------------|--|
| Cases | CPAD | Recommended: 3 (minimum: 2) Record a range of cases from the following: a child with a growth problem, a child with abnormal movement (musculo-skeletal or neurological). Must include a child with complex needs (multiple medical problems) e.g. related to an underlying congenital or genetic condition. Must include a child with a chronic condition e.g. asthma, cystic fibrosis, diabetes, epilepsy. |
| Examinations | OE | Recommended: 3 (minimum: 2) Must include at least one infant (<6 months of age). Must include at least one pre-school child (6-36 months of age). |
| Procedures | DOPS | Record as many procedures as possible from the following: basic wound closure: steri-strips/glue, child growth: measure & record, inhaler technique demonstration: paediatric, paediatric urine sample collection, peak expiratory flow rate (PEFR): paediatric, plaster cast application, plaster cast removal, surgical scrubbing up, swab taking, urinalysis, vital signs: paediatric, wound care & basic wound dressing. |
| Reflections | Reflection form | Recommended: 2 (minimum: 1) Reflect on an untimetabled activity e.g. CPAD, OE or DOPS that you performed during this placement. |
| Ward rounds | Student Declaration | Minimum: 2 |
| Clinics | Student Declaration | Recommended: 3 (minimum: 2) Can include general paediatric, community paediatrics, ambulatory and sub-specialty e.g. diabetes, cardiology, rheumatology, CF, epilepsy, surgical, immunodeficiency. |
| Theatre/Investigative experiences | Student Declaration | Minimum: 1 A half-day following a child on a patient journey. |
| On-call | Student Declaration | Minimum: 2 |
| Multi-Professional working | Student Declaration | Minimum: 2 Record a range of activities from the following: 1) An occasion when you spent time with a play specialist discussing strategies to keep children happy in hospital. 2) An occasion when you spent time with a ward pharmacist reflecting on the challenges of prescribing for children. 3) An occasion when you discussed healthy eating for children with a paediatric dietitian. |

| Activity | Form | 4.7 Paediatric B placement activities 2-week placement |
|--|-------------------------|--|
| | | 4) An occasion when you spent time with a nurse specialist reflecting on the skills and experience they bring to the family. 5) An occasion when you attended an MDT meeting. Did the meeting have clear goals and how was it conducted; did everyone contribute? |
| First & End of placement Educational Supervisor (ES) meetings | Recorded in E-portfolio | All sections completed by student doctor and Educational Supervisor. All student doctor comments/reflections are mandatory and must be completed prior to meeting. |
| Tutorials | n/a | 1 x Placement Induction Session. 2 x Case Based Learning (CBL) Tutorials. 2 x Bedside Teaching Tutorials. 1 x Clinical Skills Teaching: paediatric BLS 1 x Safe Prescribing Session. |

| Activity | Form | 4.8 Psychiatry A placement activities 4-week placement |
|-----------------------------------|---------------------|---|
| Cases | CPAD | <p>Recommended: 6 (minimum: 4)</p> <p>Record a range of cases from the following: Cases must include a mental state examination (MSE) and a risk assessment.</p> <p>Schizophrenia or a psychotic disorder, bipolar affective disorder, schizoaffective disorder, unipolar depression, emotionally unstable personality disorder, anxiety disorder, a patient who has self-harmed, a patient who is suicidal, learning disability, autistic spectrum disorder, mental and behavioural disorders due to use of alcohol or illicit substances, mild cognitive impairment, Alzheimer's dementia, vascular dementia.</p> <p>Recommend include a least one case of a type of dementia which includes a formal assessment of cognitive abilities e.g. MoCA or Addenbrooke's Cognitive Examination.</p> <p>Recommend include a least one child & adolescent mental health (CAMHS) case e.g. depression, anxiety, self-harm, eating disorder, OCD, psychosis, ASD, ADHD, somatisation.</p> |
| Reflections | Reflection form | <p>Recommended: 4 (minimum: 2)</p> <p>Reflect on an untimetabled activity e.g. CPAD that you performed during this placement.</p> |
| Ward rounds | Student Declaration | <p>Recommended: 6 (minimum: 4)</p> |
| Clinics | Student Declaration | <p>Recommended: 4 (minimum: 2)</p> <p>Can include a memory clinic.</p> <p>Suggest include at least one CAMHS clinic (general or speciality).</p> |
| Balint group | Student Declaration | <p>Recommended: 4 (minimum: 3)</p> |
| Multi-professional working | Student Declaration | <p>Minimum: 4</p> <p>Record a range of activities from the following: (recommend include at least one CAMHS experience)</p> <ol style="list-style-type: none"> 1) An occasion when you observed an MDT meeting for a patient on the ward. 2) An occasion when you observed a patient's Care Programme Approach (CPA) review with the Consultant/SpR in the outpatient setting. 3) An occasion when you observed an MDT meeting in the outpatient setting (e.g. the weekly team meeting). 4) An occasion when you observed a patient on the ward or in the community being assessed under the Mental Health Act 1983. 5) An occasion when you spent time with a psychologist. 6) An occasion when you went on a home visit to review a patient with a Community Mental Health (CMH) Nurse. |

| Activity | Form | 4.8 Psychiatry A placement activities 4-week placement |
|--|---------------------------|---|
| | | 7) An occasion when you spent time with a member of CAMHS MDT e.g. mental health practitioner, psychologist. 8) An occasion when you observed a risk assessment being performed by a member of the CAMHS MDT. |
| Additional opportunities | Student Declaration | Recommended activities include: accompany a doctor on an on-call session, observe an Electroconvulsive Therapy (ECT) list, observe a medical assessment of a patient newly referred to the CMH team, observe a patient's cognitive abilities being formally assessed using the MoCA or Addenbrooke's Cognitive Examination, attend an inpatient's Mental Health Tribunal Hearing, observe a patient being assessed by the Early Intervention in Psychosis Service, observe a patient being medically reviewed in seclusion, spend time on the Psychiatric Intensive Care Unit (PICU). |
| E-learning | Certificate of completion | Complete mandatory training on Learning Disability and Autism https://www.e-lfh.org.uk/programmes/the-oliver-mcgowan-mandatory-training-on-learning-disability-and-autism/ |
| First & End of placement Educational Supervisor (ES) meetings | Recorded in E-portfolio | All sections completed by student doctor and Educational Supervisor. All student doctor comments/reflections are mandatory and must be completed prior to meeting. |
| Tutorials | n/a | 1 x Placement Induction Session. 5 x Case Based Learning (CBL) Tutorials. 1 x Safe Prescribing Session. 1 x Intellectual Disability Awareness Day. Adult BLS training during first rotations only. |

Notes:

- Intellectual disability awareness day to take place at the School of Medicine.
- Safe prescribing session and intellectual disability CBL to take place on Wednesday morning of week two at the School of Medicine.

| Activity | Form | 4.9 Surgery C Paediatric Head & Neck placement activities 1-week placement |
|--|---------------------|---|
| Cases | CPAD | Recommended: a total of 3 CPADs/OEs combined e.g. 2 CPADs & 1 OE (minimum: 1 CPAD) Record a range of cases from the following: allergic rhinitis, ear or nasal discharge, epistaxis, hearing loss e.g. glue ear, nasal obstruction, neck lump, snoring/obstructive sleep apnoea (OSA), stridor, otitis media, tonsillitis/infectious mononucleosis, vertigo. |
| Examinations | OE | Recommended: a total of 3 CPADs/OEs combined e.g. 2 CPADs & 1 OE (minimum: 1 OE) Can include otoscopy, mouth examination, nose examination, neck examination. |
| Procedures | DOPS | Record as many procedures as possible from the following: airway assessment, surgical scrubbing up, swab taking, vital signs: paediatric, wound care & basic wound dressing. |
| Reflections | Reflection form | Recommended: 1 (minimum: 1) Reflect on an untimetabled activity e.g. CPAD, OE or DOPS that you performed during this placement. |
| Ward rounds | Student Declaration | Recommended: 1 (minimum: 0) Can include a ward visit if no ward rounds available. |
| Clinics | Student Declaration | Minimum: 1 Recommend include at least one general paediatric ENT clinic. Other clinics can include specialist, nurse led, ENT emergency, tongue-tie, OMFS, cleft palate, craniofacial, audiology, balance, hearing. |
| Theatre/Investigative experiences | Student Declaration | Minimum: 1 Describe a range of surgery, tests or imaging you have witnessed from the following: tonsillectomy, adenoidectomy, grommet insertion, examination under anaesthetic, airway endoscopy, laryngeal surgery, pure tone audiometry, tympanometry, endoscopy of nose, ear, larynx or tracheostomy, microscopy of ear, cauterisation of nasal septum, hearing assessment. |
| Multi-Professional working | Student Declaration | Recommended: 1 (minimum: 0) Record a range of activities from the following: 1) An occasion when you shadowed the anaesthetic pre-op, management and post-op assessment of a patient e.g. WHO surgical safety checklist. 2) An occasion when you spent time with a nurse specialist e.g. tracheostomy care discussion, pulse oximetry clinic, nurse led ear clinic, audiology clinic. 3) An occasion when you attended an MDT or ENT departmental meeting. |

| Activity | Form | 4.9 Surgery C Paediatric Head & Neck placement activities 1-week placement |
|--|-------------------------|--|
| End of placement Educational Supervisor (ES) feedback | Recorded in E-portfolio | All sections completed by student doctor and Educational Supervisor. All student doctor comments/reflections are mandatory and must be completed prior to meeting/sign-off. For the first 3 placements only, ES feedback can be written comments only, with no requirement for a face-to-face meeting. For the final Surgery C placement, a face-to-face meeting is required, where feedback and evidence from all 4 placements will be reviewed. |
| Tutorials | n/a | 1 x Placement Induction Session. 1 x Case Based Learning (CBL) Tutorial. 1 x Deaf Awareness Workshop. |

Notes for 4-week Surgery C placement:

- Visual Awareness Workshop and Deaf Awareness Workshop to take place on Wednesday mornings (weeks 2 and 3).
- Paediatric Head & Neck CBL to be delivered on placement.
- Adult Head & Neck, Ophthalmology and Plastic surgery CBLs to be delivered on Wednesday mornings at the School of Medicine (weeks 1 and 4).

| Activity | Form | 4.10 Surgery C Adult Head & Neck placement activities 1-week placement |
|--|---------------------|--|
| Cases | CPAD | Recommended: a total of 3 CPADs/OEs combined e.g. 2 CPADs & 1 OE (minimum: 1 CPAD) Record a range of cases from the following: facial fractures/trauma, oro-facial infection, head and neck cancer, temporomandibular joint dysfunction, epistaxis, thyroid disease, adult facial deformity. |
| Examinations | OE | Recommended: a total of 3 CPADs/OEs combined e.g. 2 CPADs & 1 OE (minimum: 1 OE) Can include cervical lymph nodes, otoscopy, examination of the mucosal surfaces of the H&N, thyroid gland. |
| Procedures | DOPS | Record as many procedures as possible from the following: airway assessment, surgical scrubbing up, swab taking, vital signs: adult, wound care & basic wound dressing. |
| Reflections | Reflection form | Recommended: 1 (minimum: 1) Reflect on an unmetabled activity e.g. CPAD, OE or DOPS that you performed during this placement. |
| Ward rounds | Student Declaration | Minimum: 1 Can include: H&N cancer, Oral & Maxillofacial Surgery (OMFS), ENT, OMFS trauma. |
| Clinics | Student Declaration | Minimum: 1 Must include at least one OMFS or ENT clinic. Other clinics can include: OMFS trauma, ENT casualty, adult facial deformity/TMJ, adult craniofacial, adult facial deformity/skin cancer, general ENT/rhinology/otology, skull base ENT, H&N (OMFS or ENT). |
| Theatre/Investigative experiences | Student Declaration | Minimum: 1 Describe a range of surgery, tests or imaging you have witnessed from the following: OMFS trauma, emergency (OMFS or ENT), H&N cancer, thyroid cancer, OMFS, ENT surgery, facial deformity/TMJ/adult craniofacial/cleft, benign airway, skin cancer, nasal packing for epistaxis. |
| Multi-Professional working | Student Declaration | Minimum: 1 Record one or more activities from the following: 1) An occasion when you shadowed the perioperative care of a patient undergoing H&N surgery (anaesthetic pre-op, anaesthetic delivery and recovery). 2) An occasion when you spent time with a nurse specialist discussing a patient with a complicated airway (tracheostomy, laryngectomy, benign airway, compromised airway). 3) An occasion when you spent time with the H&N Speech & Language therapist and/or specialist H&N dietitian. |

| Activity | Form | 4.10 Surgery C Adult Head & Neck placement activities 1-week placement |
|--|-------------------------|--|
| | | 4) An occasion when you attended an MDT discussion/meeting. |
| End of placement Educational Supervisor (ES) feedback | Recorded in E-portfolio | All sections completed by student doctor and Educational Supervisor. All student doctor comments/reflections are mandatory and must be completed prior to meeting/sign-off. For the first 3 placements only, ES feedback can be written comments only, with no requirement for a face-to-face meeting. For the final Surgery C placement, a face-to-face meeting is required, where feedback and evidence from all 4 placements will be reviewed. |
| Tutorials | n/a | 1 x Placement Induction Session. 1 x Case Based Learning (CBL) Tutorial. |

Notes for 4-week Surgery C placement:

- Visual Awareness Workshop and Deaf Awareness Workshop to take place on Wednesday mornings (weeks 2 and 3).
- Paediatric Head & Neck CBL to be delivered on placement.
- Adult Head & Neck, Ophthalmology and Plastic surgery CBLs to be delivered on Wednesday mornings at the School of Medicine (weeks 1 and 4).

| Activity | Form | 4.11 Surgery C Ophthalmology placement activities 1-week placement |
|--|---------------------|--|
| Cases | CPAD | Recommended: a total of 3 CPADs/OEs combined e.g. 2 CPADs & 1 OE (minimum: 1 CPAD) Record a range of cases from the following: loss or disturbance of sight e.g. cataract, macular degeneration, diabetic eye disease, glaucoma, retinal vascular disease. Red eye e.g. conjunctivitis, corneal disease, inflammatory eye disease. |
| Examinations | OE | Recommended: a total of 3 CPADs/OEs combined e.g. 2 CPADs & 1 OE (minimum: 1 OE) Can include: direct ophthalmoscopy, visual acuity, confrontational visual fields, pupillary light reactions. |
| Procedures | DOPS | Record as many procedures as possible from the following: airway assessment, eye drops administration, surgical scrubbing up, swab taking, vital signs: adult, wound care & basic wound dressing. |
| | Student Declaration | Minimum: 1 Observe a slit lamp examination. |
| Reflections | Reflection form | Recommended: 1 (minimum: 1) Reflect on an untimetabled activity e.g. CPAD, OE or DOPS that you performed during this placement. |
| Clinics | Student Declaration | Recommended: 2 (minimum: 1) Recommend include ophthalmology clinic and emergency walk-in eye clinic (or reviewing emergency patients presenting to an ophthalmology clinic). |
| Theatre/Investigative experiences | Student Declaration | Minimum: 2 Describe a range of surgery, tests or imaging you have witnessed from the following: cataract surgery, intravitreal injection, administration of local anaesthesia for eye surgery, retinal imaging using optical coherence tomography (OCT), retinal imaging using angiography, computerised perimetry. |
| Multi-Professional working | Student Declaration | Minimum: 1 Record one or more activities from the following: 1) An occasion when you assisted in the triage of patients arriving in an eye clinic e.g. measurement of vision, measurement of eye pressure, dilation of the pupils. 2) An occasion when you observed the “huddle” at the beginning of an operating list. 3) An occasion when you sat in with an orthoptist 4) An occasion when you sat in with a specialist nurse or optometrist. 5) An occasion when you followed a patient through cataract surgery (pre, peri and post-op). |

| Activity | Form | 4.11 Surgery C Ophthalmology placement activities 1-week placement |
|--|-------------------------|--|
| | | 6) An occasion when you followed a patient through an ARMD clinic e.g. assessment, imaging, treatment. 7) An occasion when you sat in with the Eye Clinic Liaison Officer. |
| End of placement Educational Supervisor (ES) feedback | Recorded in E-portfolio | All sections completed by student doctor and Educational Supervisor. All student doctor comments/reflections are mandatory and must be completed prior to meeting/sign-off. For the first 3 placements only, ES feedback can be written comments only, with no requirement for a face-to-face meeting. For the final Surgery C placement, a face-to-face meeting is required, where feedback and evidence from all 4 placements will be reviewed. |
| Tutorials | n/a | 1 x Placement Induction Session. 1 x Case Based Learning (CBL) Tutorial. 1 x Visual Awareness Workshop. |

Notes for 4-week Surgery C placement:

- Visual Awareness Workshop and Deaf Awareness Workshop to take place on Wednesday mornings (weeks 2 and 3).
- Paediatric Head & Neck CBL to be delivered on placement.
- Adult Head & Neck, Ophthalmology and Plastic surgery CBLs to be delivered on Wednesday mornings at the School of Medicine (weeks 1 and 4).

| Activity | Form | 4.12 Surgery C Plastic Surgery placement activities 1-week placement |
|--|-------------------------|--|
| Cases | CPAD | Recommended: a total of 3 CPADs/OEs combined e.g. 2 CPADs & 1 OE (minimum: 1 CPAD) Record a range of cases from the following: burn injury, tendon injury, chronic wound, skin cancer, nerve injury. |
| Examinations | OE | Recommended: a total of 3 CPADs/OEs combined e.g. 2 CPADs & 1 OE (minimum: 1 OE) Can include: hand examination, assessing a burn, describing a skin lesion. |
| Procedures | DOPS | Record as many procedures as possible from the following: airway assessment, surgical scrubbing up, swab taking, vital signs: adult, wound care & basic wound dressing. |
| Reflections | Reflection form | Recommended: 1 (minimum: 1) Reflect on an untimetabled activity e.g. CPAD, OE or DOPS that you performed during this placement. |
| Ward rounds | Student Declaration | Minimum: 1 |
| Clinics | Student Declaration | Minimum: 1 Can include burns dressing, hand trauma, skin cancer, elective hand, follow up burns. |
| Theatre/Investigative experiences | Student Declaration | Minimum: 1 Describe a range of surgery, tests or imaging you have witnessed from the following: excision of simple skin lesion, repair of nailbed, wide local excision for melanoma, skin flaps, skin grafts, tendon/nerve repair, sentinel lymph node biopsy, excision of burn injury, reconstruction of soft tissues. |
| Multi-Professional working | Student Declaration | Minimum: 1 Record one or more activities from the following: 1) An occasion when you spent time with a nurse specialist discussing a patient with skin cancer. 2) An occasion when you spent time on the multidisciplinary burns ward round (includes physio, dietician, pharmacist, OT, specialist nurses, surgeons). 3) An occasion when you discussed the rationale for different types of dressings for wounds/burn injuries with a specialist nurse. |
| End of placement Educational Supervisor (ES) feedback | Recorded in E-portfolio | All sections completed by student doctor and Educational Supervisor. All student doctor comments/reflections are mandatory and must be completed prior to meeting/sign-off. For the first 3 placements only, ES feedback can be written comments only, with no requirement for a face-to- |

| Activity | Form | 4.12 Surgery C Plastic Surgery placement activities 1-week placement |
|------------------|------|--|
| | | face meeting. For the final Surgery C placement, a face-to-face meeting is required, where feedback and evidence from all 4 placements will be reviewed. |
| Tutorials | n/a | 1 x Placement Induction Session. 1 x Case Based Learning (CBL) Tutorial. |

Notes for 4-week Surgery C placement:

- Visual Awareness Workshop and Deaf Awareness Workshop to take place on Wednesday mornings (weeks 2 and 3).
- Paediatric Head & Neck CBL to be delivered on placement.
- Adult Head & Neck, Ophthalmology and Plastic surgery CBLs to be delivered on Wednesday mornings at the School of Medicine (weeks 1 and 4).

Contact your Year Lead if you find any digital content difficult or impossible to use, either directly or with an assistive technology such as a screen reader.

Contact details for all teams and individual staff can be found on the [School website](http://www.liverpool.ac.uk/medicine/contact-us/email/).
[www.liverpool.ac.uk/medicine/contact-us/email/].