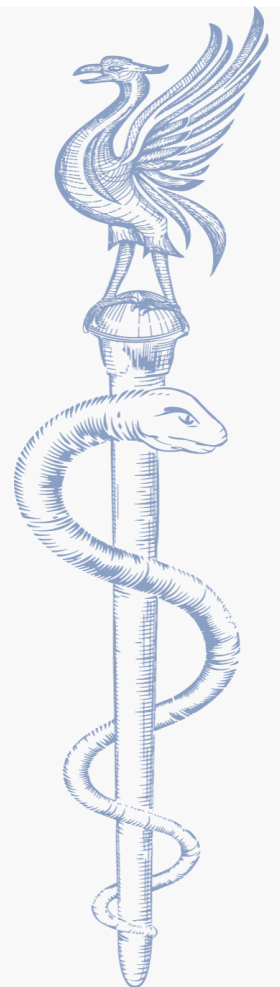




# Year 5 MBChB Curriculum and E-Portfolio Requirements

School of Medicine

2023-2024



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## Year 5 Overview

Year 5 is developed to continue to become confident with the management of patients in healthcare settings, building upon the learning developed through years 1 to 4 by exposing student doctors to the immediate and emergency management of patients presenting to the healthcare system in a variety of settings. Student doctors will develop the skills and knowledge to work as Foundation Doctors in the NHS.

The generic learning outcomes for student doctors in year 5 include the ability to:

- Critically evaluate a patient's various problems with a relevant, appropriate history and examination
- Show logical reasoning and decision-making on options for management for common conditions
- Maintain requisite skills to undertake practical tasks in a safe and responsible manner
- Prescribe safely while being aware of drugs' risks and benefits
- Evaluate the outcome and recognise when things do not go as planned. Demonstrate an understanding of the mechanisms to deal with and learn from adverse events.
- Recognise the uncommon and know when to seek help
- Help patients and relatives to deal with emotional distress
- Work as an effective member of a team including taking leadership and sharing in decision-making
- Communicate effectively with both patients and colleagues
- Demonstrate the professional behaviours expected of a Foundation Doctor
- Become familiar with using a professional portfolio to demonstrate progress

Year 5 will consist of a 20-week acute placement. Following this, students will have an academic block encompassing assessment. This will include a clinical OSCE (AFP), a written acquired knowledge test (AFP) and a prescribing safety assessment (PSA).

The second half of the year will focus on preparation for practice as a junior doctor with 2 x 6-week blocks:

- SAMP placement chosen by the student to explore an area of practice of personal interest supported by a short project
- Pre-Foundation Apprenticeship placement which is designed to develop the skills and team-working essential for life as a junior doctor
- Teaching in the latter half of the year will focus on preparation for practice

Year 5		Group A				Group B				Group C				Group D				Group E			
Week Begin.	Y5	A1	A2	A3	A4	B1	B2	B3	B4	C1	C2	C3	C4	D1	D2	D3	D4	E1	E2	E3	E4
21/08/2023	AL/AFPR	Annual Leave / Year 4 Resits																			
Tue 29/08/2023 (BH)	AL	Annual Leave																			
04/09/2023	AL	Annual Leave																			
11/09/2023	AL	Annual Leave																			
18/09/2023	AW1	Academic week 1																			
25/09/2023	R1	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery				CC & Anaes	CC & Anaes	Psych	FY1 P
02/10/2023	R1	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery				Psych	FY1 P	CC & Anaes	CC & Anaes
09/10/2023	R1	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery				FY1 P	Psych	Anaes	Anaes
16/10/2023	R1	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery							
23/10/2023	R2	CC & Anaes	CC & Anaes	Psych	FY1 P	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery			
30/10/2023	R2	Anaes	Anaes	FY1 P	Psych	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery			
06/11/2023	R2	Psych	FY1 P	CC & Anaes	CC & Anaes	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery			
13/11/2023	R2	FY1 P	Psych	Anaes	Anaes	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery			
20/11/2023	R3	Acute Surgery				CC & Anaes	CC & Anaes	Psych	FY1 P	Emergency Medicine				General Practice				Acute Medicine			
27/11/2023	R3	Acute Surgery				Anaes	Anaes	FY1 P	Psych	Emergency Medicine				General Practice				Acute Medicine			
04/12/2023	R3	Acute Surgery				Psych	FY1 P	CC & Anaes	CC & Anaes	Emergency Medicine				General Practice				Acute Medicine			
11/12/2023	R3	Acute Surgery				FY1 P	Psych	Anaes	Anaes	Emergency Medicine				General Practice				Acute Medicine			
18/12/2023	AL	WINTER BREAK Annual Leave																			
25/12/2023	AL	WINTER BREAK Annual Leave																			
Tue 02/01/2024 (BH)	R4	Acute Medicine				Acute Surgery				CC & Anaes	CC & Anaes	Psych	FY1 P	Emergency Medicine				General Practice			
08/01/2024	R4	Acute Medicine				Acute Surgery				Anaes	Anaes	FY1 P	Psych	Emergency Medicine				General Practice			
15/01/2024	R4	Acute Medicine				Acute Surgery				Psych	FY1 P	CC & Anaes	CC & Anaes	Emergency Medicine				General Practice			
22/01/2024	R4	Acute Medicine				Acute Surgery				FY1 P	Psych	Anaes	Anaes	Emergency Medicine				General Practice			
29/01/2024	R5	General Practice				Acute Medicine				Acute Surgery				CC & Anaes	CC & Anaes	Psych	FY1 P	Emergency Medicine			
05/02/2024	R5	General Practice				Acute Medicine				Acute Surgery				Anaes	Anaes	FY1 P	Psych	Emergency Medicine			
12/02/2024	R5	General Practice				Acute Medicine				Acute Surgery				Psych	FY1 P	CC & Anaes	CC & Anaes	Emergency Medicine			
19/02/2024	R5	General Practice				Acute Medicine				Acute Surgery				FY1 P	Psych	Anaes	Anaes	Emergency Medicine			
26/02/2024	STUDY	STUDY																			
04/03/2024	AFP	Study / Assessment for Progression																			
11/03/2024	AFP	Study / Assessment for Progression																			
18/03/2024	AFP	Study / Assessment for Progression																			
25/03/2024 (BH Fri)	AW2	Academic week 2																			
Tue 02/04/2024 (BH)	AL	SPRING BREAK Annual Leave																			
08/04/2024	PIP & Ward Shadow / SAMP	PIP & Ward Shadow / SAMP																			
15/04/2024																					
22/04/2024																					
29/04/2024																					
Tue 07/05/2024 (BH)	PIP & Ward Shadow / SAMP	PIP & Ward Shadow / SAMP																			
13/05/2024																					
20/05/2024																					
Tue 28/05/2024 (BH)																					
03/06/2024	PIP & Ward Shadow / SAMP	PIP & Ward Shadow / SAMP																			
10/06/2024																					
17/06/2024																					
24/06/2024																					
01/07/2024	AL																				
08/07/2024	AL																				
15/07/2024	GW	Graduation week																			

## Acute Placement Overview

### Year 5 2023/24 – year overview:

The major focus of year 5 is getting students ready for their transition to F1 – in ‘preparation for practice’. As such, clinical placements during the first portion of the year focus on acute presentations, so that students feel well prepared for the assessment and management of the acutely unwell patient for their transition to junior doctor working. This is then re-visited in a hands-on role in the Pre-Foundation Apprenticeship placement later in the year. Both teaching and planning of placements is guided by GMC Outcomes for Graduates.

The year will commence with an academic week on **Monday 18<sup>th</sup> September 2023**. The first 4 days of this will be spent on campus. Students will then attend their acute **hospital for induction on Friday 22<sup>nd</sup> September** prior to commencing their Year 5 rotations on **Monday 25<sup>th</sup> September**.

### Acute Placements:

Between **25<sup>th</sup> September 2023** and **23<sup>rd</sup> February 2024**, students will rotate through 4 x 4-week integrated placements in:

1. Acute medicine
2. Acute surgery
3. Emergency medicine
4. General Practice C (GP Student Assistant)

Additionally, they will undertake a 4-week block covering the following:

1. Critical Care Medicine and Anaesthesia (2 weeks)
2. Acute Psychiatry (1 week)
3. FY1 PracTiSCE week (1 week)

Students will rotate through each of the placements within this 4-week block in smaller groups.

Critical care and anaesthesia is a combined 2-week block which allows students to appreciate the role of these specialities within the journey of acutely unwell patients. The timetable for this block should reflect the objectives of both specialties. Time spent in critical care allows students to gain an understanding of how to manage organ failure, and the role of the outreach team in supporting the care of patients in other acute specialty areas. Time spent in anaesthesia allows students to gain experience in airway manoeuvres, fluid and oxygen management and observe the interaction with acute specialty teams.

Each placement will have focused learning activities which will allow them to achieve the key elements of year 5 (see individual placement specifications) in an overarching acute placement block. The placement specifications provide a basic structure for placements and assist with

student timetabling, whilst signposting students to, and providing focus for, their key areas of learning.

The key elements of the year 5 'acute block' include:

1. Consolidating knowledge, skills and behaviour from previous years.
2. Focusing on clinical acuity – building experience and confidence in clinical practice in the assessment and management of the acutely unwell patient.
3. Building medical complexity – assessing the whole patient, looking at all their medical problems, rather than a single disease process.
4. Strong focus on patient journey – allows an excellent understanding of the patient journey through an acute hospital admission – from point of referral, specialty involvement, escalation when appropriate, to discharge and ongoing care.

Students will remain on the same site for the hospital-based acute placements. This will facilitate full integration of students into clinical teams and optimise the experience of the patient journey. The hospital based acute placements will be interspersed with GP and psychiatry as well as FY1 PracTiSCE week at various points within the 20 weeks.

### ***Timetables and documents***

The required and recommended numbers of different activities and the required minimum portfolio documents are detailed in each placement specification.

In addition to the placement specific objectives, there is an overall acute block plan, allowing students to experience and evidence more generic practical experiences across the 20-week block. Students may record these in any specialty where they are encountered.

Timetables should be created for each student and, be provided to students at least 2 weeks ahead of each block change.

1. Students should be timetabled to attend full time, demonstrating a breadth of experience of the activities of the specialty. This will mean being timetabled for more sessions of an activity (e.g., ward round) than the required number of forms. Where possible, placement timetables should facilitate **recommended numbers of activities and a range of the desired and generic experiences**.
2. Timetables should **also** incorporate the out of hours requirements in each of the acute placement block specifications. See placement specifications section.

Students are not required to be timetabled for clinical activity on Wednesdays during acute hospital and psychiatry placements.

The 'Acute Case Report' will be one of the key tools used by year 5 students to record their learning experiences. These allow for students to follow patients through acute admissions, whilst focusing on clinical acuity and complexity. As such, there is a minimum number of Acute Case Reports mandated for the 20-week acute block, and students will be expected to present a range of presentations from all specialties, whilst appreciating there is overlap and the potential to follow-up patients.

Students are required to engage with written reflection on experiences or events during their placements. Examples could include interesting clinical scenarios they witnessed, cases they reviewed and presented, or something they witnessed (either patient-related or between healthcare professionals) that was memorable in some way.

**Deadline for Completion of Acute Placement Requirements: 4pm on 1<sup>st</sup> March 2024**

## Teaching in Year 5 Acute Block

### Acute Hospital Placements

Campus teaching is changing during this academic year, with increased focus on small group teaching on campus. This Enhanced Case-Based Learning will take the form of student-delivered case presentations, facilitated by School of Medicine specialty leads and clinical teachers. Further details can be found on the 'Enhanced CBL' canvas pages.

This is supplemented by pre-recorded virtual content covering key topics and concepts for each placement. This content is all found on the canvas pages for the specialty. The Key Concepts and Cases and radiology resources are essential viewing for the specialty, and the recommended resources are developed by specialty leads to help you make the most of the placement and support you with the enhanced CBL presentation sessions.

Students in all acute hospital and psychiatry placements are not timetabled for clinical sessions on Wednesdays, to engage with the pre-recorded material, and to prepare for and attend their enhanced CBL sessions where required.

In Acute Medicine, Acute Surgery and Emergency Medicine rotations, groups of students, based on each site, will be assigned a common topic of a case to find during their rotation to research and present as a group to their peers. We will also share the case/topic allocations with the site undergraduate teams. Students will be given time on Wednesdays to develop a presentation, consisting of a critique outlining both clinical, and non-technical aspects of case management. The presentation should be a maximum of 10 slides (excluding title/conclusion) and 10 minutes, and this will be followed by 15 minutes of facilitated discussion. There will be four student groups presenting in each 2-hour session on campus. Supervisors can assist in identification of a suitable case in the first week of the placement and advise on important or interesting features to present. Students will then present their case, as a group, in the 4<sup>th</sup> Wednesday of the block, and enter a personal reflection on the case/case presentation into their portfolio.

Critical Care & Anaesthesia students will not have a campus-based session, to enable focus on placement activity in the shorter rotation. They will use Wednesday morning to engage with the virtual material on Canvas.

Pharmacy teaching will be delivered in individual trust sites by the medical education pharmacists during the acute hospital placements.



## Psychiatry

During psychiatry, there will be pre-recorded material on Canvas with small group teaching on the placement site. Students will present cases they have seen to a group facilitator during a session on the Wednesday morning.

## GP

During the GP placement there will be **4** Full days of Community Clinical Teaching (CCT).

Teaching will continue through the academic blocks and FY1 PracTiSCE week to support students in the development of their clinical and professional proficiency.

## FY1 PracTiSCE Week (University Based Teaching)

FY1 **Practical Teaching in a Simulated Clinical Environment (PracTiSCE)**, is an exciting new simulation-based education programme that encompasses the key elements of the acute care block, via authentic clinical scenarios that represent the experiences of junior doctors. This is an immersive, integrated programme that allows students to rehearse and combine the key skills that, when used together, will make good foundation doctors. This programme will develop the response to the deteriorating patient, clinical reasoning and decision-making, handling of challenging communication, and involvement as part of a system of patient care in avoiding and managing medical error. Supervision is led by experienced clinicians and lecturers in this safe and supported environment, as we explore the care and management of acutely ill patients in preparation for graduation.

The week will include:

1. **Clinical skills** working with simulated acutely ill patients known as 'whole case learning'. This is an immersive simulation experience bringing together the skills of history taking, examination and procedural skills using clinical scenarios, whilst also developing skills in practical prescribing, interpreting investigations, handover and clinical prioritisation. Supervised by a clinician and clinical skills lecturer, this simulated, enhanced case-based discussion approach will also explore clinical reasoning skills and approaches to clinical decision making.
2. **High-fidelity simulation** using simulated patients, high-fidelity manikins and supported by video assisted debrief. This is an immersive simulation experience bringing together technical and non-technical skills in managing highly complex communications and acutely ill patients. Students will take part in scenarios and observe peers managing scenarios through facilitated video streaming. This will be delivered by the immersive simulation and CCP teams. Training is provided on a diverse range of communication issues using traditional CCP methods, including breaking bad news, difficult conversations, exploring mental health / assessing capacity and translating complex information to patients and family. Students will then apply their knowledge and skills in a realistic and safe simulated clinical setting, and will receive a debrief following each scenario. This training will enable students to work effectively in a team, practice leadership and followership roles, develop clinical reasoning and prioritisation skills, and demonstrate effective communication with patients, carers, and fellow professionals.
3. Introduction to **point of care ultrasound (POCUS)** the bedside ultrasound skills utilised to enhance and support diagnosis and practical invasive skills in the clinical setting. This session will also include a small group session on X-Ray interpretation.
4. Learning about the underlying causes of error in terms of **human factors** at the individual and systems level along-side final year student nurses. Group work will enable understanding of causes of anonymised safety incidents in acute care. Immersive simulation

scenarios will target understanding human error and an immersive virtual environment will enable the identification of latent systems factors for error causation. The use of mixed reality in the workshops and the session is led by clinicians and the simulation and skills team.

## Assessment and Progression

Satisfactory completion of Year 5 and progression to graduation depends on:

- Evidence of achieving clinical competency and completion of portfolio requirements. The portfolio is an Assessment for Progression and is your record of engagement and learning on placement.
- Evidence of participation in learning (attending placement and campus scheduled activity, and engagement with the virtual learning environment).
- Evidence of attainment in assessment for progression (clinical assessment and applied knowledge test)
- Evidence of successful completion of the elective report and the SAMP report.
- All students will be expected to sit the PSA exam.
- All submission deadlines and assessment dates are on CANVAS as important dates (See [Assessment: MBChB Year 5 2023/24](#))

# 1. Acute Block generic expectations

20-week acute placement overview.

Activity	Form	<b>Acute block generic activities</b> <b>To be achieved over 20 weeks</b> <b>Minimum and recommended numbers</b>
<b>Cases</b>	Acute Case Report	Recommended number: <b>27</b>  Minimum number: <b>11</b>  These are to be obtained during your ward work activity time. Record Acute Case Reports from a range of cases during all of your placements.
<b>Practical Experiences</b>	Student Declaration form	Recommended number: <b>12</b>  Minimum number: <b>6</b>  Selected from practical experiences during each rotation. This should be treated as a whole block opportunity. There are no minimum requirements for each individual rotation, but <b>12</b> recommended (minimum <b>6</b> ) across all <b>hospital</b> rotations (Acute Medicine, Acute Surgery, Emergency Medicine, Critical Care & Anaesthesia).
<b>Procedures</b>	DOPS	DOPS will be required to demonstrate competencies to appropriate level, as per Outcomes for Graduates  Opportunities to practice and consolidate all previously taught skills, related to acute placements (to include: A to E assessment; ABGs and VBGs; BCs; BM; blood transfusion; BLS; cannulation; catheterisation; ECG; ILS; IM/SC/IV injections and infusions; inhaler technique; oxygen administration; PEFR; swabs; urine dipstick; venepuncture

		<p>The evidence for DOPS can be submitted through the whole of 5<sup>th</sup> year.</p>
<p><b>Multi-Professional Working (MPW)</b></p>	<p>Student Declaration form</p>	<p>Students should take the opportunity to work with the multi-professional team. Although there are no minimum requirements in each clinical placement, there is an overall requirement for <b>minimum 3</b> forms across all acute <b>hospital</b> blocks (Acute Medicine, Acute Surgery, Emergency Medicine, Critical Care &amp; Anaesthesia). Please note, the MPW forms from GP and psychiatry do not count towards the acute hospital block minimum requirements.</p> <p>Examples of multi-professional team members include: physiotherapists, occupational therapists, pharmacists, dietitians, nurse specialists (e.g. stroke, alcohol, COPD, sepsis, chest pain, stoma team, frailty)</p>
<p><b>Teaching Tutorials</b></p>	<p>n/a</p>	<p>Half a day per week to prepare for enhanced CBLs and to view virtual content on Canvas. Campus session on the final Wednesday morning of each 4-week acute hospital block.</p> <p>There is a separate teaching programme in GP (4 full days of CCT).</p>

## 2. Medicine E (Acute Medicine)

Activity	Form	Acute medicine activities Minimum and recommended numbers
<b>Ward rounds</b>	Student Declaration Form	<p><b>3</b> ward rounds per placement. Must include:</p> <p><b>2 AMU</b> ward rounds per placement (<b>1</b> form by end of week 2, <b>2</b> forms by end of week 4, with <b>recommended 4</b> total).</p> <p><b>1</b> 'in-reach' specialty ward round (e.g. cardiology, respiratory, gastroenterology, frailty)</p>
<b>Clinics</b>	Student Declaration Form	<p><b>1</b> AMU clinic, ambulatory care or Same Day Emergency Care (SDEC) session</p>
<b>Procedures</b>	DOPS	<p>Recommended DOPS for this placement include: IV cannulation, IM injection, IV fluid line preparation, SC injection, venepuncture, arterial or venous blood gas sampling, wound care &amp; basic wound dressing, wound swab taking, 12 lead ECG: record and interpret, urinary catheterisation, urinalysis.</p>
<b>Clerking</b>	Student Declaration Form	<p><b>3</b> patient clerking sessions per placement. May take place in GP assessment unit/AMU/ambulatory care.</p> <p>Students should attach a student declaration form for each of the 3 clerking sessions</p>
	Acute Case Report	<p><b>4</b> Acute Case Reports recommended, <b>minimum 2</b>. To be taken from clerking sessions or patients seen on ward rounds or during ward work activity.</p>
<b>Practical Experiences</b>	Student Declaration Form	<p>Describe the tests or imaging you have witnessed. Try to demonstrate a range of those from: lumbar punctures, pleural procedures, ascitic procedures, point of care ultrasound.</p> <p>This should be treated as a whole block opportunity. There are no minimum requirements per rotation, but</p>

		<b>12</b> recommended (minimum <b>6</b> ) across all hospital rotations.
<b>Shift work</b>	Student Declaration Form	<p><b>Minimum of 2 sessions:</b></p> <p><b>1</b> weekend day per placement (9-5) with compensatory time off in the week. This cannot be on a Wednesday.</p> <p><b>Up to 3 late</b> shifts per 4-week placement with a latest finish time of 9PM. If a long day is timetabled, students will require compensatory time back during the same week. Students must be timetabled in pairs when on a late shift.</p>
<b>Multi-Professional working</b>	Student Declaration Form	Students should take the opportunity to work with the multi-professional team. Although there are no minimum requirements in each clinical placement, there is an overall requirement for <b>minimum 3</b> forms during the acute hospital blocks (see Generic Expectations).
<b>Reflection on placement events</b>	Placement Activity Reflection Form	<b>2</b> recommended, minimum 1.
<b>Enhanced CBL</b>	Student Declaration Form	<b>1</b> reflective account of learning from the enhanced CBL case. The reflection should include the student's role in researching, developing, or delivering the presentation, or contributing to the discussion.
<b>Educational Supervisor (ES) meetings</b>	Meeting forms	<b>3</b> meetings  All fields completed by student doctor and Educational Supervisor



### 3. Surgery D (Acute Surgery)

Activity	Form	Acute surgery activities Minimum and recommended numbers
<b>Ward rounds</b>	Student Declaration form	<p><b>3</b> ward rounds per placement. Must include:</p> <p><b>2</b> SAU/post take ward rounds per placement (<b>1</b> form by end of week 2, <b>2</b> forms by end of week 4, with <b>recommended 4</b> total).</p> <p><b>1</b> 'in-reach' specialty ward round (e.g. colorectal, UGI, HPB)</p>
<b>Procedures</b>	DOPS	Recommended DOPS for this placement include: venepuncture, IV cannulation, wound care and closure, urinary catheterisation, IM/SC/IV injections, NEWS2.
<b>Clerking</b>	Student Declaration form	<p><b>3</b> SAU/patient clerking sessions. Participate in registrar/consultant review where possible. Should include new referrals</p> <p>Students should attach a student declaration form for each of the 3 clerking sessions</p>
	Acute Case Report	<p><b>4</b> Acute Case Reports recommended, <b>minimum 2</b></p> <p>To be obtained during ward work activity time or during outpatient clinics.</p>
<b>Practical Experiences</b>	Student Declaration form	<p>Describe the imaging or practical/operative procedures you have witnessed. Examples include imaging, ward-based procedures and theatre attendance.</p> <p>This should be treated as a whole block opportunity. There are no minimum requirements per rotation, but <b>12</b> recommended (minimum <b>6</b>) across all hospital rotations.</p>

<p><b>Shift work</b></p>	<p>Student Declaration form</p>	<p><b>Minimum of 2 sessions:</b></p> <p><b>1</b> weekend day per placement (9-5) with compensatory time off in the week. This cannot be on a Wednesday.</p> <p><b>Up to 3</b> late shifts per 4-week placement with a latest finish time of 9PM. If a long day is timetabled, students will require compensatory time back during the same week. Students must be timetabled in pairs when on a late shift.</p>
<p><b>Multi-Professional working</b></p>	<p>Student Declaration</p>	<p>Students should take the opportunity to work with the multi-professional team. Although there are no minimum requirements in each clinical placement, there is an overall requirement for <b>minimum 3</b> forms during the acute hospital blocks (see Generic Expectations).</p>
<p><b>Reflection on placement events</b></p>	<p>Placement Activity Reflection Form</p>	<p><b>2</b> recommended, minimum 1.</p>
<p><b>Enhanced CBL</b></p>	<p>Student Declaration Form</p>	<p><b>1</b> reflective account of learning from the enhanced CBL case. The reflection should include the student's role in researching, developing, or delivering the presentation, or contributing to the discussion.</p>
<p><b>Educational Supervisor (ES) meetings</b></p>	<p>Meeting forms</p>	<p><b>3</b> meetings</p> <p>All fields completed by student doctor and Educational Supervisor</p>

## 4. Emergency Medicine

4-week placement in an Emergency Department.

Activity	Form	Emergency Medicine Activities Minimum and recommended numbers
<b>Clerking</b>	Student Declaration form	<p><b>3</b> patient clerking sessions minimum.</p> <p>Students should attach a student declaration form for each of the 3 clerking sessions.</p>
	Acute Case Report	<p><b>4</b> Acute Case Reports recommended, <b>minimum 2</b></p>
<b>Procedures</b>	DOPS	<p>Recommended DOPS for this placement include: IV cannulation, IM injection, IV fluid line preparation, SC injection, venepuncture, arterial or venous blood gas sampling, wound care &amp; basic wound dressing, wound swab taking, 12 lead ECG: record and interpret, vital signs (NEWS), urinary catheterisation, urinalysis.</p>
<b>Practical experiences</b>	Student Declaration form	<p>Describe the imaging or practical/operative procedures you have witnessed. Examples include trauma calls, MSK procedures (e.g., fracture/dislocation manipulation), point of care ultrasound.</p> <p>This should be treated as a whole block opportunity. There are no minimum requirements per rotation, but <b>12</b> recommended (minimum <b>6</b>) across all hospital rotations.</p>
<b>Resus</b>	Student Declaration form	<p><b>1</b> session with Consultant/StR in the resus area</p>
<b>Minors (ENP)</b>	Student Declaration form	<p><b>1</b> session with an Emergency Nurse practitioner seeing minor injuries</p>

<b>Triage</b>	Student Declaration form	<b>1</b> Session with the triage team
<b>Shift work</b>	Student Declaration form	<p><b>2</b> sessions minimum, which must include:</p> <p><b>1 x weekend day shift</b> (e.g., 9am to 5pm) with compensatory weekday time off. This cannot be on a Wednesday.</p> <p><b>Up to 4 x twilight “late shifts”</b> (i.e., average of 1 per week, with latest finish time of 9 pm e.g., 3pm to 9PM)</p> <p>Students can request that a twilight shift can be converted to a night shift if their supervisor agrees.</p>
<b>Multi-Professional working</b>	Student Declaration form	Students should take the opportunity to work with the multi-professional team. Although there are no minimum requirements in each clinical placement, there is an overall requirement for <b>minimum 3</b> forms during the acute hospital blocks (see Generic Expectations).
<b>Reflection on placement events</b>	Placement Activity Reflection Form	<b>2</b> recommended, minimum 1.
<b>Enhanced CBL</b>	Student Declaration Form	<b>1</b> reflective account of learning from the enhanced CBL case. The reflection should include the student’s role in researching, developing, or delivering the presentation, or contributing to the discussion.
<b>Educational Supervisor (ES) meetings</b>	Meeting forms	<p><b>3</b> meetings</p> <p>All fields completed by student doctor and Educational Supervisor</p>

## 5. General Practice C (GP Student Assistant)

4-week placement of General Practice focussing on management of acute presentations.

Activity	Form	General Practice C placement activities Minimum and recommended numbers
<b>Cases</b>	Acute Case Report	Recommended: <b>8</b> Minimum: <b>2</b>  Record Acute Case Reports from a range of cases seen in primary care.
<b>Examinations</b>	OE	Recommended: <b>3</b> Minimum: <b>2</b>  Record examinations from a range of cases seen in primary care.
<b>Procedures</b>	DOPS	Whilst there are no specific recommended DOPS in this placement, you may get the opportunity to perform some of your key skills.
<b>Mandatory Experiences</b>  All under supervision of a GP and with subsequent debrief/discussion	Student Declaration	Minimum <b>4</b> including: <ul style="list-style-type: none"> <li>• Involvement in the Initial Triage of patients. This might be with a GP, other clinician, or other members of the team, including administrative and reception teams. <b>(Minimum 1)</b></li> <li>• Write a referral/admission letter for a patient with whom you have either led a consultation or observed in a GP consultation. <b>(Minimum 1)</b></li> <li>• Manage a small caseload of hospital clinic and discharge letters, reviewing patients as required, including medication reviews. Student doctors should have allocated time or sufficient self-directed time each week to fulfil this requirement. <b>(Minimum 1)</b></li> <li>• Manage a small caseload of investigation results, reviewing patients as required. Student doctors should have allocated time or sufficient self-directed time each week to fulfil this requirement. <b>(Minimum 1)</b></li> </ul>
<b>Additional Opportunities you have found</b>	Student Declaration	Desirable <b>but not</b> essential. Recommended activities include: <ol style="list-style-type: none"> <li>1) Manage a request for a Fit Note</li> <li>2) Attend a practice or locality meeting or MDT</li> </ol>

Activity	Form	General Practice C placement activities
<b>Educational Supervisor (ES) meetings</b>	Recorded in E-portfolio	<b>Minimum and recommended numbers</b> <b>3</b> meetings All fields completed by student doctor and Educational Supervisor
<b>Teaching Tutorials</b>	n/a	<b>4</b> Full days of Community Clinical Teaching (CCT): <ol style="list-style-type: none"> <li>1. <b>Caring for the vulnerable in the community (adult safeguarding)</b></li> <li>2. <b>Managing the patient with unexplained medical symptoms in primary care</b></li> <li>3. <b>Assessing and managing acute illness in primary care</b></li> <li>4. <b>Learning from patient complaints and clinical error in primary care</b></li> </ol>

## 6. Critical Care & Anaesthesia:

Activity	Form	Critical Care component
		Minimum and recommended numbers
<b>Ward rounds</b>	Student Declaration form	Recommended <b>2</b> Minimum <b>1</b> Critical Care ward round per placement – Intensive Care/High Dependency Units,
<b>Cases</b>	Acute Case Report	Recommended <b>2</b> Minimum <b>1</b> case encountered in critical care,
<b>Procedures</b>	DOPS	Recommended DOPS for this placement include: IV cannulation, IM injection, IV fluid line preparation, SC injection, venepuncture, arterial or venous blood gas sampling, wound swab taking, 12 lead ECG, urinary catheterisation, urinalysis.
<b>Critical Care Reviews</b>	Student Declaration form	Minimum <b>1</b> acute referral review with Critical Care Team/CCOT
<b>Critical Care Outreach (CCOT) or Medical Emergency Team</b>	Student Declaration form	Minimum <b>1</b> session (half-day) with team
<b>Practical Experiences</b>	Student Declaration form	<p>Reflect or describe some practical procedures you witness. Critical Care examples include - USS cannulation of large vessels, tracheostomy insertion, use of haemofiltration, pleural drainage, point of care ultrasound (POCUS).</p> <p>This should be treated as a whole block opportunity. There are no minimum requirements per rotation, but <b>12</b> recommended (minimum <b>6</b>) across all hospital rotations.</p>

<b>Shift work/twilight</b>	Student Declaration Form	<b>1</b> session to 8PM (or evening handover).
<b>Multi-Professional working</b>	Student Declaration Form	Students should take the opportunity to work with the multi-professional team. Although there are no minimum requirements in each clinical placement, there is an overall requirement for <b>minimum 3</b> forms during the acute hospital blocks (see Generic Expectations).
<b>Reflection on placement events</b>	Placement Activity Reflection Form	<b>1</b> recommended, minimum 1 across combined Critical Care & Anaesthesia placement.
<b>Educational Supervisor (ES) meetings</b>	Meeting forms	<b>2</b> meetings (first and end of placement meetings).  Critical Care and Anaesthesia is a 2-week block for educational supervision purposes, and meeting records are on one e-portfolio page.

Activity	Form	Anaesthesia component
		Minimum and recommended numbers
<b>Cases</b>	Acute Case Report	Recommended <b>2</b> Minimum <b>1</b> case relevant to anaesthesia
<b>Procedures</b>	DOPS	Recommended DOPS for this placement include Airway management; appropriate oxygen administration; intravenous cannulation; ABG; BM; NEWS 2 scoring; venepuncture
<b>Theatre lists</b>	Student Declaration form	Minimum <b>2</b> Anaesthetic sessions (half day = 1 session).



		Students should attach <b>1</b> Student Declaration Form for each of the anaesthetic sessions.
<b>Emergency team</b>	Student Declaration form	<b>1</b> session in Emergency Theatres with the anaesthetic team (half day = 1 session).
<b>Practical Experiences</b>	Student Declaration form	<p>Reflect or describe some practical procedures you witness. Anaesthesia examples include - blood transfusion; USS cannulation of large vessels; peripheral nerve blocks; endotracheal intubation, patient safety checklists (e.g., WHO checklist).</p> <p>This should be treated as a whole block opportunity. There are no minimum requirements per rotation, but <b>12</b> recommended (minimum <b>6</b>) across all hospital rotations.</p>
<b>Pain Team</b>	Student Declaration Form	Record <b>one</b> occasion when you spent time with the pain team (usually a pain nurse specialist) on a pain ward round or in pain clinic.
<b>Reflection on placement events</b>	Placement Activity Reflection Form	<b>1</b> recommended, minimum 1 across combined Critical Care & Anaesthesia placement.
<b>Educational Supervisor (ES) meetings</b>	Meeting forms	<p><b>2</b> meetings (first and end of placement meetings).</p> <p>Critical Care and Anaesthesia is a 2-week block for educational supervision purposes, and meeting records are on one e-portfolio page.</p>

## 7. Psychiatry B (Acute psychiatry)

1-week placement

**Notes:** During this week, students will receive half a day of dedicated teaching in the form of two CBL tutorials. They will spend the remaining time with the Crisis Resolution and Home Treatment Team and / or the mental health liaison team to gain exposure to acute mental health presentations and the interface between primary and secondary care. This will include 1 long day. Focus will be on acute presentation of psychiatric illness, although students will have exposure to both acute and chronic cases.

		Psychiatry B placement activities
Activity	Form	Minimum and recommended numbers
<b>Patient cases</b>	Acute Case Report	<p>Recommended <b>3</b> Minimum <b>1</b> case to be obtained either on the ward or in the outpatient setting. Record Acute Case Reports, including a mental state examination (MSE) and a risk assessment, from a range of cases.</p> <p><b>Must include 1 case of a patient who has self-harmed or who is suicidal or has attempted suicide.</b></p> <p>The other case(s) could include:</p> <ul style="list-style-type: none"> <li>Schizophrenia or a psychotic disorder</li> <li>Bipolar affective disorder</li> <li>Schizoaffective disorder</li> <li>Unipolar depression</li> <li>Emotionally unstable personality disorder</li> <li>An anxiety disorder, e.g. generalised anxiety disorder</li> <li>Adjustment disorder</li> <li>Post-traumatic stress disorder</li> <li>Conversion disorder</li> <li>Mental and behavioural disorders due to use of alcohol - harmful use or dependence syndrome</li> <li>Mental and behavioural disorders due to use of illicit substances - harmful use or dependence syndrome</li> <li>Delirium</li> <li>Mild cognitive impairment</li> <li>Alzheimer's dementia</li> <li>Vascular dementia</li> </ul>
<b>Procedures</b>	DOPS	n/a

<b>On-call</b>	Student declaration form	Shadow a junior doctor for <b>one on-call shift</b> (5.00-9.00pm). This represents a long day, adding the out-of-hours activity to a normal working day
<b>Multi-professional working</b>	Student declaration form	<p>Attach a Recommended <b>2</b> minimum of <b>1 form</b> from the following activities:</p> <ul style="list-style-type: none"> <li>• Record an occasion when you shadowed a mental health nurse assessing a patient on a medical or a surgical ward</li> <li>• Record an occasion when you shadowed a mental health nurse assessing a patient in the outpatient setting</li> <li>• Record an occasion when you shadowed a mental health nurse assessing a patient in the patient's own home</li> <li>• Record an occasion when you observed a patient undergoing a Mental Health Act assessment in the A and E Department</li> <li>• Record an occasion when you observed a patient undergoing a Mental Health Act assessment on a medical or a surgical ward</li> <li>• Record an occasion when you observed a patient undergoing a Mental Health Act assessment in the community</li> <li>• Record an occasion when you observed an MDT meeting on a medical or a surgical ward involving the mental health liaison team to discuss a patient's care</li> </ul> <p><b><i>Please note these are considered separately and are not included in the acute hospital block requirements.</i></b></p>
<b>Reflection</b>		<b>1</b> recommended, minimum <b>1</b>
<b>Additional opportunities</b>		<p><b>Recommended but not essential:</b></p> <ul style="list-style-type: none"> <li>• Observe a patient being assessed under the Mental Health Act 1983 in the community</li> <li>• Observe a medical assessment of a patient who has been referred to the Crisis Resolution and Home Treatment Team</li> <li>• Observe a follow-up medical review of a patient currently under the care of the Crisis Resolution and Home Treatment Team</li> </ul>

		<ul style="list-style-type: none"> <li>• Observe a home visit for a patient currently under the care of the Crisis Resolution and Home Treatment Team</li> <li>• Observe a patient's cognitive abilities being formally assessed on a medical ward or a surgical ward using the MoCA or Addenbrooke's Cognitive Examination</li> <li>• Observe the initial medical assessment of a patient referred to the hospital mental health liaison team</li> <li>• Observe a patient on a medical or a surgical ward being assessed for consideration to be held under Section 5(2) of the Mental Health Act 1983</li> <li>• Observe a patient's capacity being formally assessed on a medical or a surgical ward</li> </ul>
<p><b>Educational Supervisor (ES) meetings</b></p>	<p>Meeting forms</p>	<p><b>2</b> meetings (first and end of placement meetings)</p> <p>All fields to be completed by the student doctor and Educational Supervisor</p>

## Educational Supervision during Acute Placement

Educational supervisors must fulfil the criteria detailed in the Educational Supervisor's Handbook.

### Per 4-week placement block

#### Initial: Week 1 Day 1:

- Initial departmental tour and induction
- First Educational Supervisor meeting (may be conducted as a group of up to 4 students) to identify learning opportunities and set expectations.

#### Mid: Week 2/3

- Midpoint Educational Supervisor meeting (may be conducted as a group of up to 4 students) to assess progress
- In Acute Medicine, Acute Surgery and Emergency Medicine rotations, review the progress made towards their enhanced CBL presentation at this point.

#### End: Week 4

- End of placement individual supervisor meeting to discuss cases, review e-portfolio, and feedback on performance.

### Per 2-week critical care/anaesthesia block:

This is treated as a 2-week block for the purposes of educational supervision.

#### Initial: Week 1 Day 1:

- Initial departmental tour and induction
- First Educational Supervisor meeting (may be conducted as a group of up to 4 students) to identify learning opportunities and set expectations.

#### Final: Week 2 (end of week)

- End of placement individual supervisor meeting to discuss cases, review e-portfolio, and feedback on performance.

### Per 1-week psychiatry block

#### Week 1 - Day 1

- Initial departmental tour and induction

- First Educational Supervisor meeting (may be conducted as a group of up to 4 students) to identify learning opportunities and set expectations.

#### Week 1 - End of week

- End of placement individual supervisor meeting to discuss cases, review e-portfolio, and feedback on performance.

Supervisor meetings and placement progress will be recorded in the e-portfolio placement report. Student records First meeting and the supervisor should mark that the meeting has taken place and the discussion is accurate. Student records mid-point meeting and the supervisor should mark that the discussion has taken place and leave their own comments on progress.

During the individual End of Placement meeting, the Educational Supervisor reviews the placement report, discusses cases and completes the final record for the placement. Educational supervisors are asked to note that students are required to meet the standard expected for a newly qualified doctor entering FY1 (marked as satisfactory or above). If they do not then students should be marked as Unsatisfactory or Borderline and be flagged to the local undergraduate team and The School for further action.

## 8. SAMP Placement

Six-week student selected placement to allow for exploration of areas of personal interest and careers opportunities. The SAMP project should take no more than 4 weeks to complete and should be part of a balanced timetable allowing for clinical exposure and opportunities.

Activity	Form	SAMP 6-week placement Minimum and recommended numbers
<b>SAMP Project</b>	e-Portfolio SAMP report	<p><b>1</b> Project to be completed and marked within 4-week timeframe (weeks 2-5). This may be selected from:</p> <p>Clinical guideline or literature review</p> <p>Self-contained brief audit or QI project</p> <p>Brief original research report</p> <p>Please add an appendix to your SAMP project of 200-250 words (3 options)</p> <ol style="list-style-type: none"> <li>1- If your SAMP report is a part of a QI project, please elaborate or explain, or outline. If the report already includes details of the QI, this is acceptable, no further appendix is needed.</li> <li>2- If your SAMP report is not a QI, but a literature search, for example, please elaborate, explain or outline how this could be developed into a QI.</li> <li>3- If your SAMP report does not meet the criteria for a QI, or a QI is not appropriate, please elaborate, explain or outline.</li> </ol>
<b>Clinical Placement</b>	e-Portfolio	<p>Recommended <b>8</b> Minimum <b>4 senior led clinical encounters</b> per placement. To include a selection from:</p>

	Student Declaration form	<p>Outpatient clinics</p> <p>Consultant ward rounds</p> <p>MDTs</p> <p>Acute assessment sessions (e.g., ED/AMU)</p> <p>This is not an exclusive list and may include other opportunities identified with supervisor dependent on nature of placement.</p>
	e-Portfolio	
	Clinical Case Report template	5 recommended Clinical Science Case Reports, minimum 3
<b>Practical experiences</b>	Student Declaration form	<p>Continue to practice clinical skills required for year 5 DOPS (whole year requirement)</p> <p>Identify additional skills and opportunities in specialist placement</p>
	Placement Activity Reflection Form	4 recommended, minimum 2.
<b>Reflection on placement events</b>		
<b>Weekly Educational Supervisor (ES) meetings including initial, mid and final supervisor meetings</b>	Meeting forms	<p>3 meetings minimum</p> <p>All fields completed by student doctor and Educational Supervisor</p>



## 9. Pre-Foundation Apprenticeship Placement (Preparation for Practice)

### Pre-foundation Apprenticeship

The Pre-Foundation Apprenticeship is a six-week placement designed to provide each student with the opportunity to work alongside foundation doctors and the clinical teams in ward-based medicine/surgery. The aim of the programme is to effectively prepare the graduating student for working life as a foundation doctor. Students will be expected to show progress towards independent practice and 'act up' to the level of an FY1 doctor, with supervision provided by the clinical team.

### Expectations of the role:

Student doctors are expected to carry out the Appointment to the best of their ability. By the end of the placement, they will be expected to:

1. demonstrate that they are familiar with the working environment of an F1 post;
2. describe their responsibilities for safe and effective patient care, including how to seek supervision;
3. demonstrate familiarity with the relevant IT systems and procedures of the role; and
4. understand the responsibilities and limitations of the F1 role.

During the placement they will be expected to assume clinical responsibility and perform and provide assistance with clinical tasks. This will include undertaking some clinical tasks under the close supervision of the current F1 and/or senior doctor, in order to consolidate their learning.

During the placement they will be expected to follow the Trust's procedures and standards, including but not limited to those relating to confidentiality, health and safety, equal opportunities and bullying and harassment. They should expect the Trust to deal with them in accordance with its equal opportunities policy.

## Restrictions of the role

Whilst undertaking this role the student doctor remains a School of Medicine undergraduate medical student and must not undertake any activity restricted to qualified doctors.

Specifically, **they must not:**

- a. Prescribe any medication, fluids, blood products etc.
- b. Request any investigations which require ionising radiation.
- c. Complete and/or sign Medical Certificates of Cause of Death (MCCD) or cremation forms.
- d. They must not undertake any procedures they have not been trained to perform and must always act within their competency and escalate appropriately.

## Placement structure:

Students will be placed on a single ward for the duration of their 6-week PFA block. They will spend the first week having induction to their placement and trust including required access and training to IT systems and shadow the junior doctor on the ward. They should experience and be exposed to all activities of a Foundation doctor on that ward.

Following this at the start of week 2 they will start to take increased responsibility for patient care and ward management under the direct supervision of the junior doctor with support from the multi-professional team. They will take responsibility for the care of patients, fulfilling the role of a foundation doctor and liaising with the wider clinical team. This will include ward rounds and associated jobs, referrals, preparation for discharge and communication with the nursing team.

In the final 4 weeks of the placement student doctors will take on the role of the FY1 on the ward. This will allow the FY1 to step back and allow the student doctor to take responsibility, whilst being on hand to support and advise.

Under no circumstance must the student doctor prescribe either on their own volition or under supervision. Trusts will be asked to ensure that, where electronic prescribing systems are in use, the student's IT access does not allow them to enter, amend or delete prescriptions.

Student doctors are also not permitted to complete medical certificates of cause of death (MCCDs) or request ionising radiation. They will receive the relevant training on radiation safety during the preparation for practice block.

Students will be expected to demonstrate the professional behaviours of a junior doctor and to be punctual, diligent, and responsible. They will be expected to demonstrate excellent attendance and to ensure they follow the processes in place for FY1 doctors with regards to sickness notification etc.

Each student should have a timetable for the six-week pre-foundation assistantship programme which indicates clear start and finish times. We would expect them to be timetabled for out of hours experience with a minimum of two night shifts with the on-call team, and one 9-5 weekend day shift (with compensatory rest in lieu). Students will have a lanyard identifying them as a pre-foundation apprentice student doctor.

Student doctors are also required to complete an ILS course which should be arranged in the placement site during this block.

### **Supervision during PFA:**

Day to day clinical supervision: Student doctors must be allocated a clinical supervisor for each of their shifts. They should have clear guidance on who this is and how to contact them at all times. This would normally be expected to be the F1 or other junior doctor with responsibility for that clinical area. If that person is not available e.g., due to sickness or on call, the student doctor must be informed which member of trained medical staff will be supporting them on that day.

Educational Supervision: each student should have a named educational supervisor for the six-week placement.

Each student should also have a named clinical mentor (F2 or above) for their six-week placement who will make a point of meeting informally with the PFA to check on what has been going well or otherwise and to provide support and guidance. In line with changes made in the latter part of 21-22 following student feedback, formal documentation, other than attendance at these meetings, is not required. Students should indicate in the e-portfolio that they have met with a mentor.

The mentor should be equipped to escalate any concerns to the educational supervisor or undergraduate team. Mentors are expected to be at least FY2 and with an understanding of the principles of constructive feedback, and recognition of the trainee in difficulty.

Required meetings are:

1. Week 1:
  - a. Induction: day 1 (ward can be delegated to F1 following induction checklist)
  - b. Educational supervisor initial meeting
2. Week 3: Midpoint educational supervisor meeting
3. Week 5: Educational supervisor final meeting

Activity	Form	Pre-Foundation Apprentice activities 6-week placement Minimum and recommended numbers
<b>HLO 1: An accountable, capable and compassionate doctor</b>	Student Declaration form, LEARN forms*, DOPs forms, Acute Case Reports, Feedback forms	<p><b>Recommended 9 forms (minimum 7)</b> which show one for each of the following:</p> <ul style="list-style-type: none"> <li>• Clinical assessment and treatment plan decisions</li> <li>• Clinical prioritisation - identifying sick cases and managing first</li> <li>• Workload, time, and task management (e.g. from ward round)</li> <li>• Communication               <ul style="list-style-type: none"> <li>○ Escalation to a senior colleague</li> <li>○ Referral to another team</li> <li>○ Handover</li> </ul> </li> <li>• Patient and carer communication</li> </ul> <p>* There must be a minimum of 5 LEARN forms included as evidence across HLOs 1-3.</p>
<b>HLO 2: A valuable member of the healthcare workforce</b>	Student Declaration form, LEARN forms*, DOPs forms, Acute Case Reports, Feedback forms	<p><b>Recommended 5 forms (minimum 3)</b> which show one for each of the following:</p> <ul style="list-style-type: none"> <li>• Multi-disciplinary team working</li> <li>• Clinical assessment and treatment plan decisions</li> <li>• Colleague, patient, or carer feedback</li> </ul> <p>* There must be a minimum of 5 LEARN forms included as evidence across HLOs 1-3.</p>
<b>HLO 3: A professional responsible for their own practice and portfolio development</b>	Student Declaration form, LEARN forms*, DOPs forms, Acute Case Reports, Feedback forms	<p><b>Recommended 5 forms (minimum 3)</b> which show one for each of the following:</p> <ul style="list-style-type: none"> <li>• Self-management of wellbeing and relationships</li> <li>• Personal time management and professional behaviours</li> <li>• Engagement with teaching and learning opportunities</li> </ul>

		* There must be a minimum of 5 LEARN forms included as evidence across HLOs 1-3.
<b>Pharmacy Reflections</b>	Student Declaration Form	<p><b>2</b> forms to demonstrate reflection on the following learning events:</p> <ol style="list-style-type: none"> <li>1- TTO: Joining a doctor while they perform a TTO and discussing what to consider during this process.</li> <li>2- Pharmacy ward round: Join a pharmacist on their daily ward round as they review patient medications, discuss interactions and previous medication.</li> </ol>
<b>Feedback for Student Doctor</b>	Feedback Form	<p><b>Recommended 6 forms (minimum 3) by the end of Week 5.</b></p> <p>Attach one form for each activity:</p> <ul style="list-style-type: none"> <li>• Feedback form from another doctor/nurse specialist</li> <li>• Feedback form from a member of the multi-professional team</li> </ul> <p>Colleague Feedback Forms can be found on the e-Forms page of your Year 5 Workbook. A printable version of the form can be found on CANVAS, if necessary.</p>
<b>Patient Feedback</b>	Patient Feedback Form (Canvas)	<p><b>4</b> recommended (minimum 2) (in addition to any used in evidence for HLO).</p> <p>Patient Feedback forms can be found in Canvas, please print off the form and have it completed by a patient. Once completed, please upload a photo or scanned copy of the form to PebblePad.</p>

<p><b>Educational Supervisor (ES) meetings including initial, mid, and final supervisor meetings</b></p>	<p>Meeting forms</p>	<p><b>3</b> meetings minimum All fields completed by student doctor and Educational Supervisor</p>
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## 10. Clinical Skills in the Year 5 curriculum

In line with the Clinical Skills policy of the School of Medicine, all primary skills teaching will take place at the University to ensure standardisation.

New Skills for Year 5:

- Blood cultures
- Suturing/wound closure
- Nasogastric Tube insertion – only to be carried out in a simulated learning environment as per the GMC guidance (2019)

Blood cultures and suturing/wound closure with local anaesthetic infiltration will be taught at the University during the first academic week. NG tube insertion will be covered later in the year during academic weeks.

Students should also continue to practice the skills covered in Outcomes for Graduates 2019 skills list and will be expected to demonstrate this using the DOPs forms within their e-portfolio.

These are:

Recommended number: **4** of each. Although only **one of each skill** is required for e-portfolio purposes, students should continue to practice skills throughout the year at all opportunities.

- Arterial blood gas sampling
- Intravenous (IV) cannulation
- Obtain blood cultures using appropriate aseptic technique
- Prepare and administer injectable (may be intramuscular, subcutaneous and/or intravenous) drugs
- Set up and run through an Intravenous (IV) fluid infusion
- Urinary catheterisation: female
- Urinary catheterisation: male
- Venepuncture
- NEWS (adult): responding to abnormal NEWS with a supervising doctor
- Wound care & basic wound dressing
- Wound closure (select from suturing / staples / Steri-Strips / tissue adhesive (wound glue))

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/](http://www.liverpool.ac.uk/medicine/contact-us/email/)].