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

Year 5 is all about preparing for practice as a foundation programme doctor. We will provide you with experiences and teaching and learning activities on hospital wards, in primary care and the community, and you will arrange your elective placement, but this year is mainly about you as a self-directed learner in the clinical environment, interacting with patients, their families and your colleagues, and learning from these opportunities. It is a busy year with lots to do, when you will learn to function as a doctor ready for starting in the world of work in August 2020.

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

Make the most of your opportunities, look after yourselves and your colleagues, let us know if you need help, but mostly enjoy your year!

Karen Forbes

Professorial Teaching Fellow and Consultant in Palliative Medicine and Year 5 lead
TABLE OF CONTENTS

Welcome from Head of Year ........................................................................................................... 1
Aims of year 5 ................................................................................................................................ 5
Structure of the year and timetable ............................................................................................... 5
Schematic of year 5 2019-20 ........................................................................................................ 6
Learning outcomes: Year 5 – entrustable professional activities .................................................. 7
Key dates ARE HERE: https://www.ole.bris.ac.uk/bbcswdbay/institution/Faculty%20of%20Health%20Sciences/MB%20ChB%20Medicine/Intranet%20Generic%20Content%20Area/assessmentsandfeedback/index.html#year5 .......... 8
Key contacts/student support ........................................................................................................... 9
Teaching staff information ................................................................................................................ 11
University support contacts ............................................................................................................ 11
Professional Mentors ...................................................................................................................... 11
Units in the year .............................................................................................................................. 12
Unit 1: Senior Medicine and Surgery ......................................................................................... 12
  Senior Medicine ............................................................................................................................. 12
  Neurology ...................................................................................................................................... 12
  Senior Surgery .............................................................................................................................. 14
  Prescribing ..................................................................................................................................... 15
  Acute Prescribing Tutorials ........................................................................................................... 15
  Palliative Care and Oncology ........................................................................................................ 17
  Emergency Medicine ..................................................................................................................... 18
Year 5 Unit 1 Portfolio – Senior Medicine and Surgery ................................................................. 19
  Communication and procedural skills (CaPS) logbook ............................................................... 21
  Prescribing Safety Assessment .................................................................................................... 21
  Pre-finals Mentoring Programme ................................................................................................. 21
Unit 2: Preparing for Professional Practice ................................................................................... 22
  Ward-based care ........................................................................................................................... 22
  Acute and critical care ................................................................................................................... 24
  Primary and Community Care .................................................................................................... 26
  Other activities within PPP .......................................................................................................... 28
  Immediate Life Support Course .................................................................................................. 29
  Surgical skills course part II ......................................................................................................... 30
  Peer Assisted Learning Scheme .................................................................................................. 30
  Clinical simulator sessions ........................................................................................................... 31
  Radiology ..................................................................................................................................... 31
AIMS OF YEAR 5

The aims of year 5 are:

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

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

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

STRUCTURE OF THE YEAR AND TIMETABLE

Year 5 is made up of:

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

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

Unit 3: Elective studies;
   8-week block: Unit 3: Elective
SCHEMATIC OF YEAR 5 2019-20

YEAR 5 - 2019/20

| UoB Weeks | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
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Term Dates 2019 - 20
Monday 02 September 2019 - 13 December 2019
Monday 06 January 2020 - Friday 27 April 2020
Monday 05 April 2020 - Friday 12 June 2020

Excellence Day - Friday 28 February 2020
LEARNING OUTCOMES: YEAR 5 – ENTRUSTABLE PROFESSIONAL ACTIVITIES

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

Entrustable Professional Activities (EPAs) are ‘units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and, therefore, suitable for entrustment decisions’\(^2\).

The 16 Bristol EPAs* are as follows:

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

*\([modified \text{ from the American Association of Medical Colleges’ core entrustable professional activities for entering Residency (2014)}]\)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>07/10/2019 - 15/11/2019</td>
<td>Objective Long case Clinical Competency Assessments 1</td>
</tr>
<tr>
<td>02/09/2019 – 22/11/2019</td>
<td>1 (or 2) mini-CEX and 1 (or 2) CBD competed during Unit 1 SMS</td>
</tr>
<tr>
<td>22/11/2019 12:00 noon</td>
<td>Unit 1 Senior Medicine and Surgery portfolio hand in to Academy</td>
</tr>
<tr>
<td>09/12/2019</td>
<td>Year 5 written paper</td>
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<tr>
<td>11/12/2019</td>
<td>Bristol Clinical Data Examination</td>
</tr>
<tr>
<td>06/01/2020 – 14/02/2020</td>
<td>Objective Long case Clinical Competency Assessments 2</td>
</tr>
<tr>
<td>06/01/2020</td>
<td>Situational Judgement Test</td>
</tr>
<tr>
<td>03/02/2020</td>
<td>Prescribing Safety Assessment</td>
</tr>
<tr>
<td>By 13/03/2020</td>
<td>Objective Long case Clinical Competency Assessments 3 and 4 – if needed</td>
</tr>
<tr>
<td>By 20/03/2020</td>
<td>1 mini-CEX during Primary Care Placement in PPP</td>
</tr>
<tr>
<td>06/01/2020 – 20/03/2020</td>
<td>1 (or 2) mini-CEX and 1 (or 2) CBD during PPP</td>
</tr>
<tr>
<td>19/03/2020 12 noon</td>
<td>Yr 5 Workbook hand in at Academy</td>
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<tr>
<td>13/03/2020</td>
<td>Prescribing Safety Assessment 2nd sitting (if required)</td>
</tr>
<tr>
<td>06/04/2020 – 29/05/2020</td>
<td>Elective period</td>
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<tr>
<td>11/05/2020</td>
<td>Prescribing Safety Assessment final sitting (if required)</td>
</tr>
<tr>
<td>26/05/2020</td>
<td>Bristol Clinical Data Examination 2nd sitting</td>
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<tr>
<td>28/05/2020</td>
<td>Year 5 written papers 2nd sitting</td>
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</tbody>
</table>
## Key Contacts/Student Support

**MB ChB Programme Administration – Contact Information SEPTEMBER 2019**

**MB ChB Curriculum Office, Faculty of Health Sciences, 5 Tyndall Avenue, Bristol BS8 1UD**

<table>
<thead>
<tr>
<th>Staff providing information and support for students</th>
<th>Responsible for:</th>
<th>Name</th>
<th>Generic Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1 Admin Lead</td>
<td>-all curriculum admin matters for Year 1 students.</td>
<td>Sarah Quin</td>
<td><a href="mailto:medadmin-1@bristol.ac.uk">medadmin-1@bristol.ac.uk</a></td>
<td>0117 428 4387</td>
</tr>
<tr>
<td>Year 2 Admin Lead</td>
<td>-all curriculum admin matters for Year 2 students, plus Intercalation</td>
<td>TBC</td>
<td><a href="mailto:medadmin-2@bristol.ac.uk">medadmin-2@bristol.ac.uk</a></td>
<td>-</td>
</tr>
<tr>
<td>Year 3 Admin Lead</td>
<td>-all curriculum admin matters for Year 3 students including external SSCs</td>
<td>Rachael Lewis</td>
<td><a href="mailto:medadmin-3@bristol.ac.uk">medadmin-3@bristol.ac.uk</a></td>
<td>0117 4284399</td>
</tr>
<tr>
<td>Year 4 Admin Lead</td>
<td>-all curriculum admin matters for Year 4 Students including external SSCs</td>
<td>TBC</td>
<td><a href="mailto:medadmin-4@bristol.ac.uk">medadmin-4@bristol.ac.uk</a></td>
<td>-</td>
</tr>
<tr>
<td>Year 5 Admin Lead</td>
<td>-all curriculum admin matters for Year 5 Students including Elective, Finals and Promise Ceremony.</td>
<td>Gail Kiddle</td>
<td><a href="mailto:medadmin-5@bristol.ac.uk">medadmin-5@bristol.ac.uk</a></td>
<td>0117 428 2835</td>
</tr>
<tr>
<td>Student Advisors</td>
<td>-advice, guidance and support for students</td>
<td>Claire Moszoro and Amy Wilkinson-Tough</td>
<td><a href="mailto:healthsciences-support@bristol.ac.uk">healthsciences-support@bristol.ac.uk</a></td>
<td>0117 331 1577</td>
</tr>
</tbody>
</table>
### Other Staff

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
<th>Contact Person</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>MBChB Teaching and Learning Manager</td>
<td>-management of all MB ChB Programme administrative processes and CO staff</td>
<td>Susan Pettinger-Moores</td>
<td><a href="mailto:medadmin-mgmt@bristol.ac.uk">medadmin-mgmt@bristol.ac.uk</a></td>
<td>0117 428 2836</td>
</tr>
<tr>
<td>MBChB Assessments and Feedback Manager</td>
<td>-assessments, collation of marks, Faculty Examination Boards and assessments feedback to students</td>
<td>Chris Cooper</td>
<td><a href="mailto:Chris.cooper@bristol.ac.uk">Chris.cooper@bristol.ac.uk</a></td>
<td>0117 428 2837</td>
</tr>
<tr>
<td>Student and Management Information Administrator</td>
<td>-Student records data, admin of clinical placements, bursaries, registration</td>
<td>Lisa Fitzpatrick &amp; Amy Hannam (Job Share)</td>
<td><a href="mailto:medadmin-system@bristol.ac.uk">medadmin-system@bristol.ac.uk</a></td>
<td>0117 4282834 &amp; 0117 42 84441</td>
</tr>
</tbody>
</table>
**TEACHING STAFF INFORMATION**

Dr Andrew Blythe (andrew.blythe@bristol.ac.uk)
Programme Director MBChB programme

Dr Jonathan Tyrrell-Price (gb18808@bristol.ac.uk)
Deputy Programme Director and lead for applied knowledge test

Professor Karen Forbes (k.forbes@bristol.ac.uk)
Year 5 lead, Unit lead for Preparing for Professional Practice, and lead for Palliative Care and Oncology

Professor Frank Smith (frank.c.t.smith@bristol.ac.uk)
Senior Medicine and Surgery Unit lead

Dr Chiara Bucciarelli-Ducci (C.Bucciarelli-Ducci@bristol.ac.uk)
Lead for Senior Medicine

Dr Veronica Boon (veronica.boon@bristol.ac.uk)
Lead for Primary Care in year 5

Dr Jon Dallimore (jon.dallimore@bristol.ac.uk)
Elective Coordinator (Tuesday afternoons 13.15 – 17.15)

**UNIVERSITY SUPPORT CONTACTS**

Dr Nicola Tayl (nicola.taylor@bristol.ac.uk)
Senior Tutor: Pastoral Support

Faculty Student Advisers (healthsciences-support@bristol.ac.uk)

**PROFESSIONAL MENTORS**

Each of you has a professional mentor to support your professional and academic development whether you are on the university precinct, or at other sites of teaching in the academies and the community.

Professional mentors:
- Support your professional development from medical student to doctor
- Help you establish your professional identity through the undergraduate curriculum, linking with the foundation programme and on into postgraduate training
- Facilitate a record of academic achievements
- Guide professional and career decision making
- Help produce a record enabling references to support professional progress, Foundation year 1 applications etc.

Your professional mentors will see you twice a year, as a minimum. The e-portfolio forms the foundation of your relationship and will be the place to record your meetings.

You are required to update your e-portfolio (exam results etc) and reflect on your progression before each meeting. When you meet your mentor, expect to show them your e-portfolio. The meeting will cover:

1. Your academic and professional achievements against curriculum milestones
2. Your progress with skills learning
3. Your career thinking
4. Advice about who to seek help from for any pastoral issues, if necessary (for example referral to healthsciences-support@bristol.ac.uk).
UNIT 1: SENIOR MEDICINE AND SURGERY

SENIOR MEDICINE

AIM

To facilitate progression from undergraduate to competent, confident, Foundation year 1 doctor

LEARNING OBJECTIVES

See:

- Bristol Entrustable Professional Activities (Page 6)
- Generic Senior Medicine and Surgery learning objectives (including where these are assessed in year 5) [https://www.ole.bris.ac.uk/bbcswebdav/xid-6987631_4](https://www.ole.bris.ac.uk/bbcswebdav/xid-6987631_4)
- Medicine and Surgery curriculum [Hippocrates](https://www.ole.bris.ac.uk/bbcswebdav/xid-6987631_4)

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

You are expected to spend the majority of your time on the wards, clerking patients, presenting them to the ward team, including (but not limited to) ward rounds. In addition, you should seek out and attend learning opportunities in different clinical areas e.g. the emergency medical take, post-take ward rounds, outpatient clinics, multidisciplinary team meetings, X-ray meetings, grand rounds, audit discussions, pathology demonstrations, etc. You will improve your competence in the skills and procedures necessary to function as a Foundation year 1 doctor, with a focus on those that may be examined within finals.

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

You are expected to attend all teaching that is arranged for you in SMS.

NEUROLOGY

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

AIM
To develop your clinical skills in neurology, building on your neurology experience gained in earlier units, to enable you to assess and manage common clinical neurological problems.
OBJECTIVES

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

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

The delivery of neurology teaching will vary between academies depending on the presence of local neurology services. Students allocated to North and South Bristol and Weston will attend a specific week of neurology at North Bristol academy. Students in other academies will receive neurology teaching within senior medicine and acute care. The theme of the attachment will be the assessment and management of clinical problems. Teaching will emphasise interpretation of neurological history and examination, diagnosis, investigation and treatment. There will be sessions addressing certain core areas in the curriculum (headache, altered mental state, weakness, epilepsy, multiple sclerosis, stroke). You will have the opportunity to attend neurology clinics.

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

SENIOR SURGERY

AIM

To facilitate progression from undergraduate to competent, confident, Foundation year 1 doctor

LEARNING OBJECTIVES

See SMS objectives and Medicine and Surgery curriculum (Hippocrates)

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

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

Because of this sub-specialisation, you may rotate to other surgical firms to ensure exposure to a range of surgical conditions. You should also clerk patients under the care of as many advanced surgical specialties as possible: urology; cardiothoracic; neurosurgery; paediatric surgery; burns and plastic surgery and transplant surgery.

You will be required to:

- Seek out and attend learning opportunities in different clinical areas eg the inpatient ward, post-take and business ward rounds, theatre, on-call and outpatient clinics
- Clerk, present and follow up patients in the care of the surgical teams you are attached to
- Attend operating theatres when patients you have clerked are undergoing surgery
- Be present during emergency surgical take
- Attend and complete satisfactorily both parts of the final year surgical skills course – part 1 during senior medicine and surgery
- Demonstrate understanding of the principles of post-operative pain relief, peri-operative fluid management, antibiotic prophylaxis for surgery, antithrombotic prophylaxis, principles of note-taking
- Attend other learning opportunities such as the performance of diagnostic and interventional radiological investigations, X-ray and pathology meetings, multidisciplinary team meetings, grand rounds and audit conferences
- Witness, but not necessarily perform, as many other common clinical surgical procedures as possible

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

You are expected to take part in a surgical team briefing in the operating theatre and to undertake the WHO checklist under supervision, on behalf of the surgical team, during your surgical attachment. This should be signed off as part of EPA 14 in your year 5 workbook.

**SURGICAL SKILLS COURSE**

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

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

**PRESCRIBING**

**ACUTE PRESCRIBING TUTORIALS**

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

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

**AIMS**

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

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

**OBJECTIVES**

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

RADIOLOGY

AIM
To facilitate the progression from undergraduate to competent, confident, Foundation year 1 doctor able to order a range of radiology investigations appropriately, and to interpret basic plain films such as chest and abdominal radiographs as required by the GMC and the Royal College of Radiologists

LEARNING OBJECTIVES

By the end of your radiology teaching you should be able to:

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

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

• Chest X-ray interpretation
• Abdominal X-ray interpretation
• Trauma radiograph interpretation
• Neuro imaging with CT and MR
• Basic introduction to chest and body CT and MR and nuclear medicine
• An understanding of what interventional radiology can offer in the investigation and treatment of patients

You will be required to:

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

PALLIATIVE CARE AND ONCOLOGY

AIMS

To equip you with the knowledge, skills, attitudes and behaviours to enable you to care for patients with
supportive and palliative or end-of-life care needs during your Foundation year 1
To help you appreciate the rewards of caring for these patients and accept that death is not a failure of medicine

LEARNING OBJECTIVES

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

• Taking and recording a history from a patient with cancer or supportive and palliative care needs
• The clinical symptoms and signs suggestive of malignancy
• Who the patient should be referred on to and how this should occur, in particular the role of the Cancer
  of Unknown Primary team
• The communication skills necessary to discuss and explain to patients and families:
  o The diagnosis and principles of management of malignancy with curative and palliative intent
  o The side-effects of chemotherapy and radiotherapy and their management
  o The fact that a patient is deteriorating or dying, and advance care planning
• Common symptoms in life-limiting illness, their assessment and appropriate investigation
• Prescribing for a patient in pain or with common symptoms
• Assessing and discussing the management of a patient with an oncological or palliative care emergency
• Assessment and anticipatory prescribing for symptoms at the end of life
• The role of the Foundation year 1 doctor within a multidisciplinary team caring for patients with life-
limiting illness

TEACHING AND LEARNING METHODS

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

PALLIATIVE CARE AND ONCOLOGY CLINICAL ATTACHMENTS

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

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

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

COMMUNICATION SKILLS TEACHING

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

ETHICAL AND MEDICO LEGAL ISSUES AT THE END OF LIFE

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

TUTORIALS

You will have three palliative care and oncology tutorials during Unit 1. A final tutorial will be scheduled for Unit 2: PPP.

EMERGENCY MEDICINE

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

AIM

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

LEARNING OBJECTIVES

By the end of Unit 1: Senior Medicine and Surgery students should have:
  • Consolidated the knowledge and skills required for the diagnosis and management of important or common emergency presentations
  • Recognised when to use an ABC approach to emergency care and when to carry out a focused history and examination
  • Developed the skills and attitudes needed to work effectively in an emergency situation
  • Experienced working within the multidisciplinary emergency team
  • Understood the role of emergency physicians and the emergency department team within the broader context of the NHS
  • Improved your time management/prioritisation and decision making-skills

You are directed also to [http://rrapid.leeds.ac.uk/RRAPID_eBook.html](http://rrapid.leeds.ac.uk/RRAPID_eBook.html) – an on-line resource which provides excellent guidance on assessing the acutely unwell patient.
Students are required to complete a portfolio of patients clerked throughout Unit 1.

Students are strongly advised to review the marking scheme for the unit portfolio available on the Year 5 section of the assessments page on the medical school website.

In Unit 1 you should collect all your original full clerkings. If the original clerking needs to be filed in the patient’s notes, signed anonymised photocopies are acceptable.

There is no minimum or specific required number of clerkings expected in the portfolio. However, from experience of assessing portfolios in previous years, it would be unusual for a submission scoring well enough to demonstrate a clear level of competence to have fewer than 25 – 30 complete clerkings (including those from the emergency department). Please note that portfolios with more than this number of clerkings consistently score higher as students are able to demonstrate greater improvement over time.

Clerkings should be performed on blank sheets of clinical notepaper, unless the clerking is to be filed in a patient’s notes as part of an acute admission on a required admission proforma, for example. Anonymised copies of proformas are acceptable.

A key purpose of the portfolio is to allow demonstration of some of the key skills required of a Foundation year 1 doctor, such as your diagnostic reasoning, investigation planning and ability to develop management plans. It should also act as part of the framework to guide your learning through the Unit.

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

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

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

- Did the patient’s outcome surprise you (be it good or otherwise)? How did this compare/contrast with other patients you have seen with similar conditions?
- What would you do differently when faced with a patient with a similar problem e.g. points you may focus on differently in the history/examination/investigation or management planning etc.
- Did anything resonate with you from the case? If so what and why do you think so?
- Did the patient have a common/uncommon condition? How did this influence your learning?
- Were there any psychological factors that influenced the patient’s presentation/response to treatment and ability to self-care?
- Did the patient’s lifestyle affect their presentation/management? If it did how would you deal with that as a foundation year 1 doctor?
We recognise that students sometimes have difficulty in identifying themes for reflection and worry about the detail/amount required. Examples of good reflections from a previous year’s student are available on blackboard Examples of good reflections from one of last year’s which we hope you find helpful.

You are encouraged to complete a prescription chart for patients clerked, but this will not form part of the assessment for the Unit 1 portfolio. You are not required to collect patient feedback routinely from patients clerked for the SMS portfolio.

SUBMISSION OF CLERKING PORTFOLIO

Portfolios must be submitted to the Academy administrator by 12 noon Friday 22 November.

PRESENTATION OF PATIENTS CLERKED

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

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

PATIENT IDENTIFIABLE INFORMATION AND STUDENT CLERKINGS

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

1. Clerking sheets must be dated and must contain only the following patient sensitive information:
   a. patient age
   b. patient gender
2. To protect patient confidentiality, do not write the patient’s name or hospital ID on the clerking sheet. The patient can be identified by Mr/Ms X if this aids the sense of the clerking
3. You must record the MRN number (or NHS number) against the number of that clerking for each portfolio separately. This list is necessary to enable you to follow up on your patients and record their results. This list must not contain any additional patient identifiable information (for example, it must not include the patient’s name). The list will reside in academy offices (until the portfolio is marked in the academy)
4. You must file this list at the front of your clerking portfolio when you submit it for marking. The list will remain at the academy concerned, and not be sent off NHS property
5. If the clerking needs to be anonymised, ensure areas of the page including patient identifiers have been covered before photocopying – trying to ‘black over’ information on photocopied sheets is inadequate and not appropriate. Clerkings must not include photocopies of printed results/letters/radiology (and specifically not copies of actual CXRs/CTs/ECGs).
6. Clerkings where patient identifiable information is recorded in the clerking will be noted. This should result in a student concern form being completed as a professionalism issue. Learning how to use sensitive information, and how this relates to confidentiality is a key professional skill for every healthcare worker.
COMMUNICATION AND PROCEDURAL SKILLS (CAPS) LOGBOOK

Please continue to complete the skills required in your CaPS logbook and note the additions relevant to surgical skills. Whilst you will be focused on your final examinations during SMS, you should continue to work on your CAPS skills.

Please do not leave a large number of skills to be completed within PPP.

PRESCRIBING SAFETY ASSESSMENT

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

PRE-FINALS MENTORING PROGRAMME

All academies have been offering students the opportunity to have local mentors during SMS. The year 5 group recognises the value this has for both you and the ‘mentors’ in their professional development. This is supplementary to the important and successful professional mentor scheme.

AIM

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

OBJECTIVES

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

DELIVERY

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

- Interested mentors are recruited from the pool of foundation programme/core training doctors during August. Mentors may be ‘buddied’ to allow you access to a mentor during leave/nights
- Mentors are given a ‘welcome pack’ which details suggested activities, and responsibilities of mentors and students
- Mentors must attend introductory sessions providing support and guidance
- You will be offered the opportunity to sign up for the scheme at academy induction
- Mentors are encouraged to record any teaching activities for their e-portfolios

ADDITIONAL RESOURCES AND TOOLS

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

- Medicine and Surgery Curriculum
- Student activity log (Pre-finals mentoring programme)
- Prescribing tutorial scenarios and relevant supporting information
- ECG revision
- Clinical examination videos
You will complete three student assistantships within Preparing for Professional Practice. These will be ward-based care, acute and critical care, and primary and community care. The focus of these assistantships is experiential learning, and therefore non-bedside/clinical didactic teaching is limited to 4 hours per week during working hours.

AIM

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

LEARNING OBJECTIVES – PPP

- To understand the roles and responsibilities of the Foundation year 1 doctor
- To identify and reflect on the clinical skills needed by Foundation year 1 doctors
- To consolidate the communication skills required of a Foundation year 1 doctor
- To consider how to prioritise clinical and administrative work
- To become familiar with relevant administrative procedures
- To appreciate the nature of teamwork in the health professions
- To appreciate the roles and responsibilities of other professionals caring for patients, and to identify areas of interface with the Foundation year 1 doctor role
- To consider when, how and whom to ask for help

WARD-BASED CARE

AIMS

To prepare you for the transition from student to Foundation year 1 doctor through the practical clinical experience of assisting a junior doctor

TEACHING AND LEARNING OPPORTUNITIES

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

During the assistantship you will be paired with a foundation programme doctor (Foundation year 1 or 2) and be involved in the day-to-day care of patients for 3-4 weeks. You will gain direct experience of working as a Foundation year 1 doctor as a member of the team within the academy. You will translate your knowledge into the work environment without the responsibility that will be yours once you qualify, consolidating the knowledge, skills, attitudes and behaviours that you have gained during your previous training and embedding them into the world of work.

You will be expected to admit patients and follow them up, arrange and attend investigations and procedures with patients and be involved in significant conversations with them and their families or carers, with supervision. Preferably you should be based on a single ward during this period. You may be on medical, surgical, health care of the elderly, oncology wards etc. The ward specialty is not important; you will be learning the job of a Foundation year 1 doctor, not learning more medicine or surgery, although you will of course gain further knowledge, as well as skills and attributes.

You should be given a list of multidisciplinary team meetings, clinics, investigation lists (for example endoscopy, bronchoscopy, theatre sessions) that you can attend. In addition, you will receive some non-bedside teaching such as within prescribing and radiology tutorials. You will also attend multidisciplinary, audit and governance meetings and are expected to be involved in patient safety procedures (such as the WHO surgical checklist), and quality improvement projects. We wish you to consider the home-to-home journey for patients, and to think about your involvement with patients as within a ‘film’ rather than a ‘snapshot’. You may be involved in the ‘my bed’ project, and initiatives such as ‘what one thing could I do to make a difference to your stay?’ You will also be involved in teaching other students through the Peer Assisted Learning Scheme.

**SUGGESTED MODELS**

The junior doctor will either

a) allocate patients to your care, for whom you will have first responsibility or

b) swap roles with you, so that you function as the Foundation year 1 doctor and the junior doctor assists and oversees your care.

All members of the team should be aware of the model being used.

Within either model it is your responsibility to:

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

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

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

Patients should be asked to give their permission for your involvement in their care. If the patient declines to be seen by you, please report this immediately so the patient’s care is not compromised in any way.

ACUTE AND CRITICAL CARE

AIM

During this assistantship you will learn how to manage acutely unwell patients to the level of a Foundation year 1 doctor

TIMETABLING

The Acute and Critical Care assistantship will help you to understand the journey of patients admitted acutely to hospital. You will spend time across the acute specialties and become an integral member of the team who will act independently at a basic level of care and escalate appropriately. You will be expected to develop decision-making skills that will affect patient care and understand the principles of patient safety.

You will be on a rota within the academy. In some academies you will do 2-3 days/ nights in one of the four specialties and will then move into the next specialty. In others you will have up to a week in each of the specialties. Whichever model you have within your academy will meet your learning objectives.

We want you to be able to describe how patients proceed through the hospital. For example, you may see a patient with a fractured neck of femur in the emergency department. You will also see patients being prepared for their surgery and in recovery following surgery during your theatre sessions. They may then need to go to a critical care area. In this way, you should synthesise your previous involvement in acute medicine and surgery, anaesthetics and critical care in a patient-journey-centred way. You will gain experience of your future roles and how you cope with and learn from being on call, on take, on shifts and on nights.

LOGISTICS AND LEARNING OUTCOMES

You will need to know who to contact on arrival in theatre, the emergency department, the critical care area etc. You should attend with learning outcomes you wish to achieve, and your contact should be able to direct you to the best way to meet these. The focus should be on the care of the patient as a Foundation year 1 doctor.
Suggested patient-centred teaching and learning outcomes for the different areas are as follows:

Within the emergency department, to be able to explain:
- How patients are triaged on arrival
- The assessment and care process for patients
- Appropriate documentation
- How decisions about admission are made
- The logistics of referral to other teams
- The necessary steps to moving a patient to a ward
- The patient experience of care and admission
- The role of the Foundation year 1 doctor when continuing care for emergency admissions

Within the acute admission areas, to be able to explain:
- How patients are assessed by the multidisciplinary team on arrival
- Initial care planning and appropriate documentation
- Review of care plans following ongoing observation and assessment
- Decision-making around referral to other teams
- When and how patients are moved to other ward areas
- The involvement of patients and their carers in decision-making
- Triggers for decisions about appropriate treatment/treatment escalation plans/withholding or withdrawal of treatment/do not attempt resuscitation decisions
- Approaches to communicating difficult news
- The patient experience of care
- The role of the Foundation year 1 doctor

Within theatres, to be able to explain:
- Safe transfer of a patient to theatre
- Safety briefings and safety checks eg WHO checklist
- Appropriate documentation
- Procedures during the peri-operative period eg cannulation, airway management, catheter placement
- The care of the patient during surgery
- Safe transfer and handover of a patient to the recovery area
- Observation and assessment of a patient post-operatively
- Management of the unstable patient post-operatively
- Decision-making around safety of the patient to return to the ward
- The patient experience of care
- The role of the Foundation year 1 doctor in preparing a patient for theatre and caring for them on the post-op ward

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

Within critical care areas, to be able to explain:
- The assessment of an acutely unwell patient using ABCDE approach
- Understanding the process of transfer to a critical care area from the emergency department/ward/theatres
- How patients are assessed by the multidisciplinary team on arrival
- Initial care planning and appropriate documentation
- Review of care plans following ongoing observation and assessment
• Decision-making around referral to other teams
• When and how patients are moved to other ward areas after critical care treatment
• The involvement of patients and their carers in decision-making
• Triggers for decisions about appropriate treatment/treatment escalation plans/withholding or withdrawal of treatment/do not attempt resuscitation decisions
• Approaches to communicating difficult news
• The patient experience of care
• The role of the Foundation year 1 doctor working in the area, referring a patient to, or taking over the care of a patient from, a critical care area

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

ATTENDANCE

We wish you to be able to follow real or ‘virtual’ patients through their admission/theatre/acute and critical care area journey. You will thus need flexibility. You may be less ‘visible’ than for other assistantships but you are reminded of the requirement for 100% attendance. You therefore need to keep a record of the area attended, who you reported to and (very briefly) what you did during each half day session. You will only be asked for this record should there be concerns about attendance; if this is the case the person you reported to will be asked to confirm that they saw you on that day.

A log is included at the Appendix.

PRIMARY AND COMMUNITY CARE

AIM

To prepare you to work as a foundation programme doctor by working within the community team to assess, manage and support patients with a wide range of acute and chronic illnesses.

TEACHING AND LEARNING OPPORTUNITIES

Features unique to the primary and community care rotation are working closely with a senior doctor as opposed to a near-peer foundation doctor and having to complete full consultations with patients who will leave the clinical environment after the consultation. You should be able to use this experience, therefore, to hone your clinical skills as individual adult learners before starting work as qualified doctors. Teaching themes will emerge from experiential learning, and the focus is on you consulting with patients and practising decision making.

You will:

• Have weekly observed formative mini-CEXs to tune clinical skills through the rotation. This will also allow planning of learning activities against the EPAs you need to develop
• Work both in pairs for peer support, and individually to improve decision-making skills
• Do student clinics – making diagnoses from undifferentiated symptoms and proposing management plans before presenting and reviewing with a GP. A suggested minimum is four student led surgeries per week
• Improve consultation skills, including negotiating and promoting self-care with patients
• Have opportunities for consolidating prescribing skills either with a community pharmacist or under the supervision of a GP
• Explore, experience and practise the concept of risk management for patients leaving the clinical environment, including safety netting
• Take responsibility for patients in residential settings – reviewing care plans, checking medicines safety, being proactive about care by using computer systems to identify at-risk patients
• Gain insight into the complexities of managing multimorbidity, including the burden of treatment for patients, monitoring and prescribing in polypharmacy situations
• Gain experience of taking an active role in a multidisciplinary team
• Improve understanding of the primary/secondary care interface – reflect on patient pathways through primary and secondary care and see how clinic letters and discharge summaries work for foundation doctors, primary care doctors and patients
• Have opportunities for auditing and researching clinical questions and presenting them to in-house learning groups
• Attend practice management meetings, which may cover significant event analyses
• Complete a patient satisfaction questionnaire, receiving direct feedback from patients about your performance
• Be offered a session in Out of Hours on a voluntary sign-up basis

TIMETABLING

You will undertake a 3- or 4-week, practice-based placement. The exact make up will depend upon your desired learning activities, allowable sessions in academy and potential time off in lieu for Out of Hours work.

At your initial meeting with your GP tutor you should negotiate one of two models, dependent on travel. As a pair of students you could choose:

- either long days (0800/0830-1830 or end of surgery) 100% attendance would be four days, and you can negotiate with your tutor which day you would not need to attend
- or choose a five-day week (0900-1700)

You are expected to attend 100% of your primary care placement. Minimum attendance is 80% ie 80% of 40 hours (32 hours – ie 4 of 5 days fully attended would be just sufficient; 3 of 4 long days would not).

Please note if students attend up to 80% of placement and then stop attending, the GP tutor will flag this as a professionalism issue.

You are NOT expected to go back to the academy for PPP tutorials or other teaching during your primary and community care block.

NB You can be released from your primary care attachment for the following academy sessions ONLY:

- Situational judgement test
- Prescribing safety assessment and any necessary PSA resits
- Intermediate life support course
- Advanced consultation skills X2
- Excellence day
- Resit long cases
Elective vaccinations, academic mentor meetings, routine GP appointments, simulation sessions, portfolio clerking resits, sports matches etc must be done in your own time or exceptionally may be agreed by your GP tutor but in this case, time must be made up appropriately.

If you request time off for a valuable learning opportunity, if it does not inconvenience your GP or the practice, and your attendance and performance are otherwise good, your GP can allow this time off at their discretion. You are, nevertheless, reminded about the requirement for 100% attendance.

Once you have been allocated your GP supervisor, please contact them as soon as possible to inform them of dates you will need to be in the academy (see list of allowed sessions above) and to request any other dates you may need out of practice. At least one month’s notice is necessary.

**Please refer to the year 5 GP handbook for more information and an example timetable.** A link to this will be sent to you prior to your primary care attachment.

**OTHER ACTIVITIES WITHIN PRIMARY CARE**

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

**ADVANCED CONSULTATION AND CARING FOR FELLOW HEALTH PROFESSIONALS SEMINARS**

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

During this seminar and your 3- to 4-week primary care placement, you will have opportunities to practise existing skills and to learn about consulting in more complex scenarios, which represent common situations you may experience as a Foundation year 1 doctor.

These sessions will focus on:

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

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

**OTHER ACTIVITIES WITHIN PPP**

- On call, on take and weekend working
- Nights
• Elective preparation
• Tutorials
• The ILS course during acute and critical care
• The second part of the surgical skills course (first part in Unit 1) during ward-based care
• Two PALS support tutorials and one session of student-led teaching per week
• At least four simulator sessions to facilitate skills in providing acute care during acute and critical care
• Final palliative care and oncology tutorial
• weekly tutorials/case discussions to facilitate understanding and to sign off entrustable professional activities

ON CALL, ON TAKE AND WEEKEND WORKING

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

NIGHTS

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

ELECTIVE PREPARATION

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

TUTORIALS

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

IMMEDIATE LIFE SUPPORT COURSE

DESCRIPTION

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

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

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

DATES FOR ILS COURSES

29
The ILS course is delivered during the acute and critical care attachment of PPP. You will be told the dates of the ILS course when you start your attachment. Dates will also be found on Blackboard.

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

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**SURGICAL SKILLS COURSE PART II**

You will complete the second part of the surgical skills course within the ward-based care block of PPP. Please see [Surgical Skills handbook](#) for the overall aims and objectives of the course. (Blackboard login required).

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**PEER ASSISTED LEARNING SCHEME**

**AIM**

To equip you with the skills to fulfil the teaching and training core competencies for the foundation years

**OBJECTIVES**

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

You should be supported in delivering teaching in one of the following situations:

- Facilitating Year 2 or 3 students to practise history and examination skills
- Leading a small group of Year 3 students consolidating core topics
- Bedside teaching for Year 2 students - either individually or in groups of two to three
- Peer teaching to fellow year 5 students eg revision session

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**SUPERVISION**

Supervision of teaching is important for the following reasons:

- Checking that teaching materials are accurate and appropriate for the junior students and comply with their curriculum
- Observing your teaching to ensure accuracy in delivery
- Ensuring attitudes and teaching behaviours are appropriate
- Ensuring organisation of teaching to junior students is professional

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

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**ASSESSMENT**

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

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

AIM

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

OBJECTIVES

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

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

ASSESSMENT

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

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

RADIOLOGY

Spending time in the radiology department is an excellent way of acquiring the radiology learning objectives. Understanding the interaction between the radiologist and junior doctors is good preparation for your Foundation 1 year. Academies will deliver radiology teaching in different ways.

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

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<th>ACTIVITY</th>
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<td>Radiologist reporting</td>
<td>• Interpretation of radiographs</td>
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<td>Plain films (CXR, AXR, trauma)</td>
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<tr>
<td>CT/MR – watching scans being</td>
<td>• Basic understanding of how CT and MRI work</td>
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<td>• Indications and contraindications</td>
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<td>• Interaction with radiographers</td>
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TUTORIALS AND CASE-BASED LEARNING DURING PREPARING FOR PROFESSIONAL PRACTICE

You will be allocated a Unit tutor throughout Unit 2: PPP. This tutor will host most of your weekly tutorials while you are based within the academy, although some tutorials will be facilitated by tutors with a particular interest or expertise. The PPP tutorials are designed to help you understand and sign off your EPAs. These are not didactic teaching sessions. You should be prepared to present patients whose care you have been involved in who have raised issues relevant to the EPAs. Tutors will check that the patients discussed in these tutorials lead to all the necessary learning objectives being covered.

Other specific tutorials will support teaching during the simulator sessions and the peer assisted learning scheme.

CASE-BASED LEARNING

You will work on two standard cases during PPP designed to fulfil the learning outcomes within the EPAs not easily achieved during usual clinical activities. These cases will be provided to your academy tutors.
UNIT 3: ELECTIVE 2019/20

The Year 5 elective is in the latter part of the final year, when all Year 5 assessments have been completed. This means you will go on your elective with all the knowledge, skills and preparation you require to be a Foundation year 1 doctor, and should therefore find it a meaningful experience.

TIMINGS FOR THE ELECTIVE PERIOD

For 2019/20 the elective date has been confirmed as being the 8-week interval between week commencing Monday 6th April 2020 and Friday 29th May 2020.

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

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

AIMS

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

LEARNING OBJECTIVES

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

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

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

ELECTIVES AND RESIT EXAMINATIONS

Any student who has either missed a significant part of the course or who requires further time and revision teaching to re-take the year 5 written examination, BCDE or CCAs will have to undertake further studies based in University of Bristol academies. You must take this into account in your planning and for any insurance cover that you organise. If you undertake further studies you do not need to submit elective planning documentation, but you will need to discuss your learning needs for remedial teaching with the Programme Director or Year 5 Lead and devise a learning plan with them.
WHERE CAN I GET IDEAS FOR AND INFORMATION ABOUT MY ELECTIVE

- The ‘Electives Network’ via the MDU website: [www.themdu.com](http://www.themdu.com)
- and the Royal Society of Medicine [https://www.rsm.ac.uk/](https://www.rsm.ac.uk/)

WHERE CAN I GO?

You can travel almost anywhere in the world, but:

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

WHERE DO I GET PROOF OF MY STUDENT STATUS?

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

HOW CAN I RAISE FUNDS?

There are several sources of funding available:

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

ELECTIVE SUPERVISORS

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

You should discuss the following issues with your supervisor:

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

BLACKBOARD

The information contained on these pages, registration forms and other useful information can be found on the elective Blackboard site ([www.ole.bris.ac.uk](http://www.ole.bris.ac.uk)).
HEALTH AND SAFETY RISK ASSESSMENT

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

WHAT IS A RISK ASSESSMENT?

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

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

TO MINIMISE RISKS AND THEIR EFFECTS YOU MUST:

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

UNIVERSITY EMERGENCY CONTACT DETAILS

Student Health: Tel: +44 117 330 2720 (this number is manned 08.00-18.30 Monday to Friday. Out of hours you will be directed to a further number to contact an on-call doctor). Student Health will also answer emails sent to L81133.admin@nhs.net on the following working day (Monday to Friday).
Students not registered with Student Health may still use this number while on elective for emergency help and advice but must contact their own GP for illness which develops after they have returned.

ELECTIVE RISKS

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

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

This list is not exhaustive. Depending on where you are based, there may be other hazards not included here. Any significant hazards should be listed in the risk assessment section of your Registration Form.

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

- Foreign and Commonwealth Office website [https://www.gov.uk/foreign-travel-advice]
- WHO Global HIV/AIDS prevalence: [http://www.who.int/topics/hiv_aids/en/]
- Medical advice is also available from the Student Health Service or your GP

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

TRAVEL HEALTH COSTS – INFORMATION FROM STUDENT HEALTH

The following factors may affect the ease of planning your
trip and overall cost. Services available under the NHS are clearly defined and there will be charges payable for anything else.

**IMMUNISATIONS**

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

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

**MRSA SWABS**

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

**ANTI-MALARIALS**

Malaria is prevalent throughout Africa, Asia and South America. You may require anti-malarial medication for the whole time you are abroad. Some anti-malarials are available on a private prescription only; in this case there is a charge for the prescription and you will have to pay for the anti-malarial tablets also (see below).

**CERTIFICATION**

Many institutions will require a statement of health and in some instances will require you to have a chest X-ray. There will be a fee for both.

**HIV PROPHYLAXIS**

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

**OTHER POSSIBLE COSTS**

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

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

FREQUENTLY ASKED QUESTIONS FOR TRAVEL

HOW CAN I CHECK WHAT IMMUNISATIONS ARE RECOMMENDED?
Information can be found at http://www.nathnac.net

WHAT ARE THE CHARGES FOR MALARIA PRESCRIPTIONS?

Some antimalarials are not available on the NHS and only available on private prescription, these include Malarone, doxycycline and mefloquine (Lariam). They are available with a £14 private prescription charge at Students’ Health Service, and the pharmacy will charge you for the items also. However, you can receive advice and a prescription at lower cost at any local pharmacy eg Boots does an in store and online service.

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

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

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

It is cheaper to buy these at the NOMAD travel clinic on Park Street or through a local pharmacy.

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

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

WHERE CAN I CHECK HOW LONG MY IMMUNISATIONS LAST FOR?

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

WHAT ELSE SHOULD I DO BEFORE I TRAVEL

Before travelling on your elective you should:
• Have a dental check up
• Know your blood group

RISK ASSESSMENT FOR CONTAGIOUS DISEASES ON STUDENT ELECTIVES

Students travelling abroad may be exposed to contagious diseases which may be life threatening. Before travelling on your elective you should assess the risks of contagious diseases with your elective advisor and take the appropriate precautions.

INFORMATION ON POTENTIAL HAZARDS

There are resources available which provide up to date information which can be used for your risk assessment (there may be some charge for their services). These include:
• Foreign and Commonwealth Office (https://www.gov.uk/foreign-travel-advice)
• The National Travel Health Network and Centre (NaTHNaC) http://www.nathnac.net
If the information you require is not available from these resources or your supervisor please contact Students’ Health Service, if you are registered with the Students’ Health Service, or Dr Jon Dallimore, Elective Coordinator.

INFECTION DISEASE RISK ASSESSMENT

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

HIV

There were approximately 36.9 million people worldwide living with HIV/AIDS in 2017. Of these, 1.8 million were children (<15 years old). An estimated 1.8 million individuals worldwide became newly infected with HIV in 2017 – about 5,000 new infections per day (HIV.gov). The pandemic has reached all parts of the world, with sub-Saharan Africa most affected (25.7 million people infected). Against a background of general high prevalence of HIV infection in some countries, certain risk groups within those countries have even higher prevalence, for example intravenous drug misusers, men who have sex with men, and sex workers. Such groups may have an HIV prevalence of over 50%. In addition, HIV infection is common amongst individuals presenting to medical services. In many areas of sub-Saharan Africa, over 75% of inpatients on general medical wards are HIV positive. All students must familiarise themselves, therefore, with the risk of HIV in the area they propose to visit.

HOW MIGHT A STUDENT ON ELECTIVE BECOME EXPOSED TO HIV?

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

WHAT IS THE RISK OF HIV INFECTION?

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

NB: Remember that sexual intercourse with local people is extremely hazardous in HIV endemic areas

RECOMMENDED ACTIONS (HIV RISK)

1) Standard Universal Precautions should be adopted in all situations
2) High Risk exposure-prone procedures (i.e. obstetrics, orthopaedic surgery and trauma surgery) must be avoided in all areas where the local HIV sero-prevalence is equal to or greater than 1%
3) Post-Exposure Prophylaxis (PEP) should be carried by all students travelling to areas where HIV sero-prevalence is equal to or greater than 1%, and the equivalent medication is unlikely to be available locally.

   We recommend that for sub-Saharan Africa you take a starter pack of PEP with you, enough for at least 3 days to cover you while you arrange to fly home. A full course of PEP consists of 28 days of treatment, which can be continued in the UK upon return.

   Guidelines for when to commence treatment are provided below

4) Latex gloves and a medical kit should be carried by all students travelling to all areas where the equipment for standard universal precautions is unlikely to be available locally
WHAT DO I DO IF I SUFFER A HIGH-RISK INCIDENT WHILST ON ELECTIVE?

This could be a percutaneous or mucosal exposure to potentially HIV-infected blood or other high-risk body fluid sustained during medical activities:

- Encourage any puncture site to bleed, and wash with soap and water (do not scrub); cover with a waterproof plaster
- Irrigate contaminated conjunctiva or mucous membrane with sterile saline or water for at least 5 minutes
- Assess whether the patient may be HIV positive or suffering from AIDS. Involving a local experienced clinician would be valuable in performing the risk assessment, including details such as known recent test results, HIV treatment status, reason for attending medical services, additional risk group activities above the general population prevalence. Where possible, arrange for the patient’s blood to be tested as soon as possible for HIV (and HBV and HCV) with the informed consent of the patient
- Report the incident to the appropriate senior person locally, and keep a copy of the accident report
- If HIV infection cannot be excluded, take a stat dose of HIV PEP as soon as possible and, ideally, within 1 hour of the incident. This one dose is unlikely to give side effects
- Try to contact Dr Matthew Donati, consultant virologist (Tel:+44 117 414 6256) or, if unavailable, the consultant virologist on-call via the switchboard at the Bristol Royal Infirmary (Tel: +44 117 9505050)
- If the exposure is to blood or body fluids/tissues from a patient shown to be/strongly suspected of being HIV positive, you should continue to take the HIV PEP for 4 weeks
- Report to the Occupational Health Department, University Hospitals Bristol, or the Director, Students’ Health Service, Hampton House, St. Michael’s Hill, BS6 6AU, 0117 330 2720, immediately on your return to the UK

VIRAL HAEMORRHAGIC FEVERS (VHF)

Dengue fever is the commonest VHF, it is transmitted by mosquito bites and usually manifests as a severe flu-like illness. Precautions are thus the same as for avoiding infection with malaria. Yellow fever is also a VHF; some countries require a certificate of vaccination for entry. Students are not permitted to travel to areas where other VHFs are common.

IMMUNISATION

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

<table>
<thead>
<tr>
<th>Diphtheria</th>
<th>Hepatitis A</th>
<th>Japanese encephalitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus</td>
<td>Typhoid</td>
<td>Rabies</td>
</tr>
<tr>
<td>Polio</td>
<td>Yellow Fever</td>
<td>Influenza</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Cholera</td>
<td>Meningococcal ACWY</td>
</tr>
</tbody>
</table>

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

MALARIA PROPHYLAXIS

Malaria is the commonest imported infectious disease amongst travellers to the tropics, and can be life-threatening. Prevention involves taking precautions to avoid mosquito bites (clothing, repellents and nets) and ensuring strict compliance with the recommended anti-malarials for your destination.
NB: All students must familiarise themselves with the risk of malaria in the area they propose to visit (see information listed above) and take appropriate preventative measures. Please remember that sleeping under an impregnated mosquito net is at least as effective as chemoprophylaxis in preventing malaria. If you need to take malaria prophylaxis, take an impregnated net with you also, particularly if you are not sure that a net will be available at your destination.

STANDARD UNIVERSAL PRECAUTIONS

Hand care: cover all cuts/abrasions with a waterproof dressing. Wear gloves during all examinations which may involve contact with blood or other body fluids. If you get blood or body fluids on your skin, wash thoroughly with soap or a disinfectant – hand gel is not sufficient

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

Needles and sharps: always wear gloves while handling needles and other sharps and dispose of them in an appropriate container. Never re-sheath needles.

FINALLY, PLEASE NOTE

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

SUMMARY – WHAT TO DO IN CASE OF A NEEDLESTICK INJURY

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

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

If possible, contact the most senior local doctor available immediately and assess the risk with their help. If high risk, start HIV PEP

Take the first dose of HIV PEP in the kit as soon as possible, ideally within 1 hour of the injury. Remember to check for any possible drug interactions on the patient information leaflet

Continue to take HIV PEP as prescribed

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

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

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

Leave a forwarding address with the host physician

REMEMBER: PREVENTION IS BETTER THAN TREATMENT
TEACHING AND LEARNING

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

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

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

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

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

‘Classroom teaching’ will be limited to no more than 4 hours/week on average within the working day to facilitate patient-centred teaching and learning in the clinical environment. This will normally comprise prescribing teaching, tutorials, radiology teaching and help with revision.

APPROACHES

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

VERTICAL THEMES

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

Disability, disadvantage and diversity (3D). These three components define the patient’s environment, function and potential to live a fulfilling life. These factors affect us as practitioners similarly, and our own personal experience of these components will in turn determine our approach to this theme, and ultimately our practice. The 3D journey is therefore an assessment of one’s beliefs and attitudes, as well as acquisition of knowledge and various skills. Learning and teaching will be relevant in all units of year 5. 3D, along with EBM and PH, is where teaching on global health issues are sited in the curriculum.

Consultation and Procedural Skills (CAPS). Doctor-patient communication is paramount in making and explaining a diagnosis, finding out the impact of an illness on a patient and in discussion of treatment options. The GMC has now produced a list of core clinical skills that every student should have mastered before qualification.
to ensure they are well prepared for work as an Foundation year 1 doctor. Bristol has an active programme of communication skills training and clinical skills teaching occurs in all units.

The Ethics and Law in Medicine (Ethics) vertical theme seeks to help you develop an awareness and understanding of ethical, legal and professional responsibilities required of them as students and doctors. You will learn to reflect critically on ethical and legal issues and to understand and respect the strengths and weaknesses of views different from their own while maintaining personal integrity. Ethics teaching follows a National Curriculum and occurs in all years but there is a focus in Year 5 within palliative care and oncology.

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

Personal, Professional and Interprofessional Development (PAID). Producing a doctor with personal, professional, world of work and interprofessional skills required for the role has always been an essential part of undergraduate training. The most highly developed set of skills that the student must acquire before becoming a Foundation year 1 doctor are those that characterise professionalism. This term embraces the ability to function in a workplace and to work in a team and with fellow clinicians from other professions. PAID is obviously a major aspect of ‘Preparing for Professional Practice’ in Year 5.

Medical Humanities and Whole Person Care (WPC). Medicine exists at an intersection between scientific and humanistic understandings of life. WPC exists to champion the human dimension. The curriculum has a natural and necessary tendency toward specialisation. The WPC theme reminds us that, whatever the diagnosis, it always exists within the life of ‘whole’ person. In servicing this aim we draw illumination from the wealth of human endeavour that constitutes the ‘humanities’. This includes literature, philosophy, history and the visual arts.

Professor Trevor Thompson, is lead for the whole person care VT and chair of the Vertical Themes Committee.
ATTENDANCE, ASSESSMENTS AND DEMONSTRATION OF COMPETENCE

ATTENDANCE INCLUDING ATTENDANCE DIARIES AND TIME OUT DAYS

The Faculty of Health Sciences MB ChB ‘Programme Rules, Policies, Procedures and Standing Orders’, Academic Year 2019-2020 states

‘100% ATTENDANCE IS EXPECTED. As a professional programme, students may NOT pick and choose among core material, but are expected to attend ALL teaching sessions provided. We reserve the right to take attendance registers and attendance will be regularly monitored. Failure to attend may prompt staff to complete a Student Attendance Concern Form and could raise professional behaviour concerns if periods of absence persist. See Fitness to Practice procedures for more information. Also, see absence procedure for when absence is unavoidable’  [https://www.ole.bris.ac.uk/bbcswebdav/xid-8283842_4]

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

Attendance diaries

You will each be given an academic diary. Please record what you do on each half day, as indicated in the diary. You do not need signatures. Should we have concerns about attendance we will ask to see your diary and will expect to be able to verify with staff that you completed your clinical placements as recorded.

Time Out days

Over the academic year you will be able to book up to 4 Time Out Days. These days have been introduced at the request of Galenicals to improve your well-being throughout what is a very busy time for you.

Time Out Days in year 5

- You can take up to 4 Time Out Days over the course of the academic year
- Time-Out Days are in addition to the 3 weeks of holiday over Christmas and the 1 week over Easter
- To book a Time Out Day you need to complete the new MB ChB Absence Reporting ProForma which you will find on the How Do I? page of Blackboard. Once you have opened the form select Time-Out Request from the drop down list for question 4. The form asks you for your name, year of study, student number and the days that you are booking-off. You also have to tick a box to confirm that none of these days feature on the list of protected University or Academy days
- You cannot take more than 2 days of leave in Senior Medicine and Surgery or more than 2 days of leave in Preparing for Professional Practice
- You must book this leave at least 2 weeks in advance. If you are planning to take this leave during a GP attachment you should try to give your GP teacher 4 weeks’ notice
- You cannot book leave on days that assessments or other immovable, compulsory teaching activities are due to place. Before booking a Time Out Day please refer to the list of protected University and Academy Days on which Time Out Days cannot be booked
- It is your responsibility to keep a note of the days that you have booked-off
- If you don’t take the time off that you booked you cannot cancel your booked leave retrospectively and take different days off instead. However, you can cancel your booked leave up to 2 weeks before you are meant to going on leave. To cancel booked leave you must write to the year 5 administrative lead
- This system does not replace sick leave. If you are ill you should report your absence using the MB ChB Absence Reporting ProForma
• If you need to take a longer period of time off for good reason, such as attending a conference at which you are presenting work, please follow the instructions on How Do I? for requesting Planned Absence.

ASSESSMENT –

HTTPS://WWW.OLE.BRIS.AC.UK/BBCSWEBDAV/INSTITUTION/FACULTY%20OF%20HEALTH%20SCIENCES/MB%20OF%20MEDICINE/INTRANET%20GENERIC%20CONTENT%20AREA/ASSESSMENT/SANDFEEDBACK/INDEX.HTML#YEARS

INFORMATION ABOUT FINALS

Finals information is available on the Assessments and Feedback section of the Medical School website link above.

CLINICAL COMPETENCY ASSESSMENTS

GUIDANCE FOR STUDENTS AND ASSESSORS

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

After their completion, marking of Mini-CEXs and CBDs should be done with you electronically by accessing your e-portfolio through either a handheld device or a desktop PC. Paper marksheets are available (UoB assessment webpage/Academy office) in case of difficulty.

OLC-CCAs will be marked on paper but with the global rating recorded on your e-portfolio at the time of the assessment.

MINI CLINICAL EXAMINATION EXERCISE (MINI-CEX)

A mini-CEX is an assessment of direct observation of a student/patient clinical encounter.

Mini CEXs must comprise clinical encounters that will be performed routinely by a Foundation year 1 doctor. They must comprise a degree of information gathering as well as communication of clinical information. They may, but are not absolutely required to, include aspects of clinical examination.

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

Acceptable encounters could include:

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

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

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

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

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

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

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

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

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

• Performs at level expected indicates you are competent and safe procedurally, and have demonstrated at least the minimal level of competence required for commencement of Foundation year 1

• Not yet performing at level expected means you have not yet reached a standard that will allow you to function as a Foundation year 1, in particular if the assessor feels you have demonstrated behaviour that potentially could compromise patient safety

CASE BASED DISCUSSION

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

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

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

You should bring either the anonymised clerking or anonymised copies of your case note entries to the assessment. You should bring two cases and the assessor will select one for use in the CBD. Alternatively, if the assessment is being carried out in an appropriate location in the ward area, the clinical notes can be used where appropriate. The discussion must start from and be centred on your own record in the notes.
Cases for a CBD selected by you must allow demonstration and discussion of the following areas (please see mark scheme):

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

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

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

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

- **Performs at level expected** indicates you are competent and safe procedurally, and have demonstrated at least the **minimal** level of competence required for **commencement** of Foundation year 1

- **Not yet performing at level expected** means that you have not yet reached a standard that will allow you to function as a Foundation year 1, in particular if the assessor feels you have demonstrated behaviour that potentially could compromise patient safety

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**OBJECTIVE LONG CASE CCA (OLC-CCA)**

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

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

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

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

Assessors will:

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

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

c. Ask you what your initial investigation and management plan would be were you the Foundation year 1 either admitting the patient or responsible for immediate management on the ward.
The framing of this part of the discussion will depend on how long the patient has been in hospital. For a patient very close to their acute admission it may be easier to discuss the initial approach you would take in the emergency department/acute admission ward. For a patient who has completed a series of investigations and is established on treatment, it may be more appropriate to discuss the issues around discharge planning, liaising with e.g. the GP and ongoing issues that will need attention in the community/as an outpatient.

**The assessors will consider individual domains detailed and feedback according to the following anchor statements:**

- **Performs at level expected** indicates you are competent and safe procedurally, and have demonstrated at least the minimal level of competence required for commencement of Foundation year 1
- **Not yet performing at level expected** means you have not yet reached a standard that will allow you to function as a Foundation year 1, in particular if the assessor feels you have demonstrated behaviour that potentially could compromise patient safety

**ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS)**

You will have to gather sufficient evidence during SMS and PPP to demonstrate that you are competent in the 16 EPAs as described in the Year 5 workbook. During PPP the Unit coordinator will ensure that this evidence is scrutinised and will oversee initial sign-off for EPAs 1-14 for each of you. Responsibility for the final sign-off of each EPA will rest with the Faculty Examination Board. Evidence for EPA 15 (undertakes appropriate practical procedures) will be provided by completion of the Consultation and Procedural Skills (CaPS) logbook, which can only be confirmed by the Faculty Examination Board. Evidence for EPA 16 will include completion of a Team Assessment of Behaviour (TAB), also confirmed by exam board.

You will need to gather evidence of your competence in each EPA by engaging with clinical activities in the units as detailed in the Year 5 handbook. You will collect this evidence in your year 5 workbook. The workbook contains examples of the sort of evidence that you should provide for each EPA. It is anticipated that the majority of evidence will be obtained during PPP but to ensure you are ‘on track’ you are expected to have two items of evidence (not including the CCAs) for EPAs 1-14 detailed in your Year 5 workbook by the end of SMS.

**CLINICAL COMPETENCY ASSESSMENTS AS EVIDENCE FOR EPAS**

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

Students are required to complete the following number of CCAs at ‘performs at level expected:’
• Objective long cases (OLC-CCA), one in SMS and one in PPP

• Mini-CEXs – one in SMS, one in PPP (ward-based or acute and critical care) and one in primary care

• CBDs – at least one in SMS

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

The other 6 CCAs (3 Mini-CEX and 3 CBDs) should be undertaken during Senior Medicine and Surgery and Preparing for Professional Practice when you are able to identify appropriate opportunities within your assistantship. We expect you to undertake one Mini-CEX and at least one CBD during Senior Medicine and Surgery. At least one Mini-CEX must be undertaken within the primary and community care attachment of Preparing for Professional Practice. One of the CBDs should have a focus on a patient with palliative care and/or oncology needs.

The assessments detailed above will be undertaken by a single assessor ie an assessor working alone. Assessors for OLC-CCAs will be GMC registered doctors who have completed any relevant postgraduate membership/fellowship examination and who have reviewed the CCA assessor guidance material. Assessors for all other CCAs (Mini-CEX and CBD) will be GMC registered doctors who are CT1 level or above (including clinical teaching fellows) who have reviewed the CCA assessor guidance material, or specialist nurses who are involved in regular completion of Supervised Learning Events/Workplace Based Assessments for foundation/speciality trainee doctors and who have read the CCA assessor guidance material.

To ensure students are on the right trajectory for meeting all EPAs the following review meetings will be offered by academies to allow opportunities for any concerns/difficulties to be addressed and appropriate guidance given to students:

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

All Year 5 workbooks should be submitted to the Academy office by 12pm on Thursday 19th March 2020. Your workbooks will be assessed within the academy but you do not need a face-to-face meeting for this assessment.

STUDENTS FAILING TO DEMONSTRATE COMPETENCE IN THE EPAS

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

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

**PALLIATIVE CARE AND ONCOLOGY**

You are required to complete two compulsory tutorials on Blackboard (log in to Blackboard Senior Medicine and surgery Course) during SMS, and a mini-CEX during PPP.

**CONSULTATION AND PROCEDURAL SKILLS LOG BOOK**

The core skills expected of all newly qualified doctors defined by the GMC, measuring arterial blood gases, nasogastric tube insertion, clinical examination of the ears and functional testing of hearing, other skills carried out within the surgical skills course, partnership prescribing and patient safety are described in the CAPS log book. You must have all skills signed off by the end of PPP.

Competency in these skills is achieved as follows:

- Learning and recording each attempt at a skill
  - Having been instructed, observed and assessed doing a skill, the assessor should sign your log book. This signature is the third party confirmation
  - Continue collecting records up to the minimum expected for each skill
  - Upload these events onto your e-portfolio, in case you lose your CAPS log book and so you can see your progress in learning each skill
- Confirming to your Professional Mentor that you feel competent
  - Once you have reached the minimum number of attempts your professional mentor will ask you if you feel competent
  - Record this on the ‘CAPS sign off form’ on your e-portfolio

By the end of PPP students are expected to have gained competence in all core skills within the CAPS logbook.
ASSESSMENT OF CLERKING PORTFOLIO

Portfolios must be submitted to the Academy administrator by 12 noon on Friday 22nd November 2019. The Unit 1 SMS portfolio will be assessed within the academy as part of finals in a two-step process:

- Examiner marking of the written submission
- Oral discussion (during first week of revision fortnight – this oral discussion cannot be brought forward)

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

E-PORTFOLIO

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

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

You must:

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

You are advised to:

- Look under reflective practice and complete a career reflection
- Look at the structure of the assignments to be submitted
- Ask a current Foundation year 1 to show you their e-portfolio

SURGICAL SKILLS COURSE

You will attend part one of the surgical skills course during SMS and part two during PPP. You must be signed off as competent in the surgical skills course to complete year 5 satisfactorily – these signatures are required within a section of your CaPS logbook.

SIMULATOR SESSIONS

You must complete at least four simulator sessions during Unit 2: PPP to complete year 5 satisfactorily. Many academies will offer additional simulator sessions.

PALS

You will need to keep a reflective log of your teaching activities during your Peer Assisted Learning Scheme to be discussed during PPP tutorials, and may be observed delivering teaching.

NIGHTS
You need to book and complete **at least** three and preferably five nights during Unit 2: PPP, to complete year 5 satisfactorily.

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

Multi-Source Feedback is used to collect colleagues’ opinions on your clinical performance and professional behaviour. In Foundation training it is done using the Team Assessment of Behaviour (TAB). TAB is a mandatory requirement for Foundation year 1 training. MSF is now part of medical training at all levels of seniority, and PPP is a good opportunity to become familiar with TAB before your Fi post.

**Information from NHSe, on Foundation year 1 ePortfolio**

**‘What is the purpose of TAB?’** TAB is a screening tool to help identify students who may need additional help, so steps can be taken to reduce the risk of any concerns about your professional practice developing into chronic problems. However, in the great majority of cases, no concerns are identified and TAB confirms good professional behaviour. You must complete a self-TAB before you can nominate assessors to complete a TAB. This will allow your professional mentor to spot any discordance between your own, and others’ views of your professionalism.

**INSTRUCTIONS FOR STUDENTS**

You will need to carry out the following steps:

1. Log in to the UMeP website (your e-Portfolio)
2. Go to ‘Forms’, then ‘Assessment (TAB)’
3. Complete a self-TAB before requesting TABs from others. Under the ‘self TAB’ heading click the ‘create’ link, complete the assessments and click ‘save.’ Consider and reflect before completing your self assessment. This ‘self-TAB’ is compared to the replies from your assessors in the report
4. Invite your assessors. You need to choose assessor who have some knowledge of you and your practice
5. **What is the timescale?** Invite your assessors during Units 1 and 2 of the year and by the last week of your second block of PPP—so by Monday 17th February.
6. Your assessors will be busy, so you need to give them plenty of time to reply. You need to collect **seven** TABs, so you will need to send out at least **ten** requests to include the following:
   a. 1 Foundation year 1 doctor
   b. 1 ward sister
   c. 1 senior nurse
   d. 3 medical student peers
   e. 1 clinical teaching fellow
   f. 2 others (physio, OT, pharmacist, unit tutor etc)
   g. Your professional mentor

7. Complete the ‘create a ticket’ section at the bottom of the page. In the ‘comments’ box write a brief personal message and ask the assessor to complete the form within 7 days, click the ‘add’ button
8. If your assessor has not responded to the request within 7 days, send them a reminder. Go to ‘forms’, then ‘ticket requests’ and click the ‘send reminder’ link. **NB Tickets expire after 30 days**
9. Check your e-portfolio regularly to see if TABs have been completed; (go to ‘Forms’, then ‘Assessment (TAB)’), you will see a table summarising the status of each TAB you have requested. Once you have seven TABs showing as ‘complete’ please notify your professional mentor via email. On **Friday 28th February**, ask your mentor to produce your report, however many responses you have
10. Your mentor will produce a report of ratings and comments from your assessors, and you will receive this within 1 week
11. You should meet with your mentor shortly after that to discuss your TAB. **Your TAB must be completed and released by your mentor in the e-Portfolio by the end of PPP – Friday 28th March**

**RECEIVING FEEDBACK**

- Our experience is that students usually gain positive feedback from their colleagues
- Rarely you may discover an unexpected weakness, for example you might need to work on your oral or written communication skills
- Clinicians within the academies use TAB with their trainees, so will be able to advise you further
- You should discuss your feedback with your professional mentor. Exceptionally, your mentor may ask you to seek further feedback or repeat your TAB

**WHO TO CONTACT WITH QUESTIONS ABOUT THE TAB PROCESS**

Please email med-umep@bristol.ac.uk if you have any queries or problems.

**GUIDANCE ON GIVING WRITTEN FEEDBACK TO OTHER STUDENTS**

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

Feedback helps to reinforce positive behavior. Without constructive feedback, mistakes can go uncorrected and bad habits can develop. The language and words that you use to give feedback are very important; they should be descriptive rather than judgmental – i.e. describe your colleague’s behaviour rather than evaluate it.

The aim of the TAB is to provide students with evidence and feedback on whether they are developing as professionals; it is not designed to assess skills or knowledge. If possible therefore give specific examples of the professional behaviour that you witnessed as evidence for your feedback.

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

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

Your elective is assessed by satisfactory completion of your detailed elective plan and by receipt of your elective supervisor’s report as follows:

Registration 06/02/20
Elective plan submission by 12:00 12/03/20
Satisfactory completion of elective

Host Elective Supervisor’s Report emailed to medadmin-5@bristol.ac.uk by 29/05/20

LATE SUBMISSION PENALTIES WILL APPLY IF ALL ITEMS ARE NOT COMPLETE BY THE DEADLINE

If you have valid extenuating circumstances which mean that you are unable to submit your registration form on time you should complete a ‘Late Submission Form’
https://www.ole.bris.ac.uk/bbcswebdav/institution/Faculty%20of%20Health%20Sciences/MB%20Ch%20Medicine/Intranet%20G eneric%20Content%20Area/howdoi/index.html#Extension

If you are planning to go to your country of origin you will still need to produce these documents even though you may be going ‘home’.

PRESCRIBING SAFETY ASSESSMENT – MONDAY 3RD FEBRUARY 2020

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

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

You should be familiar with the British National Formulary before attending the assessment and will be permitted to use the BNF and e-BNF during the assessment. You should have an e-BNF login. Specific information about the type of questions to be used and the prescribing skills assessment blueprint is available at:
https://prescribingassessment.ac.uk/

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

For resources to help prepare for this assessment sign up at https://www.e-lfh.org.uk/programmes/clinical-pharmacology-and-prescribing/

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

SITUATIONAL JUDGEMENT TEST – MONDAY 6TH JANUARY 2020
The Situational Judgement Test (SJT) is taken in exam conditions and consists of 70 questions in 2 hours and 20 minutes. It contains two question formats: rank five possible responses in order and select the three most appropriate responses. All students must take the SJT.

EDUCATIONAL PERFORMANCE MEASURE

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

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

PLACEMENT INFORMATION

Details of your placements will be available on Blackboard.

HEALTH AND SAFETY

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

TRAVEL EXPENSES

Travel in Year 5 – please see the Rules, Policies and Procedures Handbook on the Medical School website: https://www.ole.bris.ac.uk/bbcswebdav/xisd-8283842_4

Claim form: https://www.ole.bris.ac.uk/bbcswebdav/institution/Faculty%20of%20Health%20Sciences/MB%20ChB%20Medicine/Intranet%20Generic%20Content%20Area/howdoi/Non-staff-expense-gbp.pdf

PROFESSIONAL BEHAVIOUR

Professional Behaviour – please see the Rules, Policies and Procedures Handbook on the Medical School website https://www.ole.bris.ac.uk/bbcswebdav/xisd-8283842_4

STUDY SUPPORT

LIBRARY INFORMATION

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

The medical library is in the Medical Sciences Building. Bring your Ucard to enter the building and to borrow books.

Although a vast amount of information is available on the web and elsewhere, it can be hard to find high quality, relevant information for your course.

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

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

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

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

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

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

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

LIBRARIES

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

Find out where they are and when they are open here: http://www.bristol.ac.uk/library/use/

SUBJECT LIBRARIANS

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

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

FINDING INFORMATION FOR YOUR COURSE

READING LISTS

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

BOOKS

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

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

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

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

**INTER-LIBRARY LOANS**

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

**DATABASES**

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

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

**MANAGING YOUR REFERENCES**

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

**TRAINING**

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

**FURTHER HELP**

If you have any questions about Library Services or you would like some advice on finding information, ask at the Issue Desk, e-mail medical-librarians@bristol.ac.uk or telephone (0117) 33 11504 (internal: 11504) or you are welcome to come to the Subject Librarians’ office on the ground floor of the Medical Library.

Library video tutorials: [www.bristol.ac.uk/studentskills/content/ilitskills/tutorials/allsubjects.html](http://www.bristol.ac.uk/studentskills/content/ilitskills/tutorials/allsubjects.html)

Library guides: [www.bristol.ac.uk/library/help/guides/](http://www.bristol.ac.uk/library/help/guides/)

Follow the library on Twitter: [www.twitter.com/BristolUniLib](http://www.twitter.com/BristolUniLib) and Facebook: [http://www.facebook.com/BristolUniLib](http://www.facebook.com/BristolUniLib)

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**RULES AND POLICIES**

Please check the webpage [https://www.ole.bris.ac.uk/bbcswebdav/xid-8283842_4](https://www.ole.bris.ac.uk/bbcswebdav/xid-8283842_4) for all the most up to date information about the rules and policies relating to the medicine programme. It also includes information about plagiarism guidelines, GMC Code of Practice, UoB rules and regulations as well as the MB ChB programme handbook.

**ABSENCE**

[How Do I?](#)

**STUDENT STATUS LETTERS**
How Do I?

TRAVEL CLAIMS
How Do I?

REQUEST A REFERENCE
How Do I?

REQUEST A TRANSCRIPT
How Do I?

TIMETABLE
How Do I?

SUSPEND STUDIES
How Do I?

Apply for an NHS Bursary
https://www.gov.uk/nhs-bursaries
How Do I?

ASSESSMENT
Assessment information Years 3, 4 & 5

EXTENUATING CIRCUMSTANCES
Please see the webpage for details about submitting extenuating circumstances affecting your assessment
How Do I?

NAME CHANGES
Please update your official name on the system before the end of April 2020 in order for this to be included on your degree certificate
How Do I?

USEFUL FORMS
How Do I?

RAISING CONCERNS
https://www.ole.bris.ac.uk/bbcswebdav/institution/Faculty%20of%20Health%20Sciences/MB%20ChB%20Medicine/Intranet%20Generic%20Content%20Area/raisingconcerns/index.html
<table>
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<th>Day and date</th>
<th>Site (ED, AMU, ITU, theatres etc)</th>
<th>Record who you reported to</th>
<th>Activity</th>
<th>Record any learning outcomes/further learning objectives identified</th>
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