



**Edge Hill
University**

Medical School



**MBChB Year 4
Clinical Supervisor Guide
2023–2024**

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Introduction

The Edge Hill University MBChB course involves early and extensive clinical experiences with a focus on primary care and mental health care settings, as well as exposure to medicine, surgery and a range of hospital specialties. Theory and practice are integrated through a combination of case studies and team-based learning alongside extensive clinical skills and simulation training. As well as enhancing their clinical and professionalism skills, there will be a focus on how doctors work with other disciplines in health and social care to deliver high quality, person-centered care.

The MBChB programme in Year 4 is focused on “*The patient journey, including the interface between primary and secondary care*” and provides an insight into specialised rotations, general practice, and mental health across the lifespan.

Programme Overview

The Edge Hill University MBChB programme has been designed to address local needs, which foster access and progression into shortage specialties. The Edge Hill University MBChB programme is mapped to the 16 themes in the GMC’s *Outcomes for Graduates* and is committed to developing future doctors who can effectively respond to the diverse needs of individuals and populations. The programme is underpinned by an ethos of social accountability, which is reflected by the commitment to widening participation, where half of each MBChB cohort will come from the Foundation Year for Medicine. This will bring in students from backgrounds underrepresented in medical schools. The programme will focus on providing opportunities for:

- Early and varied clinical engagement across a wide variety of health care settings.
- Longitudinal clinical engagement
- Integration of theory and practice through case-based / team-based learning
- Preparedness for professional practice with a focus on providing safe holistic care and development of personal wellbeing.
- Facilitation of lifelong learning, enabled by reflective learning.
- Advocacy for the health and flourishing of the local community.
- Collaborative and inter-disciplinary working.

In years 3-5, the year of study of our medical students can be identified based on their lanyards as follows: Year 3 (purple), Year 4 (Orange) and Year 5 (green).

Year 4 Overview

Year 4 focuses on the patient journey and the interface between primary and secondary care. Students will be expected to reflect on the relationship between primary and secondary care throughout the year during primary care, hospital and hospice placements. Students will also build on their previous clinical experiences in earlier years of study by seeing complex clinical situations in palliative care, oncology, obstetrics, mental health, primary care and medical and surgical specialties. Learning will continue to be supported through university consolidation and preparatory weeks as well as University Campus Days.

For the acute placements it is expected that students would assess patients independently under supervision and present to their supervisors, suggesting a management plan to include

investigations and treatment. An additional workplace-based assessment, the Case-Based Discussion (CbD), is part of year 4 assessment and Mini CEX is expected to focus more on investigations and treatment.

In Year 4, students will be provided with opportunities in subspecialist placements across hospital, community, and hospice settings. The 7 placement blocks are:

- Mental Health (5 weeks)
- Oncology and Palliative Care (5 weeks)
- Paediatrics and Obstetrics/Neonatology (5 weeks)
- Medicine (4 weeks)
- Surgery (4 weeks)
- GP (4 weeks)
- Neurology/Neurosurgery (4 weeks)

Case Based Learning (CBL) Tutorials

Case-based learning (CBL) tutorials are facilitated by clinical tutors and take place during the clinical placements. The CBL sessions last for one hour and thirty minutes and are followed by a break and an Expert teaching session on a different topic for the same duration. In advance of each CBL, students are advised to read material around the tutorial topic to promote high-level learning and relevant discussion of the clinical cases.

CBL sessions are placement block specific, covering key clinical presentations and conditions. The main aim of CBL is for students to apply their skills and knowledge to a clinical case, whilst developing their reasoning and analytical skills. Students will be presented with information (using a slide resource) similar to a clinical setting, initially being given some brief patient demographics, before the history, examination findings and investigations are revealed. They will work through the information provided to generate a differential diagnosis list, interpret appropriate investigations, and discuss a management plan based upon evidence-based guidelines. There will be group work and questions to answer. The emphasis will be on students thinking about how they would approach the case in the clinical environment – for example discussing what specific questions they would ask the patient in their history and why. Other elements of course themes such as legislation, ethics and public health would be included where relevant and discussed in the context of the patient story.

Expert Teaching Sessions (ETS)

Expert Teaching Sessions (ETS) are facilitated by clinical tutors and take place during the clinical placements. Students are required to produce material for the assigned topic/topics which they will present for discussion and interaction with the Expert.

The ETS are delivered alongside the CBLs and there are 3-4 ETS for each placement block. The ETS would be delivered as 1.5-hour teaching session which would be face-to-face on either of the two acute Trust sites.

Placement Learning Opportunities and Requirements

Students should be provided with opportunities to undertake patient histories, examinations and practical skills and procedures under supervision and appropriate to their stage of training.

In general, learning opportunities include:

- Undertaking patient histories and examinations under indirect supervision
- Bedside teaching which focuses on patient investigation and treatment options for different clinical scenarios in different specialties
- Discussing how pathology links to pharmacological and other forms of treatment options
- History taking and examining patients on ward rounds and in outpatient clinics and proposing appropriate investigations and treatment plans.
- Observation of more complex investigatory procedures relevant to the specialty (e.g. Ophthalmology, Plastic Surgery)
- Learning from and shadowing the wider roles in the different multidisciplinary teams (MDT)
- Observing clinical handovers from a range of different healthcare professionals
- Reflecting upon the role of the doctor in speaking with patients (including those with terminal illness) and their families

Learning opportunities may vary between placements and students should refer to their e-portfolio for further information such as core conditions and presentations in each area of practice.

Placement Learning Activities

Students will perform a range of learning activities during clinical placement. The aim of these events is to provide students with constructive feedback on your performance and is, therefore, an *Assessment for Learning*. Learning activity can be evidenced in several ways, including:

- **Direct observation of procedural skills (DOPS)**. This is an observed learning event which provides structured feedback on a student's interaction with the patient when performing a practical skill and procedure. Feedback should include observation of the explanation to the patient of why the procedure is being performed, the process of consent, as well as technical capability of the procedure itself.
- **Mini clinical evaluation exercise (mini-CEX)**. This is an observed learning event which provides students with feedback about your performance during a clinical encounter. This tool is generic and can be applied to a range of different skills, including non-technical skills. This may include history taking, clinical examination, communication, professional skills, formulation of management plans and medical note keeping.

- **Case-based summary (CbS).** This involves the written summary of a case presentation on placement. This includes the presenting complaint, conditions, relevant past medical history, other findings and differential diagnosis and management.
- **Case-based discussion (CbD).** This involves the discussion of a case presentation after an unobserved encounter on placement. This includes the presenting complaint, conditions, relevant past medical history, other findings and differential diagnosis and management.
- **Reflections.** This is an unobserved learning event where students will reflect on their experiences during clinical placement using a tool to structure thinking and learning.
- **Prescriber summary (ATP).** This is an unobserved learning event where students will develop a drug profile which are applied to patients and discussed with a clinical supervisor.
- **Colleague review.** This provides feedback to students on their generic and professional capabilities from a colleague's perspective and is based upon observed learning events. This activity provides students with feedback on your work from the perspective of those students work alongside and is intended to inform their future development.
- **Patient feedback.** This provides feedback to students on their generic and professional capabilities from a patient's perspective and is based upon observed learning events. This activity provides students with feedback on their work from the perspective of those they work alongside and is intended to inform their future development.

Work-based Assessments

The three types of supervised learning events used in Year 4 are the Direct Observation of Procedural Skills (DOPS), Mini-Clinical Evaluation Exercise (Mini-CEX) and Case-based discussion (CbD).

Direct Observation of Procedural Skills (DOPS)

This is an observed learning event which provides structured feedback on a student's interaction with the patient when performing a practical skill and procedure. Feedback should include observation of the explanation to the patient of why the procedure is being performed, the process of consent, as well as technical capability of the procedure itself.

In Year 4, students are required to perform the Year 4 practical and procedural skills under direct supervision. However, in Year 4, certain procedures may be attempted under indirect

supervision. **This means that students will have performed the procedure on real patients under direct supervision in Year 3 and, that their experience and skill has become sufficient to allow them to perform the procedure safely, with indirect supervision.** Indirect supervision also means that have received permission to perform the procedure, and that they are able to access support to perform the procedure if required (e.g. by locating a healthcare professional and asking for help).

Procedure	Year 3	Year 4
Take baseline physiological observations and record appropriately	DS	IS
Carry out peak expiratory flow respiratory function test	DS	IS
Perform direct ophthalmoscopy		DS
Perform otoscopy	DS	IS
Carry out arterial blood gas and acid base sampling from the radial artery in adults		DS
Carry out venepuncture	DS	IS
Measure capillary blood glucose	DS	IS
Carry out a urine multi dipstick test	DS	IS
Carry out a 3- and 12-lead electrocardiogram	DS	IS
Take and/or instruct patients how to take a swab	DS	IS
Perform surgical scrubbing up	DS	DS
Use correct techniques for moving and handling, including patients who are frail	DS	IS
Instruct patients in the use of devices for inhaled medication	DS	IS
Administer oxygen	DS	IS
Prepare and administer injectable (intramuscular, subcutaneous, intravenous) drugs	DS	DS
Carry out intravenous cannulation	DS	DS
Carry out male and female urinary catheterisation		DS
Carry out wound care		DS
DS. This skill must be performed under <i>direct supervision</i> . IS. This skill can be performed under <i>indirect supervision</i> .		

Case Based Discussions (CbD)

A case-based discussion (CbD) is a supervised learning event and is a structured discussion with a Clinical Supervisor (e.g. Consultant, Senior Nurse, GP, AHP) of a case managed by the medical student. This usually takes approximately 20 minutes.

The CbD is typically led by the student and cases should be chosen jointly by the student and supervisor to address a range of topics and should be a case that the student has recently seen. Feedback and actions advised for further learning are recorded for student development.

The discussion starts with, and is based on, the students notes about the case they have seen. This can include the presenting complaint, conditions, relevant past medical history, other findings and differential diagnosis and management.

The focus of the discussion could be:

- **Medical Record Keeping.** Satisfactory assessment could include presentation from their notes of material appropriate to the problem; understandable in relation to and in sequence and that helps following clinicians give effective and appropriate care. This could be an electronic entry if the student has access to IT systems.
- **Clinical assessment.** Understood the patient's story; made a clinical assessment based on appropriate questioning and examination.
- **Investigation and referral.** Discusses the rationale for the investigations and necessary referrals; understands why diagnostic studies were ordered or performed, including the risks and benefits in relation to the differential diagnosis.
- **Treatment.** Discusses the rationale for the planned treatment, including the risks and benefits. Follow-up and future planning. Discusses the rationale for their management plan including follow-up.
- **Professionalism.** Respect, confidentiality; ethics, and awareness of any relevant legal frameworks; insight into own limitations

Mini-Clinical Evaluation Exercise (mini-CEX)

This is an observed learning event which provides students with feedback about their performance during a clinical encounter. This tool is generic and can be applied to a range of different skills, including non-technical skills. The focus of a mini-CEX will be on one of the following areas, although some patient encounters may cover more than one:

- History taking
- Clinical examination
- Formulating management plans
- Communicating with patients
- Professional and interpersonal skills
- Medical note keeping

In Year 4, students are required to perform the following clinical examinations and histories under direct supervision and to a satisfactory standard (i.e. *meets expectations* or *exceeds expectations*):

Clinical examination

- Child growth assessment
- Eye examination
- Frailty assessment
- Head and neck examination (lymph nodes and thyroid)
- Musculoskeletal examination (hands or large joint)
- Neonatal examination
- Neurological examination (cranial nerve)
- Neurological examination (motor, sensory, coordination)
- Obstetric palpation
- Vascular examination (venous and arterial)
- Mental state examination

Histories:

- Mental health history
- Paediatric history
- Palliative care/oncology history
- Neurology history
- Acute surgical history
- Medical history (renal, rheumatology or care of the elderly)

Prescriber Summary: Applying Theory to Patients (ATP)

In Year 4 of the MBChB course, there will be a continued focus on prescribing medicines safely across the year, both in placement and during the Consolidation and Preparatory weeks at university. Students will consolidate prior knowledge from Years 1, 2 and 3 to develop further knowledge in Year 4 relating to prescribing medicines safely and pharmacology. During each placement, students will continue to complete a weekly 'Applying Theory to Patients (ATP) Task' on Pebble Pad. This learning task has been designed to allow students to develop a series of drug profiles which are applied to patients and which they should discuss and reflect on with their Educational Supervisor.

Students will be provided with some pre-determined drugs which are decided by the academic team at the University and will self-select other drugs which are chosen by themselves whilst on placement (see table below). The pre-determined drugs will be the same for all students across their placements.

It is expected that students should apply theory to patients by completing the task from a theoretical perspective, and to then consider the application of the theory within the context of a particular patient. It is intended that students go beyond the scope of simply sourcing information about a particular drug, and there is an emphasis for them to consider the patient for which the drug is prescribed.

When students return to University for their Consolidation and Preparatory weeks, they will attend a session dedicated to the Prescribing Medicines Safely Theme. During these sessions across the year, students will be encouraged to reflect on their placement learning and discuss how they were able to meet their learning needs. Students will work through various case studies and activities which will be aligned to the focus of the Consolidation and Preparatory Week.

All placement work-based assessments and learning activities will be identified in the e-portfolio and must be submitted to the *Assessment of Learning*.

Assessment of Learning

The Assessment of Learning is where students must provide evidence of meeting the learning outcomes across all placements. This section of the workbook is a summative assessment, meaning that students will need to pass in order to progress on the programme. Please note that students must meet all of the learning outcomes to pass the assessment.

E-portfolio

The e-portfolio is an electronic platform for the student to record and store a collection of evidence that demonstrates learning activities and engagement on placement. The e-portfolio is separated into a series of placement workbooks for each placement. Furthermore, students may present you with forms to evidence their work-based assessments on placement. Further guidance on using PebblePad™ is available at www.pebblepad.co.uk and can be found on Blackboard®.

Medicine

Learning objectives

Care of Elderly/Stroke Placement

1. Analyse the difficulties inherent in the diagnosis and management of the patient with multiple pathologies
2. Consider the issues of polypharmacy and side effects of medications in the treatment of conditions within Medicine for the Elderly
3. Describe the importance of nutrition in the health of the older person, how to assess nutritional status and the means by which nutrition can be supported
4. List the considerations when ensuring the safe discharge of an older person from hospital; consider the role of rehabilitation services, social services, occupational therapy and physiotherapy in this process
5. Consider the issues of cognitive impairment, poor mobility, or sensory impairment such as visual or hearing loss; review the challenges these present for the older person and the healthcare team caring for them
6. Identify signs of abuse, neglect or non-accidental injury, understand the psychosocial, ethical and legal implications of this, and what actions should be taken to safeguard the vulnerable older person
7. Understand the provision of NHS services in primary, secondary and tertiary care setting for the treatment of the older person; consider the specific challenges that may face the older person in accessing these services
8. Evaluate the benefit and potential pitfalls of advance directives and Do Not Attempt Resuscitation orders
9. Competently perform a Mini Mental State Examination
10. Describe any primary, secondary and tertiary prevention measures used in the prevention and management of osteoporosis
11. Evaluate the screening techniques utilised for detecting and estimating cardiovascular risk in the older person and the ways in which this data can be utilised to improve outcomes
12. Consider the burden imposed on the healthcare system by an increasing aging population and what strategies might be employed to manage this
13. Outline the social care issues involved with providing safe, appropriate care for older people, either within their own home or a residential environment; consider how government policy impacts upon this
14. Appreciate the negative impact of social isolation on physical and mental well-being and consider strategies by which this could be addressed

Renal Placement

1. Recognise the clinical presentation of common conditions within Renal Medicine, utilising basic sciences knowledge to relate the presentation to the underlying pathological mechanisms
2. Select and correctly interpret appropriate investigations of common conditions relevant to patients with renal disease, considering potential risks, benefits, diagnostic validity and economics of such investigations

3. Using clinical reasoning, synthesise information gathered from history, examination and investigations to formulate an appropriate differential diagnosis list and problem list for patients presenting with kidney disease
4. Formulate an appropriate management plan for patients with acute kidney injury or chronic kidney disease
5. Describe the metabolic abnormalities that may arise in acute kidney injury or chronic kidney disease, relating this to basic sciences knowledge of normal physiological mechanisms
6. Define haemodialysis and peritoneal dialysis - describe mechanism of action, indications, access required, and complications of therapy
7. Describe and safely prescribe appropriate pharmacological and non-pharmacological treatments for patients with renal disease considering mechanism of action, side effects, interactions and economics; also consider patient factors including those affecting concordance and compliance
8. Consider the issue of polypharmacy in the treatment of kidney conditions
9. Consider the importance of drugs as an aetiological factor in kidney disease and how this can be monitored and avoided
10. List the indications for renal transplantation; have basic knowledge about how patients and donors are selected and assessed, how surgery is performed, the complications, and the challenges of immunosuppressant therapy
11. Understand the importance of nutrition in patients with kidney disease; describe the types of nutritional support that may be provided and in what circumstances and consider the role of the dietician.
12. Recognise the role that lifestyle factors such as diet may have on the development and treatment of kidney disease
13. Describe the roles of the different members of the multidisciplinary team in the care of patients with kidney disease
14. Understand the provision of NHS services in primary, secondary and tertiary care settings for the treatment of acute and chronic kidney disease considering principles of health economics, equity, and sustainable healthcare
15. Recognise the phenomenon of kidney damage as a complication of systemic disease, considering in particular diabetes and how this can be mitigated

Rheumatology Placement

1. Recognise the clinical presentation of common rheumatological diseases utilising basic sciences knowledge to relate the presentation to the underlying pathological mechanisms
2. Select and correctly interpret appropriate investigations of common rheumatological diseases conditions considering diagnostic validity and economics of such investigations
3. Synthesise information gathered from history, examination, and investigations to formulate an appropriate differential diagnosis list for patients presenting with rheumatological diseases
4. Formulate an appropriate management plan for patients with acute or chronic rheumatological diseases

5. Describe and safely prescribe appropriate pharmacological and non-pharmacological treatments for common rheumatological conditions considering mechanism of action, side effects, interactions and economics; also consider factors affecting compliance
6. Describe the roles of the different members of the multidisciplinary team in the care of patients with rheumatological diseases
7. Assess the functional ability of a patient, relating function and disability to the underlying disease process; consider how loss of functional ability may impact on the patient and their family
8. Define DMARDs and their use in rheumatoid arthritis, considering in particular the issues of side effects and blood monitoring
9. Appreciate the multisystem nature of some conditions, such as SLE, and the pathophysiology underpinning such diseases and their presentation
10. Understand the provision of NHS services in primary, secondary and tertiary care setting for the treatment of acute and chronic disease relevant to the rheumatology patient
11. Understand the role of other services such as surgery, physiotherapy, orthotics, podiatry, psychology and rehabilitation in rheumatology patients; describe the types of intervention that may be provided

Learning Activity

- Conduct at least three clinical case summaries. This can be evidenced using the Cased-based Summary (CbS) form.
- Perform at least three case-based discussions (CbD). This can be evidenced using the case-based discussion (CbD) form.
- Conduct at least two patient histories. This can be evidenced using the Mini-Clinical Evaluation Exercise ([mini-CEX form](#)).
- Perform at least two clinical examinations. This can be evidenced using the Mini-Clinical Evaluation Exercise ([mini-CEX form](#)).
- Conduct at least four prescriber summaries. This can be evidenced using the Prescriber ATP form.
- Completion of at least one reflection about social aspects of care. This can be evidenced using the Gibbs or Driscoll reflection form, or one of your own.

*Consider performing practical and procedural skills. This can be evidenced using the Direct Observation of Procedural Skills (DOPS) form.

*Consider completing colleague review (at least two required across the year). This can be evidenced using the Colleague Feedback form.

Prescriber Summary

In medicine, students will perform prescriber summaries on the following drugs:

- Week 1: Digoxin
- Week 2: Self-selected drug
- Week 3: Gliclazide
- Week 4: Self-selected drug

Case-based learning sessions

- Care of Elderly: An elderly male presenting with acute confusion.
- Rheumatology: A case of Rheumatoid Arthritis.
- Renal: Patient presenting with AKI.

Expert teaching sessions

- Care of Elderly: Falls and Osteoporosis.
- Rheumatology: Connective tissue Disorders including GCA, giant cell arthritis and PMR.
- Renal: Anaemia in Renal Disease.

Surgery

Learning objectives

General Surgery Placement

1. Recognise the clinical presentation of common conditions within General Surgery, utilising basic sciences knowledge to relate the presentation to the underlying pathological mechanisms
2. Select and correctly interpret appropriate investigations of common conditions relevant to the surgical patient, considering potential risks, benefits, diagnostic validity and economics of such investigations
3. Using clinical reasoning, synthesise information gathered from history, examination and investigations to formulate an appropriate differential diagnosis list and problem list for patients presenting with surgical disease.
4. Formulate an appropriate management plan for patients with acute or chronic surgical disease.
5. Describe the common surgical procedures / operations used to treat common conditions within the surgical specialities
6. Describe and safely prescribe appropriate fluid regimes for surgical patients, pre- and post-op, relating this to basic sciences knowledge of normal homeostatic mechanisms
7. Understand the importance of physiotherapy and rehabilitation in surgical patients; describe the types of intervention that may be provided
8. Describe the measures employed to reduce the risk of deep vein thrombosis in surgical patients
9. List the common complications of surgery and the post-operative period and consider what measures can be taken to minimise these complications
10. Recognise the role that lifestyle factors such as diet, smoking and alcohol may have on the development and course of common conditions within the surgical specialities, and the risks these factors may have on surgical interventions
11. Describe the roles of the different members of the multidisciplinary team in the care of the surgical patient
12. Understand the provision of NHS services in primary, secondary and tertiary care settings for the treatment of acute and chronic surgical disease considering principles of health economics, equity, and sustainable healthcare

Ophthalmology Placement

1. Utilise basic sciences knowledge to understand the presentation and pathophysiology of common conditions within Ophthalmology with particular reference to the Ophthalmology Clinical Conditions List
2. Select and correctly interpret appropriate investigations for common ophthalmic conditions considering diagnostic validity and economics of such investigations
3. Synthesise information gathered from history, examination and investigations to formulate an appropriate differential diagnosis list for patients presenting with common Ophthalmic conditions
4. Formulate an appropriate management plan for patients with common acute or chronic Ophthalmic conditions
5. Describe the common surgical procedures / operations used to treat common conditions within Ophthalmic Surgery with particular reference to the Core Clinical Conditions List
6. Describe and safely prescribe appropriate pharmacological and non-pharmacological treatment for common ophthalmic conditions
7. Define health surveillance and screening, considering in particular the example of diabetic retinopathy

Orthopaedic Placement

1. Use basic sciences knowledge to understand the presentation and pathophysiology of the common conditions within Orthopaedic Surgery from the Musculoskeletal Clinical Conditions List
2. Chose and be able to interpret appropriate investigations of common orthopaedic conditions, considering diagnostic accuracy and cost
3. Use information from history, examination and investigations to formulate an appropriate differential diagnosis list for patients with orthopaedic conditions
4. Formulate a management plan for patients with acute or chronic orthopaedic disease
5. Describe the common surgical procedures / operations used to treat common conditions within Orthopaedic Surgery.
6. Describe the measures employed to reduce the risk of deep vein thrombosis in orthopaedic surgical patients
7. Describe and safely know what to prescribe as appropriate pharmacological and non-pharmacological treatment for common orthopaedic conditions including pain relief. Understand the different routes of administration, mechanism of action, potential side effects, interactions and cost and factors affecting patient compliance.

Plastic Surgery Placement

1. To describe the basic principles of the reconstruction ladder in wound closure and healing
2. To classify the stages in the reconstruction ladder for wound closure
3. To understand the principles and types of dressings used in Burns and Plastics
4. To classify common skin cancers
5. To identify the 'red flags' of skin lesions (benign versus cancerous)

6. To be able to take a basic history from patient with skin cancer and to understand the rationale behind their investigative procedures
7. To discuss the basic management of a patient with burns
8. To have a basic understanding of hand trauma including tendon and nerve injury

Learning Activity

- Conduct at least four clinical case summaries. This can be evidenced using the Case-based Summary ([CbS](#)) form.
- Perform at least four case-based discussions (CbD). This can be evidenced using the case-based discussion ([CbD](#)) form.
- Conduct at least two patient histories. This can be evidenced using the Mini-Clinical Evaluation Exercise ([mini-CEX](#)) form.
- Perform at least two clinical examinations. This can be evidenced using the Mini-Clinical Evaluation Exercise ([mini-CEX](#)) form.
- Conduct at least four prescriber summaries. This can be evidenced using the Prescriber ATP form.
- Completion of at least one reflection about multidisciplinary team working. This can be evidenced using the Gibbs or Driscoll reflection form, or one of your own.

*Consider performing practical and procedural skills. This can be evidenced using the Direct Observation of Procedural Skills (DOPS) form.

*Consider completing colleague review (at least two required across the year). This can be evidenced using the Colleague Feedback form.

Prescriber Summary

In surgery, students will perform prescriber summaries on the following drugs:

- Week 1: Co-amoxiclav
- Week 2: Self-selected drug
- Week 3: Ketamine
- Week 4: Self-selected drug

Case-based learning sessions

- General surgery: Intestinal obstruction and ileus/GI perforation.
- Plastic surgery: A case of burns.
- Ophthalmology: Acute red eye.
- Orthopaedics: Neck of femur fracture.

Expert teaching sessions

- General surgery: Peritonitis.
- Plastic surgery: Lacerations and wound healing.
- Ophthalmology: The aging eye (glaucoma, cataract, macular degeneration).
- Orthopaedics: Common Upper limb fractures.

General Practice

Learning objectives

1. Develop a patient centred history-taking, physical examination, diagnostic and increased management skills across the broad range of acute and chronic primary care presentations and conditions.
2. See patients in different settings: practice, home, clinics, online, on line and remote consulting and GPs with extended roles.
3. Learn to applying evidence and guidelines in clinical decision-making whilst increasing clinical knowledge.
4. Understand and demonstrate the role of continuity of care in general practice
5. Developing knowledge of normal variation in people and diversity in populations and how to deal with uncertainty when patients present with unexpected clinical symptoms.
6. Observe and perform supervised Clinical skills and procedures relevant to a general practice setting.
7. Develop an appreciation of how appraisal and revalidation 'fits' in for clinicians
8. Understand patient safety, clinical governance and quality improvement in general practice, including how quality of care is assessed in general practice
9. Demonstrate involvement with working with the wider primary healthcare team - including community teams such as mental health and social care.
10. Understand how general practice currently fits into the NHS and how it is structured and how it functions
11. Know how to access, critically appraise, and apply the evidence for practice and policy in primary care.

Learning activity

- Conduct at least four clinical case summaries. This can be evidenced using the Case-based Summary (CbS) form.
- Perform at least four case-based discussions (CbD). This can be evidenced using the case-based discussion (CbD) form.
- Conduct at least one patient history. This can be evidenced using the Mini-Clinical Evaluation Exercise (mini-CEX) form.
- Perform at least one clinical examination. This can be evidenced using the Mini-Clinical Evaluation Exercise (mini-CEX) form.
- Conduct at least four prescriber summaries. This can be evidenced using the Prescriber ATP form.
- Completion of at least one reflection about prescribing and polypharmacy. This can be evidenced using the Gibbs or Driscoll reflection form, or one of your own.
- Gain patient feedback. This can be evidenced using the patient feedback form.

*Consider performing practical and procedural skills. This can be evidenced using the Direct Observation of Procedural Skills (DOPS) form.

*Consider completing colleague review (at least two required across the year). This can be evidenced using the Colleague Feedback form.

Prescriber summary

In palliative care and oncology, students will perform prescriber summaries on the following drugs:

- Week 1: Fusidic Acid Eye Drops/ Chloramphenicol eye ointment/drops
- Week 2: Self-selected drug
- Week 3: Sildenafil
- Week 4: Self-selected drug
- Week 5: Morphine

Case-based learning sessions

- General practice: ENT in primary care (painful ear, tinnitus & otitis media). The febrile child & crying baby. Management of delirium and common infections in the older person.

Expert teaching sessions

- General practice. Early cancer diagnosis: benefits, challenges, and the long-term plan. Primary care management of gynaecological conditions and contraception in primary care including online primary care and OTC prescribing. Common dermatological presentations and conditions in primary care.

Palliative Care and Oncology

Learning objectives

Palliative Care Placement

1. Be able to describe different disease trajectories and apply this in practice in order to identify individuals who are approaching the end of their lives.
2. Understand the needs of those living with life limiting illnesses, describe how these needs are met, and how care is co-ordinated across primary, secondary and tertiary care.
3. Describe the role of the voluntary sector and charitable organisations in meeting the health care needs of those living with life limiting illnesses, and those important to them.
4. Describe how members of the Palliative Care Multi-professional Team work together to meet the needs of those living with life limiting illnesses across all care settings.
5. Be able to undertake a holistic palliative care assessment which encompasses the physical, psychological social and spiritual domains of care.
6. Describe the non-pharmacological approaches utilised in the management of symptoms in those living with life limiting conditions, including the utilisation of complementary and alternative therapies, and describe the advantages and disadvantages of such approaches.
7. Describe and understand the appropriate pharmacological management to manage common symptoms in those living with life limiting conditions. Considering the mechanism of action, route of administration, side effects, interactions and economics and understand the factors affecting patient compliance

8. Be able to recognise when someone is likely to be dying and describe how to provide good care for them and those important to them, in all care settings.
9. Demonstrate an understanding of complex treatment decisions at the end-of-life care, including Future Care Planning, decisions about Cardio-Pulmonary Resuscitation, Future Care Planning including Advance Decisions to Refuse Treatment, Clinically Assisted Nutrition & Hydration, discontinuing life-prolonging treatments and Physician Assisted Dying.
10. Consider how the patient's wishes, your clinical assessment, professional guidelines, ethical theory and UK legislation impact on decision making.
11. Be able to have an honest and open conversation with a patient, responding to cues and using facilitative skills, to be able sensitively explore their understanding of their situation, their wishes and preferences and identify, acknowledge and address their concerns.
12. Describe how you may sensitively assess and meet the cultural, religious and spiritual needs of those living with life limited illness and their families.
13. Be able to recognise the impact of serious, life limiting illness and bereavement on family and carers, and staff members, and describe what support may be required to support them.
14. Describe the impact of bereavement and consider what support may be required or available within the individual's own community, and what support may be required from the health care team.
15. Be able to verify death and complete a medical certificate of cause of death and cremation form. Understand your role and responsibilities as a doctor after the death of a patient, including your relationship with the medical examiner and the coroner.
16. Understand the importance of patient involvement in decision making especially at end of life and the need to respect patient autonomy / assess patient capacity.

Oncology Placement

1. Recognise the clinical presentation of common symptoms which lead to a cancer diagnosis for common malignancies.
2. Recognise the role that lifestyle factors such as diet, smoking and alcohol may have on the development and course of malignancy.
3. Understand the basic principles of cancer management including the roles of chemotherapy, radiotherapy, surgery, clinical trials, palliation and end of life care, and understand the factors influencing treatment decisions.
4. Recognise the clinical presentations of patients with advanced metastatic disease
5. Take an appropriate history from patients presenting with malignant disease and examine patients appropriately.
6. Demonstrate a basic knowledge of the difference between curative and palliative treatment; understand the role of neo-adjuvant and adjuvant, radical and palliative treatments.
7. Demonstrate a basic knowledge of common side-effects from chemotherapy drugs for malignant disease.
8. Demonstrate a basic knowledge of common side-effects from immunotherapy drugs for malignant disease.
9. Demonstrate a basic knowledge of common side-effects of radiotherapy as a treatment for malignant disease.

10. Outline the diagnosis and management of the cancer patient with sepsis, spinal cord compression and hypercalcaemia, recognising this as a medical emergency.
11. Describe appropriate supportive measurements for patients with cancer, such as emotional support, physiotherapy, lymphoedema management and dietetic support.
12. Describe the roles of the different members of the multidisciplinary team in the care of patients with malignancy and understand the importance of the MDT approach to cancer management.
13. Explore the range of agencies available for cancer patients and their families within primary/community and voluntary sectors.

Learning activity

- Conduct at least two clinical case summaries. This can be evidenced using the Case-based Summary (CbS) form.
- Perform at least two case-based discussions (CbD). This can be evidenced using the case-based discussion (CbD) form.
- Conduct at least two patient histories. This can be evidenced using the Mini-Clinical Evaluation Exercise (mini-CEX) form.
- Perform at least two clinical examinations. This can be evidenced using the Mini-Clinical Evaluation Exercise (mini-CEX) form.
- Conduct at least five prescriber summaries. This can be evidenced using the Prescriber ATP form.
- Completion of at least one reflection about communication. This can be evidenced using the Gibbs or Driscoll reflection form, or one of your own.

*Consider performing practical and procedural skills. This can be evidenced using the Direct Observation of Procedural Skills (DOPS) form.

*Consider completing colleague review (at least two required across the year). This can be evidenced using the Colleague Feedback form.

Prescriber summary

In palliative care and oncology, students will perform prescriber summaries on the following drugs:

- Week 1: Dexamethasone
- Week 2: Self-selected drug
- Week 3: Ondansetron
- Week 4: Self-selected drug
- Week 5: Fentanyl Transdermal Patch

Case-based learning sessions

- Palliative Care: Care of the dying patient and planning ahead.
- Oncology: Principles of chemotherapy, hormone therapy, and radiotherapy in patients with breast cancer, immunotherapy, and radiotherapy in patients with lung cancer.

Expert teaching sessions

- Palliative Care: Spiritual Care and complex decision making at end of life.

- Oncology: Case Presentations around oncological emergencies. Metastatic spinal cord compression, hypercalcaemia, pulmonary embolus; SVCO. Managing toxicity in cancer treatment or symptom control in malignant disease.

Paediatrics, Obstetrics and Neonatology

Learning objectives

Paediatrics Placement

1. Recognise the clinical presentation of common conditions presenting at birth, during infancy, childhood and adolescence, utilising basic sciences knowledge to relate the presentation to the underlying pathological mechanisms
2. Demonstrate how development is assessed (birth through puberty), recognising when this falls outside of expected milestones and how this should be addressed
3. Take a developmental history from a child or their parents or carers
4. Be able to take a full history for a range of common acute and long term conditions occurring in infancy and childhood.
5. Be able to complete a competent physical examination of an infant or child using knowledge from basic sciences to interpret the findings
6. Select and correctly interpret appropriate investigations of common conditions, considering potential risks, benefits, diagnostic validity and economics of such investigations
7. Using clinical reasoning, synthesise information gathered from history, examination and investigations to formulate an appropriate differential diagnosis list and problem list for the paediatric patient
8. Formulate an appropriate management plan for the paediatric patient
9. Be able to perform essential practical procedures such as measurement of height and weight, temperature, head circumference, blood pressure.
10. Describe and safely prescribe appropriate pharmacological and non-pharmacological treatments for infants and children, considering mechanism of action, side effects, interactions and economics; also consider patient factors including those affecting concordance and compliance
11. Recognise the role that factors such as nutrition, education and exercise have on child health and development; describe the requirements for normal development
12. Have an awareness of family centered care and the issues faced by parents in caring for a sick child
13. Describe the roles of the different members of the multidisciplinary team in the care of the paediatric patient; consider in particular the role of the health visitor and the community paediatrician
14. Identify signs of abuse, neglect or non-accidental injury, understand the psychosocial, ethical and legal implications of this, and what actions should be taken to safeguard children
15. Understand the provision of NHS services in primary, secondary and tertiary care settings for the treatment of acute and chronic disease relevant to the placement, considering principles of health economics, equity, and sustainable healthcare

Obstetrics Placement

1. Revise, expand on and apply basic sciences knowledge of physiology of the menstrual cycle, ovum and sperm production, conception and implantation, pregnancy, birth and lactation
2. Revise embryonic and foetal growth and development from conception to birth
3. Recognise the clinical presentation of common conditions within Obstetrics utilising basic sciences knowledge to relate the presentation to the underlying pathological mechanisms
4. Perform a competent and detailed physical examination of the pregnant woman, including during labour
5. Describe normal and abnormal labour, the monitoring methods employed, and the interventions that may be required in the latter such as forceps delivery or Caesarean section
6. Describe methods of pain relief during labour
7. Describe the utilisation of the cardiotocograph and the partogram in the monitoring of labour and interpret basic examples of each
8. Compare and contrast the different delivery settings such as hospital delivery suite, birthing centre or at home; list the criteria that determine the suitability of each as the environment for a particular labour
9. Understand the indications for Caesarean section, the trends in this mode of delivery and the possible complications which may arise
10. Describe the incidence and management of foetal malpresentations and the possible complications of labour resulting from these
11. Select and correctly interpret appropriate investigations of for common Obstetrics problems, considering potential risks, benefits, diagnostic validity and economics of such investigations
12. Using clinical reasoning, synthesise information gathered from history, examination and investigations to formulate an appropriate differential diagnosis list and problem list for patients presenting with obstetric problems
13. Formulate an appropriate management plan for patients with Obstetric problems
14. Consider the risks involved with prescribing of drugs during pregnancy and lactation and how to avoid harm
15. Recognise the role that lifestyle factors such as diet, smoking, alcohol and recreational drug use may have on maternal and foetal health
16. Describe the roles of the different members of the multidisciplinary team in the care of women during pregnancy, birth and the postnatal period, consider in particular the role of the midwife
17. Demonstrate knowledge of the problems of high risk pregnancies such as teenage or older mothers, multiple pregnancies, foetal malpresentations, pregnancy complicated by other medical conditions
18. Consider the impact that pregnancy and birth may have on other body systems or disease and conversely the impact that disease within other body systems may have on conception, pregnancy, birth, foetal and neonatal health

Neonatology Placement

1. Be able to obtain a neonatal history and perform a neonatal examination- transition from in utero to extrauterine life.

2. The well baby-term & near term infant screening, breast feeding
3. Understand the problems of immaturity (RDS, IVH, NEC) in the preterm infant
4. Discuss in relation to the sick newborn – sepsis, congenital infections, HIE, problems of prematurity, IUGR, Congenital malformations

Learning activity

- Conduct at least three clinical case summaries. This can be evidenced using the Cased-based Summary (CbS) form.
- Perform at least three case-based discussions (CbD). This can be evidenced using the case-based discussion (CbD) form.
- Conduct at least two patient histories. This can be evidenced using the Mini-Clinical Evaluation Exercise (mini-CEX) form.
- Perform at least two clinical examinations. This can be evidenced using the Mini-Clinical Evaluation Exercise (mini-CEX) form.
- Conduct at least five prescriber summaries. This can be evidenced using the Prescriber ATP form.
- Completion of at least one reflection about consent. This can be evidenced using the Gibbs or Driscoll reflection form, or one of your own.

*Consider performing practical and procedural skills. This can be evidenced using the Direct Observation of Procedural Skills (DOPS) form.

*Consider completing colleague review (at least two required across the year). This can be evidenced using the Colleague Feedback form.

Prescriber summary

In Paediatrics, Neonatology & Obstetrics, students will perform prescriber summaries on the following drugs:

- Week 1: Alginic Acid
- Week 2: Self-selected drug
- Week 3: Phytomenadione
- Week 4: Self-selected drug
- Week 5: Anti-D (Rh0) immunoglobulin

Case-based learning sessions

- Paediatrics: The older child with abdominal pain. The child with bruising.
- Neonatology: Problems associated with newborn and preterm infants.
- Obstetrics: High Risk Pregnancy (twins, alcohol and age extremities)

Expert teaching sessions

- Paediatrics: Paediatric Endocrinology-thyroid, diabetes, and pituitary. Paediatric MSK assessment and common conditions presenting with a limp.
- Neonatology: History and examination in a neonate (the well baby).
- Obstetrics: Medical conditions in pregnancy, hypertension, and infection/Postpartum haemorrhage.

Mental Health

Learning objectives

1. Recognise the clinical presentation of common conditions within Mental Health, utilising basic sciences knowledge to relate the presentation to the underlying pathological mechanisms
2. Synthesise information gathered from history, examination and investigations to formulate an appropriate differential diagnosis list for patients presenting with mental health problems
3. Formulate an appropriate management plan for patients with mental health conditions
4. Define addiction, describe the metabolism of alcohol (revisiting basic science knowledge) and its effects, and the main groups of recreational drugs and their effects
5. Assess the psychological and social effects of addiction
6. Consider the treatment strategies to manage addiction / drug or alcohol dependency, and in particular the compliance issues which may result
7. Consider the diagnosis, assessment and treatment of those with suicidal intent or intent to self-harm
8. Describe and discuss the principles of the Mental Capacity Act
9. Outline the circumstances in which by law a person can be compulsorily detained and treated with reference to the Mental Health Act
10. Describe and safely prescribe appropriate pharmacological and non-pharmacological treatments for common mental health conditions, considering mechanism of action, side effects, interactions and economics; also consider factors affecting compliance
11. Describe the roles of the different members of the multidisciplinary team in the care of patients with mental health problems; consider in particular the care of the patient in the community
12. Understand the provision of NHS services in primary, secondary and tertiary care settings for the treatment of acute and chronic mental health problems
13. Outline the psychosocial effects of mental illness on the individual and their family
14. Adapt and apply history taking and communication skills in order to maximise the efficient and safe management of patients with mental health conditions
15. Perform a competent mental state examination
16. Find, critically appraise and apply evidence gained from current literature to the management of common mental health conditions
17. Understand the role of national bodies such as the National Institute for Clinical Excellence and how guidance from bodies such as these should be utilised in the management of patients with mental illness

Learning activity

- Conduct at least three clinical case summary. This can be evidenced using the Case-based Summary (CbS) form.
- Perform at least three case-based discussions (CbD). This can be evidenced using the case-based discussion (CbD) form.
- Conduct at least two patient histories. This can be evidenced using the Mini-Clinical Evaluation Exercise (mini-CEX) form.
- Perform at least two clinical examinations. This can be evidenced using the Mini-Clinical Evaluation Exercise (mini-CEX) form.

- Conduct at least five prescriber summaries. This can be evidenced using the Prescriber ATP form.
- Completion of at least one reflection about mental capacity. This can be evidenced using the Gibbs or Driscoll reflection form, or one of your own.

*Consider performing practical and procedural skills. This can be evidenced using the Direct Observation of Procedural Skills (DOPS) form.

*Consider completing colleague review (at least two required across the year). This can be evidenced using the Colleague Feedback form.

Prescriber summary

In mental health, students will perform prescriber summaries on the following drugs:

- Week 1: Olanzapine
- Week 2: Self-selected drug
- Week 3: Lithium
- Week 4: Self-selected drug
- Week 5: Valproic Acid

Case-based learning sessions

- Mental health: The Patient with Psychosis. Personality disorders. CAMHS. Suicide and self-harm.

Expert teaching sessions

- Mental health: Revision of history taking and enhanced mental state examination. CAMHS. The patient with an eating disorder. Later life (Dementia and Depression). Alcohol, drugs and other addiction.

Neurology and Neurosurgery

Learning objectives

1. Recognise the clinical presentation of common conditions within Neurology and Neurosurgery, utilising basic sciences knowledge to relate the presentation to the underlying pathological mechanisms
2. Perform a competent and detailed physical examination of the central and peripheral nervous system; utilise basic sciences knowledge to interpret the findings
3. Select and correctly interpret appropriate investigations of common neurological and neurosurgical conditions, considering diagnostic validity and economics of such investigations
4. Synthesise information gathered from history, examination and investigations to formulate an appropriate differential diagnosis list for patients presenting with neurological disease
5. Formulate an appropriate management plan for patients with acute or chronic neurological/neurosurgical disease
6. Describe and safely prescribe appropriate pharmacological and non-pharmacological treatments for common neurological conditions, considering mechanism of action, side effects, interactions and economics

7. Understand for both pharmacological and non-pharmacological treatments the factors affecting patient compliance with treatment
8. Develop an awareness of the conditions and situations when acute neurosurgical intervention is indicated
9. Describe the roles of the different members of the multidisciplinary team in the care of patients with neurological disease
10. Understand the provision of NHS services in primary, secondary and tertiary care setting for the treatment of acute and chronic neurological disease
11. Describe those circumstances where neurological disease may have legal implications e.g. Fitness to drive, and the actions required of health professionals in this situation

Learning activity

- Conduct at least four clinical case summaries. This can be evidenced using the Case-based Summary (CbS) form.
- Perform at least four case-based discussions (CbD). This can be evidenced using the case-based discussion (CbD) form.
- Conduct at least two patient histories. This can be evidenced using the Mini-Clinical Evaluation Exercise (mini-CEX) form.
- Perform at least two clinical examinations. This can be evidenced using the Mini-Clinical Evaluation Exercise (mini-CEX) form.
- Conduct at least four prescriber summaries. This can be evidenced using the Prescriber ATP form.
- Completion of at least one reflection about patient safety. This can be evidenced using the Gibbs or Driscoll reflection form, or one of your own.

*Consider performing practical and procedural skills. This can be evidenced using the Direct Observation of Procedural Skills (DOPS) form.

*Consider completing colleague review (at least two required across the year). This can be evidenced using the Colleague Feedback form.

Prescriber summary

In mental health, students will perform prescriber summaries on the following drugs:

- Week 1: Olanzapine
- Week 2: Self-selected drug
- Week 3: Lithium
- Week 4: Self-selected drug
- Week 5: Valproic Acid

Case-based learning sessions

- Neurology and Neurosurgery: Seizures. Multiple Sclerosis. Motor Neurone Disease.

Expert teaching sessions

- Neurology and Neurosurgery: Haemorrhage SAH, Extra and subdural. Spinal injury. Myasthenia Gravis.

Compliments and Concerns

Feedback from yourselves, your tutors and Educational and Clinical Supervisors is invaluable to us and supports your professional development and helps to ensure that we deliver the highest quality of medical education. Concerns and compliments can be received and reported online using the link below.

If you have any concerns during placement, please contact the Practice Education Team as soon as possible so that these can be addressed. This may include health and wellbeing or learning and development progress. Alternatively, compliments and concerns can be [shared online](#) or accessed by scanning the QR code.



Practice Education team

The Practice Education Team are here to support students throughout their time on placement and respond to any concerns raised by our practice partners. We are also available to provide information and guidance on matters concerning the learning and assessment of students within placement areas to student supervisors.

If you have any queries, please contact them on:

Email: EHUMSpracticeeducationteam@edgehill.ac.uk

Telephone: 01695 657456