



**Edge Hill  
University**

Medical School



# **MBChB Year 4 Educational Supervisor Guide (Trust) 2023-2024**

## Welcome

Thank you for supporting our students in placement on the Edge Hill MChB programme and taking on the role of Educational Supervisor.

Our focus is on developing future doctors who have patient safety, reflection and professionalism at the core of their practice and who have an understanding of patients and the community. The programme is only possible with the support of our placement providers and clinical colleagues who are willing to share their time and expertise for which we are grateful. In Year 4 students will experience a range of different specialities which will be new to them such as Obstetrics and Neonatology, Ophthalmology, Rheumatology, Medicine for the Elderly and Renal Medicine. In addition, there is a combined Placement of Oncology and Palliative Care. They will also be in new placement settings such as Alder Hey Children's Hospital, The Walton Centre, Wigan and Leigh and Queens court Hospices.

This guide aims to give an understanding of the earlier years of the programme and introduce you to year 4. It covers what you need to undertake the supervisory role and enhance student experience and would complement any University delivered training sessions. However, please do not hesitate to contact us if you have any concerns, queries, or suggestions.

Thank you once again for your help.

### **Professor Gershan Davis**

MChB Phase 2 (Years 3-5) Lead

Professor of Cardiovascular Medicine

[davisg@edgehill.ac.uk](mailto:davisg@edgehill.ac.uk)

### **Practice Education Team**

[EHUMSpracticeeducationteam@edgehill.ac.uk](mailto:EHUMSpracticeeducationteam@edgehill.ac.uk)

Telephone: 01695 657456

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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.

## Years 1 and 2 Overview

The MBChB is a non-modular spiral curriculum programme with 5 years of study. Consistent with the GMC's outcomes for graduates, there are three main areas of study which cover professional values and behaviours, professional skills and professional knowledge. These areas are linked to 16 themes which are grouped into 5 clusters under the headings of Biomedical and Scientific Principles, Clinical Sciences, Professional Behaviours, Public Health and Social Sciences and Information for Clinical Practice. These are covered throughout the year.

**In Year 1** students focused on understanding the person and the community, with an emphasis on the life sciences (normal structure and function) and professional, public health and social sciences (understanding health, normal variation, diversity, and the context within which people live). They have 1-day observational experiences in a range of community-based placements.

**In Year 2** they built on year 1 with a more clinical focus and understanding where and how people receive health care. They have observational 4 x one week placement blocks in GP (General Practice, mental health and secondary care).

## Year 3 Overview

**Year 3** provided exposure to the care of specific patient groups in hospital and community settings. There was continuous clinical exposure, 8-week placements in Hospital Trusts as well as 4 weeks Mental Health, 4 weeks General Practice, 4 weeks in GUM and 4 weeks in paediatrics. Learning was supported through university consolidation and preparatory weeks as well as University Campus Days.

## 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 -Case Based Discussion (CBD) is part of year 4 assessment and Mini CEX is expected to focus more on Investigations and treatment.

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).

### Consolidation and Preparatory weeks

Year 4 begins with Preparation for Year 4 Clinical Practice Week which is the first of the Consolidation and Preparatory Weeks which come before the start of each clinical placement block except between Medicine and Surgery. During this week students will attend a number of induction sessions on campus and have the chance to meet the Year 4 staff. Students will also be introduced to the structure of year 4 and the different teaching methods and placement sites that will be used in Year 4. They will also be provided with information regarding the assessments (both formative and summative) that will take place in year 4 as well as to the Year 4 e-portfolio/Pebble Pad. A session will also be delivered about the Research and Scholarship teaching as well as the prescribing Theme for year 4.

Preparation for Clinical Practice week will also include one day of clinical skills and simulation training as well as mandatory training and communications skills to revise and develop further some of the skills attained in years 1, 2 and 3.

The 5 University Consolidation and Preparatory (CP) Weeks (week before start of placement period) are:

- 1st CP WEEK 4th to 8th September 2023
- 2nd CP WEEK 16th to 20th October 2023
- 3rd CP WEEK 27th November to 1st December 2023
- 4th CP WEEK 22nd to 26th January 2024
- 5th CP WEEK 8th to 12th April 2024

### University Campus Days (UCD)

There is 1 University Campus Day (UCD) in week 3 of placement blocks so for placements there is one UCD in the four- or five-week placements. The 7 University Campus Days are:

- Tuesday 26<sup>th</sup> September 2023
- Tuesday 7<sup>th</sup> November 2023
- Tuesday 2<sup>nd</sup> January 2024
- Tuesday 20<sup>th</sup> February 2024
- Tuesday 19<sup>th</sup> March 2024

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- Tuesday 30<sup>th</sup> April 2024
- Tuesday 18<sup>th</sup> June 2024

## Clinical Placements

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)

Specialty	Subspecialty
Mental Health	Old age (2 weeks) Working age (2 weeks) CAMHS (1 day/week)
Palliative Care & Oncology	Palliative Care (3 weeks) Oncology (2 weeks)
Paediatrics, Obstetrics & Neonatology	Obstetrics/Neonatology (3 weeks) Paediatrics (2 weeks)
Medicine	Medicine for the Elderly/Stroke (2 weeks) Renal (1 week) Rheumatology (1 week)
Surgery	General Surgery (1 week) Ophthalmology (1 week) Plastics (1 week) Orthopaedics (1 weeks)
GP	N/A
Neurology & Neurosurgery	Neurology (2 weeks) Neurosurgery (2 weeks)

Rotation	Dates
1	Monday 11 <sup>th</sup> September 2023 to Friday 19 <sup>th</sup> January 2024
2	Monday 11 <sup>th</sup> September 2023 to Friday 19 <sup>th</sup> January 2024
3	Monday 11 <sup>th</sup> September 2023 to Friday 19 <sup>th</sup> January 2024
4	Monday 5 <sup>th</sup> February 2024 to Friday 10 <sup>th</sup> May 2024
5	Monday 5 <sup>th</sup> February 2024 to Friday 10 <sup>th</sup> May 2024
6	Monday 5 <sup>th</sup> February 2024 to Friday 10 <sup>th</sup> May 2024
7	Tuesday 4 <sup>th</sup> June 2024 to Friday 28 <sup>th</sup> June 2024

## Weekly Structure

Case Based Learning (CBL) and Expert Teaching Session (ETS) will be delivered on half a day each week. However, this may be delivered differently in the different placements. Acute trust placements, these will mainly be delivered on onsite, whereas Mental Health and General practice session will be delivered virtually and on campus, respectively.

Monday	Tuesday	Wednesday	Thursday	Friday
Clinical placement	Clinical placement	Clinical placement	Clinical placement *CBL & ETS	Clinical placement
Clinical placement	Clinical placement OR University Campus Day (week 3)	No clinical activity	Clinical placement	Student case presentation/ clinical debrief

Where possible there will be no clinical activity on Wednesday afternoons. However, occasionally important learning opportunities mean this may be timetabled, but students must be informed of this in advance and reciprocal time off timetabled. Similarly, you may be timetabled sessions outside of usual hours in obstetrics.

\*CBL and ETS will be delivered to the full student cohort according to a separate timetable and will take place on different days at either trust site.

## 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. A full list of the CBL and ETS topics is given in Appendix.

### **Clinical Skills and Simulation**

In Year 4, students will receive one university-based day for clinical simulation in the C and P weeks. These will focus on the learning for placements and there would be other clinical skills sessions during the times when students return to campus. The clinical skills will be delivered by University Clinical Skills educators at the Clinical Skills and Simulation Centre on the Edge Hill Campus. There will be further skills training opportunities delivered in the Trusts.

## 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.

Learning objectives are specific to each placement and contained within the Clinical Supervisors Placement handbook and listed in the Appendix. The Clinical Supervisor handbooks are provided to you but are also available in the student e-portfolio.

## Core presentations and conditions

Each area of clinical practice (placement) gives students the opportunity to see different patient presentations and conditions as outlined in the [Medical Licensing Agreement \(MLA\) content map](#).

- **Patient presentations** are defined as signs, symptoms, investigation results and other relevant patient-related issues typically seen by doctors in a first appointment within the UK Foundation Programme. Every presentation relates to one or more of the areas of clinical practice (placement). For example, the presentation 'Confusion' might relate to medicine and mental health placements.
- **Conditions** are defined as pathophysiological diseases or clinical diagnoses typically seen by doctors in a first appointment within the UK Foundation Programme. Every condition relates to one or more of the areas of clinical practice (placement).

Each Clinical Placement has a set of Clinical Presentations, and this is referred to in the learning objectives. The patient presentations cover the main symptoms/conditions with which patients are likely to present in that specialty. Students should become familiar with these through either direct clinical activity or self-directed learning on placement. They should become familiar with respect to the differential diagnosis, and the investigation and management of the common diagnoses that underpin these presentations. They should be guided by Educational and Clinical supervisors and judgment as to the required depth of expertise and experience for Year 4.

A list of Clinical Presentations and Conditions for each specialty is listed in the Appendix and links are found in the Clinical Supervisor Placement Handbook.

### 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 their 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 their 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 their 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		IS
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 <b>must be</b> performed under <i>direct supervision</i> . IS. This skill <b>can be</b> performed under indirect supervision.		

### 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

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- 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 MBCbB 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

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studies and activities which will be aligned to the focus of the Consolidation and Preparatory Week.



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	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>
<b>Mental health</b>	Olanzapine	Self-selected drug	Lithium	Self-selected drug	Valproic Acid
<b>Oncology &amp; Palliative Care</b>	Dexamethasone	Self-selected drug	Ondansetron	Self-selected drug	Fentanyl Transdermal Patch
<b>Paediatrics, Neonatology &amp; Obstetrics</b>	Alginate Acid	Self-selected drug	Phytomenadione	Self-selected drug	Anti-D (Rh0) immunoglobulin
<b>Medicine</b>	Digoxin	Self-selected drug	Gliclazide	Self-selected drug	N/A
<b>General Practice</b>	Fusidic Acid Eye Drops	Self-selected drug	Sildenafil	Self-selected drug	N/A
<b>Surgery</b>	Co-amoxiclav	Self-selected drug	Ketamine	Self-selected drug	N/A
<b>Neurology</b>	Co-beneldopa	Self-selected drug	Lamotrigine	Self-selected drug	N/A

Please note that placement handbooks may be subject to change and will be communicated.

**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. Students will find the following sections in each placement workbook:

- **Placement overview** about what is required from students as evidence of learning, as well as learning opportunities.
- **Learning activity** to keep a record of achieving placement requirements.
- **Learning journal** where students can document their weekly learning experiences.
- **Initial, mid-point and final meeting** forms to record discussions with their Educational Supervisor.
- **Attendance timesheet** to record when students have been on placement (e.g. date, shift, hours) and absence (e.g. authorised leave, sickness absence, non-working days).

Further guidance on using PebblePad™ is available at [www.pebblepad.co.uk](http://www.pebblepad.co.uk) and can be found on Blackboard®.

## Educational Supervision

Trusts/LEPs are responsible for ensuring that all their trainers are appropriately trained to be either a Clinical Supervisor or Educational Supervisor. The GMC definition of an Educational Supervisor is 'A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements'.

Domain	Educational Supervisor	Clinical supervisor
Ensuring safe and effective patient care	✓	✓
Establishing and maintaining an environment for learning	✓	✓
Teaching and facilitating learning	✓	✓
Enhancing learning through assessment	✓	✓
Supporting and monitoring educational progress	✓	
Guiding personal and professional development	✓	
Continuing professional development as an educator	✓	✓

### Edge Hill Year 4 Educational Supervision

Educational and clinical supervisors are expected to work in partnership with the Practice Education Team to ensure learning opportunities are appropriate for the year of study. As a supervisor your main role will be to oversee your student(s) progress during the placement and academic year and provide feedback. Students will be given your name at Induction in the Preparation for Practice Week and details of how to make contact. It is the responsibility of the student to contact yourself to arrange meetings, but it is your responsibility to respond to their contact and ensure you are available for meetings.

The Educational Supervisor will follow the student throughout their clinical years of study and use the students e portfolio to establish and discuss the aims and learning outcomes for all placements. The e-portfolio will also be used to document attendance, engagement and the students' overall summative assessment.

### **Format of the meetings**

Please review the students 'Learning Activity' in the e-portfolio to ensure they are compliant with the requirements and engaging with the process. This will help assess a student's progress, although supervisors are NOT expected to mark the summaries.

### **Initial meeting (first week)**

The format of the meeting should reflect the sections of the form. In particular, the following should be covered:

- Aims of the placement
- Learning outcomes and opportunities
- Learning activities and work-based assessments
- Any learning needs
- Support needs, including reasonable adjustments (if applicable)
- Timetable
- Date of next meeting

### **Mid-point meeting**

This is an informal meeting to monitor progress and offer any advice and support as needed. If the placement is outside of the home Trust, an ES will be assigned and are encouraged to complete a mid-point meeting.

### **Final meeting (last week)**

The format of the meeting should reflect the sections of the form. The following aspects will be reviewed and assessed:

- Aims of the placement
- Learning outcomes and opportunities
- Learning activities and work-based assessments
- Professionalism recommendation
- Future support needs, including reasonable adjustments (if applicable)
- Date of next meeting (if applicable)

### **Feedback from the wider team**

Wherever possible, feedback should be sought from the wider Team (clinical supervisors, specialist nurses) regarding the student's performance.

### **Educational Supervisor Report**

A satisfactory educational supervisor's report would include the following:

- Completion of the recommended clinical histories

- Completion of the recommended clinical examinations
- Completion of the recommended practical and procedural skills (if applicable)
- Completion of the recommended case-based discussions
- Completion of the recommended prescriber summaries
- Completion of the recommended reflections

### Professional values and behaviours

Educational Supervisors are required to provide a recommendation on whether the students values and behaviours either '*meets expectations*' or falls '*below expectations*' and confirms that you are happy for the student to progress to the next step in their training. Please note that concerns must be shared with the Practice Education Team ([EHUMSpracticeeducationteam@edgehill.ac.uk](mailto:EHUMSpracticeeducationteam@edgehill.ac.uk)) who will be happy to discuss this with you.

### Attendance

Attendance on clinical placement is essential to achieve learning outcomes and must be recorded in the students e-portfolio. **Please note that it is the student's responsibility to ensure that timesheets remain up to date and are accurate. Timesheets must be signed at the end of each placement block by the medical education team or practice manager.** Placement providers will have their own policies and procedures regarding recording attendance which must also be adhered to.

### Compliments and Concerns

Feedback from 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](mailto:EHUMSpracticeeducationteam@edgehill.ac.uk)

Telephone: 01695 657456

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## Appendices

### Appendix I. Placement structure.

W/C	YEAR 4 MBCbB 2023-2024				UCD-University Campus Day	
	GROUP A		GROUP B		GROUP C	
04/09/2023	Preparing for Year 4 Clinical Practice					
11/09/2023	MENTAL HEALTH		PAEDIATRICS	OBSTETRICS/NEONATOLOGY	PALLIATIVE CARE	ONCOLOGY
18/09/2023						
25/09/2023		UCD 26/09/2023				
02/10/2023						
09/10/2023						
16/10/2023	Consolidation and Prep wk 2					
23/10/2023	PAEDIATRICS	OBSTETRICS/NEONATOLOGY	PALLIATIVE CARE	ONCOLOGY	MENTAL HEALTH	
30/10/2023						
06/11/2023		UCD 07/11/2023				
13/11/2023						
20/11/2023						
27/11/2023	Consolidation and Prep wk 3					
04/12/2023	PALLIATIVE CARE	ONCOLOGY	MENTAL HEALTH		PAEDIATRICS	OBSTETRICS/NEONATOLOGY
11/12/2023						
18/12/2023	CHRISTMAS BREAK			CHRISTMAS BREAK		
25/12/2023	CHRISTMAS BREAK			CHRISTMAS BREAK		
01/01/2024		UCD 02/01/2024				
08/01/2024						
15/01/2024						
22/01/2024	Consolidation and Prep wk 4					
29/01/2024	FORMATIVE EXAMS					
05/02/2024	MEDICINE	MEDICINE	SURGERY	SURGERY	GENERAL PRACTICE	GENERAL PRACTICE
12/02/2024						
19/02/2024						
26/02/2024						
04/03/2024	SURGERY	SURGERY	GENERAL PRACTICE	GENERAL PRACTICE	MEDICINE	MEDICINE
11/03/2024						
18/03/2024		UCD 19/03/2024				
25/03/2024						
01/04/2024	EASTER BREAK			EASTER BREAK		
08/04/2024	Consolidation and Prep wk 5					
15/04/2024	GENERAL PRACTICE	GENERAL PRACTICE	MEDICINE	MEDICINE	SURGERY	
22/04/2024						
29/04/2024		UCD 30/04/2024				
06/05/2024						
13/05/2024	REVISION WEEK	REVISION WEEK	REVISION WEEK	REVISION WEEK	REVISION WEEK	
20/05/2024	REVISION WEEK	REVISION WEEK	REVISION WEEK	REVISION WEEK	REVISION WEEK	
27/05/2024	EXAMS WEEK	EXAMS WEEK	EXAMS WEEK	EXAMS WEEK	EXAMS WEEK	
03/06/2024	NEUROLOGY	ALL GROUPS		NEUROLOGY	ALL GROUPS	
10/06/2024						
17/06/2024		UCD 18/06/2024				
24/06/2024						
01/07/2024	TRANSITION WEEK					

Please note that placement handbooks may be subject to change and will be communicated.

## **Appendix II. Placement learning activities mapped to areas of clinical practice**

### **Medicine (Care of the elderly/stroke, renal and rheumatology):**

- 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 their 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.

### **Surgery (general, orthopaedics, plastic surgery and ophthalmology)**

- Conduct at least four clinical case summaries. This can be evidenced using the Cased-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 their 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.

### **General Practice:**

- Conduct at least four clinical case summary. This can be evidenced using the Cased-based Summary (CbS) form.



## MBCbB Year 4: Educational Supervisor Guide (Trust)

- 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 their 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.

### **Neurology and neurosurgery:**

- Conduct at least four clinical case summaries. This can be evidenced using the Cased-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 their 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.

### **Mental health (working age, old age and CAMHS):**

- 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.

## MBCChB Year 4: Educational Supervisor Guide (Trust)

- 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 their 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.

### **Paediatrics, neonatology & obstetrics:**

- 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 their 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.

### **Palliative care & oncology**

- Conduct at least two clinical case summaries. This can be evidenced using the Cased-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 their 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.

**Appendix III. Case-based learning and expert teaching sessions.**

**CASE BASED LEARNING SESSIONS**

**PALLIATIVE CARE ONCOLOGY**

Palliative Care	Care of the Dying Patient Planning Ahead
Oncology	Principles of chemotherapy, hormone therapy, and radiotherapy in patients with breast cancer Principles of chemotherapy, immunotherapy, and radiotherapy in patients with lung cancer

**MENTAL HEALTH**

The Patient with Psychosis  
Personality disorders  
CAMHS  
Suicide and self harm

**PAEDS/NEO and OBS**

Paediatrics	The older child with Abdominal Pain The child with bruising
Neonatology Obstetrics	Problems associated with Newborn and Preterm Infants High Risk Pregnancy-Twins, alcohol, age extremities

**SURGERY**

General Surgery	Intestinal obstruction and ileus/GI perforation
Plastics	A case of Burns
Ophthalmology	Acute red eye
Orthopaedics	Neck of femur fracture

**MEDICINE**

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

**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

### NEUROLOGY/NEUROSURGERY

Seizures  
Multiple Sclerosis  
Motor Neurone Disease

### EXPERT TEACHING SESSIONS

#### PALLIATIVE CARE ONCOLOGY

Palliative Care	Spiritual Care 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

### MENTAL HEALTH

Revision of history taking and enhanced mental state examination  
CAMHS The patient with an Eating Disorder  
Later life- Dementia, Depression  
Alcohol, Drugs and other Addiction

### PAEDS/NEO and OBS

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--DM, hypertension, infection/Postpartum haemorrhage

### SURGERY

General Surgery	Peritonitis
Plastics	Lacerations, wound healing
Ophthalmology	The aging eye (glaucoma, cataract, macular degeneration)
Orthopaedics	Common Upper limb fractures

### MEDICINE

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

### 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

## NEUROLOGY/NEUROSURGERY

Haemorrhage SAH, Extra and subdural  
Spinal injury  
Myasthenia Gravis

### Appendix IV. Learning Objectives for Placements

#### 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

### **Mental Health Placement**

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



## **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.

## **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

### **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

### **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

### **General Practice Placement**

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.

### **Neurology/Neurosurgery Placement**

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



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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

## Appendix V. Clinical Presentations and Conditions

### Cancer

Presentations	Conditions
Abdominal distension	Basal cell carcinoma
Abdominal mass	Bladder cancer
Acute and chronic pain management	Brain metastases
Ascites	Breast cancer
Bleeding from lower GI tract	Cervical cancer
Bleeding from upper GI tract	Colorectal tumours
Bone pain	Endometrial cancer
Breast lump	Gastric cancer
Breathlessness	Hypercalcaemia of malignancy
Change in bowel habit	Leukaemia
Cough	Lung cancer
Decreased appetite	Lymphoma
Electrolyte abnormalities	Malignant melanoma
Fatigue	Metastatic disease
Haematuria	Multiple myeloma
Haemoptysis	Oesophageal cancer

## Medicine of older adult

Presentations	Conditions
Abnormal involuntary movements	Benign paroxysmal positional vertigo
Auditory hallucinations	Cardiac failure
Blackouts and faints	Delirium
Chest pain	Dementias
Confusion	Hyperthermia and hypothermia
Constipation	Lower limb fractures
Dizziness	Malnutrition
Driving advice	Non-accidental injury
Elder abuse	Osteoporosis
Electrolyte abnormalities	Parkinson's disease
Faecal incontinence	Pressure sores
Falls	Stroke
Frailty	Urinary incontinence
Hearing loss	
Hypertension	
Immobility	
Memory loss	
Mental capacity concerns	
Peripheral oedema and ankle swelling	
Skin ulcers	
Struggling to cope at home	
Trauma	
Urinary incontinence	
Urinary symptoms	

## Mental health

Presentations	Conditions
Abnormal eating or exercising behaviour	Acute stress reaction
Addiction	Alcoholic hepatitis
Anxiety, phobias, OCD	Anxiety disorder: generalised
Auditory hallucinations	Anxiety disorder: post-traumatic stress disorder
Behaviour/personality change	Anxiety, phobias, OCD
Behavioural difficulties in childhood	Attention deficit hyperactivity disorder
Child abuse	Autism spectrum disorder
Chronic abdominal pain	Bipolar affective disorder
Confusion	Delirium
Decreased appetite	Dementias
Driving advice	Depression
Elation/elated mood	Drug overdose
Elder abuse	Eating disorders
End of life care/symptoms of terminal illness	Personality disorder
Fatigue	Schizophrenia
Fixed abnormal beliefs	Self-harm
Learning disability	Somatisation
Loss of libido	Substance use disorder
Low mood/affective problems	Tension headache
Memory loss	Wernicke's encephalopathy
Mental capacity concerns	
Mental health problems in pregnancy or postpartum	
Overdose	
Palpitations	
Pressure of speech	
Self-harm	
Sleep problems	
Somatisation/ medically unexplained physical symptoms	
Struggling to cope at home	
Substance misuse	
Suicidal thoughts	
Threats to harm others	

Visual hallucinations
Weight gain
Weight loss

## Neurosciences

Presentations
Abnormal development/ developmental delay
Abnormal involuntary movements
Acute and chronic pain management
Acute change in or loss of vision
Altered sensation, numbness and tingling
Anosmia
Back pain
Behaviour/personality change
Blackouts and faints
Breathlessness
Confusion
Decreased/loss of consciousness
Diplopia
Dizziness
Driving advice
Eye pain/discomfort
Facial pain
Facial weakness
Fasciculation
Fits/seizures
Head injury
Headache
Limb weakness
Limp
Memory loss
Muscle pain/ myalgia
Neck pain/stiffness
Neuromuscular weakness
Ptosis
Sleep problems
Speech and language problems
Swallowing problems

Conditions
Acoustic neuroma
Bell's palsy
Brain abscess
Brain metastases
Cerebral palsy and hypoxic-ischaemic encephalopathy
Chronic fatigue syndrome
Dementias
Diabetic neuropathy
Encephalitis
Epilepsy
Essential tremor
Extradural haemorrhage
Febrile convulsion
Malaria
Ménière's disease
Meningitis
Metastatic disease
Migraine
Motor neurone disease
Multiple sclerosis
Muscular dystrophies
Myasthenia gravis
Parkinson's disease
Peripheral nerve injuries/palsies
Radiculopathies
Raised intracranial pressure
Spinal cord compression
Spinal cord injury
Spinal fracture
Stroke
Subarachnoid haemorrhage

Trauma
Tremor
Urinary symptoms
Unsteadiness
Vertigo

Subdural haemorrhage
Tension headache
Transient ischaemic attacks
Trigeminal neuralgia
Wernicke's encephalopathy

### Ophthalmology

<b>Presentations</b>
Acute change in or loss of vision
Allergies
Diplopia
Eye pain/discomfort
Eye trauma
Facial/periorbital swelling
Flashes and floaters in visual fields
Foreign body in eye
Gradual change in or loss of vision
Loss of red reflex
Red eye
Squint

<b>Conditions</b>
Acute glaucoma
Benign eyelid disorders
Blepharitis
Cataracts
Central retinal arterial occlusion
Chronic glaucoma
Conjunctivitis
Diabetic eye disease
Infective keratitis
Iritis
Macular degeneration
Optic neuritis
Periorbital and orbital cellulitis
Retinal detachment
Scleritis
Thyroid eye disease
Uveitis
Visual field defects

### Palliative and end of life care

<b>Presentations</b>
Acute and chronic pain management
End of life care/symptoms of terminal illness
Nausea
Neuromuscular weakness

<b>Conditions</b>
Cardiac failure
Metastatic disease
Multi-organ dysfunction syndrome

## Renal and urology

Presentations
Abnormal urinalysis
Acute kidney injury
Chronic kidney disease
Dehydration
Electrolyte abnormalities
Erectile dysfunction
Haematuria
Hypertension
Oliguria
Peripheral oedema and ankle swelling
Scrotal/testicular pain and/or lump/swelling
Urinary symptoms

Conditions
Acute kidney injury
Benign prostatic hyperplasia
Bladder cancer
Chronic kidney disease
Dehydration
Diabetes insipidus
Diabetic nephropathy
Epididymitis and orchitis
Multiple myeloma
Nephrotic syndrome
Prostate cancer
Testicular cancer
Urinary incontinence
Urinary tract calculi
Urinary tract infection

## Surgery

Presentations
Abdominal distension
Abdominal mass
Acute abdominal pain
Ascites
Bleeding from lower GI tract
Bleeding from upper GI tract
Breast lump

Conditions
Acute pancreatitis
Anal fissure
Aortic aneurysm
Aortic dissection
Aortic valve disease
Appendicitis
Breast abscess/ mastitis

Breast tenderness/pain
Change in bowel habit
Change in stool colour
Haematuria
Lacerations
Loin pain
Lump in groin
Nipple discharge
Painful sexual intercourse
Post-surgical care and complications
Rectal prolapse
Scrotal/testicular pain and/or lump/swelling
Subfertility
Trauma
Urinary incontinence
Urinary symptoms
Vaginal prolapse

Breast cancer
Breast cysts
Colorectal tumours
Fibroadenoma
Fibroids
Gastrointestinal perforation
Hernias
Intestinal ischaemia
Intestinal obstruction and ileus
Intussusception
Oesophageal cancer
Ovarian cancer
Pancreatic cancer
Pelvic inflammatory disease
Perianal abscesses and fistulae
Peritonitis
Postpartum haemorrhage
Surgical site infection
Testicular cancer
Testicular torsion
Varicose veins
Volvulus