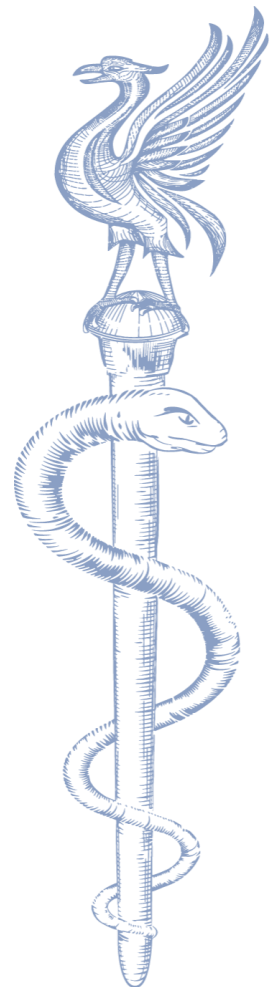




Year 3 MBChB Placement E-portfolio Requirements

2022/23



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1. Placement overview

Our MBChB curriculum provides an opportunity to further enhance all clinical placements, based on student evaluations, quality visits and the changing face of healthcare practice. This model allows students to get the very best clinical experience across all partner sites, with improved supervision and feedback opportunities.

Year 3 consists of 7 integrated placements, each of four weeks:

- Medicine A (Cardiology; Respiratory; Dermatology)
- Medicine B (Gastroenterology; Diabetes & Endocrinology; Infection & Infectious Diseases)
- Obstetrics & Gynaecology
- Paediatrics
- General Practice (GP)
- Surgery A (Upper GI and Colorectal Surgery; Urology; Breast Surgery)
- Surgery B (Trauma & Orthopaedics; Vascular Surgery)

Each placement will have some focused learning activities (key ‘sees and dos’) but across the year **we expect students to try and integrate their patient assessment to understand how the history, examination and investigations build up a clinical picture and diagnosis.** Equally, many of the ‘core conditions’ on clinical placements do not exist in isolation. Primary, community and acute hospital settings give our students an opportunity to integrate practice and see the full picture of patient care.

The following tables summarise the formal teaching across the Year 3 placements.

1.1 GP Placement

| Summary of Formal Teaching in GP Placement | |
|--|--|
| Pre-block specialist “placement primer” teaching | <ul style="list-style-type: none"> • The role of the GP within the NHS • The structure of the GP placement • Remote consulting • Helpful hints and tips (including advice regarding Primary Care mental health consultations) |
| Supervision | All students have initial, weekly and end of block sign-off supervision meetings |
| Formal Teaching | CCT sessions (on each Thursday during GP Placement; delivered by University Team): <ol style="list-style-type: none"> 1. What is General Practice? 2. Dermatology in Primary Care 3. Cardiovascular Disease Risk Assessment 4. Physical Disability in Primary Care |
| Required Placement Activities | Please see the placement requirements on the General Practice A section of this document |

1.2 Hospital Placements

| | Med A | Med B | Surg A | Surg B | O&G | Paeds |
|--|--|---|---|---|---|--|
| <p>Pre-block specialist 'placement primer' teaching</p> <p>that takes place in the sessions in academic weeks before each rotation (other topics are covered in lecture material and in CCT sessions)</p> | <p>History, examination and investigation.</p> <p>Sign posting to relevant medicines and drug classes</p> <p>Dermatology terminology, history, diagnosis & basic treatment of the most common skin presentations</p> | <p>Electrolytes and fluids</p> <p>Metabolic and Diabetic Emergencies</p> <p>GI History and Examination</p> <p>PUO and assessment of the febrile patient</p> | <p>Wound care</p> <p>Pain Management</p> <p>Stoma care</p> <p>Catheter Care</p> <p>Drain Management</p> | <p>Arthritis</p> <p>Fracture treatment</p> <p>Symptomatic carotid stenosis</p> <p>Aortic aneurysms</p> | <p>Specialist O+G history taking</p> <p>Assessment (pelvic exam, speculum exam, cervical smear)</p> <p>(Note: the intention is for Y3 to focus on general gynaecology and obstetrics)</p> | <p>The normal child milestones and regression.</p> <p>Specialist paediatric history and examination</p> <p>(Note the intention is for Y3 to focus on the normal child and how they may become unwell; in Y4 aspects such as chronic and complex illness will be covered)</p> |
| Supervision | Students in all rotations have initial, weekly and end of block sign-off supervision meetings | | | | | |
| <p>Formal teaching</p> <p>Over the course of the placement, students will attend 4 CBL tutorials and have 4 bedside teaching slots delivered by senior (ST3+) doctors</p> | <p>CBLs:</p> <p>Chest pain</p> <p>ECG Interpretation</p> <p>Breathlessness</p> <p>Eruptions, Erythroderma and Vasculitis</p> | <p>CBLs:</p> <p>Dysphagia, Dyspepsia and Diarrhoea</p> <p>Jaundice and Ascites</p> <p>Diabetes</p> <p>Infection & Infectious Diseases</p> | <p>CBLs:</p> <p>Colorectal Disease</p> <p>Upper GI and Hepatobiliary Disorders</p> <p>Red Flag/2WW Urology Referrals</p> <p>Breast Conditions</p> | <p>CBL's:</p> <p>Hip Fracture, Soft Tissue Infection & Compartment Syndrome</p> <p>Spinal Injuries</p> <p>Elbow/Knee Injuries</p> <p>Aneurysm and the Acutely Ischaemic Leg</p> | <p>CBLs:</p> <p>Labour and Delivery</p> <p>Normal / Complex ANC</p> <p>Menstrual Disorders</p> <p>Pelvic Pain</p> | <p>CBLs:</p> <p>Abdominal Pain</p> <p>Breathlessness</p> <p>Developmental Delay</p> <p>Sepsis and Childhood Infection</p> |
| Required placement activities | Please see the 'placement requirements' from page 8 of this document, which are mapped to the portfolio requirements | | | | | |

2. Requirements

This workbook outlines the activities that student doctors are expected to capture throughout their clinical placements within Year 3 of the MBChB programme. Students are required to complete the corresponding form, template, obtain a certificate and attach it as evidence to the relevant section of their **MBChB Year 3 Clinical Workbook** within the e-portfolio system.

All minimum numbers (activities) are required to be completed for student doctors to progress to their next year of studies. Recommended numbers are considered to be an appropriate number for student doctors to adequately prepare for their clinical examinations and future practice as a junior doctor.

E-portfolio progress will be reviewed at end of placement Education Supervisor meetings, Academic Advisor meetings and at the end of the academic year. The e-portfolio is an Assessment for Progression. All minimum activities are to be completed by the end of the academic year for student doctors to progress to Year 4.

Final submission date for all e-portfolio submissions and attachments will be confirmed soon.

2.1 Important information:

- All CPADs, OEs and performed DOPS must be signed by an assessor.
- Student Declaration forms and observed DOPS forms do not require a sign off by an assessor.
- CPADs and OEs are to be completed by doctors (midwives can complete obstetric palpation OEs).
- DOPS forms can be completed by any healthcare professional who commonly performs the procedure. They cannot be completed by fellow student doctors.
- All forms requiring a signature must contain the following; grade for the activity, name and position of the person completing
- Student doctors who are unable to obtain a signature on the PebblePocket App from an assessor, can email them an e-version of the form.
- Student doctors are advised to encourage individuals completing their forms to provide them with **written feedback comments**.
- Forms must be completed by a **variety of different doctors** of different grades and at different stages in the placement.
- Forms must reflect a variety of different Case Presentations and Discussions (CPADs) and Observed Examinations (OEs)
- Forms must be relevant to the placement e.g. a surgical OE must be completed on a surgical system e.g. GIT, orthopaedic, vascular (a CVS or RS examination would not be acceptable).
- Forms can only be used to capture one activity (e.g. one examination only), and forms should only be attached to one section (i.e. no duplication).

- CPADs are to include the presentation of a history, examination, summary, differential diagnoses and the discussion of a management plan. Student doctors are required to include a brief summary of the case, but are not expected to write up full details of the history and examination on the form itself but should be prepared to demonstrate full notes to the assessor, if required.
- Different patients should be used for CPADs and OEs.
- CPADs are to be presented by individual student doctors and not in pairs or groups.
- Forms must be attached in the correct location of the clinical workbook
- Student doctors will know that their evidence is attached correctly as a page icon will appear next to the 'Add' button, with a number confirming the attached evidence count.
- It is the student doctor's responsibility to ensure that all evidence is completed and correctly attached to their workbook.

The e-portfolio is an Assessment for Progression. All minimum activities are to be completed by the end of the academic year/final e-portfolio checkpoint for student doctors to progress to Year 4. Evidence attached after the end of year deadline will not be accepted.

End of Year deadline: 10am on Friday 16th June 2023

2.2 Certificates of mandatory induction training

To be completed by **10am on Wednesday 7th September 2022**. You will login to the e-Learning for Healthcare website to complete these modules.

- Data Security Awareness - Level 1
- Fire Safety - Level 1
- Health, Safety & Welfare - Level 1
- Moving & Handling - Level 1
- Infection Prevention & Control - Level 1
- Preventing Radicalisation - Basic Prevent Awareness
- Safeguarding Children - Level 1
- Safeguarding Children - Level 2
- Safeguarding Adults - Level 1 (Only if not completed in Y2 e.g. IMU & OMFS students etc.)
- Adult Sepsis (IMU & OMFS students only)

During the academic year student doctors will receive a Simulation Training Day certificate, which should be attached to the Medicine B page of their workbook.

Student doctors are also required to undergo Basic Life Support Training each academic year. This will be undertaken at one of your placements prior to the Christmas break and the training certificate must be attached to your workbook by **10am on Friday 16th December 2022**.

2.3 Requirements for First Academic Advisor (AA1) meeting

- Minimum number of forms for each placement completed so far e.g. CPADs, OEs and Student Declarations.
- First and End of placement Educational Supervisor (ES) meetings completed. All fields completed by student doctor and ES
- Demonstration of progress in acquiring mandatory DOPS experience.

2.4 Requirements for Second Academic Advisor (AA2) meeting

- Minimum number of forms for each placement completed so far e.g. CPADs, OEs and Student Declarations.
- First and End of placement Educational Supervisor (ES) meetings completed. All fields completed by student doctor and ES
- At least **ten** mandatory DOPS of any combination.

Leadership & Management Experience Day

This is provisionally planned to take place at the end of the academic year, further instructions will follow.

3. Direct Observation of Procedural Skills (DOPS)

Mandatory DOPS acquired on this placement are to be recorded on the DOPS Clinical Skills page. DOPS can be completed during any placement and are expected to be performed regularly throughout the academic year.

3.1 Mandatory DOPS

| Skill | Mandatory Observed* | Mandatory Performed |
|--|---------------------|---------------------|
| IM/SC Injection | | 2 |
| NEWS2 Recording | | 2 |
| Venepuncture | | 2 |
| 12 lead ECG Record & Interpret | | 1 |
| ANTT/Surgical scrubbing up | | 1 |
| Arterial or venous blood gas sampling | | 1 |
| Catheter Care | | 1 |
| Child Growth: Measure & Record | | 1 |
| Dipstick Urinalysis | | 1 |
| Inhaler Technique | | 1 |
| PEFR Measurement | | 1 |
| Stoma Care | | 1 |
| Application/Removal of Plaster | 1 | |
| Arterial or venous blood gas sampling | 1 | |
| Partogram: Record & Interpret | 1 | |
| Speculum Examination | 1 | |
| Urinary Catheterisation: Male or Female | 1 | |

*Please note that mandatory observed DOPS can also be performed. Student doctors are permitted and encouraged to perform these DOPS, should the opportunity arise.

3.2 Additional DOPS Opportunities

Non-mandatory DOPS should be observed and practiced throughout the year where possible, to build performance competency.

We strongly encourage you to practice the skills outlined below. For later year students this will mean revisiting skills taught in earlier academic years to maintain skill progression and safe practice. We recommend that you observe and perform these skills at every opportunity throughout your placements. You can demonstrate your learning by recording both Observed and Performed DOPS and attaching them to your clinical workbook.

E.g. Paediatric urine sample collection.

4. Recording clinical activity on placement

4.1 PebblePocket App

Student doctors can record their clinical activity using the PebblePocket App on their mobile device. At the start of the academic year, student doctors are to ensure that they update their device so they can view the 22/23 forms e.g. CPADs, OEs, DOPS, and Student Declarations.

4.2 E-forms

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

| 5. Medicine A placement activities | | |
|---|---------------------|--|
| Activity | Form | Minimum and recommended numbers |
| Cases | CPAD | Minimum number: 4 Recommended number: 8 These are to be obtained during your ward work activity time. Record CPADs from a range of cases including some of the following: Ischaemic Heart Disease and cardiac chest pain; Valvular disease; Heart Failure and cardiac shortness of breath; arrhythmias, Obstructive sleep apnoea; Infection (infective exacerbation airways disease/pneumonia); Obstructive lung disease (COPD/Asthma); Pleural effusion; Lung cancer, Suspected skin cancer; patient with a rash. |
| Examinations | OE | Minimum number 2 Recommended number 3 (aim to include one CVS & one Resp exam) |
| Procedures | DOPS | Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, perform/Interpret ECG, inhaler technique, PEFr measurement, dipstick urinalysis, Arterial or venous blood gas sampling. |
| Ward rounds | Student Declaration | Minimum 3 per placement (including board round) Describe the setting and which core condition patients were seen and activities undertaken (e.g. consent, prophylaxis, discharge planning, or oxygen delivery). |
| Clinics | Student Declaration | Minimum number 3 Recommended number: 4 |
| Investigative experiences | Student Declaration | Minimum 3 forms per placement. (Please note: separate forms can be completed for individual procedures). Describe the tests or imaging you have witnessed. Try to demonstrate a range of those from Chest Radiography interpretation; Echocardiography – observation, Chest Ultrasound observation (\pm pleural aspiration and or insertion of a chest drain); Bronchoscopy Spirometry- observation; 24hr BP monitor – fitting this to a patient and analysis; 24hr and 5 day ECG monitoring - fitting this to a patient and analysis; Dermatology, theatre, biopsy session; Dermatology therapy session e.g. Phototherapy |
| On-call | Student Declaration | One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day. |
| Multi-Professional working | Student Declaration | Aim to attach one form for each activity. Minimum 2 forms. 1. Record an occasion when you spent time with a nurse specialist |

| 5. Medicine A placement activities | | |
|--|---------------------|--|
| Activity | Form | Minimum and recommended numbers |
| | | 2. Record an occasion when you spent time at an MDT 3. Record an occasion where you have discussed prescribing plans with a pharmacist in a clinical setting e.g. ward round |
| Additional Opportunities you have found | Student Declaration | Desirable but not essential. Recommended activity includes: Pacemaker implantation, Loop/ILR device implantation, Cardiac catheterisation, Cardiac CT, CMR, Cardiorespiratory exercise testing, Bronchial Challenge testing (Histamine/Methacholine), Measurement of Fraction of Exhaled Nitric Oxide |
| First and End of placement Educational Supervisor (ES) meetings | Meeting forms | All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting). |
| Teaching Tutorials | n/a | 1 x Placement Induction Session 4 x Case Based Learning (CBL) Tutorials 4 x Bedside Teaching Tutorials 1 x Clinical Skills Tutorial (PEFR/Inhaler technique) 1 x Safe Prescribing/Pharmacy Tutorial |

| 6. Medicine B placement activities | | |
|---|---------------------|--|
| Activity | Form | Minimum and recommended numbers |
| Cases | CPAD | Minimum number: 4 Recommended number: 8 These are to be obtained during your ward work activity time. Record CPADs from a range of cases involving some of the following: diabetic foot, acute diabetic complication, a febrile illness, thyroid disease, hyponatraemia, HIV, liver disease, inflammatory bowel disease, GI malignancy, bacteraemia, nosocomial infection. |
| Examinations | OE | Minimum number 2 Recommended number 3 (must include at least one GI examination) |
| Procedures | DOPS | Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, dipstick urinalysis. |
| Ward rounds | Student Declaration | 3 per placement (including board round) Describe the setting and which core condition patients were seen and activities undertaken (e.g. consent, prophylaxis and discharge planning). |
| Clinics | Student Declaration | Minimum number: 3 Recommended number: 4 |
| Investigative experiences | Student Declaration | Minimum 3 forms per placement. (Please note: separate forms can be completed for individual procedures). Describe the tests or imaging you have witnessed. Try to demonstrate a range of those from: An endocrine related (Pituitary / adrenal) MRI, Liver US, Common radiology of gastroenterology: megacolon, CT, plan x-ray, Common radiology of Infectious disease, A luminal scope, Paracentesis, A thyroid US/FNA |
| Year 3 Simulation Training Day | Certificate | Trust simulation training. Certificate* to be attached to Medicine B page (*or Student Declaration Form if certificate from Trust is not available). |
| On-call | Student Declaration | One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day. |
| Multi-Professional working | Student Declaration | Minimum 3 forms in total <ol style="list-style-type: none"> 1. Record an occasion when you spent time with a nurse specialist 2. Record an occasion when you spent time at an MDT 3. Record an occasion when you have discussed prescribing plans with a pharmacist in a clinical setting e.g. ward round |

| 6. Medicine B placement activities | | |
|--|---------------------|---|
| Activity | Form | Minimum and recommended numbers |
| | | 4. Record an occasion when you spent time with a podiatrist 5. Record an occasion when you spent time with a dietician 6. Record an occasion when you spent time with the microbiologist |
| Additional Opportunities you have found | Student Declaration | Desirable but not essential. Recommended activity includes: A general ID / tropical ID clinic, An Immunocompromised patient with infection, a patient with CNS infection, meningitis, encephalitis, a patient who has diabetes and is pregnant, a patient receiving TPN, a fibroscan, Liver biopsy, Lumbar puncture, Arterial Doppler/angiograms |
| First and End of placement Educational Supervisor (ES) meetings | Meeting forms | All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting). |
| Teaching Tutorials | n/a | 1 x Placement Induction Session 4 x Case Based Learning (CBL) Tutorials 4 x Bedside Teaching Tutorials 1 x Trust-based Simulation Day 1 x Safe Prescribing/Pharmacy Tutorial |

| 7. Surgery A placement activities | | |
|--|---------------------|--|
| Activity | Form | Minimum and recommended numbers |
| Cases | CPAD | Minimum number: 4 Recommended number: 8 These are to be obtained during your ward work activity time. Record CPADs from a range of cases involving some of the following: A patient with a catheter, A patient with a stoma, Complex surgical management either due to serious illness (Crohns, Severe Pancreatitis) or iatrogenic injury (Bile duct transections, other complications), Laparoscopic vs. Open Surgery. |
| Examinations | OE | Minimum number 2 Recommended number 3 (recommended to include breast examination) |
| Procedures | DOPS | Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, insertion of male/female catheter, scrubbing in/ANTT, catheter care, stoma care. |
| Ward rounds | Student Declaration | 3 per placement (including board rounds) Describe the setting and which core condition patients were seen and activities undertaken (e.g. consent, prophylaxis and discharge planning). |
| Clinics | Student Declaration | Minimum number: 3 Recommended number: 4 |
| Theatre/Investigative experiences | Student Declaration | Minimum 4 per placement (Please note: separate forms can be completed for individual procedures). Describe the surgery, tests or imaging you have witnessed. Try to demonstrate a range of those from: Lower GI endoscopy, Sigmoidoscopy, Laparotomy, Laparoscopy, Cystoscopy, Mammography, radiology reporting. |
| On-call | Student Declaration | One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day. |
| Multi-Professional working | Student Declaration | Minimum 2 forms. <ol style="list-style-type: none"> 1. Record an occasion when you spent time with a nurse specialist e.g. stoma discussion. 2. Record an occasion when you spent time at an MDT 3. Record an occasion when you have discussed prescribing plans with a pharmacist in a clinical setting e.g. ward round |

| Activity | Form | 7. Surgery A placement activities Minimum and recommended numbers |
|--|---------------------|---|
| | | 4. Record an episode when you shadowed the anaesthetic pre-op, management and post-op assessment of a patient |
| Additional Opportunities you have found | Student Declaration | Desirable but not essential. Recommended activity includes: Escalation and step down of elective and emergency care, including HDU & ITU, discharge planning, informed consent, VTE risk assessment, WHO checklist. |
| First and End of placement Educational Supervisor (ES) meetings | Meeting forms | All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting). |
| Teaching Tutorials | n/a | 1 x Placement Induction Session 4 x Case Based Learning (CBL) Tutorials 4 x Bedside Teaching Tutorials 1 x Clinical Skills Tutorial (Recap of male genital/rectal examination) 1 x Safe Prescribing/Pharmacy Tutorial |

| Activity | Form | 8. Surgery B Orthopaedics placement activities Minimum and recommended numbers |
|--|---------------------|---|
| Cases | CPAD | Minimum number: 3 Recommended number: 6 These are to be obtained during your ward work activity time. Record CPADs from a range of cases involving some of the following: Arthritis (hip, knee etc.) Hip fracture, Extremity fracture (wrist, ankle etc.), Knee injury (fracture, ligamentous or meniscal), Neuropathy (carpal tunnel syndrome etc.), Tendon pathology (rotator cuff, Achilles etc.) |
| Examinations | OE | Minimum number 2 Recommended number 3 |
| Procedures | DOPS | Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, application of plaster, removal of plaster/splint, scrubbing in/ANTT. |
| Ward rounds | Student Declaration | 2 per Orthopaedic placement. Describe the setting and which core condition patients were seen and activities undertaken (e.g. consent, prophylaxis and discharge planning). |
| Clinics | Student Declaration | Aim to include fracture, elective/follow up orthopaedic clinics. Minimum number 2 Recommended number 3 |
| Theatre/Investigative experiences | Student Declaration | Minimum 3 per placement (Please note : separate forms can be completed for individual procedures). Describe the surgery, tests or imaging you have witnessed. Try to demonstrate a range of those from: Large joint arthroplasty; Fracture fixation with plates and screws, Hip fracture treatment, Plain MSK film interpretation |
| On-call | Student Declaration | One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day. |
| Multi-Professional working | Student Declaration | Aim to attach one form for each activity. Minimum 2 forms. <ol style="list-style-type: none"> 1. Record an occasion when you spent time with a physiotherapist. 2. Record an occasion when you spent time at an MDT- with the trauma/radiology meeting or a session with orthogeriatric liaison or early post-op physio 3. Record an occasion when you have discussed prescribing plans with a pharmacist in a clinical setting e.g. ward round |

| 8. Surgery B Orthopaedics placement activities | | |
|--|---------------|---|
| Activity | Form | Minimum and recommended numbers |
| | | 4. Record an episode when you shadowed the anaesthetic pre-op, management and post-op assessment of a patient |
| First and End of placement Educational Supervisor (ES) meetings | Meeting forms | All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting). |
| Teaching Tutorials | n/a | 1 x Placement Induction Session 4 x Case Based Learning (CBL) Tutorials 4 x Bedside Teaching Tutorials 1 x Clinical Skills Tutorial (Sterile gloving/ANTT) 1 x Safe Prescribing/Pharmacy Tutorial |

| 9. Surgery B Vascular placement activities | | |
|--|---------------------|---|
| Activity | Form | Minimum and recommended numbers |
| Cases | CPAD | Minimum number: 1 Recommended number: 2 These are to be obtained during your ward work activity time. Record CPADs from a range of cases involving some of the following: Acute and chronic limb Ischaemia, Aneurysm |
| Examinations | OE | Minimum number 1 Recommended number 2 |
| Procedures | DOPS | Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, scrubbing in/ANTT |
| Ward Rounds | Student Declaration | Recommended number: 1 Describe the setting and which core condition patients were seen and activities undertaken (e.g. consent, prophylaxis and discharge planning). |
| Clinics | Student Declaration | Vascular clinic (This may be undertaken at your Surgery B base hospital) Recommended number: 1 |
| Theatre/Investigative experiences | Student Declaration | Minimum 2 per placement (Please note : separate forms can be completed for individual procedures). Describe the surgery, tests or imaging you have witnessed. Try to demonstrate a range from; Amputation; revascularisation procedure, Carotid imaging, CT Angiography interpretation; catheter angiogram/angioplasty |
| Multi-Professional working | Student Declaration | Attach one form for each activity. Minimum 2 forms. <ol style="list-style-type: none"> 1. Record the time spent in therapy led rehabilitation 2. Record an occasion spent at an MDT (typically vascular trauma meeting or vascular/ radiology MDT) |
| First and End of placement Educational Supervisor (ES) meetings | Meeting forms | All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting). |
| Teaching Tutorials | n/a | See Surgery B T+O |

| 10. GP A placement activities | | |
|--|---------------------|--|
| Activity | Form | Minimum and recommended numbers |
| Cases | CPAD | Minimum number: 5 Recommended number: 10 Record CPADs from a range of cases seen in primary care. |
| Examinations | OE | Minimum number 2 Recommended number 3 |
| Procedures | DOPS | Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, perform/interpret ECG, dipstick urinalysis, speculum examination, inhaler technique, PEFR measurement and child growth chart. |
| Mandatory Experiences | Student Declaration | Minimum number 4 All 4 experiences must be evidenced at least one time each for the placement: <ol style="list-style-type: none"> 1. Observe a 6-week Baby Check (the Student Doctors should then arrange a later follow-up with the family as either a phone call or seeing them in practice) Suggest this is done as early as possible during the placement. 2. At least 1 Home Visit with a GP (the Student Doctors should then arrange a later follow-up as either a phone call or visit). 3. 2 Chronic Disease Reviews (any clinician), 2 different of any of Asthma/COPD/CV Disease/Diabetes. 4. Lead a Consultation with a patient with a long-term condition causing a Physical Disability. Further information can be found in the Y3 GP Handbook 2022-23. |
| First and End of placement Educational Supervisor (ES) meetings | Meeting forms | All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting). |
| Additional | n/a | 1 x Placement Induction Session |

| 11. Paediatrics A placement activities | | |
|--|---------------------|--|
| Activity | Form | Minimum and recommended numbers |
| Cases | CPAD | Minimum number 4 Recommended number: 8 These are to be obtained during your ward work activity time. Record CPADs from a range of cases involving some of the following: UTI, febrile convulsion, headache, breathlessness, abdominal pain, allergic reactions, the well-baby. Please incorporate reference to nutrition, growth and development within your assessment in at least one CPAD. |
| Examinations | OE | Minimum number 2 Recommended number 3 (both on children aged 10 years old or younger) |
| Procedures | DOPS | Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: Measuring/plotting child growth, urine sample collection from a child, dipstick urinalysis. |
| Ward rounds | Student Declaration | Minimum 3 per placement (including board rounds) Describe the setting and which core condition patients were seen and activities undertaken (e.g. consent, prophylaxis and discharge planning). |
| Clinics | Student Declaration | Aim to include a mix of General/Specialist Paediatrics Minimum number 3 Recommended number: 4 |
| Investigative experiences | Student Declaration | Minimum number 3 Recommended number 4 (Please note: separate forms can be completed for individual procedures). Describe the tests or imaging you have witnessed. Aim to include at least one Radiology session |
| On-call | Student Declaration | One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day. |
| Multi-Professional working | Student Declaration | Attach one form for each activity. Minimum 2 forms. 1. Record an occasion when you spent time with a Paediatric nurse 2. Record an occasion when you have discussed prescribing plans with a Pharmacist e.g. during a ward round |
| Additional Opportunities you have found | Student Declaration | Desirable but not essential. Recommended activity includes: Record the time spent with a community paediatrician, an MDT, physiotherapy; dietetics |
| First and End of placement Educational Supervisor (ES) meetings | Meeting forms | All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting). |

| 11. Paediatrics A placement activities | | |
|---|-------------|--|
| Activity | Form | Minimum and recommended numbers |
| Teaching Tutorials | n/a | 1 x Placement Induction Session 4 x Case Based Learning (CBL) Tutorials 4 x Bedside Teaching Tutorials 1 x Clinical Skills Tutorial (Collection of a urine sample in paediatrics) 1 x Safe Prescribing/Pharmacy Tutorial |

| 12. Obstetrics & Gynaecology A placement activities | | |
|--|---------------------|---|
| Activity | Form | Minimum and recommended numbers |
| Cases | CPAD | Minimum number: 4 Recommended number: 8 These are to be obtained during your ward work activity time. Record CPADs from a range of cases involving some of the following: Pelvic pain, Menstrual disorder, Delay in labour, Bleeding in early pregnancy, Abdominal pain in pregnancy. |
| Examinations | OE | Minimum number 2 Recommended number 3 (must include at least one obstetric palpation) |
| Procedures | DOPS | Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, perform and interpret a partogram, speculum examination, female catheter insertion, scrubbing in/ANTT. |
| Clinics | Student Declaration | Aim to include Gynaecology and Antenatal/early pregnancy. Minimum number: 3 Recommended number: 4 |
| Theatre/Investigative experiences | Student Declaration | Minimum 3 per placement (Please note: separate forms can be completed for individual procedures). <ul style="list-style-type: none"> • Must include a patient journey from anaesthesia, procedure, recovery and post op review and shadow both the anaesthetic and obstetric clinicians involved. • Must include observation of an obstetric or gynaecological scan Describe other tests or imaging you have witnessed. Try to demonstrate a range of those from Gynaecology theatre procedures. |
| Delivery suite sessions | Student Declaration | Minimum 2 per placement |
| On-call | Student Declaration | One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day. |
| Multi-Professional working | Student Declaration | Attach one form for each activity. Minimum 2 forms. <ol style="list-style-type: none"> 1. Record an occasion when you spent time with a midwife and other associated professionals 2. Record an occasion when you spent time in a MDT |

| 12. Obstetrics & Gynaecology A placement activities | | |
|--|---------------------|--|
| Activity | Form | Minimum and recommended numbers |
| Additional Opportunities you have found | Student Declaration | Desirable but not essential: recommended activity includes: Community midwife sessions, midwife led booking clinic, specialist feto-maternal medicine clinic. |
| First and End of placement Educational Supervisor (ES) meetings | Meeting forms | All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting). |
| Teaching Tutorials | n/a | 1 x Placement Induction Session 4 x Case Based Learning (CBL) Tutorials 4 x Bedside Teaching Tutorials 1 x Clinical Skills Tutorial (Partogram) 1 x Safe Prescribing session |

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

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