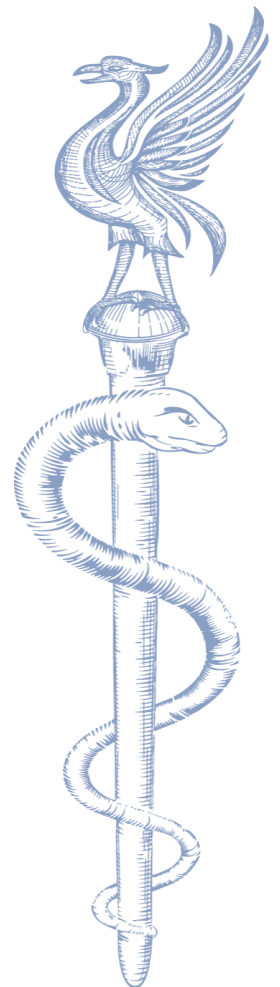




Year 5 MBChB Curriculum and ePortfolio Requirements

School of Medicine

2022-2023



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Year 5 Overview

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

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

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

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

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

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

Week Begin.	Y5	Group A				Group B				Group C				Group D				Group E			
		A1	A2	A3	A4	B1	B2	B3	B4	C1	C2	C3	C4	D1	D2	D3	D4	E1	E2	E3	E4
22/08/2022	Y4R	Year 4 Resits																			
Tue 30/08/2022	AL	Annual Leave																			
05/09/2022	AL	Annual Leave																			
12/09/2022	AL	Annual Leave																			
19/09/2022	AW1	Academic week 1																			
26/09/2022	R1	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery				CC & Anaes	CC & Anaes	Psych Skills	Skills Psych
03/10/2022	R1	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery				Psych Skills	CC & Anaes	CC & Anaes	Psych Skills
10/10/2022	R1	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery				Psych Skills	CC & Anaes	CC & Anaes	Psych Skills
17/10/2022	R1	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery				Psych Skills	CC & Anaes	CC & Anaes	Psych Skills
24/10/2022	R2	CC & Anaes	CC & Anaes	Psych Skills	Skills Psych	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery			
31/10/2022	R2	CC & Anaes	CC & Anaes	Psych Skills	Skills Psych	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery			
07/11/2022	R2	Psych Skills	CC & Anaes	CC & Anaes	Skills Psych	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery			
14/11/2022	R2	Skills Psych	Psych Anaes	Anaes Anaes	Anaes Anaes	Emergency Medicine				General Practice				Acute Medicine				Acute Surgery			
21/11/2022	R3	Acute Surgery				CC & Anaes	CC & Anaes	Psych Skills	Skills Psych	Emergency Medicine				General Practice				Acute Medicine			
28/11/2022	R3	Acute Surgery				CC & Anaes	CC & Anaes	Psych Skills	Skills Psych	Emergency Medicine				General Practice				Acute Medicine			
05/12/2022	R3	Acute Surgery				Psych Skills	CC & Anaes	CC & Anaes	Skills Psych	Emergency Medicine				General Practice				Acute Medicine			
12/12/2022	R3	Acute Surgery				Skills Psych	Psych Anaes	Anaes Anaes	Anaes Anaes	Emergency Medicine				General Practice				Acute Medicine			
19/12/2022	AL	Winter Break																			
26/12/2022	AL	Winter Break																			
Tue 03/01/2023 (BH)	R4	Acute Medicine				Acute Surgery				CC & Anaes	CC & Anaes	Psych Skills	Skills Psych	Emergency Medicine				General Practice			
03/01/2023	R4	Acute Medicine				Acute Surgery				CC & Anaes	CC & Anaes	Psych Skills	Skills Psych	Emergency Medicine				General Practice			
16/01/2023	R4	Acute Medicine				Acute Surgery				Psych Skills	CC & Anaes	CC & Anaes	Skills Psych	Emergency Medicine				General Practice			
23/01/2023	R4	Acute Medicine				Acute Surgery				Skills Psych	Psych Anaes	Anaes Anaes	Anaes Anaes	Emergency Medicine				General Practice			
30/01/2023	R5	General Practice				Acute Medicine				Acute Surgery				CC & Anaes	CC & Anaes	Psych Skills	Skills Psych	Emergency Medicine			
06/02/2023	R5	General Practice				Acute Medicine				Acute Surgery				Anaes Anaes	Anaes Anaes	Psych Skills	Skills Psych	Emergency Medicine			
13/02/2023	R5	General Practice				Acute Medicine				Acute Surgery				Psych Skills	CC & Anaes	CC & Anaes	Skills Psych	Emergency Medicine			
20/02/2023	R5	General Practice				Acute Medicine				Acute Surgery				Skills Psych	Psych Anaes	Anaes Anaes	Anaes Anaes	Emergency Medicine			
27/02/2023	STUDY	STUDY																			
06/03/2023	AFP	Study 1 Assessment for Progression																			
13/03/2023	AFP	Study 1 Assessment for Progression																			
20/03/2023	AFP	Study 1 Assessment for Progression																			
27/03/2023	AW2	Academic week 2																			
03/04/2023 (BH Fri)	AL	Spring Break																			
Tue 11/04/2023 (BH)	PFA / SAMP	PFA/SAMP																			
17/04/2023																					
24/04/2023																					
Tue 02/05/2023																					
08/05/2023	PFA / SAMP	PFA / SAMP																			
15/05/2023																					
22/05/2023																					
Tue 30/05/2023																					
05/06/2023	PFA / SAMP	PFA / SAMP																			
12/06/2023																					
19/06/2023																					
26/06/2023																					
03/07/2023	GW	Graduation week																			
10/07/2023																					
17/07/2023																					
24/07/2023																					
31/07/2023	GW	Graduation week																			
07/08/2023																					
14/08/2023																					
21/08/2023																					
28/08/2023	GW	Graduation week																			
04/09/2023																					
11/09/2023																					
18/09/2023																					

Acute Placement Overview

Year 5 2022/23 – year overview:

The major focus of year 5 is getting students ready for their transition to F1 – in ‘preparation for practice’. As such, clinical placements during the first portion of the year focus on acute presentations, so that students feel well prepared for the assessment and management of the acutely unwell patient for their transition to junior doctor working. This is then re-visited in a hands-on role in the Pre-Foundation Apprenticeship placement later in the year. Both teaching and planning of placements is guided by GMC Outcomes for Graduates 2018.

The year will commence with an academic week on **Tuesday 20th September 2022**. The first 3 days of this will be spent at the University and students will be sent to their acute **hospital** for **induction** on **Friday 23rd September** prior to commencing their Year 5 rotations on Monday 26th.

Acute Placements:

Between **26th September 2022** and **24th February 2023**, students will rotate through 4 x 4 week integrated placements in:

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

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

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

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

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

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

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

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

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

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

Timetables and documents

The required and recommended numbers of different activities and the required minimum portfolio documents are detailed in each placement specification. The numbers detailed for this year reflect feedback from students and placement colleagues in 2021-22.

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

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

1. Students should be timetabled to attend full time, demonstrating a breadth of experience of the activities of the specialty. This will mean being timetabled for more sessions of an activity (e.g., ward round) than the required number of forms. Where possible, placement timetables should facilitate **recommended numbers of activities and a range of the desired and generic experiences**.
2. Timetables should **also** incorporate the out of hours requirements in each of the acute placement block specifications. It should be noted that students will only be expected to do night shifts as part of their emergency medicine placement. Further opportunities to experience the Hospital at Night will be required in the PFA block

Students should not be timetabled to attend hospital placement on Wednesdays.

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

Teaching in Year 5

Learning on the acute hospital placements will be supported by a pan-hospital teaching programme on Wednesday mornings, which will be co-ordinated by the relevant theme and specialty leads within the School of Medicine. Students will therefore be expected on placement 4 days/week and should not be expected to attend hospital placement or be given compensatory rest on Wednesdays. Teaching will continue through the academic blocks and FY1 PractiSCE week to support students in the development of their clinical and professional proficiency.

The CBLs are delivered in specialty groups, i.e., all acute medicine students will do the CBL at the same time. As requested by trusts, the CBLs are delivered in rotation, remotely via Zoom. For a 4-week placement there will be a maximum of 70 students at a time (35 per 2-week rotation, 18 per 1 week). Facilitators from placement sites sign up to deliver CBL sessions on a rotational basis, so it is shared across sites, and the other sessions are centrally delivered. Please note the only exception to this is the Emergency Medicine pathway session which is linked to CBL 1. The teaching is coordinated by the acutely ill patient theme lead and the relevant specialty leads.

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

The clinical pharmacology and toxicology sessions are pre-recorded, and some time has been allocated to these within the programme.

Teaching plan

Wednesday morning teaching timetable

	9.00-9.45	9.45-10.30	10.30-11.00	11.00-11.45	11.45-12.30
Acute Medicine					
Week 1	Integrated patient pathways	Radiology	Break	CBL 1 Venous thromboembolism	
Week 2	Clinical pharmacology: Adverse drug reactions		Break	CBL 2 Dealing with complexity	
Week 3	Pharmacy: Acute Medicine		Break	CBL 3 Infections in Acute Medicine	
Week 4	Portfolio work				
Acute surgery					
Week 1	Radiology	Integrated patient pathways	Break	CBL 1 Visceral perforation	
Week 2	Pharmacy: Acute surgery		Break	CBL 2 RIF pain	
Week 3	Clinical pharmacology: Complex prescribing and controlled drugs		Break	CBL 3 Bowel obstruction	
Week 4	Portfolio work				
Emergency Medicine					
Week 1	CBL 1 Trauma in ED		Break	Integrated patient pathways	Radiology
Week 2	CBL 2 Poisoning and overdose		Break	Toxicology: Drug overdose, antidotes and drugs of abuse	
Week 3	CBL 3 Management of seizures		Break	Pharmacy: Emergency Medicine	
Week 4	Portfolio work				
Critical Care and Anaesthesia					
Week 1/Week 3	CBL 1 Anaesthesia: Altered GCS		Break	Radiology	Integrated patient pathways
Week 2/Week 4	CBL 2 Critical care: Respiratory failure		Break	Pharmacy: Drug calculations	

The two CBL topics in psychiatry are Eating Disorders, and Self-harm and Suicide. They will both be delivered on Wednesday morning during the psychiatry one week placement.

FY1 PracTiSCE Week (University Based Teaching)

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

The week will include:

1. **Clinical skills** working with simulated acutely ill patients known as 'whole case learning'. This is an immersive simulation experience bringing together the skills of history taking, examination and procedural skills using clinical scenarios, whilst also developing practical prescribing skills. Supervised by a clinician and clinical skills lecturer, this simulated, enhanced case-based discussion approach will also explore clinical reasoning skills and approaches to clinical decision making.
2. **High-fidelity simulation** using simulated patients, high-fidelity manikins and supported by video assisted debrief. This is an immersive simulation experience bring together technical and non-technical skills in managing highly complex communications and acutely ill patients. You will take part in scenarios and observe your peers managing scenarios through facilitated video streaming. This will be delivered by the immersive simulation and CCP teams. You will also receive training on a diverse range of communication issues using traditional CCP methods, including breaking bad news, difficult conversations, exploring mental health / assessing capacity and translating complex information to patients and family. You will then apply your knowledge and skills in a realistic and safe simulated clinical setting. You will receive a debrief following each scenario. This training will enable you to work effectively in a team, practice leadership and followership, decision making and communicate effectively with patients, carers, and fellow professionals.
3. Introduction to **point of care ultrasound (POCUS)** and ultrasound-guided vascular access; an immersive simulation experience bringing together the bedside ultrasound skills now required to enhance and support pre-existing practical invasive skills (venepuncture and cannulation).
4. Learning about the underlying causes of error in terms of **human factors** at the individual and systems level along-side final year student nurses. Group work will enable understanding of causes of anonymised safety incidents in acute care. Immersive simulation scenarios will target understanding human error and an immersive virtual environment will enable the identification of latent systems factors for error causation.

Assessment and Progression

The 4th Wednesday morning of each of the 4-week acute hospital blocks will be designated to students to write up their portfolio. This time may also be used for rescheduling of CBL or other teaching in the unlikely event there is an unexpected cancellation in weeks 1-3.

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

1. Evidence of achieving clinical competency (completion of all portfolio requirements, including the SAMP report)
2. Evidence of participation in learning (attending campus activity, all placement scheduled activity and all AFL assessment, including the AFL knowledge test)
3. Evidence of attainment in assessment for progression (Clinical assessment)

All students will also be expected to sit the SJT and PSA exams.

1. Acute Block generic expectations

20-week acute placement overview.

Activity	Form	Acute block generic activities To be achieved over 20 weeks Minimum and recommended numbers
Cases	Acute Case Report	Minimum number: 12 Recommended number: 30 These are to be obtained during your ward work activity time. Record Acute Case Reports from a range of cases during all of your placements.
Placement Experiences	Student Declaration form	Minimum number: 6 Recommended number: 12 Selected from investigative/practical experiences.
Procedures	DOPS	DOPS will be required to demonstrate competencies to appropriate level, as per Outcomes for Graduates Opportunities to practice and consolidate all previously taught skills, related to acute placements (to include: A to E assessment; ABGs and VBGs; BCs; BM; blood transfusion; BLS; cannulation; catheterisation; ECG; ILS; IM/SC/IV injections and infusions; inhaler technique; NEWS2; oxygen administration; PEFR; swabs; urine dipstick; venepuncture The evidence for DOPS can be submitted through the whole of 5 th year.
Multi-Professional Working	Student Declaration form	Although there are no minimum requirements in each clinical placement, there is an overall requirement for minimum 3 forms in the acute block as a whole.

		Examples of multi-professional team members include: physiotherapists, occupational therapists, pharmacists, dietitians, nurse specialists (e.g. stroke, alcohol, COPD, sepsis, chest pain, stoma team, frailty)
Teaching Tutorials	n/a	Pan-hospital teaching programme (half day per week), Separate teaching programme in GP (4 full days).

2. Medicine E (Acute Medicine)

Activity	Form	Acute medicine activities
		Minimum and recommended numbers
Ward rounds	Student Declaration form	<p>3 ward rounds per placement. Must include:</p> <p>2 AMU ward rounds per placement (1 form by end of week 2, 2 forms by end of week 4, with recommended 4 total).</p> <p>1 'in-reach' specialty ward round (e.g. cardiology, respiratory, gastroenterology, frailty)</p>
Clinics	Student Declaration form	1 AMU clinic or Same Day Emergency Care (SDEC) session
Procedures	DOPS	Recommended DOPS for this placement include: IV cannulation, IM injection, IV fluid line preparation, SC injection, venepuncture, arterial or venous blood gas sampling, wound care & basic wound dressing, wound swab taking, 12 lead ECG: record and interpret, vital signs (NEWS), urinary catheterisation, urinalysis.
Clerking	Student Declaration form	<p>3 patient clerking sessions per placement. May take place in GP assessment unit/AMU/ambulatory care.</p> <p>Students should attach 1 Student Declaration Form only, discussing all 3 patient clerking sessions on the one form.</p>

	Acute Case Report	2 Acute Case Reports minimum, recommended 4
Investigative experiences	Student Declaration form	<p>Investigative and practical procedures to be treated as a whole block opportunity. Should be at least 6 (recommended 12) across all hospital rotations.</p> <p>Describe the tests or imaging you have witnessed. Try to demonstrate a range of those from: lumbar punctures, pleural procedures, ascitic procedures, point of care ultrasound.</p>
On-call/twilight	Student Declaration form	<p>Minimum of 2 sessions:</p> <p>1 weekend day per placement with compensatory time off in the week. This cannot be on a Wednesday.</p> <p>Up to 6 evening shifts per 4-week placement. No more than one evening shift on the weeks either side of the weekend day. Students are not expected to be present in the morning when on these shifts.</p>
Multi-Professional working	Student Declaration	Students should take the opportunity to work with the multi-professional team. Although there are no minimum requirements in each clinical placement, there is an overall requirement for minimum 3 forms in the acute block as a whole (see Generic Expectations).
Educational Supervisor (ES) meetings	Meeting forms	<p>3 meetings</p> <p>All fields completed by student doctor and Educational Supervisor</p>

3. Surgery D (Acute Surgery)

Activity	Form	Acute surgery activities Minimum and recommended numbers
Ward rounds	Student Declaration form	<p>3 ward rounds per placement. Must include:</p> <p>2 SAU/post take ward rounds per placement (1 form by end of week 2, 2 forms by end of week 4, with recommended 4 total).</p> <p>1 'in-reach' specialty ward round (e.g. colorectal, UGI, HPB)</p>
Procedures	DOPS	Recommended DOPS for this placement include: venepuncture, IV cannulation, wound care and closure, urinary catheterisation, IM/SC/IV injections, NEWS2.
Clerking	Student Declaration form	<p>3 SAU/patient clerking sessions. Participate in registrar/consultant review where possible. Should include new referrals</p> <p>Students should attach 1 Student Declaration Form only, discussing all 3 patient clerking sessions on the one form.</p>
	Acute Case Report	<p>2 Acute Case Reports minimum, recommended 4</p> <p>To be obtained during ward work activity time or during outpatient clinics.</p>
Investigative experiences / Theatre attendances	Student Declaration form	<p>Describe the imaging or practical/operative procedures you have witnessed. Examples include imaging, ward-based procedures and theatre attendance.</p> <p>Investigative and practical procedures to be treated as a whole block opportunity. Should be at least 6 (recommended 12) across all hospital rotations.</p>
On-call/ twilight	Student Declaration form	<p>Minimum of 2 sessions</p> <p>1 weekend day per placement with compensatory time off in the week. This cannot be on a Wednesday.</p>

		<p>Up to 6 evening shifts per 4-week placement. No more than one evening shift on the weeks either side of the weekend day. Students are not expected to be present in the morning when on these shifts.</p>
<p>Multi-Professional working</p>	<p>Student Declaration</p>	<p>Students should take the opportunity to work with the multi-professional team. Although there are no minimum requirements in each clinical placement, there is an overall requirement for minimum 3 forms in the acute block as a whole (see Generic Expectations).</p>
<p>Educational Supervisor (ES) meetings</p>	<p>Meeting forms</p>	<p>3 meetings</p> <p>All fields completed by student doctor and Educational Supervisor</p>

4. Emergency Medicine

4-week placement in an Emergency Department.

Activity	Form	Emergency Medicine Activities
		Minimum and recommended numbers
Clerking	Student Declaration form	3 patient clerking sessions minimum. Students should attach 1 Student Declaration Form only, discussing all 3 patient clerking sessions on the one form.
	Acute Case Report	2 Acute Case Reports minimum, recommended 4
Procedures	DOPS	Recommended DOPS for this placement include: IV cannulation, IM injection, IV fluid line preparation, SC injection, venepuncture, arterial or venous blood gas sampling, wound care & basic wound dressing, wound swab taking, 12 lead ECG: record and interpret, vital signs (NEWS), urinary catheterisation, urinalysis.
Practical/investigative experiences	Student Declaration form	Investigative and practical procedures to be treated as a whole block opportunity. Should be at least 6 (recommended 12) across all hospital rotations. Describe the imaging or practical/operative procedures you have witnessed. Examples include trauma calls, MSK procedures (e.g. fracture/dislocation manipulation), point of care ultrasound.
Resus	Student Declaration form	1 session with Consultant/StR in the resus area
Minors (ENP)	Student Declaration form	1 session with an Emergency Nurse practitioner seeing minor injuries
Triage	Student Declaration form	1 Session with the triage team

<p>Out of hours</p>	<p>Student Declaration form</p>	<p>2 sessions minimum, which must include:</p> <p>1 x night shift (10pm to 7am or similar) on either Monday or Thursday. Students should not be expected to attend placement the next day.</p> <p>1 x weekend day shift (e.g. 9am to 5pm) with compensatory weekday time off. This cannot be on a Wednesday.</p> <p>Up to 4 x twilight “late shifts” (i.e. average of 1 per week, with latest finish time of 10 pm e.g., 3pm to 10pm), not in a week with a night shift.</p> <p>Participation should be confirmed by the student on the appropriate Student Declaration form and confirmed with the Educational Supervisor at the End of Attachment Meeting. Individual forms for each additional session attended do not need to be completed.</p>
<p>Multi-Professional working</p>	<p>Student Declaration</p>	<p>Students should take the opportunity to work with the multi-professional team. Although there are no minimum requirements in each clinical placement, there is an overall requirement for minimum 3 forms in the acute block as a whole (see Generic Expectations).</p>
<p>Educational Supervisor (ES) meetings</p>	<p>Meeting forms</p>	<p>3 meetings</p> <p>All fields completed by student doctor and Educational Supervisor</p>

5. General Practice C (GP Student Assistant)

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

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

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

6. Critical Care & Anaesthesia:

Activity	Form	Critical Care component
		Minimum and recommended numbers
Ward rounds	Student Declaration form	1 Critical Care ward round per placement – Intensive Care/High Dependency Units, recommended 2
Cases	Acute Case Report	1 case encountered in critical care, recommended 2
Procedures	DOPS	Recommended DOPS for this placement include: IV cannulation, IM injection, IV fluid line preparation, SC injection, venepuncture, arterial or venous blood gas sampling, wound swab taking, 12 lead ECG, vital signs (NEWS), urinary catheterisation, urinalysis.
Critical Care Reviews	Student Declaration form	Minimum 1 acute referral review with Critical Care Team/CCOT
Critical Care Outreach (CCOT) or Medical Emergency Team	Student Declaration form	Minimum 1 session (half-day) with team
Practical Experiences	Student Declaration form	This should be treated as a whole block opportunity, minimum 6 (recommended 12) across all hospital rotations. Reflect or describe some practical procedures you witness. Critical Care examples include - USS cannulation of large vessels, tracheostomy insertion, use of haemofiltration, pleural drainage, point of care ultrasound (POCUS).

On-call/Twilight	Student Declaration form	1 session to 8PM (or evening handover).
Multi-Professional working	Student Declaration form	Students should take the opportunity to work with the multi-professional team. Although there are no minimum requirements in each clinical placement, there is an overall requirement for minimum 3 forms in the acute block as a whole (see Generic Expectations).
Educational Supervisor (ES) meetings	Meeting forms	2 meetings (first and end of placement meetings). Critical Care and Anaesthesia is a 2-week block for educational supervision purposes, and meeting records are on one e-portfolio page.

Activity	Form	Anaesthesia component
		Minimum and recommended numbers
Cases	Acute Case Report	Minimum 1 case relevant to anaesthesia (recommended 2)
Procedures	DOPS	Recommended DOPS for this placement include Airway management; appropriate oxygen administration; intravenous cannulation; ABG; BM; NEWS 2 scoring; venepuncture
Theatre lists	Student Declaration form	Minimum 2 Anaesthetic sessions (half day = 1 session). Students should attach 1 Student Declaration Form only , discussing both anaesthetic sessions on the one form.

On-call/Emergency team	Student Declaration form	1 session with the on-call 'emergency' anaesthetic team (half day = 1 session).
Practical Experiences	Student Declaration form	<p>Reflect or describe some practical procedures you witness. Anaesthesia examples include - blood transfusion; USS cannulation of large vessels; peripheral nerve blocks; endotracheal intubation, patient safety checklists (e.g., WHO checklist).</p> <p>This should be treated as a whole block opportunity, minimum 6 (recommended 12) across all hospital rotations.</p>
Pain Team	Student Declaration Form	Record one occasion when you spent time with the pain team (usually a pain nurse specialist) on a pain ward round or in pain clinic.
Educational Supervisor (ES) meetings	Meeting forms	<p>2 meetings (first and end of placement meetings).</p> <p>Critical Care and Anaesthesia is a 2-week block for educational supervision purposes, and meeting records are on one e-portfolio page.</p>

7. Psychiatry B (Acute psychiatry)

1-week placement

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

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

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

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

Educational Supervision during Acute Placement

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

Per 4-week placement block

Initial: Week 1 Day 1:

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

Mid: Week 2/3

- Midpoint Educational Supervisor meeting (may be conducted as a group of up to 4 students) to assess progress

End: Week 4

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

Per 2-week critical care/anaesthesia block:

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

Initial: Week 1 Day 1:

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

Final: Week 2 (end of week)

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

Per 1-week psychiatry block

Week 1 - Day 1

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

Week 1 - End of week

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

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

During the individual End of Placement meeting, the Educational Supervisor reviews the placement report, discusses cases and completes the final record for the placement. Educational supervisors are asked to note that students are required to meet the standard expected for a newly qualified doctor entering FY1 (marked as 3 or above). If they do not then students should be marked as requiring additional support and be flagged to the local undergraduate team and The School for further action.

8. SAMP Placement

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

Activity	Form	SAMP 6-week placement Minimum and recommended numbers
SAMP Project	e-Portfolio SAMP report	<p>1 Project to be completed and marked within 4-week timeframe (weeks 2-5). This may be selected from:</p> <ul style="list-style-type: none"> Clinical guideline or literature review Self-contained brief audit or QI project Brief original research report
Quality Improvement Proposal	e-Portfolio QI Proposal Template	<p>Each student should prepare a QI proposal using the skills acquired during the QI workshop in academic week 2.</p> <p>Students choosing to undertake a QIP for their SAMP project may use this to support their report.</p>
Clinical Placement	e-Portfolio Student Declaration form	<p>Minimum 4 senior led clinical encounters per placement. To include a selection from:</p> <ul style="list-style-type: none"> Outpatient clinics Consultant ward rounds MDTs Acute assessment sessions (e.g., ED/AMU)

		This is not an exclusive list and may include other opportunities identified with supervisor dependent on nature of placement.
	e-Portfolio	
	Clinical Case Report template	Minimum 2 Clinical Science Case Reports, recommended 3
Practical experiences	Student Declaration form	Continue to practice clinical skills required for year 5 DOPS (whole year requirement)
		Identify additional skills and opportunities in specialist placement
Weekly Educational Supervisor (ES) meetings including, initial, mid and final supervisor meetings	Meeting forms	3 meetings minimum All fields completed by student doctor and Educational Supervisor

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

Background:

It has long been recognised that there is a perception of unpreparedness for entry into the clinical workplace as a junior doctor. A study in 2013 determined that, irrespective of their parent medical school or curriculum design, junior doctors felt prepared in terms of communication skills, clinical and practical skills and team working. They felt less prepared for areas of practice that are based on experiential learning in clinical practice: ward work, being on call, management of acute clinical situations, prescribing, clinical prioritisation and time management and dealing with paperwork. Although work has continued to narrow the gap between medical student and junior doctor in the clinical placements and use of e-portfolio, students in 2020-2021 who have completed their ward shadow placement have anecdotally reported the same areas as those which are causing them concern. Whilst students have appreciated the opportunity to observe clinical practice, they have recognised an unserved need to take a step forward and perform the role of junior doctor with appropriate support and supervision.

As the country entered the COVID pandemic in spring 2020, many medical schools decided to graduate their students early to release them to start foundation programmes on an interim basis. Liverpool School of Medicine decided to take a different path; unlike other Schools we did not have finals in year 5 but our students were assessed on a continuous basis using an e-portfolio approach with the end point of their training being the completion of all components. We also recognised that the time required to graduate and register students would mean that they were not able to commence in the NHS for several months. Instead, we chose to build a collaboration between the clinical placement sites and the School of Medicine to allow our students to take up a new role of Sub FY1 on a voluntary basis. Based on the FY1 post but limited to working hours that would be well supervised, so avoiding overnight and weekend hours, and with clearly delineated limited permissions of practice.

Thanks to the commitment of all our NHS partners we achieved the new contract in 3 weeks and our students moved into F1 style posts to support the work of the NHS during the first wave of the pandemic.

The student volunteers relished the opportunity with 96% feeling part of a team and receiving the access to supervision they needed.

Our students felt the role gave them a new level of responsibility, recognised the difference of the experience as compared with other types of placements and recommended it was integrated into every 5th year.

And our site teams recognised benefits too, reporting positively on the progress the students made in their development.

Our work demonstrated that acting up, *in* a team, while still supported as a student, enhances the transition, from thinking as a student and choosing what they get involved in, to juggling the many tasks required of a doctor and escalating issues to others.

Moving forward into new curriculum we were keen to act on the clear benefit offered to student doctors in being integrated into the clinical team by taking the role of the F1 doctor, in a safe and supported environment. This has encouraged us within the new curriculum to consider how we might incorporate a modified experience into our new Year 5 curriculum for our Preparation for Practice block with an emphasis on moving from “observing” (watching) in earlier years through “shadowing” (following) to undertaking the role alongside the junior doctors and ward team.

Pre-foundation Apprenticeship

The purpose of the placement is to build on undergraduate training and to provide the student doctor with the knowledge and skills required to provide safe, high-quality care to the Trust’s patients from the commencement of the F1 role. The student doctor will be required to shadow and perform clinical activity relating to the F1 role that they are acting up in to enable them to develop and practice the ward and clinic-based aspects of the role when they take up their own F1 position.

Expectations of the role:

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

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

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

During the placement they will be expected to follow the Trust’s procedures and standards, including but not limited to those relating to confidentiality, health and safety, equal opportunities

and bullying and harassment. They should expect the Trust to deal with them in accordance with its equal opportunities policy.

Restrictions of the role

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

Specifically, **they must not:**

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

Placement structure:

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

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

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

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

Student doctors are also not permitted to request ionising radiation or to complete medical certificates of cause of death (MCCDs).

The student will be expected to demonstrate the professional behaviours of a junior doctor and to be punctual, diligent, and responsible. They will be expected to demonstrate excellent

attendance and to ensure they follow the processes in place for FY1 doctors with regards to sickness notification etc.

Each student should have a timetable for the six-week pre-foundation assistantship programme which indicates clear start and finish times. We would expect them to be timetabled for out of hours experience with a minimum of one night shift with the on-call team and 1 x weekend day shifts (with compensatory rest in lieu). Students should not be allocated shifts or compensatory rest on Wednesdays.

Students will have a lanyard identifying them as a pre-foundation apprentice student doctor.

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

Supervision during PFA:

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

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

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

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

Required meetings are:

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

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

<p>Feedback for Student Doctor</p>	<p>Feedback Form</p>	<p>Minimum 4 forms in total by the end of Week 5.</p> <p>Attach one form for each activity:</p> <ul style="list-style-type: none"> • Feedback form from another doctor/nurse specialist • Feedback form from a member of the multi-professional team <p>Colleague Feedback Forms can be found on the e-Forms page of your Year 5 Workbook. A printable version of the form can be found on CANVAS, if necessary.</p>
<p>Patient Feedback</p>	<p>Patient Feedback Form (Canvas)</p>	<p>Attach a minimum of 2 patient feedback forms (in addition to any used in evidence for HLO).</p> <p>Patient Feedback forms can be found in Canvas, please print off the form and have it completed by a patient. Once completed, please upload it to PebblePad by taking a photo of it or scanning it.</p>
<p>Educational Supervisor (ES) meetings including initial, mid, and final supervisor meetings</p>	<p>Meeting forms</p>	<p>3 meetings minimum</p> <p>All fields completed by student doctor and Educational Supervisor</p>

10. Clinical Skills in the Year 5 curriculum

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

New Skills for Year 5:

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

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

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

These are:

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

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

Requirements for 1st Academic Advisor meeting: Demonstration of progress towards DOPS.

Requirements for 2nd Academic Advisor meeting: At least **eight** mandatory DOPS of any combination.

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/].