Advanced Clinical Experience Portfolio

CONTENTS

CP3 – Checklist

All components must be completed by the end of the module

Activity	Completed Please tick ✓
Please remember the Mandatory requirements for clinical placements; • **DBS** • **Awareness of EPP status** • **Current information governance training certificate. A current IG certificate is also required to complete your BMBS.**	
Reflective practice pages completed	
'My Career Medical Pathway' pages and Activities log completed	
Mid-course Appraisal completed	
Completion of all MACCS (all but MDD MACCS completed via Myprogress app)	
Final appraisal completed for **SURGERY** and submitted via Myprogress (you should check this has been received at https://nottingham.mkmapps.com)	
Final appraisal completed for **CRITICAL ILLNESS** and submitted via Myprogress (you should check this has been received at https://nottingham.mkmapps.com)	
Final appraisal and Clinical Governance Project completed for **PRIMARY CARE** and submitted via Myprogress (you should check these have been received at https://nottingham.mkmapps.com)	
Final appraisal completed for **MDD** and submitted via Myprogress (you should check this has been received at https://nottingham.mkmapps.com)	
Student feedback has been provided to the Trust at which my placement was undertaken	
Student feedback has been provided to the University via the module feedback questionnaire on Moodle	

CLINICAL COURSE

(2017/18 entry)

Clinical Phase 3: Advanced Clinical Experience (ACE) and Transition to Practice (TTP)

Monday 05.07.21	**Introduction to ACE Course (Mandatory)**

Dates	Medicine	Surgery	MDD	Critical Illness/ GP(Primary care)
05.07.21 - 27.08.21	D	A	B	C
30.08.21 - 22.10.21*	B	C	A	D
25.10.21 - 17.12.21	A	D	C	B
10.01.22 - 04.03.22**	C	B	D	A

Examinations ACE KNOWLEDGE EXAM ACE OSCE's ACE Revision Course ACE Supplementary Exam (re-sits) Situational Judgement Test (SJT) Prescribing Skills Assessment (PSA) **TTP Preparation for Practice Course**	 w/c 21 MAR 2022 – 28 MAR 2022 w/c 21 MAR 2022 – 28 MAR 2022 07 MARCH 2022 – 20 MARCH 2022 w/c 16 MAY 2022 07 DEC 2021 14 MARCH 2022 28 FEB 2022 – 4 MARCH 2022
Either **Medical Assistantship 1** **Elective 2** *Or* **Elective 1** **Medical Assistantship 2**	25 APRIL 2022 – 20 MAY 2022 30 MAY 2022 – 24 JUNE 2022 25 APRIL 2022 – 20 MAY 2022 30 MAY 2022 – 24 JUNE 2022

No teaching: Bank Holiday: 30 AUG 2021*
Christmas Holiday: Sat 18 DEC 2021 – Mon 3 JAN 2022 **inclusive
Easter Holidays: Sat 2 APRIL 2022 – Mon 18 APRIL 2022 ** inclusive
Summer Holidays: Sat 7 JULY 2022 onwards

Paid pre-employment shadowing will take place immediately prior to the start of your F1 post and will be arranged by your employing Trust.

CLINICAL PHASE 3 COURSE ORGANISATION

Undergraduate Teaching Co-ordinators

The CP3 course is delivered at 6 hospitals. In addition, the primary care attachment is delivered by community placements across the East Midlands region. Local organisational arrangements are coordinated by the **Undergraduate Co-ordinators (UGCs)** as follows:

Base Hospital	UGC	Telephone extension	E-mail
Queens Medical Centre & Nottingham City Hospital (NUH)	Nick Kythreotis	QMC 0115 9249924 Ext 85125	Nick.Kythreotis@nuh.nhs.uk
Royal Derby Hospital (RDH)	Elaine Wright	RDH – 01332 789257	Elaine.Wright@nhs.net
Kings Mill Hospital (KMH)	Elaine Collins	01623 622515 Ext. 6046	Elaine.Collins10@nhs.net
Lincoln County Hospital (LCH)	Catherine Wormington	01522 573947	Catherine.wormington@ULH.nhs.uk
Pilgrim Hospital Boston (PHB)	Sue Warrant	01205 445333	Sue. Warrant@ulh.nhs.uk
Primary Care Attachment	Lindsey Rowlinson	0115 8230213	MC-PCA-enquiries@nottingham.ac.uk

Associate Clinical Sub-Deans (ACSD)

Each hospital has an **Associate Clinical Sub-Dean (ACSD)** with responsibility for clinical teaching at their Trust. ACSDs are also involved in quality control and feedback mechanisms.

Base Hospital	ACSD	Department
QMC - NUH	Mr. Iain McVicar	Maxillofacial Surgery
Nottingham City Hospital - NUH	Mr. Iain McVicar	Maxillofacial Surgery
Derby Teaching Hospitals	Professor Owen Judd	ENT
Kings Mill Hospital	Dr Nicola Downer	Respiratory
Lincoln County Hospital & Boston Pilgrim Hospital	Mr. Paul Dunning (Lincoln) Dr Gurdip Samra (Boston)	General Surgery Critical Care

Director of Student Well being

Prof Pam Hagan

Clinical Sub-Deans (CSD)

Dr Dilip Nathan and Mr. William Atiomo

Secretary for CP3 and CP3 Administration Lead – Mrs. Michelle Mayer
Any queries relating to CP3 should be directed to:-
(MS-CP3-admin@exmail.nottingham.ac.uk)

Students encountering personal problems or requiring support during the CP3 course are strongly encouraged to contact the Student Welfare Team. Appointments can be made by emailingMSMEC@exmail.nottingham.ac.uk

The Welfare Team works closely with the Clinical Sub Deans and will refer students to them where necessary. Alternatively, students can make an appointment with a Clinical Sub Dean directly by emailing the Welfare team at the email address above.

Final Year Lead:	**Prof. Kwok-Leung Cheung (Kwok_Leung.Cheung@nottingham.ac.uk)**
Lead for Medicine:	**Prof. Yash Mahida (Yash.Mahida@nottingham.ac.uk)**
Lead for Surgery:	**Mr. Austin Acheson (Austin.Acheson@nottingham.ac.uk)**
Lead for Critical Illness:	**Prof. Iain Moppett (Iain.Moppett@nottingham.ac.uk)**
Lead for Primary Care:	**Dr Bakula Patel (Bakula.Patel@nottingham.ac.uk)**
Lead for MDD:	**Ms. Alexia Karantana (Alexia.Karantana@nottingham.ac.uk)**
Leads for TTP:	**Dr Mark Glover (Electives) (Mark.Glover@nottingham.ac.uk)** **Dr Ganesh Subramanian (MAST)** **(Ganesh.Subramanian@nuh.nhs.uk)**

ACE Module Philosophy

This module is an integrated Advanced Clinical Experience course. The main focus is on prevalent diseases that affect the principal body systems, particularly abdominal, breast, cardiovascular, respiratory, endocrine, lymphoreticular, musculoskeletal, neurological and renal. This includes patient assessment, appropriate use of skills and respecting patient's values and beliefs. The aim is to encourage holistic patient assessment, reinforcing and practicing clinical skills related to all systems, irrespective of the specific clinical attachment. It is important to realise that each attachment offers the opportunity to assess patients with a wide range of common conditions beyond those of the specialty interest of that attachment. Learning, therefore, should be *centered more on the patient than the specialty.* Learning objectives are unified into a single ACE study guide and apply to all attachments, though some are specific to certain attachments. In terms of skills there is a natural progression from the emphasis on history taking, physical assessment and diagnosis in CP1 to planning investigations, interpreting investigations, creating a management plan and undertaking therapeutic interventions in CP3.

The characteristics of the ACE Course are:

- ongoing reinforcement of core competencies for all body systems throughout the final year
- encouragement and development of reflective and deep learning behaviors, with an emphasis on patient safety
- a clear transition from student to postgraduate systems of learning and assessment
- integration of all aspects of patient care reflecting clinical practice

Aims & Objectives of the ACE module
These are found in the ACE study Guide a copy of which is available from the ACE module on Moodle

Careers
The University of Nottingham Medical Careers website link is below -
http://www.nottingham.ac.uk/careers/students/graduatejobs/typesofjobs/medicine/index.aspx
It is important that you undertake a review of potential careers as you go through your attachments and record this in your portfolio.

Portfolio Appraisal: documentation of experiences, reflection, feedback & assessment

This Portfolio is used as part of the formal appraisal process throughout the course. It involves providing **evidence;**

- **Of what you have been doing** (e.g. attendance at learning sessions, clinical cases experienced)
- **Of reflection on what you have learnt**
- **From Multiprofessional Feedback**.

It also involves regular discussion of your portfolio on a 1:1 basis in a **Portfolio Appraisal Meeting (PAM)** during week one, the middle week and the final week of the attachment with your Clinical **Portfolio Appraiser**.

It will follow these agendas

- **1st meeting with Portfolio Appraiser (week1)**
  - Student and PA introduce themselves
  - Action Points from student's last appraisal are reviewed with PA

- **2nd meeting with Portfolio Appraiser (middle week)**
  - Action points (if any) from the first meeting and progress are reviewed
  - Set agenda items are discussed

- **3rd meeting with Portfolio Appraiser: Final Assessment (final week)**
  - Student should ensure that their Portfolio is completely up to date (evidence of experience, signatures etc.)
  - Action points (if any) from the first meeting and progress are reviewed
  - Set agenda items are discussed
  - This final appraisal and assessment meeting will be informed by:
    - Completion of appropriate sections in ACE Log Book
    - Multiprofessional feedback for that attachment
    - Personal reflections on progress in general as well as specific reflections recorded in the portfolio during the whole attachment.

Portfolio Assessment Criteria
- Your portfolio will be used to monitor the development of your clinical and professional attitudes and to assess completion of attachments.
- If significant learning problems have been identified by the Portfolio Appraiser a further meeting with another senior teacher and/or the Associate Clinical Sub-Dean will take place before a final assessment decision is made.
- If significant attitudinal or professionalism problems have been identified (by the Portfolio Appraiser) a further meeting with another senior teacher and/or the Trust Associate Clinical Sub-Dean will take place before a decision to refer to PACC (Professionalism and Academic Competencies Committee)

- Persisting concerns in relation to clinical and professional attitudes or behaviors can lead to a referral to the Fitness to Practice Procedure.

ACE Course Assessments

The purpose of assessment within the BMBS course is not only to ensure that all students reach the required competency, according to the GMC's Outcomes for Graduates (2018) prior to graduation, but also to facilitate student learning.

This is achieved through a series of formative and summative assessments which assess students' abilities within the GMC's 3 domains of Professional Values and Behaviors, Professional Skills and Professional Knowledge. All three domains could be assessed within any of the assessments. Progression will be determined, as per the course specifications and university regulations, by performance in the Summative Knowledge and Skills (OSCE) examinations. All of the University of Nottingham BMBS exams are criterion referenced and not peer referenced, that is that students are judged against set standards and not on their performance against their peers.

The summative assessments which count towards progression are as follows

Assessment Type	Percentage of module mark	Requirements
Coursework	0% (Failure to complete the requirements will prevent a student from sitting the summative exams)	• MACCS completed • ACE Portfolio completed and signed off • Information Governance online module completed
Skills Exam	50%	A 16 station OSCE taken as 2 exams each having 8 stations over a 2 week exam period
Knowledge Exam	50%	2 papers consisting of selected response questions based on a clinical vignette.

Course Work

Mandatory Assessment of Core Clinical Skills (MACCS)

There is a set of essential core clinical skills that you must demonstrate by the end of the ACE attachment, (see MACCS on the Myprogress App). Any of these skills may also be tested in the OSCE at the end of ACE. **It is the student's responsibility to ensure that they attain these sign offs and to promptly seek help if a MACCS opportunity is not available. Students will not be allowed to graduate without demonstrating attainment of all listed MACCS**. All MACCS are signed off using the Myprogress app and students should ensure that submitted forms are received (see Myprogress section for details).

Information Governance/Data Security Modules

Throughout the medical programme, students are expected to engage in online information governance training agreed with local NHS Trusts. The training is delivered using the NHS online learning tool at https://www.eiceresources.org/

When registering with this site it is vital that students use their SID as their identification number, and their university e-mail address as the one supplied. It is only by using these that we can monitor your completion.

Please record that you have accessed this training by completing the table on page 197 of this log book. Students who are not able to demonstrate this by presentation of the completion certificate on request may have their graduation deferred, and may be referred to the Fitness to Practise procedures.

ACE Portfolio completed and signed off
End of attachment appraisal: assessing progression

This will be an interview with your consultant supervisor from the completed attachment. The appraisal will be informed by:

(1) The student's reflections on their performance on the progress test.
(2) Review of progress against the GMC criteria (Appendix p171-196).
(3) Evidence of attendance, satisfactory attainment on the attachment in all 3 outcome areas specified for Graduates (Professional Values and Behaviors, Professional Skills, Professional Knowledge)
(4) An unsatisfactory rating in professionalism including an inadequate engagement in the learning process will result in a referral to Professionalism and Academic Competency Committee (PACC)

Knowledge examination

The knowledge assessment consists of 2 selected response papers of similar format to the progress tests. There will be a selection of Single Best Answer and Extended Matching Questions. Please note the Extended Matching Questions will be located at the end of the paper. The knowledge examination will sample understanding and knowledge against a wide and proportionate range of the learning objectives from the ACE module.

All results in the University of Nottingham are "cranked" as it is a requirement of the regulations found within the Quality Manual. This means that the pass marks across the university for all exams are static for non-compensable exams (ones that must be passed to progress through the course, i.e. all exams in BMBS) at 50% for Masters, PG Certificate and PG diploma level courses (which is the same level as the CP2 and CP3 examinations). (See section C. Supplementary Regulations, 3. Assessment in the Regulations within the Quality Manual).

To explain cranking, first it is important to understand how the pass marks is set. The papers are compiled from questions written by members of the teaching team and questions from the national Medical Schools Council Assessment Alliance. The papers are then sent for both internal review (i.e. approval from the teaching teams) and then sent to the external examiners for their approval. Then a group of at least six experts from across the Medical School conduct a standard setting process to set the pass mark of each and every exam which students sit. In line with most UK medical schools, and to protect patient safety at finals level examinations (CP2 and CP3), one Standard Error of Measurement (SEM) is usually added to the pass mark generated by the standard setting process. Thus, creating the actual pass mark of the paper, which, normally ranges from 58-75%.

Using the agreed pass mark, as per university policy, all student marks are scaled accordingly (cranked) so that the pass mark is set to 50%. For example, if the pass mark is set to 65% by the above process and a student scores 65%, then their results will be scaled (cranked) to 50%, a pass.

Skills examination.

A total of 16 OSCE (Objective Structured Clinical Examination) stations split between two exams. The OSCEs will assess clinical skills and include diagnostic and therapeutic competencies in the major body systems. Each station will last 10 minutes with 2 minute transition/reading time between stations. In Covid times there is a 3 minute transition time to allow student to change their PPE. Some stations may be paired to assess integrative consultation, examination and practical skills. As a rule, stations will be related to clinical tasks done in real time and so additional time for students with a disability will not be granted. However, there may also be dedicated preparatory reading stations (which may be subject to extra time for students with prior approval) and rest stations if required for access/practical reasons.

Clinical skills assessments (OSCE) will be scheduled and take place in Derby University NHS Trust. While every effort will be made to deliver such assessments on the date scheduled, unforeseen events within the NHS may result in the assessment being postponed. In this event students would take the assessment as a first attempt at the next available opportunity, which would normally be the period scheduled for resit examinations. **Students should bear this in mind when making plans for travel around their assessment schedules.**

The OSCE is treated as a single entity even though it is taken in 2 parts, each part having 8 stations. Like the knowledge papers, a standard setting procedure will be applied to establish the pass mark for each station.

Red and Yellow Cards are issued within the OSCE. Red cards are used when an examiner has a serious concern relating to patient safety which would have resulted in harm to the patient and/or professional conduct. Any red card issued during a clinical examination will be reviewed by PACC (Professionalism and Academic Competency Committee) to consider any professionalism issue and any further action that may need to be taken. A student who receives more than 2 red cards across all 16 stations within the OSCE will fail the skills assessment. Yellow cards are used when an examiner has a serious concern relating to professional conduct and/or patient safety which could have resulted in harm to the patient but harm should have been prevented by the NHS safety systems. A yellow card has no impact on summative assessment and is there as an advisory to the student.

To pass the skills examination the following criteria must be fulfilled:

A) The mean cranked reported score across all 16 stations should not be less than 50%;
B) No more than TWO red cards should have been issued across all 16 stations;
C) Have passed at least 12 stations.

Reasonable Adjustments

Students with a disability, whatever form, should discuss this with the Disability Support Services in order that consideration can be made as to whether those students require reasonable adjustments in their assessments to enable them to reach their true potential. If a reasonable adjustment is deemed necessary, a support plan will be approved. Prior to all summative examinations, senior members of the academic teams discuss all requirements detailed within the support plans of students within that cohort to discuss and approve any adjustments that are deemed reasonable. These are then communicated to students individually by the Student Services assessments team prior to the exams. Further details, including the Support Plan request deadlines, can be found at: https://www.nottingham.ac.uk/studentservices/servicedetails/disability-support-services/disability-support-services.aspx

Extenuating Circumstances

If a student should feel that a circumstance outside of their control might have affected their performance in their exams, then they should submit an extenuating circumstance form. For an extenuating circumstance to be accepted, the situation must have been out of the student's control, impacted the student's ability to learn or complete an assessments and must be timed relevant to the claimed impact. There are very tight deadlines for submitting these. It should be noted that claims will require submission of a form with some evidence about the circumstance. Should an extenuating circumstance claim be approved then a number of outcomes are possible. For further details about the timings, the claims process and potential outcomes please refer to: https://www.nottingham.ac.uk/studentservices/services/extenuating-circumstances.aspx

Nationally Set Assessments

During the final year students will be required to sit two national assessments – the Situational Judgement Test and the Prescribing Safety Assessment (PSA). Both are required for students to be eligible to enter UK Foundation Training. Further detail about these exams will follow and can be found online at:

- PSA: https://prescribingsafetyassessment.ac.uk/
- SJT: https://foundationprogramme.nhs.uk/faqs/situational-judgement-test-sjt-faqs/

Formative Assessments

i. **Progress Tests**

These self-assessments will be taken in your own time, three times a year. Progress tests will feature a mix of questions centered on clinical scenarios sampled from the ACE learning objectives. These assessments should help you to judge your strengths/weaknesses and plan your future learning. Marks obtained will not contribute towards your final summative assessment but evidence of your reflections on your performance, during your quarterly appraisals, will be taken into account in assessing professional attitudes. The three Progress Tests will also give you practice in the question formats that will be used in the Summative Knowledge Assessment at the end of the final attachment. Further details about the progress tests are found on Moodle within the assessments tab (Guidance on your ACE assessments)

ii. Mock Knowledge Paper & Mock OSCE

As part of preparation for your final exams, students will have the opportunity to take a Mock Knowledge Paper and have access to mock OSCE stations. Further information will be issued to students nearer the time.

Consequences of assessment failure

Students who fail the assessment will still have the following options:

Exam	Failure Consequences
Skills Examinations	**MAST1 students**
	Having completed **MAST1**; take a revision course, tailored as far as possible to individual requirements, and repeat the OSCE exam in **May 2022.** Students would then be required to do a 4-5 week elective.
	MAST2 students
	Return from elective after 6 weeks and take a revision course, tailored as far as possible to individual requirements and repeat the OSCE exam in **May 2022**. (Please note that if you attend the revision course you would only be required to do a 5 week elective). Following this you would then start **MAST 2**. You should only take time out from your MAST attachment to enable you to attend your resit assessments. You would not be permitted to take this week off to revise and resit. It is a requirement of the course that you successfully complete a six week MAST attachment.
Knowledge	Students who fail will be given directed individual advice and will repeat the knowledge exam in **May 2022.** **MAST1** students will be required to be signed off for a five week elective **MAST2** students will be required to be signed off for a six week elective and must attend their MAST attachment starting on **May 2022.** You would be allowed time off from MAST to attend the Knowledge resit assessment only.

If students are successful in the resits they will continue with the TTP module. If they fail they will be required to repeat the whole of the Clinical Phase 3 ACE module and any outstanding elements of the TTP module.

FURTHER DETAILS ABOUT THE ASSESSMENTS CAN BE FOUND ON THE ASSESSMENT MOODLE PAGE.

If you need to contact anyone about assessment, please contact student services on SS-Assessments-QMC@exmail.nottingham.ac.uk.

Policies and Regulations

These can be found at the following links:-

https://www.nottingham.ac.uk/medicine/study/medicine/policies-and-regulations.aspx

https://mynottingham.nottingham.ac.uk/psp/psprd/EMPLOYEE/HRMS/c/UN_PROG_AND_MOD_EXTRACT.UN_PAM_CRSE_EXTRCT.GBL?

Obligations and Responsibilities

Teachers

Your teachers know that you are on the ACE course and they are aware of its aims and objectives and its structure and organisation. They have accepted the obligation to provide you with feedback on your progress every three weeks provided you maintain your Portfolio in an up-to-date manner. They will assess your clinical behavior and your professional attitudes every nine weeks. They may consult with other members of the health care team to make this assessment.

Students

The Medical School, in collaboration with local Trusts and their doctors, and GPs, has provided a clinical learning environment for you to acquire the knowledge, skills and attitudes you need to become a competent Foundation Doctor. Clinical experience and opportunities surround you but as a novice professional you must take responsibility for your own learning. Your Portfolio and your ACE Study Guide tell you what you need to learn; the doctors, nurses and patients provide you with the experiences from which you will learn. It is your responsibility to fill in your Portfolio regularly with your observations and reflections, to make it available to your teachers for discussion and to use it to provide evidence of your progress for the purposes of assessment. **It is your responsibility to ensure that you have actively looked for opportunities to get signoffs for MACCS and to draw to attention if you are finding difficulty**.

Students must adhere to all directives issued by those supervising them in NHS premises and in relation to contact with patients. The four UK health departments are responsible for deciding how students may have access to patients on NHS premises. Students are responsible for following guidance issued by the UK health departments and other organisations about their access to patients in NHS hospitals and community settings.

Students must be aware of the importance of looking after their own health; students should be registered with a general practitioner. All students have access to the University occupational health services and may be referred for an assessment if there are concerns that health issues may have a bearing on being on the course.

Students should not be involved in exposure prone procedures. You should check with Clinical staff if in doubt.

As future doctors, students have a duty to follow the guidance in *Good Medical Practice* from their first day of study and must understand the consequences if they fail to do so. In particular, students must appreciate the importance of protecting patients, even if this conflicts with their own interests or those of friends or colleagues. If students have concerns about patient safety, they must report these to the medical school. The medical school has put in place a concerns form procedure and a whistle blowing procedure such that any concerns can be reported in confidence Please visit the Medical Course Home Page on Moodle for details of these procedures.

Students must never allow a patient to believe that the student is a doctor. Under Section 49 of the Medical Act 1983 it is a criminal offence for a person to pretend to hold registration as a medical

practitioner when they do not. It is also an offence under Section 49A of the Act for a person to pretend to hold a license to practice when they do not.

Guidance is given in the joint GMC and Medical Schools Council publication *Professional behavior and fitness to practice* about how the medical school will handle concerns about a medical student's performance, health or conduct. The medical school has established fitness to practice procedures specified in the University of Nottingham Quality Manual to deal with any such concerns.

Students must understand that if there are any concerns about any aspect of a student's performance or conduct the medical school will share this information with other education providers including those in NHS partner organisations to ensure that clinical tutors and supervisors are appropriately informed.

Students have support for their academic and general welfare needs which is documented in the Course Handbook and on Moodle. If a student has a problem then the Clinical Sub-deans and Welfare Officers can always be contacted for support and advice.

Patient Confidentiality

It is very important that you adhere to the acceptable standards of behavior for confidentiality and adhere to the law regarding holding of information, medical records and data. If you are in any doubt about any of this then please seek advice from the person supervising your attachment.

Examples of unacceptable conduct include;

- Leaving patient identifiable written material in unsecure locations.
- Writing student notes which include a patient's name.
- Talking about patients in a public place, e.g. shuttle bus, hospital cafeteria or pub.
- Using patient details in an e-mail.

'Information Governance' is the broader term for all matters which relate to the professional, confidential and secure handling of information. There have always been risks associated with information being deliberately misused, treated without the required care or manipulated for the wrong reasons, but the widespread use of electronic information storage and manipulation has highlighted the ease with which information can be subject to these errors and abuses.

Management of information is controlled by Acts of Parliament, by professional guidance and by local policy, all of which apply to medical students as well as to qualified doctors.

With this in mind there will a requirement for all students to complete learning modules on information governance at particular points throughout the course.

Data Protection/Conflict of Interest

In order to maintain complete staff and patient confidentiality and to adhere to the Data Protection Act, students are strongly recommended to declare any instances where their placement puts them in contact with close personal friends, partners or relatives within the working environment in which they are placed, to avoid any perceived conflict of interest. Students should be encouraged to report such instances, in complete confidence to Michelle.Mayer@nottingham.ac.uk, and an alternative clinical placement may be considered if deemed necessary. Any student who fails to declare any conflict of interest, or a historical or current personal relationship with a patient or a member of staff may be investigated under the Fitness to Practice policy, for a breach in standards, behavior and conduct expected of medical students.

Attendance & Registration

Registration

As soon as possible after 1st August you must complete the University on-line registration via the portal to ensure you are re-registered as a student for 2021-22. Failure to register will result in you not being insured for your Clinical placements.

Attendance

As medical students and the doctors of the future, an excellent attendance rate is required. You are expected to attend all timetabled sessions unless there is a very good reason (e.g. illness) as to why you cannot.

The GMC has set a requirement that to qualify as a doctor, trainees will need to have trained for a specific number of hours across the undergraduate medical degree and foundation years.

- Students are expected to attend 100% of the course
- For **unplanned absences** (e.g. Illness), students are expected to inform both the University, through Student Services, and the Local Education Provider (LEP) that they are placed at, if they are on a Clinical Placement by completing the **Absence Reporting form, which is on the Clinical Phases homepage of Moodle.**
- Failure to do so will be considered a professionalism issue. Students with a communicable disease (e.g. Vomiting and diarrhea (V&D), chicken pox, whooping cough) should not attend University or a clinical environment.

https://www.nottingham.ac.uk/medicine/about/policies-and-forms/index.aspx

Planned Absences

Please see the **Reference Guide for Planned and Unplanned Absence** which is on the Clinical Phases homepage on Moodle for the further guidance on the process for taking time away from the course

Poor attendance may require repeating an attachment. Falsification of any attendance in logbooks or registers is taken very seriously and will usually result in a fitness-to-practice investigation.

Transfer of Information (TOI)

Prior to CP3 you will be asked to fill in an online TOI form which, with your permission, will be transferred to the UGCC's and ACSD at your placement site so that they can put any support in place that you may require, When we collect this information the Director of Student Wellbeing will ensure that support requirements are up-to-date and you may be invited to see a Clinical Sub Dean or be advised to see a Welfare Officer who may refer you to Disability Service for a Disability Referral form (DRF) or Academic Referral form (ARF) if required.

Friday Central Teaching Webinars

These sessions are to support the CP3 online knowledge materials on Moodle, which students should use for self-directed learning during their respective clinical placements. The timetable will be available on Moodle.

These afternoons (from 1400) will be protected for central teaching sessions delivered remotely plus other student directed learning or administrative duties as appropriate. No clinical sessions will be timetabled at the clinical placement (hospital) sites. The parallel sessions enable students allocated to the respective clinical placements to attend and provide opportunities for them to re-visit the sessions later in the year through recordings. Primary Care will have separate arrangements.

University On-line Feedback

Student Feedback

In CP3, students will be asked to evaluate the placements for their attachments by completing an online survey. The data collected will be shared with the co-ordinators from the Trust and the University and the results will be analysed by the student representatives and key personnel from the University. The role of student representatives will be to identify key issues raised in student feedback which will then be discussed with key placement and University staff. Responses and action points will be agreed which will then be communicated back to the student body via the student representatives and a summary of key issues and responses will be posted the feedback page on Moodle.

Each year group will also have a representative that sits on the Learning Community Forum (LCF) and therefore it may be appropriate for issues that affect the majority of the cohort to be raised in this forum. A list of the all of the student representatives can be found the LCF page on Moodle.

Students who experience significant issues with the placement where they are based are advised to raise their concerns as soon as possible with the appropriate undergraduate co-ordinator where they are based to resolve these locally in the first instance. If the issue remains a concern after having attempted to resolve locally, students are advised to contact the attachment lead. An issue can be dealt with more effectively if reported in a timely manner.

There is also an 'incident reporting' system in place within the Medical School.
Please refer to https://moodle.nottingham.ac.uk/course/view.php?id=13068 for details.

Please note, the way we collect student feedback is undergoing a review and the above details may be subject to changes in 2021/22. Please refer to Moodle for the most up to date version of this policy.

Commendation Request Form

This can be used when a student goes above and beyond

The form can be found at the following link;
https://www.nottingham.ac.uk/medicine/study/medicine/policies-and-regulations.aspx

POLICY FOR INTIMATE EXAMINATIONS OF PATIENTS BY MEDICAL STUDENTS

The following protocol was agreed by Curriculum Policy Group and is applicable across all clinical attachments.

Policy

It is important that students seek verbal consent from patients for any form of examination. For intimate examinations, informed consent is particularly important. Intimate examinations include the following:

- Vaginal examination
- Rectal examination
- Examination of external genitalia
- Breast examination
- Any other examination that might embarrass patients through the removal of clothes, particularly those examinations that might expose external genitalia or breasts

The recommended approach to dealing with anaesthetised and conscious patients is outlined below and this is followed by some comments on consent. It is recognised that where the logistics of local implementation make it necessary, slightly different arrangements to those described might be used.

Anaesthetised patients

For anaesthetised patients, intimate examinations by medical students should be restricted to situations where there are genuine educational benefits and:

1. The student has clerked the patient that they are proposing to examine
2. The patient has given written consent to the *named* student conducting a *specified* examination whilst they are under anaesthetic.

In terms of the written consent we recommend that the “additional procedures” part of the standard consent form is used. We recommend that the doctor involved in seeking patient consent for the surgical procedure is the one that seeks consent for the student to undertake the examination under anaesthetic. It is, however, good practice for students to seek verbal consent in these circumstances, particularly in terms of checking the patient’s understanding and acceptance of the proposed procedure or examination.

Conscious patients

For conscious patients it is recommended that:

- students do not carry out any form of intimate examination without explicit verbal consent
- a chaperone should be present for any intimate examination
- Students should record verbal consent to examination in patients’ notes.
- Students should perform the examination under the DIRECT supervision of a doctor.

For examinations of the breasts, external genitalia, vagina and rectum, we recommend that students are supervised by a health care professional (usually a doctor) with experience of carrying out that examination. For other examinations that might embarrass patients through the removal of

clothes, it is acceptable for another student to act as a chaperone provided that the patient agrees that this is acceptable to them.

Children and Vulnerable adults

Wherever possible, children and vulnerable adults should be included in any discussion that involves examination or procedures being performed by a student. It is good practice to include main carers in any discussion and if there is any concern or doubt it is recommended that students should not examine the patient. All health professionals and students should work to the best interests of the patient.

What do we mean by informed consent?

A patient can only provide valid consent if they are competent to make the decision at hand. This consent must be voluntary. A signature alone is not an indication of consent. In terms of intimate examinations by medical students the following points should be considered:

1. The nature of the procedure/examination should be explained
2. The purpose of the procedure/examination should be clearly stated, e.g. “it is to help me learn how to…”
3. There should be an explanation (where relevant) of what will happen to the information collected, e.g. “I will record my findings in the medical notes…”
4. Any risks, benefits or uncertainties should be discussed
5. The patient’s understanding and acceptance of the procedure/examination should be assessed.

Prizes Awarded

Please refer to Moodle regarding the prizes awarded during Final Year

Student Formulary

You will be expected to be familiar with the use and prescribing details of a range of drugs. The student formulary is in the ACE Study Guide and also available on Moodle and is a guide to many of the drugs that you will prescribe or administer in clinical practice. It is provided so that you may become familiar with certain classes of drugs and specific agents in your undergraduate studies. As part of your studies you should regularly consult the online formulary and make sure that you are knowledgeable in the pharmacology and prescribing details for the drugs specified.

Vertical Learning Themes in ACE

A number of themes have been identified which encompass all systems and specialties. These themes run through all the three clinical phases. The examples are

- Patient pathway, including handovers and discharges
- Nutrition
- Genetics and genomics
- Oncology
- Palliative care
- End of life care
- Primary-secondary care interface
- Management of long-term conditions
- Patient safety/ human factors
- Communication and consultation skills

During each of the clinical attachments in CP3, you will be expected to seek opportunities to build your understanding and experience on these themes. The curricular elements of these themes are embedded within different attachments, and the learning outcomes can be found in Outcomes for Graduates (GMC 2018). You will be expected to direct your own learning on these themes. The examples of how these can be achieved by using some of the existing opportunities are

- Attending MDT meetings (oncology)
- Attending an Oncology outpatient clinic
- Attending outpatient clinics for chemotherapy
- Attending ICU handover meetings
- Studying the nutritional requirements and practices in patients with dysphagia, or those on NG feed, or those in the intensive care unit
- Attending a MDT ICU meeting where the decisions are being made, and communicated to the relatives and/or patients, regarding end-of –life care
- Following up a patient who is referred for palliative care

There may be more opportunities, and you will be expected to present at the second portfolio meeting of each of the attachments - how have you improved you're learning on these themes, what opportunities have you undertaken, and your reflections.

Public Health in ACE

Medical students should be able to:

- discuss the nature of health, disease and their population determinants;
- take a population perspective on health, disease and medical treatment;
- discuss the principles and practice of health promotion and disease prevention;
- use epidemiology, data handling and public health skills in the practice of evidence-based clinical medicine;
- outline methods of communicable disease control and the scope of the doctor's role and responsibilities in health protection;
- describe the principles and practice of population health needs assessment, health-care planning, resource allocation and health-care evaluation;
- describe the key features of the National Health Service as a health-care system subject to organizational change;
- discuss the achievements, potential and ethics of public health, and lessons to be learnt from how the public health function has developed.

In order to demonstrate that you have attained these outcomes in relation to Public Health you are required to complete one discussion template in your logbook during each of the following; Medicine/Surgery, Musculoskeletal Disease and Disability and General Practice, (three in total) as follows:

Choose a clinical problem, based on a patient you have seen, and write statements according to each of the following headings;

- What is the clinical problem, based on a patient you have seen?
- What public health issues (in the population at large) does this problem illustrate?
- How does this problem affect the population (who, when, where, by how much and why)?
- What are the health needs of the population in relation to this problem?
- How can the burden of this problem be reduced?
- How should health (and other) services be organized and delivered to address this problem?
- What are the main research and development issues raised by the problem?
- What are the main public health policy implications of this problem?

While you may write this by hand in your portfolio, you may choose to type this and staple a copy into the book (all such typed sheets must be dated and carry your signature as proof of authenticity)

Personal Tutors

You are expected to have two "contacts" with your Personal Tutor throughout CP3. You will receive an email prompt and suggested agenda to make contact with your personal tutor.

Clinical Phases – Career Reflection Guidance

During the Clinical Phases of your course you have a great opportunity to explore first hand a variety of specialty careers. We encourage you to reflect on your experiences; both in terms of what you learn about the specialties and what you learn about yourself.
You are asked to complete a **Career Log** for *each attachment* you complete and then a **Career Review** at the end of *each of the Clinical Phases*.

What is the benefit of completing a Career Log and Career Review?

+ Both are simple and effective ways of collecting and recording your reflections about your observations and career conversations you have during your placements.

+ The thinking you do now may help when you apply for Electives, the Foundation programme and Specialty training in the future.

+Even if you work out pretty quickly on attachment that a specialty isn't for you, working out what you DON'T want to do is an important step in working out what you DO want. Take the opportunity to reflect on why you aren't keen – what does it say about your preferences, skills and interest?

+ Giving yourself some dedicated time to think about your own career plan now may help you to identify additional actions you could be taking to get yourself ahead.

How can you make the most of your clinical attachments in terms of career thinking and planning?

+ Before each attachment outline what you want to find out about a career in the specialty.

+ On attachment make contacts who may be able to assist you in the future and nurture those relationships.

+ Ask lots of questions of doctors at all grades and the rest of the multi-disciplinary team in the specialty (see *suggested questions below*)

+ Thinking further ahead to Specialty applications you will be expected to demonstrate certain experience and skills. Seek out opportunities during the clinical phases to get involved in Research, Audit, Teaching, Leadership, and Presentations.

+ Know yourself – you will be exposed to different work environments and roles requiring different skill sets, plus differing viewpoints and opinions. In order to confidently choose the right career path you need to understand your skills, strengths, abilities and preferences. Ask for feedback whilst on placement and reflect on your own experiences.

+ In addition to the career log you may want to collect evidence and records of your achievements which can be used in future applications.

What's expected?

During the clinical phase of your course you are required to complete a Career Log at the end of each attachment (in CP1 the requirement is only for 2 logs; one for surgery and one for medicine).

Whilst this is a requirement of the course the content of your log will not be formally assessed. **However**, **you do need to get your attachment supervisor to sign off the fact you have completed the log and end of phase reviews.**

Previous students have found it helpful to discuss the content of their reflection with their supervisor or another doctor during their attachment, but this is not a formal requirement.

Questions to Ask

+ How did you get interested in this Specialty?
+ What is your work like on a daily basis?
+ How do you see this Specialty developing in the future?
+ What skills and aptitudes do you need to succeed?
+ What aspects of your career give you the biggest buzz?
+ What are the biggest challenges in your job?
+ What can I do to increase my chances of success in this field?
+ What is your work/life balance like?
+ How difficult in this specialty to get into and progress in?
+ What do you like most and least about working in this specialty?

Useful resources

www.nottingham.ac.uk/careers/medicine
www.healthcareers.nhs.uk

The **University Careers and Employability Service** offers careers advice appointments which provide an opportunity for you to speak with an impartial professional about your ideas, concerns or queries.

Appointments are offered at regular times throughout the academic year and can be booked via www.nottingham.ac.uk by logging on to “My Career”. For further information see the Careers Guidance section on www.nottingham.ac.uk/careers/medicine.

Clinical Phase Career Review

Name: Date of Completion:
Clinical Phase:

In completing this phase review you may find it helpful to reflect on the career logs you have completed for each attachment.

1. Thinking about the whole clinical phase note down the progress you think you've made.

   - What went well/not so well?
   - Any areas of good practice/areas for improvement?
   - What did you enjoy/not enjoy? Why or why not?

2. What have you learned about yourself?

   Consider your strengths and weaknesses, likes and dislikes and your values and interests.

3. How has this clinical phase influenced your thoughts on your career plan? What are your next steps?

Useful links

www.nottingham.ac.uk/careers/medicine
www.healthcareers.nhs.uk

MEDICINE AND SURGERY

Clinical Experience Checklists

Medicine & Surgery

Aims
The aims of these attachments are listed in your ACE Study Guide, which you should read carefully.

We hope to give you as much 'hands-on' experience as possible during the attachments, and have kept teaching sessions away from the clinical environment to a minimum. **It is very much up to you to make sure that you make the most of this opportunity by getting involved in the work of your clinical team.**

There will be a programme of integrated central teaching on Fridays. There will also be a course of problem-based learning in Clinical Laboratory Sciences (please see the accompanying CLS Study Guide) and teaching in histopathology, radiology and clinical pharmacology. Please also note that following the ACE module you will take a Transition to Practice (TTP) module in which you will have opportunity to apply your skills, including a Medical Assistantship attachment and a Shadowing placement.

Objectives
Your Module Learning Outcomes and Topic Learning Outcomes are listed in the ACE Study Guide

To achieve these you must know about the common medical and surgical conditions, their epidemiology, aetiology, pathology, presentation and management. You must also be able to weigh evidence derived from the history, examination, investigations and medical literature in a critical manner, and deal with uncertainty when this occurs.

You are expected to know about the effects and important adverse effects of the drugs that are in common use and those that are used for emergencies. You should also be able to write a clear and safe drug chart (with reference to the British National Formulary if necessary) and to identify important drug interactions.

You should be able to perform basic clinical procedures required for Mandatory Assessment of Core Clinical Skills (see MACCS section).

CORE TOPICS
The following list covers important core topics we would expect you to know about and may be useful as a guide to revision. More detailed Topic learning outcomes concerned with knowledge and skills are included in the ACE Study Guide. This is not exhaustive and you are encouraged to read about topics outside the list.

Conditions that you should be familiar with include:

Cardiology
- Acute myocardial infarction
- Angina
- Hypertension
- Acute left ventricular failure
- Congestive cardiac failure
- Valvular heart disease
- Infective endocarditis
- Management of basic cardiac arrhythmias including atrial and ventricular tachyarrhythmia
- Venous thrombosis and pulmonary embolism

Respiratory Medicine

- Chronic obstructive pulmonary disease and ventilatory failure
- Bronchiectasis
- Asthma
- Pneumonia
- Pneumothorax and pleural effusion
- Lung cancer
- Tuberculosis
- Occupational lung disease (asbestos, coal).

Endocrinology

- Diabetes Mellitus (including presentation, complications)
- Diabetic ketoacidosis and HHS
- Hypoglycaemia

- Hyperthyroidism and hypothyroidism
-
- Pituitary disease
- Adrenal disease
- Disorders of calcium metabolism

Gastroenterology

- Gastro-oesophageal reflux
- Peptic ulcer disease
- Acute gastrointestinal haemorrhage
- Inflammatory bowel disease
- Acute and chronic pancreatitis
- Chronic liver disease
- Causes of jaundice
- Causes of acute and chronic diarrhoea
- Irritable bowel syndrome
- Carcinoma of the GI tract
- Coeliac disease and other causes of malabsorption.

Neurology

- TIA/Stroke
- Subarachnoid haemorrhage
- Epilepsy
- Parkinson’s disease
- Intracerebral space occupying lesions
- Peripheral neuropathies
- Mononeuropathies including carpal tunnel syndrome
- Multiple sclerosis.
- Spinal cord compression
- Meningitis and encephalitis

Renal medicine

- Acute kidney injury
- Chronic kidney disease
- Glomerulonephritis
- Nephritic syndrome
- Renal stone disease

- Prostatic disease
- Urinary tract infection
- Urinary tract malignancy, kidney, ureter, bladder and prostate.

Haematology

- Anaemia
- Bleeding/ clotting disorders
- Malignant conditions including leukaemia, lymphoma, myeloma and myelo proliferative conditions.
- Basic transfusion medicine

Ethical Issues

- GMC's ethical guidance and standards including Good Medical Practice, the 'Duties of a doctor registered with the GMC' and supplementary ethical guidance which describe what is expected of all doctors registered with the GMC
- Consent
- Confidentiality
- Professional duties
- Four principles and their scope in practice
- Key legal principles involved in health care

Structure of the NHS

- The organisation, management and regulation of healthcare provision; the structures, functions and priorities of the NHS; and the roles of, and relationships between, the agencies and services involved in protecting and promoting individual and population health
- Applying the principles of quality assurance, clinical governance and risk management to medical practice
- understanding responsibilities within the current systems for raising concerns about safety and quality

Communication Skills

- Breaking bad news
- Listening
- Agenda approach
- Presentation of information to others using the Situation, Background, Assessment and Recommendation (SBAR) Model
- Handover
- Barriers to communication
- Strategies to deal with, anger, denial, collusion etc.

Surgical Topics

- Pre, peri and post-operative care
- Fluid balance
- Breast cancer
- Thyroid nodules
- The acute abdomen
- Hernias
- Gallstone disease
- Appendicitis
- Bowel obstruction
- Large bowel carcinoma
- Diverticulitis
- Colostomies and ileostomies

- Haemorrhoids
- Varicose veins
- Limb ischaemia
- Aortic aneurysms

Anaesthesia

- Pre-operative patient assessment and testing
- Pain control (pre- and post-operative)
- Patient controlled analgesia
- Causes and treatments of post-operative nausea and vomiting
- Post-operative care / recovery of the unconscious patient
- Fluid balance and use of intravenous fluids
- Blood transfusion
- Oxygen therapy for the surgical patient
- Pulse oximetry
- Invasive monitoring (central venous pressure, arterial lines)
- Cardio-pulmonary resuscitation
- Anaphylaxis.

Emergency Receiving Days – Medicine and Surgery

You must arrange to attend at least 6 emergency receiving days, including at least 2 in surgery and at least 2 in medicine. You should record the main cases seen on each occasion. Your attendance must be documented by the F2 on-call or a more senior member of the team, who may wish to comment on your contribution to the take.

Day 1: Date	**Medical/Surgical Take (delete as appropriate)**	
Cases seen (initials)	Date of birth	Presenting problem
1.		
2.		
3.		
4.		
5.		
6.		
Supervisor name and signature:		

Day 2: Date	**Medical/Surgical Take (delete as appropriate)**	
Cases seen (initials)	Date of birth	Presenting problem
1.		
2.		
3.		
4.		
5.		
6.		
Supervisor name and signature:		

Day 3: Date	**Medical/Surgical Take (delete as appropriate)**	
Cases seen (initials)	Date of birth	Presenting problem
1.		
2.		
3.		
4.		
5.		
6.		
Supervisor name and signature:		

Day 4: Date	**Medical/Surgical Take (delete as appropriate)**	
Cases seen (initials)	Date of birth	Presenting problem
1.		
2.		
3.		
4.		
5.		
6.		
Supervisor name and signature:		

Day 5: Date	**Medical/Surgical Take (delete as appropriate)**	
Cases seen (initials)	Date of birth	Presenting problem
1.		
2.		
3.		
4.		
5.		
6.		
Supervisor name and signature:		

Day 6: Date	**Medical/Surgical Take (delete as appropriate)**	
Cases seen (initials)	Date of birth	Presenting problem
1.		
2.		
3.		
4.		
5.		
6.		
Supervisor name and signature:		

PUBLIC HEALTH

Medical/ Surgical - Case

Nature of case:

Public Health implications (use specified headings to structure your response – see page 19)

Date:

MEDICINE ATTACHMENT

1st Portfolio Appraisal Meeting

Pre-meeting Checklist

1. Please briefly outline your reflections so far in the space below.

Briefly summarise your reflections on the knowledge, skills and attitudes you acquired during your last attachment. Highlight any area of weakness or any concerns that were expressed about you in previous attachments.

What do you want to get out of this attachment?

2. Progress test results so far:

Test taken	Date	Result	Comment

3. Is your ACE Portfolio/Log Book up-to-date and have appropriate elements been signed off by your clinical teachers?

You must bring it to the appraisal meeting.

1st Portfolio Meeting (1st week) - MEDICINE

Agenda

- Discuss student's reflections (positive and negative aspects)
- Are there any actions needed at the outset of this attachment?

Student's agreed comments on past progress and hopes for this attachment:

Attitudes _____

_____

_____

_____

Skills _____

_____

_____

_____

Knowledge _____

_____

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_____

Agreed Action Plan _____

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This PAM took place on _____ at _____ am/pm

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by an appropriate clinical teacher.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: PA _____ Print Name: _____

2nd Portfolio Appraisal Meeting - MEDICINE

Pre-meeting Checklist

1. Please briefly outline your reflections so far in the space below.

Briefly summarise your reflections on the knowledge, skills and attitudes you have acquired during the first half of this attachment. Do you have any concerns about your progress with MACCS? Are there problems you wish to discuss?

- **Is your ACE Portfolio/Log Book up-to-date** and have appropriate elements been signed off by your clinical teachers?

You must bring it to the appraisal meeting.

2nd Portfolio Meeting (middle week) – MEDICINE

Agenda

- Discuss student's reflections (positive and negative aspects)
- Review of last Appraisal
- Discuss MACCS and an action plan if not progressing
- Discuss completion of Public Health Reflection
- Are there any actions needed for the second half of the attachment?

Student's agreed comments on progress so far on this attachment and previous action plan:

Attitudes _____

_____

_____

_____

Skills _____

_____

_____

_____

Knowledge _____

_____

_____

_____

Agreed Action Plan _____

_____

_____

_____

_____

This PAM took place on _____ at _____am/pm

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by an appropriate clinical teacher.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: PA _____ Print Name: _____

3rd Portfolio Appraisal Meeting - MEDICINE

Pre-meeting Checklist

1. Please briefly outline your reflections so far in the space below.

Briefly summarise your reflections on the knowledge, skills and attitudes you have acquired during the second half of this attachment. Have you completed the MACCS allocated to this attachment? Have you achieved all you set to do? Have you followed through on your action plans? Are there problems you wish to discuss?

2. Is your ACE Portfolio/Log Book up-to-date and have appropriate elements been signed off by your clinical teachers?

You must bring this portfolio to the appraisal meeting.

3rd Portfolio Meeting (final week) - MEDICINE

Agenda

- Discuss student's reflections (positive and negative aspects)
- Review of last Appraisal and action plan
- Discuss MACCS
- Discuss completion of Public Health Reflection
- Have specialty career issues been discussed in this attachment?

Student's agreed comments on progress:

Attitudes _____

_____

_____

Skills _____

_____

_____

Knowledge _____

_____

_____

Agreed Action Plan _____

_____

_____

_____

This PAM took place on _____ at _____am/pm

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by an appropriate clinical teacher.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: PA _____ Print Name: _____

NOTE: If significant learning or attitudinal problems are identified in the Appraisal process either a support or intervention form will be raised. Professionalism problems could then be referred to PACC. Subsequent recurrence of learning or attitudinal problems will result in you being referred to the Fitness to Practice Committee who will consider whether your medical course should be terminated.

Attachment Career Log

Name: Date of Completion:
Attachment: Medicine

Skills – Clinical & Professional	Knowledge
• What skills do you need most in this specialty? • What skills have you developed during this attachment?	What have you learnt about a career in this specialty? For example; • What is the training pathway(s)? • What is your perception of work/life balance? • What does a typical week look like?
Evaluation	**Next Steps**
• How well did you do? Give yourself an honest appraisal. • Did you enjoy the attachment? Why or why not? • Consider what this says about the specialty and about you.	How will this experience influence your future actions or thoughts? For example; • Do you need to find out more? If so, what and how? • If you have learnt something about yourself what can you do with this knowledge? • What contacts have you made? And are there other people you need to speak to? • How might your experience influence your future practice?

Useful links

www.nottingham.ac.uk/careers/medicine
www.healthcareers.nhs.uk

SURGERY ATTACHMENT

1st Portfolio Appraisal Meeting

Pre-meeting Checklist

- **Please briefly outline your reflections so far in the space below.**

  Briefly summarise your reflections on the knowledge, skills and attitudes you acquired during your last attachment. Highlight any area of weakness or any concerns that were expressed about you in previous attachments

  What do you want to get out of this attachment?

- **Progress test results so far:**

Test taken	Date	Result	Comment

- **Is your ACE Portfolio/Log Book up-to-date** and have appropriate elements been signed off by your clinical teachers?

You must bring this portfolio to the appraisal meeting.

1st Portfolio Meeting (1st week) - SURGERY

Agenda

- Discuss student's reflections (positive and negative aspects)
- Review of last Appraisal
- Discuss progress tests
- Are there any actions needed at the outset of this attachment?

Student's agreed comments on past progress and hopes for this attachment:

Attitudes _____

_____

_____

_____

Skills _____

_____

_____

_____

Knowledge _____

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Agreed Action Plan _____

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_____

This PAM took place on _____ at _____am/pm

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by an appropriate clinical teacher.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: PA _____ Print Name: _____

2nd Portfolio Appraisal Meeting - SURGERY

Pre-meeting Checklist

1. Please briefly outline your reflections so far in the space below.

Briefly summarise your reflections on the knowledge, skills and attitudes you have acquired during the first half of this attachment. Do you have any concerns about your progress with MACCS? Are there problems you wish to discuss?

2. **Is your ACE Portfolio/Log Book up-to-date** and have appropriate elements been signed off by your clinical teachers?

You must bring this portfolio to the appraisal meeting.

2nd Portfolio Meeting (middle week) - SURGERY

Agenda

- Discuss student's reflections (positive and negative aspects)
- Review of last Appraisal
- Discuss MACCS
- Discuss completion of Public Health Reflection
- Discuss progress tests
- Are there any actions needed for the second half of the attachment?

Student's agreed comments on progress so far on this attachment and previous action plan:

Attitudes _____

_____

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_____

Skills _____

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Knowledge _____

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Agreed Action Plan _____

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_____

This PAM took place on _____ at _____am/pm

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by an appropriate clinical teacher.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: PA _____ Print Name: _____

3rd Portfolio Appraisal Meeting - SURGERY

Pre-meeting Checklist

1. Please briefly outline your reflections so far in the space below.

Briefly summarise your reflections on the knowledge, skills and attitudes you have acquired during the second half of this attachment. Have you completed the MACCS allocated to this attachment? Have you achieved all you set out to do? Have you followed through on your action plans? Are there problems you wish to discuss?

2. Is your ACE Portfolio/Log Book up-to-date and have appropriate elements been signed off by your clinical teachers?

You must bring this portfolio to the appraisal meeting.

3rd Portfolio Meeting (final week) - SURGERY

Agenda

- Discuss student's reflections (positive and negative aspects)
- Discuss progress tests
- Discuss MACCS
- Review of last Appraisal and action plan
- Have specialty career issues been discussed in this attachment?
- Have you completed your Public Health Reflection?
- Discussion of Multiprofessional feedback scores

Student's agreed comments on progress:

Attitudes _____

_____

_____

Skills

_____

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_____

Knowledge

_____

_____

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_____

Agreed Action Plan

_____

_____

_____

This PAM took place on _____at _____am/pm

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by an appropriate clinical teacher.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: PA _____ Print Name: _____

NOTE: If significant learning or attitudinal problems are identified in the Appraisal process either a support or intervention form will be raised. Professionalism problems could then be referred to PACC. Subsequent recurrence of learning or attitudinal problems will result in you being referred to the Fitness to Practice Committee who will consider whether your medical course should be terminated.

Attachment Career Log

Name: Date of Completion:
Attachment: Surgery

Skills – Clinical & Professional	Knowledge
• What skills do you need most in this specialty? • What skills have you developed during this attachment?	What have you learnt about a career in this specialty? For example; • What is the training pathway(s)? • What is your perception of work/life balance? • What does a typical week look like?
Evaluation	**Next Steps**
• How well did you do? Give yourself an honest appraisal. • Did you enjoy the attachment? Why or why not? • Consider what this says about the specialty and about you.	How will this experience influence your future actions or thoughts? For example; • Do you need to find out more? If so, what and how? • If you have learnt something about yourself what can you do with this knowledge? • What contacts have you made? And are there other people you need to speak to? • How might your experience influence your future practice?

Useful links

www.nottingham.ac.uk/careers/medicine
www.healthcareers.nhs.uk

Clinical Experience Record

This is an ACTIVITIES LOG during your ACE attachment. Exposure to the clinical environment forms an important pillar for you to acquire clinical experience.

- You should keep a record of **ALL** of the clinical experience when you attend the ward, clinic and/or operating theatre to see patients.
- Feel free also to write down briefly your reflections on these experiences in the log below (under 'Experience').
- Show this alongside the 'Checklist for common problems and diseases' to your Assessor at the Midpoint and Final appraisal meetings.
- If possible it would be good to follow up a patient throughout his/her journey during your attachment

ACTIVITIES LOG (MEDICINE)

Date	Experience (E.g. Ward, Clinic, Operating theatre)	
	Experience	Key Learning Points

ACTIVITIES LOG (SURGERY)

Date	Experience (E.g. Ward, Clinic, Operating theatre)	
	Experience	Key Learning Points

CRITICAL ILLNESS

Critical Illness Attachment

The Critical Illness attachment is defined as a period during which a student gains experience in a range of activities linked to recognition and management of the critically ill patient, including aspects of perioperative care.

Its purpose is to develop the confidence of the student in being able to deliver their responsibilities as an F1 doctor following graduation.

There is overlap between the Critical Illness Attachment and Anaesthesia during the Surgery attachment. Students can achieve some of the objectives during the Anaesthesia Attachment, and similarly it may be appropriate to cover some Anaesthesia objectives during the Critical Illness Attachment.

Learning Opportunities
The Critical Illness Attachment may involve placements in

- The Emergency Department
- Anaesthetics including pre-operative, intra- operative and post-operative care
- Simulation environments
- Acute admissions environments
- Critical / Intensive Care units
- Critical Care Outreach Teams

Placements will vary according to the Trust in which you are attached

High level objective
Students will be able to provide appropriate care to patients with critical illness

Intermediate level objectives:

- Recognise the critically ill patient
- Manage the critically ill patient
- Communicate within and between teams
- Understand the role of multiprofessional teams
- Understand the ethical issues in the management of the critically ill patient

General aims
The major emphasis of this attachment is on clinical skills and competencies relating to recognition and management of critically ill patients. The detailed Topic Learning Outcomes are specified in the ACE Study Guide, as well as being integrated into relevant conditions in the guide. At the end of the attachment you should be able to assess, by appropriate history examination and investigation, adult patients with critical illness; state a limited differential diagnosis; arrange and interpret relevant investigations; and outline a management plan. As senior students heading towards foundation you should be becoming familiar with uncertainty, and the need to undertake tasks in efficient, prioritized fashion, going beyond simple recitations of ABCDE. In addition, you should be aware of your limitations as a relatively junior doctor and be able to seek support from your peers and senior colleagues when you need to. The attachment includes emergency medicine (EM) anaesthesia, post-operative care, critical care outreach, some acute trauma, as well as medical and surgical emergencies. Teaching helps to link these elements together. Directed reading should increase your breadth of knowledge of natural history of disorders as well as therapeutics and prescribing.

Learning Objectives
These are listed in the ACE Study Guide (Copies available on Moodle).

Core Topics

- Recognize the following non-specific presentations (you are **NOT** expected to have seen all of these during your attachment, but you are expected to have read about / discussed these:
- Recognize the unconscious patient (Presenting to ED; Presenting as an inpatient)
- Recognize patients presenting with shock, distinguishing between:
    i. Hypovolaemia
    ii. Sepsis
    iii. Cardiogenic shock
    iv. Anaphylaxis
- Recognize suspected severe sepsis
- Recognize acute severe renal injury (Acute Kidney Injury – AKI)
- Recognize acute respiratory failure
- Recognize acute left ventricular failure
- Recognize severe / multiple trauma
- Recognize acute traumatic brain injury
- Recognize suspected bacterial meningitis
- Recognize acute severe asthma
- Recognize acute severe exacerbation of COPD
- Recognize post-operative bleeding
- Recognize major gastrointestinal haemorrhage
- Recognize diabetic emergencies (DKA; Hypoglycaemia)

CI Suggested Reading List:

Essential Guide to Acute Care - Cooper/Forest/Cramp
Great explanations of the principles underlying our resuscitation approach - Often our teaching for ABCDE assessments focuses only on *what* we do, and ignores *why* we do it. Essential reading for any budding resuscitationist.

Oxford Handbook of Emergency Medicine - Wyatt/Illingworth/Graham/Hogg
Practical guide to ED presentations. The Oxford books are designed for core trainees in specialties to help with day to day issues that arise. Therefore most specialty books have limited use for undergraduates because they deal with nuts and bolts rather than underlying concepts. The emergency medicine book is an exception. Best used by looking up the entry relevant to your presentation immediately after seeing the patient. Overview of the presentation, tests to order (and what to look for) immediate and further management.

An introduction to clinical emergency medicine - Mahadevan/Garmel
One of the only large books I recommend for ED. Laid out by presentation rather than diagnosis, gives a more in-depth look at both how make diagnosis and how to manage the patient in the meantime. More detail than the handbook, but with the same pragmatic approach. The “Pearls, pitfalls, and myths” section is my personal favorite. Particularly useful when preparing your final case presentation.

Davidson’s Foundations of clinical practice - Scott/Blyth/Jones
An excellent bridge between final year in med school and foundation years. This book reinforces the knowledge you should have gained already, but makes it relevant to your everyday work and gives handy guides to common problems on the ward (e.g. prescribing and monitoring of anticoagulants/insulin/troubleshooting NIV)

Anaesthesia
Anaesthesia is essentially manipulation of human physiology by pharmacology. So my first recommendation for anaesthetics is to revise your preferred physiology and pharmacology books.

Recommended topics
Physiology - respiration and ventilation, gas exchange, cardiac output, nerve conduction.
Pharmacology - Induction agents, inhilational anaesthetics, local anaesthetics, Neuromuscular blocking agents (muscle relaxants)

Churchill's Pocketbook of Anaesthesia - Nathanson/Mahajan
Any anaesthesia book written for anaesthetists is likely to be 6 inches thick and packed densely with small writing. This fantastic little book gives a great overview of the specialty. It includes some basic science, pre-op assessment, drugs used and conduct of general anaesthesia all at a very accessible level. Also fits very nicely into a scrub pocket.

Clinical Anaesthesia Lecture Notes - Gwinnut/Gwinnut
A little more in-depth than the pocketbook, but still at an accessible level with a nice layout. Covers equipment/techniques/meds/troubleshooting. Also includes self-assessment sections that will prepare you for the questions you will inevitably get in theatre.

Anaesthesia UK website - http://www.frca.co.uk/
I would recommend using this website if you want a background on a very specific procedure. (E.g. what is an intrascalene block anyway?) .

Association of Anaesthetists – http:/anaethetists.org/
The Quick Reference Handbook (QRH) is a cornucopia of emergency management algorithms. The details are probably less relevant (you should be using an aide memoire anyway) but gives you an idea of how these situations should be approached.

Verbal Case Patient Presentations:
You should complete sufficient verbal case presentations to cover the five domains as listed in your log book. It may be sometimes be possible to cover several domains in one presentation.
They should be short and succinct and take only a few minutes.

However the student needs to be assessed in all five domains across their verbal presentations.

Critical Illness – Verbal Patient Presentations

These verbal case presentations should be short and succinct.
Each presentation should cover one or two of the five domains listed.
By the end of the attachment, students should have completed all the domains. The number of presentations required will depend on the cases seen and discussed but will require a minimum of two cases.
Comments and feedback should relate to presentation, skill and knowledge.

The presentations should be to the supervising consultant or appropriate supervising staff (e.g. medical staff CT/ST 1 or above; nursing staff Band 6 or above)
Aspects of the presentation pertinent to the domains should be recorded below.

Recognition of the critically ill patient ***Domain 1***	
Brief details	Comments / Feedback

Supervised by (PRINT)	**Signature & Date**
Management of the critically ill patient Domain 2	
Brief details	Comments / Feedback
Supervised by (PRINT)	**Signature & Date**
Communication within and between teams Domain 3	
Brief details	Comments / Feedback
Supervised by (PRINT)	**Signature & Date**
The role of multiprofessional teams Domain 4	
Brief details	Comments / Feedback
Supervised by (PRINT)	**Signature & Date**
Ethical issues in the management of the critically ill patient Domain 5	
Brief details	Comments / Feedback
Supervised by (PRINT)	**Signature & Date**

Critical Illness – Verbal Patient Presentation cont.

These verbal case presentations should be short and succinct.
Each presentation should cover one or two of the five domains listed.
By the end of the attachment, students should have completed all the domains. The number of presentations required will depend on the cases seen and discussed but will require a minimum of two cases.
Comments and feedback should relate to presentation, skill and knowledge.

The presentations should be to the supervising consultant or appropriate supervising staff (e.g. medical staff CT/ST 1 or above; nursing staff Band 6 or above)
Aspects of the presentation pertinent to the domains should be recorded below.

Use this page if you have run out of space on the first page.

Recognition of the critically ill patient ***Domain 1***	
Brief details	Comments / Feedback
Supervised by (PRINT)	**Signature & Date**
Management of the critically ill patient ***Domain 2***	
Brief details	Comments / Feedback
Supervised by (PRINT)	**Signature & Date**
Communication within and between teams ***Domain 3***	
Brief details	Comments / Feedback
Supervised by (PRINT)	**Signature & Date**
The role of multiprofessional teams ***Domain 4***	
Brief details	Comments / Feedback
Supervised by (PRINT)	**Signature & Date**
Ethical issues in the management of the critically ill patient ***Domain 5***	
Brief details	Comments / Feedback
Supervised by (PRINT)	**Signature & Date**

ANAESTHESIA Topics:

- Pre-operative assessment
- Analgesia
- Peri-operative care

For further information see the study guide.

There is overlap with the Surgical Attachment. Students can achieve these objectives during the Critical Illness Attachment, and similarly it may be appropriate to cover some Critical Illness Attachment objectives during Surgery.

Ask the supervising anaesthetist to sign off each topic when it has been discussed satisfactorily.

Topic	Signature after discussion	Date
Pre-operative patient assessment and testing		
Principles, risks and benefits of general, regional and local anaesthesia		
Pain control (pre- and post-operative) paracetamol, NSAIDS and Opioids		
Pain control (pre- and post-operative) local anaesthesia		
Pain control (pre- and post-operative) patient controlled and epidural analgesia		
Pain control (pre- and post-operative) non-drug methods		
Peri-operative management of diabetes		
Causes and treatments of post-operative nausea and vomiting		
Post-operative care / recovery of the unconscious patient		
Fluid balance and use of intravenous fluids		
Oxygen therapy for the surgical patient and pulse oximetry		
Management of the obstructed airway		
Anaphylaxis		

Critical Illness - Life Support Skills – Adult Resuscitation, Immediate Management of the Acutely Ill Patient

During your Critical Illness attachment you will be scheduled for 2 training days that will introduce and reinforce the core knowledge, skills, and behaviors required for you to provide immediate care for the acutely ill patient.

The training comprises 2 separate one-day courses (see below for details):

- Immediate Life Support (ILS)
- Immediate Ward Management of the Acutely Ill Patient (Advanced Simulation-Based Education

Your full attendance on all days is mandatory

ILS will be arranged for students in Lincoln but they will have to return to Nottingham for their Simulator experience. Specific pre-course reading material is provided at the beginning of the course. You will be expected to demonstrate the ability to apply this knowledge and perform specific skills (after tuition) on each day. The instructors involved will be observing your performance and participation throughout in order to ensure you reach a satisfactory standard prior to successfully completing each course.

By the time of completion of the final day of training you will have identified several key personal development requirements that you will need to address during your subsequent undergraduate education either individually or with your peers. It is likely that these will be highly relevant issues pertinent to when you commence work as a doctor.

Various aspects of this training will also be assessed during the final OSCE examinations.

You will receive feedback as to your performance on each day according to the scoring system detailed below.

The senior instructor will discuss any specific concerns with you, and provide guidance about how to address them. You may be advised to attend further training during the year.

Satisfactory

- Student has demonstrated appropriate/excellent professional attitudes, knowledge & skills relevant to the training provided & participated fully as a member of the group
- Student has attended the training in full
- Student has shown evidence of initiative and enthusiasm for his / her learning

Unsatisfactory

- Student has demonstrated an inappropriate professional attitude / poor attention during day /difficulty participating in group
- Student has demonstrated poor application of knowledge or is unable to demonstrate key practical skills.
- Student has missed significant mandatory elements without good reason
- Student has shown no enthusiasm or initiative and has done less than the minimum required.

ILS - Immediate Life Support (RCUK)

This Resuscitation Council course provides you with the essential knowledge and skills to manage adult patients in cardiac arrest for crucial if short time before the arrival of experienced assistance, and prepares you for the role of cardiac arrest team member. These first responder skills will successfully resuscitate a large proportion of patients who survive cardiac arrest.

Specific objectives include:

- Recognize clinical features in patients at risk of cardio-respiratory arrest
- Describe how to call for the cardiac arrest team
- Demonstrate effective CPR with appropriate airway adjuncts
- Recognise heart rhythms at cardiac arrest that require or do not require defibrillation
- Demonstrate safe defibrillation with an automated and/or manual defibrillator
- Describe the potentially reversible causes of cardiac arrest and their immediate management
- Describe the indications, doses and actions of the principal drugs used during management of a cardiac arrest
- Describe appropriate post resuscitation care

You are provided with a specific course manual, which you should read prior to attending the training day. This valuable resource will assist you on this and subsequent training days, and will be a useful reference prior to your final exams and when preparing to commence work in your first F1 post.

This course is accredited nationally and your performance will be assessed throughout the day in order to ensure you reach a satisfactory standard. **Please note that you will be required to retake this course if you reach an unsatisfactory standard.**

ILS Overall Observed Performance

Date:	**Trainer/Centre (PRINT):**
Grade: **Satisfactory** **Unsatisfactory**	
Student Comment: **Signed: ……..…….. Date: ……**	
Trainer Comment: **Signed: ……..... Date: ……..** **PRINT: ……....**	

Critical Illness - Immediate Ward Management of the Acutely Ill Patient (Advanced Simulation-Based Education)

Once you take up post as a new doctor it is quite likely that you will be called as the first medical responder to any ward-based patient who is acutely ill who may have a potentially life-threatening problem. The ILS course is designed to deliver a number of areas of knowledge and ability that can be put to good use in such situations, but often it is not merely the possession of these competencies that equates to good management of the problem.

The Simulation Training day is designed to provide you with further opportunity to rehearse the key clinical skills practiced on the previous training day, and also to consider many of the other factors that can influence the patient's outcome, some of which may be obvious to you and others you may not have considered.

The types of factor we are going to consider include:

- Organisational skills
- Team membership and leadership skills
- Communication during critical situations
- Awareness of personal strengths and limitations
- Recognising the skills and abilities of experienced ward staff

During your placements, take the opportunity to ask the current Foundation Doctors about their experiences (good and bad) of handling very ill patients under their care. You may wish to ask the senior and junior nurses, physiotherapists, or other ward staff their thoughts and observations as well. Please take note of their comments, as this will form the basis of some of the discussions during your Simulation Training day.

Overview

This day provides a safe, supportive environment in which to review individual knowledge and skills in the context of the simulated ward environment, further identifying individual and organisational factors that can influence effective patient management. Participants observe, practice, and, through facilitated debriefing, reflect upon the immediate management of acutely ill patients. Facilitators support debriefing sessions in which observed examples of good practice are discussed as well as areas shown to require development, individual appreciation of which will inform a personal learning / development plan which identifies areas for future attention.

We will discuss issues you may have had the opportunity to observe in the clinical setting, particularly related to the complex hierarchy of human factors that can greatly influence patient outcome. Whilst clinician's anxieties are frequently centered on knowledge, it is frequently human factors issues that are crucial to the optimisation of patient care and ensuring patient safety. These issues include the "non-technical skills" around communication and team working, the importance of task management, situation awareness and decision-making.

Please note that all participants are filmed throughout this day to facilitate effective debriefing and discussion. This will be discussed with you at the start of the day and you will be asked to sign a consent form which for your benefit limits the use of the recording.

Individual feedback and mentoring is available and at the conclusion of the day you will design a personal development plan based on what you have seen, done and discussed. Faculty who complete your log book are available for individual feedback.

As a result of attending this training day participants will:

Demonstrate effective recognition, immediate assessment and management of the acutely ill adult patient

Describe the importance of appropriately timed reassessment of the patient

Develop key strategies towards working more effectively within a team including:-

- Describe the importance of accurate and concise communication
- Describe the rationale of tools such as SBAR for communication
- Demonstrate ability to build team capacity and positive working relationships and undertake various team roles including leadership and the ability to accept and support leadership by others.
- Demonstrate a strategy for appropriately challenging other members of the multi-professional team.
- Demonstrate the use of communication tools / techniques to support effective communication between healthcare professionals and outside agencies and seniors.
- Make an appropriate referral for escalation of care.
- Communicate and document a management plan for a stable patient
- Perform self-assessment by reflecting on their own performance and observation of others within the simulator environment
- Develop critical evaluation and feedback skills by taking part in facilitated peer appraisal
- Produce a personal development plan identifying key issues (including clinical/technical and non-technical skills) that are worthy of attention prior to graduating from Medical School

Critical Illness - Immediate Ward Management of the Acutely Ill Patient (Advanced Simulation-based Training)

Overall Observed Performance

Date:	**Trainer/Centre (PRINT):**
Grade: **Satisfactory** **Unsatisfactory**	
Student Comment: **Signed: ……..…… Date: ……**	
Trainer Comment: **Signed: ……..... Date: ……..** **PRINT: ……..**	

Critical Illness - Advanced Simulation-based Training

Personal Development Plan **Date**

Please take a few minutes to think about your performance over the day, specifically think about your strong points, those things you did well. Now look at the development plan below and consider those areas in which you would like to develop - you may find it helpful to consider them in terms of knowledge, skills and attitudes. Also helpful is to think about quick win and longer-term goals. Try to find 5 development points. Note: these are objectives that you have identified over the day, not those to achieve today.

Key Development Points	What specific development needs do I have?	How will these objectives be addressed?	What evidence of progress could I watch out for	Evaluation and outcome (to show how I have achieved my objectives)
2 specific development points based on insight after reflection on my own experience as a participant in the simulator				

2 Or 3 specific development points arising from the day: after observing others or from discussion during the debriefing sessions				

CI Attachment

1st Portfolio Appraisal Meeting

Pre-meeting Checklist

- **Please briefly outline your reflections so far in the space below.**

  Briefly summarise your reflections on the knowledge, skills and attitudes you acquired during your last attachment. Highlight any area of weakness or any concerns that were expressed about you in previous attachments

  What do you want to get out of this attachment?

- **Progress test results so far:**

Test taken	Date	Result	Comment

1. **Is your ACE Portfolio/Log Book up-to-date** and have appropriate elements been signed off by your clinical teachers?

You must bring this portfolio to the appraisal meeting.

1st Portfolio Meeting (1st week) – CI

Agenda

- Discuss student's reflections (positive and negative aspects)
- Discuss progress tests
- Are there any actions needed at the outset of this attachment

Student's agreed comments on past progress and hopes for this attachment:

Attitudes _____

_____

_____

_____

Skills _____

_____

_____

_____

Knowledge _____

_____

_____

_____

Agreed Action Plan _____

_____

_____

_____

_____

This PAM took place on _____ at _____am/pm

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by an appropriate clinical teacher.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: PA _____ Print Name: _____

2nd Portfolio Appraisal Meeting - CI

Pre-meeting Checklist

1. Please briefly outline your reflections so far in the space below.

Briefly summarise your reflections on the knowledge, skills and attitudes you have acquired during the second half of this attachment. Have you completed the MACCS allocated to this attachment? Have you achieved all you set to do? Have you followed through on your action plans? Are there problems you wish to discuss?

2. **Is your ACE Portfolio/Log Book up-to-date** and have appropriate elements been signed off by your clinical teachers?

You must bring this portfolio to the appraisal meeting.

2nd Portfolio Meeting (final week) - CI

Agenda

- Discuss student's reflections (positive and negative aspects)
- Discuss progress tests
- Discuss MACCS
- Review of last Appraisal and action plan
- Have specialty career issues been discussed in this attachment?

Student's agreed comments on progress:

Attitudes _____

_____

_____

_____

Skills _____

_____

_____

_____

Knowledge _____

_____

_____

_____

Agreed Action Plan _____

_____

_____

_____

This PAM took place on _____ at _____ am/pm

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by an appropriate clinical teacher.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: PA_____ Print Name: _____

NOTE: If significant learning or attitudinal problems are identified in the Appraisal process either a support or intervention form will be raised. Professionalism problems could then be referred to PACC. Subsequent recurrence of learning or attitudinal problems will result in you being referred to the Fitness to Practice Committee who will consider whether your medical course should be terminated.

Attachment Career Log

Name: Date of Completion:
Attachment: Critical Illness

Skills – Clinical & Professional	Knowledge
• What skills do you need most in this specialty? • What skills have you developed during this attachment?	What have you learnt about a career in this specialty? For example; • What is the training pathway(s)? • What is your perception of work/life balance? • What does a typical week look like?
Evaluation	**Next Steps**
• How well did you do? Give yourself an honest appraisal. • Did you enjoy the attachment? Why or why not? • Consider what this says about the specialty and about you.	How will this experience influence your future actions or thoughts? For example; • Do you need to find out more? If so, what and how? • If you have learnt something about yourself what can you do with this knowledge? • What contacts have you made? And are there other people you need to speak to? • How might your experience influence your future practice?

Useful links

www.nottingham.ac.uk/careers/medicine
www.healthcareers.nhs.uk

Clinical Experience record

This is an ACTIVITIES LOG during your ACE attachment. Exposure to the clinical environment forms an important pillar for you to acquire clinical experience.

- You should keep a record of **ALL** of the clinical experience when you attend the ward, clinic and/or operating theatre to see patients.
- Feel free also to write down briefly your reflections on these experiences in the log below (under 'Experience').
- Show this alongside the 'Checklist for common problems and diseases' to your Assessor at the Midpoint and Final appraisal meetings.
- If possible it would be good to follow up a patient throughout his/her journey during your attachment

ACTIVITIES LOG (CRITICAL ILLNESS)

Date	Experience (E.g. Ward, Clinic, Operating theatre)	
	Experience	Key Learning Points

PRIMARY CARE

PRIMARY CARE

General Aims
During this 4-week attachment you will be able to learn about the problems with which patients present and how they are cared for in the primary care setting. You will have the opportunity to improve your knowledge of clinical medicine and practice clinical and consultation skills. By the end, you should be able to make diagnoses and plan how to manage patients presenting with common, minor and long-term conditions.

The majority of your teaching and learning will occur in the General Practice setting with your GP tutor and Primary Health Care team. There will also be **compulsory** introductory e-learning modules to complete, small group and consultation skills teaching. In addition, you will have the equivalent of one day of teaching in Palliative Care which will be conducted remotely (webinar and e-learning)

Your practice will inevitably be busy but will want to make you feel welcome and part of the team. Please respond by being on time, showing interest and enthusiasm.

Further information about the attachment as well as useful resources are available on the CP3 Primary Care Moodle page.

Learning Objectives
These are listed in the ACE Study Guide

Course contact
If you need to contact the Division of Primary Care about any issues on your placement please email the course administrator, Lindsey Rowlinson: MC-PCA-enquireies@nottingham.ac.uk.

If you experience any problems or difficulties during your attachment please discuss them with your practice or GP divisional tutor.

Attendance
Attendance for the entire attachment is compulsory.

If you are unable to attend a clinical session you must inform your practice tutor **straight away with your reasons for non-attendance** via the practice manager or receptionist and please contact the course administrator.

If you are unable to attend the divisional small group or consultation skills teaching session please notify your divisional tutor and the course administrator immediately with your reason for non-attendance.

Attendance is **compulsory** for both the practice and divisional based teaching. Poor attendance for each the clinical **and** teaching aspects of the attachment will result in **failure of the attachment**. Support will be provided to make up any missed sessions although this may have to be undertaken during the elective period.

Confidentiality and Information Governance
Respect confidentiality on what is said and written in the patients' notes and only discuss issues with those involved with their care.

DO NOT remove from the practice any paper or electronic data containing patient information (such as records; notes; audit data) to avoid any breach in confidentiality.

As part of the Information Governance requirements, entries in the patient records need to be timely and legible. You also must ensure that any entries are recorded under your name to provide a traceable audit trail. In most cases, this means you need to be logged into the practice computer with your own NHS smart card.

Safety
Ensure that someone knows where you have gone and when you are expected to return if conducting home visits on your own.

Mandatory Assessments in the Primary Care Attachment
Your assessments should be recorded in your ACE Log Book and MyProgress, this will provide evidence of your learning.

These include, completion of:

- 10 Patient Consultation Records
- Case Based Discussion
- Primary Health Care member template
- Clinical Governance Project
- Public Health template
- My Medical Career pathway
- Record of mandatory division-based tasks
- All appraisal meetings

You will be referred by your GP practice tutor to the Academic Lead and risk failing the attachment if:

- You receive a "fail" mark on attitudinal issues as described in the ACE logbook
- Your attendance is 75% or less for **either** the scheduled clinical or teaching sessions
- You do not achieve 100% of the mandatory tasks to be achieved during the attachment

If you fail the attachment, you will be required to repeat during your elective period.

Clinical Governance Project

More information and guidance about the Clinical Governance project is available on Moodle.

It is compulsory to have undertaken this project and got it marked on MyProgress by your GP tutor before the end of the attachment.

To enable the project to gain a pass mark, it should be marked with at least "satisfactory" in all columns. Projects with one "fail" column or two or more "borderlines" will be double marked by the Academic Lead. If this is confirmed to be unsatisfactory you will receive feedback and support from the Academic Lead to make amendments and resubmit the project.

Record and Reflections of the Mandatory Division-based tasks

TOPIC	SKILL/TASK	ASSESSOR'S COMMENTS, SIGNATURE & DATE
E-modules	Undertake e-modules for primary care (the link to the location of the e-modules on Moodle will have been emailed to you prior to the start of the attachment)	Student Signature: Date:
Divisional based tasks	<u>Consultation Skills Sessions</u> Number attended _____ Ethical dilemma in primary care case presentation: Title:	Student Signature: Dates: Date delivered):
Palliative care	Completion of online work:	Student Signature: Date:
	Attendance at webinar.	Student Signature: Date:

PRIMARY CARE APPRAISAL MEETINGS

1st GP Tutor Meeting – Pre-meeting preparation

Please briefly outline your reflections so far in the space below.

Briefly summarise your reflections on the knowledge, skills and attitudes you acquired during your last attachment. Highlight any areas of weakness or concern expressed about you in previous attachments.

What do you want to get out of this attachment?

Think about what you would most like to learn during this attachment and discuss your ideas with your practice GP tutor. Write your objectives here. It is important that they are relevant, achievable and understandable. Achievement of your objectives will form part of your assessment at the end of the attachment.

a. Your objectives for Clinical sessions in the practice

b. Your objectives for Consultations skills sessions

(These should be a basis for discussion with your Consultations skills tutor)

You must bring this portfolio to the appraisal meeting.

1st Appraisal meeting (1st week) – PRIMARY CARE

Agenda

- Discuss student's reflections (positive and negative aspects)
- Are there any actions needed at the outset of this attachment?

Student's agreed comments on past progress and hopes for this attachment:

Agreed action plan:

This Portfolio Appraisal Meeting took place on _____

Signed: Student _____

The student has reflected on their progress so far and has an action plan for the future.

Signed: (GP Tutor) _____

Print Name: (GP Tutor) _____

Mid Attachment Appraisal (2 weeks) – Primary Care

This will occur half way through your attachment.

Pre-meeting checklist

Please briefly outline your reflections so far in the space below.

Briefly summarise your reflections on the knowledge, skills and attitudes you acquired during your first half of this attachment. Do you have any concerns about your progress with MACCS or any of the other aspects of the attachment? Are there any other problems you wish to discuss?

The aim of this is to encourage you and help you work on any weaknesses to ensure you pass the attachment.

Student's comments:

Signed: _____ Date: _____

Is your ACE Portfolio/Log Book up-to-date and have appropriate elements been signed off by your clinical teachers?

You must bring this portfolio to the appraisal meeting.

Mid attachment appraisal meeting – PRIMARY CARE

Agenda

- An update on your Clinical Governance Project
- Discuss MACCS completion to date
- Discuss Public Health reflections
- Discuss Case based discussions and patient consultation records
- Discuss meeting with other primary health care professionals
- Assess your strengths and weaknesses.

Student's agreed comments on progress so far on this attachment and previous action plan:

Agreed Action Plan:

This Portfolio appraisal meeting took place on _____(date).

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by a GP tutor.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: GP Tutor_____Print Name: _____

3rd Portfolio Appraisal Meeting – Primary Care

Pre-meeting Checklist

Please briefly outline your reflections so far in the space below.

Briefly summarise your reflections on the knowledge, skills and attitudes you have acquired during the second half of this attachment. Have you completed the MACCS allocated to this attachment? Have you achieved all you set to do? Have you followed through on your action plans? Are there problems you wish to discuss?

Student's comments:

Is your ACE Portfolio/Log Book up-to-date and have appropriate elements been signed off by your clinical teachers?

You must bring this portfolio to the appraisal meeting.

3rd Portfolio Meeting (Final week) – Primary Care

Agenda

- Discuss student's reflections (positive and negative aspects)
- Review of last Appraisal and action plan
- Discuss MACCS
- Discuss completion of Public Health Reflection
- Discuss completion of patient consultation records (10), Case based discussion and Primary Health care team template.
- Discuss Clinical Governance Project and ensure MyProgress completed.
- Discussed Careers in Primary Care

Student's Comments on progress through the attachment

GP Tutor's Comments

This Portfolio appraisal meeting took place on _____ (date)

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by a GP tutor.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: GP Tutor: _____ Print Name_____

NOTE: If significant learning or attitudinal problems are identified in the Appraisal process please contact the Academic Lead to discuss these. Either a support or intervention form will be raised. Professionalism problems could then be referred to PACC. Subsequent recurrence of learning or attitudinal problems will result in you being referred to the Fitness to Practice Committee who will consider whether your medical course should be terminated.

PUBLIC HEALTH

Primary Care - Case

Nature of case:

Public Health implications (use specified headings to structure your response – see page 20)

Date

Attachment Career Log

Name: Date of Completion:
Attachment: Primary Care

Skills – Clinical & Professional	Knowledge
• What skills do you need most in this specialty? • What skills have you developed during this attachment?	What have you learnt about a career in this specialty? For example; • What is the training pathway(s)? • What is your perception of work/life balance? • What does a typical week look like?
Evaluation	**Next Steps**
• How well did you do? Give yourself an honest appraisal. • Did you enjoy the attachment? Why or why not? • Consider what this says about the specialty and about you.	How will this experience influence your future actions or thoughts? For example; • Do you need to find out more? If so, what and how? • If you have learnt something about yourself what can you do with this knowledge? • What contacts have you made? And are there other people you need to speak to? • How might your experience influence your future practice?

Useful links

www.nottingham.ac.uk/careers/medicine
www.healthcareers.nhs.uk

Clinical Experience Record

This is an ACTIVITIES LOG during your ACE attachment. Exposure to the clinical environment forms an important pillar for you to acquire clinical experience.

- You should keep a record of **ALL** of the clinical experience.
- Feel free also to write down briefly your reflections on these experiences in the log below (under 'Experience').

ACTIVITIES LOG (PRIMARY CARE)

Date	Primary Care Experience	
	Experience	Key Learning Points

Learning Log Sheets		

The following forms are for you to record and reflect on your learning. They will be reviewed and used for discussion with your GP tutor at the mid appraisal meeting and final attachment assessment.

They include:

- Primary Health Care Team
- Patient Consultation Record Sheets
- Case-Based Discussion
- Self-Assessment of Consultation Skills
- Checklist for analysing Consultation Skills
- Ethics and law in primary care sheet

Primary Health Care Team

One of your attachment learning outcomes is to understand the roles of different members of the primary health care team, e.g. practice nurses and community matrons, and how they work together. You should also consider the differing relationships between patients and members of the primary health care team.

Spend time with three different members of the team and try and answer the questions below. For **one** session use this sheet to record what you have learnt.

Job title

……

What training was required for this job?

What are its main elements or tasks? Which other members of the team do they work with most closely? What are their main contacts with other agencies?

What are the main health promotion and disease prevention activities of this job?

What are the best things about the job, and its most difficult aspects?

How does this team member see their job developing over the next few years?

What else have you learnt from this session?

Patient Consultation Records

Complete these sheets to record details of patients you have seen on your own. These sheets are for you to identify you're learning needs through clinical encounters you have had with patients during your attachment. They offer a discussion point with your GP tutor and allow you to discuss how you may address this learning need. Please include sufficient details and **ensure they are kept anonymous.** You will use one of these records for a case-based discussion (CBD) with your GP tutor.Please refer to the CBD section for further guidance.

Example:

Summary of the case (demographics; presenting complaint, any relevant past medical, drug and social history)	Mrs. B., 70 y.o. woman presenting with increasing pain in both knees – she has known osteoarthritis. PMH: Right hip replacement 2006; hypothyroidism for 35 years; stomach ulcer 5 years ago Drug hx: levothryroxine 100mcg daily SH: Retired school teacher lives alone in a house with an upstairs bathroom. Drives a car to do her shopping. Her daughter visits weekly
Clinical assessment (likely diagnosis or diagnoses)	Mrs. B is now struggling to get in and out of the car and up the stairs. She is not sleeping well as the pain is worse at night. She is not taking any analgesia for her pain as she is worried it might interact with her levothyroxine On physical examination, there is some oedema of the knee joint, it is tender to palpation and there is some deformity. There is crepitus on passive flexion. There are no skin changes consistent with an infection. She was clearly limping while walking and all knee movements are restricted by stiffness and swelling. Her hip and ankle joints examined normally The most likely diagnosis is progression of osteoarthritis with poor pain control and impact on the activities of daily living
Investigation and referrals	X-ray of the knee – to look for osteoarthritic changes such as joint space narrowing and osteophytes. Refer to a physiotherapist to strengthen her knee muscles and improve her mobility and confidence. She may also benefit from a walking aid such as a stick Refer to occupational therapist who may help with home adjustments such as hand rails
Treatment	Start with simple analgesia such as paracetamol, then something stronger such as co-codamol. Need to try to avoid NSAIDs in view of history of stomach ulcer Physiotherapy as part of the treatment plan In the longer term, Mrs. B may need a knee replacement – but Mrs B. seemed alarmed when I mentioned the possibility in the future Need to discuss her safety when driving such as doing an emergency stop
Follow-up and future planning	Arrange to review in 4 weeks after starting regular analgesia and hopefully physiotherapy assessment. Will need to assess pain control. May need to look into meals on wheels if still not able to drive – would be helpful to see with her daughter next time
Professional Development – reflection on the case; student's learning needs	Learnt the importance of assessing the longer-term impact of the condition on the daily living – not just the drug treatment Importance of patient's autonomy – if the knee surgery was needed, would need to fully inform about pros and cons of surgery and let her make the choice Need to improve my ability to recognise patient's cues (did not pick up on Mrs B's anxiety about knee surgery). Did well to recognise her worry about drug

	interactions Need to look WHO analgesia ladder and the local referral pathway for knee replacement

Patient Consultation Record 1

Summary of the case (demographic of the patient; presenting complaint, any relevant past medical, drug and social history)	
Clinical assessment (likely diagnosis or diagnoses)	
Investigation and referrals	
Treatment	
Follow-up and future planning	
Professional Development – reflection on the case including any ethical and legal dilemmas; student's learning needs	

Date:

Patient Consultation Record 2

Summary of the case (demographic of the patient; presenting complaint, any relevant past medical, drug and social history)	
Clinical assessment (likely diagnosis or diagnoses)	
Investigation and referrals	
Treatment	
Follow-up and future planning	
Professional Development – reflection on the case including any ethical and legal dilemmas; student's learning needs	

Date:

Patient Consultation Record 3

Summary of the case (demographic of the patient; presenting complaint, any relevant past medical, drug and social history)	
Clinical assessment (likely diagnosis or diagnoses)	
Investigation and referrals	
Treatment	
Follow-up and future planning	
Professional Development – reflection on the case including any ethical and legal dilemmas; student's learning needs	

Date:

Patient Consultation Record 4

Summary of the case (demographic of the patient; presenting complaint, any relevant past medical, drug and social history)	
Clinical assessment (likely diagnosis or diagnoses)	
Investigation and referrals	
Treatment	
Follow-up and future planning	
Professional Development – reflection on the case including any ethical and legal dilemmas; student's learning needs	

Date:

Patient Consultation Record 5

Summary of the case (demographic of the patient; presenting complaint, any relevant past medical, drug and social history)	
Clinical assessment (likely diagnosis or diagnoses)	
Investigation and referrals	
Treatment	
Follow-up and future planning	
Professional Development – reflection on the case including any ethical and legal dilemmas; student's learning needs	

Date:

Patient Consultation Record 6

Summary of the case (demographic of the patient; presenting complaint, any relevant past medical, drug and social history)	
Clinical assessment (likely diagnosis or diagnoses)	
Investigation and referrals	
Treatment	
Follow-up and future planning	
Professional Development – reflection on the case including any ethical and legal dilemmas; student's learning needs	

Date:

Patient Consultation Record 7

Summary of the case (demographic of the patient; presenting complaint, any relevant past medical, drug and social history)	
Clinical assessment (likely diagnosis or diagnoses)	
Investigation and referrals	
Treatment	
Follow-up and future planning	
Professional Development – reflection on the case including any ethical and legal dilemmas; student's learning needs	

Date:

Patient Consultation Record 8

Summary of the case (demographic of the patient; presenting complaint, any relevant past medical, drug and social history)	
Clinical assessment (likely diagnosis or diagnoses)	
Investigation and referrals	
Treatment	
Follow-up and future planning	
Professional Development – reflection on the case including any ethical and legal dilemmas; student's learning needs	

Date:

Patient Consultation Record 9

Summary of the case (demographic of the patient; presenting complaint, any relevant past medical, drug and social history)	
Clinical assessment (likely diagnosis or diagnoses)	
Investigation and referrals	
Treatment	
Follow-up and future planning	
Professional Development – reflection on the case including any ethical and legal dilemmas; student's learning needs	

Date:

Patient Consultation Record 10

Summary of the case (demographic of the patient; presenting complaint, any relevant past medical, drug and social history)	
Clinical assessment (likely diagnosis or diagnoses)	
Investigation and referrals	
Treatment	
Follow-up and future planning	
Professional Development – reflection on the case including any ethical and legal dilemmas; student's learning needs	

Date:

Case-based Discussion Guidance Notes

What is CBD?

Case-based discussion (CBD) is used to enable the documenting of conversations about, and presentations of, cases by the student. This activity happens throughout training but is rarely conducted in a way that provides systematic assessment and structured feedback. CBD is designed to assess clinical decision making and application of medical knowledge in relation to patient care. It also enables the discussion of ethical and legal frameworks and allows the student to discuss why they acted as they did. Although the primary purpose is not to assess medical record keeping, as the actual record is the focus for the discussion, the assessor can also evaluate the record keeping in that instance.

CBD is one of several workplace-based assessments (WPBA) which form the core of the foundation program (FP) assessment and e-portfolio. By doing CBD in the final year, you should therefore become more prepared for the assessment methods used in the FP. One of the main differences between CBD in the FP and CBD in your final year is that the former one is a graded summative assessment, whereas the latter is formative. It is still compulsory but you do not get a grade, or pass/fail. The main purpose is to have a meaningful discussion about the case and for you to receive a structured feedback.

What competencies are being assessed?
The table on the next page (the case-based discussion assessment guide) describes the positive indicators for each of the seven question areas, which the GP tutor will use to give you feedback on your management of the case.

What paperwork do I need to complete?
You will need to use one of your ten patient consultation records as the basis for CBD. The case-based assessment guide is for your information only. The case-based discussion record will be the outcome of your CBD. You need to complete a brief summary of the case and the GP tutor will make some written comments on your performance in the relevant question areas.

Suggestions for a successful CBD

- Choose a challenging case to maximise its educational value – remember, it is not about pass/fail. You may specifically choose to focus on a chronic disease case, which would complement the discussion of chronic disease management in your small group.
- It may be easier for the GP tutor to discuss a patient known or seen by them, although this may not be always possible
- Offer the GP tutor an opportunity to see the notes in advance – you could photocopy the relevant page so that you still have access to your student guide

Feedback
You should receive feedback immediately after you have discussed the case. In order to maximise the educational impact of CBD, you need to identify your strengths, areas for development and an action plan. It works well if you can identify these yourself first, with the GP tutor giving you some further suggestions.

Case-based Discussion Assessment Guide

Please give feedback on the following:	Positive indicators
Medical Record Keeping	Legible, signed, dated, appropriate to the problem; helps the next clinician give effective and appropriate care
Clinical assessment	Understood the patient's story, made a clinical assessment and diagnosis (or working diagnosis) based on appropriate questioning and examination
Investigation and referrals	Discusses the rationale for the investigations and necessary referrals, including the risks and benefits in relation to the differential diagnosis
Treatment	Discusses the rationale for the proposed treatment, including the risks and benefits
Follow-up and future planning	Discusses the rationale for the formation of the management plan including follow-up
Professional Development – reflection on the case including any ethical and legal dilemmas; learning needs	Discusses how the record demonstrated an ethical approach, and awareness of any relevant legal frameworks. Has insight into own limitations including reflection on their personal learning needs
Overall case performance	A global judgement based on the above question area

Case-based Discussion Record

Summary of the case (to be completed by the student):

Please give feedback on the following:	**Needs further development**	**Satisfactory**	**Good**	**Excellent**	**N/A**
Medical Record Keeping (demographics; presenting complaint, relevant past medical, drug and social history)					
Clinical assessment (likely diagnosis or diagnoses)					
Investigation and referrals					
Treatment					
Follow-up and future planning					
Professional Development – reflection on the case including any ethical and legal dilemmas; learning needs					
Overall case performance					

Anything especially good?	Suggestions for development:

Assessors name and signature: Date:

Checklist for Analysing Consultation Skills

This sheet is one way of analysing consultations. Use it during the CSE seminars to provide structured feedback to your peers. You can also use it to analyse your own consulting skills if you choose to audio record some of the consultations in the practice.

	Record of Consultation	Comments
Initiating the session - preparation - establishing initial rapport - identifying the reason(s) for consultation		
Gathering information/ physical examination - exploration of patient's problems - to discover the biomedical/ doctor's perspective - to understand the patient's perspective - background information/ context		
Provide structure To the consultation - making organization overt - attending to flow		
Building the relationship - using appropriate non- verbal behavior - developing rapport - involving the patient		
Explanation and planning - providing the correct amount and type of information - aiding accurate recall and understanding - achieving a shared understanding - planning shared decision making		
Closing the session - ensuring appropriate point of closure - forward planning		

Self-Assessment of Consultation Skills – Start of attachment

This Self-Assessment form is to help you reflect on your own consultation skills. Please complete the form at the beginning and end of your 4-week attachment. It should be used to enable you to reflect on your strengths and weaknesses. Try and answer the questions as honestly as possible.

Read every statement carefully and indicate the degree to which it applies to you.

Key: 1=Almost never, 2=Rarely, 3=Quite often, 4=Most of the time	**BEFORE**			
	1	**2**	**3**	**4**
1. When trying to explain something, I ask my listeners if they are following me.				
2. I am a good listener.				
3. I manage to explain my ideas clearly.				
4. I find it easy to see things from someone else's point of view.				
5. I pretend to listen even if my mind drifts away.				
6. I can detect the mood of others when I look at them.				
7. When I have the impression that I might have harmed someone's feelings, I apologise.				
8. When I talk to someone, I try to put myself in the other person's shoes.				
9. I am able to resolve problems without losing control of my emotions.				
10. I am able to talk to someone who hurts my feelings.				
11. I am confident when talking to patients.				
12. I like patients to understand their own situation.				
13. I don't understand what other people are getting at.				
14. I like a barrier between me and the patient.				
15. I find it hard to express my feelings.				
16. When I know what the other person if going to say, I don't wait for them to finish, but rather answer right away.				
17. I get so caught up in what I have to say that I am unaware of expressions and reactions of my listeners.				
18. When the conversation turns to feelings, I tend to change the subject.				
19. I tend to postpone discussing embarrassing topics.				
20. I find talking to patients difficult.				
21. I don't like patients asking questions.				
22. I find it hard to empathise with patients.				
23. I use lots of closed questions.				

Any issues about your consultation skills you wish to note down:

Self-Assessment of Consultation Skills – End of attachment

This Self-Assessment form is to help you reflect on your own consultation skills. Please complete the form at the beginning and end of your 4-week attachment. It should be used to enable you to reflect on your strengths and weaknesses. Try and answer the questions as honestly as possible.

Read every statement carefully and indicate the degree to which it applies to you.

Key: 1=Almost never, 2=Rarely, 3=Quite often, 4=Most of the time	**BEFORE**			
	1	**2**	**3**	**4**
1. When trying to explain something, I ask my listeners if they are following me.				
2. I am a good listener.				
3. I manage to explain my ideas clearly.				
4. I find it easy to see things from someone else's point of view.				
5. I pretend to listen even if my mind drifts away.				
6. I can detect the mood of others when I look at them.				
7. When I have the impression that I might have harmed someone's feelings, I apologise.				
8. When I talk to someone, I try to put myself in the other person's shoes.				
9. I am able to resolve problems without losing control of my emotions.				
10. I am able to talk to someone who hurts my feelings.				
11. I am confident when talking to patients.				
12. I like patients to understand their own situation.				
13. I don't understand what other people are getting at.				
14. I like a barrier between me and the patient.				
15. I find it hard to express my feelings.				
16. When I know what the other person if going to say, I don't wait for them to finish, but rather answer right away.				
17. I get so caught up in what I have to say that I am unaware of expressions and reactions of my listeners.				
18. When the conversation turns to feelings, I tend to change the subject.				
19. I tend to postpone discussing embarrassing topics.				
20. I find talking to patients difficult.				
21. I don't like patients asking questions.				
22. I find it hard to empathise with patients.				
23. I use lots of closed questions.				

Any issues about your consultation skills you wish to note down:

Ethics and Law in Primary Care

During your Medical Course you will have discussed many aspects of ethical and legal issues relevant to clinical work. All consultations have ethical and legal factors that may need to be taken into account, either explicitly or implicitly. Review two consultations for their ethical and legal aspects and complete this sheet. An example has been given but it represents one possible response.

After completing the grid you may find it useful to discuss them further with your GP tutor. You will also discuss ethical dilemmas in your small group sessions. Your ability to make ethically sound decisions and explain them to patients may be tested in your final ACE OSCEs.

	Ethical/ legal issue	**Ethical principles**	**Factors influencin**	**Options available**	**Strategies used**	**Any emotio**
Example	*25yr old presents with sore throat of 12hr duration, due to fly to Spain and wants an antibiotic*	*Autonomy – patients Choice of treatment Non maleficence - risk of adverse reaction Justice – antibiotic resistance*	*Past experience; health beliefs; medical history*	*Script (FP 10 or private) Wait and see Refuse*	*Explore health beliefs Symptomatic advice Seek advice in Spain if worse*	*Anxiety from patient Doctor feels pressure from saying no to the script request*
1						
2						

MDD

Musculoskeletal Disorders and Disabilities

Aims & Objectives

General Aims
The major emphasis of this attachment is on clinical skills and competencies relating to the musculoskeletal system. The detailed Topic Learning Outcomes are specified in the ACE Study Guide. At the end of the attachment you should be able to assess, by appropriate history and examination, an adult and child patient with locomotor symptoms in terms of descriptive abnormality, functional ability and participation restriction; state a limited differential diagnosis; state relevant investigations; and outline a management (medical, surgical, rehabilitation) plan. The course focuses on chronic locomotor complaints but some acute trauma, medical and surgical emergencies and chronic disabling neurological conditions are also included. Teaching on rehabilitation medicine helps to link these elements together. Directed reading in histopathology should increase your breadth of knowledge of natural history, macroscopic and histological features of medical and surgical conditions encountered in the module.

Learning Objectives
These are listed in the ACE Study Guide (Copies available on Moodle)

CORE TOPICS
The following list covers important core topics we would expect you to know about and may be useful as a guide to revision. More detailed learning objectives are included. These are listed in the ACE Study Guide (Copies available on the Moodle)
It is not exhaustive and you are encouraged to read about topics outside the list.

Attendance

In MDD we expect students to attend **all** teaching sessions unless there is a valid reason. In addition we expect students to seek non-timetabled learning opportunities e.g. seeing patients on the wards
Frequently a particular timetabled session represents your only opportunity to see specific condition. Patients volunteer to give up their time and it is important that you demonstrate your reliability and professionalism by attending and behaving appropriately.

Students must inform the Undergraduate office or the relevant clinical educator if they are going to miss a timetabled session. We are usually happy if students choose to go to what they feel is a better learning opportunity AS LONG as this is discussed with the relevant member of teaching staff beforehand. Although we expect far better, Portfolio tutors can automatically fail students who attend less than 75% of timetabled sessions. Intermediate levels of attendance, poor punctuality and lack of willingness to take on extra activities or seek remedial teaching will influence the decision to pass or fail a student.

Conditions that you should be familiar with include:
Arthropathies

- Osteoarthritis (especially affecting hands, knees, hips)
- Gout
- Rheumatoid arthritis
- Ankylosing spondylitis
- Psoriatic arthritis
- Reactive arthritis
- Calcium Pyrophosphate Crystal arthritis
- Septic arthritis

Painful Musculoskeletal Conditions

- Common mechanical neck and back pain
- Rotator cuff lesion
- Enthesopathy (e.g. lateral and medial epicondylitis)
- Bursitis (e.g. trochanteric)

Fibromyalgia

Bone disease

- Osteoporosis
- Osteomalacia
- Paget's disease
- Destructive bone lesion (secondary malignancy)

Trauma

- **Fracture**
- **Polytrauma**

Paediatric Orthopaedics (see ACE study guide)

You will be expected to know the classification of common fractures including proximal femoral, ankle and distal radius fractures. You should also know the emergency and definitive treatment of common injuries including indications for surgical intervention.

Connective tissue disease

- Systemic lupus erythematosus
- Scleroderma
- Sjogren's syndrome

Other conditions

- Polymyalgia rheumatica

You will be expected to know the indications, contra-indications and side effects of commonly used drugs including the following:

Analgesic agents

- simple analgesia — paracetamol
- weak and strong opioid drugs — e.g. codeine, nefopam, tramadol, fentanyl
- oral NSAIDs — e.g. ibuprofen, naproxen
- selective COX-2 inhibitors (coxibs) — e.g. celecoxib, etoricoxib
- topical drugs — NSAIDs, capsaicin
- low dose amitriptyline
- nutra ceuticals — e.g. glucosamine, chondroitin

Cytotoxic agents

- Cyclophosphamide

Disease Modifying (slow-acting) anti-rheumatic agents

- Traditional agents — e.g. methotrexate, sulphasalazine, leflunomide, hydroxychloroquine
- biologic agents — e.g. anti-TNF and anti B-cell therapies

Corticosteroids

- oral, intra-articular and peri-articular

Drugs used for bone disease

- bisphosphonates — etidronate, alendronate, risedronate
- calcitonin
- calcium and vitamin D supplements
- HRT

- SERMs (specific estrogen receptor modulators) e.g. raloxifene

Drugs used for gout

- colchicine
- urate lowering drugs e.g. allopurinol, febuxostat, sulfinpyrazone

CHECKLIST OF CLINICAL SKILLS - MDD

Evidence for Doctor as Practitioner and Scholar
In addition to completion of MACCS, the students are expected to demonstrate they have covered *most* of the following *in person*. They can be witnessed by clinical or teaching staff, although any individual FY1 doctor can sign no more than 2 sections. The notes boxes are for you to record key (use only patient's initials). The evidence will be used to inform your placement supervisor in the process of final sign-off.

Please use the **Clinical Experience Log** to record additional, non-timetabled activities

SKILL/TASK	Notes	Assessor Name, position, signature and date
General MDD teaching		
Attend introductory sessions on MSK examination skills	See MACCs sheets in log book	
Attend mid-course demonstration of clinical skills	See relevant page in log book	
Communication		
Assess a patient with a communication disorder. Present your findings and diagnosis		
Witnessed exploration of the impact of a MSK condition with a patient		
Assessment and Management of Risk		
Present an assessment gained through history taking/ discussion with clinical staff of a patient for risks of falls, and /or contractures. Discuss investigation and management		
Present an assessment gained through history taking/ discussion with clinical staff of a patient you have seen who has, or is at risk of developing, pressure sores. Discuss the investigation and management		

Undertake enquiry, examination and assessment a person with the following either regional issue or key condition:		
	Notes	**Assessor Name, position, signature and date**
Students should complete the following *individually*. As a minimum, the examination should be witnessed by the assessor		
Neck		
Lumbar spine		
Shoulder		
Elbow		
Wrist or carpal tunnel		
Hand		
Hip		
Knee		
Ankle		
Foot		
Rheumatoid Arthritis		
Osteoarthritis of hip or knee		
Ideally students should perform the following individually, but can be undertaken in a *small group*		
Formally assess and describe abnormal gait		
Peripheral nerve injury or peripheral nerve entrapment		
A patient with severe disability due to musculoskeletal diagnosis		
Gout		
Chronic mechanical spinal pain or sciatica		
Soft tissue shoulder pathology		

Fibromyalgia		
An elderly person with hip fracture		
Lower limb fracture		
Wrist fracture		

Tasks		
	Notes	Assessor Name, position, signature and date
Assist with application of a plaster-of-Paris for a displaced fracture		
Attend an OT session / accompany an OT seeing an inpatient		
Attend at least one physiotherapy session		
Observe a total joint replacement		
Observe aspiration and injection of a joint		

Evidence for Doctor as Professional
All students are expected to complete the following during MDD:

	Assessor	**Name and date**	**Signature**
Reflect honestly on an event which you could have performed differently	Portfolio assessor		
No concerns about *reliability/ punctuality/cond*uct	Undergraduate office / Clinical Educator		
	Details of concerns/issues and actions taken		
	Portfolio assessor		
Reflection on incident where they acted to maintain patient *safety*	Clinical or teaching staff		
Works cooperatively as *team member* within orthopaedic firm	Orthopaedic clinical staff		
Self-awareness: Able to reflect on how they have responded to feedback	Clinical/ teaching staff/portfolio assessor		
Self-awareness: Careers reflection	See relevant page in log book		
Self-awareness: takes up additional opportunities for learning, e.g. sign up clinics/theatre(include details in Activities Log)	Example 1		
	Example 2		
Completed portfolio appraisals	Portfolio assessor		

MID COURSE DEMONSTRATION OF SKILLS - MDD

This will occur half way through (week 4 or 5) of your attachment. You will be shown the level of competence you should have at this stage, as a guide to your progress and an assessment of your strengths and weaknesses. The aim of this is to give you enough time to work on the latter over the next 4 weeks to ensure you pass at the end of the module.

Date:	**Consultant or Trainer/Centre (PRINT):**
Grade: **Satisfactory**	**Unsatisfactory**
Student Comment: **Signed: ……. Date: ……..**	
Consultant/Trainer Comment: **Signed: …….. Date: ……..……..**	

PUBLIC HEALTH

MDD - Case

Nature of case:

Public Health implications (use specified headings to structure your response – see page 19)

Date:

MDD Attachment

1st Portfolio Appraisal Meeting

Pre-meeting Checklist

- **Please briefly outline your reflections so far in the space below.**

  Briefly summarise your reflections on the knowledge, skills and attitudes you acquired during your last attachment. Highlight any area of weakness or any concerns that were expressed about you in previous attachments

  What do you want to get out of this attachment?

- **Progress test results so far:**

Test taken	Date	Result	Comment

2. **Is your ACE Portfolio/Log Book up-to-date** and have appropriate elements been signed off by your clinical teachers?

You must bring this portfolio to the appraisal meeting.

1st Portfolio Meeting (1st or 2nd week) – MDD

Agenda

- Discuss student's reflections (positive and negative aspects)
- Discuss progress tests
- Are there any actions needed at the outset of this attachment?

Student's agreed comments on past progress and hopes for this attachment:

Attitudes _____

_____

_____

_____

Skills _____

_____

_____

_____

Knowledge _____

_____

_____

_____

Agreed Action Plan _____

_____

_____

_____

_____

This PAM took place on _____ at _____am/pm

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by an appropriate clinical teacher.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: PA _____ Print Name: _____

2nd Portfolio Appraisal Meeting - MDD

Pre-meeting Checklist

1. Please briefly outline your reflections so far in the space below.

Briefly summarise your reflections on the knowledge, skills and attitudes you have acquired during the first half of this attachment. Do you have any concerns about your progress with MACCS? Are there problems you wish to discuss?

2. **Is your ACE Portfolio/Log Book up-to-date** and have appropriate elements been signed off by your clinical teachers?

You must bring this portfolio to the appraisal meeting.

2nd Portfolio Meeting (middle week) - MDD

Agenda

- Discuss student's reflections (positive and negative aspects)
- Discuss progress tests
- Discuss MACCS
- Discuss completion of Public Health Reflection
- Review of last Appraisal
- Are there any actions needed for the second half of the attachment?

Student's agreed comments on progress so far on this attachment and previous action plan:

Attitudes _____

_____

_____

_____

Skills _____

_____

_____

_____

Knowledge _____

_____

_____

_____

Agreed Action Plan _____

_____

_____

_____

_____

This PAM took place on _____at am/pm

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by an appropriate clinical teacher.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: PA _____Print Name: _____

3rd Portfolio Appraisal Meeting - MDD

Pre-meeting Checklist

1. Please briefly outline your reflections so far in the space below.

Briefly summarise your reflections on the knowledge, skills and attitudes you have acquired during the second half of this attachment. Have you completed the MACCS allocated to this attachment? Have you achieved all you set to do? Have you followed through on your action plans? Are there problems you wish to discuss?

2. **Is your ACE Portfolio/Log Book up-to-date** and have appropriate elements been signed off by your clinical teachers?

You must bring this portfolio to the appraisal meeting.

3rd Portfolio Meeting (final week) - MDD

Agenda

- Discuss student's reflections (positive and negative aspects)
- Discuss progress tests
- Discuss MACCS
- Review of last Appraisal and action plan
- Have specialty career issues been discussed in this attachment?
- Have you completed your Public Health Reflection?

Student's agreed comments on progress:

Attitudes _____

_____

_____

_____

Skills _____

_____

_____

_____

Knowledge _____

_____

_____

_____

Agreed Action Plan _____

_____

_____

_____

This PAM took place on _____ at _____ am/pm

I have undertaken the procedures recorded in my log-book and they have been monitored and signed off by an appropriate clinical teacher.

Signed: Student _____

The student has adequately completed their log-book and I am satisfied that procedures have been signed off by an appropriate clinical teacher. The student has reflected on their progress so far and has an action plan for the future.

Signed: PA_____ Print Name: _____

NOTE: If significant learning or attitudinal problems are identified in the Appraisal process either a support or intervention form will be raised. Professionalism problems could then be referred to PACC. Subsequent recurrence of learning or attitudinal problems will result in you being referred to the Fitness to Practice Committee who will consider whether your medical course should be terminated.

Attachment Career Log

Name: Date of Completion:
Attachment: MDD

Skills – Clinical & Professional	Knowledge
• What skills do you need most in this specialty? • What skills have you developed during this attachment?	What have you learnt about a career in this specialty? For example; • What is the training pathway(s)? • What is your perception of work/life balance? • What does a typical week look like?
Evaluation	**Next Steps**
• How well did you do? Give yourself an honest appraisal. • Did you enjoy the attachment? Why or why not? • Consider what this says about the specialty and about you.	How will this experience influence your future actions or thoughts? For example; • Do you need to find out more? If so, what and how? • If you have learnt something about yourself what can you do with this knowledge? • What contacts have you made? And are there other people you need to speak to? • How might your experience influence your future practice?

Useful links

www.nottingham.ac.uk/careers/medicine
www.healthcareers.nhs.uk

Clinical Experience Record

This is an ACTIVITIES LOG during your ACE attachment. Exposure to the clinical environment forms an important pillar for you to acquire clinical experience.

- You should keep a record of **ALL** of the clinical experience when you attend the ward, clinic and/or operating theatre to see patients as a record of your learning and attendance
- Feel free also to write down briefly your reflections on these experiences in the log below (under 'Experience').
- Show this alongside the 'Checklist for common problems and diseases' to your Assessor at the Midpoint and Final appraisal meetings.
- If possible it would be good to follow up a patient throughout his/her journey during your attachment

ACTIVITIES LOG (MDD)

Date	Experience (E.g. Ward, Clinic, Operating theatre)	
	Experience	Key Learning Points

Date	Experience (E.g. Ward, Clinic, Operating theatre)	
	Experience	Key Learning Points

Physical Examination

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS

Skill: Knee Examination

Step	Detail	Attempt	1st	2nd
Common components	See page 145			
Pain enquiry	Ask about presence / location of pain			
Inspection standing	Inspect from all directions and comment on the obvious abnormalities/negatives e.g. genu valgus/varus, flexion deformity, posterior tibial subluxation, popliteal cyst			
Inspection of gait	Observe the patient walking and comment on the gait.			
Inspection at rest	Patient should be seated on couch with knee extended. Assess for attitude, skin changes, swelling, deformity, quadriceps wasting.			
Palpation with knees extended	Palpate for temperature increase, effusion, patellofemoral tenderness			
Palpation with knee flexed	Palpate for joint line tenderness, popliteal fossa and insertion of collateral ligaments			
Movement	Assess flexion and extension actively then passively whilst feeling for crepitus. Noting fixed flexion, quadriceps lag and range of movement.			
Test	Collateral ligaments, anterior and posterior drawer tests for cruciate tears.			
Consider assessing joint above and below and distal neurovascular status.				
Closure	Thanks patient, covers and helps to redress if needed			
Summary	Summarises findings in a structured and coherent way			

Examination seen performed in accordance with the above checklist – **ALL SECTIONS BELOW MUST BE COMPLETED. FAILURE TO DO SO WILL RESULT IN FAILURE OF THIS MACCS**

Signed:…… Print: …….. Status:……

Contact No/Email: ……
Reg no.: ……

Signed assessor agreement (once ever) : Y / N Date: …….. **Please add any comments on the comments sheet**

Physical Examination

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS

Skill: Hip Examination

Step	Detail	Attempt	1st	2nd
Common components	See page 145			
Pain enquiry	Ask about presence / location of pain			
Inspection standing	Inspect from all directions and comment on the obvious abnormalities/negatives e.g. pelvic tilt, rotational deformity, flexion deformity, increased lumbar lordosis, wasting, and surgical scars.			
Inspection of gait	Observe the patient walking and comment on the gait and inspect for abductor weakness (Trendelenburg sign).			
Inspection at rest	Insect with patient lying on the couch. Assess for swelling, deformity (external rotation, adduction), and leg length inequality (measuring "true" leg lengths if unequal.			
Palpate	Palpate for anterior joint line tenderness and for tenderness over greater trochanter (trochanteric bursitis).			
Movement	Assess flexion actively then passively and internal rotation with hip flexed 90^0 (passively) for restriction or pain.			
Test	Test for fixed flexion (Thomas 'test). Demonstrate ability to measure true leg length inequality.			
Periarticular lesions	Resisted active adduction, with tenderness over adductor origin/tendon/muscle			
Consider assessing joint above and below and distal neurovascular status.				
Closure	Thanks patient, covers and helps to redress if needed			
Summary	Summarises findings in a structured and coherent way			

Examination seen performed in accordance with the above checklist – **ALL SECTIONS BELOW MUST BE COMPLETED. FAILURE TO DO SO WILL RESULT IN FAILURE OF THIS MACCS**

Signed:…… Print: …….. Status:……

Contact No/Email:
…… Reg no.:
……

Signed assessor agreement (once ever) : Y / N Date: …….. **Please add any comments on the comments sheet**

Physical Examination

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS

Skill: Shoulder Examination

Step	Detail	Attempt	1st	2nd
Common components	See page 145			
Pain enquiry	Ask about presence / location of pain			
Inspection at rest	Inspect from all directions and comment on the obvious abnormalities/negatives e.g. skin changes, swelling (sub deltoid bursitis, GHJ effusion, ACJ, SCJ) wasting, **a**ttitude, deformity.			
Inspection during movement	Assess functional movement by asking patient to place “hands behind head with elbows right back”, then to place “hands behind back”.			
	Assess for painful arc (middle and superior) while assessing for scapular movement.			
Palpate	Palpate SCJ, ACJ and glenohumeral joint for temperature, joint line tenderness, swelling, crepitus (and subluxation for SCJ). Palpate glenohumeral joint for anterior joint line/capsular tenderness.			
Movement	Test active range of movement: -abduction (assessing scapular movement and painful arc); -flexion and extension; - internal and external rotation with elbow flexed to 90° and held by patient’s side Demonstrate ability to assess passive range of movement			
Test resisted active movements	Assess rotator cuff: -Resisted active abduction (supraspinatus) -Resisted active external rotation (infraspinatus, teres minor) -Resisted active internal rotation (subscapularis)			
Consider assessing joint above and below and distal neurovascular status.				
Closure	Thanks patient, covers and helps to redress if needed			
Summary	Summarises findings in a structured and coherent way			

Examination seen performed in accordance with the above checklist – **ALL SECTIONS BELOW MUST BE COMPLETED. FAILURE TO DO SO WILL RESULT IN FAILURE OF THIS MACCS**

Signed:…… Print: …….. Status:……

Contact No/Email: ……
Reg no.: ……
Signed assessor agreement (once ever) : Y / N Date: …….. **Please** a**dd any comments on the comments sheet**

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS

Physical Examination

Skill: Hand and wrist Examination

Step	Detail	Attempt	1st	2nd
Common components	See page 145			
Pain enquiry	Ask about presence / location of pain			
Inspection at rest	General inspection including use of orthoses and attitude of the hand. Inspect dorsal, palmar and ulnar surface/ aspect Look for abnormalities/ negatives e.g. skin/nails: swelling of joints or tendon sheaths, muscle wasting; contractures, deformity, loss of normal hand cascade (indicating potential rupture)			
Inspection during function	Assess functional movements making a fist and straighten to a flat hand, power grip and fine precision grip			
Palpation	Assess temperature, swelling, muscle wasting Palpate each joint for tenderness and crepitus during passive movement; Distal Radio-ulnar joint, Radio-carpal joint, Finger MCPjt, PIPjt, DIPjt (demonstrate on single digit) Inc. Metacarpal squeeze Thumb CMCjt, MCPjt, IPjt			
Movement	Observe active range of movement Distal Radio-ulnar joint supination/ pronation Radio-carpal joint flexion/extension Finger flexion/extension adduction/ abduction Thumb CMCjt (base) palmar abduction, radial abduction, adduction, opposition (‘o’shape to index) Thumb MCPjt, IPjt flexion/ extension Demonstrate the ability to assess passive movement if active is not full			
Test	Assess light touch sensation and power for median, ulnar and radial nerve Where clinically indicated test for; Functional impairment,Tendon rupture i.e. FDS/FDP integrity DeQuevains – Finklesteins, Carpal Tunnel Syndrome – Phalens and Tinels			
Closure	Thanks patient, covers and helps to redress if needed			
Summary	Summarises findings in a structured and coherent way			

Examination seen performed in accordance with the above checklist – **ALL SECTIONS BELOW MUST BE COMPLETED. FAILURE TO DO SO WILL RESULT IN FAILURE OF THIS MACCS**

Signed:…… Print: …….. Status:……

Contact No/Email: ……..…… Reg no.: …….

Signed assessor agreement (once ever) : Y / N Date: …….. **Please add any comments on the comments sheet**

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS

Physical Examination

Skill: Elbow Examination

Step	Detail	Attempt	1st	2nd
Common components	See page 145			
Pain enquiry	Ask about presence / location of pain			
Inspection at rest	Inspect from all directions and comment on the obvious abnormalities / negatives • Swelling • Deformity • Skin changes / nodules/bursitis • Muscle wasting Carrying angle			
Inspection during movement	Flexion / extension Pronation and supination			
Palpation and Movement	Palpate for: • Warmth, swelling • Medial and lateral epicondyles • Olecranon, para-olecranon grooves and fossa Feel and move • Humero-radial joint line Proximal radio-ulnar joint			
Test	Resisted active wrist extension (Tennis elbow) Resisted active wrist flexion (Golfers elbow)			
Additional assessment	Knows when and how to assess for ulnar nerve entrapment Knows when to test distal neurovascular status Knows when to assess should or wrist/hand			
Closure	Thanks patient, covers and helps to redress if needed			
Summary	Summarises findings in a structured and coherent way			

Examination seen performed in accordance with the above checklist – **ALL SECTIONS BELOW MUST BE COMPLETED. FAILURE TO DO SO WILL RESULT IN FAILURE OF THIS MACCS**

Signed:…… Print: …….. Status:……

Contact No/Email: ……..…… Reg no.: …….

Signed assessor agreement (once ever): Y / N Date: …….. **Please add any comments on the comments sheet**

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS

Physical Examination

Skill: Foot & Ankle Examination

Step	Detail	Attempt	1st	2nd
Common components	See page 145			
Pain enquiry	Ask about presence / location of pain			
Inspection standing	Inspect from all directions and comment on the obvious abnormalities / negatives • Swelling • Deformity • Skin or nail changes • Muscle wasting Arches and hindfoot alignment (including patient standing on tiptoes)			
Inspection of gait	**Observe the patient walking and comment on gait (antalgic or not, presence or absence of heel-strike, stance, toe-off)**			
Inspection at rest	**Inspect with patient lying on the couch – soles of feet for callosities and swellings**			
Palpation	Palpate for: • Warmth, swelling and tenderness of ankle, midfoot and 1st MTP joint • Metatarsal squeeze test for lesser MTP synovitis Soft tissues tenderness & swelling, including Achilles tendon, plantar fascia			
Movement	Assess active dorsiflexion & plantarflexion (both feet together). Assess passive movements of ankle, subtalar joint, midfoot, 1st MTP joint			
Additional assessment	Knows when to test distal neurovascular status Knows when to assess knee			
Closure	Thanks patient, covers and helps to redress if needed			
Summary	Summarises findings in a structured and coherent way relating these to the history			

Examination seen performed in accordance with the above checklist – **ALL SECTIONS BELOW MUST BE COMPLETED. FAILURE TO DO SO WILL RESULT IN FAILURE OF THIS MACCS**

Signed:…… Print: …….. Status:

Contact No/Email: ……..…… Reg no.: …….

Signed assessor agreement (once ever) : Y / N Date: …….. **Please add any comments on the comments sheet**

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS

Physical Examination

Skill: Spinal Examination

Step	Detail	Attempt	1st	2nd
Common components	See page 145			
Pain enquiry	Ask about presence / location of pain			
Inspection at rest	Inspects patient walking Inspects the patient from the side in standing to check normal curvature Inspects from behind for scoliosis, pelvic tilt, muscle asymmetry and skin changes			
Inspection of the following movements	Lumbar spine flexion and extension Lumbar spine lateral flexion Thoracolumbar rotation with pelvis fixed Cervical spine flexion and extension Cervical spine rotation Cerival spine lateral flexion			
Palpation (prone most sensitive)	Palpates the paraspinal muscles for spasm/tenderness Palpates the spinous processes and interspinous Ligaments for alignment/localised tenderness			
Special Tests	Tests for myotomes of arm/leg as appropriate Tests for dermatomes of arm/thorax/leg as appropriate Tests reflexes as appropriate Perform a straight leg raise			
Additional tests	Knows when to test distal vascular status Knows when to screen hip joints			
Closure	Thanks patient, covers and helps to redress if needed			
Summary	Summarises findings in a structured and coherent way relating these to the history			

Examination seen performed in accordance with the above checklist – **ALL SECTIONS BELOW MUST BE COMPLETED. FAILURE TO DO SO WILL RESULT IN FAILURE OF THIS MACCS**

Signed:…… Print: …….. Status:

Contact No/Email: ……..…… Reg no.: ……

Signed assessor agreement (once ever): Y / N Date: …….. **Please add any comments on the comments sheet**

TRANSITION TO PRACTICE

A14TTP Module: Medical Assistantship (MAST)

As a part of the Transition to Practice module the aim of the Assistantship is:

To prepare a student for professional life by linking the final academic year of BMBS to a student becoming a first year Foundation Doctor. This experiential 17 week period covers the Clinical Assistantship, Elective Study period, Foundation Year 1 Preparation course and shadowing an F1 doctor at the hospital of the student's first post as a junior doctor (as part of your employment induction).

The module is designed so that students can attain and demonstrate many of the outcomes specified by the GMC Outcomes for Graduates (2015) in the areas of Doctor as Scholar and Scientist, Doctors as Practitioner, and Doctor as Professional. These are detailed in the Module Learning Outcomes.

During the Medical Assistantship students will be applying previous learning in the assessment and management of patients. The level attained will be that expected of an FY1 doctor at the start of their employment.

This will be workplace-based learning with assessment by portfolio and logbook review (students will be issued with an Assistantship log book before the start of their MAST).
There is a requirement to work as part of clinical teams and demonstrate knowledge, skills and attitudes as will be required of a provisionally registered medical practitioner in the first year of the Foundation Programme.

Students will be allocated to either Assistantship 1 followed by Elective or Elective followed by Assistantship 2.

Clinical Lead for Assistantship

Dr Ganesh Subramanian, FRCP, M Ed (Med Ed), MAcadMEd, Cert HFMA Consultant Physician in Stroke Medicine & Honorary Associate Clinical Professor, Nottingham University Hospitals
Tel: 0115 9691169 x 56310
Ganesh.Subramanian@nuh.nhs.uk

Trust-based clinical leads for Assistantship

Base Hospital	Clinical Leads	E-mail
Nottingham University Hospitals (NUH)	Dr Tasso Gazis	tasso.gazis@nuh.nhs.uk
Derby Hospitals	Dr Jennie Gane	Jennie.Gane1@nhs.net
Kings Mill Hospital	Dr Nicola Downer	nicola.downer@sfh-tr-nhs.uk
Lincolnshire	Dr Rajagopalan Sriraman – **Lincoln** Dr Rashmi Mathur– **Grantham**	Rajagopalan.sriraman@ulh.nhs.uk Rashmi.Mathur@ulh.nhs.uk
Notts Healthcare Trust - Psychiatry	Dr Asad Malik	Asad.Malik@nottshc.nhs.uk

TTP Module: The Elective

Objectives
Although this is something that is in the Transition to Practice Module, you need to plan activity during ACE. The aim of the elective is to facilitate experience of the practice of medicine in a cultural and/or clinical setting that is different from the Nottingham training environment. This may involve health-care in a different country, or pursuit of a particular clinical or research interest. Learning aims are specific to each student: with guidance, you are expected to identify your own educational objectives and organise an elective to achieve them. However, there are a number of generic aims that underpin this component of the curriculum; these are set out in the ***Elective Study Log Book.***

Elective study protocol
Before you go on your Elective, you must have submitted the following documents:-

1) The on-line Elective application form (available on Moodle)
2) A risk assessment demonstrating that you have considered potential hazards and taken steps to minimise risk from, for example, Blood Borne Viruses (BBV) and areas of civil/military unrest; and
3) Documentation from your host institution giving full details and confirming your acceptance, the dates, and details of accommodation.

Risk Assessment (On-line Elective application)
The On-line Elective application form relates to your health and safety on the elective placement and guidance should be sought where appropriate. A risk assessment means a careful consideration of the risks involved and an analysis of action that can reasonably be taken to minimise those risks. The amount of work involved in risk assessments will vary according to the type of placement. If you are going to a large UK organisation, it is likely that relatively little need be done. On the other hand, if you plan to go to a remote part of the world, a checklist of risks must be considered, some of which will remain in spite of steps taken to minimise them. Useful information on unsafe countries may be found at www.fco.gov.uk.

How the elective will be assessed

You will be required to:

1. Return a certificate of satisfactory attendance and performance (The Elective period should be a **MINUMUM** of **SIX WEEKS** and must include **at least 240** contact hours)
2. Submit an electronic elective report which contains key words for subsequent searches. This is aimed primarily at assisting future students in making their choice of elective; and
3. Submit a completed Risk Assessment form

Documentation
The following documentation will be issued to all final year students and is also available on Moodle

- ***Elective Study Log Book*** which gives advice on preparing for the elective
- On-line Elective application form (available on Moodle)
- Risk Assessment form (available in the log book)
- Advice on health issues (including HBV).

Elective Leads: Health - General – Mark Glover Mark.glover@nuh.nhs.uk;
Elective Queries: MS-CP3-admin@exmail.nottingham.ac.uk

TTP Module: Preparation for Practice Course

All students must attend the compulsory Preparation for Practice course in order to pass the A14TTP module.

This course is designed to help you to start the Foundation years feeling reasonably confident and competent. It should prepare you for your MAST placement, Elective and your Foundation years. The programme is also designed to enable you to discuss and consider professional issues, which are likely to be important to you in the next few years, and issues such as ‘practical death certification” which do not find a place in a conventional timetable. In addition there are a number of practical and relevant sessions for example, furthering your prescribing skills.

This course is a formal part of the curriculum and is assessed on the basis of signed registers. Remediation may be required for non-attendance.

Myprogress & MACCS

Myprogress

Myprogress is the app you will use to complete most of the forms required throughout CP2, including MACCS and End of Attachment sign offs. It works on both iOS and Android smartphones and tablets. To download the app, search '**Myprogress**' on your device's app store.

Myprogress is designed to work offline, meaning that once you have synced the app – which must be done on Wi-Fi – the forms you need are on your device and a live internet connection is not needed to fill them in. When you next connect to Wi-Fi you can sync the app to send forms which are received instantly by the Medical School.

Queries regarding the Myprogress app should be directed to maccs@nottingham.ac.uk.

Logging in

1. Ensure your device's **Wi-Fi is turned on** and you are connected to Wi-Fi (this is required only when logging on and syncing).
2. Open the **Myprogress** app.
3. Enter '**nottingham**' in the **Service** field and tap **Connect**.
4. Tap **Sign in with Shibboleth**. You will be taken to a login page in your device's browser.
5. Input your **University username** (mzyxxxx) and **password** and tap **Login**. You may have to click **Open** to return to the Myprogress app.
6. The first time you log in you will see a number of welcome screens, which you can swipe through or skip.
7. Tap **Sync your data and get started now!** while connected to Wi-Fi.
8. If you have synced in successfully, you will be directed to the **Assessments** page, which lists all the forms you need to complete in CP2.
9. You should set the Myprogress app to '**Remember me**' so that you do not need to log in each time you close and open the app or switch off your device. To do this:
    1. Tap the **Menu** icon (☰)
    2. Tap the **Settings** icon (⚙) beside your name
    3. Under **PERSONAL SETTINGS** tap **Remember me** and **Only sync over Wi-Fi** to switch these functions on. **All other switches should remain off.**
    4. Tap **Done** in the top corner (on iOS) or the back button at the bottom of your screen (on Android) to return to the **Menu** options.

Syncing

To sync, either pull down on the Assessments screen and release or tap the **Sync** button in the top right corner of the screen. This will update your account by sending any completed forms or downloading any new forms.

Dashboards

For your ease, we have created a number of 'Dashboards' which will help you keep track of what you have done and what still needs doing. To access the Dashboards tap the **Menu** icon (☰) and tap **Dashboard**. While the **Assessments** screen shows you all the forms as a list, using the Dashboard means that you can see which forms you have completed because these will turn green (please note that this will update the next time you sync, as long as at least half an hour has passed since you synced the form). We advise accessing MACCS and other forms via the dashboards.

Completing a form on Myprogress

Most forms require an appropriate member of staff to 'sign off' the form by inputting their name and email address. They will be emailed a receipt once you sync the form. **Please encourage assessors to use a professional email address**, i.e. ending in .ac.uk, .nhs.uk or nhs.net.

The Reflection on Interprofessional Learning, Attendance at Inquest and any Self Declaration forms do not require a member of staff to 'sign' them and once filled in can be submitted by students themselves (i.e. omitting steps 1 & 6 below).
To complete a form:

1. Identify who will be 'signing' the form for you.
2. Select the appropriate form from the Dashboard by tapping it once. For forms requiring a staff sign-off a splash screen message will appear.
3. Hand your device to the assessor.
4. The assessor will fill the form in on your device. This may involve tapping checkboxes or adding free text feedback. The instructions for the forms are on screen, but be prepared to advise your assessor how to use the on-screen form (though don't tell them what to put!).
5. When the form is complete the assessor taps the **Save/submit** icon in the top right-hand corner.
6. The assessor selects **Complete this assessment** and is then prompted to enter their name and email address. They then tap **OK**.
7. The submitted form is saved in the Myprogress **Outbox** until you next sync when it will move to your **Responses** folder. These folders are accessible via the **Menu** icon (☰).

Saving a form as a draft

You may wish to add details to forms prior to your assessor signing them off (e.g. Attendance at Post Mortem form) or you may want to complete such a form in more than one sitting. For these forms you can click the **Save/submit** icon, then select **Save this assessment for later**. The semi-completed form will be available to continue work on in your **Drafts** folder, accessible via the **Menu** icon (☰). Please note that drafts saved on your device do not sync to the web portal, so can only be edited on the device on which they were started.

Cancelling an assessment

If you have opened the wrong form, depending on the version of the app either tap **Abandon** or the **Save/submit** icon, then select **Cancel assessment** and tap **Yes** on the splash screen.

Checking an assessment has been submitted

You are encouraged to periodically check that forms have been submitted. On your device, you can check that the form has moved from the **Outbox** folder to the **Responses** folder, both accessible via the **Menu** icon (☰). However, to be certain that the form has been received by the Medical School **you must check that it is showing on the Myprogress web portal** as Wi-Fi connectivity failures can cause issues with syncing. To do this:

1. Go to the Myprogress portal on the web at https://nottingham.mkmapps.com and log in via Shibboleth using your University credentials.
2. From the left hand menu, click **Completed assessments**.
3. You will see a list of all the forms received by the Medical School.
4. By default, the most recently submitted forms will appear first, but you can change this by selecting an alternative option for the **Sort by** drop down list.

Re-sending forms to your device

If you accidently delete a form from the **Assessments** screen, you can easily send it to your device again as follows:

1. Log into Myprogress on the web using the URL Nottingham.mkmapps.com and your log in details (as instructed at induction).
2. From the left hand menu, click **Assessments**.
3. Find the form you need and click **Resend to mobile device**.
4. Next time you sync Myprogress (on Wi-Fi) the form will download to your device.

Troubleshooting

To troubleshoot problems with the app freezing or crashing, try the following steps, opening the app again after each one to see if the problem has resolved:

1. Start by closing the app (Android: open the recent apps menu by tapping the two rectangles at the bottom of the screen, then swipe the app off the screen. iOS: double click the Home button and swipe the app off the screen).
2. Totally power off the device and switch it back on.
3. Uninstall the app by holding down on the app icon and selecting the cross (Android & iOS). Then reinstall Myprogress from Google Play Store/iOS App Store. This may result in un-synced forms being lost, so you may want to take screenshots of the forms (Android: hold Power+Vol Down. iOS: press Home+Power) as a backup.

The Dashboard on your app acts as a reporting tool to help you keep track of completed forms: Dashboard widgets for MACCS you have passed will have turned green; for completed End of Attachment Sign-off, the corresponding Dashboard widget turns blue. This will give you a good indication of which forms are yet to be completed.
However, the forms held on the Myprogress server represent the definitive record of submitted forms. Your submitted forms can be checked by logging onto https://nottingham.mkmapps.com (using Shibboleth or your Myprogress username/password) and clicking on **Completed Assessments** in the left-hand menu.

You should check your completed forms (which may appear across a number of pages) against the list of CP2 MACCS in your logbooks as well as ensuring that the End of Attachment Sign Offs for the attachments you have completed are present. It remains your responsibility to ensure that you have completed all required MACCS and Sign-offs. If you find that forms you expect to be present are not, you should arrange for these assessments to be completed, i.e. by approaching the original MACCS/Sign-off assessor and asking them to re-complete the form, or asking a new assessor to complete a MACCS for you.

While achievement of MACCS must be 'signed off' via Myprogress, students are encouraged to practice their skills as often as possible.

Mandatory Assessment of Core Clinical Skills (MACCS)

Instructions for Students

The following pages contain information regarding the clinical skills that are subject to mandatory assessment within ACE.

We consider it essential that you are observed undertaking these skills at an adequate level of performance at least once during the course. However this is a *minimum* requirement – we expect that you will continue to develop these skills both before and after qualification, and that you will integrate them into your clinical practice. A sample of these skills will also be reassessed during OSCEs, and so it is important that you maintain them. There are also other skills that are not included in these lists because they are not readily assessed in this format but are, nonetheless, important for you to acquire.

The processes for mandatory skill assessments will be explained to you at the start of the course and may differ between Trusts. However the principle is that you should aim to develop the skills at a relatively early stage and then find, or be provided with, opportunities for assessment. Assessment can be carried out by suitably qualified members of NHS or clinical academic staff providing that they meet the requirements detailed on Moodle and on the 'Instructions for Assessors' page.

The checklists provide the criteria by which assessors will judge your performance. They are also provided to help you learn the skill, but are no substitute for reference to more detailed clinical skills textbooks, clinical experience, and adequate practice.

The skills come under three categories:
- Communication, Administration, and Health & Safety
- Physical Examination Skills
- Procedural Skills

The skill assessments are intended to have a formative role - if you do not succeed in completing the skill at the first attempt then you should identify opportunities for further practice before you have a further attempt. Anyone failing the skill assessment on more than two successive occasions will be referred to the Director of Clinical Skills so that formal remedial review can take place and the opportunity for further assessment provided. You MUST have successfully completed all of the mandatory skills assessments by the end of the ACE course in order to graduate.

Additional Skills

In addition to the skills listed on the Myprogress app, the GMC require you to be proficient in a number of other skills by the time that you graduate (for a full list you should refer to GMC Outcomes for Graduates (2015). Many of these are covered earlier in the curriculum, but it is your responsibility to ensure that you are still competent in them all by the end of the course. Some skills are included and assessed in other modules.

A small number of listed skills are not yet formally included within the mandatory assessment programme. Some of these will be taught during particular attachments. However educational materials on these topics will also be made available to you during the year via Moodle and you should make sure that you access these. You should also make use of any opportunities to practise the procedures in clinical settings.

A sample of these skills **MAY BE ASSESSED** in the final OSCE or knowledge papers.

The additional skills are

1. Nutritional assessment (see details of the BAPEN 'MUST' assessment for under-nutrition on Moodle*)
2. Wound care and basic wound dressings (make use of opportunities in emergency medicine, surgery, and general practice),
3. Correct techniques for moving and handling (you should attend any introductory training provided by the NHS Trusts to which you attached)
4. Taking nose, throat, and skin swabs (some details will be provided on Moodle, but find out more on surgical attachments and in general practice)
5. Blood transfusion (an NHS e-learning package is available to you; see details of how to register for access on Moodle*)

*See the description of Additional GMC Skills listed on the ACE module on Moodle, under the "Assessment Progress Tests and Clinical Skills" section

Instructions for MACCS Assessors

Mandatory skill assessments are intended to ensure that all medical students have been seen to undertake each skill to an adequate level of performance on at least one occasion before they qualify. These assessments complement other summative examinations in which some of the skills will be sampled and re-tested.

In principle any qualified and professionally *fully* registered member of clinical or academic staff, who has experience in the skill being assessed and agrees to undertake the assessment in accordance with the criteria provided, can be an assessor. However undergraduate coordinators will organise local arrangements.

Assessors **MUST** judge student performance against the checklists provided. We are grateful to everyone who takes part in this process.

Although the checklists describe the skill in some detail in order to promote consistency there is also a subjective element. Students must successfully complete **all** stages of the checklists (including the 'common components') for each skill to a level that you would consider acceptable for a newly qualified doctor.

If you are satisfied that the student has performed the skill to an adequate level, then you should complete the assessment on Myprogress and 'sign' the form using your name and email address. **Please encourage assessors to use a professional email address**, i.e. ending in .ac.uk, .nhs.uk or nhs.net

If a student *does not* demonstrate an adequate level of performance then you should provide brief verbal feedback (which should mirror performance on the checklist). The student should be encouraged to undertake further practice before being reassessed.

Each reassessment should be undertaken by a different assessor, and any third attempts should be assessed by an experienced clinician. Local arrangements should be in place to provide assistance to students who fail on more than one occasion. Students are allowed up to three attempts to pass the assessment before they should be referred to the Medical Education Unit/Director of Clinical Skills for centrally organised remedial support and reassessment.

If you have just failed a student for the third time, please could you pass on the details to Miss Lorna Sneddon, Director of the Clinical Skills, who will take matters further. Time limits are included as a guide when planning multiple assessments, and an indication of the normal maximum time that a student should be able to perform the skill. However, discretion should be used if the situation is more complex than average, such as performing a clinical examination on a patient with multiple physical signs. Where possible, even when a student completes a skill satisfactorily, please provide constructive feedback on any areas for further development.

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL NON-MDD MACCS SHOULD BE COMPLETED VIA MYPROGRESS

CHECKLIST 1 of 2

Skill	Suggested Attachment/notes	Completed (✓)
COMMUNICATION, ADMINISTRATION, & HEALTH AND SAFETY		
Full Clerking Written Record	Medicine, Surgery, MDD	
Interim Hospital Discharge Summary	Medicine, Surgery, MDD	
Procedure informed Consent	Medicine, Surgery, MDD	
Medication Informed Consent	Medicine, Surgery, MDD, Primary Care (may be assessed by a pharmacist)	
Hospital Prescription	Medicine, Surgery, MDD (may be assessed by a pharmacist)	
Electronic GP Prescription	Primary Care	
Prescribing IV Fluids	Medicine, Surgery, MDD, Critical Illness	
EXAMINATION SKILLS		
Knee examination	MDD (In Log Book)	
Hip examination	MDD (In Log Book)	
Shoulder examination	MDD (In Log Book)	
Hand and wrist examination	MDD (In Log Book)	
Elbow examination	MDD (In Log Book)	
Foot & Ankle examination	MDD (In Log Book)	
Spinal Examination	MDD (In Log Book)	
Digital rectal examination	Surgery	
Female breast examination (patient or sim patient)	Surgery	
Hernial Orifices Examination (patient)	Surgery	
Male External Genitalia Examination (patient or sim patient)	Surgery	

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS **For preparation and revision purposes only**

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

CHECKLIST 2 of 2

PROCEDURES		
Venepuncture and managing blood samples correctly including blood cultures	Medicine, Surgery, MDD, Critical Illness	
Venous Cannulation (patient)	Medicine, Surgery, MDD, Critical Illness	
Male Urethral Catheterisation (patient)	Medicine, Surgery, MDD, Critical Illness	
Capillary blood glucose testing	Medicine, Surgery, MDD, Critical Illness, Primary Care	
Aseptic technique (maybe combined with urethral catheterisation)	Surgery	
ABG Sampling (patient)	Medicine, Surgery, MDD, Critical Illness	
Intramuscular injection (patient)	Primary Care, Medicine, Surgery, MDD, Critical Illness	
Subcutaneous injection (patient)	Medicine, Surgery, MDD, Critical Illness	
IV Infusion Setup	Medicine, Surgery, MDD, Critical Illness	
Nebulised Drug Administration	Medicine, Surgery, MDD, Critical Illness, Primary Care	
Skin Suturing	Surgery, MDD	
Acute care assessment and immediate management	Critical Illness	
Parenteral Drug Administration	Medicine, Surgery, MDD, Critical Illness	
NG Tube Insertion in simulation	Surgery	
Blood Transfusion in simulation	CIA	

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS **For preparation and revision purposes only**

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Common Components

The following steps (as relevant) should be included within all skills.

Step	**Detail**
Preparation	Ensures that all necessary equipment is available before starting.
Infection control	Undertakes basic hand hygiene and infection control procedures in accordance with the current policy of the Trust in which the examination is performed. Wears gloves and any other personal protective equipment (e.g. gowns or masks) as appropriate for any invasive procedures.
Introduction	Student introduces themselves to patient by name and position ('student doctor' or 'medical student')
Identification	Ensures adequate identification of patient by minimum of first and last name. *Additional information such as date of birth is desirable.*
Consent	Gains adequate informed consent to proceed. Normally this will involve asking whether the patient is familiar with the examination or procedure and, if not, describing the key steps involved, before requesting consent.
Chaperone	Offers chaperone if appropriate according to type of examination, gender of patient and gender of student. This is essential for intimate examinations and for breast examination *and desirable for other examinations.* Demonstrates cultural awareness.
Positioning	Examination from the right hand side of the patient. Otherwise as dictated by the specific examination or procedure.
Approach to patient	Treats patient with respect at all times, preserving dignity and privacy. Recognises need for privacy proportional to the intimacy of the examination and cultural sensitivities.
Closure	Thanks patient. Covers and helps to redress if needed. Clears up any equipment.

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Full Clerking Written Record This should be based on a full history and examination conducted on a hospital inpatient.

Step	Detail		
Common components	N/A		
Patient identification	Entry (or page on which it is recorded) includes sufficient detail to accurately identify the patient (full name and date of birth or hospital number).		
Date and time	Record includes date and time at which it was made.		
Demographic details	Record includes age, gender and occupation of patient		
Presenting complaint	Record includes a clear statement of the presenting symptom(s) and history of the problem including all important positive and negative findings.		
Past medical history	Record includes all significant past medical history including surgical procedures, hospital admissions, chronic / disabling conditions, and conditions requiring medication.		
Drug history	Record includes all current medication including dose and frequency. Record includes source of information. Allergies and ADRs are recorded. .		
Social history	Record includes cigarette smoking and alcohol consumption even if negative. Details of patients home and social circumstances.		
Systems enquiry	Record indicates that specific enquiries have been made about cardiovascular, respiratory, alimentary, urogenital, neurological and locomotor systems to exclude significant pathology.		
Core observations	Record includes temperature, pulse, blood pressure, and respiratory rate at the time of examination.		
Examination relevant to presenting complaint	Record includes full details examination performed relevant to presenting complaint including important negative findings.		
Complete physical examination	There is a brief record of examination of all major systems even if no significant findings.		
Differential diagnosis	Record includes a list of possible diagnoses based on the information gathered.		
Management plan	Record includes a brief plan for further investigations and immediate treatment.		
Documentation	Record is clear, legible, and logically presented		

Attribution of record	Record is signed, with name printed and including status and contact details (e.g. bleep)		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Interim Hospital Discharge Summary

The summary should be based on a hospital inpatient using any proforma currently in use in the Trust. The content should include the following:

Step	**Detail**		
Common components	N/A		
Patient identification	Sufficient details to reliably identify the patient but also to facilitate further communication with the hospital: As a minimum this should include: **Full name, Date of birth, Hospital or NHS number, Patient address**		
Dates of episode	Date of admission and discharge (with date of any significant procedure or operation if performed)		
Location	Details of the ward or place from which the patient was discharged (together with reference to any other locations where the patient may have spent time during admission)		
Admission	Reason for admission		
Investigations	Results of any significant investigations		
Procedures	Significant procedures / operations performed		
Diagnoses	Diagnoses on discharge – distinguishing new diagnoses from the current admission from previous active diagnoses		
Medication	Drugs on discharge to include correct names, dose, frequency and duration		
Follow-up	Details of hospital follow up and any specific follow up required in primary care		
Date of summary	This will normally be the same as the date of discharge but should still be stated.		
Identification of author	Signed, name printed, (grade), and contact details (bleep)		
Clinical responsibility	Name of responsible consultant		
Presentation	Clearly legible and comprehensible		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS **For preparation and revision purposes only**

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Procedure informed Consent

This can be undertaken in a clinical setting with a patient (under supervision); or in a simulated environment with a trained simulated patient. In either case the scenario should involve explanation and consent for an operative or therapeutic procedure that the patient has not previously experienced.

Step	**Detail**		
Common components	See page 145		
Purpose	Explains / agrees purpose of discussion		
Initial Understanding	Checks patient's initial understanding of condition and expectations of treatment / procedure		
Condition / Indication	Explains the nature of the clinical condition		
Management Options	Explains the management options, including the implications of not having the procedure		
Benefits	Explains the expected outcomes and benefits of the procedure		
Procedural Details	Explains what the procedure involves, including other procedures that may become necessary		
Risks	Explains possible complications, including an indication of level of risk		
Questions	Encourages patient to ask questions & express concerns, answering them accurately and honestly		
Understanding	Checks patient understanding at appropriate intervals		
Reinforcement	Reinforces explanation / information with written information and diagrams		
Communication	Talks at an appropriate pace, especially when communicating more complex things		
	Uses appropriate language and avoids or explains any technical jargon		
	Maintains eye contact with patient and responds to verbal and non-verbal cues		
Completion	Correctly completes written consent form and closes interview effectively		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS **For preparation and revision purposes only**

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Medication Informed Consent

This can be undertaken in a clinical setting with a patient (under supervision); or in a simulated environment with a pharmacist clinical teacher. . In either case the scenario should involve initiation of a new drug that the patient has not taken previously, such as a course of oral antibiotic treatment, antihypertensive therapy, or oral anticoagulant treatment.

Step	**Detail**		
Common components	See page 145		
Purpose	Explains / agrees purpose of discussion		
Initial Understanding	Checks patient's initial understanding of condition and expectations of treatment / procedure		
Aims of Treatment	Explains why medication is required including expected outcomes and benefits of the treatment		
Drug Administration	Explains dosage, route, timing and frequency of medication		
Side Effects and Risks	Explains frequent or serious side effects including an indication of level of risk		
Understanding	Checks patient's understanding at intervals		
Questions	Encourages patient to ask questions & express concerns, answering any questions accurately and honestly		
Consent	Confirms patient's consent to treatment		
Communication Skills	Talks at an appropriate pace, especially when communicating more complex things		
	Uses appropriate language and avoids or explains any technical jargon		
	Maintains eye contact with patient and responds to verbal and non-verbal cues		
Completion	Closes interview effectively and documents as required		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS **For preparation and revision purposes only**

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Hospital Prescription

This should be carried out with a pharmacist clinical teacher, using a prescription chart based on any proforma currently used by the local trust. The prescription should be for a newly admitted patient. Specialised drug charts (such as insulin, warfarin) should be dealt with separately. Access to a BNF is required. The content should include the following:

Step	**Detail**		
Date	Date of admission		
Patient Identification	As a minimum: Full name; Date of birth; Hospital Number		
Weight	Checks that accurate weight is recorded		
Location & Responsibility	Details of ward and consultant code for clinical responsibility		
Allergy / Adverse Drug Reactions (ADRs)	Records drug name/s, nature of reaction/s, and signature and date		
Type of admission	Routine or emergency? Usual drugs should be reviewed in the context of the admission at the time of prescribing.		
Sections of chart	Selects the most appropriate section: “single dose” (for once only drugs) , “variable dose”, “regular”, “antimicrobial” , “when – required” ; “oxygen”, “infusion therapy”		
Presentation	Clearly legible and unambiguous. Black ink		
Drug	Approved (generic) drug name. Abbreviations avoided. Brand names helpful for combination prepartions, sustained-release products, insulin, opiates, immunosuppressant’s and anticonvulsants.		
Dose	Liquid preparations (single ingredient) should be dosed by “weight” or “units” where possible (not by volume). Doses > 1gram should be written as such i.e. 1g . Doses < 1 gram should be written in milligrams i.e. 500mg (not 0.5g avoid decimal points). Doses < 1mg should be written in full as micrograms i.e. 100micrograms (not 0.1mg). ‘Microgram’ and’ nanogram’ should not be abbreviated. “Units” should be written in full (not ‘u’)		
Route	Oral (PO), Intravenous (IV), Intramuscular (IM), Subcutaneous (SC), Inhaled (INH), Nebulised (NEB), Topical (TOP), Sublingual (S/L), Buccal, Per Rectum (PR). Commonly accepted abbreviations.		
Frequency	Timing of administration. Circle printed times (or write time in blank box and circle). “When-required” entries must state minimum interval and maximum daily dose		
Identification of author	As a minimum: signature, printed name, bleep number		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS **For preparation and revision purposes only**

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Electronic GP Prescription

The prescription should be based on a real or simulated patient requiring a prescription for at least two acute items. The student's GP tutor should confirm the correct drugs to be issued but the student should identify the correct preparation, dose, frequency and quantity. The student can use the BNF if needed.

Step	**Detail**		
Common components	N/A		
Accesses patient record	Identifies correct patient and accesses their electronic medical record		
Confirms details	Confirms patient's date of birth and address		
Prescription mode	Selects prescription mode on clinical system		
Drug selection	Selects correct drug		
Formulation	Selects an appropriate dosage and preparation		
Instructions	Selects or enters correct frequency and mode of administration		
Quantity	Specifies an appropriate quantity or duration of treatment		
Additional Drugs	Repeats steps above for each item		
Interactions	Notes any computer generated interactions and acts accordingly		
Printing	Checks all details and prints prescription		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS **For preparation and revision purposes only**

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Prescribing IV Fluids

The prescription should be based on any proforma currently used by the local trust. The prescription should be for a patient in a clinical setting (under supervision and countersigned) or for a simulated patient. Some of the steps are dependent on the clinical scenario and whether or not the patient is conscious or unconscious.

Step	**Detail**		
Common components	See page 145		
Preparation / Indication	Establishes requirement for IV fluids (e.g. nil by mouth, ongoing losses, etc.)		
Explanation & consent	Explains requirement, procedure, and risks and benefits to patient (where appropriate) to gain verbal informed consent.		
Patient Identification	As a minimum: Full name; Date of birth; Hospital Number		
Location & Responsibility	Details of ward and consultant code for clinical responsibility		
Allergies	Checks for allergies		
Prescribing	According to current fluid balance and requirements:		
	Writes prescribe on appropriate section of patient s drug chart		
	Specifies correct fluid to be infused		
	Documents additive where required (e.g. potassium)		
	Specifies volume		
	Specifies date to be transfused		
	Specifies duration of transfusion		
	Specifies route of infusion		
Identification of author	As a minimum: signature, printed name, bleep number		
Fluid balance	Demonstrates ability to prescribe according to fluid balance		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Digital Rectal Examination (patient)

Step	Detail		
Common components	See page 145		
Positioning & exposure	Removal of clothing whilst maintaining patient dignity. Left lateral position with knees to chest		
Inspection	Inspects perineum and comments on abnormalities		
Gloving	Puts on gloves		
Lubrication	Applies gel lubricant to index finger		
Preparation	Prepares patient and encourages them to relax		
Finger insertion	Gentle insertion of index finger allowing time for anal sphincter to relax and assessing anal tone		
Palpation	For rectal mucosal surface, rectal contents and prostate in male subjects (size, surface and median sulcus). 360 degree rotation of finger		
Withdrawal	Removes finger and inspects glove for faeces, blood, melaena etc.		
Clearing up	Cleans patient and disposes of glove safely		
Report	Reports on external perianal appearance, anal tone, rectal contents, mucosal surface, and prostate in male patients.		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Female Breast Examination (patient or simulated patient)

Step	Detail		
Common components	See page 145		
Exposure	Removal of clothing whilst maintaining patient dignity to expose all of chest including both breasts and arms		
Position	Initially standing or sitting up right, then lying at 45 degrees		
Inspection at rest	Inspects for skin colour and texture, breast shape and symmetry, areolae and nipples with subject at rest.		
Inspection with arms elevated	Inspects for changes		
Inspects with hands on hips	Inspects for changes on pressing hands against hips		
Breast palpation	Palpates both breasts gently in all four quadrants using an appropriate technique with flat of fingers		
Axillary palpation	Palpates both axillae adequately		
Lymph node palpation	Palpates infra/supraclavicular nodes bilaterally		
Scope for further examination	Proposes palpating spine, examining chest, and palpating for liver		
Report	Reports on findings		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Hernial Orifices Examination(patient)

Step	Detail		
Common components	See page 145		
Positioning & exposure	Appropriate exposure. Starts with patient either standing or lying down but must examine in both positions.		
Observation	Inspects for swelling and any other abnormality (such as scars) including comparing sides. Describes characteristics of any swelling accurately including site, size, surface, and shape.		
Identification of landmarks	Is able to demonstrate the following landmarks: - Pubic tubercle - Anterior superior iliac spine - Line of inguinal ligament passing between these - Deep inguinal ring - Superficial inguinal ring		
Palpation	Palpates for, and describes, character of any swelling (e.g. solid, fluctuant, pulsatile). Tests for cough impulse. Examines both sides		
Control of hernia (if present)	Asks patient to attempt reduction of their hernia if present. Uses knowledge of landmarks to attempt control an inguinal hernia at the deep ring Appropriately identifies an inguinal hernia as direct or indirect		
Change of position	Repeats relevant parts of examination in supine or standing position.		
Scrotum	Examines scrotum in males, ensuring presence of both testes. If swelling extends into the scrotum, determines whether or not separate from testes.		
Interpretation (if hernia present)	Appropriate distinction of femoral or inguinal hernia (direct or indirect)		
Scope for further examination	States that examination would also normally include an abdominal examination.		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Male External Genitalia Examination (patient or simulated patient)

Step	Detail		
Common components	See page 145		
Position	Fully exposes scrotum including, as a minimum, lower abdomen and groins. Starts with patient either standing or lying down		
Observation	Inspects for size, shape, position and symmetry of scrotum and penis. Accurately describes characteristics of any swelling accurately including as a minimum: site, size, surface, shape and scars. Inspects skin of scrotum and penis for abnormalities including both dorsal and ventral surfaces. Asks patient to retract foreskin of penis and inspects urethral meatus for size and presence of any discharge.		
Palpation	Palpates each testicle individually identifying contour of testis, epididymis and ductus deferens, and observing patients face for discomfort during palpation. Describes character of any swelling (e.g. hard / firm, surface, fluctuant, pulsatile etc.) Tests for cough impulse.		
Further examination of any swelling (if present)	Demonstrates relation of the swelling to testis and epididymis. Demonstrates whether it is possible to get above the swelling. Determines whether swelling transilluminates.		
Scope for further examination	States that a full examination would include examination of the abdomen and examination of inguinal lymph nodes.		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Venous Cannulation (patient)

Step	Detail		
Common components	See page 145. Equipment includes appropriate sized cannula venflon, tourniquet, gloves, skin preparation swab, alcohol skin wipes, prepared giving set or extension syringe with saline.		
Preparation	Ensures that all appropriate equipment is readily available		
Positioning and exposure	Positions and exposes the arm and identifies a suitable vein. This should ideally be a large forearm vein		
Tourniquet	Applies tourniquet and rechecks vein		
Patient preparation	Ensures patient is ready to proceed. Cleans chosen site for 30 seconds and allows to dry.		
Cannula preparation	Removes the cannula from its pack using a 'no touch' technique		
Needle insertion	Stretches the skin and inserts the needle, bevel upwards, in line with the vein at an angle of approximately 30 degrees.		
Cannula advancement	Advances needle until flash back. Partially withdraws stylet then advances the cannula without the needle fully in to the vein.		
Tourniquet release	Releases tourniquet.		
Needle removal & capping	Withdraws stylet and discards it in sharps bin. Attaches appropriate connection device retaining cap. Replaces cap on cannula.		
Cannula management	Secures cannula using appropriate dressing. Flushes cannula with saline.		
Completion	Clears up and checks patient welfare. Completes appropriate documentation		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Male Urethral Catheterisation (patient)

Step	Detail		
Common components	See page 145. Equipment includes sterile pack, gloves, appropriate gauge catheter (16F), antiseptic or sterile saline, anaesthetic / lubricant gel, syringe and water for balloon.		
Positioning and exposure	Lies the patient comfortably on his back with legs slightly separated and adequately exposes penis		
Final preparation	Opens pack, pours antiseptic / sterile saline into receiver and puts on sterile gloves.		
Cleansing	Cleans the penis thoroughly and retracts the foreskin to clean around the meatus.		
Sterile field	Drape so that only the penis is in the sterile field		
Lubricant/anaesthetic Gel	Holding the penis with a gauze swab introduce gel slowly into the urethra/anaesthetic into the urethra ensuring adequate penetration and allow sufficient time for effectiveness.		
Catheter introduction	Advance the catheter tip into the urethra using a no touch technique until the end arm of the catheter is up to the meatus, allowing time if necessary to overcome prostatic resistance.		
Balloon inflation	Inflate balloon with an appropriate amount of water.		
Bag attachment	Attach bag and gently extend catheter into position, repositioning the foreskin. Apply appropriate catheter retaining device.		
Drainage	Checks for urine drainage and volume.		
Completion	Clears up and checks patient welfare. Completes appropriate documentation		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Capillary Blood Glucose Testing (patient)

Step	Detail		
Common components	See page 145. Equipment includes test strips, lancet / autolet, cotton wool, sharps bin, test meter.		
Initial check	Check test strips are in date and that they are familiar with the meter function, priming as required		
Positioning and exposure	Positions patient hand in a comfortable position		
Skin puncture	Primes lancet, holds side of thumb or finger firmly, releases needle, and applies gentle pressure to digit to obtain sufficient size drop of blood and apply to test strip pad		
Measurement	Inserts test strip into meter and waits for reading		
Sharps disposal	Disposes of lancet in sharps bin		
Result interpretation	Explains result to patient		
Completion	Clears up including washing hands and checking patient welfare.		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Aseptic Technique

The task is to correctly apply aseptic technique for the performance of a minor sterile procedure. This can be combined with any other listed procedure such as suturing or lumbar puncture.

Step	**Detail**		
Common components	See page 145. Equipment includes trolley, sterile pack, gloves, sterile water / saline, and anything else specifically required for the procedure.		
Trolley	Cleans trolley with appropriate cleaning agent and allow to air dry		
Apron	Depending on procedure, covers clothes with single use disposable apron.		
Initial Hand Wash	Preliminary effective hand wash / decontamination		
Sterile Pack	Opens sterile pack without contaminating contents and places with wrapped edge uppermost on trolley. Unwraps sterile pack using corners of wrapping to create sterile field.		
Saline	Opens sterile saline and empty sachet into sterile gallipot.		
Other Equipment	Open all other equipment such as sterile dressings / sterile gloves / sterile scissors onto pack.		
Gloving	Re-washes hands effectively, puts on sterile gloves using correct technique and without contaminating.		
Pack	Arranges contents of pack including waste bag		
Skin cleansing	Uses sterile gauze and water / saline to clean skin with single use of each swab before discarding into waste bag		
Sterile field	Places sterile towel under area on which procedure to be performed.		
Procedure	Undertakes procedure using sterile technique		
Completion	Disposes of sharps in sharps bin and clinical waste in appropriate waste bins. Removes gloves and washes hands. Cleans trolley.		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: ABG Sampling (patient)

Step	Detail		
Common components	See page 145. Equipment includes correct heparinised syringe, needle, sharps bin, and cotton wool. Wears gloves		
Positioning & exposure	Ensures that patient is positioned comfortably with wrist extended. Exposes forearm and asks patient to remove any wrist bands etc.		
Allen Test	Performs Allen test		
Skin preparation	Ensures skin is clean or use appropriate cleaning agent swab to prepare area		
Location	Locates artery with index and middle fingers of non-dominant hand		
Preparation	Ensures that all equipment is readily available including Attaches needle to syringe.		
Patient preparation	Informs patient and explains what they are likely to feel.		
Needle insertion	Inserts needle at 30-45 degrees at point of maximum palpation and advances slowly until arterial blood flushes back into syringe		
Syringe filling	Allows syringe to fill under arterial pressure with gentle aspiration if needed.		
Needle removal	Withdraws needle smoothly whilst applying gauze swab with non-dominant hand.		
Haemostasis	Ensure adequate pressure on puncture site for at least five minutes and applies dressing if needed following this.		
Sample management	Closes needle safety device over needle as appropriate. Removes needle from syringe and disposes in sharps bin; Caps syringe, labels correctly, and arranges for immediate analysis.		
Patient welfare	Checks wound and enquires how patient is feeling, responding appropriately.		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Intramuscular Injection (patient)

Step	Detail		
Common components	See page 145. Equipment includes pre-filled syringe, needle, gauze swabs, sharps bin;		
Allergies	Enquires about history of adverse reactions or allergies		
Drug Issues	Confirms correct drug to be administered, correct dosage, route, and expiry date		
Needle	Selects an appropriate size needle if required (21g/23g) and attaches		
Site & Positioning	Selects an appropriate injection site and is able to justify choice from upper arm (deltoid), buttock (gluteus maximus), buttock (ventrogluteal site), side of thigh (vastus lateralis), front of thigh (vastus femoris) – less used; Considering: muscle bulk; position and mobility of patient; age (children < 7months anterolateral thigh; children >7months ventrogluteal/deltoid); volume of injection – max 2mls in deltoid, up to 4mls in thigh/buttock		
Exposure	Exposes skin and ensures site is clean, avoiding any lesions or infections.		
Injection preparation	Stretches skin (Z-technique) and verbally prepares patient for injection		
Needle insertion	Inserts needle at appropriate angle (approximately 90 degrees) and to correct depth (leaving approximately one-third of needle out of skin)		
Injection	Injects at an appropriate speed		
Needle removal	Withdraws needle safely. Closes needle safety device (if present) over needle and disposes of needle and syringe immediately in sharps bin without re-sheathing needle.		
Haemostasis	Applies gauze and checks for bruising or bleeding before removal		
Patient welfare	Ensures patient comfort and warn re. adverse reactions, offer appropriate advice		
Documentation	Documents procedure and drug administration accurately in patient record including batch number and expiry date.		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Subcutaneous Injection (patient)

Step	Detail		
Common components	See page 145. Equipment includes pre-filled syringe, needle, cotton wool, sharps bin;		
Allergies	Enquires about history of adverse reactions or allergies		
Drug Issues	Confirms correct drug to be administered, correct dosage, route, and expiry date		
Needle	Selects an appropriate size needle if required (25g) and attaches		
Site & Positioning	Selects an appropriate injection site and is able to justify choice from lower abdomen, lateral aspect of thigh, lateral upper arm Considering: size of patient and muscle bulk; position and mobility of patient; previous sc injections (rotating site)		
Exposure	Exposes skin and ensures site is clean, avoiding any lesions or infections.		
Injection preparation	Pinches skin upwards – approximately 2cm thickness		
Needle insertion	Inserts needle at appropriate angle: 45 deg for larger needle, or 90 deg for short needle e.g. pre-prepared insulin and depending on size of patient.		
Injection	Injects drug		
Needle removal	Withdraws needle safely and closes needle safety device (if present) over needle, disposes of syringe immediately in sharps bin without re-sheathing needle.		
Haemostasis	Applies gauze and checks for bruising or bleeding before removal		
Patient welfare	Ensures patient comfort and warn re. adverse reactions, offer appropriate advice		
Documentation	Documents procedure and drug administration accurately in patient record		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: IV Infusion Setup

In a patient in whom IV access has already been established. Can be linked to competence in IV cannulation and prescribing IV fluids.

Step	**Detail**		
Common components	See page 145. Equipment includes giving-set, drip stand, syringe and saline, tape, and fluids.		
Allergies	Enquires about history of adverse reactions or allergies		
Fluid Selection	Checks prescription chart and selects correct fluid.		
Drug Issues	Checks expiry date and that packaging is intact		
Unpackaging	Removes fluid bag from sterile pack		
Giving-Set	Unpackages giving set and ensures that the regulator is in the off position, then connects correctly to fluid bag. Hangs fluid on drip stand and runs through tubing, avoiding air bubbles.		
Cannula Flush	Flushes IV cannula with saline to ensure patency.		
Connection	Attaches giving-set to cannula or extension set after cleaning with appropriate cleaning agent, utilising the no-touch technique and ensures firm connection.		
Rate	Establishes flow at correct rate as calculated.		
Safety	Secures end of tubing to patient's limb with tape.		
Completion	Checks for leakage, checks patient status.		
Documentation	Makes an appropriate signed record.		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Nebulised Drug Administration
Can be performed in a clinical situation (general practice, emergency department) or clinical skills centre.

Step	Detail		
Common components	See page 145. Equipment includes compressor or oxygen supply, tubing, nebuliser chamber, mouthpiece or mask, and solution for nebulisation.		
Allergies	Enquires about history of adverse reactions or allergies		
Drug Selection	Checks prescription chart and selects correct solution for nebulisation (normal saline if simulation).		
Drug Issues	Checks expiry date and that seal is intact.		
Equipment Assembly	Connects tubing from air/oxygen supply to nebuliser chamber, and mouthpiece/mask to nebuliser.		
Adding Drug Solution	Unseals the solution container and empties completely into nebuliser reservoir.		
Initiates Gas Supply	Switches on compressor or turns on oxygen (to a rate of 6-8 litres per minute unless otherwise instructed)		
Aerosol Check	Ensures that aerosol vapour is being produced effectively.		
Patient Instruction	Instructs patient to breathe normally and to avoid talking whilst treatment is taking place.		
Mask Application	Applies mask to patient or gives mouthpiece.		
Patient Welfare	Checks on patient welfare periodically during procedure.		
Duration	Leaves the nebuliser/mask unit in place until the delivery is complete. Ensures that disposable mouthpieces and masks are discarded and other equipment managed according to local guidelines.		
Completion	Ensures that disposable mouthpieces and masks are discarded and other equipment managed according to local guidelines.		
Documentation	Makes an appropriate signed record.		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Skin Suturing

Can be performed in a clinical situation (general practice, emergency department) or clinical skills centre (using simulated materials). The process should include insertion of at least three interrupted skin sutures.

Step	Detail		
Common components	See page 145. Equipment includes sterile pack, 5ml syringe and needles, vial of anaesthetic, sterile fluid for cleaning skin, needle holding forceps, toothed forceps, scissors, and suture with curved needle.		
Aseptic technique	Washes hands, asks assistant to open pack, applies gloves etc. (may be assessed in conjunction with aseptic technique skill)		
Local anaesthetic prep	Draws up local anaesthetic (using 21G needle) and then attaches 25G needle to syringe.		
Skin cleansing	Cleans skin with cotton wool or gauze soaked in sterile cleansing fluid.		
Anaesthetic administration	Infiltrates the skin subcutaneously with local anaesthetic, drawing back on syringe before injecting.		
Suture insertion (1)	Grasps a curved needle using needle holding forceps, picks up skin edge with toother forceps, passes needle through opposite skin edge and upwards through skin.		
Suture insertion (2)	Grasps point of needle and pulls it in a circular motion followed by some suture material. Passes needle through opposite skin edge and upwards through skin.		
Knotting	Tightens and apposes skin edges without tension and with slight eversion of the edges. Knots around suture holding forceps using appropriate technique x 3. Cuts suture ends equally.		
Repetition	Applies future sutures as needed using appropriate placement and interval.		
Completion	Cleans wound and applies dressing.		
Additional	Is able to describe dosage, indications and contraindications to local anaesthetics		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Acute care assessment and immediate management (incorporating monitoring of oxygen saturation, administering oxygen, managing an ECG monitor, and using infusion devices)

Step	Detail		
Common components	See page 145.		
Pulse oximetry	Attaches pulse oximeter appropriately; correctly observes heart rate and oxygen saturation from monitor		
Oxygen	Selects appropriate oxygen delivery device; attaches mask to patient; selects appropriate oxygen flow rate for patient.		
IV fluid Selection	Checks prescription chart and selects correct solution for intravenous administration. Enquires about history of adverse reactions or allergies (patient and / or notes)		
IV infusion equipment Assembly	Checks expiry date and that seal is intact on fluid bag and giving set. Cleans hands; Connects giving set to iv fluid bag, ensures sterility whole set; ensures no air bubbles in tubing		
Connecting and starting infusion	Connects iv fluids to patient using no touch technique; starts iv infusion at appropriate rate.		
ECG	Attaches 3-lead ECG in recognized configuration; correctly observes heart rate and rhythm from monitor		
Patient Welfare	Checks on patient welfare periodically during procedure.		
Completion	Ensures that masks are discarded and other equipment managed according to local guidelines.		
Documentation	Makes an appropriate signed record of oxygen and intravenous fluid administration.		

MANDATORY ASSESSMENT OF CORE CLINICAL SKILLS For preparation and revision purposes only

ALL MACCS SHOULD BE COMPLETED VIA MYPROGRESS

Skill: Parenteral Drug Administration (e.g. morphine, antibiotics)

Step	Detail		
Common components	See page 145. Hands must be cleaned before drawing up drugs and work surface should be clear.		
Identify correct drug	Select appropriate drug: (antibiotic, morphine)		
Preparation	Select a syringe of the appropriate volume; select a drawing up needle; select an ampoule of an appropriate diluent. Equipment should be placed in a cleanable procedure tray.		
Distraction	Ensures that drugs are drawn up without verbal, aural or visual distraction		
Calculation	Calculates the desired final concentration of drug using syringe volume and mass of drug in ampoule.		
Check	Checks the drug ampoule labels and packaging for drug identity; drug mass; expiry date; special precautions.		
Prepare	Draws up the required volume of diluents; draw up / mixes with required drug using drawing up needle; ensures that needle and patient end of syringe are not contaminated by hands or work surface		
Label	Labels the syringe with drug name and concentration in accordance with local hospital policies.		
Risk management	Avoids risks of needle stick injury to self or others; avoids contamination of drawn up drugs.		
Completion	Clears up; disposes of needles and ampoules in accordance with local hospital policies.		

NOTES

Please put any Notes regarding any of the MACCS here.

Name of MACCS	**Notes**

GMC CHECKLIST

Appendix

Before each quarterly appraisal review your progress against the criteria of the General Medical Council

Clinical & Professional Profile checklist **(From Outcomes for Graduates 2018)**																
Outcomes 1 **Professional Values & Behaviors**	Rating scale **0:** No experience, no knowledge **1:** Limited experience, some knowledge **2:** Fair amount of experience, reasonable knowledge **3:** Lots of experience, excellent knowledge															
Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
2) Newly qualified doctors must behave according to ethical and professional principles. They must be able to:																
(a) demonstrate the clinical responsibilities and role of the doctor																
(b)demonstrate compassionate professional behavior and their professional responsibilities in making sure the fundamental needs of patients are addressed																
(c) summarise the current ethical dilemmas in medical science and healthcare practice; the ethical issues that can arise in everyday clinical decision-making; and apply ethical reasoning to situations which may be encountered in the first years after graduation																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(d) maintain confidentiality and respect patients' dignity and privacy																
(e) act with integrity, be polite, considerate, trustworthy and honest																
(f) take personal and professional responsibility for their actions																
(g) manage their time and prioritise effectively																
(h) recognise and acknowledge their own personal and professional limits and seek help from colleagues and supervisors when necessary, including when they feel that patient safety may be compromised																
(i) protect patients from any risk posed by their own health.																
(j) recognise the potential impact of their attitudes, values, beliefs, perceptions and personal biases (which may be unconscious) on individuals and groups and identify personal strategies to address this																
(k) demonstrate the principles of person-centred care and include patients and, where appropriate, their relatives, carers or other advocates in decisions about their healthcare needs																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(l) explain and demonstrate the importance of: • providing information about options for investigations, treatment and care in a way that enables patients to make decisions about their own care • assessing the mental capacity of a patient to make a particular decision, including when the lack of capacity is temporary and knowing when and how to take action.																
(m) act appropriately, with an inclusive approach, towards patients and colleagues																
(n) be open and honest in their interactions with patients, colleagues and employers. when things go wrong – known as the professional duty of candour.																
(o) raise and escalate concerns through informal communication with colleagues and through formal clinical governance and monitoring systems 5 about: • patient safety and quality of care • bullying, harassment and undermining																
(p) explain and demonstrate the importance of professional development and lifelong learning and demonstrate commitment to this																
(q) work effectively and appropriately as a mentor and teacher for other learners in the multi-professional team																
(r) respect patients' wishes about whether they wish to participate in the education of learners																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(s) access and analyse reliable sources of current clinical evidence and guidance and have established methods for making sure their practice is consistent with these																
(t) explain and demonstrate the importance of engagement with revalidation,6 including maintaining a professional development portfolio which includes evidence of reflection, achievements, learning needs and feedback from patients and colleagues																
(u) engage in their induction and orientation activities, learn from experience and feedback, and respond constructively to the outcomes of appraisals, performance reviews and assessments																
3) Newly qualified doctors must demonstrate awareness of the importance of their personal physical and mental wellbeing and incorporate compassionate self-care into their personal and professional life. They must demonstrate awareness of the need to																
(a) self-monitor, self-care and seek appropriate advice and support, including by being registered with a GP and engaging with them to maintain their own physical and mental health																
(b) manage the personal and emotional challenges of coping with work and workload, uncertainty and change																
(c) develop a range of coping strategies, such as reflection, debriefing, handing over to another colleague, peer support and asking for help, to recover from challenges and set-backs.																

Attachment	Medicine				Surgery				MDD				CI/GP			
Rating	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Legal responsibilities **4) Newly qualified doctors must demonstrate knowledge of the principles of the legal framework in which medicine is practiced in the jurisdiction in which they are practicing, and have awareness of where further information on relevant legislation can be found**.																
Patient safety and quality improvement **5) Newly qualified doctors must demonstrate that they can practice safely. They must participate in and promote activity to improve the quality and safety of patient care and clinical outcomes. They must be able to:**																
(a) place patients' needs and safety at the centre of the care process																
(b) promote and maintain health and safety in all care settings and escalate concerns to colleagues where appropriate, including when providing treatment and advice remotely																
(c) recognise how errors can happen in practice and that errors should be shared openly and be able to learn from their own and others' errors to promote a culture of safety																
(d) apply measures to prevent the spread of infection, and apply the principles of infection prevention and control																
(e) describe the principles of quality assurance, quality improvement, quality planning and quality control, and in which contexts these approaches should be used to maintain and improve quality and safety																
(f) describe basic human factors principles and practice at individual, team, organisational and system levels and recognise and respond to opportunities for improvement to manage or mitigate risks.																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(g) apply the principles and methods of quality improvement to improve practice (for example, plan, do, study, act or action research), including seeking ways to continually improve the use and prioritisation of resources																
(h) describe the value of national surveys and audits for measuring the quality of care.																
Dealing with complexity and uncertainty **6) The nature of illness is complex and therefore the health and care of many patients is complicated and uncertain. Newly qualified doctors must be able to recognise complexity and uncertainty. And, through the process of seeking support and help from colleagues, learn to develop confidence in managing these situations and responding to change. They must be able to:**																
(a) recognise the complex medical needs, goals and priorities of patients, the factors that can affect a patient's health and wellbeing and how these interact. These include psychological and sociological considerations that can also affect patients' health																
(b) identify the need to adapt management proposals and strategies for dealing with health problems to take into consideration patients' preferences, social needs, multiple morbidities, frailty and long term physical and mental conditions																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(c) demonstrate working collaboratively with patients, their relatives, carers or other advocates, in planning their care, negotiating and sharing information appropriately and supporting patient self-care																
(d) demonstrate working collaboratively with other health and care professionals and organisations when working with patients, particularly those with multiple morbidities, frailty and long term physical and mental conditions																
(e) recognise how treatment and care can place an additional burden on patients and make decisions to reduce this burden where appropriate, particularly where patients have multiple conditions or are approaching the end of life																
(f) manage the uncertainty of diagnosis and treatment success or failure and communicate this openly and sensitively with patients, their relatives, carers or other advocates																
(g) evaluate the clinical complexities, uncertainties and emotional challenges involved in caring for patients who are approaching the end of their lives and demonstrate the relevant communication techniques and strategies that can be used with the patient, their relatives, carers or other advocates.																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
Safeguarding vulnerable patients **7) Newly qualified doctors must be able to recognise and identify factors that suggest patient vulnerability and take action in response. They must be able to:**																
(b) take a history that includes consideration of the patient's autonomy, views and any associated vulnerability, and reflect this in the care plan and referrals																
(f) adhere to the professional responsibilities in relation to procedures performed for non-medical reasons, such as female genital mutilation9 and cosmetic interventions																
(g) explain the application of health legislation that may result in the deprivation of liberty to protect the safety of individuals and society																
(h) recognise where addiction (to drugs, alcohol, smoking or other substances), poor nutrition, self-neglect, environmental exposure, or financial or social deprivation are contributing to ill health. And take action by seeking advice from colleagues and making appropriate referrals																
(i) describe the principles of equality legislation in the context of patient care.																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
Leadership and Team working **8) Newly qualified doctors must recognise the role of doctors in contributing to the management and leadership of the health service. They must be able to:**																
(a) describe the principles of how to build teams and maintain effective team work and interpersonal relationships with a clear shared purpose																
(b) undertake various team roles including, where appropriate, demonstrating leadership and the ability to accept and support leadership by others																
(c) identify the impact of their behavior on others																
(d) describe theoretical models of leadership and management that may be applied to practice.																
9) Newly qualified doctors must learn and work effectively within a multi-professional and multi-disciplinary team and across multiple care settings. This includes working face to face and through written and electronic means, and in a range of settings where patients receive care, including community, primary, secondary, mental health, specialist tertiary and social care settings and in patients' homes. They must be able to:																
(a) demonstrate their contribution to effective interdisciplinary team working with doctors from all care settings and specialties, and with other health and social care professionals for the provision of safe and high-quality care																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(b) work effectively with colleagues in ways that best serve the interests of patients.																
(c) recognise and show respect for the roles and expertise of other health and social care professionals and doctors from all specialties and care settings in the context of working and learning as a multi professional team.																

Outcomes 2 **Professional Skills**	Rating scale **0:** No experience, no knowledge **1:** Limited experience, some knowledge **2:** Fair amount of experience, reasonable knowledge **3:** Lots of experience, excellent knowledge															
Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
10) Newly qualified doctors must be able to communicate effectively, openly and honestly with patients, their relatives, carers or other advocates, and with colleagues, applying patient confidentiality appropriately. They must be able to:																
(a) communicate clearly, sensitively and effectively with patients, their relatives, carers or other advocates, and colleagues from medical and other professions: • seeking support from colleagues for assistance with communication if needed.																
(b) communicate by spoken, written and electronic methods (including in medical records) clearly, sensitively and effectively with patients, their relatives, carers or other advocates, and colleagues from medical and other professions.																
(c) use methods of communication used by patients and colleagues such as technology-enabled communication platforms, respecting confidentiality and maintaining professional standards of behavior.																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
11) Newly qualified doctors must be able to carry out an effective consultation with a patient. They must be able to:																
(a) elicit and accurately record a patient's medical history, including family and social history, working with parents and carers or other advocates when the patient is a child or young person or an adult who requires the support of a carer or other advocate																
(b) encourage patients' questions, discuss their understanding of their condition and treatment options, and take into account their ideas concerns, expectations, values and preferences																
(c) acknowledge and discuss information patients have gathered about their conditions and symptoms, taking a collaborative approach																
(d) provide explanation, advice and support that matches patients' level of understanding and needs, making reasonable adjustments to facilitate patients' understanding if necessary																
(e) assess a patient's capacity to understand and retain information and to make a particular decision, making reasonable adjustments to support their decision making if necessary, in accordance with legal requirements in the relevant jurisdiction and the GMC's ethical guidance as appropriate																
(f) work with patients, or their legal advocates, to agree how they want to be involved in decision making about their care and treatment																

Attachment	Medicine				Surgery				MDD				CI/GP			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(g) describe the principles of holding a fitness for work conversation with patients, including assessing social, physical, psychological and biological factors supporting the functional capacity of the patient, and how to make referrals to colleagues and other agencies.																
Diagnosis and medical management **12) Newly qualified doctors must work collaboratively with patients and colleagues to diagnose and manage clinical presentations safely in community, primary and secondary care settings and in patients' homes. Newly qualified doctors must, wherever possible, support and facilitate patients to make decisions about their care and management.**																
13) Newly qualified doctors must be able to perform a range of diagnostic, therapeutic and practical procedures safely and effectively, and identify, according to their level of skill and experience, the procedures for which they need supervision to ensure patient safety.																
14) Newly qualified doctors must be able to work collaboratively with patients, their relatives, carers or other advocates to make clinical judgements and decisions based on a holistic assessment of the patient and their needs, priorities and concerns, and appreciating the importance of the links between pathophysiological, psychological, spiritual, religious, social and cultural factors for each individual. **They must be able to:**																
(a) propose an assessment of a patient's clinical presentation, integrating biological, psychological and social factors, agree this with colleagues and use it to direct and prioritise investigations and care																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(b) safely and sensitively undertake: • an appropriate physical examination (with a chaperone present if appropriate) • a mental and cognitive state examination, including establishing if the patient is a risk to themselves or others, seeking support and making referrals if necessary																
(c) interpret findings from history, physical and mental state examinations																
(d) propose a holistic clinical summary, including a prioritised differential diagnosis/diagnoses and problem list																
(e) propose options for investigation, taking into account potential risks, benefits, cost effectiveness and possible side effects and agree in collaboration with colleagues if necessary, which investigations to select																
(f) interpret the results of investigations and diagnostic procedures, in collaboration with colleagues if necessary																
(g)synthesise findings from the history, physical and mental state examinations and investigations, in collaboration with colleagues if necessary, and make proposals about underlying causes or pathology																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(h) understand the processes by which doctors make and test a differential diagnosis and be prepared to explain their clinical reasoning to others																
(i) make clinical judgements and decisions with a patient, based on the available evidence, in collaboration with colleagues and as appropriate for their level of training and experience, and understand that this may include situations of uncertainty																
(j)take account of patients' concerns, beliefs, choices and preferences, and respect the rights of patients to reach decisions with their doctor about their treatment and care and to refuse or limit treatment																
(k) seek informed consent for any recommended or preferred options for treatment and care																
(l) propose a plan of management including prevention, treatment, management and discharge or continuing community care, according to established principles and best evidence, in collaboration with other health professionals if necessary																
(m) support and motivate the patient's self-care by helping them to recognise the benefits of a healthy lifestyle and motivating behavior change to improve health and include prevention in the patient's management plan																
(n) recognise the potential consequences of over-diagnosis and over-treatment.																

Attachment	Medicine				Surgery				MDD				CI/GP			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
15) Newly qualified doctors must demonstrate that they can make appropriate clinical judgements when considering or providing compassionate interventions or support for patients who are nearing or at the end of life. They must understand the need to involve patients, their relatives, carers or other advocates in management decisions, making referrals and seeking advice from colleagues as appropriate.																
16) Newly qualified doctors must be able to give immediate care to adults, children and young people in medical and psychiatric emergencies and seek support from colleagues if necessary.																
17) Newly qualified doctors must be able to recognise when a patient is deteriorating and take appropriate action. They must be able to:																
(a) assess and determine the severity of a clinical presentation and the need for immediate emergency care																
(b) diagnose and manage acute medical and psychiatric emergencies, escalating appropriately to colleagues for assistance and advice																
(c)provide immediate life support																
(d) perform cardiopulmonary resuscitation.																

Attachment	Medicine				Surgery				MDD				CI/GP			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
Prescribing medications safely **18) Newly qualified doctors must be able to prescribe medications safely, appropriately, effectively and economically and be aware of the common causes and consequences of prescribing errors.** **They must be able to:**																
(a) establish an accurate medication history, covering both prescribed medication and other drugs or supplements, and establish medication allergies and the types of medication interactions that patients experience																
(b) carry out an assessment of benefit and risk for the patient of starting a new medication taking into account the medication history and potential medication interactions in collaboration with the patient and, if appropriate, their relatives, carers or other advocates																
(c) provide patients, their relatives, carers or other advocates, with appropriate information about their medications in a way that enables patients to make decisions about the medications they take																
(d) agree a medication plan with the patient that they are willing and able to follow																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(e) access reliable information about medications and be able to use the different technologies used to support prescribing																
(f) calculate safe and appropriate medication doses and record the outcome accurately																
(g) write a safe and legal prescription, tailored to the specific needs of individual patients, using either paper or electronic systems and using decision support tools where necessary																
(h) describe the role of clinical pharmacologists and pharmacists in making decisions about medications and prescribe in consultation with these and other colleagues as appropriate																
(i) communicate appropriate information to patients about what their medication is for, when and for how long to take it, what benefits to expect, any important adverse effects that may occur and what follow-up will be required																
(j) detect and report adverse medication reactions and therapeutic interactions and react appropriately by stopping or changing medication																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(k) monitor the efficacy and effects of medication and with appropriate advice from colleagues, reacting appropriately by adjusting medication, including stopping medication with due support, care and attention if it proves ineffective, is no longer needed or the patient wishes to stop taking it																
(l) recognise the challenges of safe prescribing for patients with long term physical and mental conditions or multiple morbidities and medications, in pregnancy, at extremes of age and at the end of life																
(m) respect patient choices about the use of complementary therapies, and have a working knowledge of the existence and range of these therapies, why patients use them, and how this might affect the safety of other types of treatment that patients receive																
(n) recognise the challenges of delivering these standards of care when prescribing and providing treatment and advice remotely, for example via online services																
(o) recognise the risks of over-prescribing and excessive use of medications and apply these principles to prescribing practice.																

Attachment	Medicine				Surgery				MDD				CI/GP			
Rating	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Using information effectively and safely **19 Newly qualified doctors must be able to use information effectively and safely in a medical context, and maintain accurate, legible, contemporaneous and comprehensive medical records. They must be able to:**																
(a) make effective use of decision making and diagnostic technologies																
(b) apply the requirements of confidentiality and data protection legislation and comply with local information governance and storage procedures when recording and coding patient information																
(c) explain their professional and legal responsibilities when accessing information sources in relation to patient care, health promotion, giving advice and information to patients, and research and education																
(d) discuss the role of doctors in contributing to the collection and analysis of patient data at a population level to identify trends in wellbeing, disease and treatment, and to improve healthcare and healthcare system																
(e) apply the principles of health informatics to medical practice.																

Outcomes 3 − Professional knowledge **The health service and healthcare systems in the four countries**	Rating scale **0:** No experience, no knowledge **1:** Limited experience, some knowledge **2:** Fair amount of experience, reasonable knowledge **3:** Lots of experience, excellent knowledge															
Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
20) Newly qualified doctors must demonstrate how patient care is delivered in the health service. **They must be able to:**																
(a) describe and illustrate from their own professional experience the range of settings in which patients receive care, including in the community, in patients' homes and in primary and secondary care provider settings																
(b) explain and illustrate from their own professional experience the importance of integrating patients' care across different settings to ensure person-centred care																
(c) describe emerging trends in settings where care is provided, for example the shift for more care to be delivered in the community rather than in secondary care settings																
(d) describe the relationship between healthcare and social care and how they interact.																

Attachment	Medicine				Surgery				MDD				CI/GP			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
21) Newly qualified doctors must recognise that there are differences in healthcare systems across the four nations of the UK and know how to access information about the different systems, including the role of private medical services in the UK.																
Applying biomedical scientific principles **22) Newly qualified doctors must be able to apply biomedical scientific principles, methods and knowledge to medical practice and integrate these into patient care. This must include principles and knowledge relating to anatomy, biochemistry, cell biology, genetics, genomics and personalised medicine, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and clinical pharmacology, and physiology.** **They must be able to:**																
(a) explain how normal human structure and function and physiological processes applies.																
(b) explain the relevant scientific processes underlying common and important disease processes																
(c) justify, through an explanation of the underlying fundamental principles and clinical reasoning, the selection of appropriate investigations for common clinical conditions and diseases																
(d) select appropriate forms of management for common diseases, and ways of preventing common diseases, and explain their modes of action and their risks from first principles																
(e) describe medications and medication actions: therapeutics and pharmacokinetics; medication side effects and interactions, including for multiple treatments, long term physical and mental conditions and non-prescribed drugs; the role of pharmacogenomics and antimicrobial stewardship																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(f) analyse clinical phenomena and conduct appropriate critical appraisal and analysis of clinical data, and explain clinical reasoning in action and how they formulate a differential diagnosis and management plan.																
Health promotion and illness prevention **25) Newly qualified doctors must be able to apply the principles, methods and knowledge of population health and the improvement of health and sustainable healthcare to medical practice**. **They must be able to:**																
(a) explain the concept of wellness or wellbeing as well as illness, and be able to help and empower people to achieve the best health possible, including promoting lifestyle changes such as smoking cessation, avoiding substance misuse and maintaining a healthy weight through physical activity and diet																
(b) describe the health of a population using basic epidemiological techniques and measurements																
(c) evaluate the environmental, social, behavioral and cultural factors which influence health and disease in different populations																
(d)assess, by taking a history, the environmental, social, psychological, behavioural and cultural factors influencing a patient's presentation, and identify options to address these, including advocacy for those who are disempowered																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(e) apply epidemiological data to manage healthcare for the individual and the community and evaluate the clinical and cost effectiveness of interventions																
(f) outline the principles underlying the development of health, health service policy, and clinical guidelines, including principles of health economics, equity, and sustainable healthcare																
(g) apply the principles of primary, secondary and tertiary prevention of disease, including immunisation and screening																
(h) evaluate the role of ecological, environmental and occupational hazards in ill-health and discuss ways to mitigate their effects																
(i) apply the basic principles of communicable disease control in hospital and community settings, including disease surveillance																

Attachment	Medicine				Surgery				MDD				CI/GP			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(j)discuss the role and impact of nutrition to the health of individual patients and societies																
(k) evaluate the determinants of health and disease and variations in healthcare delivery and medical practice from a global perspective and explain the impact that global changes may have on local health and wellbeing.																
Clinical research and scholarship **26) Newly qualified doctors must be able to apply scientific method and approaches to medical research and integrate these with a range of sources of information used to make decisions for care.** **They must be able to:**																
(a) explain the role and hierarchy of evidence in clinical practice and decision making with patients																
(b)interpret and communicate research evidence in a meaningful way for patients to support them in making informed decisions about treatment and management																
(c) describe the role and value of qualitative and quantitative methodological approaches to scientific enquiry																
(d) interpret common statistical tests used in medical research publications																

Attachment	**Medicine**				**Surgery**				**MDD**				**CI/GP**			
Rating	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**	**0**	**1**	**2**	**3**
(e) critically appraise a range of research information including study design, the results of relevant diagnostic, prognostic and treatment trials, and other qualitative and quantitative studies as reported in the medical and scientific literature.																
(f) formulate simple relevant research questions in biomedical science, psychosocial science or population science, and design appropriate studies or experiments to address the questions																
(g) describe basic principles and ethical implications of research governance including recruitment into trials and research programmes																
(h) describe stratified risk																
(i) describe the concept of personalised medicine to deliver care tailored to the needs of individual patients																
(J) use evidence from large scale public health reviews and other sources of public health data to inform decisions about the care of individual patients.																

Information Governance Record

Record your completion of information governance online training here. You must complete the “Introduction to information governance” module once only in your course. The “Refresher module” must then be completed annually thereafter. (You may not need every line of this table, therefore.)

	Year of Course	Date
Introduction to Information Governance		
Information governance: the refresher module (first)		
Information governance: the refresher module (second)		
Information governance: the refresher module (third)		
Information governance: the refresher module (fourth)		
Information governance: the refresher module (fifth)		
Information governance: the refresher module (any subsequent)		

Please refer to page 8 point 4 of this log book for guidance on Information Governance and how to complete this record.

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