

<b>PERSON-CENTRED PATHWAY REFLECTIVE ACCOUNT ABOUT A CONSULTATION</b> student to complete	
Student to enter a reflective account about a consultation which involved an aspect of person-centred care. Either with your recruited patient OR after observing a relevant consultation with a different patient. We will ask you to discuss your reflections during PCP tutorials during the year.	
Describe which aspect(s) of person-centred care you are going to discuss:	
Background Information: Please describe the health condition or situation of the patient & the setting	
Describe what happened:	
Analyse what happened – what worked well and what didn't? & Theorise – why do you think aspects worked/ didn't? How does this fit with your learning re communication and person-centred care?	
Action points summary: What will you take forward from your observations and reflections to help develop your own clinical and professional role in the future?	
Student Name	Date:

UCL MEDICAL SCHOOL

2016-17

Year 5/Module C HOPE

Care of Older People, Ophthalmology,  
Psychiatry, ENT, Oncology & Palliative Care

Record of Procedures & Multi-supervisor Report Card

Firm No: Firm No here

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first name  
SURNAME

### GUIDANCE NOTES:

Student End of Module Grades are based upon the completion & grading within this card

Multi-Supervisor Reports: 7 required by the end of the module

One needs to be completed by your supervising consultant psychiatrist (or deputy)

One needs to be completed by your supervising COOP consultant (or deputy)

The remaining 5 may be completed by any HCP (except an FY1\*) who has observed the student's practice, for one clinical session or longer. Students should aim to obtain 2 MSRs per 4-week attachment plus 1 additional "wild card" from any part of the module.

\*For this module, one MSR may be completed by an FY1 the student shadows on call for COOP.

**Core Procedures & tutorials: All need completing and can be signed off by any clinician who is competent at the skill.**

**Supervised Learning Events (SLEs): 4 required by the end of module.**

**SLE can be completed by any clinician although students are advised to limit SLEs by FY1 to one per module.** Students should flag a request for an SLE to clinicians at the **beginning** of a clinical session & ask for a signature at the end confirming the clinician is happy to complete this via a ticket. *It is the student's responsibility to make sure that the clinician has completed this and to send out reminder e-mails if required.*

**Clinical Reasoning Discussion : 1 required by the end of the module**

This assessment can be completed by any doctor (other than FY1) and aims to give feedback to students about their diagnostic reasoning and management planning.

**Attendance & Engagement:** Evidence is obtained through satisfactory completion of this record of procedures card, SLEs on the e-portfolio and the student learning log-book which is completed by the student but does not require clinician signatures.

**Students should inform site consultants & administrators on the day if they are unable to attend a clinical or teaching session. Students who are ill for more than one consecutive day, should also email: medsch.year5@ucl.ac.uk**

**If clinicians have concerns about a student, please email Deana D'Souza, Module Coordinator: d.d'souza@ucl.ac.uk & Dr Simon Adelman, Module Lead: simon.adelman@candi.nhs.uk**

MULTI-SUPERVISOR REPORTS							
<b>EXAMPLE Feedback on strengths</b> <i>Creates rapport rapidly through friendly manner &amp; demonstrating interest in and concern for patient. Clear systematic structure to exploring history. Clearly advises patient to report discomfort when examined. Able to identify likely diagnoses. Good understanding of first line treatment and initial investigations.</i>							
<b>Specific areas to develop &amp;/or improve</b> <i>Try to listen more carefully to the patient, to avoid asking questions they have previously given the answer to. Examination could be slicker – practice with patients / manikins. Think about what diagnoses should be considered and how examination findings will differentiate these.</i>							
<b>Comments re Professionalism, Attendance &amp; Engagement, Organizational skills, Attitude</b> <i>Professional manner and appearance, Enthusiastic contribution during tutorials and appears interested in clinic. Arrived late to several sessions, and was absent due to illness for 2 days.</i>							
<b>Grade:</b> At level expected of Y5 student?	Well above	Above	At level	Border line	Below	Unable to assess	<b>Supervisor name: DR BEN BLOGGS</b>  <b>Signature</b> <i>B Bloggs</i>  <b>Date</b> 2/2/16  <b>Supervisor role &amp; specialty : SpR GU Medicine</b>
<b>Communication</b>	WA	A	@	BL	B	U	
<b>Clinical skills</b>	WA	A	@	BL	B	U	
<b>Knowledge</b>	WA	A	@	BL	B	U	
<b>OVERALL</b>	WA	A	@	BL	B	U	

<b>Feedback on strengths</b>							
<b>Specific areas to develop &amp;/or improve</b>							
<b>Comments re Professionalism, Attendance &amp; Engagement, Organizational skills, Attitude</b>							
<b>Grade:</b> At level expected of Y5 student?	Well above	Above	At level	Border line	Below	Unable to assess	<b>Supervisor name:</b>  <b>Signature:</b>  <b>Date:</b>  <b>PSYCHIATRY TUTOR (or deputy)</b>
<b>Communication</b>	WA	A	@	BL	B	U	
<b>Clinical skills</b>	WA	A	@	BL	B	U	
<b>Knowledge</b>	WA	A	@	BL	B	U	
<b>OVERALL</b>	WA	A	@	BL	B	U	

<b>Feedback on strengths</b>							
<b>Specific areas to develop &amp;/or improve</b>							
<b>Comments re Professionalism, Attendance &amp; Engagement, Organizational skills, Attitude</b>							
<b>Grade:</b> At level expected of Y5 student?	Well above	Above	At level	Border line	Below	Unable to assess	<b>Supervisor name:</b>  <b>Signature:</b>  <b>Date:</b>  <b>COOP TUTOR (or deputy)</b>
<b>Communication</b>	WA	A	@	BL	B	U	
<b>Clinical skills</b>	WA	A	@	BL	B	U	
<b>Knowledge</b>	WA	A	@	BL	B	U	
<b>OVERALL</b>	WA	A	@	BL	B	U	

<b>Feedback on strengths</b>							
<b>Specific areas to develop &amp;/or improve</b>							
<b>Comments re Professionalism, Attendance &amp; Engagement, Organizational skills, Attitude</b>							
<b>Grade:</b> At level expected of Y5 student?	Well above	Above	At level	Border line	Below	Unable to assess	<b>Supervisor name:</b>  <b>Signature:</b>  <b>Date:</b>  <b>Supervisor role &amp; specialty :</b>
<b>Communication</b>	WA	A	@	BL	B	U	
<b>Clinical skills</b>	WA	A	@	BL	B	U	
<b>Knowledge</b>	WA	A	@	BL	B	U	
<b>OVERALL</b>	WA	A	@	BL	B	U	

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<b>Knowledge</b>	WA	A	@	BL	B	U	<b>Supervisor role &amp; specialty :</b>
<b>OVERALL</b>	WA	A	@	BL	B	U	

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<b>Knowledge</b>	WA	A	@	BL	B	U	<b>Supervisor role &amp; specialty :</b>
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<b>OVERALL</b>	WA	A	@	BL	B	U	

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<b>Clinical skills</b>	WA	A	@	BL	B	U	<b>Date:</b>
<b>Knowledge</b>	WA	A	@	BL	B	U	<b>Supervisor role &amp; specialty :</b>
<b>OVERALL</b>	WA	A	@	BL	B	U	

Record of Competence (at level of a new FY1) in Core Procedures (All required)			
Skill	Supervisor sign & date	Skill	Supervisor sign & date
Assessment of visual fields & acuity		Musculoskeletal examination of an older person	
Fundoscopy technique & description of findings		Cardio respiratory examination of an older person	
Neck examination		Neurological examination of an older person	
Bedside assessment of hearing including otoscopy		Bedside assessment of cognition	

Record of prescribing skills:			
	Supervisor sign & date		Supervisor sign & date
Polypharmacy project		Student written prescription 1*	
Prescription of drugs at end of life		Student written prescription 2*	

\* These may be completed as part of the prescription at end of life competency and/or polypharmacy project or can be separate assessments.

SLE		Assessor's initials & date
<b>To assess risk in a patient with a mental disorder</b>		
<b>Assessment of a patient with affective symptoms</b>		
<b>Assessment of a patient with psychosis</b>		
<b>Cancer patient presentation with discussion of management</b>		
<b>Take a full history including social and functional history from an older person and construct a problem list</b>		
Other SLE student choice		

## REQUIRED CLINICAL REASONING DISCUSSION

<p><b>Clinical Reasoning Discussion: (Student completes the elements in bold prior to discussion)</b> This is a new work-place based assessment developed at UCL to give more structure to feedback about reasoning skills</p> <p><b>STUDENT: Summarize the patient's history</b> (Patient demographics &amp; risk factors; PMH; Onset &amp; Time course; Symptoms; Severity); <b>&amp; findings of a focused examination.</b> (positive &amp; important negatives)</p>	
<p><b>STUDENT: What are your top 2 diagnoses – and what features are in favour or against each?</b></p> <p>1</p> <p>2</p>	
<p><b>STUDENT: Is there an important diagnosis that needs to be excluded (even if less likely)?</b></p>	
<p><b>STUDENT: What is your immediate management plan (essential investigations or treatment)?</b></p>	
<p><b>Is there anything you feel uncertain about?</b></p>	
<p>ASSESSOR FEEDBACK ON DIAGNOSTIC REASONING: has student missed any important features of history or examination? Should they have identified a different important differential or diagnosis to exclude?</p>	
<p>ASSESSOR FEEDBACK ON MANAGEMENT PLAN: missed or unnecessary tests or treatment suggested?</p>	
Assessor Name	Assessor Signature & Date: