UCL MEDICAL SCHOOL

Year 5 Student Guide 2017-2018

The UCL Doctor

A highly competent and scientifically literate clinician, equipped to practice person-centered medicine in a constantly changing modern world, with a foundation in the basic medical and social sciences. This vision is underpinned by the values of scholarship, rigor and professionalism. The focus is on the development of the student as a scientifically informed, socially responsible professional who, in turn, can serve the health needs of individuals and communities

Year 5
The Life Cycle

CONTENTS

Section 4: **Module 5C**

HOPE

- Health care of the older person
- Ophthalmology
- Oncology/Palliative Care
- Psychiatry
- ENT

Section 5 **Core Conditions and Common Presentations**

Section 6 **Staff Contact Details**

Section 1: Introduction to Year 5

The theme of Year 5 of the MBBS curriculum is “the life cycle” - you will encounter patients with medical conditions from across the “seven ages” of man. A large part of the year is dedicated to beginnings of life, through women’s and men’s health, sexual health and child health. In addition you will learn about family and adult health and behaviour through general practice, breast services, urology, psychiatry, dermatology, ophthalmology and ENT. The latter parts of the life cycle will be explored in health of the older person, oncology and palliative care. This handbook is a guide for your learning through the year, including details of progression requirements. It should be read along with the more detailed module information on Moodle.

The year begins with a two day Introduction and Orientation Module (IOM) where you will be introduced to important details of the year, some core lectures covering key concepts for the year. As Year 5 is also an important year with regards to your Foundation School application and planning your elective, within the IOM you will also receive advice about career planning, Foundation School application and arranging your elective.

The rest of the year consists of an Anchor week, and three modules; each module comprising a core introductory teaching week, and then 12 weeks of clinical placement.

The three Year 5 modules are:

- Module A - CFHD: Child and Family Health with Dermatology (Paediatrics, General Practice, Dermatology, Child & Adolescent mental health)
- Module B - WHMH: Women’s Health and Men’s Health (Obstetrics, Gynaecology, Breast services, Urology, Genito-urinary medicine, contraception & HIV medicine)
- Module C - HOPE: Health of the older person, Ophthalmology, Oncology/Palliative Care, Psychiatry and ENT

The Anchor week occurs at the end of the spring term and is classroom and lecture theatre-based.

Clinical & Professional Practice teaching occurs at different points through year 5:

i) integrated and embedded within the clinical teaching weeks of each module
ii) specific CPP teaching sessions on some specific Fridays during the year
iii) the person centered pathway
iv) during the IOM week
v) during the Anchor week

The specific CPP teaching sessions are deliberately coordinated with the modules so that learning is integrated with the particular module you are studying. The specific CPP teaching will always take place on Fridays and at the same site in any given module: during module A it will be at the Royal Free, during module B at the Bloomsbury campus and during module C at the Whittington. The specific dates for this CPP teaching are detailed on both the module and CPP Moodle sites. You can access the site at http://moodle.ucl.ac.uk.

In Modules A and B all students are expected to return for these Friday specific CPP teaching sessions, regardless of whether they are at a central placement, DGH or GP attachments. In Module C students will not be expected to attend these CPP sessions during the three very short placements of Oncology/Palliative Care, Ophthalmology or ENT.

The Person Centred Pathway

In response to student feedback and suggestions this has undergone considerable revision. There is no longer the requirement to recruit and follow a particular patient through the year as this was so problematic for students. The ‘pathway’ is a pathway of learning and skills training. You will learn about supporting self-management and consultation techniques, to enable you to demonstrate a more person-centred approach. This is supported with tutorials through the year. In these you will be taught more sophisticated approaches to communicating with patients, to share decision making, support behaviour change, and support management of their own health conditions. Between tutorials you will be asked to practice these skills, observe whether and how experienced clinicians adopt them, and reflect upon their impact upon the patient and the consultation.

Aims for the year

The aims of Year 5 are explained in detail under each module section. You are advised to go through the aims and objectives of each module at an early stage so that you are aware of what will happen during the year, the portfolio and summative assessment requirements and to assess your learning needs. The core conditions and presentations list for the whole MBBS programme is provided in this handbook in Section 5, but we have also identified those that are of particular relevance to each module.
As an additional guide, core conditions and presentations that you are particularly likely to encounter in Year 5 have been highlighted in **bold**, however, since the year includes general practice and health of older persons, the conditions and presentations you learnt about in Year 4 will still be relevant.

How much of year 4 do you need to know to pass year 5?

Students approaching the end of year exams, often ask the extent to which they might be tested on medicine they learnt in year 4. Given that year 5 includes general practice, care of the older person, and surgical sub-specialties, it is advised that you revise year 4 content too, which will also help in your preparation for finals (about 6 months after the year 5 exams).

How to do well in year 5.

It is a cliché because it is true, that seeing as many patients as possible, and getting involved in clinical activity is the key to learning medicine.

Year 5 builds on the abilities you have gained from year 4. We expect you to be able to take histories from patients and know how to examine them, but within each module we will be teaching you new types of content for history taking – such as obstetric or psychiatric histories, and new examination skills – such as examining a child, or genital examination.

Year 5 introduces you to more vulnerable patient groups, where you may need to be more sensitive and careful about the way you communicate and gather information. We encourage you to be observed in these situations and to gather feedback that will help you improve, pass the exams, and be better clinicians in the future.

We want you to develop your diagnostic skills in year 5, and to help you do so, have suggested you complete both Clinical Reasoning Discussions for each module, and preferably go through these exercises as self-directed learning for additional core presentations.

Year 5 moves rapidly through very different types of clinical attachments, and a strong recommendation is to read ahead of each attachment. If you rely upon teaching within the attachment, or reading prompted by seeing a specific patient, you may feel like you are constantly behind and trying to catch up.

There is limited crossover between the teaching and types of patient in one module compared to another, although the General Practice attachment may offer opportunities to catch up with missed competencies from a previous module, or gain skills for a future one.

If at the end of a module you or the faculty feel there are key skills that you have been unable to gain, we may look at specific catch up sessions being provided for you.

Your end of module grading is compiled on the basis of your Record of Procedures Card completion. We ask you to gather feedback and grades from across each module, and to demonstrate to us that you are achieving the required diagnostic, clinical examination and procedural skills. You will be asked to link these to SLEs, and also to obtain Multi-Supervisor Reports from across the module that help us determine your grade.

The strategic student will ask for SLEs early in the module (these ask for formative feedback and don't include grades), and for MSRs throughout the module from clinicians who have seen them "in action". Students who end up in difficulty, often appear to leave these workplace based assessments until the last week, and then fail to complete the required number.

The rapid change from one location and specialty to another can leave students feeling a bit lost and alone, so you are encouraged to make use of your peers, your personal tutor and student support.

Clinical Reasoning Discussions (CReDs)

Working out the diagnoses to consider and prioritise for a patient presenting with a new problem, is a key aspect of medical practice. For each module, we have highlighted Core Presentations you are likely to encounter.
We ask you to link complete two CReDs per module linked to of patients you have seen. These involve you documenting your reasoning and gaining feedback from a clinician through discussing where they think you may be on the right lines, and where you may have missed something.
In addition, we recommend that you to practise the first stages of this process (from presentation to potential diagnoses) in a more abstract way for more core presentations as self directed learning.

<u>From presentation to differential diagnoses</u>

Starting with the core presentation, think about the different systems (CVS, gastro, psychiatric etc.) or iatrogenic issues that could be linked to the presentation. This helps you to think broadly to begin with, rather than narrowing your focus too early.
Then list diagnoses/conditions that could be linked to that presentation. Think about each diagnosis, think about the features that would make that diagnosis more likely – consider

- the demographics and risk behaviours of the patient,
- their past medical history
- their presenting symptom onset, and exacerbating factors, and associated symptoms
- signs to look for on examination
- bed- side tests – e.g. urinalysis, peak flow rate, O2 saturations.

<u>Linking to a patient and considering a management plan</u>

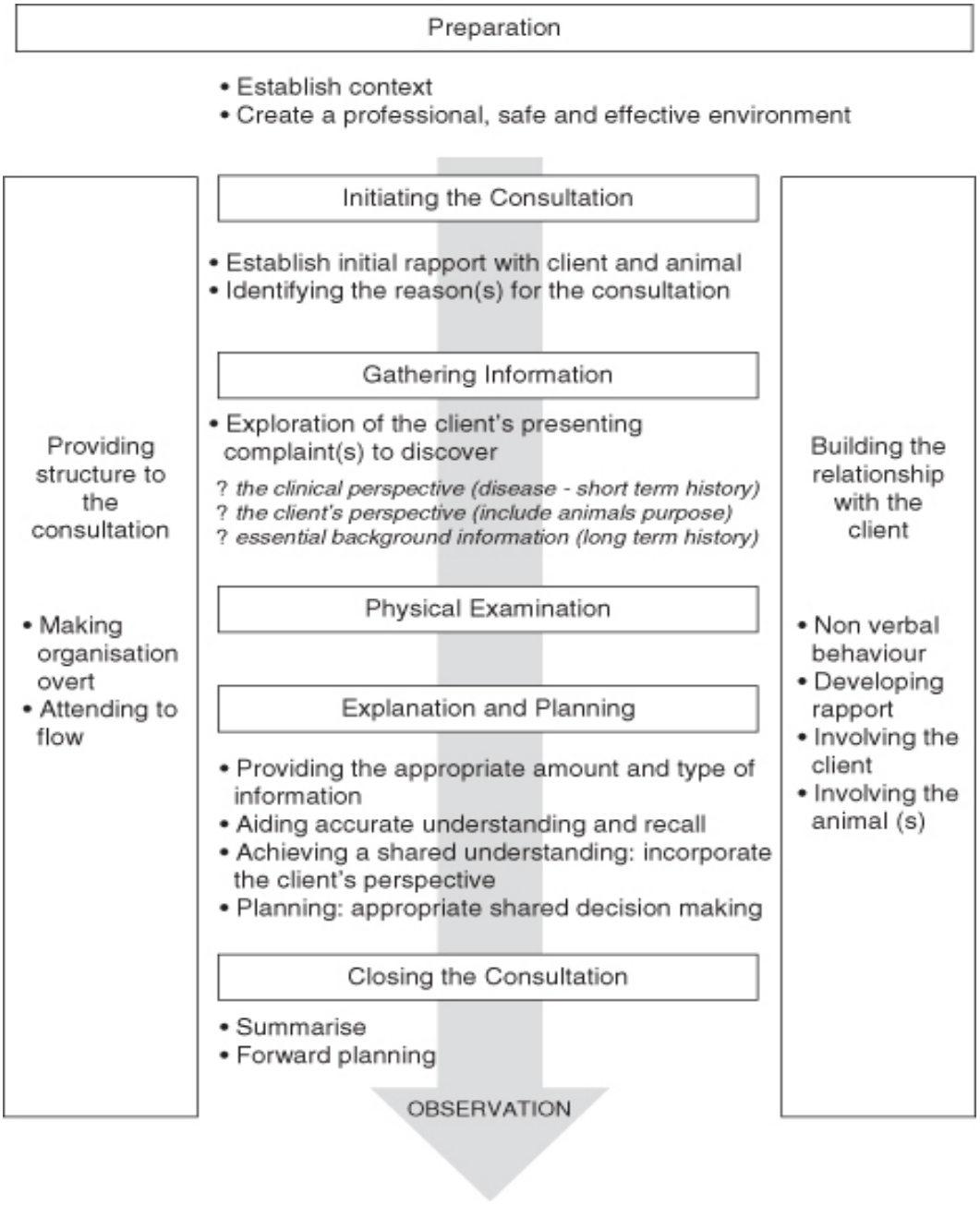
When you come to request a Clinical Reasoning Discussion, we would like you to link specific patients you have seen with a Core presentation for the module.
We would want you to select the diagnosis you feel is the likeliest, but also identify others you feel should still be ruled out.

Then, consider initial management – the investigations you feel would be indicated to help confirm the diagnosis and whether any empirical treatment is indicated while the diagnosis is being established. For some cases you may feel that the diagnosis is clear and that a definitive treatment is indicated.

The clinician you talk to for the CReD, will give you feedback about how you have weighed the different diagnostic options, and you may find it helpful to note this feedback. They will also think about whether your initial management aligns to what they would do, and give you feedback about this.

Clinical Method (history taking, communication, and physical examination)

Within each module, there are specific history taking frameworks, examination techniques and practical procedures you will need to master. These have been included in your Record of Procedures Cards – for some asking you to obtain feedback after observation and link this to an SLE, and for others asking the supervising clinician to sign if they feel you are competent in the skill, to the level expected of an FY1 doctor starting their job. To align this feedback to your clinical communication teaching, please ask the clinician to consider giving feedback against the Calgary Cambridge criteria. It may be helpful to show this to them.


Preparation
• Establish context
• Create a professional, safe and effective environment
Initiating the Consultation
• Establish initial rapport with client and animal
• Identifying the reason(s) for the consultation
Gathering Information
• Exploration of the client's presenting complaint(s) to discover
? the clinical perspective (disease - short term history)
? the client's perspective (include animals purpose)
? essential background information (long term history)
Physical Examination
Explanation and Planning
• Providing the appropriate amount and type of information
• Aiding accurate understanding and recall
• Achieving a shared understanding: incorporate the client's perspective
• Planning: appropriate shared decision making
Closing the Consultation
• Summarise
• Forward planning
OBSERVATION
Providing structure to the consultation
• Making organisation overt
• Attending to flow
Building the relationship with the client
• Non verbal behaviour
• Developing rapport
• Involving the client
• Involving the animal (s)

How will your clinical method and communication be assessed in the exams?

	Clear Pass	Pass	Borderline	Fail	Clear Fail
DOMAIN A CLINICAL METHOD (History and/or physical examination)	Correct comprehensive clinical method. Structured, thorough and fluent	Majority of clinical method correct. Systematic and thorough with minimal important omissions	Clinical method incomplete. Systematic but with important omissions	Clinical method inadequate, unsystematic and with important omissions	Clinical method poor and disorganised, with major omissions
DOMAIN B IDENTIFICATION OF SIGNS/ SYMPTOMS	Identifies the correct history or physical signs/ symptoms	Identifies the majority of physical signs/ symptoms	Misses significant physical signs/ symptoms	Misses important or obvious physical signs/ symptoms	Misses or invents the majority of physical signs/ symptoms
DOMAIN C INTERPRETATION OF CLINCAL INFORMATION	Able to interpret signs/ symptoms to reach a sensible differential diagnosis and/or management plan and can defend conclusions	Able to interpret signs/ symptoms to reach a reasonable differential diagnosis and/or management plan. Some ability to defend conclusions	Interprets signs or symptoms to offer incomplete differential diagnosis and/or management plan. Poor ability to defend conclusions	Poor ability to interpret signs or symptoms. Offers confused/ incorrect differential diagnosis and/or poor management plan. Unable to defend conclusions	Unable to interpret signs or symptoms. Not able to offer a sensible differential diagnosis and/or management plan
DOMAIN D COMMUNICATION	Clear flexible communication using intelligible language & avoiding jargon, good listening	Structured communication but lacks some clarity. Reasonable listening	Some structure, lack of awareness of patients' feelings or emotions. Inconsistent listening	Insensitivity to patients' feelings, unclear messages, uses jargon. Little evidence of active listening	Severe insensitivity, muddled messages, poor listening
DOMAIN E PATIENT WELFARE	Treats the patient respectfully and sensitively in a manner that ensures their comfort, safety and dignity. Addresses concerns in an appropriate manner	Treats the patient respectfully and sensitively in a manner that ensures their comfort, safety and dignity. Addresses most of the concerns in an appropriate manner	Treats the patient respectfully and sensitively in a manner that ensures their comfort, safety and dignity. Addresses some of the concerns in a reasonable manner	Treats the patient respectfully and sensitively in a manner that ensures their comfort, safety and dignity. Unable to address the patients concerns adequately	Treats the patient roughly or insensitively to cause physical or emotional discomfort

Performed and Observed procedures

In each module there will be some specific procedures or examination techniques to learn and be signed off as competent to perform. In addition there may be procedures we want you to observe, but where we don't expect you to be able to perform the procedure. Here your objective is to be able to understand what is involved, and to be able to describe this to a patient.

Prescribing skills

It is really important for you to be a competent prescriber. In year 5 you will encounter specific patient groups – e.g. children, pregnant women, older people, the terminally ill – where there are specific factors to consider when prescribing. We want to assess, and give you feedback on your competence in these situations within the study guide in preparation for the end of year exams, and your future as qualified doctors.

MSR Multi-supervisor reports

These enable the clinician conducting your end of module grading, to see the views of a range of clinicians, about your abilities.
The clinician who is completing each MSR should be someone who has seen you with patients, who can give feedback about your communication skills, clinical skills and/or your knowledge. They are also asked to comment on your professionalism and give you an overall grade.
Each MSR should be completed by a DIFFERENT clinician.
At the end of the module, the grade you are assigned is based upon reviewing these MSRs, and is typically the median value grade from the 5 you complete.

Learning Log.
This was piloted in 2016-17 as a daily entry log, but has been modified to a weekly entry log for 2017-18. The idea is for you to note key tips and topics you have learnt about in the week and also to identify personal learning you recognise you need to do as a result of experiences in the week.
Students who have engaged with this meaningfully in the past have documented activity and learning needs, in a way that would be useful for them to review as part of their revision and preparation for exams. It is not intended to be a summary of what you attended, but a way to record specific items you have learnt (or realise you need to learn about).

Summary of absence
If you are unable to attend for any reason, you should inform the clinical teacher and the medical school (medsch.year5@ucl.ac.uk). We ask you to complete a running tally of absence to be reviewed at the end of the module, and so that you can also keep track. If you are absent for more than 12 days per module, we ask you to liaise with student support, as this falls below the required attendance threshold for completion of the module. Repeated absence that is not reported in advance, may lead to a Concerns over Attendance & Engagement (CoAE) form.

Assessments, Attendance & Engagement

Summary of required formative assessment documentation:
All formative assessment evidence gathered during the year will be via the e-Portfolio or Record of Procedures card. It is recommended that you scan any paper based forms into the personal library section of your e-Portfolio in case of loss or if you need to produce a record of competency later in your career.

	Module A: CFHD	Module B: WHMH	Module C: HOPE
Supervised Learning Events (SLE):	4	4	4
Multi-supervisor reports	5	5	5
Clinical Reasoning Discussions	2	2	2
Team Project with PowerPoint presentation & Leadership day MSR	No	Yes	No
Case of the Module online	Yes	Yes	Yes
Person centred pathway consultation analysis	Yes	Yes	Yes
Written assignment	Chronic care essay	No	Polypharmacy project
Mock exams	Online SBA paper OSCE revision	Online SBA paper & mock OSCE	Online SBA & mock OSCE
Summary of absence & learning log	Yes	Yes	Yes

The Record of Procedures Cards

Your completion of each module's Record of Procedures card and learning log, evidences your achievements and your engagement throughout each module, and will be used to inform your End of Module Grading alongside the completion of SLEs on your e-portfolio.

Please consider how to **"back it up" at regular intervals** by scanning/ photographing.

An absence of evidence may lead to an end of module grade of "Well below the level expected"

Formative Assessment & Portfolio:
Clinical teachers will provide you with feedback on your performance and progress, either formally through on-line supervised learning events (SLEs) or the Multi Supervisor Reports (MSRs) which are in the Study guide or informally as part of everyday practice. If you would like specific feedback, it is sensible to ask for this as part of the discussion of an SLE, or MSR, and we would **strongly recommend that you ask the supervising clinician at the start of the relevant clinical session about completing one of these workplace-based assessments** – rather than at the end. This allows the clinician to think about your performance during the session, and provide more meaningful feedback.
In each module you are required to obtain feedback in the form of 5 MSRs. These form the basis for calculating your grade for the module. In each module you will need to

obtain MSR feedback from 2-3 stipulated clinical supervisors (e.g. the consultant paediatrician tutor at your DGH placement), but the remaining MSRs may be completed by any HCW (except an FY1) who has observed your practice, for a clinical session or longer.

On the whole, students tend to find it easier to compile MSRs than SLEs, probably because of the issue of asking clinicians to complete tickets, which can be frustrating, but will be part of your e-portfolio gathering requirements from now on into postgraduate training. Ask early, and resend the request if you don't receive a reply. If the assessor has still not replied, you would be wise to ask for someone else to complete an SLE with you to ensure your portfolio is complete.

Remember the request for feedback must be made before the end of the clinical encounter to be assessed. **It is not acceptable to send an e-ticket at a later date to a clinician who was not expecting to formatively assess you.** Busy clinicians may not notice your ticket requests, and some students have had difficulty obtaining SLEs by this route. It is YOUR responsibility to produce a completed portfolio, so you should anticipate this sort of problem and not rely upon tickets being responded to at the last minute.

In addition, you can make the most of these events by reflecting on your own performance, identifying aspects you are pleased with, and those you would feel could improve. Asking the supervising clinician for specific guidance on areas you need to improve, will help to personalise the feedback you receive and make it more informative.
Engaging with the process of obtaining evidence of feedback is important and, throughout your medical careers, you will be required to do so via e-Portfolios and other mechanisms.
Producing evidence of participation in formative assessment is a key progression requirement for each module in Year 5, and for the year as a whole.

Exam practice
Each module provides you with the opportunity to practice for your summative assessments. In Module A, online SBAs are available and DGH sites have been asked to provide OSCE practice; in Module B the final day of the module includes a mock OSCE and discussion of mock SBAs available on line. In Module C, the final day of the module includes a mock OSCE.

Student selected Team Projects & Leadership Training
In module B, you will be expected to work with a team of peers on a project of your choice and for each team to give a power point presentation of their project to a panel of judges and fellow students at the end of the module. Participation in a project is compulsory; it needs to be undertaken as a joint venture with other students. Involvement with these projects is again used as evidence of engagement with the course, and taking responsibility for your own learning. As such, project work will be taken into account when considering progression. There are prizes associated with the project work.
Also within the module there is a "Leadership Day" within CPP Friday activities, which will involve you compiling feedback about your behaviour within a team, and we would like you to then document how your involvement in the Team Project was informed by the feedback received on the Leadership day.

Case of the Module
As part of the required coursework for each module, you will be expected to complete the relevant online Case of the Module. More details will be available on Moodle.

Written Projects
Within individual modules there are written projects you are required to complete.

Professionalism
An assessment of professionalism and fitness to practice underlies all parts of the MBBS course and assessments. Mark schemes and progression criteria include provision for teachers and examiners to submit reports of Concerns over Professional Behaviour(s) (CoPB) if any aspect of a candidate's performance during the course or assessments gives cause for concern about engagement, attendance, behaviour, attitude or fitness to practice. CoPBs are reviewed at pre-examination boards before presentation at examination boards and can lead to a student failing to progress and to awards of merit and distinction being rescinded. Further information about CoPBs can be found at:
https://www.ucl.ac.uk/medicalschool/current-students/faqs/.

Attendance & Engagement

Attendance

Good attendance & engagement with study is part of your professional responsibility and there is a minimum number of hours of attendance that you must achieve in clinical placements in order to qualify as a doctor. In order to satisfy EU requirements for a specified number of days of clinical learning, you need to be able to provide evidence of attendance & engagement with the course.

In each module you will be asked to keep a running summary of absence within the Record of Procedures Card.

If Clinical supervisors notice a pattern of repeated absence without explanation, they may submit a Concerns over Attendance and Engagement form, which will then require discussion with senior faculty.

If you realise you will be absent from scheduled teaching then please
i) record this in your summary of abs
ii) inform the clinical teacher & placement administrator – preferably prior to the start of the session
iii) inform the medical school **if the period of absence is greater than 24 hours** (via email medsch.year5@ucl.ac.uk)

Summative Assessment
You will be assessed at the end of the academic year through a combination of written papers and clinical examinations. The written examinations will use single best answer questions. The clinical examinations will consist of an OSCE. Both exams will require you to demonstrate knowledge and skills from across the year, including Clinical & Professional Practice learning. The proportion of questions contributing to the exams from each subject area reflects the time spent studying each subject during Year 5.

Timetable for the year

The following is an overall timetable for the academic year 2017-2018. You are advised to check the UCL Medical School website for the most up to date information.

Dates	**Schedule**
31 Aug & 1 Sept 2017	Introduction and Orientation Module
4 – 8 Sept 2017	Core teaching week for Module 1
11 Sept – 1 Dec 2017	Module 1
4 -8 Dec 2017	Core teaching week for Module 2
11 Dec 2017 – 16 Mar 2018	Module 2 *(Christmas break Mon 18 Dec 2017 – Mon 1 Jan 2018)*
19 – 23 Mar 2018	Anchor Week
26 Mar – 6 Apr 2018	Core teaching week for Module 3
	(Holiday 29 Mar – 4 April 2018 inclusive)
9 Apr – 29 June 2018	Module 3
	Bank Holidays May 7 & May 28
2 – 6 July 2018	Taught revision
Weds 11 & Fri 13 July 2018	Clinical assessments
Fri 13 – Mon 23 July 2018	Personal revision
Tues 14 July 2018	Written assessments
30 Jul – 3 Aug 2018	Introduction and Orientation to Final Year

Section 2: Child and Family Health with Dermatology

Introduction and orientation

During this module you will spend most of your time learning about the clinical specialties of Paediatrics, General Practice and Dermatology and, in addition, cover related aspects of Child and Adolescent Mental Health (CAMH). As with all modules, there will be Clinical and Professional Practice (CPP) related teaching (see separate CPP guide for details). A module specific study guide is available online which gives more depth and detail.

The overall aims of the module are:

- To learn the knowledge, clinical skills and attitudes needed to manage children and their families as patients in hospital and community settings.
- To gain experience and understanding of the care of individuals and families in primary care and awareness of the holistic nature, scope and limitations of the discipline of general practice.
- To develop knowledge of common and important skin disorders in both children and adults with emphasis on diagnosis and management
- To understand the principles of child and family mental health and the relationship between physical, psychological and social factors in health and illness
- To experience working with multidisciplinary teams in child and family health care
- To have the opportunity to integrate knowledge of basic sciences and pathology with clinical practice
- To have the opportunity to continue learning related to all elements of the Clinical & Professional Practices

The module is organized as follows:

- Teaching and learning takes place in a variety of settings including lectures, seminars, hospital wards, outpatient clinics, general practice and other community clinics/centres.
- The module consists of one week of introduction followed by three four-week attachments (Central Paediatrics, General Paediatrics and General Practice).
- There is core and CPP teaching on the final Friday of each of the 4 week attachments (i.e. weeks 4, 8 and 12). All students are expected to return from their clinical attachments for this teaching. In addition some CPP teaching will place on Friday of the second week only for the students who are on their General Paediatric attachment.
- Dermatology is taught throughout the module especially during the core paediatrics and GP attachments.

Module requirements

To fulfil the portfolio requirements, you need to complete the following:

- 4 SLEs
- 5 MSRs (We would like you to ask for feedback from five people, specifically one from Tutors of your central, general paediatric and core GP attachments. You should obtain one MSR per 4 week block plus two additional “wild cards” from any part of the module).
- Procedures detailed in the Study guide
- Case of the month CFHD module
- GP chronic care essay

Formative assessment

At the end of the module, you will have a formative online assessment consisting of SBAs. Details will be given to you in due course. During your DGH Paediatric attachment, a formative OSCE may be provided.

Further information
The module has a Moodle site which provides the following information:

- Core and general timetables, including appropriate maps
- Lecture timetable
- Study guide and course handbooks
- Course resources: Image Bank, Podcasts (iPaediatrics), Narrated Presentations
- Assessment details

Module 5A: Child and Family Health with Dermatology : core presentations

Try to complete a Core Presentation Differential Diagnosis Exercise for the presentations below. Aim for a minimum of six. Where possible, link these to patients you see, and discuss your reasoning as part of Case Based Discussion

Dermatology: Rash Skin lesion Blistering disorder Skin ulcer(s) Hair loss Pigment disorders	**General Practice - emergencies** **Chest pain** **Breathlessness** **Acute abdominal pain** **Acute psychiatric illness** Cough Ear ache Diarrhoea & vomiting	Urinary symptoms Joint pain Confusion Febrile infant Tired all the time

Child health Breathing difficulty Noisy breathing Short of breath Sore throat Cough Chest pain Cyanosis Fever Headache	Ear ache Fits/Faints/Funny turns Squint Diarrhoea Constipation Rectal bleeding Abdominal mass Vomiting Purpura	Abdominal pain Haematuria Proteinuria Jaundice (neonatal) Hepatomegaly Lymphadenopathy Limb/joint pain Urinary frequency/dysuria	Sticky /red eyes Short stature Faltering growth Developmental delay Precocious puberty Delayed puberty Abnormal head size/shape Crying baby

MBBS core conditions and topics related to Dermatology			
Acne Benign & malignant lesions of the skin (BCC, SCC, melanoma, naevus) Blistering disorders	Burns Cutaneous infections Cutaneous manifestations of systemic disease	Dermatological emergencies	Eczema Psoriasis Lichen planus Pressure sores

MBBS core conditions and topics related to Child health			
Asthma Autism/ Aspergers ADHD Birth asphyxia Bronchiolitis Cerebral palsy Coeliac disease Congenital heart defects (VSD/ patent ductus) Croup	Cystic fibrosis Diabetes Dysplasia of the hip Down syndrome Febrile convulsions Female genital mutilation GORD Henoch-Schonlein purpura Infantile Colic	Infantile hypertrophic pyloric stenosis Inherited disorders of metabolism Intussusception Kawasaki disease Neuroblastoma Problems of prematurity Respiratory distress syndrome	Rickets Separation anxiety Testicular mal-descent Transient synovitis Turner syndrome Wilms tumour Child abuse, Safeguarding and child protection

Child Health

During the child health component of this module, you will receive teaching and experience in paediatrics and child health as follows:

- Lectures and seminars on paediatric topics
- 4 weeks: Central Paediatrics attachment (Bloomsbury, Royal Free or Whittington)
- 4 weeks: General Paediatrics attachment at one of the hospitals affiliated with UCL
- 2 days of paediatrics based in General Practice (Child Health in Primary Care) during the General Practice attachment. You will spend two separate days with a GP tutor in their practice learning about child health in primary care.

Aims and objectives of the child health component:

Paediatrics is the study of health and diseases of children. Child health encompasses the strategies for promoting health and preventing disease during childhood. As always, prevention is better than cure. Your aims for the child health experience during the module are described under the domains of knowledge and understanding, skills and attitudes.

1. Knowledge and understanding

The normal child

Knowledge of the normal child and child rearing is an essential prerequisite to the study of disease. This encompasses:

- Changes at birth and the normal newborn infant
- Principles of infant feeding and nutrition
- Growth and development: physical and emotional
- Parenting and family dynamics

Health promotion and disease prevention in child health

- Screening and surveillance including immunisation
- Health education and promotion, accident prevention
- Child protection

Ethics and law in child health

An understanding of:

- Consent in children and young people: Gillick competence and Fraser guidelines
- Parental responsibility

- Confidentiality

Common and important childhood diseases

The depth of knowledge expected for the many thousand diseases affecting infants and children clearly varies.

A syllabus has been developed by UCL medical students and paediatric trainees and consultants, with an interest in medical education, to guide your learning in paediatrics. The syllabus starts with sections on the normal child and the child with complex needs, followed by clinical information classified by system. Within each section, there is an alphabetised list of important conditions with those that are included in the UCL MBBS core conditions highlighted in bold. This is followed by guidance on what you need to know and be able to do and a list of useful electronic/on-line resources. An example is shown below. At the end is a table showing some of the most common or important diagnoses in infants, children and young people for the UCL MBBS core presentations. This syllabus forms part of the module specific electronic study guide which is available on the module Moodle site.

Example from Syllabus:

Child Maltreatment and Safeguarding

Emotional abuse
Fabricated Induced Illness
Neglect
Physical abuse
Sexual abuse

Child Maltreatment

- Know the different categories of child abuse
- Be aware of the potential presenting features of child abuse
- Be aware of key factors in the history and examination that may raise concerns of child abuse, for example history inconsistent with injury, changing stories, particular injuries
- Be aware of some of the presentations that can be associated with child maltreatment including burns and fractures, bruising, head injury (especially in very young babies,) faltering growth, vaginal bleeding or discharge, soiling and wetting, apnoeic episodes in very young babies and self-harm
- Appreciate the importance of a thorough assessment (taking a full history and performing a thorough examination, including documenting any marks seen on a body map,) when child maltreatment is suspected
- Know the appropriate investigations when child abuse is a possibility
- Know the local procedure for who to contact if you have concerns about a child, and recognise the importance of calling for senior help early
- Be aware of the other professionals that may be involved when there are concerns regarding child maltreatment (including social worker, police, school, health visitor and GP

Resource:

Child Maltreatment – Student BMJ article on child abuse – what you need to know.
http://student.bmj.com/student/view-article.html?id=sbmj.d2145

NICE guideline on recognising child maltreatment - http://www.nice.org.uk/CG89fullguideline

2. Skills – these are itemized within the Study guide

Management by initiation of investigation and treatment

Investigations

- Blood tests
- Haematology: full blood count; blood film
- Biochemistry: U&Es, LFTs, bone
- Microbiology: culture, serology, immunoglobulins
- Urine tests
- Dipstick; Microscopy and culture
- CSF analysis: Biochemistry, microbiology, immunology
- Imaging: Radiology; ultrasound, MRI, CT

Treatment

You should know about the management and treatment of common and serious conditions. It is particularly important to know the immediate management of the following emergencies:

- Cardiorespiratory arrest (basic life support).
- Shock (circulatory failure) due to:
- meningococcal septicaemia/anaphylaxis/diabetic keto-acidosis.
- Acute asthma.
- Upper airways obstruction, e.g. stridor and choking.
- Birth asphyxia.
- Acute seizure.

In addition, you are expected to understand the principles of managing an infant or child's:

- Nutrition including use of nutritional supplements e.g. vitamins, iron.
- Fluid and electrolyte balance.
- Therapeutics and how to write a drug chart.
- Principles of paediatric prescribing including the use of common medications.

Communication skills

Verbal and written communication skills including:

- Talking to children of different ages and anxious parents.
- Explaining common childhood illnesses and discussing treatment.
- Breaking bad news and responding to emotional distress.
- Case presentations.
- Satisfactory written medical record keeping.
- Safe and accurate paediatric prescribing.

3. Attitudes

Develop appropriate and satisfactory attitudes towards children, families and colleagues:

- Children: Taking account of their special needs and vulnerability. Minimising pain and discomfort. Accepting uncooperative behaviour.
- Parents: Inspiring confidence and demonstrating friendliness, whilst showing respect for parental opinion.
- Colleagues: Ability to give and take instructions professionally. Work efficiently in a team. Support colleagues and seek help when appropriate.
- Personal professional development.

Community paediatrics

Community paediatrics (care of children at home and in the community) is a sub-specialty within child health. Care of children in the community places a great emphasis on health as opposed to illness which is often the focus in the hospital. The teaching may involve small group seminars, presentations and attending community clinics (e.g. children with complex disabilities). By the end you will know about community paediatrics including child health promotion, the multidisciplinary team, and complex disability. Every child discharged from hospital goes home to their family, community and school. Whatever their illness they need to achieve the 5 outcomes set by the government in “Every Child Matters, Change for Children”.

Child Health in Primary Care

During your Core General Practice attachment you will spend two days with a GP tutor in their practice learning about child health in primary care. Teaching will usually be in groups of 4 students. The overall aims are to provide you with opportunities to learn about common paediatric problems in primary care, to practice your basic clinical skills in paediatrics and to help you to understand the role of the community in children's health care.

Child and adolescent mental health This is a branch of psychiatry that specialises in the assessment, diagnosis, treatment and prevention of psychiatric disorders and mental health problems in children, adolescents and their families. Adolescence represents the period of development when emotional and psychiatric disorders most commonly emerge. Mental health disorders are common, with a population prevalence in children and adolescents of about 10-20%. This can increase significantly in certain at-risk groups, those attending paediatric clinics (about 30%).

Core conditions in child and adolescent psychiatry and their treatments
During your attachment you may not encounter every core condition; however they will be covered in the lectures. You do not have to know all about every part of every condition but it is very important that you understand how to assess and manage the common diagnoses and how to recognise a child in difficulty.

There is some overlap between child and adolescent psychiatry and general adult psychiatry, as well as with paediatrics and GP. In order to get the most out of your child and adolescent psychiatry experience, it is a good idea to consider bio/psycho/social aspects of all the young people and their families you encounter. You should try to assess and present as many new patients as you can, and formulate a differential diagnosis and management plan for each which takes into account their bio/psycho/social needs.

The following conditions are suggested as the basis for a study guide:

- Hyperkinetic disorders (ADHD)
- Neuro-developmental disorders (Autism Spectrum Disorders, Learning Disability)
- Behavioural disorders(Conduct Disorder and Oppositional Defiant Disorder)
- Mood disorders specific to children and adolescents
- Anxiety disorders specific to children and adolescents

You will receive lectures and seminars on these topics during the Introductory week and weeks 1, 5 and 9. You will then spend a day with a Child & Adolescent Psychiatry team during your Core placement to gain clinical experience. You will also have chances whilst on all your clinical placements to see patients with either direct mental health disorders or mental health difficulties relating to their medical condition, family or social situation. There are additional opportunities to experience a range of generic and specialist services offered and conditions managed by CAMH teams in your Core placements, if you are interested in this area. You should discuss this whilst on your placements.

Core General Practice

During the CFHD module one of your four -week clinical attachments is based in a general practice in or around London. This “Core GP” attachment is in addition to the two days you spend learning specifically about paediatrics and child health in general practice during your DGH paediatrics four weeks. When you are in the practice you will be supervised on a one - to one basis by one of the GP tutors associated with the Medical School. Unlike the placements which you have taken in general practice during specialist firms in other years, this attachment is designed to help you learn about the whole range of problems presenting to GPs and the variety of services provided in primary health care. Please note that the London GP attachment also incorporates some elements of your dermatology teaching programme and one seminar on occupational medicine.

The four core GP weeks are made up as follows:

- One day introduction to primary care in the NHS (at Royal Free Campus).
- The equivalent of 12 days core GP experience in your allocated practice.
- One seminar on chronic disease management.
- One seminar on occupational medicine.
- Two mornings in GP based dermatology teaching sessions (may be your own or, more often, a different practice).

Please note that ALL of these components are compulsory and your attendance will be monitored and taken into account in your end of course assessment.
No teaching is scheduled for Wednesday afternoons. These are free for sport or self-directed learning. You may however negotiate a different half day with your practice if it suits you and the practice to do so.

Most of your time in the practice will be spent with a GP tutor in the surgery or accompanying them on home visits. If your tutor does not suggest that you see patients alone within the first week then please make the suggestion yourself. In some practices you may have a gap in the middle of the day when there is no formal learning activity arranged. This will give you time to meet other members of the primary health care team and understand their roles (e.g. receptionists, practice nurse, district nurse, health visitor, midwife) to read up on conditions you have seen in the surgery or to visit patients suggested by your tutor. You should also discuss with your tutor whether it is possible for you to gain some experience of out of hours care in general practice. NB – please read notes on “Staying Safe in the Community” provided.

In this placement we hope you will see community-based problems that do not need referral to a hospital e.g. minor illnesses, chronic diseases, undifferentiated problems, multiple pathologies and the early stages and less severe forms of diseases. You are also likely to focus more on the impact of social and psychological factors on illness, the patient’s perspective and how these affect medical management. It is important for all undergraduates to have this experience as half will become GPs and those who do not clearly still need to know the scope and limitations of this discipline and how it relates to secondary care. Many of you will also spend three or four months working in General Practice in year two of your Foundation Programme as newly qualified doctors.

Aims of the core general practice attachment:

- To enable students to experience and understand the provision of care to individuals and families in general practice and become aware of the nature, scope and limitations of the discipline.
- To provide an opportunity for students to practice and integrate their clinical skills in terms of history taking, physical examination, and patient management.
- To encourage students to reflect on their experiences in medical education and develop an integrated and holistic approach to patient care.

Getting the most out of your GP attachment

Teaching in General Practice is one of the few occasions during your course where you will benefit from one -to-one teaching. It also provides a chance to gain a lot of practice assessing patients before they have been seen by the responsible doctor. All attachments should start with a discussion of your learning needs. Although we provide you with a list of learning objectives, please remember that this course presents a valuable opportunity for you to learn about a whole range of aspects of medicine in the broadest sense. Try and discuss any personal learning objectives with your tutor in the first two days. You are likely to start off by sitting in with your tutor, observing and discussing consultations. This is an important activity but should not be the sole theme of the placement. Students usually report that the most valuable and enjoyable aspect of this course is the chance to see and assess patients on their own. This is a golden opportunity to practice making initial assessments and concisely presenting your findings.

Most of your important learning in this course will come not from textbooks but from participating in the everyday work of your host practice and the discussions with your tutors and in seminars at the medical school. We do however recognise the need for some direction to your learning and so we include in your course materials a list of clinical areas in which we do expect you to be able to demonstrate knowledge by the end of the course.

Dermatology

Dermatology is a specialty you will encounter in every field of medicine throughout your career. Please note, that this is the *only* formal dermatology teaching you will receive in medical school, so we recommend that you capitalise. In order to help you learn, teaching occurs in a number of formats: Large group lectures, seminars, hospital and community outpatient clinics.

Core competencies

By the end of the course you should be able to do the following:

- Take a dermatological history.
- Examine skin, hair, nails and mucosae systematically.
- Describe examination findings appropriately.
- Suggest differential diagnoses.
- Formulate a management plan for the common conditions
- Recognise that specialist treatments are available to the dermatologist e.g.
    1. Topical therapies e.g. steroids, dithranol, tar, wet-wraps, compression
    2. Phototherapy e.g. Psoralen + UVA and UVB
    3. Photodynamic therapy
    4. Systemic drugs e.g. retinoids, immunosuppressants, biological drugs
    5. Specialised surgery e.g. Moh's micrographic surgery

By the end of the course you should also have an understanding of the following:

- Investigations available in dermatology e.g. skin biopsy, patch testing etc.
- Structure and function of the skin and its appendages.
- The principles of the skin immune system in the pathogenesis of disease and cancer.
- The clinical features of common skin diseases.
- The psychosocial impact of skin disease on patients' lives.

During your attachment, please do not expect to encounter all the conditions listed but be assured that they will be covered in the lectures. You do not have to know all about every dermatological condition but it is very important that you learn to describe skin conditions accurately and recognise important common diagnoses such as skin cancer etc.
There is considerable overlap between Dermatology and most other specialities, including general medicine, paediatrics, general practice, rheumatology, oncology and surgery. You will get the most out of your dermatology attachment if you try to put into context the patients you see with us. Try to clerk and present as many new patients as you can, and formulate a differential diagnosis and management plan.

The MBBS Core Conditions & Common Presentations list, details those skin conditions you should learn about as a priority. More detail is available on Moodle.

Lecture Schedule
The lectures are broadly focussed around the study guide above and occur in 2 blocks during the introductory week and a final block in the week prior to the exam. This session contains a revision lecture.

Clinical Teaching
You will be allocated 4 consultant-led (during Central Paediatrics attachment) and 2 GP clinics (although this might vary).

Dermatology in Primary Care

During your Core GP attachment you will also spend a day in each of the second and fourth weeks with a GP tutor in their practice learning about skin problems commonly seen in general practice.
The aim of primary care based teaching in dermatology is to provide students with opportunities to assess any skin complaint and to recognise and manage those dermatological problems. The focus is on dermatological history, examination, and common skin problems. Examples of topics taught include dermatological history and examination, common skin problems e.g. eczema, psoriasis, acne, rosacea, skin infections, urticaria, childhood rashes.

Section 3: Module 5B Women's Health & Men's Health

Introduction and orientation

This module incorporates Obstetrics and Gynaecology (O&G), Breast disease, Genitourinary (GU) and HIV Medicine, and Urology. You may have encountered patients with conditions commonly treated by some of these specialties in Year 4 and this module will build on this learning. Many of the areas you will learn about can be sensitive subjects to address, both in terms of verbal discussion and clinical examination of patients and you will be taught skills to help you navigate these areas during the module.

The overall aims of the module are:

- To understand how the core conditions covered by this module present; to be able to take a full history, including collateral and social history; to conduct a clinical examination from a patient with any of these conditions.
- To develop an understanding of the principles of assessment and management of common and important disorders within these specialties.
- To competently examine the female and male pelvis and reproductive tract organs.
- To understand issues relating to public health medicine which affect the population perspective of women's and men's health.

The module is organized as follows:

- 1 Core Teaching week
- 1 x four week attachment in Women's Health in a DGH setting
- 1 x four week attachment in Women's Health in a teaching hospital setting
- 1 x four week attachment in GU/HIV medicine and Urology

Teaching and learning takes place in a variety of settings including hospital wards, outpatient departments, general practice, other community clinics/centres and patients' homes. It includes related aspects of Clinical and Professional Practice such as social determinants of health, epidemiology, ethics and law, anatomy and imaging, pathology, use of evidence and use of medicines. Detailed timetables for the Core Teaching Week and clinical attachments are on Moodle. Although the teaching and learning activities at each site are slightly different, all attachments satisfy the aims and objectives of the module and prepare you for the assessments. CPP teaching occurs on Fridays, either fortnightly or monthly depending upon your rotation through the module, and all students are expected to attend this teaching regardless of their current attachment. This includes a Leadership day – the 'Staff College'. On the final Friday of the module, there will be a formative assessment consisting of a mock OSCE and a written paper. You will also prepare a project presentation during the module, details of which are on Moodle, and which you will present on the final Friday.

Module requirements

To fulfil the portfolio requirements, you need to complete the following:

- 4 SLEs
- 5 MSRs (We would like you to ask for feedback from five people; you should obtain 1 MSR per 4 week block plus 1 additional "wild card" from any part of the module plus the leadership day MSR
- Feedback from the Leadership Staff College day
- Procedures detailed in the Record of Procedures card
- Team project presentation
- WHMH case of the month

Module 5B: Women's health & Men's health : core presentations

Try to complete a Core Presentation Differential Diagnosis Exercise for the presentations below. Aim for a minimum of six. Where possible, link these to patients you see, and discuss your reasoning as part of Case Based Discussion

Breast lump Breast pain Pelvic pain Amenorrhoea Dysmenorrhoea Menorrhagia Post-coital bleeding Infertility	Post-menopausal bleeding Inter-menstrual bleeding Antenatal assessment "Small for dates" Labour Maternal collapse Antepartum haemorrhage Postpartum haemorrhage Itching in pregnancy Post-partum low mood	Vaginal discharge Male urethral discharge Genital ulceration Genital lesions Genital rash Dysuria Contraception request	Scrotal pain/swelling Difficulty passing urine Haematuria Loin pain Urinary incontinence Erectile dysfunction

MBBS core conditions and topics related to WHMH			
Breast cancer Fibroadenoma Breast cyst Breast abscess Ovarian cancer Ovarian cyst Uterine cancer Fibroids Cervical cancer Vulval cancer Menopause Endometriosis	Polyhydramnios Placenta praevia Placenta accreta Placental abruption Preeclampsia/ Eclampsia Amniotic fluid embolism Medical complications of pregnancy - gestational diabetes; - cholestasis Ectopic pregnancy Threatened miscarriage Miscarriage	Pelvic inflammatory disease Chlamydia Gonorrhoea Syphilis Herpes HPV HIV Infections in the immunocompromised Hepatitis A, B & C Vaginal candida Bacterial vaginosis	Prostate cancer Benign prostatic hypertrophy Testicular cancer Testicular torsion Epididymitis Urinary calculi Phymosis/ paraphymosis Balanitis Bladder cancer Urinary tract infection Stress incontinence Urge incontinence

Women's Health including Obstetrics & Gynaecology and Breast Disease

You will have two Women's Health attachments; one lasting four weeks which will be at a DGH, and one lasting a total of four weeks, at either the Whittington, UCLH or the Royal Free. The DGH attachment will comprise mainly O&G although we are also in the process of introducing breast disease in some DGH placements. The base campus attachment will contain a mixture of O&G and Breast disease plus community placements in midwifery and general practice settings. Teaching in the hospital setting is primarily delivered in clinics, theatres and at the bedside, with additional small group tutorial teaching at both DGH and base campus settings.

Obstetrics and Gynaecology

Core competencies

There are a number of core conditions that you should know about in O&G. These are listed in the core conditions and presentations list in Section 5. Further details are available on Moodle.

By the end of the module you should be able to:

- communicate effectively and courteously within a women's health setting
- demonstrate the ability to take a systematic O&G history and to present it in a clear manner
- demonstrate the ability to examine the pregnant abdomen and undertake an antenatal examination
- demonstrate the ability to perform a female bimanual examination
- demonstrate the ability to conduct a Cusco speculum examination and cervical smear test
- perform a urinary pregnancy test
- demonstrate an understanding of risk assessment within obstetrics and gynaecology
- demonstrate an understanding of general and targeted screening approaches within O&G
- demonstrate an understanding of the law and of basic ethical concepts relevant to O&G
- understand the processes of normal and abnormal labour and delivery
- understand the ways in which delivery can be expedited, including instrumental delivery and Caesarean section
- understand the ways in which fetal wellbeing is assessed during pregnancy and in labour, and how the newborn infant is assessed at delivery
- understand the role of different care settings within maternity care
- recognize the common presenting signs and symptoms of obstetric emergencies (severe pre-eclampsia, antepartum and postpartum haemorrhage, fetal hypoxia, maternal collapse, sepsis) and describe the initial steps in management
- describe the differential diagnoses underlying common presenting problems within gynaecology and how these might be investigated and managed
- Recognize the common presenting signs and symptoms of gynaecological emergencies (ectopic pregnancy, ovarian torsion, sepsis and haemorrhage related to the reproductive tract) and describe the initial steps in management
- respect and understand the professional contribution of other health care workers

During your attachments, you should have:

- attended gynaecological outpatient clinics
- attended antenatal outpatient clinics
- attended gynaecological theatre sessions
- attended and supported women in labour
- observed and participated in different types of delivery
- attended community-based clinics (within general practice and with a community midwife)
- attended the Gynaecology Teaching Associate session

Women's Health in General Practice

During your DGH O&G attachment you will spend 2 days with a GP tutor learning about women's health in the community. Sessions will either be in small groups based at a GP practice for a day, or with the GP tutors at base campus for a GP-led seminar day. Placement details will be available via Moodle. This is part of the medical school's community-based teaching programme. The overall aims of the of the community based teaching in women's health are to provide you with opportunities to learn about common women's health problems, to practice your core clinical skills in obstetrics & gynaecology and to help you to understand the role of the community in women's health care.

Your learning objectives within these sessions are as follows:

- to understand the role of community based services in women's health care
- to gain understanding of what are the common women's health problems in the community, how they present and how they are managed
- to practice gynaecological history taking

Breast Disease

Breast cancer is the commonest cancer affecting women, both around the world and in the UK. In the UK 1 in 8 women will be affected at some point in their lifetime. During your base campus Women's Health attachment, you will be timetabled to attend sessions within the Breast Unit, including:

- A "One-stop clinic" for patients who have been referred with new breast symptoms. Patients have their history taken and are examined, and then if necessary on the same day they can have breast imaging with mammograms and / or ultrasound and needle biopsy, and receive their results on the same day. As well as spending time with the Breast Surgery Consultants seeing the patients, you should follow a patient as she goes for a mammogram and ultrasound and then return to hear the Consultant discussing the results. If the patient has a biopsy you should watch the Consultant pathologist processing and analysing the slides.
- A Treatment Planning Session
- Operating theatre sessions. Most of the operations we do are for breast cancer either with breast conservation or mastectomy often with immediate breast reconstruction. Students would be expected to attend the pre-and post-operative ward rounds where possible.
- A Multidisciplinary Meeting (MDT) where cases are discussed by the whole team in terms of determining ongoing management. Students are expected to attend one MDT during their placement and to use this as an opportunity to become familiar with the terminology and detailed discussion necessary to decide upon optimal treatment. Students should aim to follow a case through from the clinic to the MDT session and then to theatre, and use this

as an opportunity for case-based discussion with your tutors.
- Please note that formal teaching takes place within clinic and theatre sessions as well as in tutorial sessions.

Core competencies

There are a number of core conditions that you should know about in relation to breast disease. These are listed in the core conditions and presentations list in Section 5. Further details are available on Moodle.

By the end of the module you should be able to:

- take a full history - including breast risk factors, from a patient complaining of a breast abnormality
- demonstrate the ability to conduct an examination of the breast and axilla
- demonstrate an understanding of the investigation of breast disease: try and learn about *'triple assessment'* and how breast investigation results are scored and take note of what the patients have to go through so you could explain it to another patient in the future
- understand the importance of communication skills - both for good and bad news
- understand the role of the Breast Clinical Nurse Specialist
- understand the role of the multidisciplinary team relating to management of breast disease
- understand the principles of screening in general and with specific reference to screening for breast cancer
- understand the role of imaging and pathology within the management of breast disease
- recognise major abnormalities on mammography
- stage carcinoma of the breast
- understand what treatment modalities are available for breast cancer including early and advanced disease
- understand the consent process for a patient requiring intervention for breast
- disease
- understand the different types of breast surgery
- understand the anatomy of the breast
- understand the role of team working to ensure patient safety in the operating theatre
- demonstrate an understanding of theatre scrubbing and sterile techniques
- be able to present a case

During your attachment, you should have:

- attended a one stop clinic
- attended a Treatment Planning Session
- attended Breast Theatre
- attended an MDT meeting
- undertaken Breast examination
- seen Fine needle aspiration being performed for cytology
- seen Breast ultrasonography
- seen Mammography

You may also have opportunities to attend Breast clinics and theatre during your DGH attachment.

GU/HIV medicine & Urology

This is a 4 week attachment during which there is weekly classroom based teaching in both GU/HIV medicine and urology for all students. For the first 2 weeks half the group are assigned to clinical sessions related to GU/HIV and the other half are assigned to clinical sessions in urology. The groups swap for the second 2 weeks. There is fairly limited potential for students who miss essential clinical sessions in one half of the attachment, to catch up on this during the other half of the attachment. **Students who are aware that they will be unable to attend specific clinical sessions should alert the module administrator as soon as possible.** (for GUM contact Lydia Clinton l.clinton@ucl.ac.uk; for Urology contact Zoe Lau zoe.lau@ucl.ac.uk)

Students work across the three home campuses throughout the 4 weeks. Most GU/HIV sessions occur at the Mortimer Market Centre (Bloomsbury site); Archway Centre (Archway site); UCH and the Royal Free Hospital, but contraception clinics occur at other sites. For urology individual students are based at one of the main sites (Royal Free, UCH or Whittington) for most of their clinical sessions, plus specific sessions at the other sites.

Core competencies GU/HIV medicine

Core conditions and presentations you are likely to encounter during this attachment are highlighted in the MBBS list in Section 5. Further details are available on Moodle.

By the end of the module you should be able to:

- demonstrate a non-judgemental approach to discussing sexual issues with patients
- take a sexual & contraceptive history to establish risk of STIs & pregnancy and recognize symptoms suggestive of STIs
- perform a genital examination, (offering a chaperone) & differentiate normal findings from those indicative of an STI; perform a speculum examination & be able to describe proctoscopy
- advise & test a patient for HIV in any setting, know when HIV testing should be offered routinely, and “red flag” conditions for targeted HIV testing.
- advise a new HIV+ patient about its likely impact upon lifestyle & future health & health-care
- identify when an HIV+ patient needs antiretroviral therapy (ART); the factors that determine which treatment, & the importance of adherence & drug-drug interactions for patients on ART
- recognise signs & symptoms suggestive of HIV immuno-suppression, and of opportunistic infections (OIs), (particularly PCP & CMV retinitis) and how OI risk is linked to CD4 count
- recognise that STIs are often asymptomatic & those for which patients should be screened
- give advice on STI transmission routes & risks; safer sex & vaccination against viral hepatitis
- follow legal & ethical guidelines when managing patients reporting under -age sex
- know when & how to treat an STI in a non-specialist setting & when to refer
- take correct action after needle-stick & know how & how rapidly to access PEP

- request & interpret appropriate diagnostic tests for STIs, viral hepatitis & HIV and describe initial management of the patient & their partner(s)
- be able to differentiate STI from non STI causes of genital symptoms
- know how emergency contraception can be accessed & what form to recommend when
- explain use of the combined oral contraceptive and advise if missed pills
- recognise symptoms of sexual dysfunction, initial investigations, where to refer & first line treatment
- explain what a GUM consultation involves & how to access GUM or Contraception services

Core competencies relating to urology

Core conditions and presentations you are likely to encounter during this attachment are highlighted in the MBBS list in Section 5. Further details are available on Moodle.

By the end of this module you should be able to:

- take a history to identify symptoms of urological conditions including haematuria, renal colic, bladder outflow problems, incontinence and urological malignancies
- examine the urinary tract (including genitals & prostate) and be able to identify
- a palpable bladder
    - a renal mass
    - features of benign prostatic enlargement vs prostate cancer
- be able to examine the scrotal contents & distinguish between
    - a hernia
    - testicular tumour
    - hydrocoele
- epididymal cyst
- formulate a differential diagnosis & plan for investigation of the above symptoms & findings
- recognise the presenting features of common urological emergencies (torsion, retention, upper & lower urinary tract trauma; haematuria; uro-sepsis; priapism, paraphimosis and renal colic) and describe the initial steps of management
- understand the indications for the following investigations: CT K-U-B, urinary flow rate study, urinary tract ultrasound and flexible cystoscopy
- pass a urinary catheter in a male or female patient & describe basic catheter care
- describe risk factors & screening recommended for carcinoma of the prostate and testis
- describe the routes of spread, staging & treatment options for carcinoma of the prostate, bladder, kidney and testis
- describe investigation and treatment of urinary incontinence, urinary calculi, urinary tract obstruction and urinary tract infection
- explain the types of trauma that may cause injury to the kidney or lower urinary tract, how these present and their initial management
- describe the common indications for and complications of renal transplant

Section 3: Module 5C: Health of older people, ophthalmology, oncology, psychiatry, palliative care and ENT (HOPE)

Introduction and orientation
This module includes Care of Older People (COOP), adult psychiatry, General practice, ENT, ophthalmology, cancer and palliative care.

You will have had exposure to patients with the illnesses commonly treated by most of these specialties in year 4, and this module will build on this learning. The overall aims of the module are:

- To understand how the core conditions covered by this module present and to take a full history, including collateral and social history and relevant physical examination
- To be able to perform a mental state examination
- To develop an understanding of the principles of assessment and management in cancer medicine and palliative care.
- To competently examine the eye and the ear.

The module is organized as follows:
- 1 introductory teaching week
- 1 x four-week attachment in Care of the older person
- 1 x four-week attachment in psychiatry
- 1 x two-week attachment in cancer incorporating palliative care
- 2 x 1 week attachments in ophthalmology and ENT

Teaching and learning takes place in a variety of settings including hospital wards, outpatient departments, general practice, other community clinics/centres and patients' homes. It includes related aspects of other disciplines such as public health, epidemiology, ethics, pathology and use of medicines. Detailed timetables for the introductory teaching week and clinical attachments are on Moodle. Although the teaching and learning activities at each site are slightly different, all attachments satisfy the aims and objectives of the module and prepare you for the assessments.

On the final Friday of the module, there will be a formative assessment consisting of mock OSCEs, online SBAs and review of SBAs.

Module requirements
To fulfil the portfolio requirements, you need to complete the following:
- 4 SLEs
- 5 MSRs (We would like you to ask for feedback from five people, specifically one from your psychiatry and COOP placement tutors, plus three from any other health care professional. You should obtain 2 MSRs per 4 week block plus 1 additional "wild card" from any part of the module).
- Procedures detailed in the Study guide
- Case of the month HOPE module
- Polypharmacy project

- Practical prescribing project – during the COOP, cancer, palliative care or psychiatry attachments, you will need to complete a prescribing project focusing on polypharmacy. More details are available on the Moodle site.

Module 5C: core presentations

Try to complete a Core Presentation Differential Diagnosis Exercise for the presentations below. Aim for a minimum of six. Where possible, link these to patients you see, and discuss your reasoning as part of Case Based Discussion

Health of older people Falls in the elderly Frailty Polypharmacy Confusion Cognitive/memory problems	**Psychiatry** Low mood/depression Anxiety disorders Psychotic disorder Deliberate self harm Drug and alcohol misuse	**Ophthalmology** Acute visual loss Gradual visual loss Red eye Diplopia Seeing Flashing lights	**ENT** Epistaxis Hearing loss Hoarseness Dizziness Ear ache Neck lump Rhinitis Sore throat

MBBS core conditions and topics related to Module 5C: HOPE			
Breast cancer Head and neck cancer Laryngeal cancer Ovarian cancer Uterine cancer Cervical cancer Vulval cancer Prostate cancer Testicular cancer Lung cancer Colon cancer Stomach cancer Oesophageal cancer Hepatocellular carcinoma Pancreatic cancer Metastatic cancer (bone, liver, brain; spinal cord)	Generalised anxiety disorder Phobias PTSD OCD Anorexia Bulimia Mental health problems in people with learning disability Depression Bipolar disorder Personality disorders Post-partum mental health disorder Psychosis Schizophrenia Somatoform disorders including somatisation & hypochondriasis	Alzheimer's Lewy body dementia Vascular dementia Cerebrovascular disease Multiple-co-morbidities in the elderly Deprivation of liberty Mental health act Cataracts Diabetic eye disease Glaucoma The eye in systemic Disease Neuro-ophthalmology – diplopia, ptosis, visual field defects and pupillary defects	Acoustic neuroma Vertigo Meniere's disease Cholesteatoma Obstructive sleep apnoea Otitis media Otitis externa Otosclerosis Pleomorphic salivary adenoma Presbyacusis Perforated ear drum Salivary gland disorder Pain and analgesics Palliative care

Care of the Older Person (COOP)
You will be primarily based at the Whittington, UCLH or the Royal Free Hospitals. You will have seen very many elderly patients during year 4. The COOP attachment aims to help you to understand how illnesses present in older people, how to undertake a full history, including a collateral history, and examination in an older person and the management of common conditions. The attachment offers a mixture of structured seminars, ward based teaching, teaching within the general practice setting (one session each week) and facilitated bedside teaching.

Core competencies
There are a number of core conditions that you should know about in COOP. These are listed in the core conditions and presentations list on page 32.
By the end of the module you should be able to:

- Communicate effectively and courteously with older people
- Demonstrate the ability to take a full history including social and functional history (past and present) from an older person and third party history (from relative, carer, GP) and present it in a clear manner both verbally and in writing
- Demonstrate the ability to examine and elicit physical signs in an older person
- Demonstrate an understanding of the functional assessment of an older person
- Demonstrate an understanding of assessment within the home environment
- Recognise the patterns of presentation of illness in older people
- Understand the common problems of old age seen in the community
- Understand that a precise diagnosis may not be possible in all older patients and learn to tolerate such diagnostic uncertainty
- Have a basic understanding of the principles of rehabilitation
- Demonstrate an understanding of the law and of basic ethical concepts relevant to older patients
- Demonstrate an understanding of frailty, impairment, disability and handicap
- Formulate a problem/diagnostic list and management plan for individual patients
- Differentiate acute medical, rehabilitation and discharge or placement agendas
- Respect and understand the professional contribution of other health care workers
- Outline the different care settings in the community

Psychiatry
You will have seen patients with psychiatric illness throughout your training and had some psychiatry teaching in year 4. The aim of the year 5 attachment is to develop an understanding of how severe mental illnesses present and are managed, how to take a full psychiatric history and carry out a mental state examination.
Most of the psychiatry attachments are based within Camden and Islington NHS Foundation Trust but Barnet, Enfield and Haringey NHS Trust, North and South London Priory Hospitals also host attachments. You will also receive teaching in a GP setting for two half days as well as a Primary Care mental health teaching session during the Friday CPP session. The GP attachments have been organised so that you have an opportunity to interview and assess patients independently, and see patients with the core psychiatric conditions of depression and psychosis.

There are a number of core conditions that you should know about in psychiatry. These are listed in the core conditions and presentations in Section 5.

Core competencies
By the end of the module (and from learning in year 4) you should be able to:

- take a structured psychiatric history
- take a collateral history
- assess the mental state of a patient
- carry out a cognitive examination, assessing orientation, attention and concentration, memory, visuospatial skills (e.g. by copying intersecting pentagons), expressive and receptive dysphasia and executive functioning
- assess risk, including suicidal intent
- assess appropriate investigations and make a treatment plan
- recognise psychiatric morbidity in non-psychiatric settings
- know how the Mental Health Act and Deprivation of Liberty safeguards are used
- know the main psychotropic drugs used, including the most common and serious potential side effects

Cancer medicine and palliative care
One person in three in the Western world will experience malignant disease at some stage of their lives. You will have seen patients with cancer throughout your training and had teaching and patient-based experience during the cancer patient pathway. This module builds on this learning and the aims of this attachment are to develop an understanding of the principles of assessment and management in cancer medicine and palliative care.

For your cancer medicine attachment, you will be based at UCLH or the Royal Free Hospital. You will also spend two half days learning about palliative care: one as a clinical attachment and the other as interactive seminar based teaching.

There are a number of core conditions that you should know about in cancer and palliative care. These are listed in the core conditions and presentations in Section 5

Core competencies
By the end of the module (and from the patient based learning in year 4) you should

- have improved your ability to communicate with cancer patients
- have improved your technique in history-taking and physical examination in cancer patients
- be developing a facility for elucidating cancer related problems
- be familiar with some of the emergencies that can befall cancer patients and have a knowledge of how they can be ameliorated. These include spinal cord compression, superior vena cava obstruction, sepsis in the presence of neutropenia, acute uraemia
- hypercalcaemia, intestinal obstruction, tense ascites, acute shortness of breath, and confusional state.
- have some knowledge of the role of radiotherapy and chemotherapy in the management of cancer, the different approaches for radical and palliative therapy, and the types of toxicity they produce.
- Understand the basic principles of palliative care (definition, brief historical context, how it works in practice, type of conditions and the range of patients where palliative care applies
- Understand the relevance of thorough history and examination in pain assessment
- Be aware of WHO pain ladder and use of opioid and non-opioid medications

- Recognise the value of acknowledging that some of your patients do die, and know how to use this to improve patient care
- Demonstrate an understanding of common symptoms at the end of life and their treatment
- Outline how different health care professionals and teams can contribute to patient care in cancer medicine during treatment and at the end of life.
- Outline the ethical principles of withdrawing treatment at the end of life and ceilings of care.

Ophthalmology

A structured introductory teaching day in Ophthalmology is at Moorfield's Eye Hospital on the Monday with clinical teaching at The Royal Free Hospital, Whittington, UCLH, Barnet and Edgware hospitals from Tuesday to Friday. Students are offered a comprehensive mix of clinics and theatre allowing them to gain an understanding of the various facets of the specialty, for example, Oculoplastics, Vitreoretinal Surgery, Glaucoma, Neuro-Ophthalmology, Medical Retina, Accident & Emergency (A&E), and the External Eye. Teaching is continuous and extends throughout all operating sessions. Some topics may not be presented in the clinic or at core teaching, but are specifically taught within the theatre environment. Students therefore are strongly encouraged to attend theatre. They are not expected to stay throughout all day lists but their attendance will enhance their level of knowledge on each and every occasion that they attend.

There are a number of core conditions that you should know about in ophthalmology. These are listed in the core conditions and presentations in Section 5

The aim is to ensure that students:

- Recognise the different patterns of presentation of eye disease
- Understand the following conditions:
    - The Red Eye - differential diagnosis
    - Causes of Acute Visual Loss
- Causes of Gradual Visual Loss
- Understand why the eye is relevant to systemic diseases
- Understand the risk factors, signs and treatment of Ophthalmic Malignancy
- Understand the common conditions of Paediatric Ophthalmology
- Are able to take a full history including present ophthalmic complaint and past ocular history
- Understand the principles of a screening program and to be aware of the screening process
- Understand how to assess an eye that has lost vision and the urgency with which it needs to be referred
- Understand which cases should be referred to the Ophthalmologist

During your week long attachment you should ensure that you have practiced the following procedures:

- Take a red eye history and formulate differential diagnosis
- Take a history of acute painless visual loss and formulate a differential diagnosis
- Take a history of gradual vision loss and formulate a differential diagnosis
- Assess visual acuity including pin hole, assess pupillary responses – direct, consensual and relative afferent papillary defects
- Assess visual fields on confrontation
- Assess extraocular eye movements including saccades and accommodation
- Assess colour vision as an assessment of optic nerve function
- To be able to assess the disc and posterior pole with use of a direct ophthalmoscope

You should have seen:

- Cataract Operation
- Refraction
- LASER treatment
- Tonometry
- Optical Coherence Tomography
- Diagnostic tests: Fundus fluorescein angiography and Humphrey Visual Field Applanation Tonometry

ENT

ENT teaching and learning is organised and delivered mainly at the Royal Throat Nose and Ear Hospital in Grays Inn Road. The aim of the attachment is to show medical students the wide variety of work which exists within the disciplines of ENT surgery and audiological medicine. As a major postgraduate ENT hospital and Institute we treat both common and rare diseases. Students are expected to be present at ALL tutorials and it is a rare event for one of these to be cancelled. Senior staff are assigned to students and asked to give them absolute priority. As this requires considerable commitment from the staff, we do expect the students to attend. Likewise, attendance is expected at outpatient sessions where students will find a surprising amount of medicine, paediatrics and immunology, etc., in the general ENT surgical clinics. It is usually possible to have no more than two students with any given doctor and all staff are expected to teach the students with enthusiasm and commitment. Any members of staff failing to do this should be reported directly to the firm lead.
Teaching is continuous throughout all operating sessions and many of the topics in theatre will not be presented during tutorials or outpatient sessions, but are specifically taught within the theatre environment. Examples of tracheostomy, the basics of sutures and needles, laser surgery, endoscopy etc., are all taught within the theatre environment. Students are encouraged to come along with enthusiasm for periods of 90 minutes to 2 hours. They are not expected to stay throughout all day lists but they will receive good tuition on each and every occasion that they attend.

There are a number of core conditions that you should know about in ENT. These are listed in the core conditions and presentations in Section 5.

Core competencies

During your week long attachment you should ensure that you have practiced the following procedures

- Performing a hearing test
- Examinations of the pharynx and larynx
- Using an auroscope to examine the ear

Section 5: Core Conditions and Common Presentations

The field of medical knowledge is vast and increases exponentially: you cannot learn the whole of medicine in an undergraduate programme, or even in a whole professional life as a doctor. The MBBS programme at UCL aims to provide you with a foundation to continually learn as a health professional. Part of this is to develop a good understanding of a core group of conditions.

Below is the list of core conditions and presentations that underpin the learning in the MBBS programme. Some presentations are very common in primary care and hospital settings. Some are less so, but are important to understand and to know how to diagnose and manage. Some conditions have long been health challenges, some are increasingly important as we move into the 21st century. **These common presentations should form the basis of your learning but remember that they are not exhaustive. You should pay particular attention to a detailed list of conditions given in each module.**

Common presentations

- Abdominal pain
- Acute confusion and coma
- Blackouts / loss of consciousness
- Bloating
- **Change in bowel habit**
- Chest pain
- **Cough**
- Dizziness
- **Falls**
- Fever
- Headache
- Itching / pruritis
- Low back pain
- Nausea / Vomiting
- Obesity
- Palpitations
- **Polysymptomatic**
- Rectal or other GI bleeding
- Shortness of breath
- Sleep problems
- Swollen Legs
- **Tired all the time**
- **Urinary symptoms**
- **Weight loss**
- Wheeze

Cancers (if not included elsewhere)

- **Breast**
- **Head and neck**
- **Larynx**
- **Metastatic cancer - bone, liver, brain**
- **Prostate**
- **Testes**

Circulation and breathing

- Arrythmias - atrial fibrillation, flutter, nodal tachycardia, ventricular ectopics, tachycardia, fibrillation first, second & third degree (complete) heart block
- Asthma
- Blood vessel disorders (aneursyms, varicose veins, peripheral arterial disease, atherosclerosis)
- Chronic obstructive pulmonary disease including bronchiectasis
- Heart failure and its consequences
- Hypertension
- Interstitial lung disease
- Ischaemic heart disease
- Pericarditis & tamponade
- Pleural effusion
- Pneumothorax
- **Respiratory cancers**
- Respiratory failure: type 1 and 2
- SVC obstruction
- Thromboembolism - arterial and venous
- **Upper and lower respiratory tract infections including infections in immune-compromised patients**
- Valvular heart disease including infective endocarditis

Endocrine system regulation and Reproduction and Genetics

- Adrenocortical insufficiency and excess
- Diabetes mellitus type 1 and type 2
- Diabetic emergencies: ketoacidosis, hypo and hyper glycaemia, hyperosmolar non-ketotic coma
- Disorders of calcium metabolism
- Endocrine emergencies: Addisonian crisis, thyrotoxicosis, myxoedema, phaeochromocytoma, pituitary failure
- Gonadal dysgenesis
- Lipid metabolism disorders
- Metabolic syndrome
- Pituitary and adrenal tumours
- SIADH and diabetes insipidus
- Thyroid cancer
- Thyroid dysfunction: hyperthyroidism, hypothyroidism, goitre

Ear nose and throat

- **Acoustic neuroma**
- **Acute vertigo/ Meniere's disease**
- **Cholesteoma**
- **Epistaxis**
- **Facial palsy**
- **Hearing loss**
- **Obstructive sleep apnoea**
- **Otitis media and externa**

- **Otosclerosis**
- **Pleomorphic salivary adenoma**
- **Presbyacusis**
- **Rhinitis**
- **Safe perforations**
- **Salivary gland disorders**

Gastroenterology

- Alcoholic liver disease
- Anal conditions –abscess, haemorrhoids, fistula, fissure
- **Cancers of the bowel, stomach, oesophagus, liver and pancreas**
- Diverticular disease
- Enteropathies and malabsorbtion,
- Functional disorders of the GI tract
- Gallstone disease
- GI bleeding
- GORD / dysphagia
- Hepatitis, cirrhosis, drug related liver injury and metabolic liver disease
- **Infection & infestations of the GI tract**
- Inflammatory bowel disease
- Jaundice
- Obstruction
- Oesophagitis / Barrett's oesophagus
- Pancreatic disorders - pancreatitis, insufficiency
- Ulcers –peptic and duodenal

Haematology

- Anticoagulation
- Bleeding disorders: thrombocytopenia; DIC; haemophilia
- Blood transfusion
- **Haematological malignancies: lymphoma; leukaemia; myeloma**
- Haemolysis including haemoglobinopathies
- Iron deficiency
- Megaloblastic anaemia
- Neutropaenic sepsis
- Polycythaemia
- Thrombophilia

Infection and Defence

- Bone and joint infection: osteomyelitis, septic arthritis of joints, TB
- **CNS infections: meningitis; encephalitis; abscess; infections in the immunocompromised**
- ENT infections
- **Genitourinary infections: syphilis; gonorrhoea, chlamydia**
- Hepatobiliary infections
- **HIV**
- Imported fevers including malaria
- Septic shock

- **Tuberculosis**
- **Urinary tract infection and pyelonephritis**
- **Vaccination**
- **Viral hepatitis**

Kidneys & urinary tract

- Acute kidney injury
- Acute nephritic syndrome
- **Bladder and urothelium cancers**
- Chronic kidney disease
- Diabetic nephropathy
- Glomerulonephritis
- Hypertension & the kidney
- **Kidney cancer**
- **Microscopic haematuria**
- Nephrotic syndrome
- **Prostatic hypertrophy**
- Renal replacement therapy
- **Upper urinary tract obstruction, hydronephrosis**
- **Vesicoureteric reflux and nephropathy**

Movement and musculoskeletal biology

- Bone cancers
- Common disorders and injuries of the hip, knee, ankle, foot, neck, back, shoulder, elbow, wrist and hand
- Common fractures of upper and lower limbs including principles of treatment
- Compartment syndrome
- Connective tissue disorders (inc SLE)
- Gout & pseudogout
- Inflammatory arthropathies (inc RA)
- Management of spinal injuries
- Metabolic bone disease e.g. Paget's, osteoporosis and Vitamin D
- Osteoarthritis
- Rehabilitation after joint replacement, fractures or severe injuries, especially spinal injuries
- Seronegative arthritis

Mental health

- **Alcohol and substance misuse**
- **Anxiety including generalised anxiety disorder, phobias, PTSD and OCD**
- **Deliberate self harm and assessment of suicide risk**
- **Dementias (psychiatric aspects of)**
- **Eating disorders : anorexia and bulimia**
- **Mental health problems in people with learning disabilities**
- **Mental health problems in older people**
- **Mood (affective) disorders including depression and bipolar disorder**
- **Personality disorders**

- **Post-partum mental health disorders**
- **Psychoses, and schizophrenia**
- **Sexual dysfunction**
- **Somatoform disorders including somatisation and hypochondriasis**

Neuroscience

- Cerebrovascular disease including TIAs, intracerebral thrombosis and haemorrhage
- Cranial nerve lesions
- Delirium
- **Dementias - vascular, Alzheimer's, Lewy Body, Fronto-temporal**
- Functional neurological disorders
- Guillain-Barre syndrome
- Intracranial and spinal tumours
- Migraine
- Motor neurone disease
- Multiple sclerosis
- Myaesthenia gravis
- Myopathies
- Nerve root and cauda equina compression
- **Organic causes of psychiatric disorders**
- Parkinson's disease
- Peripheral and autonomic neuropathy
- Seizure disorders
- Spinal cord compression

Ophthalmology

- **Acute and gradual visual loss - causes**
- **Cataracts**
- **Children and the eye**
- **Diabetes and the eye**
- **Eye in systemic disease**
- **Glaucoma**
- **Neurophthalmology – diplopia, ptosis, visual field defects, pupils**
- **Red eye**
- **Screening & public health in ophthalmology**

Plastic surgery / skin

- **Acne**
- **Benign & malignant lesions of skin and oral mucosa**
- **Blistering disorders**
- **Breast reconstruction & reduction**
- Burns
- **Cutaneous infections**
- **Cutaneous manifestations of systemic disease**
- **Dermatological emergencies**
- **Papulosquamous disorders -eczema, psoriasis, lichen planus**
- **Pigment disorders**
- Pressure sores

Surgical care and interventions

- Acute abdomen
- **Benign breast disease: fibroadenoma and cyst**
- **Benign enlargement of the prostate**
- Bowel obstruction
- Causes of persistent fistulae
- Diagnosis & management of shock
- Diagnosis of postoperative pyrexia
- Haemorrhoids
- Hernias
- Lipoma, cysts, ganglion, inclusion dermoid, warts & moles
- **Phimosis, paraphimosis, balanitis**
- **Testicular problems including maldescent and torsion**
- **Urinary calculi: renal, ureteric & vesical**

Women's health

- **Abnormal menstruation including menorrhagia, dysmenorrhea, intermenstrual bleeding, postcoital bleeding and postmenopausal bleeding**
- **Benign gynaecological conditions including: pelvic pain, endometriosis and polycystic ovarian disease**
- **Genital tract cancers including ovary, uterus, cervix, vagina and vulva**
- **Menopause and postmenopausal health**
- **Urinary incontinence**
- **Vaginal discharge**
- **Congenital genital tract abnormalities**
- **Contraception**
- **Termination of pregnancy**
- **Female genital mutilation**
- **Infertility – causes, investigations and treatment**
- **Complications of early pregnancy, including miscarriage and ectopic pregnancy**

- **Care of the pregnant woman**
- **Drugs in pregnancy**
- **Fetal development –normal and abnormal**
- **Medical complications of pregnancy, including pre-eclampsia, gestational diabetes, cholestasis**
- **Labour and delivery of the baby and placenta – normal and abnormal**
- **Obstetric emergencies – intrapartum hypoxia, antepartum and postpartum haemorrhage, eclampsia, sepsis, delivery emergencies, amniotic fluid embolism**
- **Postnatal care and puerperal complications**

Special situations

- Anaphylaxis and allergy
- Deprivation of liberty
- Domestic violence
- Drug reactions
- Health promotion
- Major trauma
- Medically unexplained symptoms
- Multiple co-morbidities, especially in the elderly
- Pain and analgesics
- Palliative care
- Public health disasters
- Safeguarding including child protection, female genital mutilation

43

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