



Year 6 Study Guide  
2018-2019

### **The UCL Doctor**

A highly competent and scientifically literate clinician, equipped to practise person-centred 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, rigour 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

The information contained in this Student Guide is correct at the time of going to press, but no guarantees can be given that it will not be amended before the commencement of, or during, the degree programme to which it refers. Please refer to the relevant Moodle page for up-to-date information about the course content.

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## **Section 1: Introduction to Year 6**

Welcome to your final year at UCL Medical School. This study guide acts as an overview of the course in year 6; outlining the core syllabus and the knowledge, skills and attitudes that you should develop over the course of the year, in preparation for final MBBS examinations and your Foundation years. The information in this booklet is not exhaustive and should be used alongside the **Year 6 Moodle page**.

### **The purpose of this Study Guide**

The advice and checklists in this booklet are set out to help you make the most of the complex and varied learning environment during your final year studies. It is designed so that you can carry it with you at all times. You should use it:

- As a guide to learning in year 6
- As a *log* of all the conditions, presentations and situations you have seen, managed or read about
- To set *learning objectives* with your clinical teachers and to self-assess
- As an *aide-memoire* and guide to your revision

### **The aims of your final year**

The MBBS Final Year is designed to ensure you have opportunities to think and act like a doctor and to practise and reflect on the areas of learning and practice that will be of use to you on becoming a Foundation Year 1 doctor.

- ***Thinking like a doctor:***

You should aim to make evidenced-based clinical decisions that promote patient-centred practice. You will integrate and synthesise prior knowledge of biomedical and human sciences to enhance your interpretation of the patient's own narrative, physical signs and other clinical and social data.

- ***Acting like a doctor:***

You should be able to demonstrate your professionalism through commitment, good time-keeping, showing initiative, showing respect for all members of the multidisciplinary team and having an understanding of patient safety and the application of ethical and legal principles of practice. You will be able to perform general clinical skills and specific practical and clerical procedures (including BLS & prescribing) to the level expected of a Foundation Doctor as outlined in Year 6 Objectives on Moodle and the GMC *Outcomes for Graduates* (2018)<sup>1</sup>

The UCL MBBS programme is based on the three outcomes used by the GMC in *Outcomes for Graduates: professional values and behaviours, professional skills and professional knowledge*. . To help guide your learning in the final year and help you to achieve the aims, we have devised a list of learning objectives which are based upon these three domains and can be found on Moodle.

These objectives are also mapped to the learning activities that are available to you during the final year. It has been divided into primary learning areas: where you are most likely to achieve this outcome and secondary learning areas: where this outcome can be used as a basis for guiding your learning.

**Be active in your own self education. It is your final year – enjoy it and use it well!**

<sup>1</sup>Outcomes for graduates (2018) General Medical Council. <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates>

## **Section 2: Learning in Year 6 - synthesis and integration of your knowledge**

**Synthesis and integration in the Final Year:** The sections in the GMC *Outcomes for Graduates* (2018) overlap significantly during your final year, reflecting the integrated nature of medicine. In Year 6, many of the GMC's objectives within the three sections have been specifically mapped to areas of the curriculum. We aim to help you synthesise all of your learning and experience over the last six years in order that you qualify with the capabilities and orientations of a *UCL Doctor* (see p2).

**Patients:** See as many patients as possible – research shows there is a direct correlation between the number of patients seen and performance in written and clinical examinations. Full clerkings are not always essential; a five minute focused history or examination is valuable too. Follow up patients as often as possible and create and take every opportunity to develop your competence. *OSCE stations are based on scenarios that you will have only encountered if you have spent time with patients.* In your dealings with patients and their carers you must gain consent and show compassion, respect and advocacy.

**Working with other professionals:** Try to build a relationship with your supervisors by establishing early on what they expect of you and discussing your interests and needs with them. Ensure you spend time actively assisting Foundation Doctors: they will help you to learn how to be a doctor. Research has shown that carrying out periods of Assistantship during medical school significantly improve your competency as a doctor as you start work. Show respect to administrators and report problems to them as soon as they arise. Working within multidisciplinary teams is becoming increasingly important in the NHS and in Year 6 you will be expected to take an *active* role in this area, presenting patients and liaising with other professionals. The Long-term conditions module is particularly well suited to this.

**Planning management:** During this year we expect you to raise your game. You must go beyond assessing the patient. For every patient, you need to come up with a problem list or diagnosis and management plan. Wherever possible, get involved presenting this to staff, explaining this to the patient and then implementing it.

**Preparation:** Regard your final year as preparation for your first Foundation Year. Prepare for your professional responsibilities – to a large extent it is up to you. You should be able to perform general clinical tasks and specific practical and clerical procedures (including BLS & prescribing) to the level expected of a Foundation Doctor.

**Peers:** Find study partners. See patients together and give each other constructive feedback using the checklists in this guide (this can be just as valuable as feedback from a teacher). Become familiar with OSCE marking schedules and try to treat each patient encounter as an OSCE practice so as to develop your skills and to get used to time constraints.

**Practice:** Actively seek opportunities to practise the skills and procedures listed here. Get the balance of knowledge and skills right – the Final MBBS Examination (and the practice of medicine) requires you to be competent in integrating knowledge, problem solving and professionalism in complex and unexpected situations as well as performing practical skills.

### **Make patient safety your priority – know your limits**

Stay within your current level of competence. Ask for supervision to develop new skills.

Never sign a prescription, drug chart or certificate.

Remember, print your name, the date, that you are a student and legibly sign all notes you write. Take care of any information you carry with you, especially if held on portable electronic media. Never let a patient leave a clinic or general practice without seeing a qualified health professional.

### **Section 3: DGH placements and the Student Assistantship**

The Student Assistantship will allow you to gain experience of everyday clinical practice by being directly involved in the care of patients in line with the requirements of the GMC *Outcomes for Graduates (2015)*. A wide range of factors, such as short hospital stays and risk reduction have resulted in increasingly passive clinical learning opportunities. The key to a successful assistantship is maintaining patient safety while increasing hands-on experience and active learning. Fostering an open and safe learning environment with good supervision and organisation should ensure you contribute to, rather than hinder, patient care.

#### **Goals & Objectives**

By the end of the Student Assistantship you should be better able to:

- Make clinical management decisions including assessing the acutely ill patient
- Prescribe safely from a formulary
- Prioritise your clinical work and cope with competing demands
- Understand the hospital at night
- Take an active role in multi-professional teams
- Communicate effectively in emotionally and ethically difficult situations
- Demonstrate competence in required practical procedures
- Demonstrate overall professionalism and take responsibility for your own learning
- Show initiative, resilience and compassion in caring for patients

Student Assistants will be assigned clinical responsibilities, in daily discussion with their Supervisor including, where appropriate, a number of patients for whom they will have first responsibility. Their duties for their list of patients will include:

#### **1. Caring, clerking and reviewing**

- Making patient safety and care their first priority at all times
- Clerking new admissions and clearly identifying current clinical problems
- Taking continuous personal interest in the patient and their wellbeing
- Making a provisional plan for current clinical problems and agreeing this with their supervisor before acting on it
- Conducting a ward round on their patients each morning (usually with their supervisor), examining patients and their charts to check on progress
- Liaising, as first point of contact, with nursing staff

#### **2. Ward rounds and clinical meetings**

- Preparing for and making presentations on ward rounds
- Participating actively in handover meetings and MDTs
- Researching patients' conditions fully, reviewing the current understanding and treatment
- Discussing and enacting the patients' management plans after meetings and rounds

#### **3. Drug and fluid charts**

- After a period of instruction, filling in drug and fluid charts (to be reviewed and signed only by a qualified doctor)
- Discussing patient charts with the ward pharmacist
- Ensuring they have undertaken ALL the *Safe Prescribing* tasks and know the Top 10 *in detail* (see Section 9 of this booklet). Many graduates are weak in practical prescribing – this is an area not to miss!

#### 4. Procedures

- With consent and after a period of direct supervision, undertaking any necessary procedures listed in the *Final Year Procedures Record Card* (Appendix 1) and *Core Syllabus* (see Section 6)
- Time permitting, accompanying your patients to investigations or procedures, such as endoscopy or imaging

#### 5. Investigations

- Planning investigations for their patients and, once agreed by their supervisor, putting them into action
- Summarising results and justifying their choice of investigations and their cost-effectiveness on the ward rounds

#### 6. Writing in the patients notes

- Writing clinical notes in patients' records every day
- Printing their name and signing and dating each entry, clearly identifying themselves as a *medical student*

(Notes should be reviewed and countersigned by a qualified doctor at least once in 48 hours and certainly prior to discharge or transfer).

#### 7. Discharge planning

- In liaison with nursing staff and their Supervisor, taking part in the discharge planning meetings of their patients
- Preparing the discharge letter to the general practitioner (this must be agreed and counter-signed by their supervisor)
- Where appropriate, following-up discharged patients by phoning them at home and/or contacting their GP to review how the patient has coped.

**Table 1: Appropriate tasks to undertake during your assistantship**

<b>Appropriate tasks:</b>	<b>Inappropriate tasks:</b>
Clerk acute admissions in the medical notes <i>including the formulation of a differential diagnosis and management (investigation and therapeutic) plan</i>	Initiation or modification of any management plan without the prior agreement of the supervising doctor <i>including the requesting of investigations</i>
Completion of drug charts <i>but not the signing of any such charts</i>	Signing of prescription charts
Completion of investigation requests and liaison with imaging and pathology departments <i>following approval by supervising doctor</i>	Confirmation of death & completion of death certificates alone
Recording of ward rounds in the medical notes	
Presentation of patients on ward rounds	
Chasing of the results of completed investigations and the recording of these in the medical notes	



Liaison with Allied Health Care Professionals	
Basic procedures such as venepuncture, cannula insertion, preparation of IV infusions (after initial direct supervision and sign-off)	
More advanced procedures only under direct supervision such as catheterisation until deemed competent	
Acting as a member of the Cardiac Arrest Team	

Remember that all notes and decisions must always be reviewed by a qualified doctor.

#### **Section 4: Common Presentations and Core Conditions**

The field of medical knowledge is vast and increasing 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 foundation is the development of a good understanding of a core group of presentations and conditions.

List 1 below outlines the presentations that underpin the learning in the whole MBBS programme the List 2 suggests the core conditions that are linked to these. Some presentations are very common in primary care and some in hospital settings. Some are less common but are important to understand and to know about how to diagnose and manage. Some conditions have long been health challenges, whilst some are increasingly important as we move into the 21<sup>st</sup> century. **These lists should form the basis of your learning but remember they are not exhaustive! All patient contacts are valuable experiences – especially where problems are vague or multiple.**

The conditions and presentations are laid out below in body systems or, in some cases, in clinical specialty areas. Some conditions will be relevant to more than one body system: this is especially the case for multisystem disease and cancers. They will be listed only once. You should:

- Use this list to plan a comprehensive work programme from the start of the year
- Firstly, check off the topics in which you feel confident
- Then identify conditions with which you are very unfamiliar
- Use the list to guide your reading and learning in your personal study time
- Choose a few to read about each day and tick each one off when you have studied these topics under the six headings below

**For each condition you should be familiar with its:**

1. Epidemiology
2. Aetiology & pathogenesis – all aspects of pathology, disordered structure/physiology/ biochemistry/genetics/risk factors, as relevant
3. Presentation – symptoms and signs
4. Investigation and diagnosis
5. Management options, including the use of medicines and other treatment and management modalities and the evidence basis for practice
6. Public health and prevention issues

The headings used in the core conditions and presentations list refer to the attachment where you are most likely to come across each presentation but of course, you could come across any presentation in any attachment, especially general practice, accident and emergency or the medical assessment unit.

*\*\* Remember that in clinical practice, patients present with symptoms and problems, not necessarily with a diagnosis as laid out in a textbook, so your learning needs to reflect this.\*\**

*\*\* Develop your clinical reasoning and management planning by integrating knowledge from both these lists. Recognise that in up 30% of cases no firm diagnosis is ever made. \*\**

### **List 1: Very common presentations**

The list below indicates (in alphabetical order) some *very common presentations* in hospital and general practice. You should be very familiar with these. By the process of history taking and physical examination, you should be able to produce a differential diagnosis in a sensible order for each presentation. For each, you should be able to think of a small number of common or important causes and list the main findings in the history and examination that would lead you to this diagnosis.

Starting with your knowledge of symptoms and signs, think about the key questions you would ask in the history to test out your presumed diagnoses, the steps you would take to confirm your hypothesis and any immediately necessary treatment.

- 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

## **List 2: UCL MBBS Core Conditions**

### **1. Cancer**

- Breast
- Head and neck
- Larynx
- Metastatic cancer - Bone, Liver, Brain
- Prostate
- Testes

### **2. Child health**

*Although child health is not specifically covered within the final year course, you would still be expected to consider the conditions on this list that are relevant in young adults, as well as those conditions that may have long term effects into adulthood.*

- Autism, Aspergers & ADHD
- Birth asphyxia
- Bronchiolitis
- Cerebral palsy
- Coeliac disease
- Congenital heart defects - VSD and patent ductus
- Croup
- Cystic fibrosis
- Developmental delay
- Developmental dysplasia of the hip
- Down syndrome
- Failure to thrive / Faltering growth
- Febrile convulsions
- Gastro-oesophageal reflux disease
- Henoch-Schonlein purpura
- Immune thrombocytopaenia
- Infantile colic
- Infantile hypertrophic pyloric stenosis
- Inherited disorders of metabolism
- Intussusception
- Kawasaki disease
- Neonatal jaundice
- Neuroblastoma
- Normal development and puberty
- Pre-term infants
- Respiratory distress syndrome/Hyaline membrane disease
- Rickets
- Separation anxiety / school refusal
- Transient synovitis
- Turner syndrome
- Wilms tumour

### **3. Circulation and breathing**

- Arrhythmias - atrial fibrillation, flutter, nodal tachycardia, ventricular ectopics, tachycardia, fibrillation first, second & third degree (complete) heart block
- Asthma
- Blood vessel disorders (aneurysms, 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 immunocompromised patients
- Valvular heart disease including infective endocarditis

#### **4. 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, pheochromocytoma, pituitary failure
- Gonadal dysgenesis
- Lipid metabolism disorders
- Metabolic syndrome
- Pituitary and adrenal tumours
- SIADH and diabetes insipidus
- Thyroid cancer
- Thyroid dysfunction: hyperthyroidism, hypothyroidism, goitre

#### **5. Ear, nose and throat**

- Acoustic neuroma
- Acute vertigo/ Meniere's disease
- Cholesteatoma
- Epistaxis
- Facial palsy
- Hearing loss
- Obstructive sleep apnoea
- Otitis Media and Externa
- Otosclerosis
- Pleomorphic salivary adenoma
- Presbycusis
- Rhinitis
- Safe perforations
- Salivary gland disorders

#### **6. Gastroenterology**

- Alcoholic liver disease
- Anal conditions – abscess, haemorrhoids, fistula, fissure
- Cancers of the bowel, stomach, oesophagus, liver and pancreas
- Diverticular disease
- Enteropathies and malabsorption
- Functional disorders of the GI tract
- Gallstone disease
- GI bleeding

- GORD / Dysphagia
- Hepatitis, cirrhosis, drug related liver injury and metabolic liver disease
- Infection and infestations of the GI tract
- Inflammatory Bowel Disease
- Jaundice
- Obstruction
- Oesophagitis / Barrett's oesophagus
- Pancreatic disorders - pancreatitis, insufficiency
- Ulcers – peptic and duodenal

## **7. Haematology**

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

## **8. 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

## **9. Kidneys and 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

## **10. 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 including SLE
- Gout & pseudogout
- Inflammatory arthropathies including 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

## **11. Mental health**

- Alcohol and substance misuse
- Anxiety including generalised anxiety disorder, phobias, PTSD and OCD
- Deliberate self-harm and assessment of suicide risk
- Eating disorders : anorexia and bulimia nervosa
- Mental health problems in people with learning disabilities
- 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 hypochondriacal disorder

## **12. Neuroscience and behaviour**

- Cerebrovascular disease including TIAs, intracerebral thrombosis and haemorrhage
- Cranial nerve lesions
- Dementias - vascular, Alzheimer's, Lewy Body
- Functional neurological disorders
- Guillain Barre syndrome
- Intracranial and spinal tumours
- Migraine
- Motor neurone disease
- Multiple sclerosis
- Myaesthesia 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

## **13. Ophthalmology**

- Cataracts
- Causes of acute and gradual visual loss
- Children and the eye
- Diabetes and the eye
- Eye in systemic disease

- Glaucoma
- Neurophthalmology – diplopia, ptosis, visual field defects, pupils.
- Red eye
- Screening and public health in Ophthalmology

#### **14. 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

#### **15. 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

#### **16. Women's health**

*Although women's health is not specifically covered in the final year course, you would still be expected to consider these conditions as part of your differential diagnosis in a woman presenting to the emergency department or general practice.*

- Abnormal menstruation
- Abortion
- Benign gynaecological conditions including pelvic pain endometriosis and polycystic ovarian disease,
- Care of the pregnant woman and delivery of her baby and placenta
- Complications of early pregnancy, including ectopic pregnancy
- Congenital genital tract abnormalities
- Contraception
- Drugs in pregnancy
- Fetal development – normal and abnormal
- Genital tract cancers including ovary, uterus, cervix and vulva
- Infertility and fertility
- Menopause
- Obstetric emergencies – haemorrhage, eclampsia, delivery emergencies, amniotic fluid embolism
- Medical complications of pregnancy - pre-eclampsia, gestational diabetes, cholestasis



- Urinary incontinence
- Vaginal discharge

#### **17. 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, vulnerable adult safeguarding and female genital mutilation

**This list should form the basis of your learning but remember that the list is not exhaustive!**

**Section 5: Special examinations and patient assessments**

In addition to the core systems examinations (cardiovascular/respiratory, etc.) there are a range of other specialised examinations that you also need to be familiar with. You may need to attend specialised clinics or learn from a range of professionals in order to practise these examinations. Try to carry out as many of these examinations yourself. Don't let the finals OSCE (or your first night shift!) be the first time you have ever done any of these examinations..

We strongly recommend that you keep a log of conditions that you have seen and examinations that you have performed in order to help with your revision for finals.

A list of special examinations that you should be familiar with are in the table below:

<b>Table 2: List of special examinations</b>	<b>Tick when practised</b>				
Peripheral arterial circulation					
Venous competence & drainage (including ABPI)					
Male genitalia & inguinal region					
Rectal examination					
Breast examination					
Examination of subcutaneous lumps					
Thyroid & neck					
Peripheral lymph nodes					
Glasgow coma scale					
Assessing mental capacity					
Speech & swallowing					
Gait & balance					
Skin rash/lesions					
Skin ulcers					
Examination of specific joints, Hip Knee Shoulder Hands					
Examination and signs of common fractures & dislocations					
Mouth throat & pharynx					
External ear & tympanic membranes					
Examination of movement disorders e.g. Parkinson's disease					
Assessing patients who are acutely unwell					

## **Section 6: Practical procedures checklist**

Carrying out practical procedures is an essential part of every Foundation doctor's day.

### **Requirements**

You have already been signed off on the more basic skills in year 4 and 5. All the skills listed below are also listed in Appendix 1 of *Outcomes for Graduates*<sup>1</sup>. During the final year you must become sufficiently competent in ALL the procedures listed here to be able to undertake them with minimal supervision at the beginning of your first Foundation Year.

### **Skill development**

To achieve competence, you will probably need to perform a task at least 10 times (depending on your skills and the complexity of the task). To achieve mastery, you will need to do each at least 20 times, to become fluent (an expert), you will need to undertake a skill over 30 times in a wide range of settings, circumstances and for patients of all ages. For the more complex tasks, this will happen after graduation.

<b>Table 3: List of practical procedures</b>	Tick for each practice
Explaining procedures, gaining & recording consent	
Hand washing	
Scrub and gown for surgery	
Infection control and aseptic technique	
Safe disposal of clinical waste and "sharps"	
Use approved methods for moving, lifting and handling people or objects	
<b>Practical procedures &amp; bedside testing</b>	
Urinalysis – for glucose, protein, blood, nitrites & concentration	
Measure & record BP, pulse and temperature (manual & automated)	
Urine pregnancy testing	
Capillary blood glucose testing	
Measure and record peak flow/vital capacity	
Transcutaneous monitoring of oxygen saturation monitoring	
Perform a 12 lead Electrocardiograph (ECG) and Manage an ECG monitor	
ECG interpretation including recognition of sinus rhythms, MI, ectopic beats, tachyarrhythmias, & bradyarrhythmias	
Perform venepuncture and manage samples safely	
Blood culture	
Arterial puncture for blood gases	
Take swabs (throat ear, nose skin, genital)	
Complete request forms for imaging and pathology test	
Assess nutritional (including weight and BMI) and hydration status	
Describe the correct procedures for requesting blood for cross matching and giving a blood transfusion <b>[Students are not permitted to take blood for cross-match]</b>	
<b>Therapeutic Procedures</b>	
Cannulation/Connecting up IV infusion	
Making up and administering parenteral drugs	

Subcutaneous and IM injection	
Bladder catheterisation (male and female)	
Set up O <sub>2</sub> therapy by mask/nasal cannulae	
Setting up a nebuliser & spacer device with a metered dose inhaler	
Clean and suture a wound using local anaesthetic	
Apply dressings appropriately	
Removal of sutures/staples	
Removal of an operative drain	
Cardiopulmonary resuscitation (basic and advanced)	
Manage dosage and administration of insulin including sliding scales	
Teach patient to collect MSU	

**List 3: Procedures that you should be able to explain to a patient**

The following list includes tests procedures that you should have observed and that you should be confident explaining to a patient:

- Monitoring central venous pressure
- Exercise testing for cardiac ischemia
- Doppler studies for arterial occlusion
- CT/MRI abdomen
- CT/MRI brain
- Cardiac ultrasound
- Coronary angiography
- Complex lung function testing
- Tapping a pleural effusion
- Upper GI endoscopy
- Lower GI endoscopy
- ERCP
- Lumbar puncture
- Aspiration of a breast lump
- Aspiration of a thyroid lump
- Induction of anaesthesia
- Airway management
- Recovery room procedures
- Radio and chemotherapy
- Setting up a syringe driver
- Verifying or confirming death

## **Section 7: Clinical notes and clerical procedures**

### **Best practice in note keeping:**

More legal actions are lost on behalf of doctors because of poor note keeping than for any other reason. You will not be believed as a defendant if you have no contemporaneous notes to support you. Each time you write up your case notes, look at this list of best practice and check you have written acceptable notes. Do this until keeping good case notes is well established in your mind. Poor note keeping is without excuse.

Written succinct and legible notes should include:

- History of presenting complaints, past, personal, family and drug history
- Patients' ideas and/or concerns and their expectations
- Written a legible, ordered physical examination
- Documented risks factors and the aspects of social and work history relevant to care
- A summary, including differential diagnosis & problem lists

During your **Student Assistantship**, you should:

- Write progress notes on a daily basis, noting changes in symptoms, signs, clinical observations and effects of treatment
- Record discussions with patient/family, including any information you gave on diagnosis, treatment and prognosis, options and the patient/family choice
- Record details of practical procedures, results of investigations and changes of treatment
- Apply appropriate professional and ethical care so you would be happy for the patient (and a lawyer) to read what you have written
- Add your name (printed), the date and time and sign the notes, stating your designation (medical student)

<b>Table 4: Written tasks in which you should be competent</b>	Tick when practised
Writing clinical notes	
Test request form (including blood cross match)	
Imaging request form	
Prescription chart in hospital	
Prescription in general practice	
Prescription for controlled drugs	
Prescription for intravenous medication and fluids	
Discharge summary for a GP including a clinical summary & discharge medication	
Fluid balance chart	
Observation charts recording BP, pulse and temperature	
Centile chart	
Referral letter	
Death certificate	

## **Section 8: Data Interpretation**

You will be expected to be able to identify normal results as well as correctly interpret examples of common abnormalities in radiology, all disciplines of pathology, electrocardiography and pulmonary function/blood gases.

This list is not exhaustive but will prompt you to develop your skills and you can add other things. Data interpretation is consistently found to be one of students' weakest areas in finals so make sure you have seen plenty of x-rays, scans, ECGs and blood results.

You may want to check things off to keep a record of your progress and achievements.

### **List 4: Examples of data interpretation tasks**

#### **Data Interpretation: *Imaging – Chest***

- Normal chest x-ray
- Pleural effusion
- Pneumonia
- Pulmonary oedema
- Pneumothorax
- Haemothorax
- Fractured ribs
- Pulmonary fibrosis
- Hilar mass/adenopathy
- Solitary/multiple round shadows
- Apical tuberculosis
- Pulmonary embolus
- Cardiomegaly

#### **Data Interpretation: *Lung function/blood gases***

- Normal & reduced peak flow
- Normal & reduced vital capacity
- Complex lung function for changes to residual volume or diffusion
- Reduced arterial O<sub>2</sub> with or without raised CO<sub>2</sub>
- Changes to arterial pH & CO<sub>2</sub>

#### **Data Interpretation: *Imaging – Skeletal***

- Fractures, e.g. clavicle, neck of humerus, Colles, neck of femur, femoral/tibial shaft, ankle
- Osteoporosis with vertebral collapse
- Sclerotic & lytic metastases
- Paget's disease spine/pelvis/long bone
- Spine degenerative changes
- Osteoarthritis – hip/knee
- Rheumatoid arthritis – hands
- Gout with tophus
- Nuclear scan of the skeleton

#### **Data Interpretation: *Imaging – CT/MRI Brain***

- Subarachnoid haemorrhage
- Brain haemorrhage
- Cerebral infarct
- Cerebral atrophy
- Intracerebral lesion with oedema, e.g. primary secondary tumour
- Mid-line shift
- Pituitary tumour
- Extradural/subdural haematoma

### **Data Interpretation: *Electrocardiography***

- Sinus rhythm
- Atrial & ventricular ectopic beats
- Atrial fibrillation & flutter
- Atrial & nodal tachycardia
- WPW syndrome
- Ventricular tachycardia
- Ventricular fibrillation
- Atrial ventricular conduction defects
- Bundle branch blocks
- Bradyarrhythmias (heart block of varying degrees)
- Ischaemic changes:
  - T wave changes
  - Myocardial infarction /acute coronary syndrome
  - Ventricular hypertrophy
  - Changes in pericarditis
  - Changes in pulmonary embolus
- Exercise testing

### **Data Interpretation: *Pathology***

- Changes to red cell count & indices
- Leucocytosis/leucopenia
- Haematinics
- Thrombocytosis/thrombocytopenia
- Lengthened / therapeutic INR
- Other clotting defects (PT time, APTT)
- Raised ESR / CRP
- Screening for haemoglobinopathies
- Common electrolyte changes, including high or low values for sodium, potassium & calcium
- High plasma creatinine & urea
- Disordered liver function tests for obstruction, liver cell necrosis or haemolysis
- pH changes – acidosis or alkalosis
- Common enzyme change (including troponin T, D Dimer)
- Blood glucose changes & glucose tolerance tests
- Common hormonal changes, especially thyroid
- Changes in immunological tests in arthritis & GI disease
- Immunological changes in thyroid disease
- Viral/Immunological results in Hepatitis/HIV
- Common bacterial culture results from sputum, urine, stool, blood & CSF
- Antibiotic sensitivity tests
- Tuberculin sensitivity tests

### **Data Interpretation: *Histopathology***

You will be expected to:

- Demonstrate your knowledge of gross morbid anatomical changes visible to the naked eye for major common pathologies and to identify them in pictures or pots.
- Recognise the histological changes in common major pathologies  
Explain the causal and other links between the morbid anatomy and histopathology on the one hand and the patient's symptoms, signs and prognosis on the other.

## **Section 9: Safe Prescribing & Top 10 Therapeutic Topics**

You need to ensure that you can prescribe medicines safely – prescribing errors are one of the biggest problems for Foundation doctors. As well as having a thorough knowledge of therapeutics, it is important that you know how to use the BNF, how to complete a drug chart, how to complete a discharge prescription and how to complete a prescription in general practice.

<b>Patient safety:</b> Students MUST <b>NEVER</b> SIGN prescriptions in hospital or general practice
--

<b>Table 5: Safe prescribing – tasks and principles</b>
<b>Tasks</b> – you should be able to:
Take an accurate drug history, including current and past treatment and adverse reactions
Write prescriptions according to guidelines for prescription writing in the BNF in both primary and secondary care settings
Explain drug treatment to patients
Assess adherence to medication
Extract relevant information about prescribing from the BNF
Write prescriptions for intravenous infusions
Write up drugs 'to be taken away' (TTA's)
Carry out simple dose calculations
List drugs commonly associated with drug interactions and how to interpret the information on drug interactions in the BNF
Describe how adverse drug events occur, including medication errors, and how to report them
Appraise critically the prescribing of others
<b>Principles</b> – you also need to be aware of the:
Rationale behind the rates, dilutions and compatibilities of intravenous medicines
Principles of infusion rate calculations for commonly prescribed IV medicines
Role of the pharmacist in checking and dispensing prescriptions and advising patients and doctors on use of medicines
<b>UCL Student Formulary</b>
Be familiar with all drugs listed in the <i>UCL Student Formulary</i> (On Moodle)
For those marked with an asterisk know the standard adult doses and route of administration
<b>Top 10 Therapeutic Topics</b> – you MUST know the following in depth and be able to prescribe appropriately
1. Antibiotics
2. Anticoagulants
3. Analgesics (including controlled drugs)
4. Cardiovascular drugs (especially digoxin/anti-anginals)
5. Inhaled medication (including oxygen)
6. Steroids including reducing doses and long term use
7. Insulin including sliding scales
8. IV fluids & infusions
9. Drugs of abuse (including managing alcohol and opiate withdrawal)
10. Polypharmacy

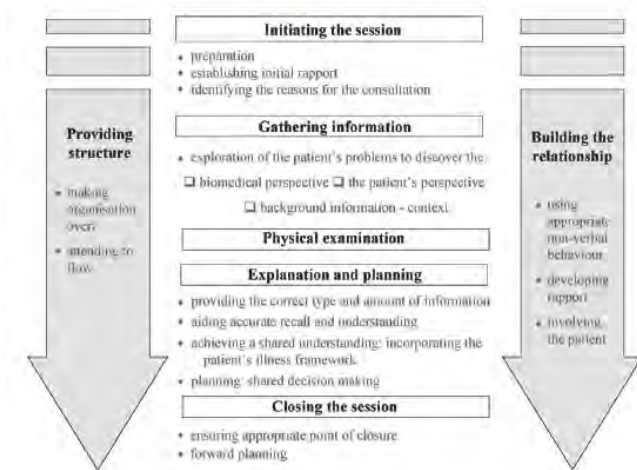


**Section 10: Professional Skills – communication skills**

Eliciting a flexible, patient centred medical history is the fundamental task of professional communication in medicine. By now you should have polished all the elements of this process. However, history taking skills form only a small part of the set of communication skills you need. Each medical consultation also includes some explaining, negotiating and planning. (You are recommended to revisit the *Cambridge Calgary Checklist* you were given in Year 4).

**The Calgary-Cambridge Guide to the Medical Interview:**

**The Expanded Framework**



Kurtz S, Silverman J, Draper J (1998) *Teaching and Learning Communication Skills in Medicine*. Radcliffe Medical Press (Oxford)

A full range of communication skills is a key tool in clinical medicine and will be put to the test in your final MBBS and everyday as a Foundation Year 1 doctor. Below is a checklist of the areas you will need to develop over the next year during your attachments. You may only get to watch some of these skills in use while another professional practises but many you should try to do yourself, with support if appropriate, or in role play with peers.

Remember to practise explaining, negotiating and shared decision making as this will help you commit to a hypothesis or diagnosis and force you think about management planning. Try to get feedback on your skills from patients, peers and practising health professionals.

### **List 5: Communication skills checklist**

#### **Take a medical history in a flexible but focused and organised manner**

- Agree a problem list or diagnosis with a patient
- Explain an illness/management plan to a patient/their family & to reach agreement with them
- Explain tests to patients (MSU, FOB, endoscopy)
- Explain use of medicines to a patient (MDI, Steroids, insulin, warfarin)
- Demonstrate the skills of shared decision making and negotiation
- Explain discharge arrangements to a patient/family

#### **Handover a patient to a colleague**

- Face to face and over the telephone

#### **Present a case to an audience**

- Use basic audio visual techniques effectively
- Present a topic verbally or by poster display

#### **Teaching and feedback skills**

- Teach a student a basic skill
- Give constructive feedback to a colleague or junior

#### **Under supervision:**

- Communicate effectively with a GP or hospital doctor on the phone
- Communicate with: a distressed patient/family
- Communicate with a deaf person
- Communicate with a person with learning difficulties
- Communicate with a person using English as a 2<sup>nd</sup> language with or without an interpreter
- Communicate about sensitive issues including prognosis, risk & uncertainty
- Break unwelcome/bad news
- Deal with complaints & conflicts

## **Section 11: Professional skill – Ethics**

Ethical issues arise daily in medicine. How comfortable are you with the ethical and legal issues set out below?

Discussing these issues with your peers and healthcare professionals will help you gain a more thorough understanding of the complexities of the issues raised, as well as some strategies to help you manage the ethically challenging situations you are likely to face in your first year of clinical practice.

Try to identify these situations in everyday clinical practice and use the opportunities offered in *Case of the Month* to consider these issues.

### **List 6: Ethics checklist**

#### **Informed decision-making and valid consent/refusal**

- Informed consent and sharing of information
- The significance and limits of respect for patient autonomy
- Patient refusal of treatment
- The clinical discretion to withhold information

#### **Confidentiality**

- When it is legally, professionally and ethically justifiable or mandatory to breach confidentiality
- How to share confidential information within clinical teams appropriately
- The use, transmission and storage of electronic data
- Good practice in sharing information with relatives and carers

#### **Duty of care**

- To whom a doctor owes a duty of care
- Criteria for a successful claim for clinical negligence
- Standard of care (the Bolam test)

#### **Capacity and incapacity**

- Treatment for patients who lack capacity for a particular decision or who have capacity but are otherwise vulnerable
- Criteria for establishing that a person lacks capacity
- How to assess capacity
- Ethical challenges and legal requirements of determining and acting in the best interests of patients who lack capacity
- Ethical and legal tensions between the interests of the patient, family and society in general  
Role of Advance Decisions, Advance Statements, Lasting Power of Attorney, Deputy of Court, IMCAs

#### **Towards the end of life**

- Dignity, patient choice, limits on respect for patient autonomy as applied to end of life decisions
- The concepts of futility, sanctity of life, quality of life
- The legal and ethical relevance of the Doctrine of Double Effect
- Withholding and withdrawing treatment, e.g., clinically assisted hydration and nutrition, "Do Not Attempt Resuscitation" (DNAR) decisions, other Advance Decisions to refuse treatment
- Euthanasia and assisted suicide: basic distinctions, current law and ethical arguments
- Death certification, request for autopsy, referral to the coroner, authorisation for cremation

**Professionalism: “good medical practice”**

- The importance of trust, integrity, honesty and good communication in all professional relationships
- The importance of the patient's dignity and perspective in the clinical encounter
- The rights and responsibilities of patients and healthcare professionals and possible justifications for limiting rights
- The relationship between the interests of patients and those of their relatives/carers and, where relevant, how best to involve and respect the latter's views
- Maintaining professional boundaries with patients
- Issues raised by the religious beliefs of patients, students and other healthcare professionals and the role and limits of conscientious objection
- Recognising and avoiding all forms of unfair discrimination in relation to patients, colleagues and other healthcare professionals
- Accepting personal responsibility and being aware of limitations of your practical skills or knowledge and knowing how and where to seek appropriate help
- Responding appropriately to clinical errors and following procedures for reporting adverse incidents
- Responding appropriately to the inappropriate behaviour of colleagues (including raising concerns and whistle-blowing)

## **Section 12: Key situations requiring synthesis of professional skills**

As a Foundation doctor, you may be called upon to manage a variety of situations which will require synthesis and integration of your knowledge and experience. The list below includes more complex tasks that are best learned *in situ*. It is these types of situations that form the basis of Situational Judgement Tests (SJTs).

You will often need more experienced guidance and help with these. Do not be afraid to take advice. Many hospitals have a dedicated nurse or team for these kinds of problems. Try to spend time with the specialist nurses, speech therapists, physiotherapists, etc. and learn from them.

Ensure you have worked with healthcare team members to become familiar with the following scenarios. Use the opportunities offered to consider these issues in the *Case of the Month* Module.

<b>Table 6: Examples of synthesis of your professional skills</b>	
<b>Situation/Task</b>	<b>Practice exercises</b>
1. Assessment of fluid balance/circulating volume using history, signs, urine output and central venous pressure monitoring when appropriate	Practice assessment. Observe central line insertion & its use. Observe & analyse fluid balance charts. On a blank chart, enter data for a patient you are following and get feedback
2. Prescription of fluids & electrolytes to provide water needs, volume expansion, maintenance fluids and electrolytes as appropriate to needs	Familiarise yourself with prescription charts. Obtain blank charts to practise writing prescriptions for different clinical situations
3. Nutritional assessment from history, signs, patient weight, evidence of vitamin deficiency, etc.	Take a simple dietary history & analyse it with a dietician. Accompany nutrition nurse or team on visits
4. Choice of nutritional route & prescription of suitable nutritional regime	Consider which situations can be managed orally, which need NG tube, percutaneous gastrostomy or IV route. Discuss with a dietician
5. Prescription, control & adjustment of anticoagulant therapy	On a blank or photocopied prescription card write prescriptions for Top 10 Therapeutic Topics. Review out of control anticoagulation & how to adjust doses. Discuss with pharmacist.
6. Diabetic control, especially in the acutely ill or patients undergoing surgery	Review of diabetic patients for surgery or when acutely ill. Familiarise yourself with the different regimens for managing diabetic control. Attend diabetic clinic. Practice funduscopy. Look at diabetic foot care. Shadow diabetic care nurses.
7. Pain relief for surgical patients Choose appropriate drugs & route. Consider alternative approaches – continuous drug administration, nerve blocks	Review prescription charts of a variety of surgical patients from day case to major surgery. Discuss alternatives to tablets or intermittent injections with anaesthetist
8. Symptom relief in the terminally ill. Consider pain relief, nausea & vomiting relief, depression & misery	Attend palliative care/pain relief rounds. Contact the palliative care team at your DGH or attached to your GP practice and visit patients with them Visit hospice to review all aspects of care. Familiarise yourself with advanced care plans and end of life care.

9. Blood transfusion reactions	Know correct procedures for taking blood for grouping & cross matching, complete a blood transfusion form, use the correct procedures for attaching cross matched blood to IV infusion. List procedures to establish cause of febrile or other acute reaction and procedures for detecting mis-matched transfusion
10. Anaphylactic response to IV drug or other allergen (see also practical skills).	List clinical features and therapy to be given & steps to be taken. Know the doses. Presentation, treatment, including calls to ITU outreach or crash teams.
11. Assessment of suicide risk Management of overdose/self-injury	Pick up on your A & E attachment. See if there is a psychiatric liaison professional who sees these patients. Think about safety netting and documentation and the potential role of the Mental Health Act.
12. Management of disturbed/violent behaviour	Consider both practical & medico legal aspects. Usually an A/E problem; discuss this with A&E staff. Consider mental health issues and risk assessment.
13. Alcohol related problems	List them; both direct and indirect (e.g. head injury). Do not forget Wernicke's. Consider medical, perioperative & ethico-legal aspects.
14. Managing drug dependency & its complications (withdrawal, infection/thrombosis/analgesia)	Try to locate a drug dependency service for patients while on your A&E attachment and find out what they do. Also tackled in GP and mental health settings. Consider medical and social issues.
15. Head injury	Practise use of Glasgow coma scale. Know how to conduct neurological observations.
16. Recognising your limitation	Know when to get help and advice, check in BNF, consult guidelines etc.
17. Managing patients who refuse treatment	Know about your duty of care, respect for autonomy and assessment of mental capacity.
18. Care for patients with cognitive and / or sensory impairment	Show appropriate caring, respect and compassion to all patients and their carers.
19. Acting when you think patient care could be improved	Show initiative and advocacy – provide immediate help to the patient yourself. Discuss concern with seniors as soon as possible.
20. Make decision in complex, stressful and uncertain situations	Recognise when it is necessary to take action even if you have incomplete information or competing priorities.

**Appendix 1: Multi-Supervisor Reports**

These reports are designed to be used at the end of each clinical rotation during your DGH placement. Please ask your supervisor to fill in the boxes below. These will then help inform your Education Supervisor of your progress, when you meet at the end of your 16 week placement.

**Attachment (& dates):** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

	Well above expected level	Above expected level	At expected level	Borderline performance	Below expected level
Communication skills					
Clinical method					
Clinical knowledge and management					
Professional attitudes and teamwork					
Approach to learning and punctuality					
Well organised & resilient under stress					
<b>Please include comments:</b>					

**Attachment (& dates):** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

	Well above expected level	Above expected level	At expected level	Borderline performance	Below expected level
Communication skills					
Clinical method					
Clinical knowledge and management					
Professional attitudes and teamwork					
Approach to learning and punctuality					
Well organised & resilient under stress					
<b>Please include comments:</b>					

Attachment (& dates): \_\_\_\_\_ Supervisor: \_\_\_\_\_

	Well above expected level	Above expected level	At expected level	Borderline performance	Below expected level
Communication skills					
Clinical method					
Clinical knowledge and management					
Professional attitudes and teamwork					
Approach to learning and punctuality					
Well organised & resilient under stress					
<b>Please include comments:</b>					

Attachment (& dates): \_\_\_\_\_ Supervisor: \_\_\_\_\_

	Well above expected level	Above expected level	At expected level	Borderline performance	Below expected level
Communication skills					
Clinical method					
Clinical knowledge and management					
Professional attitudes and teamwork					
Approach to learning and punctuality					
Well organised and resilient under stress					
<b>Please include comments:</b>					



**Appendix 2: Junior Supervisor Feedback**

During your assistantship, you will be supervised by FY1 doctors. At the end of each placement, please ask your supervisors to complete the feedback sheets provided over the next few pages. These will help to inform your MSRs and Educational Supervisor report at the end of the 16-week placement and will help you to identify any further learning opportunities during your placements.

Please complete at least 4 of the reports below. For each report to be useful, the junior supervisor completing them need to have seen your work over a significant period of time (not just for one ward round!). We would recommend asking your junior supervisor for your medical and surgical assistantships and the FY1 whom you assist for your night shift and weekend on call. You are encouraged to seek feedback from any other Foundation Doctor who has observed your work during your 16-week placement.

<b>Supervisor name:</b>	
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<b>Supervisor role:</b>	
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(Please indicate if you are the students' Junior Supervisor, or whether you have supervised the student while on call for a night or a weekend)

<b>Date:</b>	
--------------	--

**Feedback:**

**What has the student done well?**

--

**Do you have any advice for improvement?**

--

<b>Supervisor name:</b>	
-------------------------	--

<b>Supervisor role:</b>	
-------------------------	--

(Please indicate if you are the students' Junior Supervisor, or whether you have supervised the student while on call for a night or a weekend)

<b>Date:</b>	
--------------	--

**Feedback:**

<b>What has the student done well?</b>
--

--

<b>Do you have any advice for improvement?</b>
--

--

<b>Supervisor name:</b>	
-------------------------	--

<b>Supervisor role:</b>	
-------------------------	--

(Please indicate if you are the students' Junior Supervisor, or whether you have supervised the student while on call for a night or a weekend)

<b>Date:</b>	
--------------	--

**Feedback:**

<b>What has the student done well?</b>
--

--

<b>Do you have any advice for improvement?</b>
--

--

<b>Supervisor name:</b>	
-------------------------	--

<b>Supervisor role:</b>	
-------------------------	--

(Please indicate if you are the students' Junior Supervisor, or whether you have supervised the student while on call for a night or a weekend)

<b>Date:</b>	
--------------	--

**Feedback:**

<b>What has the student done well?</b>
--

--

<b>Do you have any advice for improvement?</b>
--

--

<b>Supervisor name:</b>	
-------------------------	--

<b>Supervisor role:</b>	
-------------------------	--

(Please indicate if you are the students' Junior Supervisor, or whether you have supervised the student while on call for a night or a weekend)

<b>Date:</b>	
--------------	--

**Feedback:**

<b>What has the student done well?</b>
--

--

<b>Do you have any advice for improvement?</b>
--

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**Appendix 3**

<b>Student name:</b>
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It is essential to your clinical development that you are familiar with the procedures listed below and have performed them under supervision, in real clinical situations. A completed record of these procedures is part of your in-course assessment and may highlight areas where you may need additional support.

Please bring this along to all meetings with you to any meetings with your Clinical or Educational supervisor. Your Educational Supervisor will sign this when you attend your End of Placement meeting. Please then scan a copy and upload to your e-portfolio.

**Each procedure should be performed under the supervision of a member of clinical staff. Doctors, pharmacists and nurses can sign off these procedures when they have observed you SUCCESSFULLY completing them.**

**1. Taking a blood culture**

	1	2
Surname		
Date		

**2. Performing an arterial blood gas sample**

	1	2	3	4
Surname				
Date				

**3. Performing & interpreting a 12 lead electrocardiogram (ECG)**

	1	2	3	4
Surname				
Date				

**4. Inserting an IV cannula**

	1	2	3	4	5
Surname					
Date					

**5. Performing a fluid balance assessment and writing up fluids**

	1	2	3	4	5
Surname					
Date					

**6. Performing bladder catheterisation (male)**

	1	2
Surname		
Date		

**7. Demonstrating competency in performing basic life support on a manikin (completed during DR WHO or ILS)**

	1
Surname	
Date	

**8. Performing suturing / applying dressings or Steri strips**

	1	2	3	4	5
Surname					
Date					

**9. Writing safe prescriptions – completing an inpatient drug chart**

	1	2	3	4	5	6
Surname						
Date						

**10. Writing a discharge notification**

	1	2	3	4	5	6
Surname						
Date						

**11. Completing a death certificate**

	1	2
Surname		
Date		

**12. Setting up oxygen & administer at correct dose with face mask or nasal cannulae**

	1	2	3
Surname			
Date			

**13. Full observations and recording on a NEWS chart (or e-chart)**

	1	2	3
Surname			
Date			

**14. IM Injection (e.g. Depo-provera or B<sub>12</sub>)**

	1	2	3	4
Surname				
Date				

**Out of hours working**

In addition to the procedure above, we expect you to complete a **minimum** 2 weekday nights and 1 weekend, to facilitate learning about the hospital at night and handover

	Weekday nights			Weekends	
	1	2	3 (optional)	1	2 (optional)
Surname					
Date					

**You are expected to complete 100% of the procedures in this book. If you have any missing signatures please document the reason in this box before taking the card to your sign off meeting.**

Supervisor signature:

Student signature:

## **Appendix 4: Medical Student Code of Conduct**

UCLMS enjoys a reputation as a world class medical school and prides itself on creating Tomorrow's UCL Doctors - *highly competent and scientifically literate clinicians, equipped to practise person-centred medicine in a constantly changing modern world, with a strong foundation in the basic medical and social sciences.*

As a medical student you will study for a degree which, in conjunction with the General Medical Council's Medical Licensing Assessment, allows you to work as a Foundation doctor. The Medical School has a duty to ensure that its students can fulfil the requirements of the General Medical Council, both for studying medicine and for working as a doctor, and it fulfils this duty by enabling students to acquire the knowledge and to develop the skills and attitudes appropriate to their future role. These include professional behaviour and fitness to practise right from the start of the programme.

UCL medical students are therefore required to abide by this medical school code of conduct and the medical school policies set out at: [www.ucl.ac.uk/medicalschoo/staff-students/general-information/a-z](http://www.ucl.ac.uk/medicalschoo/staff-students/general-information/a-z). With relation to fitness to practise, you are specifically required to declare any issues which might affect your fitness to practise *and* to carry a student support card outlining any restrictions to your practice or special requirements and to present the card to each educational supervisor to whom you are attached so that they are aware of your circumstances.

This code of conduct sets out the School's expectations of you as a UCLMS student and should be read in conjunction with:

- Medical School policies set out at: <http://www.ucl.ac.uk/medicalschoo/staff-students/general-information/a-z>.

Policies specific to conduct include:

- Absence reporting
- Additional placement-related experience
- Attendance and engagement
- Communications
- Concerns over Professional Behaviour(s)
- Dress and Behaviour
- Disclosure and Barring Service checks
- Duties of a doctor and student ethics
- Exceptional Leave
- Fitness to Practise proceedings
- Freedom of information
- Harassment and bullying
- Health clearance /Immunisations and BBVs
- Honesty and probity
- Patient confidentiality
- Patients in medical education
- Personal beliefs
- Use of social media
- Student Support Card
- Substance use and misuse



- GMC policies set out at:
  - [http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)
  - [http://www.gmc-uk.org/guidance/good\\_medical\\_practice/duties\\_of\\_a\\_doctor.asp](http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp)
  - [http://www.gmc-uk.org/education/undergraduate/professional\\_behaviour.asp](http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp)

If you anticipate any difficulty adhering to any element, please make an appointment with a Student Support Tutor who will discuss with you how best to reconcile it.

Personal and special category data will be shared as set out in UCL and the Medical School's privacy notices and includes:

- personal demographic details and photograph to be shared with placement providers for allocation purposes (name, UCL student ID, UCL email address)
- personal details and UCL email address (student ID number, title, full names, date of birth, gender, home address, telephone numbers and photograph) to be shared with the General Medical Council for the purposes of provisional registration
- anonymised assessment results to be used for research purposes
- when/if eligible for an NHS Bursary, personal details and UCL email address (full names, home address, telephone numbers) to be shared with the NHS Bursaries Office for the purposes of confirming eligibility
- specific learning support needs to be shared with placement providers where learning agreements are in place
- fitness to practise and risks to patient safety to be shared with placement providers and external bodies
- examination results being shared with Personal Tutors
- details of fitness to practise outcomes declared on admission to UCLMS to be shared with Medical Schools Council

In the interests of public safety, in accordance with Tomorrow's Doctors, and in your own best interests, information pertinent to your educational achievements and to your fitness to practise may be shared by UCL Medical School with training providers, employers, regulatory organisations as set out in the Medical School's privacy notice. Additionally, details of students who are excluded from medical school on fitness to practise grounds will be shared with the Medical Schools Council (MSC) for inclusion in their database of excluded students, which is accessible only to other schools with courses leading to entry to a registered profession in the UK. Students are advised to join either the MDU or the MPS, both of which offer free student membership and provides advice in instances of medical student negligence.

1. Attendance must be satisfactory throughout the programme. You are expected to attend between 9am – 5pm on Monday, Tuesday, Thursday and Friday and 9am – 12.55pm on Wednesday and to attend some teaching events starting at 8.00am or finishing at 6.00pm During Years 4-6 there may be times when you are also expected to attend in the evening, early morning and at weekends. We expect you to spend a minimum of 10 hours per week in personal study outside the programme.
2. You are required to inform us of any absence from teaching following the process set out in the School's attendance and engagement policy. Exceptional leave may only be taken with prior permission after completing the process set out in the School's exceptional leave policy.
3. You are expected to listen to patients and respect their views, treat them politely and considerately, respect patients' privacy and dignity and respect their right to refuse to take part in teaching.
4. You should not allow personal views about a person's age, disability, lifestyle, culture, beliefs, ethnic or national origin, race, colour, gender, sexual orientation, marital or parental status, social or perceived economic status to prejudice your interaction with patients, teachers, professional services staff or colleagues.
5. You are expected to be honest. You should not abuse the trust of a patient or other vulnerable person. You should not plagiarise material from other sources and submit it as your own work. You should not present false information or omit important information in your dealings with the Medical School or in any application related to your studies, including UCAS form and Foundation School application. Dishonesty is a fitness to practise issue.

6. You should not enter into an improper personal relationship with another person, for example, with a school pupil whom you are mentoring or a member of staff who is teaching you.
7. You must always make clear to patients that you are a student and not a qualified doctor. Introducing yourself as a "medical student" or "training to be a doctor" is preferable to describing yourself as a "student doctor". You must always act within the direction of your educational supervisor(s) and within the remit and competencies of a medical student.
8. You are bound by the principle of confidentiality of patient records and patient data. You must therefore take all reasonable precautions to ensure that any personal data relating to patients that you have learned by virtue of your position as a medical student will be kept confidential. You should not discuss patients with other students or professionals outside the clinical setting, except anonymously. When recording data or discussing cases outside the clinical setting you must endeavour to ensure that patients cannot be identified by others. You must respect all hospital and practice patient records.
9. You are expected to maintain appropriate standards of dress, appearance, and personal hygiene so as not to cause offence to patients, teachers, or colleagues. The appearance of a student should not be such as to potentially affect a patient's confidence in their professional standing.
10. You are expected to be aware of safe drinking guidelines for alcohol and to adhere to these guidelines. Misuse of alcohol and any use of an illegal drug is a fitness to practise issue.
11. To ensure appropriate communication, students are required not to cover their faces in any part of the programme, including assessments/examinations, except where clinically indicated.
12. You are required physically to examine patients of both sexes (which includes touching and intimate examinations) in order to establish a clinical diagnosis, irrespective of the gender, culture, beliefs, disability, or disease of the patient. In order to qualify as a doctor in the UK, it is required that the practitioner is willing to examine any patient as fully and as intimately as is clinically necessary.
13. You are required to attend Trust inductions before taking up placements and to adhere to local Trust policies and procedures.
14. You are required to keep your health clearance and immunisations up-to-date and to inform the Divisional Tutor of any changes which might affect your ability to undertake Exposure Prone Procedures, e.g. exposure to, or infection with, blood-borne viruses. Exposure Prone Procedures (EPPs) are practical procedures which carry a risk of transmission of blood-borne viruses. If you have not had HIV and Hepatitis C testing prior to entry to Medical School then you will either need to undergo testing as part of your OH clearance or you will not be able to do EPPs. If you opt not to undergo testing and are not cleared for EPPs, you will need to carry a student support card to present to your clinical placement supervisor explaining that you are not cleared for these procedures and you will not be able to perform or assist in some surgical procedures, for example episiotomy in Obstetrics, and much of Orthopaedic surgery. This will not stop you qualifying but may have a bearing on your future career.
15. You are required to adhere to the local NHS Trust policy on infection control, which may include bare arms, during your clinical placements.
16. You must inform us if you are investigated, charged with, or convicted of a criminal offence during your time as a student at UCL Medical School. Although you are required to have a Disclosure and Barring Service check upon entering the programme, we also need to know if you receive a subsequent warning, reprimand, caution or conviction.
17. You must inform us if there is any significant change to your health that might affect your fitness to study medicine or to practise as a doctor. It is a student's responsibility to recognise when they are ill, to seek medical advice, to accept appropriate treatment, and to recognise when their fitness for clinical work is, or could be impaired.
18. You are required to maintain a portfolio and to present it as requested.

Professor Deborah Gill (Director of UCL Medical School)

Dr William Coppola (Divisional Tutor)

**Appendix 5: Staff contact details**

Head of MBBS Management Years 4-6 Year 6 Manager Academic Lead for Year 6 Deputy Academic Lead Year 6	Sabine Schütte Jane Rowles      020 7679 0858 / 0846 Dr Aroon Lal <a href="mailto:medsch.year6@ucl.ac.uk">medsch.year6@ucl.ac.uk</a> Dr Sarah Bennett
Electives	<a href="mailto:medsch.elective-approval@ucl.ac.uk">medsch.elective-approval@ucl.ac.uk</a>
Student support	020 7679 0842 / 0859 <a href="mailto:medsch.student-support@ucl.ac.uk">medsch.student-support@ucl.ac.uk</a>
HEE – Foundation School enquiries	Support portal for FAQs and query submission: <a href="https://lasepgmdesupport.hee.nhs.uk">https://lasepgmdesupport.hee.nhs.uk</a>

