

Guides for how to get the most out of clinical placements

Using these guides

- This document contains five guides for different settings: wards, clinics, acute take/on-call, theatres, and general practice.
- These guides are designed to help you get actively involved during clinical placements.
- It can be easy to simply sit in the corner or feel in the way and have a passive experience – these tips will help to maximise your learning from placements and join in as part of the multidisciplinary team (MDT).
- Each guide includes suggestions for before, during, and after the clinical activity. These include discussing with, or actively observing, healthcare professionals, and practical aspects you could get involved in.
- Read the General Medical Council (GMC) guide: [Clinical placements – what to expect as a medical student](#).
- We recommend using these guides alongside your [e-Portfolio](#) and the [ASR \(Academic Support Record\)](#) which helps you track your progress and identify your own learning needs.

Your feedback

These guides have been developed by Clinical Lecturers and Academic Leads. We are grateful for student and staff feedback – please complete this [Microsoft Form](#) and help us make future improvements.

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How to get the most out of: Wards

What are the wards?

- Rotations in most specialties will involve time on the wards to learn about the journey of a patient admitted to hospital. Patients stay on wards while they are managed in hospital as inpatients.

Before the ward round

Discuss	Practical
<ul style="list-style-type: none"> • Identify the team and introduce yourself by name. <ul style="list-style-type: none"> ▪ MDT: Doctors, nurses, nurse in charge, healthcare assistants (HCAs), physician associates, physiotherapists (physios), occupational therapists (OT), speech & language therapists (SALT), ward clerk, pharmacists, dieticians. • Find out what time handover/ward round starts and arrive 10 minutes before. • Establish ground rules with the supervising doctors. <ul style="list-style-type: none"> ▪ Will volunteering/asking questions on the ward round be possible or is this best done after the ward round? • Depending on ground rules, sometimes it may be possible for you to be actively involved during the ward round (review and/or examine a patient). <ul style="list-style-type: none"> ▪ If so, ask if this could be an SLE with feedback. 	<ul style="list-style-type: none"> • Prepare for your placement so you are ready. <ul style="list-style-type: none"> ▪ Pre-reading (Moodle & Curriculum Map). ▪ Review your e-Portfolio progress and consider whether this may be an opportunity for SLEs or procedures. ▪ Bring equipment – name badge/lanyard, stethoscope, iPad, notebook, pen. ▪ Y5/6 students: What can I do today to make me more confident on my first day as a doctor? • Familiarise yourself with the ward. <ul style="list-style-type: none"> ▪ Where is the resuscitation trolley? ▪ What is the capacity? Are there side rooms? ▪ Where is the doctors' office? • If possible, see 1-2 of the patients the day before the ward round, so you can understand the decision-making. • Attend handover and practise handing over a patient using SBAR. <ul style="list-style-type: none"> ▪ What information is shared at this handover? ▪ How do the MDT structure the handover? • If possible, help doctors prepare for the ward round. <ul style="list-style-type: none"> ▪ What information do doctors need to refer to as they review each patient? Tip - find out how to access the patient records and observations.

During the ward round

Discuss	Practical
<ul style="list-style-type: none"> • Identify patients that you may be able to clerk later. • With guidance from the team, volunteer to summarise and present a patient. <ul style="list-style-type: none"> ▪ Can you clerk the patient before the ward round to later present to the team? • Listen to each patient's presentation/diagnosis and management plan (medications, referrals, investigations, discharge plan). <ul style="list-style-type: none"> ▪ Note down any unfamiliar terms to look up later. ▪ How are patients prepared for discharge? 	<ul style="list-style-type: none"> • Observe how the ward round is documented and practise yourself when appropriate. • Where there is an opportunity, examine a patient and present your findings to the team. • Interpret observations/National Early Warning Score (NEWS2) and recent investigations (ECG, bloods, microbiology, imaging). • Review drug charts and look up drugs in the British National Formulary (BNF). • Create a jobs list for each patient to review with the doctors after the ward round. <ul style="list-style-type: none"> ▪ Offer to help with skills you need to practise, e.g. venepuncture, cannulation, ABGs.

After the ward round

Discuss	Practical
<ul style="list-style-type: none"> • Ask if there may be an opportunity during your placement where you can shadow a member of the MDT to learn about different roles. <ul style="list-style-type: none"> ▪ Nursing drug round, OT/SALT/dietician/physio review. • Observe how doctors' handover patients and outstanding jobs to the on-call team. • Y5/6 students: Think about how today's experience will help you to become a good FY1 doctor. • Identify and review a topic you wish to learn more about – what conditions have you seen today? 	<ul style="list-style-type: none"> • Perform investigations that are needed and complete associated request forms (for Y4/5, see DOPs for module). • Clerk and present new patients (see Y4 resources). • Review the clinical notes of different patients. <ul style="list-style-type: none"> ▪ Can you identify and explain to a peer any diagrams or abbreviations/acronyms you were unsure about? • Practise writing a discharge summary. • Practise prescribing (see Use of Medicines resources and prescribing task). • Attend MDT meetings and out-of-hours shifts. • Speak to patients, what has their experience been like on the ward?

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How to get the most out of: The Acute Take/On-call

What is the acute take?

- The acute take is the main interface between community and acute hospital care, with most new unscheduled patient admissions occurring via the acute medical take.
- A shift usually lasts from approximately 9am-9pm, ending with a handover meeting between day/night teams, though timing/formats of on-calls vary. Bleeps are carried by acute take/on-call team members (junior doctors, registrar, lead consultant), who may also be on duty to respond to crash calls.

How does the acute take work?

- Doctors working in A&E, other specialties and the community refer patients to the on-call registrar/consultant.
- If accepted, patients are added to the acute take list and clerked by a member of the on-call team, which involves undertaking a history, examination, ordering appropriate investigations and starting management.
- Patients are reviewed either the same day or the next morning on the post-take ward round.

Before the acute take/on-call

Discuss	Practical
<ul style="list-style-type: none"> • Identify who the acute take/on-call team members will be. Introduce yourself by name and note down bleep numbers and meeting times/places. <ul style="list-style-type: none"> ▪ E.g. Consultant, registrar, junior doctors. • Ask what specific skills you could practice during the acute take. <ul style="list-style-type: none"> ▪ Could you do an SLE and gain feedback? ▪ Are there other potential learning opportunities? • Check whether you can make anonymised notes/use your iPad. 	<ul style="list-style-type: none"> • Prepare for your placement: <ul style="list-style-type: none"> ▪ Pre-reading (Moodle & Curriculum Map) • Study the likely patient presentations that may be seen. <ul style="list-style-type: none"> ▪ Can you explain to a peer the likely investigations, ongoing management for each of these patient presentations? • Bring equipment – name badge/lanyard, stethoscope, iPad, notebook, pen. • Review the acute take clerking proforma and any relevant guidelines.

During the acute take/on-call

Active observation	Practical
<ul style="list-style-type: none"> • Observe how referrals are made between specialties. <ul style="list-style-type: none"> ▪ What salient points are communicated? • Observe how on-call doctors clerk and present patients. <ul style="list-style-type: none"> ▪ What communication skills are shown? • Observe how the acute take/on-call team respond to and manage medical emergencies. <ul style="list-style-type: none"> ▪ What were the roles of the team members during an emergency? 	<ul style="list-style-type: none"> • Clerk a patient on the acute take (see Y4 resources). <ul style="list-style-type: none"> ▪ Elicit a history and examine patients. ▪ Practise presenting your clerking to seniors. ▪ Under supervision (if with a patient), practise making and presenting a list of differential diagnoses. ▪ Under supervision (if with a patient), practise explaining what investigations would be appropriate and consider a management plan. • Practise undertaking clinical skills and procedures.

<ul style="list-style-type: none"> • If you are unable to clerk patients yourself, review clerkings and consider differential diagnoses, investigations, and management for each patient. 	<ul style="list-style-type: none"> ▪ E.g. Venepuncture, cannulation, urinalysis, performing ECGs, ABGs. • Review and interpret investigation results. • Practise writing up a drug chart (see Use of Medicines resources and prescribing task).
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After the acute take/on-call

Active observation and follow-up	Practical
<ul style="list-style-type: none"> • Observe the post take handover meeting. • Follow up patients on the post take ward round and if possible, follow their onward journey until discharge. <ul style="list-style-type: none"> ▪ What investigations and management took place? ▪ If they were admitted, how did their journey change? 	<ul style="list-style-type: none"> • Reflect on what you have learnt in your e-Portfolio, including any feedback received. • Review any unfamiliar terms you came across. • Review the management guidelines of any new acute medical emergencies you came across. • Look up new medications encountered in the British National Formulary (BNF).

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How to get the most out of: Clinics

What are clinics?

- Settings across various specialties where patients, often with long-term conditions rather than acute problems, are seen.
- Clinics will help you to recognise patterns of symptoms linked with common conditions and gain a deeper understanding of the management of chronic long-term conditions.

Before clinic

Discuss	Practical
<ul style="list-style-type: none"> • Identify the team and introduce yourself by name. <ul style="list-style-type: none"> ▪ Doctors, nurses, healthcare assistants, clinic secretaries. • Ask the clinician running the clinic if you can be actively involved in part of the consultation (elicit a history, examine, assist with investigations). If this is not possible, see suggestions below. <ul style="list-style-type: none"> ▪ Sometimes, there may be an available clinic room you could use to speak to a patient before they are seen. Is it possible to present a history to the clinician before the patient is called through? Remember to gain consent from the patient before doing this, remember to introduce your name and role. ▪ Where appropriate, discuss what you are hoping to learn and whether there may be time for feedback. ▪ Check whether you can make anonymised notes or use your iPad during the clinic. 	<ul style="list-style-type: none"> • Prepare for your placement so you are ready. <ul style="list-style-type: none"> ▪ Pre-reading (Moodle & Curriculum Map). ▪ Study the likely conditions and presentations that may be seen in this clinic. Can you explain to a peer the likely investigations, ongoing management, and associated complications? ▪ Review your e-Portfolio progress and consider whether this may be an opportunity for SLEs. ▪ Bring equipment – name badge/lanyard, stethoscope, iPad, notebook, pen. • Review a patient's notes to identify their history and management so far. <ul style="list-style-type: none"> ▪ Note any unfamiliar terms to review and look up later.

During clinic

Active observation	Practical
<ul style="list-style-type: none"> • Listen to each patient's presentation, diagnosis, and management (medications, referrals, investigations). • Where possible, review and practise interpreting investigation results, e.g. ECG, bloods, imaging. • Observe the patient and how they react – are they engaged? Do they understand what is being discussed? • Is a relative or friend present? How are they included? • What were the patient's expectations? 	<ul style="list-style-type: none"> • Where possible, elicit a focused history and perform a focused examination. <ul style="list-style-type: none"> ▪ This could either be done in front of the clinician during the clinic or in a separate room if available. ▪ Where time permits, present your findings to the clinician. ▪ Practise documenting your history and examination. • There may be opportunities for you to help nursing professionals with the clinic if appropriate. <ul style="list-style-type: none"> ▪ E.g. Taking observations, calculating BMI. • Reflect on what you have learned during the clinic. <ul style="list-style-type: none"> ▪ In ASR you can upload anonymised notes with your learning and reflection to supporting evidence.

If you are unable to be actively involved in consultations:

- Ask the doctor if it will be possible for you to ask questions or reflect on how the consultation went between appointments.
- Try to summarise the patient's story in 2-3 sentences.
- Record your differential diagnoses, investigations, and management for each patient.
- Observe communication skills used:
 - Establishing concerns, explaining a diagnosis or result, discussing non-medical management, psychological impact, summarising, timekeeping.

After clinic

Discuss	Practical
<ul style="list-style-type: none"> • Learn about the process of the clinic: <ul style="list-style-type: none"> ▪ What are the next steps for each patient? ▪ Who will they see next? ▪ Are further investigations needed? ▪ How frequently are patients seen in clinic? ▪ How are patients referred to clinic? Do they have to meet any criteria? 	<ul style="list-style-type: none"> • What are you going to look up after this clinic? <ul style="list-style-type: none"> ▪ Review any new or unfamiliar drugs in the British National Formulary (BNF). ▪ Review guidelines/policies/local protocols. • Practise prescribing (see Use of Medicines resources and prescribing task).

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How to get the most out of: Theatres

What are theatres?

- Rotations in surgery, peri-operative care, anaesthetics and other specialties may involve time in theatre to understand what happens when a patient undergoes a procedure.
- For more information, read the Royal College of Surgeons guide, [Learning in operating theatres](#) (Y4 link).

Consent for intimate examinations under anaesthetic

- Intimate examinations include vaginal, rectal, genital and breast examinations.
- Written consent must be obtained in advance for you to perform an intimate examination in a patient under anaesthesia. This should be documented by the supervising clinician according to the local Trust guidelines.
- You must introduce yourself to any patient you wish to examine in this manner, prior to the procedure.
- We recommend that students participate in the Team Brief at the start of each list and that intimate examinations for which consent has been obtained are mentioned in the brief for the awareness of the whole team.
- Please review UCL’s guidance on [Consent for intimate examination under anaesthetic \(EUA\)](#) and discuss this with your supervising clinician.

Before theatre

Discuss	Practical
<ul style="list-style-type: none"> • Identify the team and introduce yourself by name. <ul style="list-style-type: none"> ▪ MDT: Surgeon/s, anaesthetists, anaesthetic-trained nurse, nurses, operating department practitioners (ODPs), theatre technicians. • Sometimes you may be able to be actively involved in part of the patient’s journey (elicit a history, examine, assist with investigations, scrub in). <ul style="list-style-type: none"> ▪ Where appropriate, discuss what you are hoping to learn and whether there may be time for an SLE with feedback. • How is informed consent gained for procedures? Review a consent form. • What medications are stopped/continued? • What are preoperative fasting guidelines for different procedures? 	<ul style="list-style-type: none"> • Prepare for your placement so you are ready. <ul style="list-style-type: none"> ▪ Pre-reading (Moodle & Curriculum Map). ▪ Review your e-Portfolio progress and consider whether this may be an opportunity for SLEs or procedures. ▪ Bring equipment – name badge/lanyard, stethoscope, iPad, notebook, pen. ▪ Find out where the changing room is, and where the coffee room is in case you need to take a break. • Is it possible to assist the anaesthetist or ODP with taking observations, investigations (ECG, blood tests) and/or reviewing results? • Perform a basic airway assessment with the anaesthetist. • Attend a pre-operative assessment. • Calculate surgical risk scores such as: ASA, SORT, P-Possum.

During theatre

Discuss – Anaesthetics	Practical – Anaesthetics
<ul style="list-style-type: none"> • What are the different drugs used in anaesthesia? • What are the different methods of delivering oxygen? • How are airways managed, and with what equipment? • What types and volumes of intravenous (IV) fluids are given? 	<ul style="list-style-type: none"> • Perform basic monitoring. • Under supervision – draw up drugs, set up IV fluids. • Gain consent and insert an IV cannula. • Ask if this could be an opportunity to catheterise a patient, remembering to gain consent in advance.
Discuss – Surgical	Practical – Surgical
<ul style="list-style-type: none"> • Observe a World Health Organisation (WHO) surgical safety checklist. <ul style="list-style-type: none"> ▪ What is it and why use it? • Intra-operative emergencies and management. • Different types of surgery (emergency, elective) and procedures used (laparoscopic, open). 	<ul style="list-style-type: none"> • Practise scrubbing, gowning, and gloving. <ul style="list-style-type: none"> ▪ Practise this in advance before doing it for real. • When invited, assist with surgery. • After clinical skills teaching, you may have the opportunity to suture under direct supervision.

After theatre

Discuss	Practical
<ul style="list-style-type: none"> • How is the surgery/procedure documented? • Assessing pain – what is the WHO analgesic ladder? • Review post-operative sepsis and complications. • Review deep vein thrombosis (DVT) prophylaxis guidelines. • What is a trial without catheter (TWOC)? • Speak to patients – how was their experience before, during, and after the procedure? 	<ul style="list-style-type: none"> • Practise prescribing oxygen, IV fluids, antibiotics, analgesia and DVT prophylaxis (see Use of Medicines resources and prescribing task). • Assess a patient in recovery using DR ABCDE. • Perform a wound review when appropriate. • Practise handing over a patient to the nursing/surgical team using SBAR.

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How to get the most out of: General Practice Placements

What are General Practice (GP) placements?

- Patients contact GPs, or other MDT members, for a multitude of reasons from acute and chronic health to social matters and more. A consultation with the GP is often the patient's first point of contact when presenting with new symptoms.
- GP placements give you multiple opportunities to see many conditions, follow patients through and see the impact illness has on a patient and their support network.

Before a clinical session

Discuss	Practical
<ul style="list-style-type: none"> • Identify the team and introduce yourself by name. <ul style="list-style-type: none"> ▪ GPs, physician associates, nurse practitioners, practice nurses, healthcare assistants, physiotherapists, pharmacists, social prescribers, reception staff, secretaries. • Ask if you can be actively involved in consultations. <ul style="list-style-type: none"> ▪ With supervision- elicit part of the history, examine, explain a diagnosis, and discuss management options. ▪ Are there any patients you can speak to from the GP's list before the clinical session? If so, gain consent from the patient. Ask the GP if you can present your findings before the appointment. ▪ Check whether you can make anonymised notes or use your iPad during the clinical session. ▪ Where appropriate, discuss what you are hoping to learn and whether there may be time for SLEs and feedback. • Ask if you can join home visits or specialist clinics. <ul style="list-style-type: none"> ▪ E.g. asthma/COPD clinics, family planning clinics, 6-week newborn checks. • Ask if you can sit in a practice meeting – these may be with members of the MDT. • Ask if you can observe receptionists and sit in on consultations with physiotherapists, practice nurses and different GPs to see how they practice. 	<ul style="list-style-type: none"> • Prepare for your placement so you are ready. <ul style="list-style-type: none"> ▪ Pre-reading (Moodle & Curriculum Map). ▪ Review your e-Portfolio progress and consider whether this may be an opportunity for SLEs or procedures. ▪ Bring equipment – name badge/lanyard, stethoscope, iPad, notebook, pen. • Familiarise yourself with a consultation room and equipment available. <ul style="list-style-type: none"> ▪ Practise using an otoscope, sphygmomanometer, ophthalmoscope, and tendon hammer. • Practise taking routine measurements (respiratory rate, oxygen saturations, BP, pulse, temperature). • Find out where the clinical store cupboard is and where emergency equipment is kept. <ul style="list-style-type: none"> ▪ What is in it? ▪ Speak to staff about protocols and what to do in emergencies.

During a clinical session

Discuss	Practical
<ul style="list-style-type: none"> • If possible, discuss the patient's history and reason for consultation before they are seen. • Ask if you can review the patient's record summary, medical history, medication list. 	<ul style="list-style-type: none"> • Elicit a history or perform a focused examination. <ul style="list-style-type: none"> ▪ Is it possible to speak to the patient (with their consent) in more detail in another consultation room?

<ul style="list-style-type: none"> • What monitoring is required for different drugs? • Continuity of care – the GP/nurse may know the patient very well – how does this impact on their approach to the patient? <ul style="list-style-type: none"> ▪ Where can this work? Where might there be a risk in knowing a patient (and their family) well? • Generalism – how does the GP approach seeing patients with conditions from different specialties? • Uncertainty – how does the GP approach vague or uncertain presentations? • Acutely unwell patients – how are these seen in general practice? • Timekeeping – how did the GP manage their time during the clinic? • Observe telephone consultations. <ul style="list-style-type: none"> • How are these different from face-to-face consultations? • Does the practice offer online consultations? <ul style="list-style-type: none"> ▪ How are these triaged? 	<ul style="list-style-type: none"> ▪ If you feel confident, discuss differentials and management options under supervision. • Assist with taking observations and bedside investigations such as urinalysis. <ul style="list-style-type: none"> ▪ Can you review/interpret any results with the GP? • When observing a history: <ul style="list-style-type: none"> ▪ Can you review/interpret any results with the GP? ▪ What are your differentials and why? ▪ How would you begin to manage their problem? ▪ Did the GP explore the patient’s ideas, concerns, expectations? What do you think the impact this patient’s condition is having on their life? ▪ How did the GP open and close the consultation? ▪ What safety-netting advice is given to patients? ▪ How did the GP undertake the consultation in 10-15 minutes?
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After a clinical session

Discuss	Practical
<ul style="list-style-type: none"> • Discuss any challenging cases. Note down what you plan to read up on later. • Review the notes of 1-2 patients seen to understand their condition in more detail. • Review management protocols/guidelines. • Ask if you can join lunchtime meetings or GP teaching. 	<ul style="list-style-type: none"> • Practise prescribing (see Use of Medicines resources and prescribing task). <ul style="list-style-type: none"> ▪ Ask if you can observe reviewing prescriptions. ▪ How do prescriptions in primary care differ from secondary care? • Ask if you can observe (or actively participate under supervision) reviewing hospital letters and lab results. <ul style="list-style-type: none"> ▪ Discuss how you might action them. ▪ How are they coded/processed?

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