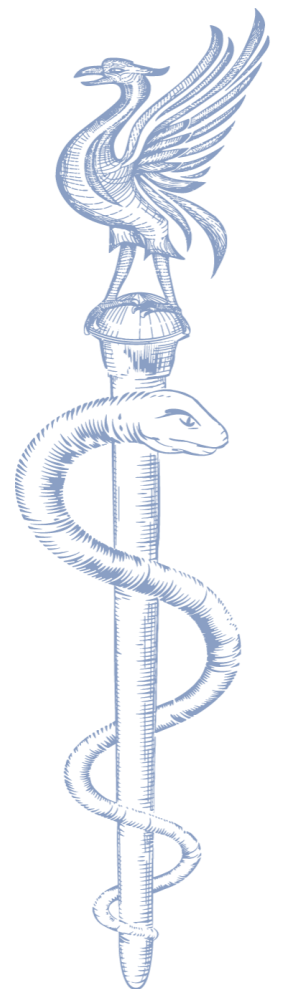


# Year 4 MBChB Placement E-portfolio Requirements

2021/22



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## 1. Placement overview

Year 4 has eight 4-week placements:

- General Practice B
- Medicine C: Geriatric Medicine, Renal & Rheumatology
- Medicine D: Palliative Care, Oncology & Haemato-oncology
- Neurology
- Obstetrics & Gynaecology B
- Paediatrics B (including Child & Adolescent Psychiatry)
- Psychiatry A
- Surgery C: Paediatric Head & Neck, Adult Head & Neck, Ophthalmology and Plastic Surgery

## 2. Year 3 Catch-up information

Due to student doctors missing Year 3 placement time due to the COVID-19 situation, key elements of these placements will be “caught up” during the first three rotations of Year 4. Student doctors are only required to catch up on those placements not repeated in Year 4. Some Year 4 placements have therefore been reduced from four weeks to three weeks to enable a one-week catch up of a missed Year 3 placement e.g. **one-week** Surgery A catch up plus **three-week** O&G B.

### 2.1 Year 3 placements to be “caught up” in a one-week placement

The requirements for these placements are include as separate tables at the end of this document.

- Medicine A: Cardiology and Respiratory
- Medicine B: Gastroenterology, Diabetes & Endocrinology, and Infectious Disease
- Surgery A: Upper GI & Colorectal Surgery, Urology and Breast Surgery
- Surgery B: Trauma & Orthopaedics

### 2.2 Year 4 placements to be reduced to a three-week placement

These placements have been reduced to facilitate Year 3 Catch-up. The adjusted three-week requirements for these placements are listed at the bottom of the four-week placement documents.

- Paediatrics B
- Obstetrics & Gynaecology B
- General Practice B

## 3. Direct Observation of Procedural Skills (DOPS)

DOPS can be completed during any placement and are expected to be performed regularly throughout the academic year.

### 3.1 Mandatory

Intravenous (IV) cannulation, Intravenous (IV) fluid line preparation, Intramuscular (IM) injection, Subcutaneous (SC) injection, Venepuncture, Vital signs: adult (NEWS), Vital signs: paediatric, Wound care & basic wound dressing.

### 3.2 Recommended

12 lead ECG: record & interpret, Airway assessment, Arterial or venous blood gas sampling, Basic wound closure e.g. steristrips, glue, Blood transfusion set up & delivery (observation only), Child growth: record & measure, Eye drops administration, Genital swab taking, Inhaler technique demonstration: adult or paediatric, Lumbar puncture (observation only), Paediatric urine sample collection, Partogram: record & interpret, Peak expiratory flow rate (PEFR): adult or paediatric, Plaster cast application, Plaster cast removal, Speculum examination, Surgical scrubbing up incl. sterile gloving, Syringe driver setting up for SC medication (observation only), Urinalysis, Urinary catheterisation: male or female, Wound swab taking.

## 4. Recording clinical activity on placement

### 4.1 PebblePocket App

Student doctors can record their clinical activity using the PebblePocket App on their mobile device. At the start of the academic year, student doctors are to ensure that they update their device so they can view the 21/22 forms e.g. CPADs, OEs, DOPS, Student Declarations.

### 4.2 E-forms

If student doctors are unable to obtain a signature on the PebblePocket App in person from their assessor, they can email them an electronic version of the form. Please refer to the E-forms page within the clinical workbook for further details.

**The deadline for all placement evidence, including all attachments, to be completed in the workbook is: 10am on Monday 4th July 2022**

## 5. Placement Information

Activity	Form	5.1 General Practice B placement activities 4-week placement
Minimum and recommended numbers		
<b>Cases</b>	CPAD	Minimum: <b>5</b> Recommended: <b>10</b> Record CPADs from a range of cases seen in primary care
<b>Examinations</b>	OE	Minimum: <b>2</b> Recommended: <b>3</b> Record examinations from a range of cases seen in primary care.
<b>Procedures</b>	DOPS	Try to observe and practice as many procedures as possible. Recommended DOPS include: child growth: measure & record, genital swab taking, inhaler technique demonstration: adult or paediatric, IM injection, PEFr: adult or paediatric, speculum examination, urinalysis, venepuncture, vital signs: adult or paediatric, wound swab taking.
<b>Mandatory Experiences</b>	Student Declaration	A minimum of <b>2</b> different activities from the following: <ol style="list-style-type: none"> <li>Home visit to a palliative care patient. This is to be followed by a debrief with a GP in the form of a case-based discussion.</li> <li>Home visit to a care home patient. This is to be followed by a debrief with a GP in the form of a case-based discussion.</li> <li>Review and discussion of investigation results.</li> <li>Involvement in an audit, significant event audit or management of a complaint.</li> </ol>
<b>Additional Opportunities you have found</b>	Student Declaration	Desirable but not essential. Recommended activity: <ol style="list-style-type: none"> <li>Observe a learning disability annual health check.</li> <li>Follow a patient's admission to hospital/2-week rule referral.</li> </ol>
<b>First &amp; End of placement Educational Supervisor (ES) meetings</b>	Recorded in E-portfolio	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
<b>Teaching Tutorials</b>	n/a	1 x Placement Induction Session. 4 x Full days of Community Clinical Teaching (CCT).

**Note:** CCT sessions for this placement take place on Tuesdays

**Adjustments for 3-week GP B placement** (to facilitate 1 week of Year 3 catch up):

- **Cases:** Minimum: 4 Recommended: 8
- **Examinations:** Minimum: 2
- **Mandatory Experiences:** Minimum: 2

Activity	Form	<b>5.2 Medicine C placement activities</b> <b>4-week placement</b> <b>Minimum and recommended numbers</b>
<b>Cases</b>	CPAD	<p>Minimum: <b>4</b> Recommended: <b>8</b></p> <p>These are to be obtained during your ward work activity time or during outpatient clinics. Record CPADs from a range of cases involving some of the following: an older person with a fall, stroke, TIA, acute cognitive impairment, leg ulcers, pressure sore, incontinence, dementia (including a formal assessment of cognitive abilities e.g. MoCA or Addenbrooke's Cognitive Examination).</p> <p>Must include at least <b>one</b> renal case from: a patient with an acute kidney injury (AKI), a patient with chronic kidney disease (CKD), a patient receiving renal replacement therapy (RRT).</p> <p>Suggest include at least <b>one</b> rheumatology case from a patient with inflammatory arthritis, osteoarthritis, gout, septic arthritis, autoimmune connective tissue disease/vasculitis, chronic widespread pain/fibromyalgia.</p>
<b>Examinations</b>	OE	<p>Minimum: <b>4</b> Recommended: <b>6</b></p> <p>To include the examination of a system e.g. CVS, respiratory, GIT, neurology.</p> <ul style="list-style-type: none"> <li>• Must include at least one rheumatology examination e.g. hands, large joint.</li> <li>• Must include at least one assessment of fluid status e.g. assessing for fluid overload or dehydration.</li> </ul>
<b>Procedures</b>	DOPS	<p>Try to observe and practice as many procedures as possible. Recommended DOPS include:</p> <p>12 lead ECG: record &amp; interpret IV cannulation, arterial or venous blood gas sampling, IM injection, IV fluid line preparation, SC injection, urinalysis, urinary catheterisation, venepuncture, vital signs (NEWS), wound care &amp; basic wound dressing, wound swab taking.</p>
	Student Declaration	<p>Minimum: <b>1</b></p> <p>Observation of a haemodialysis session during half day placement on haemodialysis ward or satellite clinic.</p>
<b>Ward rounds</b>	Student Declaration	<p>Minimum: <b>4</b></p>
<b>Clinics</b>	Student Declaration	<p>Minimum: <b>4</b></p> <p>Could include one of each of general geriatrics, stroke/TIA, falls, movement disorders.</p>

Activity	Form	<b>5.2 Medicine C placement activities</b> <b>4-week placement</b> <b>Minimum and recommended numbers</b>
		<ul style="list-style-type: none"> <li>• Must include at least <b>one</b> rheumatology clinic e.g. general rheumatology, early arthritis, connective tissue disease/vasculitis.</li> <li>• Suggest include at least <b>one</b> renal clinic e.g. general nephrology, dialysis, transplant, low clearance.</li> </ul>
<b>On-call</b>	Student Declaration	One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day.
<b>Multi-Professional working</b>	Student Declaration	<p>A minimum of <b>4</b> different activities from the following (must include at least <b>one</b> rheumatology and <b>one</b> renal experience):</p> <ol style="list-style-type: none"> <li>1. Record an occasion when you spent time at an MDT discharge planning and observing the work of an Allied Health Professional e.g. OT, physiotherapist, SALT, dietician, social worker.</li> <li>2. Record an occasion when you discussed prescribing plans with a pharmacist in a clinical setting e.g. for a patient taking multiple medications, a patient with a rheumatological condition, a patient with renal impairment requiring dose adjustment.</li> <li>3. Record an episode when you shadowed a Tissue Viability Nurse (TVN).</li> <li>4. Reflect on a patient journey (full or part of) from admission to discharge back to community services. Consider the impact on the patient and the team members involved. Were any challenges encountered?</li> <li>5. Record an occasion when you spent time with a rheumatology specialist nurse e.g. at a DMARD drug education session, IM injection clinic, seeing acute exacerbations.</li> <li>6. Record an occasion when you attended a radiology meeting.</li> <li>7. Record an occasion when you observed a patient during part of their pre-dialysis pathway. Describe the role of the team members e.g. pre-dialysis nurse renal dietitian, renal psychologist.</li> </ol>



Activity	Form	<b>5.2 Medicine C placement activities</b> <b>4-week placement</b> <b>Minimum and recommended numbers</b>
<b>Year 4 Simulating Training</b>	Certificate or Student Declaration	Trust Simulation Training
<b>First &amp; End of placement Educational Supervisor (ES) meetings</b>	Recorded in E-portfolio	All fields to be completed by the student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
<b>Teaching Tutorials</b>	n/a	1 x Placement Induction Session. 4 x Case-Based Learning (CBL) Tutorials. 4 x Bedside Teaching Tutorials. 1 x Clinical Skills Session. 1 x Safe Prescribing Session. 1 x Stroke Awareness Workshop.

**Notes:**

- Placement comprised of 4 weeks at base hospital on geriatric medicine wards.
- Minimum renal activities: one clinic and one half-day dialysis session.
- Minimum rheumatology activities: one clinic and one nurse led session e.g. drug education clinic or IM injections.
- Blackpool students are to spend the last 2 days of their 4-week placement i.e. Thursday and Friday at RLBUHT gaining renal experience.
- The stroke awareness workshop and cerebrovascular disease CBL will be take place on Friday of week two in Cedar House.

Activity	Form	<b>5.3 Medicine D Palliative Medicine placement activities</b> <b>3-week placement</b> <b>Minimum and recommended numbers</b>
<b>Cases</b>	CPAD	Minimum: <b>3</b> Recommended: <b>5</b>  These are to be obtained during your ward work activity time or during outpatient clinics. Record CPADs from a range of cases involving some of the following: Must include at least <b>one</b> patient in the dying phase. <ul style="list-style-type: none"> <li>• A patient with complex pain.</li> <li>• A case incorporating shared decision making.</li> <li>• A case incorporating complexity and uncertainty of the disease or symptoms.</li> <li>• A case incorporating ethical decision making in end of life care.</li> <li>• A patient with complex psychological, social or spiritual end of life care issues.</li> </ul>
<b>Examinations</b>	OE	Minimum: <b>2</b> Recommended: <b>3</b>  To include the examination of a system e.g. CVS, respiratory, GIT, neurology.
<b>Procedures</b>	DOPS	Try to observe and practice as may procedures as possible. Recommended DOPS include: IV cannulation, IV fluid line preparation, SC injection, syringe driver setting up for SC medication (observation only), urinalysis, urinary catheterisation, venepuncture, wound care & basic wound dressing, wound swab taking.
	Student Declaration	Observe a breaking bad news conversation. (Minimum <b>1</b> form) Can be completed during another placement e.g. Oncology or Medicine C if (and attached here) if unable to obtain during this placement.
<b>Ward rounds</b>	Student Declaration	Minimum: <b>2</b>
<b>Clinics</b>	Student Declaration	Minimum: <b>1</b> Recommended: <b>2</b> Suggest include at least <b>one</b> palliative medicine OP clinic.
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>3</b> different activities from the following:

Activity	Form	<b>5.3 Medicine D Palliative Medicine placement activities</b> <b>3-week placement</b> <b>Minimum and recommended numbers</b>
		1. Record an occasion when you spent time undertaking a community session e.g. day care, outpatient clinic, domiciliary visit. 2. Record an occasion when you spent time at a multi-professional clinical interface meeting. 3. Record an occasion when you have spent time at a multidisciplinary team meeting. 4. Record an episode when you shadowed the hospital palliative care team.
<b>Additional opportunities you have found</b>	Student Declaration	Desirable but not essential. Recommended activities include: Observation of verification of death. Observation of certification of death.
<b>Initial &amp; end of placement Educational Supervisor (ES) meetings</b>	Recorded in E-portfolio	All fields completed by student doctor and educational supervisor (please remember to complete student doctor comments prior to meeting).
<b>Teaching tutorials</b>	N/A	1x Placement Induction Session. 3 x Case Based Learning (CBL) Tutorials. 3 x Bedside Teaching Tutorials. 1 x Clinical Skills Session. 3 x Communication for Clinical Practice Sessions in Palliative & End of Life Care.

Activity	Form	<b>5.4 Medicine D Oncology &amp; Haemato-oncology placement activities</b> <b>1-week placement</b> <b>Minimum and recommended numbers</b>
<b>Cases</b>	CPAD	Minimum: <b>1</b> Recommended: <b>2 (one of each)</b> .  These are to be obtained during your ward work activity time, outpatient clinics or timetabled time on the chemotherapy unit. Record CPADs from a range of cases involving some of the following: A patient undergoing chemotherapy for a haematological or solid malignancy. A patient admitted as an emergency with a complication of treatment or an oncological emergency.
<b>Examinations</b>	OE	Minimum: <b>1</b>  To include the examination of a system where there is an abnormality to be detected e.g. respiratory, GIT, neurology, gynaecology, breast.
<b>Procedures</b>	DOPS	Try to observe and practice as may procedures as possible. Recommended DOPS include: Blood transfusion set up & delivery (observation only), IV cannulation, IV fluid line preparation, urinalysis, venepuncture, vital signs (NEWS), wound care & basic wound dressing, wound swab taking.
	Student Declaration	Minimum: <b>1</b> Recommended: <b>2 (one of each)</b> Observe the delivery of either chemotherapy or radiotherapy.
<b>Ward rounds</b>	Student Declaration	Minimum: <b>1</b>
<b>Clinics</b>	Student Declaration	Minimum: <b>1</b> Recommended: <b>2</b> Recommend include <b>one</b> clinical oncology. Other clinics can include haemato-oncology and medical oncology.
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>1</b> activity from the following: <ol style="list-style-type: none"> <li>1. Record an occasion when you have spent time at a tumour specific multidisciplinary team meeting.</li> <li>2. Record an occasion when you attended a clinic or ward-based session under the supervision of a senior nurse or radiographer e.g. a treatment review clinic with an on-treatment review (OTR) radiographer or chemotherapy clinic with an ANP.</li> </ol>

Activity	Form	<b>5.4 Medicine D Oncology &amp; Haemato-oncology placement activities</b> <b>1-week placement</b> <b>Minimum and recommended numbers</b>
<b>Additional opportunities you have found</b>	Student Declaration	Desirable but not essential. Recommended activity includes: Observation of a bone marrow biopsy.
<b>End of placement Educational Supervisor (ES) meeting</b>	Recorded in E-portfolio	All fields completed by student doctor and educational supervisor (please remember to complete student doctor comments prior to meeting).
<b>Teaching tutorials</b>	N/A	1 x Placement Induction Session. 1x Case Based Learning (CBL) Tutorial.

Activity	Form	<b>5.5 Neurology placement activities</b> <b>4-week placement</b> <b>Minimum and recommended numbers</b>
<b>Cases</b>	CPAD	Minimum: <b>4</b> Recommended: <b>6</b>  These are to be obtained during your ward work activity time or during outpatient clinics. Record CPADs from a range of cases involving some of the following: acute headache, chronic headache, acute confusion, dementia, seizure or transient loss of consciousness, coma, movement disorder, stroke, intracranial haemorrhage, neurotrauma, impairment of speech or swallowing, acute paralysis or imbalance, chronic weakness or imbalance, somatosensory loss, visual loss, loss of sphincter function, neuropathic pain, functional neurological disorder.  Must include at least <b>one</b> case with a surgery component and at least <b>one</b> case with a rehabilitation component.
<b>Examinations</b>	OE	Minimum: <b>4</b> Recommended: <b>4</b>  Must include a least <b>one</b> motor, <b>one</b> sensory and <b>one</b> cranial nerve examination.
<b>Procedures</b>	DOPS	Try to observe and practice as may procedures as possible. Recommended DOPS include: airway assessment, IV cannulation, lumbar puncture (observation only), surgical scrubbing up, venepuncture, vital signs (NEWS).
<b>Ward rounds</b>	Student Declaration	Minimum: <b>2</b> Can include a district general hospital (DGH) ward round.
<b>Clinics</b>	Student Declaration	Minimum: <b>2</b> Recommended: <b>3</b> Can include DGH clinics and sub-specialities e.g. epilepsy, MS, movements disorders, neurosurgery, pain management.
<b>Theatre/Investigative experiences</b>	Student Declaration	Minimum number: <b>1</b> half day per placement Describe the surgery, tests or imaging you have witnessed. Try to demonstrate a range of those from: neurosurgery, interventional neuroradiology, pain intervention.

Activity	Form	<b>5.5 Neurology placement activities</b> <b>4-week placement</b> <b>Minimum and recommended numbers</b>
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>2</b> different activities from the following: <ol style="list-style-type: none"> <li>1. Record an occasion when you spent time in neurorehabilitation.</li> <li>2. Record an occasion when you spent time in a neuroradiology meeting.</li> <li>3. Record an occasion when you attended the multidisciplinary grand round.</li> </ol>
<b>First &amp; End of placement Educational Supervisor (ES) meetings</b>	Recorded in E-portfolio	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
<b>Teaching Tutorials</b>	n/a	1x Placement Induction Session. 4 x Case Based Learning (CBL) Tutorials. 4 x Bedside Teaching Tutorials. 1 x Clinical Skills Tutorial. 1 x Safe Prescribing Session. 1 x Living with a Long-Term Disability Workshop. 1 x Parkinson Awareness Workshop. 1x End of Placement Clinical Assessment for Learning.

		<b>5.6 Obstetrics &amp; Gynaecology B placement activities</b>
		<b>4-week placement</b>
<b>Activity</b>	<b>Form</b>	<b>Minimum and recommended numbers</b>
<b>Cases</b>	CPAD	<b>Minimum: 4 Recommended: 8</b> These are to be obtained during your ward work activity time or during outpatient clinics. Record CPADs from a range of cases involving some of the following: gynaecological cancer, fertility problem (male or female), management of a fetal medicine condition, management of a urogynaecology condition, sexual health (male or female).
<b>Examinations</b>	OE	<b>Minimum: 2 Recommended: 3</b> Must include at least <b>one</b> obstetric palpation. Can include an examination of a new-born, pelvic examination.
<b>Procedures</b>	DOPS	Try to observe and practice as many procedures as possible. Recommended DOPS include: airway assessment, blood transfusion set up & delivery (observation only), genital swab taking, IV cannulation, IV fluid line preparation, partogram: record & interpret, speculum examination, SC injection, surgical scrubbing up, urinalysis, urinary catheterisation, venepuncture, vital signs (NEWS), wound care & basic wound dressing.
<b>Ward rounds</b>	Student Declaration	<b>Minimum: 4</b> Could include gynaecology, obstetric, neonatal.
<b>Clinics</b>	Student Declaration	<b>Minimum: 4 Recommended: 6</b> Could include one each of: general gynaecology, rapid access gynaecology, colposcopy, gynaecology oncology, urogynaecology, fertility, andrology, fetal medicine, antenatal, neonatal, sexual health.  Student doctors who missed their O&G A placement <b>must attend at least one</b> antenatal clinic.
<b>Theatre/Investigative experiences</b>	Student Declaration	<b>Minimum: 4</b> Describe the surgery, tests or imaging you have witnessed. Try to demonstrate a range of those from: laparoscopy, gynaecology oncology surgery, urogynaecology surgery, fertility



		<b>5.6 Obstetrics &amp; Gynaecology B placement activities</b> 4-week placement
<b>Activity</b>	<b>Form</b>	<b>Minimum and recommended numbers</b>
		investigations/procedures, caesarean section, urodynamic assessment, obstetric ultrasound.
<b>On-call</b>	Student Declaration	<b>One session per placement</b> on delivery suite/midwife led unit out of hours and/or at the weekend. This is one long day adding out of hours activity to a normal day.  Student Doctors who missed their O&G A placement <b>must attend at least one</b> delivery suite session.
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>4</b> different activities from the following: <ol style="list-style-type: none"> <li>1. Record an occasion when you spent time with a nurse specialist or specialist midwife e.g. Macmillan nurse.</li> <li>2. Record an occasion where you spent time with a sexual health practitioner discussing contact tracing.</li> <li>3. Record an occasion where you spent time with a neonatal doctor or nurse specialist.</li> <li>4. Record an occasion when you spent time at an MDT meeting.</li> <li>5. Record an occasion when you discussed prescribing plans in a clinical setting e.g. ward round.</li> <li>6. Record an occasion when you shadowed the anaesthetic pre-op management and post-op assessment of a patient.</li> </ol>
<b>Additional Opportunities you have found</b>	Student Declaration	Desirable but not essential. Recommended activities include: fetal medicine invasive procedures, termination of pregnancy clinic, termination of pregnancy theatre, chemotherapy planning, discharge planning, obtaining informed consent, venous thromboembolism (VTE) risk assessment, WHO surgical safety checklist, neonatal intensive care, community midwife clinic.
<b>First &amp; End of placement Educational Supervisor (ES) meetings</b>	Recorded in E-portfolio	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).

		<b>5.6 Obstetrics &amp; Gynaecology B placement activities</b>
		<b>4-week placement</b>
<b>Activity</b>	<b>Form</b>	<b>Minimum and recommended numbers</b>
<b>Teaching Tutorials</b>	n/a	1 x Placement Induction Session. 4 x Case Based Learning (CBL) Tutorials. 4 x Bedside Teaching Tutorials. 1 x Clinical Skills Tutorial. 1 x Safe Prescribing Session.

Student Doctors who missed their Year 3 O&G A placement due to the COVID-19 situation, must attend **at least one** antenatal clinic **and at least one** delivery suite session.

**Note:** Students Doctors are to attend at least one sexual health clinic during their 4-week placement.

**Adjustments for 3-week O&G B placement** (to facilitate 1 week of Year 3 catch up):

- **Cases:** Minimum: **3** Recommended: **6**
- **Examinations:** Minimum: **2** Recommended: **3**
- **Ward rounds:** Minimum: **3**
- **Clinics:** Minimum: **3** Recommended: **5**
- **Theatre/Investigative experiences:** Minimum: **3**
- **Multi-Professional working:** Minimum: **3**

Activity	Form	5.7 Paediatric B placement activities 4-week placement Minimum and recommended numbers
<b>Cases</b>	CPAD	<p>Minimum: <b>4</b> Recommended: <b>8</b></p> <p>These are to be obtained during your ward work activity time or during outpatient clinics. Record CPADs from a range of cases involving some of the following:</p> <ul style="list-style-type: none"> <li>• A child with a growth problem.</li> <li>• A child with complex needs (multiple medical problems; often related to an underlying congenital or genetic condition).</li> <li>• A child with a chronic condition e.g. asthma, cystic fibrosis (CF), diabetes, epilepsy.</li> <li>• A child with abnormal movement (musculo-skeletal or neurological).</li> </ul> <p>In situations where it is difficult to find cases with chronic conditions, acute presentations can be included.</p> <p>Suggest include a least <b>one</b> child &amp; adolescent mental health (CAMH) case which includes a mental state examination (MSE). Cases can include depression, anxiety, self-harm, eating disorder, OCD, psychosis, ASD, ADHD, somatisation.</p>
<b>Examinations</b>	OE	<p>Minimum: <b>3</b> Recommended: <b>5</b></p> <p>Must include at least <b>one</b> infant &lt;6 months of age. Must include at least <b>one</b> pre-school child (6-36 months of age).</p>
<b>Procedures</b>	DOPS	<p>Try to observe and practice as many procedures as possible. Recommended DOPS include: child growth: measure &amp; record, inhaler technique demonstration, paediatric, PEFr, urine sample collection, urinalysis, vital signs: paediatric.</p>
<b>Ward rounds</b>	Student Declaration	<p>Minimum: <b>3</b></p>
<b>Clinics</b>	Student Declaration	<p>Minimum: <b>4</b> Recommended: <b>8</b></p> <p>Must include at least <b>one</b> general paediatric or ambulatory clinic. Suggest include at least <b>one</b> CAMH clinic (general or speciality).</p> <p>Other clinics can include community paediatrics and sub-specialties e.g. diabetes, cardiology, rheumatology, CF, epilepsy, surgical, immunodeficiency.</p>

Activity	Form	<b>5.7 Paediatric B placement activities</b> <b>4-week placement</b> <b>Minimum and recommended numbers</b>
<b>Theatre/Investigative experiences</b>	Student Declaration	Minimum: <b>1</b> Recommended: <b>2</b> One theatre experience will be following a child throughout the day and experiencing the process.
<b>On-call</b>	Student Declaration	One session per placement. This is one long day adding out of hours activity to a normal day.
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>4</b> different activities from the following (suggest include at least <b>one</b> CAMH experience): <ol style="list-style-type: none"> <li>1. Record an occasion when you spent time with a play specialist discussing strategies to keep children happy in hospital.</li> <li>2. Record an occasion when you spent time with a ward pharmacist reflecting on the challenges of prescribing for children.</li> <li>3. Record an occasion when you discussed healthy eating for children with a paediatric dietitian.</li> <li>4. Record time spent with a nurse specialist reflecting on the skills and experience they bring to the family.</li> <li>5. Record attendance at an MDT meeting. Did the meeting have clear goals and how was it conducted; did everyone contribute?</li> <li>6. Record an occasion when you spent time with a member of CAMH MDT e.g. mental health practitioner, psychologist.</li> <li>7. Record an occasion when you witnessed a risk assessment being performed by a member of the MDT.</li> <li>8. Record an occasion when you observed a CAMH therapeutic intervention e.g. CBT, family therapy.</li> </ol>
<b>First &amp; End of placement Educational Supervisor (ES) meetings</b>	Recorded in E-portfolio	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
<b>Teaching Tutorials</b>	n/a	1 x Placement Induction Session. 4 x Case Based Learning (CBL) Tutorials. 4 x Bedside Teaching Tutorials. 1 x Clinical Skills Tutorial. 1 x Safe Prescribing Session.

**Note:** Students Doctors are to attend two days of CAMH placement during their 4-week placement.

**Adjustments for 3-week Paediatrics B placement (to facilitate 1 week of Year 3 catch up):**

- **Cases:** Minimum: 3 Recommended: 6
- **Examinations:** Minimum: 2 Recommended: 4
- **Ward rounds:** Minimum: 2
- **Clinics:** Minimum: 3 Recommended: 6
- **Theatre/Investigative experiences:** Minimum: 1
- **Multi-Professional working:** Minimum: 3

Activity	Form	<b>5.8 Psychiatry A placement activities</b> <b>4-week placement</b> <b>Minimum and recommended numbers</b>
<b>Cases</b>	CPAD	<p><b>Minimum: 4 Recommended: 6</b></p> <p>These are to be obtained during your ward work activity time or during outpatient clinics.</p> <p>Record CPADs, including a mental state examination (MSE) and a risk assessment, from a range of cases involving some of the following:</p> <p>Schizophrenia or a psychotic disorder, bipolar affective disorder, schizoaffective disorder, unipolar depression, emotionally unstable personality disorder, anxiety disorder, a patient who has self-harmed, a patient who is suicidal, learning disability, autistic spectrum disorder, mental and behavioural disorders due to use of alcohol or illicit substances, mild cognitive impairment, Alzheimer's dementia, vascular dementia</p> <p>Recommend include a least one case of a patient with a type of dementia which includes a formal assessment of cognitive abilities e.g. MoCA or Addenbrooke's Cognitive Examination.</p>
<b>Ward rounds</b>	Student declaration	<b>Minimum: 4 Recommended: 6</b>
<b>Clinics</b>	Student declaration	<b>Minimum: 0 Recommended: 4</b> (Can include a memory clinic)
<b>Multi-professional working</b>	Student declaration	A minimum of <b>4</b> different activities from the following: <ol style="list-style-type: none"> <li>1. Record an occasion when you observed an MDT meeting for a patient on the ward.</li> <li>2. Record an occasion when you observed a patient's Care Programme Approach (CPA) review with the Consultant/SpR in the outpatient setting.</li> <li>3. Record an occasion when you observed an MDT meeting in the outpatient setting (e.g. the weekly team meeting).</li> <li>4. Record an occasion when you observed a patient on the ward or in the outpatient setting being assessed under either Section 2 or 3 of the Mental Health Act 1983.</li> <li>5. Record an occasion when you spent time with a psychologist on the ward.</li> </ol>

Activity	Form	<b>5.8 Psychiatry A placement activities</b> <b>4-week placement</b> <b>Minimum and recommended numbers</b>
		6. Record an occasion when you went on a home visit to review a patient with a Community Mental Health Nurse.
<b>Additional opportunities you have found</b>	Student declaration	Desirable but not essential. Recommended activities include: <ul style="list-style-type: none"> <li>• Accompany a doctor on an on-call session 5pm-9pm. This is one long day adding out of hours activity to a normal day.</li> <li>• Observe an Electroconvulsive Therapy (ECT) list.</li> <li>• Attend the local Balint Group for junior trainees.</li> <li>• Observe a medical assessment of a patient newly referred to the community mental health team.</li> <li>• Observe an informal patient on the ward being assessed to be held under Section 5(2) of the Mental Health Act 1983.</li> <li>• Observe a patient's cognitive abilities being formally assessed using the MoCA or Addenbrooke's Cognitive Examination.</li> <li>• Attend an inpatient's Mental Health Tribunal Hearing.</li> <li>• Observe a patient being assessed by the Early Intervention in Psychosis Service for suitability to be accepted.</li> <li>• Observe a patient being medically reviewed in seclusion.</li> <li>• Spend time on the Psychiatric Intensive Care Unit (PICU).</li> </ul>
<b>First &amp; End of placement Educational Supervisor (ES) meetings</b>	Recorded in E-portfolio	All fields to be completed by the student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
<b>Teaching Tutorials</b>	n/a	1 x Placement Induction Session. 4 x Case Based Learning (CBL) Tutorials. 1 x Safe Prescribing Session. 1 x Intellectual Disability Awareness Day.

**Notes:**

- Intellectual Disability Awareness Day to take place on Monday of week one in Cedar House.
- Safe Prescribing Session to take place on Wednesday morning of week two in Cedar House.



Activity	Form	<b>5.9 Surgery C Paediatric Head &amp; Neck placement activities</b> <b>1-week placement</b> <b>Minimum and recommended numbers</b>
<b>Cases</b>	CPAD	Minimum: <b>1</b> Recommended: <b>2</b>  These are to be obtained during your ward work activity time or during outpatient clinics. Record CPADs from a range of cases involving the following: allergic rhinitis, ear or nasal discharge, epistaxis, hearing loss e.g. glue ear, nasal obstruction, neck lump, snoring/obstructive sleep apnoea (OSA), stridor, otitis media, tonsillitis/infectious mononucleosis, vertigo.
<b>Examinations</b>	OE	Minimum: <b>1</b> Recommended: <b>2</b>  Can include: otoscopy, mouth examination, nose examination, neck examination.
<b>Procedures</b>	DOPS	Try to observe and practice as many procedures as possible. Recommended DOPS include: airway assessment, surgical scrubbing up, vital signs, wound care & basic wound dressing, wound swab taking.
<b>Ward rounds</b>	Student Declaration	Minimum: <b>1</b> Can include a ward visit if no ward rounds available.
<b>Clinics</b>	Student Declaration	Minimum: <b>1</b> Recommended: <b>2</b>  Suggest include at least <b>one</b> general paediatric ENT clinic.  Other clinics can include specialist clinic, nurse led clinic, ENT emergency clinic, tongue-tie clinic, OMFS clinic, cleft palate clinic, craniofacial clinic, audiology clinic, balance clinic, hearing clinic.
<b>Theatre/Investigative experiences</b>	Student Declaration	Minimum: <b>1</b>  Describe the surgery, tests or imaging you have witnessed. Try to demonstrate a range of those from: tonsillectomy, adenoidectomy, grommet insertion, examination under anaesthetic, airway endoscopy, laryngeal surgery, pure tone audiometry, tympanometry, endoscopy of nose, ear, larynx or tracheostomy, microscopy of ear, cauterisation of nasal septum, hearing assessment.
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>1</b> activity from the following:

Activity	Form	<b>5.9 Surgery C Paediatric Head &amp; Neck placement activities</b> <b>1-week placement</b> <b>Minimum and recommended numbers</b>
		1. Record an episode when you shadowed the anaesthetic pre-op, management and post-op assessment of a patient e.g. WHO surgical safety checklist. 2. Record an occasion when you spent time with a nurse specialist e.g. tracheostomy care discussion, pulse oximetry clinic, nurse led ear clinic, audiology clinic. 3. Record an occasion when you spent time at an MDT/ENT departmental meeting. 4. Record an occasion when you have discussed prescribing plans with a pharmacist in a clinical setting e.g. ward round.
<b>End of placement Educational Supervisor (ES) feedback</b>	Recorded in E-portfolio	All fields completed by student doctor and Educational Supervisor. Please remember that student doctor comments are <b>mandatory</b> and must be completed. For the first 3 placements only, ES feedback can be written comments only, with no requirement for a face-to-face meeting. For the final Surgery C placement, a face-to-face meeting is required, where feedback and evidence from all 4 placements will be reviewed.
<b>Teaching Tutorials</b>	n/a	1 x Placement Induction Session. 1 x Case Based Learning (CBL) Tutorial. 1 x Deaf Awareness Workshop.

**Notes for 4-week Surgery C placement:**

- Visual Awareness Workshop and Deaf Awareness Workshop to take place on Wednesday mornings (weeks 2 and 3).
- Paediatric Head & Neck CBL to be delivered on placement.
- Adult Head & Neck, Ophthalmology and Plastic surgery CBLs to be delivered on Wednesday mornings in Cedar House (weeks 1 and 4).

Activity	Form	<b>5.10 Surgery C Adult Head &amp; Neck placement activities</b> <b>1-week placement</b> <b>Minimum and recommended numbers</b>
<b>Cases</b>	CPAD	Minimum: <b>1</b> Recommended: <b>2</b> These are to be obtained during your ward work activity time or during outpatient clinics and theatre experiences. Record CPADs from a range of cases involving the following: facial fractures/trauma, oro-facial infection, head and neck cancer, temporomandibular joint dysfunction, epistaxis, thyroid disease, adult facial deformity.
<b>Examinations</b>	OE	Minimum: <b>2</b> Suggest include cervical lymph nodes and otoscopy. Can also include examination of the mucosal surfaces of the H&N and thyroid gland.
<b>Procedures</b>	DOPS	Try to observe and practice as many procedures as possible. Recommended DOPS include: airway assessment, IV cannulation, surgical scrubbing up, venepuncture, vital signs (NEWS), wound care & basic wound dressing, wound swab taking.
<b>Ward rounds</b>	Student Declaration	Minimum: <b>1</b> Can include: H&N Cancer Ward Round: Oral & Maxillofacial Surgery (OMFS), ENT, Trauma Ward Round (OMFS).
<b>Clinics</b>	Student Declaration	Minimum: <b>1</b> Must include at least <b>one</b> OMFS or ENT clinic. Other clinics can include: <ul style="list-style-type: none"> <li>• OMFS trauma clinic.</li> <li>• ENT casualty clinic.</li> <li>• Adult facial deformity/TMJ clinic/adult craniofacial clinic.</li> <li>• Adult facial deformity/skin cancer clinic.</li> <li>• General ENT/rhinology/otology clinic.</li> <li>• Skull base ENT clinic.</li> <li>• H&amp;N clinic (OMFS or ENT).</li> </ul>
<b>Theatre/Investigative experiences</b>	Student Declaration	Minimum: <b>1</b> Describe the surgery, tests or imaging you have witnessed. Try to demonstrate a range of those from: OMFS trauma, emergency (OMFS or ENT), H&N cancer, thyroid cancer, OMFS, ENT surgery, facial

Activity	Form	<b>5.10 Surgery C Adult Head &amp; Neck placement activities</b> <b>1-week placement</b> <b>Minimum and recommended numbers</b>
		deformity/TMJ/adult craniofacial/cleft, benign airway, skin cancer, nasal packing for epistaxis.
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>1</b> activity from the following: <ol style="list-style-type: none"> <li>1. Record an episode when you shadowed the perioperative care of a patient undergoing H&amp;N surgery (anaesthetic pre-op, anaesthetic delivery and recovery).</li> <li>2. Record an occasion when you spent time with a nurse specialist discussing a patient with a complicated airway (tracheostomy, laryngectomy, benign airway, compromised airway).</li> <li>3. Record an occasion when you spent time with the H&amp;N Speech &amp; Language therapist and/or specialist H&amp;N dietitian.</li> <li>4. Record an occasion when you spent time at an MDT discussion/meeting.</li> <li>5. Record an occasion when you have discussed prescribing plans with a pharmacist in a clinical setting e.g. ward round.</li> </ol>
<b>End of placement Educational Supervisor (ES) feedback</b>	Recorded in E-portfolio	All fields completed by student doctor and Educational Supervisor. Please remember that student doctor comments are <b>mandatory</b> and must be completed. For the first 3 placements only, ES feedback can be written comments only, with no requirement for a face-to-face meeting. For the final Surgery C placement, a face-to-face meeting is required, where feedback and evidence from all 4 placements will be reviewed.
<b>Teaching Tutorials</b>	n/a	1 x Placement Induction Session. 1 x Case Based Learning (CBL) Tutorial.

**Notes for 4-week Surgery C placement:**

- Visual Awareness Workshop and Deaf Awareness Workshop to take place on Wednesday mornings (weeks 2 and 3).
- Paediatric Head & Neck CBL to be delivered on placement.
- Adult Head & Neck, Ophthalmology and Plastic surgery CBLs to be delivered on Wednesday mornings in Cedar House (weeks 1 and 4).

Activity	Form	<b>5.11 Surgery C Ophthalmology placement activities</b> <b>1-week placement</b> <b>Minimum and recommended numbers</b>
<b>Cases</b>	CPAD	Minimum: <b>1</b> Recommended: <b>2</b> These are to be obtained during your ward work activity time or during outpatient clinics. Record CPADs from a range of cases involving the following: Loss or disturbance of sight e.g. cataract, macular degeneration, diabetic eye disease, glaucoma, retinal vascular disease. Red eye e.g. conjunctivitis, corneal disease, inflammatory eye disease.
<b>Examinations</b>	OE	Minimum: <b>1</b> Recommended: <b>2</b> Can include: direct ophthalmoscopy, visual acuity, confrontational visual fields, pupillary light reactions.
<b>Procedures</b>	DOPS	Try to observe and practice as many procedures as possible. Recommended DOPS include: eye drops administration, surgical scrubbing up.
	Student Declaration	Minimum: <b>1</b> Observe a slit lamp examination.
<b>Clinics</b>	Student Declaration	Minimum: <b>2</b> Recommended: <b>3</b> Recommend include ophthalmology clinic and emergency walk-in eye clinic (or seeing emergency patients presenting to an ophthalmology clinic).
<b>Theatre/Investigative experiences</b>	Student Declaration	Minimum: <b>2</b> Describe the surgery, tests or imaging you have witnessed. Try to demonstrate a range of those from: cataract surgery, intravitreal injection, administration of local anaesthesia for eye surgery, retinal imaging using optical coherence tomography (OCT), retinal imaging using angiography, computerised perimetry. Recommend include at least <b>one</b> of each from surgery and imaging.
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>1</b> activity from the following: 1. Record an occasion when you assisted in the triage of patients arriving in an eye clinic e.g. measurement of vision, measurement of eye pressure, dilation of the pupils.

Activity	Form	<b>5.11 Surgery C Ophthalmology placement activities</b> <b>1-week placement</b> <b>Minimum and recommended numbers</b>
		2. Record an occasion when you observed the “huddle” at the beginning of an operating list. 3. Record an occasion when you sat in with an orthoptist 4. Record an occasion when you sat in with a specialist nurse or optometrist. 5. Record an occasion when you followed a patient through cataract surgery (pre-, peri- and post-op). 6. Record an occasion when you followed a patient through an ARMD clinic e.g. assessment, imaging, treatment. 7. Record an occasion when you sat in with the Eye Clinic Liaison Officer
<b>End of placement Educational Supervisor (ES) feedback</b>	Recorded in E-portfolio	All fields completed by student doctor and Educational Supervisor. Please remember that student doctor comments are <b>mandatory</b> and must be completed. For the first 3 placements only, ES feedback can be written comments only, with no requirement for a face-to-face meeting. For the final Surgery C placement, a face-to-face meeting is required, where feedback and evidence from all 4 placements will be reviewed.
<b>Teaching Tutorials</b>	n/a	1 x Placement Induction Session. 1 x Case Based Learning (CBL) Tutorial. 1 x Visual Awareness Workshop.

**Notes for 4-week Surgery C placement:**

- Visual Awareness Workshop and Deaf Awareness Workshop to take place on Wednesday mornings (weeks 2 and 3).
- Paediatric Head & Neck CBL to be delivered on placement.
- Adult Head & Neck, Ophthalmology and Plastic surgery CBLs to be delivered on Wednesday mornings in Cedar House (weeks 1 and 4).

Activity	Form	<b>5.12 Surgery C Plastic Surgery placement activities</b> <b>1-week placement</b> <b>Minimum and recommended numbers</b>
<b>Cases</b>	CPAD	Minimum: <b>1</b> Recommended: <b>2</b> These are to be obtained during your ward work activity time or during outpatient clinics. Record CPADs from a range of cases involving some of the following: burn injury, tendon injury, chronic wound, skin cancer, nerve injury.
<b>Examinations</b>	OE	Minimum: <b>1</b> Recommended: <b>2</b> Can include: hand examination, assessing a burn, describing a skin lesion.
<b>Procedures</b>	DOPS	Try to observe and practice as many procedures as possible. Recommended DOPS include: airway assessment, IV cannulation, surgical scrubbing up, vital signs (NEWS), wound care & basic wound dressing, wound swab taking.
<b>Ward rounds</b>	Student Declaration	<b>1</b> per placement
<b>Clinics</b>	Student Declaration	Minimum: <b>1</b> Recommended: <b>2</b> Recommend include at least <b>one</b> of each of burns dressing clinic and hand trauma clinic. Additional clinics include skin cancer clinic, elective hand clinic, follow up burns clinic.
<b>Theatre/Investigative experiences</b>	Student Declaration	Minimum: <b>1</b> Describe the surgery, tests or imaging you have witnessed. Try to demonstrate a range of these from: excision of simple skin lesion, repair of nailbed, wide local excision for melanoma, skin flaps, skin grafts, tendon/nerve repair, sentinel lymph node biopsy, excision of burn injury, reconstruction of soft tissues.
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>1</b> activity from the following: <ol style="list-style-type: none"> <li>1. Record an occasion when you spent time with a nurse specialist discussing a patient with skin cancer.</li> <li>2. Record an occasion when you spent time on the multidisciplinary burns ward round (includes physio, dietician, pharmacist, OT, specialist nurses, surgeons).</li> </ol>



Activity	Form	<b>5.12 Surgery C Plastic Surgery placement activities</b> <b>1-week placement</b> <b>Minimum and recommended numbers</b>
		3. Record an occasion when you have discussed the rationale for different types of dressings for wounds/burn injuries with a specialist nurse. 4. Record an occasion when you shadowed the plastic surgery Consultant or SPR performing a local anaesthetic (LA) skin cancer list.
<b>End of placement Educational Supervisor (ES) feedback</b>	Recorded in E-portfolio	All fields completed by student doctor and Educational Supervisor. Please remember that student doctor comments are <b>mandatory</b> and must be completed. For the first 3 placements only, ES feedback can be written comments only, with no requirement for a face-to-face meeting. For the final Surgery C placement, a face-to-face meeting is required, where feedback and evidence from all 4 placements will be reviewed.
<b>Teaching Tutorials</b>	n/a	1 x Placement Induction Session. 1 x Case Based Learning (CBL) Tutorial.

**Notes for 4-week Surgery C placement:**

- Visual Awareness Workshop and Deaf Awareness Workshop to take place on Wednesday mornings (weeks 2 and 3).
- Paediatric Head & Neck CBL to be delivered on placement.
- Adult Head & Neck, Ophthalmology and Plastic surgery CBLs to be delivered on Wednesday mornings in Cedar House (weeks 1 and 4).



Activity	Form	5.13 Medicine A placement activities 1-week catch up placement Minimum and recommended numbers
<b>Cases</b>	CPAD	Minimum: <b>1</b> Recommended: <b>2</b>  These are to be obtained during your ward work activity time or during outpatient clinics. Record CPADs from a range of cases involving some of the following: ischaemic heart disease and cardiac chest pain, valvular disease, heart failure and cardiac shortness of breath, arrhythmias, obstructive sleep apnoea, infection e.g. infective exacerbation of airways disease/pneumonia, obstructive lung disease e.g. COPD, asthma, pleural effusion, lung cancer presentation.
<b>Examinations</b>	OE	Minimum: <b>1</b> Recommended: <b>2</b>
<b>Procedures</b>	DOPS	Try to observe and practice as may procedures as possible. Recommended DOPS include: 12 lead ECG: record and interpret, inhaler technique demonstration, PEFr, urinalysis, venepuncture, SC injection, vital signs (NEWS), urinary catheterisation.
<b>Ward rounds</b>	Student Declaration	<b>1</b> per placement
<b>Clinics</b>	Student Declaration	Minimum: <b>2</b> Recommended: <b>2</b>  Recommend include <b>one</b> respiratory and <b>one</b> cardiovascular clinic.
<b>Investigative experiences</b>	Student Declaration	Minimum: <b>1</b>  Describe the tests or imaging you have witnessed. Try to demonstrate a range of those from: CXR interpretation, echocardiography, chest ultrasound ( $\pm$ pleural aspiration and or insertion of a chest drain), bronchoscopy ( $\pm$ endoscopic bronchial ultrasound), spirometry, NIV/CPAP application of mask interface, 24hr BP monitor fitting and analysis, 24hr and 5 day ECG monitoring fitting and analysis.
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>1</b> activity from the following: <ol style="list-style-type: none"> <li>Record an occasion when you spent time with a nurse specialist.</li> <li>Record an occasion when you spent time at an MDT.</li> <li>Record an occasion when you have discussed prescribing plans with a pharmacist in a clinical setting e.g. ward round.</li> </ol>

Activity	Form	5.13 Medicine A placement activities 1-week catch up placement Minimum and recommended numbers
<b>Additional Opportunities you have found</b>	Student Declaration	Desirable but not essential. Recommended activities include: Pacemaker implantation, loop/ILR device implantation, cardiac catheterisation, cardiac CT, cardiac MRI perfusion, cardiorespiratory exercise testing, bronchial challenge testing, measurement of fraction of exhaled nitric oxide.
<b>End of placement Educational Supervisor (ES) meeting</b>	Recorded in E-portfolio	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).

Activity	Form	5.14 Medicine B placement activities 1-week catch up placement Minimum and recommended numbers
<b>Cases</b>	CPAD	Minimum: <b>1</b> Recommended: <b>2</b>  These are to be obtained during your ward work activity time or during outpatient clinics. Record CPADs from a range of cases involving some of the following: diabetic foot, an acute presentation of diabetes, a febrile illness, a patient with thyroid disease, hyponatraemia, a patient with HIV, liver disease, inflammatory bowel disease, GI malignancy, bacteraemia, nosocomial infection.
<b>Examinations</b>	OE	Minimum: <b>1</b> Recommended: <b>2</b>  Must include at least <b>one</b> GI examination.
<b>Procedures</b>	DOPS	Try to observe and practice as many procedures as possible. Recommended DOPS include: 12 lead ECG: record and interpret, urinalysis, venepuncture, SC injection, vital signs (NEWS), urinary catheterisation.
<b>Ward rounds</b>	Student Declaration	<b>1</b> per placement
<b>Clinics</b>	Student Declaration	Minimum: <b>2</b> Recommended: <b>3</b> Can include gastro, diabetes/endocrine, infectious disease (ID).
<b>Investigative experiences</b>	Student Declaration	Minimum: <b>1</b> Describe the tests or imaging you have witnessed. Try to demonstrate a range of those from: an endocrine related MRI e.g. pituitary or adrenal, a thyroid US/FNA, common radiology of gastroenterology e.g. liver US, CT, abdominal x-ray, a luminal scope, paracentesis, common radiology of infectious disease.
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>1</b> activity from the following: <ol style="list-style-type: none"> <li>1. Record an occasion when you spent time with a nurse specialist.</li> <li>2. Record an occasion when you spent time at an MDT.</li> <li>3. Record an occasion when you have discussed prescribing plans with a pharmacist in a clinical setting e.g. ward round.</li> <li>4. Record an occasion when you spent time with a podiatrist.</li> </ol>

Activity	Form	<b>5.14 Medicine B placement activities</b> <b>1-week catch up placement</b> <b>Minimum and recommended numbers</b>
		5. Record an occasion when you spent time with a dietician. 6. Record an occasion when you spent time with the microbiologist.
<b>Additional Opportunities you have found</b>	Student Declaration	Desirable but not essential. Recommended activities include: A general or tropical ID clinic, an Immunocompromised patient with infection, a patient with CNS infection, meningitis, encephalitis, a patient who has diabetes and is pregnant, a patient receiving TPN, a fibroscan, liver biopsy, lumbar puncture, arterial doppler/angiograms.
<b>End of placement Educational Supervisor (ES) meeting</b>	Recorded in E-portfolio	All fields completed by student doctor and Educational Supervisor (please remember to complete student comments prior to your meeting).

Activity	Form	5.15 Surgery A placement activities 1-week catch up placement Minimum and recommended numbers
<b>Cases</b>	CPAD	Minimum: <b>1</b> Recommended: <b>2</b>  These are to be obtained during your ward work activity time or during outpatient clinics. Record CPADs from a range of cases involving some of the following: a patient with a catheter, a patient with a stoma, complex surgical management either due to serious illness (e.g. Crohn's or severe pancreatitis) or iatrogenic injury (e.g. bile duct transections), laparoscopic vs. open surgery, a patient with benign or malignant breast disease.
<b>Examinations</b>	OE	Minimum: <b>1</b> Recommended: <b>2</b>  Recommended include at least <b>one</b> breast examination.
<b>Procedures</b>	DOPS	Try to observe and practice as many procedures as possible. Recommended DOPS: airway assessment, urinary catheterisation, surgical scrubbing up, SC injection, venepuncture, vital signs (NEWS), urinalysis.
<b>Ward rounds</b>	Student Declaration	<b>1</b> per placement
<b>Clinics</b>	Student Declaration	Minimum: <b>2</b> Recommended: <b>3</b>  To include a combination of breast, urology, GI clinics.
<b>Theatre/Investigative experiences</b>	Student Declaration	Minimum <b>1</b>  Describe the surgery, tests or imaging you have witnessed. Try to demonstrate a range of those from: lower GI endoscopy, sigmoidoscopy, laparotomy, laparoscopy, cystoscopy, mammography, radiology reporting.
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>1</b> activity from the following: <ol style="list-style-type: none"> <li>1. Record an occasion when you spent time with a nurse specialist e.g. stoma discussion.</li> <li>2. Record an occasion when you spent time at an MDT.</li> <li>3. Record an occasion when you have discussed prescribing plans with a pharmacist in a clinical setting e.g. ward round.</li> <li>4. Record a minimum of one episode when you shadowed the anaesthetic pre-op,</li> </ol>

Activity	Form	<b>5.15 Surgery A placement activities 1-week catch up placement</b>
<b>Minimum and recommended numbers</b>		
		management and post-op assessment of a patient.
<b>Additional Opportunities you have found</b>	Student Declaration	Desirable but not essential. Recommended activities include: Escalation and step down of elective and emergency care including HDU & ITU, discharge planning, informed consent, VTE risk assessment, WHO checklist.
<b>End of placement Educational Supervisor (ES) meeting</b>	Recorded in E-portfolio	All fields completed by student doctor and Educational Supervisor (please remember to complete student comments prior to meeting).

Activity	Form	5.16 Surgery B placement activities 1 -week catch up placement Minimum and recommended numbers
<b>Cases</b>	CPAD	Minimum: <b>1</b> Recommended: <b>2</b> These are to be obtained during your ward work activity time or during outpatient clinics. Record CPADs from a range of cases involving some of the following: arthritis (e.g. hip, knee), hip fracture, extremity fracture (e.g. wrist, ankle), neuropathy (e.g. carpal tunnel syndrome), tendon pathology (e.g. rotator cuff, Achilles tendinopathy), benign or malignant breast disease.
<b>Examinations</b>	OE	Minimum: <b>1</b> Recommended: <b>2</b>
<b>Procedures</b>	DOPS	Try to observe and practice as may procedures as possible. Recommended DOPS include: airway assessment, plaster cast application, plaster cast removal, surgical scrubbing up, venepuncture, vital signs (NEWS), SC injection, urinary catheterisation, urinalysis.
<b>Ward rounds</b>	Student Declaration	<b>1</b> per placement.
<b>Clinics</b>	Student Declaration	Minimum: <b>2</b> Can include fracture, elective, and follow up orthopaedic clinic.
<b>Theatre/Investigative experiences</b>	Student Declaration	Minimum: <b>1</b> Describe the surgery, tests or imaging you have witnessed. large joint arthroplasty, fracture fixation with plates and screws, hip fracture management, plain MSK x-ray interpretation.
<b>Multi-Professional working</b>	Student Declaration	A minimum of <b>1</b> activity from the following: <ol style="list-style-type: none"> <li>Record an occasion when you spent time with a physiotherapist.</li> <li>Record an occasion when you spent time at an MDT e.g. at a trauma/radiology meeting, a session with the orthogeriatric liaison, early post-op physiotherapy.</li> <li>Record an occasion when you have discussed prescribing plans with a pharmacist in a clinical setting e.g. ward round.</li> <li>Record at least one episode when you shadowed the anaesthetic pre-op, management and post-op assessment of a patient</li> </ol>

Activity	Form	5.16 Surgery B placement activities 1 -week catch up placement Minimum and recommended numbers
<b>End of placement Educational Supervisor (ES) meeting</b>	Recorded in E-portfolio	All fields completed by student doctor and Educational Supervisor (please remember to complete student comments prior to meeting).



Contact your Year Lead if you find any digital content difficult or impossible to use, either directly or with an assistive technology such as a screen reader.

Contact details for all teams and individual staff can be found on the [School website](http://www.liverpool.ac.uk/medicine/contact-us/email/).  
[[www.liverpool.ac.uk/medicine/contact-us/email/](http://www.liverpool.ac.uk/medicine/contact-us/email/)].