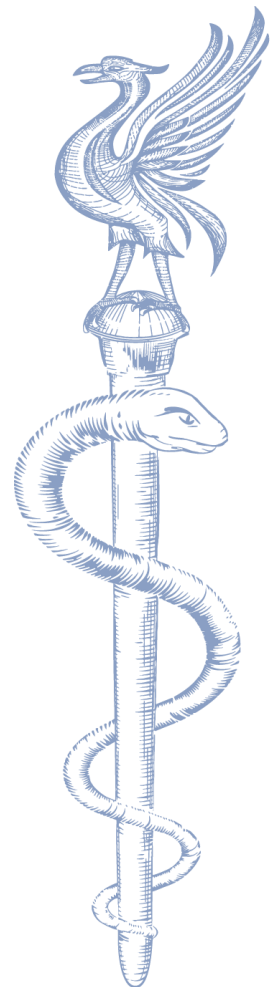




Year 3 MBChB Placement E-portfolio Requirements

2024/25



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1. Placement overview

Our MBChB curriculum provides an opportunity to further enhance all clinical placements, based on student evaluations, quality visits and the changing face of healthcare practice. This model allows students to get the very best clinical experience across all partner sites, with improved supervision and feedback opportunities.

Year 3 consists of 7 integrated placements, each of four weeks:

- Medicine A (Cardiology; Respiratory; Dermatology)
- Medicine B (Gastroenterology; Diabetes & Endocrinology; Infection & Infectious Diseases)
- Obstetrics & Gynaecology
- Paediatrics
- General Practice (GP)
- Surgery A (Upper GI and Colorectal Surgery; Urology; Breast Surgery)
- Surgery B (Trauma & Orthopaedics; Vascular Surgery)

Each placement will have some focused learning activities (key ‘sees and dos’) but across the year **we expect students to try and integrate their patient assessment to understand how the history, examination and investigations build up a clinical picture and diagnosis.** Equally, many of the ‘core conditions’ on clinical placements do not exist in isolation. Primary, community and acute hospital settings give our students an opportunity to integrate practice and see the full picture of patient care.

The following tables summarise the formal teaching across the Year 3 placements.

1.1 GP Placement

Summary of Formal Teaching in GP Placement	
Pre-block specialist “placement primer” teaching	<ul style="list-style-type: none"> • The role of the GP within the NHS • The structure of the GP placement • Remote consulting • Helpful hints and tips (including advice regarding Primary Care mental health consultations)
Supervision	All students have initial, weekly and end of block sign-off supervision meetings
Formal Teaching	CCT sessions (on each Thursday during GP Placement; delivered by University Team): <ol style="list-style-type: none"> 1. What is General Practice? 2. Dermatology in Primary Care 3. Cardiovascular Disease Risk Assessment 4. Physical Disability in Primary Care
Required Placement Activities	Please see the placement requirements on the General Practice A section of this document

1.2 Hospital Placements

	Med A	Med B	Surg A	Surg B	O&G	Paeds
<p>Pre-block specialist 'placement primer' teaching</p> <p>that takes place in the sessions in academic weeks before each rotation (other topics are covered in lecture material and in CCT sessions)</p>	<p>History, examination and investigation.</p> <p>Sign posting to relevant medicines and drug classes</p> <p>Dermatology terminology, history, diagnosis & basic treatment of the most common skin presentations</p>	<p>Electrolytes and fluids</p> <p>Metabolic and Diabetic Emergencies</p> <p>GI History and Examination</p> <p>PUO and assessment of the febrile patient</p>	<p>Wound care</p> <p>Pain Management</p> <p>Stoma care</p> <p>Catheter Care</p> <p>Drain Management</p>	<p>Arthritis</p> <p>Fracture treatment</p> <p>Symptomatic carotid stenosis</p> <p>Aortic aneurysms</p>	<p>Specialist O+G history taking</p> <p>Assessment (pelvic exam, speculum exam, cervical smear)</p> <p>(Note: the intention is for Y3 to focus on general gynaecology and obstetrics)</p>	<p>The normal child milestones and regression.</p> <p>Specialist paediatric history and examination</p> <p>(Note the intention is for Y3 to focus on the normal child and how they may become unwell; in Y4 aspects such as chronic and complex illness will be covered)</p>
Supervision	Students in all rotations have initial, weekly and end of block sign-off supervision meetings					
<p>Formal teaching</p> <p>Over the course of the placement, students will attend 4 CBL tutorials and have 4 bedside teaching slots delivered by senior (ST3+) doctors</p>	<p>CBLs:</p> <p>Chest pain</p> <p>ECG Interpretation</p> <p>Breathlessness</p> <p>Eruptions, Erythroderma and Vasculitis</p>	<p>CBLs:</p> <p>Dysphagia, Dyspepsia and Diarrhoea</p> <p>Jaundice and Ascites</p> <p>Diabetes</p> <p>Infection & Infectious Diseases</p>	<p>CBLs:</p> <p>Colorectal Disease</p> <p>Upper GI and Hepatobiliary Disorders</p> <p>Red Flag/2WW Urology Referrals</p> <p>Breast Conditions</p>	<p>CBL's:</p> <p>Hip Fracture, Soft Tissue Infection & Compartment Syndrome</p> <p>Spinal Injuries</p> <p>Elbow/Knee Injuries</p> <p>Aneurysm and the Acutely Ischaemic Leg</p>	<p>CBLs:</p> <p>Labour and Delivery</p> <p>Normal / Complex ANC</p> <p>Menstrual Disorders</p> <p>Pelvic Pain</p>	<p>CBLs:</p> <p>Abdominal Pain</p> <p>Breathlessness</p> <p>Developmental Delay</p> <p>Sepsis and Childhood Infection</p>
Required placement activities	Please see the 'placement requirements' from page 8 of this document, which are mapped to the portfolio requirements					

2. Requirements

This workbook outlines the activities that student doctors are expected to capture throughout their clinical placements within Year 3 of the MBChB programme. Students are required to complete the corresponding form, template, obtain a certificate and attach it as evidence to the relevant section of their **MBChB Year 3 Clinical Workbook** within the e-portfolio system.

All minimum numbers (activities) are required to be completed for student doctors to progress to their next year of studies. Recommended numbers are considered to be an appropriate number for student doctors to adequately prepare for their clinical examinations and future practice as a junior doctor.

E-portfolio progress will be reviewed at end of placement Education Supervisor meetings, Academic Advisor meetings and at the end of the academic year. The e-portfolio is an Assessment for Progression. All minimum activities are to be completed by the end of the academic year for student doctors to progress to Year 4.

Final submission date for all e-portfolio submissions and attachments is **Friday 20th June 2025 at 12 noon.**

2.1 Important information:

- All CBDs, Mini-CEXs and performed DOPS must be signed by an assessor.
- Student Declaration forms and observed DOPS forms do not require a sign off by an assessor.
- All assessment forms must be completed by a practitioner for whom the activity is part of their everyday clinical practice (e.g. DOPS venepuncture can be completed by a phlebotomist).
- 50% of the minimum CBDs and Mini-CEXs for each placement must be completed by a senior doctor at ST3+ or a fully qualified GP. Other CBDs and Mini-CEXs can be completed by registered practitioners familiar with the principles of constructive feedback, e.g. doctors at F2 level or above, experienced specialist, advanced and consultant AHPs (this includes audiologists and midwives).
- DOPS forms can be completed by any healthcare professional who commonly performs the procedure. They cannot be completed by fellow student doctors.
- All forms requiring a signature must contain the following: - grade for the activity, name and position of the person completing.
- Student doctors are advised to encourage individuals completing their forms to provide them with **written feedback comments**.
- Forms must be completed by a **variety of different doctors** of different grades and at different stages in the placement.
- Forms must reflect a variety of different Case Presentations and Discussions (CBDs) and Observed Examinations (Mini-CEXs)

- Forms must be relevant to the placement e.g., a surgical Mini-CEX must be completed on a surgical system e.g., GIT, orthopaedic, vascular (a CVS or RS examination would not be acceptable).
- Forms can only be used to capture one activity (e.g., one examination only), and forms should only be attached to one section (i.e., no duplication).
- CBDs are to include the presentation of a history, examination, summary, differential diagnoses, and the discussion of a management plan. Student doctors are required to include a brief summary of the case, but are not expected to write up full details of the history and examination on the form itself but should be prepared to demonstrate full notes to the assessor, if required.
- Different patients should be used for CBDs and Mini-CEXs.
- CBDs are to be presented by individual student doctors and not in pairs or groups.
- Forms must be attached in the correct location of the clinical workbook.
- Student doctors will know that their evidence is attached correctly as a page icon will appear next to the 'Add' button, with a number confirming the attached evidence count.
- It is the student doctor's responsibility to ensure that all evidence is completed and correctly attached to their workbook.

The e-portfolio is an Assessment for Progression. All minimum activities are to be completed by the end of the academic year/final e-portfolio checkpoint for student doctors to progress to Year 4. Evidence attached after the end of year deadline will not be accepted.

End of Year deadline: 12pm on Friday 20th June 2025

2.2 Certificates of mandatory induction training

To be completed by **12pm on Friday 13th September 2024**. You will login to the e-Learning for Healthcare website to complete these modules.

- Data Security Awareness - Level 1
- Fire Safety - Level 1
- Health, Safety & Welfare - Level 1
- Moving & Handling - Level 1
- Infection Prevention & Control - Level 1
- Preventing Radicalisation - Basic Prevent Awareness
- Safeguarding Children - Level 1
- Safeguarding Children - Level 2
- Safeguarding Adults - Level 1 (Only if not completed in Y2 e.g., IMU & OMFS students etc.)
- Adult Sepsis (IMU & OMFS students only)

During the academic year student doctors will receive a Simulation Training Day certificate, which should be attached to the Medicine B page of their workbook.

Student doctors are also required to undergo Basic Life Support Training each academic year. This will be undertaken at one of your placements prior to the Christmas break and the training certificate must be attached to your workbook by **12pm on Friday 20th December 2024**.

2.3 Requirements Prior to Progression Review 1, 13th November 2024

- Minimum number of forms for each placement completed so far e.g. CBDs, Mini-CEXs and Student Declarations.
- First and End of placement Educational Supervisor (ES) meetings completed. All fields completed by student doctor and ES
- Demonstration of progress in acquiring mandatory DOPS experience.

2.4 Requirements Prior to Progression Review 2, 2nd April 2025

- Minimum number of forms for each placement completed so far e.g., CBDs, Mini-CEXs and Student Declarations.
- First and End of placement Educational Supervisor (ES) meetings completed. All fields completed by student doctor and ES.
- At least **ten** mandatory DOPS of any combination.

Leadership & Management Experience Day

This is provisionally planned to take place in the Spring, further instructions will follow.

3. Direct Observation of Procedural Skills (DOPS)

Mandatory DOPS acquired on this placement are to be recorded on the DOPS Clinical Skills page. DOPS can be completed during any placement and are expected to be performed regularly throughout the academic year.

3.1 Mandatory DOPS

Skill	Mandatory Observed *	Mandatory Performed
IM/SC Injection		2
NEWS2 Recording		2
Venepuncture		2
12 lead ECG Record & Interpret		1
ANTT/Surgical scrubbing up		1
Child Growth: Measure & Record		1
Dipstick Urinalysis		1
Inhaler Technique		1
PEFR Measurement		1
Arterial or venous blood gas sampling	1	
Application/Removal of Plaster	1	
Speculum Examination	1	
Urinary Catheterisation: Male or Female		1** Simulated Setting

*Please note that mandatory observed DOPS can also be performed. Student doctors are permitted and encouraged to perform these DOPS, should the opportunity arise.

**Please note that we encourage our student doctors to seek opportunities for urinary catheterisation; however, if the opportunity doesn't arise, we will accept a supervised catheterisation in the placement based Clinical Skills facility.

3.2 Additional DOPS Opportunities

Non-mandatory DOPS should be observed and practiced throughout the year where possible, to build performance competency.

We strongly encourage you to practice the skills outlined below. For later year students this will mean revisiting skills taught in earlier academic years to maintain skill progression and safe practice. We recommend that you observe and perform these skills at every opportunity throughout your placements. You can demonstrate your learning by recording both Observed and Performed DOPS and attaching them to your clinical workbook.

E.g. Paediatric urine sample collection.

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 24/25 forms e.g. CBDs, Mini-CEXs, DOPS, and Student Declarations.

Activity	Form	5. Medicine A placement activities Minimum and recommended numbers
Cases	CBD	Recommended number: 6 . Minimum number: 4 These are to be obtained during your ward work activity time. Record CBDs from a range of cases including 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 (infective exacerbation airways disease/pneumonia); Obstructive lung disease (COPD/Asthma); Pleural effusion; Lung cancer, Suspected skin cancer; patient with a rash.
Observed Examinations	Mini-CEX	Recommended number 3 . Minimum number 2 (aim to include one CVS & one Resp exam)
Procedures	DOPS	Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, perform/Interpret ECG, inhaler technique, PEFr measurement, dipstick urinalysis and arterial or venous blood gas sampling.
Placement Reflection	Reflection form	Recommended: 4 . Minimum 2 Reflect on an untimetabled activity e.g., CBD, Mini-CEX or DOPS that you performed during this placement. What did you learn about the case or the activity that you performed (including the feedback you received) e.g., examination technique, presentation skills?
Ward rounds	Student Declaration	Minimum 3 per placement (including board round) Describe the setting and which core condition patients were seen and activities undertaken (e.g. consent, prophylaxis, discharge planning, or oxygen delivery).
Clinics	Student Declaration	Recommended number: 4 . Minimum number 3
Investigative experiences	Student Declaration	Minimum 3 forms per placement. (Please note: separate forms can be completed for individual procedures). Describe the tests or imaging you have witnessed. Try to demonstrate a range of those from Chest Radiography interpretation; Echocardiography – observation, Chest Ultrasound observation (\pm pleural aspiration and or insertion of a chest drain); Bronchoscopy Spirometry- observation; 24hr BP monitor – fitting this to a patient and analysis; 24hr and 5 day ECG monitoring - fitting this to a patient and analysis; Dermatology, theatre, biopsy session; Dermatology therapy session e.g. Phototherapy
On-call	Student Declaration	One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day.

Activity	Form	5. Medicine A placement activities Minimum and recommended numbers
Multi-Professional working	Student Declaration	Aim to attach one form for each activity. Minimum 2 forms. 1. Record an occasion when you spent time with a nurse specialist 2. Record an occasion when you spent time at an MDT 3. Record an occasion where you have discussed prescribing plans with a pharmacist in a clinical setting e.g. ward round
Additional Opportunities you have found	Student Declaration	Desirable but not essential. Recommended activity includes: Pacemaker implantation, Loop/ILR device implantation, Cardiac catheterisation, Cardiac CT, CMR, Cardiorespiratory exercise testing, Bronchial Challenge testing (Histamine/Methacholine), Measurement of Fraction of Exhaled Nitric Oxide
First and End of placement Educational Supervisor (ES) meetings	Meeting forms	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
Teaching Tutorials	n/a	1 x Placement Induction Session 4 x Case Based Learning (CBL) Tutorials 4 x Bedside Teaching Tutorials 1 x Clinical Skills Tutorial (PEFR/Inhaler technique) 1 x Safe Prescribing/Pharmacy Tutorial

Activity	Form	6. Medicine B placement activities Minimum and recommended numbers
Cases	CBD	Recommended number: 6 . Minimum number: 4 These are to be obtained during your ward work activity time. Record CBDs from a range of cases involving some of the following: diabetic foot, acute diabetic complication, a febrile illness, thyroid disease, hyponatraemia, HIV, liver disease, inflammatory bowel disease, GI malignancy, bacteraemia, nosocomial infection.
Observed Examinations	Mini-CEX	Recommended number 3 . Minimum number 2 . (must include at least one GI examination)
Procedures	DOPS	Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, dipstick urinalysis.
Placement Reflection	Reflection form	Recommended: 4 . Minimum 2 Reflect on an untimetabled activity e.g., CBD, Mini-CEX or DOPS that you performed during this placement. What did you learn about the case or the activity that you performed (including the feedback you received) e.g., examination technique, presentation skills?
Ward rounds	Student Declaration	3 per placement (including board round) Describe the setting and which core condition patients were seen and activities undertaken (e.g. consent, prophylaxis and discharge planning).
Clinics	Student Declaration	Recommended number: 4 . Minimum number: 3
Investigative experiences	Student Declaration	Minimum 3 forms per placement. (Please note: separate forms can be completed for individual procedures). Describe the tests or imaging you have witnessed. Try to demonstrate a range of those from: An endocrine related (Pituitary / adrenal) MRI, Liver US, Common radiology of gastroenterology: megacolon, CT, plan x-ray, Common radiology of Infectious disease, A luminal scope, Paracentesis, A thyroid US/FNA
Year 3 Simulation Training Day	Certificate	Trust simulation training. Certificate* to be attached to Medicine B page (*or Student Declaration Form if certificate from Trust is not available).
On-call	Student Declaration	One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day.
Multi-Professional working	Student Declaration	Minimum 3 forms in total <ol style="list-style-type: none"> 1. Record an occasion when you spent time with a nurse specialist. 2. Record an occasion when you spent time at an MDT.

Activity	Form	6. Medicine B placement activities Minimum and recommended numbers
		3. Record an occasion when you have discussed prescribing plans with a pharmacist in a clinical setting e.g., ward round. 4. Record an occasion when you spent time with a podiatrist. 5. Record an occasion when you spent time with a dietician. 6. Record an occasion when you spent time with the microbiologist
Additional Opportunities you have found	Student Declaration	Desirable but not essential. Recommended activity includes: A general ID / 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
First and End of placement Educational Supervisor (ES) meetings	Meeting forms	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
Teaching Tutorials	n/a	1 x Placement Induction Session 4 x Case Based Learning (CBL) Tutorials 4 x Bedside Teaching Tutorials 1 x Trust-based Simulation Day 1 x Safe Prescribing/Pharmacy Tutorial

7. Surgery A placement activities

Minimum and recommended numbers

Activity	Form	Minimum and recommended numbers
Cases	CBD	Recommended number: 6 . Minimum number: 4 These are to be obtained during your ward work activity time. Record CBDs 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 (Crohns, Severe Pancreatitis) or iatrogenic injury (Bile duct transections, other complications), Laparoscopic vs. Open Surgery.
Observed Examinations	Mini-CEX	Recommended number 3 . Minimum number 2 (Recommended to include breast examination)
Patient Journey	Student Declaration	Minimum: 1 During your placement, you will undertake a more detailed piece of work outlining the course of a patient's journey through a surgical experience.
Procedures	DOPS	Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, insertion of male/female catheter, scrubbing in/ANTT
	Specialty Specific DOPS	Stoma Care and Catheter Care Recommended 4 Minimum 2 (1 of each)
Placement Reflection	Reflection form	Recommended: 4 . Minimum 2 Reflect on an untimetabled activity e.g., CBD, Mini-CEX or DOPS that you performed during this placement. What did you learn about the case or the activity that you performed (including the feedback you received) e.g., examination technique, presentation skills?
Ward rounds	Student Declaration	3 per placement (including board rounds) Describe the setting and which core condition patients were seen and activities undertaken (e.g. consent, prophylaxis and discharge planning).
Clinics	Student Declaration	Recommended number: 4 . Minimum number: 3
Theatre/Investigative experiences	Student Declaration	Minimum 4 per placement (Please note : separate forms can be completed for individual procedures). 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.
On-call	Student Declaration	One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day.

7. Surgery A placement activities

Minimum and recommended numbers

Activity	Form	Minimum and recommended numbers
Multi-Professional working	Student Declaration	Minimum 2 forms. <ol style="list-style-type: none"> 1. Record an occasion when you spent time with a nurse specialist e.g. stoma discussion. 2. Record an occasion when you spent time at an MDT 3. Record an occasion when you have discussed prescribing plans with a pharmacist in a clinical setting e.g. ward round 4. Record an episode when you shadowed the anaesthetic pre-op, management, and post-op assessment of a patient
Additional Opportunities you have found	Student Declaration	Desirable but not essential. Recommended activity includes: Escalation and step down of elective and emergency care, including HDU & ITU, discharge planning, informed consent, VTE risk assessment, WHO checklist.
First and End of placement Educational Supervisor (ES) meetings	Meeting forms	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
Teaching Tutorials	n/a	1 x Placement Induction Session 4 x Case Based Learning (CBL) Tutorials 4 x Bedside Teaching Tutorials 1 x Clinical Skills Tutorial (Recap of male genital/rectal examination) 1 x Safe Prescribing/Pharmacy Tutorial

8. Surgery B Orthopaedics placement activities

Activity	Form	Minimum and recommended numbers
Cases	CBD	Recommended number: 5 . Minimum number: 3 These are to be obtained during your ward work activity time. Record CBDs from a range of cases involving some of the following: Arthritis (hip, knee etc.) Hip fracture, Extremity fracture (wrist, ankle etc.), Knee injury (fracture, ligamentous or meniscal), Neuropathy (carpal tunnel syndrome etc.), Tendon pathology (rotator cuff, Achilles etc.)
Observed Examinations	Mini-CEX	Recommended number 3 . Minimum number 2
Procedures	DOPS	Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, scrubbing in/ANTT.
	Specialty Specific DOPS	Application/Removal of Plaster Recommended 2 Minimum 1
Placement Reflection	Reflection form	Recommended: 4 . Minimum 2 Reflect on an unmetabled activity e.g., CBD, Mini-CEX or DOPS that you performed during this placement. What did you learn about the case or the activity that you performed (including the feedback you received) e.g., examination technique, presentation skills?
Ward rounds	Student Declaration	2 per Orthopaedic placement. Describe the setting and which core condition patients were seen and activities undertaken (e.g. consent, prophylaxis and discharge planning).
Clinics	Student Declaration	Recommended number 3 . Minimum number 2 Aim to include fracture, elective/follow up orthopaedic clinics.
Theatre/Investigative experiences	Student Declaration	Minimum 3 per placement (Please note : separate forms can be completed for individual procedures). Describe the surgery, tests or imaging you have witnessed. Try to demonstrate a range of those from: Large joint arthroplasty; Fracture fixation with plates and screws, Hip fracture treatment, Plain Xray film interpretation
On-call	Student Declaration	One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day.
Multi-Professional working	Student Declaration	Aim to attach one form for each activity. Minimum 2 forms. 1. Record an occasion when you spent time with a physiotherapist.

8. Surgery B Orthopaedics placement activities

Minimum and recommended numbers

Activity	Form	
		<ol style="list-style-type: none"> 2. Record an occasion when you spent time at an MDT- with the trauma/radiology meeting or a session with orthogeriatric liaison or early post-op physio. 3. Record an occasion when you have discussed prescribing plans with a pharmacist in a clinical setting e.g., ward round 4. Record an episode when you shadowed the anaesthetic pre-op, management, and post-op assessment of a patient
First and End of placement Educational Supervisor (ES) meetings	Meeting forms	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
Teaching Tutorials	n/a	1 x Placement Induction Session 4 x Case Based Learning (CBL) Tutorials 4 x Bedside Teaching Tutorials 1 x Clinical Skills Tutorial (Sterile gloving/ANTT) 1 x Safe Prescribing/Pharmacy Tutorial

9. Surgery B Vascular placement activities

Activity	Form	Minimum and recommended numbers
Cases	CBD	Recommended number: 2 . Minimum number: 1 . These are to be obtained during your ward work activity time. Record CBDs from a range of cases involving some of the following: Acute and chronic limb Ischaemia, Aneurysm
Observed Examinations	Mini-CEX	Recommended number 2 . Minimum number 1
Procedures	DOPS	Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, scrubbing in/ANTT
Placement Reflection	Reflection form	Recommended: 4 . Minimum 2 Reflect on an untimetabled activity e.g., CBD, Mini-CEX or DOPS that you performed during this placement. What did you learn about the case or the activity that you performed (including the feedback you received) e.g., examination technique, presentation skills?
Ward Rounds	Student Declaration	Recommended number: 1 Describe the setting and which core condition patients were seen and activities undertaken (e.g. consent, prophylaxis and discharge planning).
Clinics	Student Declaration	Recommended number: 1 Vascular clinic (This may be undertaken at your Surgery B base hospital)
Theatre/Investigative experiences	Student Declaration	Minimum 2 per placement (Please note : separate forms can be completed for individual procedures). Describe the surgery, tests or imaging you have witnessed. Try to demonstrate a range from; Amputation; revascularisation procedure, Carotid imaging, CT Angiography interpretation; catheter angiogram/angioplasty
Multi-Professional working	Student Declaration	Attach one form for each activity. Minimum 2 forms. 1. Record the time spent in therapy led rehabilitation. 2. Record an occasion spent at an MDT (typically vascular trauma meeting or vascular/ radiology MDT)
First and End of placement Educational Supervisor (ES) meetings	Meeting forms	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
Teaching Tutorials	n/a	See Surgery B T+O

10. GP A placement activities		
Activity	Form	Minimum and recommended numbers
Cases	CBD	Recommended number: 10 . Minimum number: 5 Record CBDs from a range of cases seen in primary care.
Observed Examinations	Mini-CEX	Recommended number 3 Minimum number 2
Procedures	DOPS	Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, perform/interpret ECG, dipstick urinalysis, speculum examination, inhaler technique, PEFR measurement and child growth chart.
Mandatory Experiences	Student Declaration	<p>Minimum number 4</p> <p>All 4 experiences must be evidenced at least one time each for the placement:</p> <ol style="list-style-type: none"> 1. Observe a 6-week Baby Check (the Student Doctors should then arrange a later follow-up with the family as either a phone call or seeing them in practice) Suggest this is done as early as possible during the placement. 2. At least 1 Home Visit with a GP (the Student Doctors should then arrange a later follow-up as either a phone call or visit). 3. 2 Chronic Disease Reviews (any clinician), 2 different of any of Asthma/COPD/CV Disease/Diabetes. 4. Lead a Consultation with a patient with a long-term condition causing a Physical Disability. <p>Further information can be found in the Y3 GP Handbook 2024-25</p>
Placement Reflections	Reflection Form	Recommended number 2 Minimum number 1
First and End of placement Educational Supervisor (ES) meetings	Meeting forms	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
Additional	n/a	1 x Placement Induction Session

11. Paediatrics A placement activities		
Activity	Form	Minimum and recommended numbers
Cases	CBD	Recommended number: 6 . Minimum number 4 These are to be obtained during your ward work activity time. Record CBDs from a range of cases involving some of the following: UTI, febrile convulsion, headache, breathlessness, abdominal pain, allergic reactions, the well-baby. Please incorporate reference to nutrition, growth and development within your assessment in at least one CBD.
Observed Examinations	Mini-CEX	Recommended number 3 . Minimum number 2 (both on children aged 10 years old or younger)
Procedures	DOPS	Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: Measuring/plotting child growth, urine sample collection from a child, dipstick urinalysis.
Placement Reflection	Reflection form	Recommended: 4 . Minimum 2 Reflect on an untimetabled activity e.g., CBD, Mini-CEX or DOPS that you performed during this placement. What did you learn about the case or the activity that you performed (including the feedback you received) e.g., examination technique, presentation skills?
Ward rounds	Student Declaration	Minimum 3 per placement (including board rounds) Describe the setting and which core condition patients were seen and activities undertaken (e.g. consent, prophylaxis and discharge planning).
Clinics	Student Declaration	Recommended number: 4 . Minimum number 3 Aim to include a mix of General/Specialist Paediatrics
Investigative experiences	Student Declaration	Recommended number 4 . Minimum number 3 (Please note : separate forms can be completed for individual procedures). Describe the tests or imaging you have witnessed. Aim to include at least one Radiology session
On-call	Student Declaration	One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day.
Multi-Professional working	Student Declaration	Attach one form for each activity. Minimum 2 forms. 1. Record an occasion when you spent time with a Paediatric nurse 2. Record an occasion when you have discussed prescribing plans with a Pharmacist e.g. during a ward round
Additional Opportunities you have found	Student Declaration	Desirable but not essential. Recommended activity includes: Record the time spent with a community paediatrician, an MDT, physiotherapy; dietetics

11. Paediatrics A placement activities		
Activity	Form	Minimum and recommended numbers
First and End of placement Educational Supervisor (ES) meetings	Meeting forms	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
Teaching Tutorials	n/a	1 x Placement Induction Session 4 x Case Based Learning (CBL) Tutorials 4 x Bedside Teaching Tutorials 1 x Clinical Skills Tutorial (Collection of a urine sample in paediatrics) 1 x Safe Prescribing/Pharmacy Tutorial

12. Obstetrics & Gynaecology A placement activities

Activity	Form	Minimum and recommended numbers
Cases	CBD	Recommended number: 6 . Minimum number: 4 . These are to be obtained during your ward work activity time. Record CBDs from a range of cases involving some of the following: Pelvic pain, Menstrual disorder, Delay in labour, Bleeding in early pregnancy, Abdominal pain in pregnancy.
Observed Examinations	Mini-CEX	Recommended number 3 . Minimum number 2 (must include at least one obstetric palpation)
Procedures	DOPS	Try to observe and practice as many procedures as possible. Recommended procedures during this placement include: venepuncture, IM/SC injection, NEWS2 recording, speculum examination, female catheter insertion, scrubbing in/ANTT.
	Specialty Specific DOPS	Partogram: Record & Interpret Recommended 2 Minimum 1
Placement Reflection	Reflection form	Recommended: 4 . Minimum 2 Reflect on an unmetabled activity e.g., CBD, Mini-CEX or DOPS that you performed during this placement. What did you learn about the case or the activity that you performed (including the feedback you received) e.g., examination technique, presentation skills?
Clinics	Student Declaration	Recommended number: 4 . Minimum number: 3 Aim to include Gynaecology and Antenatal/early pregnancy.
Theatre/Investigative experiences	Student Declaration	Minimum 3 per placement (Please note : separate forms can be completed for individual procedures). <ul style="list-style-type: none"> • Must include a patient journey from anaesthesia, procedure, recovery and post op review and shadow both the anaesthetic and obstetric clinicians involved. • Must include observation of an obstetric or gynaecological scan. Describe other tests or imaging you have witnessed. Try to demonstrate a range of those from Gynaecology theatre procedures.
Delivery suite sessions	Student Declaration	Minimum 2 per placement
On-call	Student Declaration	One session per placement 5pm-9pm. This is one long day adding out of hours activity to a normal day.

12. Obstetrics & Gynaecology A placement activities

Activity	Form	Minimum and recommended numbers
Multi-Professional working	Student Declaration	Attach one form for each activity. Minimum 2 forms. <ol style="list-style-type: none"> 1. Record an occasion when you spent time with a midwife and other associated professionals. 2. Record an occasion when you spent time in a MDT.
Additional Opportunities you have found	Student Declaration	Desirable but not essential: recommended activity includes: Community midwife sessions, midwife led booking clinic, specialist feto-maternal medicine clinic and sexual health / contraception clinic.
First and End of placement Educational Supervisor (ES) meetings	Meeting forms	All fields completed by student doctor and Educational Supervisor (please remember to complete student doctor comments prior to meeting).
Teaching Tutorials	n/a	1 x Placement Induction Session 4 x Case Based Learning (CBL) Tutorials 4 x Bedside Teaching Tutorials 1 x Clinical Skills Tutorial (Partogram) 1 x Safe Prescribing session

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/].