



UNIVERSITY OF LEEDS

MBCChB Year 4 Guide

2026/2027



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Welcome

Welcome to Year 4. We are really pleased to have you with us and hope you find it a stimulating and exciting year.

We know that students often worry about starting Year 4 and that there are lots of rumours about how demanding and difficult it can be. It is a busy year with a lot to learn in a variety of different specialties, but that makes it an interesting year and an opportunity to learn new things, develop new skills, and think about your future career options. It is also an opportunity to continue to develop your ability to juggle competing demands on your time, an essential skill for all foundation year doctors.

As a Year 4 team we will regularly provide you with information to help you get the most out of the year; introduction to Year 4 days, regular updates, and revision sessions in term 3. We are always happy for you to contact one of us if you are struggling or have questions.

This Guide provides an overview of the whole of Year 4 and includes Curriculum and ICU information for MEDI4227 Campus to Clinic Advanced 4. A copy of this document can be found in the [2026-27 Year 4 MBChB Organisation on Minerva](#). It does not include the Year 4 Assessment Study Guide which we would strongly advise you to read. Included in the assessment guide is information on assessment process, regulations, mitigation, plagiarism, progression and honours.

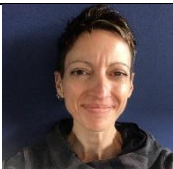
We hope you enjoy your year.

The Year 4 Team

Year 4 and ICU Teams

Contact details for relevant personnel for Year 4 and each ICU are given below:

Year 4 Co-Lead		Dr Gurjit Chhokar g.chhokar@leeds.ac.uk
Year 4 Co-Lead		Dr Ai Lyn Tan a.l.tan@leeds.ac.uk
Year 4 Coordinator		David Hemming Room 7.09, Level 7, Worsley Building 0113-343-4179 y4mbchb@leeds.ac.uk or d.hemming@leeds.ac.uk
Year 4 Examinations Officer & Assessment Lead		Dr Jonny Guckian J.Guckian@leeds.ac.uk
Academic Sub-Dean		Dr Elizabeth Garthwaite e.a.garthwaite@leeds.ac.uk
Student Support & Disability Coordinator		School of Medicine Student Support Team Room 7.09, Level 7, Worsley Building somstudentsupport@leeds.ac.uk
Year 4 Support		Frances Pearson Room 7.09, Level 7, Worsley Building y4mbchb@leeds.ac.uk or F.M.Pearson@leeds.ac.uk
Year 4 Support		Maggie Tsui Room 7.09, Level 7, Worsley Building y4mbchb@leeds.ac.uk or M.M.K.Tsui@leeds.ac.uk
Acute & Critical Care (ACC) Co-Lead		Dr Adam Burns SJUH, Beckett Street, Leeds 0113-206-6906 A.Burns@leeds.ac.uk
Acute & Critical Care (ACC) Co-Lead		Dr Najeeb Rahman Emergency Dept Offices, X38, LGI, Great George Street, LS1 3EX N.Rahman@leeds.ac.uk
Continuing Care & Cancer (CCC) Co-Lead		Dr Paul Hatfield Clinical Oncology, Bexley Wing, SJUH 0113-206-8570 P.Hatfield@leeds.ac.uk

Continuing Care & Cancer (CCC) Co-Lead		Dr Bryony Mathew B.A.Mathew@leeds.ac.uk
Gynaecology, Obstetrics & Sexual Health (GOSH) Lead		Dr John Dalton J.A.W.Dalton@leeds.ac.uk
Paediatrics & Child Health Lead		Dr James Yong Level 9, Worsley Building 0113-343-1926 J.Yong@leeds.ac.uk
Psychiatry Lead		Dr Tom Lane T.Lane@leeds.ac.uk
Enquire-D Lead		Dr Fraser Macrae medfma@leeds.ac.uk
Enquire-D Lead		Dr Anna Winterbottom A.E.Winterbottom@leeds.ac.uk
Enquire-D Co-ordinator		Stephen Clatworthy Room 7.09, Worsley Building 0113-343-6586 enquired@leeds.ac.uk
Academic Support Programme for resitting students		Dr Jen Russell J.Russell@leeds.ac.uk
Elective Lead		Dr Carrie Lenton C.C.Lenton@leeds.ac.uk
Elective Coordinator		Rachel Buchanan Electives@leeds.ac.uk
Theme Day Lead		Dr Liz Day elizabeth.day6@nhs.net

What can you expect from the Year 4 team?

The Year 4 team is here to make sure your year goes as smoothly as possible. There are many people working behind the scenes to ensure you receive the right information at the right time, and you can expect us to be fair and responsive. Inevitably, sometimes things do not go to plan, but we will do our best to rectify problems as soon as we are able.

Emails are the best way to communicate with the different teams involved in making Year 4 work for you. We know it can often be confusing to work out who to email so below are some suggestions of who to contact when.

For all general Year 4 enquiries: Y4mbchb@leeds.ac.uk

Questions related to Enquire-D: enquired@leeds.ac.uk

Questions related to Electives: Electives@leeds.ac.uk

Questions related to placement: medicine-placements@leeds.ac.uk (Note - if you have a question for a specific placement provider, you should contact the placement contact – SPARC will have details).

Questions related to ICU content, curriculum or Workplace Based Assessments content (WBAs) to the ICU leads.

Specific questions related to work-based assessments and PebblePad to wba@leeds.ac.uk

Any ongoing support needs related to health or disability to somstudentsupport@leeds.ac.uk

All requests for planned absences must be sent to the Year 4 Academic Sub Dean. You should do this via [the online Leave Request form here](#).

What do we expect from you? Professionalism

Professionalism – conducting oneself at all times with accountability, excellence, integrity and responsibility – is central to being a doctor. The way we behave and present ourselves to others, our conduct, demonstrates our values. As a university training medical students to become future doctors there are a core set of values and subsequent behaviours that we expect you to show. These are also behaviours we expect to demonstrate to you. These are based on GMC achieving good medical practice: guidance for medical students (if this hyperlink does not work, copy the URL into a web browser) <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/student-professionalism-and-ftp/achieving-good-medical-practice>

In Year 4 this means we expect to:

- **Introduce ourselves to staff, colleagues and patients.**
- **Maintain confidentiality.** Whilst you may find some of the work you do very interesting, please remember that you must always respect patient confidentiality. In particular, you must avoid discussing cases you have seen in public places, even with fellow students who have seen the same cases.
- **Respect the efforts of others to provide teaching and placement experiences.** This means arriving on time for teaching and placement, being fully and actively engaged in activities, recording absences from teaching or placement through the student self-reporting tool on Minerva and promptly

informing supervisors you are meant to be with that you will be absent. Attendance at taught university teaching sessions will be monitored. Further information is available in the [Attendance and Absences section of the Taught Student Guide](#). We will email you if the School has had to cancel teaching.

- **Request all planned leave through the Academic Sub Dean via the [online Leave Request form](#).** Planned leave is any time away from teaching or placement that you know about in advance. As examples, this includes time off for conferences, planned hospital treatment or religious holidays if they fall on university days.
- **Respond to email communications in a timely manner.** Responses should be expected in a week unless marked urgent, in which case they should be replied to within 48 hours.
- **Ensure that our verbal and written communications with patients, clinical and university staff is polite and professional at all times.**
- **Take responsibility for our own health and engaging with services for support (see page 21).**
- **Ask and receive help if we need more support.** Please see the [Student Support pages on the Taught Student Guide](#).
- **Give positive feedback, raise concerns about patient safety or colleague behaviour through the [Clinical Reporting Tool](#)**
- **Wear clothing that does not cause offence to patients, colleagues or teachers.**
- **Explain what we are doing if we are using our phone on placement or in teaching to review learning materials, make notes or revise.**
- **Not use our phones/devices while on placement or in teaching at medical school for social interaction or non-learning purposes.**
- **Take responsibility for our own learning by engaging in pre-reading and reflection.**
- **Reflect and act on feedback received.**
- **Complete work in the timescales agreed and inform leads prior to deadlines if it cannot be achieved.**
- **Not share exam content outside of the exam.**

Further information about Professionalism can be found in the [Student Expectations pages of the Taught Student Guide](#).

Year 4 Overview

What happens in Year 4?

Aim

The central aim for Year 4 is to gain clinical experience within specialty placements.

Philosophy

You will develop your knowledge, skills and attitudes acquired in Years 1 to 3 so that you are able to synthesise more complex clinical information to make diagnoses and formulate management plans. You will enhance your understanding of wider public health and international issues.

In Year 4, greater demands will be placed on you compared to the earlier years of the course. You will apply the principles set out in the GMC guidance *Outcomes for Graduates and Good Medical Practice*. You are expected to attend regularly, informing clinical teams if you are going to be late or absent and to take responsibility for your own learning. You will learn to access appropriate information to determine how you are progressing, reflect on it, and plan and execute further appropriate learning.

We want you to view the year as a whole, rather than a series of isolated blocks of teaching. It is easy to compartmentalise patients into the different specialties, which is clearly not how things work in real life. It is imperative that during the year you look at each patient you encounter holistically, even though their complaint may pertain to one particular specialty. The “Theme Days” during the year bring you together with teachers from across the year to support you integrating your knowledge from the different ICUs.

By the end of the year, you will have honed your clinical and communication skills to a standard appropriate to progress to Year 5 of MBChB. You will achieve this by constant practice, through clerking, presenting, discussing, and following up numerous patients in a variety of clinical environments. You should have acquired a realistic appreciation of many different specialties which will provide a basis for future career choices.

There are five key objectives across the year. These objectives will be assessed in the Year 4 assessments for progression.

Objectives

- 1. Consultation, clinical practice and decision making in different clinical contexts.** You will enhance your communication skills with patients, families and professionals, including in sensitive or difficult situations (e.g. breaking bad news, sexual health, mental health). You will acquire new knowledge, skills and attitudes to assess and manage patients appropriately and holistically whether they present in a specialty context or in an undifferentiated way (e.g. General Practice or the Emergency Department). You will become competent in clinical reasoning, generating differential diagnoses, making a diagnosis, and devising appropriate management plans for common and important conditions encountered in the Year 4 specialties. This will include more complex clinical problems and patients with multiple problems.
- 2. Ethico-legal practice.** You will determine the ethical issues and legal frameworks surrounding individual patients. You will embed the practical application of ethical reasoning, guidelines and law in patient care.
- 3. Medicines Management.** You will continue to develop your knowledge of medicines and medicine management. You will learn appropriate medicine choices in common clinical problems (e.g. antibiotics, analgesia) and have further prescribing experience. You should use your Student Formulary (available on Minerva) and complete at least six medicines profiles within each ICU.

4. **Frameworks, safety & governance.** You will recognise key factors which affect patient safety in different clinical contexts and will routinely integrate patient safety issues into assessment, decision making and prescribing.
5. **Team working and leadership.** You will further develop your ability to work in teams and reflect on how this contributes to patient care. You will increase your understanding of leadership, conflict management, and different organisational environments.

What is the structure of Year 4?

Year 4 includes Campus to Clinic Advanced 4 MEDI4227, which incorporates five Integrated Core Units, each lasting 6 weeks, four Theme Days, a Safe and Effective Clinical Outcomes (SECO) clinic, and Enquire-D MEDI4230. You will also need to prepare for your Year 5 Elective.

Acute and Critical Care. You will develop the skills to recognise, assess and initially manage an acutely ill and deteriorating patient across a wide range of hospital settings.

Continuing Care and Cancer. You will learn the key principles of long-term condition management, illustrated by cancer care and long-term conditions such as cardiovascular and respiratory disease. You will develop the skills to assess and initially manage a patient at different points in 'their journey' from diagnosis of a long-term condition including cancer, on-going management of the condition including acute exacerbations, through to advanced disease and then to end of life care.

Gynaecology, Obstetrics and Sexual Health. You will develop a holistic approach to women and the integral part their families and the community play in their health. You will develop the knowledge, skills and attitudes to assess and manage sexual health and reproductive issues, and women's health through gynecological and obstetric clinical practice.

Paediatrics. You will develop a holistic approach to children and the integral part their families and the community play in their health, growth and development. You will gain an understanding of the mechanisms governing child health and understanding of why Paediatrics is not the same as "Medicine in Small Adults". You will become competent in assessing children through history and examination.

Psychiatry. You will develop the knowledge, skills and attitudes to assess and manage mental health issues, including understanding of underlying biological, psychological and socio-cultural factors, psychological and physical treatments, mental health legislation and mental capacity legislation. You will become competent in taking a full psychiatric history, assessing mental state and screening for common mental health problems.

Theme Days. There are four integrated 'Theme Day' teaching days through the year that encourage you to think holistically about your patients and

practice. You will meet virtual patients and their families and touch on key issues that are pertinent to all the Year 4 ICUs. The sessions will include plenary lectures and small group work, including material designed to help with preparation for OSCE exams. The aim is to support a sense of integration, progression and cohesion across the whole year.

Safe and Effective Clinical Outcomes (SECO) Clinics. You will attend one half day clinic timetabled with the Clinical Skills Education team during an ICU placement. **The simulated clinics provide realistic opportunities for you to develop your communication, examination, clinical reasoning and reflective skills in a safe environment.**

Enquire-D. Will help you to function as consumers and producers of medical research and clinical service evaluation. It will build on the previous three years training in RESS/Enquire, as well as learning in the Innovation, Development, Enterprise, Leadership and Safety (IDEALS) strand. You are entitled to take two half days per ICU for Enquire-D work, but you must liaise with your placement hosts to determine the most convenient time to do this. The Enquire-D study guide can be found in the MEDI4230 Enquire-D module area on Minerva.

Year 5 Elective. Although the Elective is a Year 5 module undertaken in the summer prior to the start of Year 5 teaching, preparation must be done during Year 4. The Elective period in 2027 is from Monday 19 July 2027 until Friday 10 September 2027. There is no teaching attached to the Elective; however, **there are timetabled sessions throughout the year covering essential Elective topics.** Key dates and deadlines have been established to help you prepare for your Elective and the requirements regarding your Elective. We therefore encourage you to access Minerva for the all the most up to date information through announcements or the Elective Study Guide, which is available in the Electives folder (you will find this in MEDI4227 Campus to Clinic Advanced 4) on Minerva.

Importantly If you do not pass Year 4, you cannot progress to Year 5 and therefore cannot do your Elective. You may be able to continue the activities already planned as work experience, but you would need to liaise with the providers regarding this, and it will not count as your Elective for MBChB. If you have to resit Year 4 then you will do your Elective after passing your resit year.

Year 4 academic support programme for resitting students. Dr Jen Russell will run an academic programme supporting students who are repeating the year, focussing on skills improvement and exam techniques. Students will be invited to join as needed.

What are the important dates for the year ahead?

Term Dates

Term 1	Wednesday 2 September 2026 – Friday 18 December 2026	15w 3d
Term 2	Monday 4 January 2027 – Wednesday 24 March 2027	11w 3d
Term 3	Monday 5 April 2027 – Friday 2 July 2027	13w
Dates when the university will be closed (inclusive dates shown)	19 December 2026 – 3 January 2027 25 March – 30 March 2027 3 May 2027 31 May – 1 June 2027 30 August – 31 August 2027	

ICU Rotation Dates

	Rotation 1	Rotation 2	Rotation 3	Rotation 4	Rotation 5
	14/9/26 to 23/10/26	2/11/26 to 11/12/26	4/1/27 to 12/2/27	22/2/27 to 19/3/27 and 5/4/27 to 16/4/27	26/4/27 to 4/6/27
A	GOSH	PAEDS	PSYCH	CCC	ACC
B	ACC	GOSH	PAEDS	PSYCH	CCC
C	CCC	ACC	GOSH	PAEDS	PSYCH
D	PSYCH	CCC	ACC	GOSH	PAEDS
E	PAEDS	PSYCH	CCC	ACC	GOSH

Your individual timetable can be accessed via the UniLeeds app or Student Services. However, you should also refer to the relevant ICU section on Minerva to check *placement rotation information/Small Group information* (that may not be on your personalised timetable) also for further information and announcements.

Assessment deadline dates

The deadline for submission of all mandatory requirements to pass each ICU is 14.00 on the Monday after the end of each rotation.

As well as mandatory ICU requirements, you must complete the five pan-Year 4 Mini-CEX scenarios by the end of rotation 4.

Rotation 1 – Deadline = 14.00 Monday 26 October 2026

Rotation 2 – Deadline = 14.00 Monday 14 December 2026

Rotation 3 – Deadline = 14.00 Monday 15 February 2027

Rotation 4 – Deadline = 14.00 Monday 19 April 2027 (Also pan-Year 4 MiniCEX)

Rotation 5 – Deadline = 14.00 Monday 7 June 2027

Year 4 Academic Calendar 2026-2027

	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Jul-27	Aug-27	Sep-27
Sat									1				
Sun			1						2			1	
Mon			2 ICU 2			1	1		3 BH			2	
Tue	1		3	1		2	2		4	1		3	
Wed	2 Y4 Introduction		4	2		3	3		5	2		4	1
Thu	3	1	5	3		4	4	1	6	3	1	5	2
Fri	4	2	6	4	1 BH	5	5	2	7	4	2	6	3
Sat	5	3	7	5	2	6	6	3	8	5	3	7	4
Sun	6	4	8	6	3	7	7	4	9	6	4	8	5
Mon	7 Y4 Introduction	5	9	7	4 ICU 3	8	8	5	10	7	5	9	6 Y4 27/28 starts
Tue	8 Theme Day 1	6	10	8	5	9	9	6	11	8	6	10	7
Wed	9	7	11	9	6	10	10	7	12	9	7	11	8
Thu	10	8	12	10	7	11	11	8	13	10 Written Seq 1	8	12	9
Fri	11	9	13	11	8	12	12	9	14	11	9	13	10
Sat	12	10	14	12	9	13	13	10	15	12	10	14	11
Sun	13	11	15	13	10	14	14	11	16	13	11	15	12
Mon	14 ICU 1	12	16	14	11	15	15	12	17	14	12	16	13 Y5 starts
Tue	15	13	17	15	12	16 Theme Day 3	16	13	18	15 OSCE Seq 1	13	17	14
Wed	16	14	18	16	13	17	17	14	19	16 OSCE Seq 1	14	18	15
Thu	17	15	19	17	14	18	18	15	20	17	15	19	16
Fri	18	16	20	18	15	19	19	16	21	18	16	20	17
Sat	19	17	21	19	16	20	20	17	22	19	17	21	18
Sun	20	18	22	20	17	21	21	18	23	20	18	22	19
Mon	21	19	23	21	18	22 ICU 4	22	19	24	21	19 Electives	23	20
Tue	22	20	24	22	19	23	23 Theme Day 4	20	25	22	20	24	21
Wed	23	21	25	23	20	24	24	21	26	23	21	25	22
Thu	24	22	26	24	21	25	25	22	27	24	22	26	23
Fri	25	23	27	25 BH	22	26	26 BH	23	28	25	23	27	24
Sat	26	24	28	26	23	27	27	24	29	26	24	28	25
Sun	27	25	29	27	24	28	28	25	30	27	25	29	26
Mon	28	26	30	28 BH	25		29 BH	26 ICU 5	31 BH	28 Written Seq 2	26	30 BH	27
Tue	29	27 Theme Day 2		29	26		30	27		29	27		28
Wed	30	28		30	27		31	28		30 OSCE Seq 2	28		29
Thu		29		31	28			29			29		30
Fri		30			29			30			30		
Sat		31			30						31		
Sun					31								

	Y4 Intro/Theme Day
	Enquire-D
	University Closed (note you may still have placement activity scheduled during ICU rotations)
	Exams period

What practical things do I need to do and know?

Illness: If you are unwell and unable to attend teaching or placement, please inform the Year 4 team (and your clinical placement if you are on placement) and record your absence on Minerva.

If you have a contagious illness, you will need to liaise with your placement regarding isolation time and when you will be permitted to return.

Scrubs: You will previously have received two sets of scrubs for use on clinical placements. If you require any additional sets, these are available to purchase via Myshop at Grahame Gardener www.grahamegardner.co.uk. The instructions to access the Myshop have recently changed.

For new customers:

Go to <https://www.grahamegardner.co.uk/Registration/Register/HSLEMSCW> and complete the registration process to set up a Leeds Myshop account. This will then assign your account to the Leeds Myshop. You do not need to use that link again and can visit our website and login as normal for future visits.

For existing customers:

The same web address remains, www.grahamegardner.co.uk but with the launch of the new site we also have a more simplified way for you to now log into your existing Myshop.

If you have linked your account to the Leeds Myshop, simply visit the Grahame Gardener website and log in as normal.

If you have not linked your account to the Leeds Myshop, simply go to the 'Account login' page on the new website and select 'FORGOTTEN PASSWORD' to access your account. This password reset is to ensure your details are kept safe and you will only need to do this once. You will then be able to access the MyShop that includes the garments you need.

If you have questions about purchasing scrubs, please contact the School of Medicine Clinical Skills Team.

Student badges: If you were on the course last year, you will have received a "Hello, my name is..." badge. You should wear this at all times in clinical settings. If you were not on the course last year and need a badge, or if you new badge during the year, please complete this [online form](#) to order a new one.

University student ID cards: You will need your student ID card to prove your identity from time to time. You will particularly need it when reporting for any exams. If you lose your ID card, you must order a new one following the [advice on the university website](#).

Smart Cards: For Smart Card queries, or to replace a lost card, contact the School of Medicine Placements Team medicine-placements@leeds.ac.uk. If you lose your card, please contact them as a matter of urgency so the lost card can be blocked.

NHD ID/Shuttle Bus Card: Contact the undergraduate hub at SJUH for a replacement card; undergraduate.ltht@nhs.net Tel: 0113-206-4177 / 0113-206-5882

Changing your name on university systems: In response to student feedback, the School has created a guide for students wishing to change their identity. You can access the guidance document [here](#).

How do I find out where I need to be?

You will be able to find information about each ICU's university teaching – timetables and group lists – on Minerva. Your university teaching will also be on your personalised online timetable accessed via the UniLeeds app or Student Services.

For placement activities, you will need to check which placement you are on for each rotation. Placement hosts will contact you before each rotation with details of your placement. It is your responsibility to ensure you keep a record of this.

If you have any questions about the placement allocations you have received, please contact the [School of Medicine Placements Team](#).

Accessing Placement Allocations:

Placement allocations for 2026/27 will be made available through the School of Medicine's placement allocation system SPARC (Students and Placements in ARC). Full guidance on how to access and navigate the system is on the [Taught Student Guide](#).

Requests for consideration of personal circumstances for Placement Allocations:

For students who submitted a request for consideration of personal circumstances every effort has been made to determine placement allocations in line with your requirements. Students whose significant circumstances met the stated criteria are still likely to have to travel for some of their placements. If you have received an allocation which you believe differs from your submitted preference it may be that your circumstances did not meet the criteria or that there were no suitable placements available close to you.

Changes to placement allocations:

At times the Placements Team may need to make changes to your placement allocation. This will only be done where absolutely necessary, and the Placements Team will give as much notice of any amendment as possible.

Once allocations are published it is not possible for students to request amendments to placement allocations. This includes requests to swap placement allocations with another student.

What do I need to know while I'm on placement?

Prior Learning

We expect you to attend clinics, theatres and ward rounds for teaching. It is also your duty to read up on relevant topics prior to your clinical placement. This will maximize your learning opportunity during that placement, e.g. read about gynaecological cancer before attending the Gynae Oncology theatre or read about management of depression before attending a psychiatry OPD clinic.

Safety

Some environments have the potential to create more personal risk than others, such as ED and psychiatry, but personal safety is important in any healthcare setting. As a student you should ensure that you feel safe in the tasks that you do. You must wear identity badges at all times (you may be asked to leave if you cannot prove who you say you are) and we expect you to inform ward or practice staff who you are, why you are there and your timetable. We would advise speaking to staff in advance of seeing any patient.

Specifically in psychiatry, you should particularly be asking about the patient's current mental state and their suitability for interview. While on psychiatry placement you will be aware that interview room doors should have 'spyholes' and furniture and decorations may be attached to the wall and floors so as not to be used as potential weapons. Bringing potential weapons into the room such as hot drinks should also be avoided. You should sit nearest the door. You should be aware of any safety features such as panic alarms, etc.

Behaviour of patients and relatives can change during any consultation, and we expect you to be aware of changes in their mental state. If you feel uncomfortable, you should make your excuses and leave. Some examples of this maybe that their speech pattern may change and become louder, repetitive, interruptive, accusative or quiet, slow and deliberate. There may be threatening or abusive language. An agitated person's posture may change – adopting a 'square' posture with clenched fists and tensed facial muscles and increased eye contact. Their activity levels may alter, and they may show signs of increased psychomotor activity such as restlessness, pacing, pointing and invasion of personal body space for example.

If at any time on the placement you feel threatened or are upset by a patient's comments or actions, please discuss this with the immediate clinical staff, your supervisor/tutor, and with the ICU Lead.

Community Placements

A number of ICUs have community placements, which sometimes involve home visits. We would not expect you to go on home visits by yourself without full discussion with your tutor or other senior clinician. Home visits are best done jointly with doctors or other members of the MDT. On rare occasions, after discussion with your team it may be jointly decided that it is appropriate for you to see patients or their families alone at home, however, this should always be arranged with the knowledge of the consultant/GP and be something you are also happy with. In this case, please let others know where you are going and when you will return. It is also good advice to give them your mobile phone details.

It is important that you are familiar with the School of Medicine guidelines on student safety and student indemnity on placements in the community setting. Further information about Health and Safety on the programme including this indemnity can be found on the School of Medicine website.

Recognising patients or relatives

If you are in a situation where you know a patient and/or relative, it is your responsibility to make your excuses and leave the consultation.

Recognising staff through personal health reasons

When we know, we will not put you on placements where you may know the staff through your own personal interactions with the NHS. However, if this unexpectedly happens and you are uncomfortable, leave the consultation. If it is likely this will occur, or reoccur, on a specific placement please get in touch with the Medicine Placements team as soon as possible to try and rearrange your placement.

Remote Consultations

These have substantially increased since the Covid pandemic. Trusts often have their own guidance on how these should be conducted but below is a guide, adapted from Leeds & York Partnership NHS Foundation Trust, that we ask you to follow if you are involved in a remote consultation.

- Where a student is leading a remote consultation, an appropriate clinician should be immediately available to provide supervision and/or assistance as needed.
- Prior to any remote consultation, consent should be sought by the clinician for the student's involvement in the patient's care.
- If working from home, a neutral setting should be used avoiding personal identifiable details in the background.
- Whether home or workplace – the student should find a location where they will not be disturbed and include a sign on the door informing people remote consultations are taking place and to not disturb.
- The student should use a discreet headset where possible as this increases privacy and reduces distraction of background sounds for the patient.
- When wanting to make eye contact with the patient the student needs to remember to look at the camera not the patient's face on the screen.
- The student's face should be well lit with no bright lights behind them.
- The student should check the patient's identity and check they can hear (and see) them clearly.
- The student will introduce themselves and their role (for example "a fourth year medical student") and confirm they have consented and are still happy to conduct the interview, at the same time thanking the patient for agreeing to be involved in student training.
- The student should check the patient is in a confidential place, if they are alone or wish for anyone else to join the consultation.
- If a clinician is also on the consultation to observe the interaction, their role should be explained.
- It should be explained how long the session is likely to last and the format so that the session runs smoothly.
- The student should explain they will be making notes and may look at their clinical record so they may not always be looking straight into the camera but will be listening throughout.
- The student should make it clear the session is not recorded and the patient should not record it either.

Travel expenses and Accommodation while on placement

The Student Travel Policy and comprehensive Student Placement information will be available in the [2026-27 Year 4 MBChB Organisation on Minerva](#). The Student Placement information document includes detailed information regarding student travel options, accommodation and funding contributions/expenses for students travelling to placement

(e.g. School of Medicine travel contribution one-off payments; travel expenses paid by Trusts and NHS Bursary information).

What do I do if I want extra placement time?

We are always pleased when students request additional placement time at Trusts to strengthen their practical experience or personal career goals. This may involve you doing extra shifts whilst on placement or returning around Finals for extra experience. Patient and student safety is paramount and so the appropriate supervision must be put in place before you arrive. You **MUST** agree this with the ICU manager or Head of Year, and then with the placement provider.

What do I need to do to pass Year 4?

The Year 4 Assessment Study Guide details all the requirements to pass Year 4. In summary, you must pass Campus to Clinic Advanced 4, Enquire-D and your end of year summative assessments.

During your clinical placements, you are required to meet a minimum attendance requirement and complete placement related assessments and forms, such as Mandatory Clinical Skills. You will be provided with deadlines for the completion of these requirements. These will either be at the end of each clinical placement (e.g. attendance or specific assessments) or at the end of rotation 4 for the pan-Year MiniCEXs, which can be completed during any placement. If you are unable to meet the deadlines for any placement requirements, you should follow this process:

1. Complete the [University extension request form](#) to request an extension for the completion of any placement requirements.
2. The Year 4 team will contact you to find out more information about your requirements. The Year team will be able to support you in achieving these requirements and/or managing your workload.
3. If you are required to complete additional placement time to meet the outstanding requirements, you should arrange this directly with your existing placement provider and record details of additional placement as instructed.

Please note, if you need to arrange additional time for a Primary Care placement this should only be done via the Medicine Placements team medicine-placements@leeds.ac.uk. You should not arrange Primary Care recovery time directly.

It is your responsibility to act if you're unable to meet the required deadlines for completion. If you do not complete all placement requirements by the given deadline, you will receive a placement fail. We encourage you to make contact as early as possible to ensure you receive the appropriate support and guidance.

In order to pass Campus to Clinic you are expected to pass all 5 ICUs: three elements are required in order to pass each ICU.

1. **Attendance** 100% attendance is expected though less may be accepted with mitigation. Below 80% will fail. Attendance will be calculated based on your

attendance at university teaching and clinical placement. Attendance at university taught sessions will be monitored. You should complete a daily activity log while on clinical placement which is available through PebblePad.

2. **Professionalism** You are required to demonstrate a continued level of professionalism and engagement with the course throughout the year. Guidance on what this entails is found in the professionalism statement on page 7.
3. **Mandatory requirements** Each ICU has mandatory skills and tasks that must be completed. These are usually Workplace Based Assessments (WBAs) such as Mandatory Clinical Skills and MiniCEX scenarios but there may be additional tasks, such as completing an End of Placement Review form or diary entries, depending on the ICU. Details of mandatory requirements can be found in the relevant ICU sections below. In addition to passing the five ICUs, there are also five pan-Year 4 MiniCEX scenarios which must be completed by the end of rotation 4. These are not specialty specific and can be completed during any ICU.

How will I be taught in Year 4?

All ICUs have a teaching week at the start of each rotation, other than CCC which has teaching on Mondays throughout each rotation. University teaching will be a combination of online and face to face teaching in a variety of formats including lectures, seminars, group work and self-directed learning. It is not possible to teach you everything you need to know solely through the university teaching and all ICUs have a large number of online resources which can be accessed through Minerva.

Please ensure you are familiar with the teaching schedules for each ICU as well as Theme Days, SECO Clinics and Enquire-D. This information will be found on Minerva.

Placements have a mix of formal and informal teaching, and we expect students to be proactive in gaining the most from their experiences. For some placements (Paediatrics, Psychiatry, GOSH and the primary care element in CCC) you will have a placement tutor, and it is very important to engage with them as they are central to the learning and assessment process. Clinical educators may also be available to facilitate your ward-based learning during placements.

What resources can I access in Year 4?

PebblePad and PebblePocket: PebblePad is the university's online portfolio and personal learning platform and PebblePocket is the app you can use to access it on your phone. You will use PebblePad for submitting your WBAs and other forms during your clinical placements. You must be familiar and able to engage with this software. **If you are having problems submitting work to PebblePad, please contact wba@leeds.ac.uk at the earliest opportunity.** Late submissions or incomplete submissions due to technical problems won't be accepted.

How We Manage Your Data: The link below directs you to the student privacy notice, which details how your personal data is collected and used by the university.

<https://dataprotection.leeds.ac.uk/gdpr/student-privacy-notice/>

eduroam: This is the university educational wifi network, which is also available in all Trusts. Information on how to set up your device to connect to eduroam can be found on the IT website at https://it.leeds.ac.uk/it?id=emp_taxonomy_topic&topic_id=078708481ba821104b894043b24bcbe7.

Medhand Mobile libraries: All students have free access to eBook versions of key medical textbooks including the British National Formulary and Oxford Handbooks. The app is available on the Android and Apple stores.

What do I do if I am struggling in Year 4?

Please contact someone. We can't help you with things we don't know about. Many students have difficulties at some point in the MBChB programme and there are many ways to access the support that you need.

Please see the [Student Support section of the Taught Student Guide](#).

How do I feedback about the course?

There are various ways that you can feedback on the course, and we endeavour to act on your feedback to improve your experience. It is not always possible to make immediate changes in response to feedback, but we review all feedback, from all sources, and use this to guide improvements to the programme for future years. Among other things, your feedback has resulted in:

1. Changes to teaching to give you more experience of what being an actual doctor is like, with more opportunities for patient interactions in a simulated environment.
2. Changes to the way some placements are organised to allow students to be more involved with clinical teams.
3. Changes to the communications you get during each ICU to ensure consistency in the timing and content of messages to increase fairness.
4. SDL days at the start of the academic year to allow you more flexibility when planning your return to Leeds.
5. Increased availability of materials to support your revision.
6. A review of the timetable for future years to look at where more revision sessions or more opportunities for OSCE practice could be offered.

Student ICU and Module feedback: You will be asked for feedback about your experience of ICUs and modules through the course of the year. The information you provide will be shared with colleagues to make improvements to the programme for future years.

Student Placement reports: You will also be asked for feedback about your placement experience during the year. This will happen for all students at the end of three rotations, though feedback will be collected for Primary Care providers at the end of each rotation. To allow the School to send your feedback to placement providers in a timely fashion, there is a deadline by which you need to complete your feedback; this is two weeks after the placement ends.

You may fail the professionalism aspect of your placement, and so fail the placement, if you do not submit the placement evaluation we send you.

Student representatives: MSRC representatives are invited to attend programme management meetings and informal meetings with the Heads of Year to represent the student body in decisions about how the course is organised and delivered. They may ask you for feedback in advance of meetings, but you can also approach them with issues or suggestions at any time.

Clinical Placement Reporting Tool: Information about the School's Clinical Placement Reporting Tool can be found in the [Taught Student Guide](#).

Student complaints: Information about the how the School deals with complaints can be found on the [School of Medicine website](#).

Where do I find individual ICU Information?

Information about individual ICUs, including curriculum and assessment requirements, are below. Further information will be found in the relevant ICU areas on Minerva.

I. Acute and Critical Care (ACC)

What is ACC?

Welcome to the Year 4 Acute and Critical Care (ACC) Integrated Clinical Unit (ICU). This ICU focuses on the assessment and management of the acutely unwell patient and encompasses the four specialties of Acute Medicine, Anaesthesia, Critical Care, and Emergency Medicine. These specialties provide care for patients with a wide range of acute illnesses and injuries in fast-paced, multidisciplinary clinical environments. Although acute care services continue to face significant operational pressures, they also offer exceptional opportunities to develop clinical knowledge, practical skills, and confidence in managing patients with urgent and life-threatening conditions.

The ACC curriculum has been designed to align closely with the General Medical Council's *Outcomes for Graduates*, relevant postgraduate specialty curricula, and the Medical Licensing Assessment (MLA). The study guide provides a clear set of learning outcomes together with suggested clinical activities to help you make the most of your placement. Many teaching sessions are integrated within your clinical attachments, allowing you to consolidate key concepts while learning from real patients in the clinical environment.

ACC is a busy module within a demanding academic year. Reviewing the learning outcomes and suggested clinical activities before starting your placements will help you make the best use of your time and maximise the learning opportunities available.

We hope you enjoy your time in ACC. Caring for acutely unwell patients is one of the most rewarding aspects of medicine. Our specialties are dynamic, varied, and highly patient-focused, providing opportunities to develop clinical reasoning, procedural skills, teamwork, and decision-making. We wish you every success during your placements and hope you leave the module with greater confidence in managing acute illness and an enthusiasm for the specialties that make up Acute and Critical Care.

Who is in the Course Management Team?

Acute & Critical Care (ACC) Co-Lead	Dr Adam Burns	Adam.burns@nhs.net
Acute & Critical Care (ACC) Co-Lead	Dr Najeeb Rahman	najeebrahman@nhs.net
ACC ICU Coordinators:	David Hemming Fran Pearson	Y4mbchb@leeds.ac.uk
Assessment Lead	Dr Jen Russell	Jennifer.russell6@nhs.net
Specialty leads (Anaesthesia)	Dr Anurag Vats Dr Raj Singh	Anuragvats@nhs.net Rajendra.singh@nhs.net

Specialty lead (Critical care)	Dr. Brian Wilkinson	brian.wilkinson2@bthft.nhs.uk
Specialty lead (Acute medicine)	Dr Ayesha Khaliq	ayesha.khaliq@nhs.net
Specialty lead (Emergency Medicine)	Dr Catherine Holmes	catherine.holmes5@nhs.net

Where will I be and what will I be doing?

ACC is a six-week programme consisting of an introductory week followed by five weeks of clinical placement. In response to student feedback, we have redesigned the introductory week to include greater face-to-face teaching while retaining the flexibility of high-quality online learning resources. Introductory week now comprises a combination of live lectures, practical skills sessions, simulation, and e-learning content designed to prepare you for your clinical placements. Additional learning materials are also released during and after your placement to support consolidation and revision.

The clinical placement is structured as a five-week rotation. Students undertake these weeks on a rotational basis, so you may begin at any point in the sequence.

- **1 week** – Anaesthesia
- **1 week** – Anaesthesia (2 days) and Clinical Skills (3 days), including RRAPID, nasogastric tube insertion, and directed online learning
- **1 week** – Acute Medicine
- **1 week** – Emergency Medicine
- **1 week** – Intensive Care Medicine

Clinical placements take place across provider trusts throughout the region. While on placement, your host trust is responsible for supporting your learning and will have a dedicated undergraduate education team available should you require assistance.

Students are currently placed at:

- Leeds Teaching Hospitals NHS Trust (Leeds General Infirmary and St James's University Hospital)
- Mid Yorkshire Teaching NHS Trust (Pinderfields Hospital)
- Calderdale Royal Hospital
- Huddersfield Royal Infirmary
- Airedale General Hospital
- Harrogate District Hospital

You will normally complete your entire ACC placement at a single trust. Details of your placement, induction arrangements, and relevant contacts will be provided by email and through the SPARC app before your placement begins.

Acute Medicine

Acute Medicine (or Acute Internal Medicine – AIM) is the hospital specialty concerned with the assessment, diagnosis and treatment of adult patients with urgent medical needs. It was formally recognised as a specialty in 2009, having previously been a subspecialty of General Medicine. We are an adult medical specialty, so we do not care for patients under 16 or those needing an operation.

Acute medicine is a critical access point to the hospital for many medical patients. Our acute medical units care for inpatients in the first 48 hours of hospital admission before either discharge or transfer to a more appropriate specialty. Our same-day emergency care services offer urgent access to medical review and diagnostics for patients who need medical attention but do not require admission to the hospital.

Acute medicine is a dynamic environment where the focus is on diagnosis, urgent investigation, and delivering evidence-based initial treatments for our patients. This also makes us a great place to practice your skills. Our position in the admissions pathway affords us close links with colleagues in emergency medicine, hospital medicine and intensive care medicine. You will gain experience of various patient pathways into the hospital during your time in acute medicine and see how the unwell patient is identified, managed and escalated.

Anaesthetics

From humble beginnings with chloroform-soaked scarves in 1846 to the introduction of formal postgraduate training in 1935, Anaesthetics has evolved into one of the largest specialities in the hospital environment. Within the operating room, anaesthetists are an integral part of the wider surgical team and crucial in enabling surgical procedures whilst ensuring patient health and safety. During your anaesthetic rotation, you will learn how advanced knowledge of pharmacology and physiology is applied to produce hypnosis, muscle relaxation and analgesia. Practical skills such as cannulation and airway management are cornerstones of anaesthetic practice and you will have chance to hone your skills and gain confidence with airway equipment such as oropharyngeal airways and supraglottic devices. You'll also meet the other members of the team who are crucial to safe and effective practice such as operating department practitioners. Anaesthetists have important roles in pre-assessment clinics, pain services and as part of the resuscitation team. Follow anaesthetists beyond the operating room during your placement and discover the ways that the specialty interacts with each stage of the patient journey.

Intensive Care Medicine

The key to intensive care medicine lies in its ability to closely observe and respond to changes in a patient's condition through focused nursing care, enhanced monitoring and organ support. Whilst on your attachment, you'll join the multi-disciplinary team involved in delivering care to the sickest patients in the hospital and learn how those patients and their families, are supported both physically and psychologically to get the best possible outcome. You'll also have the chance to work with the critical care outreach team identifying deteriorating patients on the ward and learn about complex decision-making regarding treatment and critical care admission. You may also have the opportunity to observe how care is delivered during the end of life and the processes supporting organ donation.

Emergency Medicine

Emergency Medicine encompasses the care of patients of all ages presenting to the emergency department with illness or injury. Patients have access to the emergency department 24/7 and can self-present or arrive by ambulance. Patients present with a full spectrum of undifferentiated disorders from life threatening to self-limiting, this may be after an accident, on advice of their GP or simply because they are unsure of how to access help. Patients are cared for across different areas in the emergency department dependent on clinical needs. After assessment and initial management in the emergency departments, patients may need admission to hospital, follow up as an outpatient or are discharged to the care of their GP. The emergency department team involves consultants, doctors in training, specialty doctors, advanced clinical practitioners, nurses, clinical support workers amongst many others. Emergency medicine relies on teamwork, communication and clinical decision making in a fast paced, time pressured environment.

The emergency department can be a daunting place; however, it is also an incredible learning environment with a team that is keen to teach. On placement, you will spend time in resus, majors, minor injuries, and paediatrics. There will be the opportunity for you to see your own patients. You will participate in the assessment, investigation and management of patients presenting with a wide array of health concerns under supervision of emergency medicine clinicians. There will be the opportunity to observe in the resuscitation of patients presenting with life-threatening illness and a chance for you to undertake practical skills (venepuncture, ABGs, cannulation). The emergency department is always busy and there will always be something to see or do.

What is the core learning I am expected to gain from this ICU?

The ACC curriculum has been carefully designed and mapped to the key national standards that underpin undergraduate and postgraduate medical training. It aligns with the General Medical Council's *Outcomes for Graduates*, the *Generic Professional Capabilities Framework*, relevant postgraduate specialty curricula, and the Medical Licensing Assessment (MLA).

To make this as clear and transparent as possible, our ACC learning resources include visible mapping to the relevant curriculum outcomes and MLA presentations and conditions. This allows you to see exactly what each learning resource is designed to cover, how it contributes to your overall development as a future doctor, and how it supports your preparation for the MLA. Our aim is to make it easy for you to understand what you are expected to learn and to ensure there is a clear link between teaching, clinical placement, the curriculum, and assessment.

We recognise that a curriculum alone does not always translate into "what should I actually do on placement?". To address this, we have worked closely with students to develop a series of recommended clinical learning activities that accompany each part of the curriculum. These activities represent practical learning opportunities that you can seek out during your placements and are designed to help you apply your knowledge in real clinical settings.

Although it is not expected that every student will encounter every clinical presentation, actively engaging with the recommended clinical learning activities throughout your placement will provide broad exposure to the core knowledge, clinical skills, and

professional behaviours expected of a Year 4 medical student. Together with the mapped learning resources, these activities will help you achieve the intended learning outcomes and prepare effectively for the MLA and your future clinical practice.

Curriculum Domains

Domain 1 Recognition of the acutely ill or deteriorating patient

- 1.1 Initial assessment and diagnosis.
- 1.2 Using information effectively and safely.

Domain 2 Management of the acutely ill or deteriorating patient.

- 2.1 Immediate management.
- 2.2 Escalating care, Ceilings of care and End of life care.

Domain 3 Management of a patient undergoing anaesthesia

- 3.1 Perioperative Patient Care.
- 3.2 Basics of General Anaesthesia.
- 3.3 Regional Anaesthesia.

Domain 4 Communication and collaboration

- 4.1 Leadership and team working.
- 4.2 Communication and interpersonal skills.

Domain 5 Medicines management and safe prescribing

- 5.1 Prescribing medications safely
- 5.2 Safe prescription of fluids, blood and blood products

Domain 6 Procedures and clinical skills

- 6.1 Clinical procedures.

Domain 7 Professional, ethical and legal responsibility

- 7.1 Patient safety.
- 7.2 Safeguarding vulnerable patients
- 7.3 Ethical and legal responsibility

Complete Curriculum

Domain 1: Recognition of acutely unwell or deteriorating patients.

1.1 Initial assessment and diagnosis: Learning Outcomes

You must develop the capability to:

- 1.1.1 identify acutely unwell patients, patients with life threatening illness and patients at risk of deterioration, including the use of early warning scores (NEWS).
- 1.1.2 recognise the clinical features (including airway obstruction) of a patient acutely at risk of cardiac arrest
- 1.1.3 perform a competent A-E assessment of a patient with life threatening illness.
- 1.1.4 recognise the role of an A-E assessment in the assessment of acutely unwell or deteriorating patients.

- 1.1.5 collaborate with patients to perform focused history-taking and competent clinical examination.
- 1.1.6 integrate underpinning knowledge of common conditions/presentations* with findings from a consultation, to establish a working diagnosis.
- 1.1.7 strategically select, request and interpret appropriate investigations (including bedside ultrasound and point-of care testing) to support decision-making.
- 1.1.8 to recognise the features of acute organ failure and its impact for patients' outcomes
- 1.1.9 be aware that clinical decision making involves uncertainty and risk to both patients and practitioners.
- 1.1.10 be aware that many patients in the ED and acute assessment areas do not require hospital admission.

1.2 Using information effectively and safely: Learning Outcomes

You must develop the capability to:

- 1.2.1. use clinical scoring systems to stratify risk and make decisions for patients as individuals.
- 1.2.2. access and integrate a variety of sources of clinical information (e.g. ambulance records, medical records, narrative) for patient care
- 1.2.3 undertake a structured approach to interpreting data arising from investigations (e.g. blood tests (including blood cultures), ECGs, ABGs, CXRs)
- 1.2.4 be aware of the limitations and risk of error that investigations can introduce to decision-making.
- 1.2.5 be aware of the influence of cognitive biases on clinical decision making.

Domain 2: Management of acutely unwell or deteriorating patients.

2.1 Immediate management: Learning Outcomes

You must develop the capability to:

- 2.1.1. collaborate with patients in their clinical management and care.
- 2.1.2. act upon the findings of an initial assessment to initiate management of an acutely ill patient (see core conditions)
- 2.1.3 act upon the findings of an A-E assessment to initiate management of a patient presenting with life threatening illness (see core conditions).
- 2.1.4 be able to initiate appropriate oxygen and fluid therapy for acutely unwell patients.
- 2.1.5 re-assess unwell patients to gauge response to initial management or resuscitation strategies.
- 2.1.6 understand the role of investigations (including the use of ultrasound) in the management of unwell patients.
- 2.1.7 understand the importance of escalation to seniors and specialty-referral in managing unwell or deteriorating patients.
- 2.1.8 identify patients where non-invasive ventilation or endotracheal intubation for invasive mechanical ventilation may be indicated.

2.2 Escalating care, 'Ceilings' of care and End of life care: Learning Outcomes

You must develop the capability to:

- 2.2.1 be aware of patient and disease factors (e.g. physiological reserve, comorbidities and disease reversibility) that are associated with survival to discharge from intensive care
- 2.2.2 know the complications of non-invasive/invasive mechanical ventilation.
- 2.2.3 recognise patients with acute sepsis who may need vasopressor support.
- 2.2.4 recognise patients with acute kidney injury who may need acute renal replacement therapy.
- 2.2.5 know the importance of collaboration with patients and their relatives/carers in discussions regarding escalation, de-escalation and end-of-life care (e.g. care planning, ReSPECT and DNACPR).
- 2.2.6 be able to appreciate some scenarios where limitation of treatment would be appropriate.
- 2.2.7 be able to appreciate some of the physical and psychological complications of critical illness.
- 2.2.8 be able to initiate appropriate care for the management of patients at the end of their life.

Domain 3: Management and care of a patient requiring anaesthesia.

3.1 Perioperative Patient Care: Learning Outcomes

You must develop the capability to:

- 3.1.1. know that pre-operative prehabilitation and lifestyle-modification (smoking-cessation, weight-loss, exercise) can improve patient outcomes after an operation.
- 3.1.2. undertake a preoperative anaesthetic assessment.
- 3.1.3. offer a basic explanation of the different types of anaesthesia (general, regional, sedation and local) to a patient.
- 3.1.4. be able to initiate management of the common pre-operative clinical issues arising in patients on wards who are awaiting surgery (e.g. medicines management, perioperative management of diabetes, fasting, anticipation of haemorrhage, abnormal blood results, VTE prophylaxis).
- 3.1.5. be able to assess and initially manage the common immediate and early post-operative issues arising in patients on wards (e.g. hypotension, breathlessness, pain, PONV, reduced consciousness).
- 3.1.6. know that surgeries are classified according to urgency (CEPOD).
- 3.1.7. be aware of the patient-factors which may preclude day-case surgery.

3.2 General Anaesthesia and sedation: Learning Outcomes

You must develop the capability to:

- 3.2.1. know that a general anaesthetic combines induction agents, analgesics, inhalational anaesthetic agents and muscle relaxants.
- 3.2.2. know that a patient undergoing a general anaesthetic will require airway and ventilatory support.

- 3.2.3. undertake an airway assessment of a patient to anticipate potential difficulties of airway management.
- 3.2.4. know the common effects and acute side-effects of opioids.
- 3.2.5. know that procedural sedation commonly utilises short-acting sedatives such as midazolam.
- 3.2.6. understand the importance of monitoring patients under anaesthesia and during their recovery from anaesthesia.
- 3.2.7. be aware that anaesthetic drugs can lead to altered physiology in the peri-operative and postoperative period.

3.3 Regional Anaesthesia: Learning Outcomes

You must develop the capability to:

- 3.3.1. know of the types of regional anaesthesia techniques (spinal, epidural, plexus or nerve blocks).
- 3.3.2. know the benefits that regional anaesthesia may offer for some patients (versus general anaesthesia).
- 3.3.3. know the anatomical difference between epidural and spinal anaesthesia.
- 3.3.4. know the common side-effects and complications of spinal and epidural anaesthesia.

Domain 4: Communication and Collaboration.

4.1 Leadership and team working: Learning Outcomes

You must develop the capability to:

- 4.1.1. know that non-technical skills such as teamwork, followship and leadership affect patient safety.
- 4.1.2. understand that care of patients is provided through collaboration of multi-disciplinary team-members.
- 4.1.3. have a basic understanding of 'hierarchy' and 'authority gradient' in the context of clinical care.
- 4.1.4. develop effective strategies to escalate concerns to senior colleagues.
- 4.1.5. know that debriefing (formal or informal) may improve psychological wellbeing of clinical practitioners

4.2 Communication and interpersonal skills: Learning Outcomes

You must develop the capability to:

- 4.2.1. know the importance of effective communication for patient safety.
- 4.2.2. be able to use a variety of communication approaches (e.g. oral, written, physical, paralanguage, visual) effectively
- 4.2.3. understand that incivility contributes to error, stress and can compromise patient safety and care.
- 4.2.4. communicate effectively and sensitively with patients and their relatives/carers and with professional colleagues
- 4.2.5. document clinical findings and decisions accurately
- 4.2.6. effectively communicate clinical plans using written and verbal methods.

- 4.2.7. know that a handover is a key method of communication that contributes to patient safety and that it is mandatory to hand over care when you go off duty.

Domain 5: Medicines management and safe prescribing.

5.1 Prescribing medications safely: Learning Outcomes

You must develop the capability to:

5.1.1. demonstrate safe prescribing practice and medicines management whilst managing acutely unwell and deteriorating patients.

- prescribing and titrating acute oxygen therapy
- analgesia for acute pain (integrating the analgesic ladder)
- antibiotics for common infections and perioperative prophylaxis (with demonstration of antibiotic stewardship)
- antiemetics in perioperative care
- adrenaline for anaphylaxis and cardiac arrest
- amiodarone and adenosine for acute tachyarrhythmia
- bronchodilators for acute asthma and COPD
- insulin in Diabetic Ketoacidosis (DKA); Hyperosmolar Hyperglycaemic State (HHS) and a fasting patient with diabetes
- initial management of acute withdrawal from alcohol (chlordiazepoxide and haloperidol)
- initial management of hyperkalaemia (calcium gluconate, salbutamol and insulin/dextrose)
- initial management of hypoglycaemia (glucagon and glucose)
- initial treatment for ACS (aspirin, GTN and morphine sulfate)
- initial treatment of status epilepticus (benzodiazepines)
- local anaesthetics (lignocaine and bupivacaine) for local and regional anaesthesia
- low molecular-weight heparin for venous thromboembolism (VTE) prophylaxis and initial treatment

5.1.2. be aware of medications which may require special management in the perioperative period:

- Anti-diabetes medications
- Anti-epileptic medications
- Anticoagulants
- B-blockers
- Parkinson's medication

5.1.3. be aware of the role of vasopressors and inotropes in intensive care settings

5.1.4. be aware of the role of medication for sedation in intensive care settings

5.1.5. be aware of the role of medication for sedation in Emergency Departments and acute medical settings

5.2 Safe prescription of fluids, blood and blood products: Learning outcomes

You must develop the capability to:

- 5.2.1. be aware of the role of a major haemorrhage protocol
- 5.2.2. be able to recognise the acute complications of a blood transfusion
- 5.2.3. be aware of the complications of a massive transfusion
- 5.2.4. demonstrate safe and informed prescribing practice of intravenous fluid therapy for resuscitation and/or maintenance
- 5.2.5. demonstrate safe and informed prescribing practice of intravenous electrolyte replacement and/or maintenance

Domain 6: Procedures and clinical skills.

6.1 Clinical procedures and skills: Learning Outcomes

You must develop the capability to:

- 6.1.1. be competent in
 - ABG and VBG interpretation
 - aseptic technique
 - assessment of GCS
 - bag-valve-mask ventilation
 - chest X-ray (CXR) interpretation
 - ECG interpretation
 - intravenous cannulation
 - Supraglottic device insertion (laryngeal mask airway/i-gel)
 - obtaining an ABG
 - oral airway-adjunct insertion e.g. Guedel and nasopharyngeal
 - urinalysis interpretation
- 6.1.2. recognise the CT findings of common pathology in the context of acute head injury
- 6.1.3. know the benefits of using ultrasound during venous-line insertion, regional anaesthesia, fluid-resuscitation and assessment of patients with major trauma

Domain 7: Professional, ethical and legal responsibility.

7.1 Patient safety: Learning Outcomes

You must develop the capability to:

- 7.1.1. know of the major influences on patient safety:
 - individual, team and system factors
 - reporting, investigating and learning from errors in an open, honest manner.
- 7.1.2. be aware of the role of incident reporting systems (e.g. DATIX) to facilitate continuous improvement of patient care and the working environment.
- 7.1.3. be aware of the use of cognitive aids to reduce the risk of harm to patients (e.g. WHO theatre checklist, ALS algorithm, “Stop before you block”, RSI checklist).

7.2 Safeguarding patients: Learning Outcomes

You must develop the capability to:

- 7.2.1. be aware of features in consultations that should raise safeguarding concerns for:
 - domestic violence
 - self-neglect
 - elder abuse
 - trafficking / modern slavery / exploitation
 - sexual violence
- 7.2.2. recognise presentations when a patient's capacity may be impaired.
- 7.2.3. be able to assess and identify patients who have impaired capacity.
- 7.2.4. be aware of the allowance to make 'best interests' decisions on behalf of patients who lack capacity.
- 7.2.5. be aware of the different types of consent (verbal, written, implied) that patients may offer

7.3 Professional, ethical, and legal responsibility: Learning Outcomes

You must develop the capability to:

- 7.3.1. demonstrate integrity, compassionate behaviour and respect for others at all times as would be expected for newly qualified doctors.
- 7.3.2. recall the ethical pillars of beneficence, non-maleficence, autonomy and justice that underpin patient care.
- 7.3.3. understand the limits of your capabilities in the clinical setting and escalate to senior colleagues appropriately.
- 7.3.4. maintain patient confidentiality as per the GMC '[Confidentiality](#)' document.
- 7.3.5. know how to collaborate with patients who are wanting to self-discharge against medical advice, to optimise their safety and to protect your practice.
- 7.3.6. know of common scenarios where it is necessary for a clinician to break patient confidentiality by law.
- 7.3.7. be aware of the basic principles of, and ethical dilemmas associated with, live and deceased organ donation.
- 7.3.8. offer appropriate safety-netting advice, including signposting to resources, for patients being discharged from hospital.

Student Suggested Activities

Below are some suggested activities that will allow you to use your time on placement to meet the learning outcomes listed in the study guide. The list is not exhaustive and is intended to provide suggestions of how to get the most out of placement.

Key:

AM: Acute Medicine, ANAES: Anaesthetics, EM: Emergency Medicine, ICM: Intensive Care Medicine

Suggested Activity	AM	ANAE	EM	ICM
Domain 1:- Recognition of the acutely unwell or deteriorating patient				
1.1 Initial Assessment and Diagnosis				
Obtain a relevant focused history for the following patient groups:				
• Acutely ill patients	✓	✓	✓	✓

- Patients with life threatening illness - Patients undergoing operative procedures (emergency and elective).				
Perform a competent A to E assessment of a patient with life threatening illness.	✓	✓	✓	✓
Practise structuring your presentation of consultation findings to clinicians.	✓		✓	✓
Participate in decisions to select appropriate investigations in the context of acutely unwell patients.	✓		✓	✓
Interpret investigations such as CXR, ABG, VBG, ECG and blood results in their clinical context.	✓	✓	✓	✓
Observe the use of ultrasound to help with making a diagnosis (e.g. sepsis, hypovolaemia).	✓	✓	✓	✓
Obtain observations and relevant bedside tests (e.g. urinalysis, capillary glucose and ketones) to monitor patients and inform clinical care.	✓	✓	✓	✓
Undertake ACC e-learning about invasive monitoring and observe its use in clinical practice.		✓		✓
Use a variety of sources of information (e.g. ambulance records, medical records, narratives) to better understand a patient's clinical course.	✓		✓	✓
Spend time with the Outreach team and observe their role in managing unwell patients.				✓
1.2 Using information effectively and safely				
Calculate relevant clinical scoring systems to assess risk or likelihood for individual patients. Suggested scoring systems that you may come across are: - CURB-65 for pneumonia - Glasgow-Blatchford score for Upper GI bleed - Wells score for DVT/PE.	✓		✓	
Discuss how the characteristics of a test and a population influence your choice of investigations and the interpretation of their results (e.g. D-dimer in the investigation of pulmonary embolism).	✓		✓	
Use an ABG, VBG, CXR and ECG as part of clinical decision making	✓	✓	✓	✓
Domain 2:- Management of the acutely unwell or deteriorating patient				
2.1 Immediate management				
Assess new patients in ED / AMU and present management plans.	✓		✓	
Assess patients with high NEWS or whom the nursing team have highlighted for review and suggest management.	✓		✓	✓
Assess and manage a patient with suspected sepsis (Sepsis Six / BUFALO).	✓		✓	✓
Suggest initial management based on interpretation of a patient's CXR, ABG, VBG, ECG and blood results.	✓	✓	✓	✓
Spend time with clinicians who carry the medical emergency bleep and attend emergency calls.	✓	✓	✓	✓
Observe an emergency intubation in a patient with a life threatening illness (outside of theatre).	✓	✓	✓	✓
2.2 Escalating care, Ceilings of care and end of life care.				
Participate in the process of admitting a patient to critical care. Consider the reasons for escalation including the need for organ support.	✓	✓	✓	✓

Observe escalation, de-escalation or ceilings of care discussions with the patient and/or next of kin.	✓	✓	✓	✓
Observe breaking bad news and resuscitation discussions including the completion of a DNACPR/RESPECT form.	✓		✓	✓
Participate in providing palliative care for patients at the end of their life in Critical Care, ED or AMU.	✓		✓	✓
Spend time with the Outreach team reviewing patients recently stepped down from Critical Care.				✓
Domain 3:- Management and care of a patient undergoing anaesthesia				
3.1 Perioperative Patient Care				
Observe the anaesthetist performing a pre-operative assessment prior to surgery. Ask if you can assess a patient under supervision before discussing them with the anaesthetist.		✓		
Attend a perioperative clinic or CPET session.		✓		
Spend time with the acute anaesthetist assessing acutely unwell patients for theatre and discuss their rationale of when a patient is optimised for surgery.		✓		
Follow the perioperative care of the surgical patient, paying particular attention to their fluid therapy, fasting and diabetic management.		✓		
Attend a day case theatre list and consider what surgical, social and patient factors makes day case suitable.		✓		
Go with a patient to PACU (Post Anaesthesia Care Unit or 'Recovery') and observe how patients are managed there. Ask the nurses what the criteria for ward discharge are.		✓		
Review a postoperative patient after returning from theatre onto Critical Care (either elective or emergency) and identify factors that led to the Critical Care admission.		✓		✓
3.2 Basics of General Anaesthesia				
Perform an airway assessment and discuss your findings with an anaesthetist		✓		
Observe the various levels of observations seen in theatre, recovery, ED, Critical Care and the wards and reflect on why certain levels of monitoring are needed in different settings.	✓	✓	✓	✓
Observe the management of pain, reduced consciousness and PONV in the Post Anaesthetic Recovery Unit (PACU) and discuss the side effects of the drugs used to treat these.		✓		
3.3 Regional Anaesthesia				
Observe an anaesthetist performing a spinal anaesthetic and siting an epidural.		✓		
Observe a fascia iliaca / femoral nerve block.		✓	✓	
Domain 4:- Communication and collaboration				
4.1 Leadership and team working				
Reflection on teamwork and leadership examples that you see or experience while on placement, for example: - In a patient with a life-threatening problem e.g. cardiac arrest, in the resuscitation room - On a ward round - Preparing for the arrival of a new patient in the ED/ward or theatre - In theatre (particularly observing the team WHO brief)	✓	✓	✓	✓

Communicate with patient groups who may bring additional challenges: • Paediatrics • Elderly • Those with sensory impairments • Those in which a language barrier is present • Those who have temporarily lost the use of their voice e.g. tracheostomy	✓	✓	✓	✓
Observe clinicians undergoing phone communication with relatives, and reflect on how visitor restriction during the Coronavirus pandemic has made effective communication more challenging.	✓	✓	✓	✓
4.2 Communication and interpersonal skills				
Write clinical notes for patients that you have assessed.	✓	✓	✓	✓
Verbally present findings for patients that you have seen to a senior.	✓		✓	
Practice referring or handing over a patient to another team or colleague using the SBAR format.	✓	✓	✓	✓
Attend handover/team briefs on all placements (these often occur first thing in the morning).	✓	✓	✓	✓
Observe the handing over of patient care between specialties particularly when escalating or de-escalating care .	✓	✓	✓	✓
Witness the difference in communication in emergency vs. non-emergency situations between staff.	✓	✓	✓	✓
Domain 5:- Medicines management and safe prescribing				
5.1 Prescribing medications safely				
Be able to safely calculate the maximum dose of local anaesthetic needed for an individual undergoing local or regional anaesthesia.		✓	✓	
5.2 Safe prescription of fluids, blood and blood products: Learning outcomes				
Observe a clinician consenting a patient for a blood transfusion and read any patient information provided	✓	✓	✓	✓
Perform a hydration status assessment	✓	✓	✓	✓
Perform supervised prescribing of intravenous fluids for maintenance, replacement and resuscitation	✓	✓	✓	✓
Domain 6:- Procedures and clinical skills				
6.1 Clinical procedures				
ABG and VBG interpretation	✓	✓	✓	✓
Aseptic technique	✓	✓	✓	✓
Assessment of GCS	✓	✓	✓	✓
Bag-valve-mask ventilation		✓		
Chest x-ray interpretation	✓	✓	✓	✓
ECG interpretation	✓	✓	✓	✓
Intravenous cannulation	✓	✓	✓	✓
Supraglottic device insertion (Laryngeal mask airway/i-gel)		✓		
Obtaining an ABG	✓	✓	✓	✓
Oral airway-adjunct insertion		✓	✓	

Urinary interpretation	✓		✓	
Interpret CT head images performed for head injuries and discuss your findings with a clinician	✓		✓	
Domain 7:- Professional, ethical and legal responsibility				
7.1 Patient safety				
Refresh learning on human factors from year 2 through links to e-learning on Minerva.				
Observe the use of cognitive aids in clinical practice to avoid error, eg: - World Health Organisation surgical safety checklist - Rapid Sequence Intubation (RSI) checklist 'Stop before you block' (referring to nerve blocks at correct sites) - ALS algorithms		✓	✓	✓
7.2 Safeguarding patients				
Ensure that any concern about patient safety or clinical state is communicated to clinicians.	✓	✓	✓	✓
Witness the assessment of capacity and consent in all areas of placement	✓	✓	✓	✓
Observe the process of making best interest decisions for those who lack capacity	✓	✓	✓	✓
7.3 Professional, ethical and legal responsibility				
Attend placement and ensure placement and university staff are informed if there is a reason for absence.	✓	✓	✓	✓
Contact the Specialist Nurse for Organ Donation (SNOD) allocated to the intensive care unit at your hospital to find out more about organ donation.				✓
Observe the safe discharge of patients from the emergency department and acute medical wards by utilising appropriate safety-netting and follow up.	✓		✓	

Suggested student activity - crossover with other Year 4 ICUs

This section contains a list of opportunities you may come across while on placement on ACC which could help you meet the learning outcomes for the other Year 4 units. Please note: this list is not exhaustive!

Suggested Activity	AM	ANAES	EM	ICM
Gynaecology, Obstetrics, Sexual Health (GOSH)				
Observe the management of obstetric haemorrhage (antenatal, postpartum).		✓	✓	✓
Take consent for, perform and interpret a urinary pregnancy test.			✓	
Perform safe supervised prescribing of medications in the formulary for pregnant or breastfeeding patients	✓	✓	✓	✓
Take a history from a female patient of reproductive age with abdominal pain and discuss the investigation and management of common gynaecological and obstetric conditions presenting in this way.	✓		✓	
Observe consent for opportunistic HIV testing in young patients with serious infections	✓		✓	

Perform a sexual history for a patient attending with lower urinary tract symptoms	✓		✓	
Continuing care and Cancer (CCC)				
Take a history from a patient with symptoms related to their cancer or cancer treatment and discuss your management plan with a clinician. This includes oncological emergencies such as hypercalcaemia and metastatic spinal cord compression (MSCC)	✓		✓	
Participate in discussing, planning and delivering palliative care.	✓		✓	✓
Perform safe supervised prescribing of opioids for pain	✓	✓	✓	✓
Observe discussions around DNACPR decisions and care planning for patients with life limiting conditions	✓		✓	✓
Paediatrics				
Demonstrate knowledge of signs and symptoms of child maltreatment		✓	✓	
Perform a competent A-E assessment in a child presenting with a life threatening illness	✓		✓	
Demonstrate appropriate airway management, including bag mask ventilation and use of airway adjuncts		✓	✓	
Psychiatry				
Perform a mental state examination and discuss your findings with a clinician	✓		✓	
Take a history from a patient who has deliberately self harmed (including overdose) and discuss your plan with a clinician, including assessing their risk of further harm	✓		✓	

Where can I access the ACC learning resources?

All ACC learning resources are available through the ACC Minerva site. The homepage contains the key information you will need throughout the module, including the study guide, introductory week timetable, placement information, and guidance on what to do if you are unable to attend placement because of illness or other exceptional circumstances. We recommend checking the Minerva homepage regularly, as important announcements and updates relating to the module will be posted there.

To support learning throughout the six-week programme, our online resources are organised into three phases, each with a distinct educational purpose.

Phase 1 – Introductory Week and preparation for clinical placement

Phase 1 resources are designed to prepare you for your clinical placements. During introductory week, they provide the core knowledge, practical skills, and clinical concepts needed to begin placement safely and confidently. Completing these resources before your first clinical attachment will help you recognise common acute presentations, understand key principles of acute and critical care, and maximise the learning opportunities available once you begin seeing patients.

Phase 2 – Learning to support clinical placement

Phase 2 resources are intended to be used throughout your clinical placements rather than read all at once. We encourage you to revisit relevant topics after seeing patients, attending teaching sessions, or practising clinical skills. This approach helps reinforce learning by linking real patient encounters with the underlying clinical knowledge and promotes the development of clinical reasoning.

The Phase 2 resources are also visibly mapped to the ACC curriculum together with the relevant Medical Licensing Assessment (MLA) presentations and conditions. This allows you to see exactly how your learning relates to the curriculum and ensures there is a clear connection between your clinical experiences, the learning resources, and the knowledge expected of a newly qualified doctor.

Phase 3 – Consolidation, self-assessment and revision

Phase 3 resources are designed to help you consolidate your learning, identify areas for further development, and prepare for local assessments and the Medical Licensing Assessment (MLA). Self-assessment is an important part of effective learning, allowing you to monitor your progress and revisit topics that require further study. We continue to develop and expand these resources throughout the academic year, so we encourage you to return to this section regularly as additional revision materials become available.

What are the core texts to read?

Unlike many traditional courses, we do not recommend a single core textbook for ACC. Acute and Critical Care is a rapidly evolving specialty, and in an increasingly digital learning environment, high-quality online educational resources often provide the most current and accessible information.

Throughout the module, we will signpost you to reputable, evidence-based online resources that complement the ACC curriculum and support your independent learning during placement. These resources have been carefully selected to reinforce the topics you encounter clinically, encourage deeper exploration of areas of interest, and provide reliable sources of information as you prepare for assessments and, ultimately, clinical practice.

What do I need to do to pass the ICU?

To pass ACC you will need to do the following:

1. **Mandatory MiniCex 1:** ACC 1: ABCDE assessment of an unwell patient
2. **Mandatory MiniCex 2:** ACC 2: Oxygen therapy
3. **Demonstrate Professionalism in line with university regulations (see page 8)**
4. **Attendance** – 100% attendance is expected. You must submit appropriate mitigation if you have absences, which will be considered for approval. Achieving less than 80% attendance across the ICU will result in a fail. Introductory week lectures are registered and virtual attendance is monitored automatically. You are expected to complete a daily activity log on Pebblepad while on clinical placement.
5. **Skills:** The following are MANDATORY clinical skills which you must complete successfully via PebblePad by the end of your ACC placement. (The brackets show the minimum expected level of entrustment):
 - a. Antibiotics (DIR)
 - b. Arterial Blood Gas (IDR)
 - c. Aseptic Technique (DIR)
 - d. Bag Valve Mask Ventilation (IDR)*
 - e. Prescribe Intravenous Fluids (DIR)
 - f. Intravenous Cannulation (IDR)
 - g. Supraglottic Airway Device (DIR)*
 - h. Local Anaesthetic Dose Calculation (DIR)*
 - i. Nasogastric Tube Insertion and Position Confirmation (DIR)*
 - j. Oral Airway Management (IDR)*

NOTE: All ACC mandatory skills MUST be completed by the end of your ACC placement to pass the ICU. It is acceptable for generic skills (e.g. IV cannulation) to be assessed in preceding ICUs but **skills marked * must be assessed during ACC.**

6. **Engage with pan-Year 4 MiniCEX scenarios**

What can I do if I think I might want a career in this speciality?

Although Acute Medicine, Anaesthesia, Critical Care and Emergency Medicine share many core skills, each offers a unique and rewarding career. All require completion of the UK Foundation Programme (or equivalent) before entering specialty training.

There are several routes into postgraduate training. Depending on the specialty, doctors may apply directly to a specialty training programme or complete a core training pathway such as Acute Care Common Stem (ACCS) or Internal Medicine Training (IMT). ACCS provides broad experience across Acute Medicine, Emergency Medicine, Anaesthesia and Intensive Care Medicine, making it an excellent option for doctors considering a career in acute care. As postgraduate training pathways evolve over time, we recommend referring to the relevant national recruitment websites for the most up-to-date information.

Following core training, doctors progress to higher specialty training. Many trainees also choose to undertake dual accreditation, allowing them to gain expertise across two complementary specialties, for example Intensive Care Medicine with Emergency Medicine or Acute Medicine.

If you think you might be interested in one of our specialties, we encourage you to make the most of your placement. Speak to consultants, resident doctors and other members of the multidisciplinary team about their careers, training and what they enjoy most about their specialty. Most medical students have not decided on a career by Year 4, so don't feel under pressure to make a decision now. Instead, use your placements to explore different specialties, develop your clinical skills and discover the areas of medicine that you find most rewarding.

Prizes

Students with an interest in Anaesthesia are encouraged to enter the annual Yorkshire Society of Anaesthetists (YSA) Medical Student Prize. Entries may be either a case report or an essay related to anaesthesia. The winner will receive a medal, a £100 prize, and the opportunity to present their work at the YSA Annual Academic Meeting. Submissions should be emailed to ndrury@nhs.net by the advertised deadline. Further information, including the current competition details and submission guidance, is available on the ACC Minerva page.

II. Continuing Care and Cancer (CCC)

What is CCC?

The Continuing Care and Cancer (CCC) ICU is delivered by the departments of Oncology, Primary Care, and Palliative Medicine. It is structured around 'a patient journey':

- diagnosis of a long-term condition (including cancer)
- on-going management of the condition, including acute exacerbations
- management of advanced disease
- end of life care

Who is in the Course Management Team?

Dr Paul Hatfield (Joint ICU Manager), Consultant in Clinical Oncology, SJUH (phatfield@nhs.net)

Dr Preetha Biyani (Joint ICU Manager), GP, Clinical Lecturer, Academic Unit of Primary Care (P.Biyani@leeds.ac.uk)

Dr Christy Ralph, Senior Lecturer in Medical Oncology and Honorary Consultant, SJUH (C.Ralph@leeds.ac.uk) 0113 206 7453. Main oncology tutor for taught course.

Dr Maria Cassidy, M.Cassidy@leeds.ac.uk. Specialty Doctor in Palliative Medicine. Lead for Palliative Care component of ICU.

Where will I be and what will I be doing?

Mondays during the ICU will consist of taught sessions in Leeds as a whole group. Lectures will cover key elements of all three sub-specialities. Some sessions are recorded lectures which can be watched when convenient. Others are interactive and require attendance.

Tuesday to Friday of each week will be on placement:

Secondary Care Placement: Oncology (2 weeks)

Students will be placed at either SJUH, Huddersfield, Airedale or Bradford. You will be given a programme of activities at your base hospital: including a selection of ward work, out-patient clinics, MDTs, tutorials, educational meetings, on-call sessions and ward rounds. There may be opportunities to observe radiotherapy and chemotherapy treatments being given.

Every hospital has Undergraduate Co-ordinators who make arrangements for your time at their hospital, both for the placements, timetables and accommodation. If you have any questions regarding a placement, travel expenses or accommodation please contact the relevant DGH co-ordinator in the first instance, these details are available via SPARC.

Secondary Care Placement: Palliative Care (1 week)

Students will be placed at one of eight hospices in the area: Sue Ryder Manorlands (Keighley), Marie Curie Bradford, Overgate Hospice (Halifax), Sue Ryder Wheatfields (Headingley), St Gemma's Hospice (Moortown), St Michael's Hospice (Harrogate), Wakefield Hospice or Prince of Wales (Pontefract).

You will be mostly based on hospice in-patient units although some may offer opportunities to spend time with community or hospital teams. The placement will include experience of ward rounds, acute admissions, shadowing hospice doctors, lymphoedema or other specialist clinics, day hospice, tutorial sessions and MDT working. Only one or two students are allocated to each hospice at a time so you will be able to benefit from focussed 1:1 teaching.

Your hospice will contact you prior to your placement starting with your joining instructions. Contact details for each of the hospices are available on Minerva and Sparc.

Primary Care Placement (3 weeks)

The Primary Care placement in CCC will build on your Year 3 placement. You will be based in a single GP Practice for the placement

You will have the opportunity to develop your own communication and consultation skills further and observe the primary care management of patients with long-term conditions and cancer. Often, this will be seeing how an acute presentation is affected by a patient's ongoing long-term condition.

Patients with long-term conditions are usually managed by clinicians other than doctors, such as practice nurses. You should have a chance to observe this care taking place during your placements.

Patients with cancer and long-term conditions are often cared for by multidisciplinary teams. When on placement spend some time reviewing patients' records, to try to understand who exactly is involved in their care.

You will be in groups of 3 or 4 students per practice.

There will be a named placement lead, who will send you your timetable prior to the start of placement. Please make sure you know where you are due to be on the first day of placement. We would encourage you to negotiate your timetable with your tutor. If there are activities that you would like to be involved with that are relevant to the ICU, but not included in your timetable, please ask your placement tutor. Where possible they will try to accommodate your needs

Students often find there is a gap in the middle of the day in primary care. We would advise that you identify these gaps and plan to do some private study during them. There are multiple resources on Minerva, including multiple OSCE practice questions. Primary care days can be long, and you may have to travel significant distances. Using this time in the middle of the day can reduce the need for study when you get home.

Prior to placement, please ensure your smartcards are up to date, and inform the practice of your number. You will need a working smartcard to access patient records and perform your own consultations.

You should have an initial appraisal at the start of your GP placement, to review your learning goals. You will also have a final appraisal, to assess progress towards these goals, and receive feedback on your GP placement overall.

Placements will include a range of activities. These should include performing your own consultations, either alone or in pairs, and observing GP, practice nurse or ANP consultations. You may also have the opportunity to spend time with other healthcare professionals, such as pharmacists, HCA's, community matrons, receptionists, benefit advisors and palliative care nurses etc. You may get the opportunity to speak to patients with long-term conditions in more depth, either over the telephone, or by going on visits to their homes.

Consultations may be face to face, or remote, either over the telephone, or perhaps via video. All modalities of consulting are an excellent opportunity to improve your history-taking and consulting skills

When doing your own consultations please get into the habit of reviewing what drugs patients are on, to improve your pharmacology knowledge. It is good practice for you to record the consultations in the medical record where appropriate. Please ensure you take the opportunity to discuss any uncertainty you have about these patients with your GP Tutor.

A mandatory aspect of the primary care placement is completion of an 'observed consultation' mini-CEX. Please ask your tutor for timely feedback on this, feedback is more specific if given soon after the consultation has been performed.

You will have the opportunity to get other mini-CEX skills signed off during your placement. It is your responsibility to know what you need signing off, and to plan when it is most appropriate to do so.

What is the core learning I am expected to get from the ICU?

The overall objectives for the ICU are for you to develop and demonstrate competence in:

Domain 1: Management of patient with a long-term condition

Domain 2: Management of patients with cancer

Domain 3: Palliative and end of life care

Domain 4: Communication

Domain 5: Medicines management and safe prescribing

Domain 6: Professional, ethical & legal responsibility

Domain 7: NHS pathways and systems

Objectives for the ICU consider your development of knowledge, skills and professional attitudes which aim to equip you for successful foundation training. Conditions covered and learning objectives are mapped to the [GMC Medical Licensing Assessment](#) Detailed learning objectives are described below.

Domain 1: Management of patient with a long-term condition

1.1 Understand prevalence and management of long-term conditions

- Patient journeys
- Develop understanding from different perspectives about how illnesses may evolve, including acute episodes and chronic phases, from diagnosis to end of life

- Understand how common long-term conditions present, are diagnosed, assessed and managed, through exacerbation and remission.

1.2 Integrate focused history and examination to develop management plans for acute and chronic issues for patients with long-term conditions

1.3 Effective neurological examination

1.4 How professionals work together, in teams, to deliver modern health care

1.5 Demonstrate awareness of the impact of social determinants of health on long-term conditions

1.6 Understand and assess multimorbidity and frailty

Domain 2: Management of patients with cancer

2.1 Understand prevalence of cancer

2.2 Demonstrate understanding of patient journey and care before, during and after an episode of cancer

2.3 Understand how cancer is diagnosed

- Recognise and manage common (“red flag”) presentations of cancer
- Explain benefits and harms of screening programmes as means of early detection of cancer

2.4 Understand principles (but not disease specific details) of how cancers are staged and graded to determine treatment options

- Awareness of the complexity of cancer diagnosis and management
- Understand difference between cancer grading and staging
- Demonstrate knowledge of common cancer biology and management (e.g. Lung, Colorectal, Breast, Prostate) and ability to apply understanding to wider clinical scenarios
- Recognition and understanding of how common patterns of cancer biology (presentation, stage, grade) and patient factors (holistic, co-morbidity, fitness) impact cancer treatment and management plans

2.5 Awareness of survivorship in cancer i.e. long-term impact of disease and treatment

2.6 Integrate focused history and examination to develop management plans for acute and chronic symptoms for patients with cancer.

2.7 Integrate bio-psychosocial (i.e. holistic) assessment in clinical review of patients with cancer

2.8 Effective neurological examination

2.9 Principles and common side effects of standard treatment options

- Understand the principles, delivery and common side effects of radiotherapy
- Understand the principles, delivery and common side effects of main types of systemic anti-cancer therapy i.e. cytotoxic chemotherapy, checkpoint immunotherapy and cancer hormone therapy
- Awareness of targeted drug therapy
- Understand the difference between palliative, adjuvant and radical treatment intent
- Understand how cancer treatment effect is assessed

2.10 Recognise and manage common side effects of cancer treatment

2.11 Evaluate and manage patients presenting with acute oncological problems

2.12 Understanding of patient support options

- Awareness of the role of multi-professional teams and the charity sector in cancer care

Domain 3: Palliative and end-of-life care

3.1 Recognise the role of palliative and end-of-life care within the natural history of long-term conditions, advanced cancer and acute life-threatening illness.

3.2 Recognise palliative and end of life care as a generic skill of all Health Care Practitioners and the interface between this and specialist palliative care including hospices.

3.3 Integrate focused history and examination to develop management plans for acute and chronic issues for patients in palliative care.

3.4 Demonstrate holistic assessment of patients including symptom control, communication needs, psycho-social needs, and spiritual care.

3.5 Identify the role of the Multi-Disciplinary Team in provision of holistic care across care settings.

3.6 Assess and manage common symptoms in palliative care, including pain, dyspnoea, constipation, nausea and vomiting, with non-pharmacological and pharmacological options.

3.7 Understand how to approach complex decision making with patients in the context of life limiting illness including advance care planning.

- Be able to describe the ethical and legal principles, including risk/benefit and best interest decisions.
- Demonstrate holistic and patient-centred approach to DNACPR and escalation decisions and how to record this including ReSPECT paperwork.

3.8 Recognise, assess and manage patients in the last days of life, including symptom management of pain, agitation and respiratory secretions, exploration of psycho-social, spiritual needs and carer support.

Domain 4: Communication

4.1 Develop and demonstrate further communication skills in consulting with patients, by applying and developing an integrated bio-psychosocial assessment with clinical problem solving.

4.2 Demonstrate advanced communication skills to manage complex conversations e.g. breaking bad news, risk assessment

4.3 Employ structured approach to complex communication

4.4 Learn and use strategies to communicate prognosis and complex distressing news both to patients and their loved ones

4.5 Demonstrate understanding of how situation and personal factors can impact good communication and how to adjust for these issues.

4.6 Recognise common psychological responses of people with cancer

Domain 5: Medicines management and safe prescribing

5.1 Primary care management of chronic conditions

5.2 Identify and use reference resources for prescribing

5.3 Understand and assess impact of polypharmacy and demonstrate a safe approach to deprescribing.

5.4 Safe prescribing of opioids and syringe drivers

5.5 Common pharmacological management options for pain, nausea and vomiting, constipation, breathlessness, respiratory secretions, agitation

5.6 Anticipatory medication prescribing

Domain 6: Professional, ethical & legal responsibility

Always demonstrate professionalism

6.1 Attend all timetabled teaching and clinical placement. Unavoidable absence should be requested and recorded using University systems and keeping your placement informed.

Ensure clinical supervisors are aware if you need to leave placement early.

6.2 Take responsibility for your own learning, including during placement and through individual enquiry

6.3 Listen to and respect the view of patients and families

6.4 Respect the rights of patients to be fully involved in decisions about their care

6.5 Protect and respect confidential information

6.6 Value team-working and the contribution and views of other professionals

6.7 Understand the value of clinical research trials

6.8 Recognise your own response to distressing situations and how this may impact care. Learn to use the support available.

6.9 Demonstrate holistic and patient-centred approach to DNACPR and escalation decisions and how to record this including ReSPECT paperwork

6.10 Understand medico-legal responsibilities related to death certification

Domain 7: NHS pathways and systems

7.1 Demonstrate understanding of how multidisciplinary and multi-professional teams work together to deliver care in the NHS

7.2 Develop an understanding of how clinical information systems support long-term condition management including patient records.

7.3 Understand common NHS cancer pathways and patient experience of these

7.4 Understanding the service offered by palliative care across multiple care settings and how this connects with the NHS.

7.5 Discharge planning

Oncology and Palliative Care

By the end of the ICU you should know about the following presentations and conditions. You should already be familiar with the basic science, history, and examination of these conditions.

The conditions in **bold** are considered 'core' and you should be able to recognise them and create Foundation Year management plans for them. The other conditions are conditions you should know about and be considering in your differential diagnoses.

Oncology topics are covered in teaching, self-directed learning and Oncology and Palliative Care Handbook ("Blue Book") on Minerva.

Palliative care resources include Minerva e-learning Package and practice OSCEs.

Appetite change

Ascites

Bone pain

Breast lump

Breathlessness

Bowel habit change

Electrolyte abnormalities

Fatigue

Haematuria

Haemoptysis

Headache

Jaundice

Pain management (acute and chronic)

Pain on inspiration

Pelvic mass

Pleural effusion

Pulmonary embolism

Swollen limb(s)

Weight loss

Family history of possible genetic disorder

Incidental findings

End of life care/symptoms of terminal illness

Nausea

Neuromuscular weakness

Death and dying

Adrenal insufficiency (secondary)

Brain tumours (primary and secondary)

Breast cancer

Colorectal cancer

Hypercalcaemia of malignancy

Lung cancer

Lymphoma

Metastatic disease

Neutropenia (including neutropenic sepsis)

Ovarian cancer

Pancreatic cancer

Pathological fracture

Patient on anti-coagulant therapy

Prostate cancer

Sarcopenia/**Frailty**

Spinal cord compression

Superior vena cava obstruction

Testicular cancer

Primary Care

By the end of the ICU, you should know about the following conditions. You should already be familiar with the basic science, history, and examination of these conditions.

The conditions in **bold** are considered 'core' and you should be able to recognise them and create primary care management plans for them. The other conditions are conditions you should know about and be considering in your differential diagnoses.

NICE CKS <https://cks.nice.org.uk/> is an excellent resource. There are self-directed learning resources available on Minerva which have a range of quizzes, case presentations and podcasts covering the core topics.

Respiratory Conditions

Asthma

COPD

Bronchiectasis

Pulmonary fibrosis

Cardiology Conditions

Hypertension

Atrial fibrillation

Ischaemic heart disease (angina, myocardial infarction, primary and secondary prevention)

Heart failure

Gastrointestinal Conditions

Diverticular disease

Inflammatory bowel disease

Irritable bowel disease

Coeliac disease

Chronic liver disease

Gastro-oesophageal reflux disease

Neurological Conditions

TIA

Stroke disease (primary and secondary prevention)

Epilepsy

Headache presentations, including migraine

Multiple sclerosis

Motor neurone disease

Parkinson's disease

Essential tremor

Musculoskeletal and rheumatological conditions

Rheumatoid arthritis

Chronic back pain

Polymyalgia rheumatica

Fibromyalgia

Chronic fatigue syndrome

Chronic pain management

Osteoarthritis

Endocrinology conditions

Diabetes type 1

Diabetes type 2

Diabetic neuropathy

Diabetic nephropathy

Thyroid dysfunction
Obesity

Dermatology Conditions
Atopic dermatitis and eczema
Psoriasis

Renal and urology
CKD
Benign prostatic hypertrophy
Erectile dysfunction

Psychiatry conditions
Anxiety disorder: generalised anxiety, phobias, OCD
Low mood/affective disorders
Depression

Cancer and palliative care
Cancer prevention
NICE Suspected cancer referral guidelines (it is not necessary to know all the guidelines in detail, but you should know 'red flag' symptoms)
End of life care plans
MDT approach to palliative care in the community

General principles
Frailty
Multimorbidity
Disease prevention and screening

Remember that the medical staff teaching and supervising you expect you to be present for timetabled sessions. Please inform your placement if you are unable to attend a session as soon as possible. Record absence with the University in the normal way and ensure your supervisors are aware if you have to leave early, so time is not wasted looking for you. Failure to do this is considered unprofessional and a potential reason for failing the ICU (see below, "What do I need to do to pass the ICU?").

Where can I access this learning?

Secondary Care

The oncology and palliative care topics are covered in the Oncology and Palliative Care Student Handbook (available on Minerva) - referred to historically as the "Blue Book".

Palliative Care:

- E-learning Modules on Minerva

Primary Care

NICE CKS <https://cks.nice.org.uk/> is a reliable resource for all conditions There are also self-directed learning resources on Minerva.

Suspected cancer referral guidelines <https://www.nice.org.uk/guidance/ng12> or Macmillan present these guidelines in a more 'user-friendly' way <https://www.macmillan.org.uk/healthcare-professionals/cancer-pathways/prevention-and-diagnosis/rapid-referral-guidelines>

What are the core texts to read?

The CCC Minerva pages include all the information you require for the ICU. Please make sure you familiarise yourself with the information contained on these pages.

Minerva includes:

- Directions and reporting instructions to placements and contact information for the teaching teams and placements.
- Lecture slides
- Resources for Monday teaching sessions
- Primary care self-directed learning resources
- Revision resources, including practice OSCE stations
- Essential / recommended reading
- "Oncology and Palliative Medicine Student Handbook" (the "Blue Book")

What do I need to do to pass the ICU?

To pass CCC you will need to do the following:

1. **MiniCEX: CCC1: Observed Consultation in Primary Care:** You should undertake at least one specifically observed consultation in Primary Care with a patient living with frailty or multimorbidity. Please refer to your learning portfolio for more details. The observed consultation is a mandatory requirement to pass the ICU. Please name it 'CCC Observed consultation' when submitting it
2. **MiniCEX: CCC2: Cancer/palliative care case presentation:** This will be presented at the end (usually on Friday afternoon) of the three weeks of oncology / palliative care (week 3 or 6 of CCC), either on your oncology placement or in the hospice. You will be asked to give a case presentation of a patient you have seen and assessed yourself (independently) during your placement to a ST3 doctor and above. Please see Minerva for full information and instructions. The case presentation is a mandatory requirement to pass the ICU. Please name it 'CCC Oncology case presentation' when submitting it
3. **Demonstrate Professionalism in line with university regulations (see page 7)**
4. **Attendance** – 100% attendance is expected. You must submit appropriate mitigation if you have absences, which will be considered for approval. Achieving less than 80% attendance across the ICU will result in a fail. Central teaching sessions are registered and virtual attendance is monitored automatically. You are expected to complete a daily activity log on Pebblepad while on clinical placement.
7. **Skills:** the following are MANDATORY clinical skills which you must complete successfully via PebblePad during your CCC attachment. The brackets show the minimum expected level of entrustment:

- a. Analgesics - Opioid Prescribing (DIR)*
- b. General Principles Of Prescribing (& BNF Use) (DIR)
- c. Mental State - CCC (IDR)*
- d. Physical Exam (IDR)
- e. Primary Care Management Plan Formulation (IDR)*

NOTE: All CCC mandatory skills MUST be completed by the end of your CCC placement to pass the ICU. It is acceptable for generic skills (e.g. Physical Exam) to be assessed in preceding ICUs but **skills marked * must be assessed during CCC.**

5. Engage with pan-Year 4 MiniCEX scenarios

What can I do if I think I might want a career in this speciality?

Probably the best approach would be to talk to your supervisor in that speciality and ask their advice.

Palliative Care: The Association for Palliative Medicine offers free membership to medical students.

Primary Care: The RCGP has an excellent careers page <https://www.rcgp.org.uk/training-exams/discover-general-practice/foundation-doctor.aspx>

Become a member of Leeds GPSOC <https://www.instagram.com/gpsocleeds/?hl=en>

III. Gynaecology, Obstetrics & Sexual Health (GOSH)

What is GOSH?

Welcome to Gynaecology, Obstetrics and Sexual Health. We want you to enjoy your 6 weeks with us. The placement will begin with an 'Introductory Week' of teaching provided at the University, usually in the Worsley Building. The following five weeks will be on placement. You will be based either at Bradford Royal Infirmary, Mid Yorkshire Hospitals NHS Trust, Calderdale and Huddersfield NHS Foundation Trust, Airedale General Hospital or Leeds Teaching Hospitals.

For students allocated to Leeds, you will either be in Leeds for the full duration of the placement, or based in Leeds for 3 weeks with a two week district placement at Harrogate Hospital. For students at Airedale, you will have 2 weeks in Leeds to complete delivery suite sessions and Integrated Sexual Health sessions (specialist gynae).

The aims and objectives of the course are the same in each base hospital, although the actual timetables will differ. By the end of the course, you will have covered the same ground.

You will be allocated a personal tutor for the ICU. If there are any problems they, or your Undergraduate GOSH Lead, will be happy to see you and try to help. Your tutor will be responsible for tutorial meetings including the end of placement review / sign off. **It is your responsibility to make contact with them. Sexual health placements must not be missed as timetabling is so tight for these.**

This ICU reliably receives good feedback and students usually enjoy this exciting and busy placement. Please make the most of it and if you have any concerns, please raise them as early as possible. I look forward to meeting you during Intro Week.

Who is in the core management team?

ICU Manager:			
Mr J Dalton	University		john.dalton2@nhs.net
ICU Coordinator:			
David Hemming	University		Y4mbchb@leeds.ac.uk
O&G Undergraduate Leads:			
Dr H Dadi	Bradford	01274 364528	Hemalatha.Dadi@bthft.nhs.uk

Currently vacant	Leeds	01133431924	john.dalton2@nhs.net
Dr G Seage	Feedback Lead		gabriella.seage1@nhs.net
Dr Manisha Singh	Leeds Community Gynaecology	01138430432	Manisha.singh@nhs.net
Mr K Yamoah	Mid Yorks	01924543804	kofi.yamoah1@nhs.net
Mr E Ogbe	Calderdale & Huddersfield		Emmanuel.Adejo-Ogbe@cht.nhs.uk
Dr K Graham	Airedale		Kathleen.Graham@anhst.nhs.uk
Dr L Kunwar	Harrogate		loveena.kunwar@nhs.net
Sexual Health Contacts:			
Dr Harriet Wallace	Leeds		harriet.wallace@nhs.net
Dr Sophie Brady	Locala / Bradford		sophie.brady@locala.org.uk
Dr Katie Fermor	Spectrum Wakefield		katie.fermor@spectrum-cic.nhs.uk
Dr Louise Lodh			Louise.lodh@spectrum-cic.nhs.uk
Dr Lindsay Short	Calderdale		lindsay.short@cht.nhs.uk
Dr Manisha Singh	Leeds Community Gynae		manisha.singh@nhs.net
Sexual Health & Community Gynaecology Coordinators:			
Beckey Buckley	Leeds		beckey.buckley@nhs.net
Anita McHale	Locala / Bradford		Anita.Mchale@locala.org.uk

Where will I be and what will I be doing?

Week 1: consists of a week of theme sessions as set out on Minerva. These sessions are a mix of large lectures and small group sessions and are generally held in the Medical Teaching Centre, on level 8 of the Worsley Building. The intention is to give these sessions in a face to face manner, depending on current University regulations regarding the Covid-19 pandemic. The work stations are interactive sessions and will be delivered by obstetricians, gynaecologists, GU Medicine physicians, anaesthetists, specialist nurses and midwives; emphasising the multidisciplinary approach to GOSH. Students are expected to supplement this formal teaching with more in depth private study (please access the online resources).

1. Normal pregnancy & postnatal period
2. Intrapartum care and normal labour
3. Abnormal labour, fetal monitoring and progress in labour
4. Analgesia in labour
5. Obstetric emergencies
6. Introduction to high risk pregnancy, prescribing, postnatal and psychiatry.
7. History taking and examination in obstetrics, gynaecology and sexual health
8. Benign gynaecology
9. Early pregnancy problems
10. Breaking bad news
11. Contraception
12. Female and male pelvic examination
13. Pelvic pain and PID
14. Sexual health presentations and management
15. HIV
16. Gynaecology subspecialties (Urogynaecology, reproductive health and gynaecology)

Week 2-6: consists of clinical attachments broadly divided into weekly modules although units are given some flexibility in timetabling to ensure that students get adequate experience. **Please note that you must take documentation confirming current Hepatitis B immunity with you to the district hospitals to enable you to practise.** Other requirements may include DBS certificate, Hepatitis C status, Rubella status, BCG status and chickenpox status.

Obstetrics: Consists of two weeks concentrating on antenatal, intrapartum and postpartum care.

When you are on your **Delivery Suite week** present yourself to the coordinating midwife at the start of the shift for midwifery handover. This will ensure you are allocated a midwife and a patient to look after during that shift. Try to take part in the delivery suite doctor-led ward rounds as these are useful learning experiences and enable you to get involved with more complicated deliveries. Take every opportunity to witness as many procedures as possible using discretion and politeness. Some patients may not be keen to have medical students, but this is not very common. Make yourself useful as this will make you feel part

of the team and you will get the utmost of this exciting week. You are also strongly encouraged to get involved in discussions on CTG interpretation.

You need to be quite flexible during this week. Spend time with midwives taking care of low risk patients, as well as the obstetricians caring for high risk patients. This will ensure that you get involved in as many of the labour ward activities as possible.

You are expected to see at least one vaginal delivery and one Caesarean section by the end of the week, ideally assisting in one of the latter.

Your **Antenatal Week** incorporates antenatal care and other aspects of Obstetrics not covered by your delivery suite attachment. The timetable provided is a guide to ensure varied experience, but if nothing is happening in your allotted session, use your initiative and find something else to do e.g. visit the Maternity Assessment Unit/Centre or Antenatal Day Unit or undertake some self-directed learning using the significant amount of online material available. However, antenatal week is a good opportunity to take obstetric histories which can then be presented to clinicians/midwives in clinic or your personal tutor.

Students assigned to the Antenatal Education Clinic at the LGI are expected to be in clinic by 13.30. This clinic is run by medical students who are expected to see patients independently; take a history, and measure their BP, dipstick their urine and come up with a management plan. This will be discussed with Dr Ciantar who will see the patient with the student/s to complete the consultation. Students are therefore expected to be able to take a focused obstetric history. The clinic is an opportunity to work independently at a level of a FY doctor.

General and Specialist Gynaecology (3 weeks)

These weeks should expose you to the breadth of gynaecology problems. You should follow patients through their admission, surgery and post-operative recovery by attending pre-op and post-op ward rounds and presenting case summaries. You are expected to participate in the pre-op ward round (around 07.45 for morning lists and 13.00 for afternoon lists) to get to know the patients and ask their consent for a pelvic examination in theatre. If this is not done you will not be allowed to examine the patient in theatre. Occasionally lists are cancelled at short notice, so it is advisable to confirm that a list will be happening by asking Ward 24 the day before. Your theatre sessions are an opportunity for discussion on surgically managed gynaecological conditions and on the pre-operative and post-operative care of gynaecological patients. In gynaecology clinics you should clerk new patients and present them. You should also gain experience of acute Gynaecology shadowing the on-call SHO and attending the early pregnancy unit. You may be timetabled for 0.5 day in Community Gynaecology clinic in Leeds within your specialist gynaecology time. Availability of these sessions is limited and it is important that you attend your scheduled session. In these sessions there is ample opportunity to take gynaecological history, perform speculum examination and observe routine outpatient gynaecology procedures.

Sexual Health (1.5 days)

You will be timetabled for 1.5 days in Sexual Health. **Availability of these sessions is extremely limited and it is essential that you attend your scheduled session as it may not be possible to reschedule a session. Attendance is mandatory and therefore missing a session may result in failure of the ICU.** You will be expected to

take a history from a male patient and a history from a female patient during your time there. This is a compulsory competence. Ideally, this should be performed on a real patient, but if you are struggling a case based discussion with an ISH clinician/senior nurse will be accepted.

Tutorial Group sessions

Small group teaching sessions will be facilitated by your clinical tutor. You should aim to meet at least 3 times during your placement and this can include 'virtual' meetings online. They will give you the opportunity to address some of the specific teaching topics and tasks listed in the curriculum. You may bring interesting cases from clinical experiences to present and discuss. Examples of subjects that lend themselves for small teaching sessions are listed below:

1. Induction of labour
2. Caesarean section and operative deliveries
3. Screening in pregnancy
4. Management of small/large for dates baby
5. Pre-eclampsia and other medical disorders in pregnancy
6. Early pregnancy problems
7. Menopause and HRT
8. The cervical screening programme
9. Contraception
10. Sexual health of teenagers
11. HIV prevention and pre and post exposure prophylaxis
12. Consent and confidentiality issues in sexual health
13. Sexual health issues in men who have sex with men

Try to meet up with your personal tutor during the first clinical week (i.e. the week after Intro Week) as this will allow you to plan future meetings. Aim to meet up at least once a week for an average of an hour, depending on their availability and your district hospital placements. It is **your responsibility to contact your tutor** and you will be provided with an email address. If you are finding it difficult to organise meetings then please contact the course co-ordinator / unit lead. This will allow for further support in your communication with your personal tutor or alternative plans to be made.

Students who will be based in the districts for more than one week may find it difficult to meet their tutor regularly. The district hospitals are usually less busy than the Leeds hospitals and clinicians there will be usually happy to organise informal teaching sessions. However these students must still make an effort to meet their Leeds-based personal tutor at mutually-convenient times. In addition there are GOSH tutors in the district hospitals too, it is up to you to get in touch with them.

The personal tutor and student will undertake the Personal Development Plan at the first meeting and the ICU Formative Performance Review (both in Student Learning Portfolio) at the last meeting which usually takes place on the last clinical week.

GOSH Performance Review

Students will be expected to have completed an appraisal by the end of their placement with their personal tutor. The appraisals are meant as an aid to reflection and allow both students and tutors to recognise their strengths and weaknesses and to take measures to address these *before* the end of the placement.

The purpose of appraisal is to assess student performance during the GOSH ICU without using a formal examination, and to provide the student with constructive and helpful feedback that will help them improve their performance, aid them in their learning and hopefully help them to become better doctors. Appraisal reviews what the student has done, what they have achieved and looks forward to help them to build upon the foundations they have created during the ICU. The initial appraisal should take place around week 2 (to assess your objectives) and a formative review by week 6 of the ICU going through the Learning Portfolio, PebblePad entries including WPBAs and MSFs if any. Guidelines for student appraisal are given in the Year 4 Assessment Guide.

Roundup Lectures

The Roundup Lecture has been developed to help you integrate what you have learned during Intro Week and on placement to help you become thoughtful, safe effective practitioners. It is based upon the discussion of clinical cases and is also very helpful exam preparation. These are face-to-face lectures in the Worsley Building but you will also be able to dial in remotely should that be easier for you. They will take place on the following Friday afternoons, usually starting at 2pm. You should attend intro week unless you are scheduled to attend sexual health sessions or clinical educator sessions which **MUST NOT BE MISSED**. Recordings of the Roundup lecture will be published after the final group (Group E) has attended their Roundup Lecture. These will be taking place on:

Group	Date
A	Friday 17 th October
B	Friday 5 th December
C	Friday 6 th February
D	Friday 27 th March
E	Friday 22 nd May

What is the core learning I am expected to get from the ICU?

By the end of the unit, we want you to:

- Have gained an understanding of the mechanisms governing sexual and reproductive health including care in pregnancy.
- Be able to understand and discuss the clinical practice of Gynaecology, Obstetrics and Sexual Health.
- Have a holistic and inclusive approach to reproductive healthcare and the integral part families and the community play in health.
- Have gained competence in assessing patients through history and examination (Obstetrics, Gynaecology and Integrated Sexual Health).
- Have an understanding of the particular issues and sensitivities that affect health care in the areas of sexual health and reproduction, and demonstrate a non-judgmental, inclusive approach.
- Be able to understand and discuss the clinical science basis of Obstetrics, Gynaecology & Sexual Health.
- Be able to recognize the common syndromes of how sexually transmitted infections (STI) and HIV are likely to present in specialist and non-specialist settings.
- Gain an understanding of the principles of managing sexually transmitted infections (STI) including the importance of confidentiality and partner notification.
- Take a sexual and contraceptive history and be able to recognize risk of STI and pregnancy
- Be able to take a clinical history and perform a physical examination (including pelvic examination) in an obstetric or gynaecology patient.
- See a vaginal delivery and observe (ideally assist) at a Caesarean section.
- Be able to discuss relevant differential diagnoses and develop management plans.
- Develop communication skills and awareness of the sensitivities involved in practising clinical Gynaecology, Obstetrics and Sexual Health.
- Be aware of the relevance of clinical governance in Gynaecology, Obstetrics and Sexual Health.
- Be aware of the current ethical issues in Gynaecology, Obstetrics and Sexual Health.
- Be able to understand the physical, emotional and social impact of sexually transmitted infections on the individual and the general community.

Knowledge

- An understanding of normal changes in development and function of the female genital tract

- To understand the normal and abnormal antenatal course
- To recognize the difference between the normal and abnormal processes of parturition (childbirth)
- To understand the role of aftercare of the mother and infant following parturition
- An understanding of the community services and facilities available to patients
- To develop a better understanding of the various methods which are available for the childbirth, antenatal and gynaecological health care
- An understanding of the medical, legal and ethical issues in caring for pregnant patients
- An understanding of risk assessment, consent, legal and ethical issues in caring for young people and vulnerable adults
- The nature and functioning of sexual health services and care of patients presenting with sexually transmitted infections.
- An understanding of the principles and methods of contraception and family planning

Skills

- Development of an ability to relate to patients presenting for care in obstetric, gynaecological and sexual health settings
- To develop the interpersonal and organization skills required to take a competent history from such patients
- Development of the necessary examination skills in obstetrics, gynaecology and sexual health
- An ability to evaluate a clinical problem after the history and examination, and thereby deduce a reasonable and justifiable differential diagnosis
- An ability to describe the principles of further management including appropriate investigation, therapeutic options, and the importance of communication / counseling

Attitudes

- Regular attendance including a responsible approach to informing course staff if, for any reason, attendance is not possible
- A professional approach to patients and their families
- A professional attitude towards learning, with active participation in teaching sessions, follow up reading, and preparation for set teachings
- Appropriate self-directed work (both clinical and non-clinical)

- A caring and holistic approach to patients and families, and sensitivity to their needs and feelings

An important part of the ICU is learning to take a history and performing a clinical examination, and then interpreting your findings for common and important presentations. This needs to be practiced as often as possible. During your time on the wards and outpatients, it is likely you will find it helpful to write down your clerking and differential diagnoses in the notes, properly signed, and presenting to doctors of different grades.

The knowledge and skills acquired during this ICU will be the tools which will allow you to function safely as a foundation doctor. All the topics covered during Intro Week, as well as the assessments which you need to evidence in PebblePad are important. Bear this in mind during your revision – do not get lost in detail. Stick to the basics of the specialty which will allow you to be a safe FY doctor and know this well.

Pre-requisite knowledge

- Clinical skills and knowledge for history taking and clinical examination in adults up to Year 3 level
- Knowledge of basic science, anatomy, and physiology with particular relevance to the genitourinary systems and reproductive tract up to Year 3 level

Core Conditions

The following curricular themes set out the knowledge, skills, attitudes and behaviour you are expected to develop.

OBSTETRICS

Antenatal care

Routine antenatal care

- | | |
|---|---|
| <ul style="list-style-type: none"> • Community/consultant based care • Booking visit (including booking blood investigations) & rhesus prophylaxis • Screening for chromosomal abnormalities and diagnostic tests either by non-invasive test as cffDNA (IONA test) or invasive tests (as chorionic villous sampling or amniocentesis) | <ul style="list-style-type: none"> • Ultrasound scanning (dating + nuchal translucency, anatomy and fetal assessment/growth scans) • Awareness of social issues in pregnancy, e.g. domestic violence & drug misuse • Health education: Parent craft, smoking etc. • Role of antenatal day unit/assessment |
|---|---|

Antenatal problems

- Minor disorders of pregnancy e.g. constipation, reflux
- Hyperemesis gravidarum
- Small for dates/Large for dates
- Reduced fetal movements
- Prolonged pregnancy
- Preterm pre-labour rupture of membranes (PPROM)
- An appreciation of which problems are more likely to occur in the different trimesters
- Fetal anomalies / Fetal medicine

Pregnancy loss (e.g. recurrent miscarriage, mid-trimester loss, stillbirth)

High risk pregnancies

- Fetal growth restriction
- Multiple pregnancy
- Hypertensive disease in pregnancy
- Diabetes (gestational and pre-gestational)
- Venous thrombo-embolism (VTE) – prevention and treatment
- Previous poor obstetric history (e.g. stillbirth, traumatic delivery)
- VBAC (vaginal birth after Caesarean section), including chance of success, pros/cons and risks
- Other medical disorders which affect pregnancy outcome (e.g. cardiac disease, endocrine disease, psychiatric conditions, etc.)
- An appreciation of the multi-disciplinary team approach in caring for high risk pregnancy
- Female genital mutilation (FGM)

Intrapartum care

Normal labour

- Stages of labour & progress
- Fetal monitoring
- Maternal monitoring
- Analgesia

Induction of labour

- Fetal and maternal indications
- Methods of induction
- Complications

Abnormal labour

- Augmentation using prostaglandins and oxytocin
- Malposition
- Malpresentation
- Twin delivery
- Operative delivery (forceps, ventouse and caesarean section) – especially indications and complications
- Shoulder dystocia

- Gaining consent for an operative delivery

Obstetric Complications

- Preterm labour
- Antepartum haemorrhage, including abruption and placenta praevia
- Hypertensive disorders in pregnancy
- Deep Vein Thrombosis (DVT) / Pulmonary Embolus (PE)
- Perineal trauma, including classification of perineal tears

Post-partum care

- Perineal care and repair
- Postpartum complications (e.g. haemorrhage, eclampsia, venous thrombo-embolism)
- Risk assessment for venous thrombo-embolism
- Lactation
- Contraception
- "The blues" and post-partum depression/psychosis
- The post-natal visit
- Post C section check

GYNAECOLOGY

General Gynaecology

Basic Science

- Anatomy of female genital tract
- Physiology of female reproductive system

Menstrual Cycle

- Normal
- Abnormal bleeding and menstrual disorders
- Premenstrual syndrome

Menopause

- What it is
- Symptoms and impact on life

- Management
- Postmenopausal Bleeding

Chronic Pelvic Pain

- Endometriosis
- Pelvic inflammatory disease

Early pregnancy problems

- Miscarriage
- Ectopic pregnancy
- Molar pregnancy

Benign Tumours

- Fibroids

- Benign ovarian cysts

Specialist Gynaecology

Infertility

- Aetiology/ Investigation/ Management

Urogynaecology

- History / Investigation / Management
- Urogenital prolapse
- Urinary Incontinence
 - o Stress

- o Urgency (overactive bladder)

- Bladder pain syndrome

Cancer

- Screening e.g. cervical smear programme and HPV vaccination
- Cervix
- Endometrium
- Ovary
- *Vulval*

CONTRACEPTION AND TERMINATION OF PREGNANCY

Contraception & Reproductive Health	Essential	Desirable
Basics History Confidentiality Consent	• Understand the importance of taking contraceptive & sexual history in sensitive non-judgemental way with particular reference to young people • Understanding about the importance of confidentiality and consent in sexual health settings • Understands the law around consent and sex • Understanding of Fraser Competence	Understanding of sensitive communication and awareness of non-verbal communication in sexual health setting for - Psycho-sexual - Domestic Violence - Child sexual exploitation

Contraceptive Methods <i>Shorter acting Methods</i> Pills Patch Ring Barrier Methods	Knowledge about the basics of UK Medical Eligibility Criteria (UKMEC) Efficacy & Failures Understanding about : • Combined hormonal contraception – pills, ring & patch • Progestogen only pills • Missed rules • Barrier Methods	Knowledge of UK Medical Eligibility Criteria (UKMEC) Knowledge about non-contraceptive benefits of hormonal methods
<i>Long Acting Reversible Contraception (LARCs)</i>	Understands the importance of promotion of LARC methods Types • Copper IUD • Hormonal IUS • Implant • Injectable	Knowledge of principles of NICE Guidance on LARC Methods
<i>Permanent (irreversible) contraception</i>	Male Sterilisation Female Sterilisation • Laparoscopic • At Caesarean section	
Emergency Contraception	Oral methods - Levonorgestrel - Ulipristal Acetate Emergency IUD	
Unplanned pregnancy and termination of pregnancy	Pregnancy Choices discussion Methods of Abortion - Medical Termination - Surgical Termination Conscientious Objection	Contraception counselling knowledge Understanding of cultural differences

Sexual Health including history and examination; common presentations and management of STIs

Essential & desirable learning & skills:

STI and HIV	Essential	Desirable
	Understand the legal setting for sexual health clinics, termination of pregnancy, consent for sex, under age sex, Fraser competency	Awareness of sexual assault services and forensic timeframes
	Take a sexual and contraceptive history in a non-judgmental way Identify risks of STI, HIV infection and pregnancy Identify safeguarding risks in under 18s and vulnerable adults	Know where to get safeguarding advice
	Perform pelvic examination, including speculum examination, bimanual and male genital examination Be aware of normal anatomical variants	Describe proctoscopy
	Understand principles of testing for different STIs Understand additional testing is recommended in men who have sex with men Understand the value of near patient testing techniques e.g. microscopy Understand the difference between screening and diagnosis	Have knowledge of which conditions can diagnosed by microscopy where this is available Have awareness of UK screening programmes for STIs and the use of opt out testing

	Be able to suggest differential diagnoses for the following presenting conditions: • Genital discharge • Dysuria • Genital ulceration • Genital skin lesions • Intermenstrual and post coital bleeding • Dyspareunia and pelvic pain	Be able to suggest differential diagnoses for the following presenting conditions: • Systemic symptoms caused by STI
	Have knowledge of the following common UK STIs and related conditions • Chlamydia • Gonorrhoea • Genital herpes • Genital warts • Syphilis • Common genital lumps and bumps • First line management of balanitis and vulvitis	Less common STIs • Lymphogranuloma venereum • Mycoplasma genitalium • Hepatitis A and B Other conditions • Chronic pain syndromes
	General principles of STI (and related conditions) treatment • Use of guidelines to inform treatment choice • partner notification & which STI need this • abstinence & which STI need this Recognise when referral to specialist services is required	Awareness of drug resistance Management of STIs in pregnancy Understand the aims of vaccination programmes eg HPV vaccine
	Promote risk reduction for STIs in a non-judgmental way, including patient education, safe sex messages, screening, preventative vaccines, access to services and treatment	Understand the role of outreach in sexual health promotion Understand the value of epidemiological information and the role of Public Health England
	Take an HIV risk history in a non-judgmental way Identify high risk populations for HIV infection Be able to give an HIV diagnosis in a non-specialist setting	Be aware of symptoms and diagnoses that may be indicator conditions, including seroconversion

	Know how to test for HIV including window periods, limitations of tests	Understand the use of point of care tests in community and outreach settings, and urgent care
	Understand HIV is a treatable infection and be able to describe general principles to a patient Recognise that the risk of opportunistic infections is linked to low CD4 count and lack of disease control	Be aware of the risk of drug-drug interactions with antiretroviral therapy Be aware that HIV is managed as part of a multi-disciplinary team
	Promote HIV prevention and reduce onward transmission through awareness of PrEP / PEP, safe sex messages, regular screening, early diagnosis and early access to treatment, treatment as prevention (TasP)	Give correct advice following needlestick injury

Skills

- Take a focused obstetric history, including a routine booking visit.
- Carry out a complete antenatal examination.
- Take an focused gynaecological history, including those related to the specialties ie fertility, urogynae and gynae oncology.
- Perform a full assessment of the gynaecological patient including speculum and bimanual examination.
- Take a sexual and contraceptive history to establish risk of STI and pregnancy.
- Recognise symptoms of STI and know when to treat in non-specialist settings and when to refer
- Take a HIV risk history and advise and test for HIV in any setting.
- Know how to perform a male and female genital examination in a sensitive manner and identify normal and abnormal findings.
- Formulate a differential diagnosis list and construct an initial plan of investigations to elucidate the diagnosis.
- Interpret basic data from investigations e.g. common CTG abnormalities, simple biochemical, bacteriological and haematological results.
- Generate a management plan for the treatment of common conditions
- Have the theoretical knowledge of prescribing common drugs safely, being aware of side-effects and contraindications, particularly during pregnancy and breastfeeding.
- Be able to advise on and promote safer sex and sexual health screening

Professional attitudes and behaviour

You should be able to communicate clearly, sensitively and effectively with patients and their relatives, and colleagues from a variety of health and social care professions.

You should be able to:

- Recognize limits of your skill and knowledge and seek help appropriately.
- Tolerate ambiguity or uncertainty, accepting that there will be times when the doctor does not know, or have, all the answers.
- Demonstrate an awareness of psychological factors in illness.
- Understand the psychological and personal impact of illness and be able to communicate sensitively with patients and relatives.
- Demonstrate awareness of ethical and legal responsibilities relevant to sexual activity and sexual health and HIV care.
- Understand and practice principles of confidentiality
- Understand the role of ward staff, including the Gynaecology, Obstetrics and Sexual Health team, nursing staff, midwives, health advisers and social-workers, fostering the multi-disciplinary approach to patient care.
- Understand the anxieties related to hospital admission for patients, partners and relatives and recognize how they can be alleviated.
- Understand cultural aspects relating to the health care of particular patient groups, inequalities of outcomes and how they can be tackled
- Show respect for patients' privacy during physical examinations which may be uncomfortable, embarrassing or even frightening to the patient.
- Understand the nature of informed consent.
- Explain basic procedures to patients in simple language, checking that the patient has understood and allowing the patient to ask questions. Practice this on a regular basis during your placements, it will help you in your OSCEs!
- Develop an understanding of the ethical aspects of patient care and the importance of a non-judgemental professional approach
- Develop an appreciation of the psychological and emotional impact of STI.

Medicines Management

Medicines Management features within our course. Safe prescribing and management of patients' medication, using a holistic model ensures patient safety and success. Areas of special interest are prescribing when pregnant and breastfeeding.

Use your learning portfolio (Medicine Managements section) to develop your knowledge of basic medicines and medicine management in GOSH.

Internationalism

Women's health care is an international issue. Health gaps between the rich and poor are growing, and globalization and climate change means that the issues that face us are truly

international in terms of health problems and their responses. Increasing mobility of health professionals means that many of our graduates will work internationally. The health challenges facing communities around the world appear daunting. The MBChB course at Leeds incorporates many aspects of internationalization to ensure our graduates are able ambassadors of health who can “think globally and act locally” about their roles and responsibilities in improving the health of the world's 6.6 billion people.

Student Formulary

By the end of the placement we expect you to have a general understanding of the management of these patients, which will include learning the appropriate prescribing skills for patients who require pharmacological intervention.

Obstetrics. You will be expected to learn the principles and problems of prescribing in obstetrics, with a general understanding of which commonly used drugs need to be avoided in pregnancy and breastfeeding and when the highest risk of teratogenesis is.

You will also learn which drugs are used for the most common complaints in pregnancy, such as urinary tract infections and musculoskeletal pain, including doses and frequency.

Preterm labour affects 7% of the pregnant population and an understanding of the commonly used tocolytic drugs is therefore expected. You will also need to know the dose and frequency of steroid injections used to accelerate fetal surfactant production.

The drugs used to induce and augment labour need to be known, as well as the sequence of drugs used to arrest a postpartum haemorrhage.

Common analgesics used after child-birth need to be known.

Students are also expected to know the indications and dosage principles of low molecular weight heparin thromboprophylaxis in patients at high risk of a VTE.

Gynaecology. You are expected to have a good understanding of the female reproductive system (anatomy and physiology) and how commonly used drugs act on this system.

Heavy menstrual bleeding contributes a high proportion of referrals to the gynaecology clinic. A clear understanding of the drugs used to manage this is therefore crucial.

You are also expected to know about the pharmacological options used to manage endometriosis, ectopic pregnancy and miscarriage.

An understanding of the drugs used in the gynaecology sub-specialties (gynaecological oncology, urogynaecology and reproductive medicine) is also required, although this can be limited to the basic principles.

Contraception. It is important to acquire an understanding of the principles and methods of contraception (oral, long acting, progestogenic, barrier and intra-uterine devices), including how to risk assess a patient to decide which contraceptive method is best for the specific patient.

Sexual Health. Students are expected to gain an understanding of the epidemiology of sexually transmitted infections and the diagnosis and treatment of such infections. The indications and prescribing principles of the commonly used drugs need to be known, namely doxycycline, azithromycin, penicillins, cephalosporins and metronidazole.

A knowledge and management of HIV infection as well as the use of anti-retrovirals is also expected.

These skills are taught during the various lectures and workshops of the GOSH introductory week. You will also have plenty of opportunities to observe prescribing in action during your clinical placements as well as liaising with your tutor if you wish a specific session on prescribing.

What do I need to do to pass the ICU?

To pass GOSH you will need to do the following:

1. **Mandatory MiniCex 1:** GOSH 1: First trimester or non-pregnant pain and/or bleeding
2. **Mandatory MiniCex 2:** GOSH 2: Third trimester pain and/or bleeding
3. **Demonstrate Professionalism in line with university regulations (see page 7)**
4. **Attendance** – 80% required to pass. Introductory week lectures are registered and virtual attendance is monitored. You are expected to complete a daily activity log on pebblepad while on clinical placement.
5. **Skills:** The following are MANDATORY clinical skills which you must complete successfully via PebblePad during your GOSH placement. All of the following must be evidenced at the entrustment level of **indirect supervision** except for vaginal delivery and Caesarean section which are **observe**:
 - a. Antenatal Assessment (IDR)*
 - b. Bimanual Pelvic Examination (IDR)*
 - c. Caesarean Section (OBS)*
 - d. Female Sexual Health History (IDR – NB must be done in sexual health)*
 - e. Gynae History (IDR)*
 - f. Male Sexual Health History (IDR – NB must be done in sexual health)*
 - g. Normal Vaginal Delivery (OBS)*
 - h. Obstetric History (IDR)*
 - i. Pregnancy Testing (IDR – can be done in any ICU but if not done will be deemed to have failed GOSH)
 - j. 3x Speculum Examination (one of which must be **IDR** and ALL of which must be of **non-anaesthetised** patients)*

NOTE: All GOSH mandatory skills MUST be completed by the end of your GOSH placement to pass the ICU. It is acceptable for generic skills (e.g. pregnancy testing) to be assessed in a preceding ICU but **skills marked * must be assessed during GOSH.**

6. **Engage with pan-Year 4 MiniCEX scenarios**

Below are ideas for scenarios which you could get extra feedback in terms of **additional** skills and MiniCEX:

OBSTETRICS

- Interpret an antenatal cardiotocogram (CTG)
- Interpret an intrapartum CTG
- Interpret a fetal assessment scan
- Explain induction of labour.
- Explain Caesarean section (including risks)

GYNAECOLOGY

- Explain medical management of miscarriage (procedure, benefit, risks – common/less common, additional procedures which may become necessary, alternative appropriate treatment options)
- Explain surgical management of miscarriage or manual vacuum aspiration (MVA)
- Explain medical management of ectopic pregnancy
- Observe Surgical Evacuation OR Manual Vacuum Aspiration of pregnancy tissue.
- Observe gynaecological surgery (e.g. laparoscopy, hysterectomy, uro- gynaecological operations etc.)
- Review serial B-HCG results with specialist trainee.

SEXUAL HEALTH

- Explain routine screening for STIs
- Explain management of an STI e.g. chlamydia including treatment and notification of partners
- Explain how to use a method of contraception to a patient e.g. COP, POP, injection
- Explain emergency contraception

What can I do if I think I might want a career in this speciality?

Sexual Health

Doctors working in sexual health clinics can come from a variety of career backgrounds and experiences. The team will include doctors from GU Medicine as well as Community Sexual and Reproductive health, GPs with a special interest, and skilled nursing staff and Health Advisors. Sexual health clinics predominantly work with a younger adult population, including teenagers and young people. Being able to work as part of a multidisciplinary team with good communication skills is essential, and it is important to be non-judgemental and feel comfortable about discussing sensitive issues such as sex. There is a public health element with large parts of the role involving preventative medicine, the need to perform partner notification (contact tracing), and to collect and report surveillance data in order to detect changing trends of infections.

Interested students can join STASHH:

<https://www.bashh.org/events-education/students-and-pre-specialty-doctors-stashh/>

Genitourinary medicine (GUM):

Involves the investigation and management of sexually transmitted infections and HIV. It is mostly outpatient based in sexual health clinics and HIV outpatient services, but does include inpatient care of HIV infection. It can also include more specialised services such as young people's clinics, genital dermatoses, sexual dysfunction, and psychosexual medicine and outreach services for sex workers and drug users. Doctors training in the field will keep up to date with hospital medicine and work closely with infectious disease and medical inpatient teams.

To become a specialist in GU Medicine you will complete foundation years, then proceed through inpatient core medical training and choose GU Medicine as a medical subspecialty.

Community Sexual and Reproductive Health (CSRH):

This is a 6 year run through training programme started after completing the Foundation programme. It often includes 18 months of obstetrics and gynaecology training but this duration depends on your individual training needs and previous experience (i.e. F2 rotations). All applicants to CSRH are required to take the Multi-Specialty Recruitment Assessment (MRSA) which is an online test. Check out www.fsrh.org/home for more information.

Obstetrics and Gynaecology:

This is a 7 year run through training programme started after completing the Foundation programme. Advanced training modules are selected for the final years of training (ST6 and 7) from a wide range of options. In addition, subspecialty training can be undertaken on one of the following subspecialties: Gynaecological Oncology, Maternal and Fetal Medicine, Reproductive Medicine or Urogynaecology. For more information check out: <https://www.rcog.org.uk/careers-and-training/>

What are the core texts to read?

The GOSH Minerva (Portal and VLE) pages include all the information you require for the ICU. Please make sure you familiarise yourself with the information contained in these pages.

Minerva includes:

- Directions and reporting instructions to placements and contact information for the teaching teams and placements
- Lecture slides
- Resources for intro week
- Self directed learning
- Revision resources
- Essential/Recommended reading
- Law lectures pertaining to GOSH

IV. Paediatrics and Child Health

What is Paediatrics?

Welcome to the Division of Paediatrics and Child Health. The Paediatric ICU introduces you to child health, normal growth and development and a range of common and important conditions. The learning outcomes are based on the Royal College of Paediatrics and Child Health (RCPCH) undergraduate curriculum and are supplemented by a list of 'core conditions'. It is a busy ICU with lots to cover, and we encourage you to make the most of the learning opportunities during clinical placement time and the teaching available.

We hope you enjoy your time in our departments. You will be allocated a personal tutor group during your time in the paediatric ICU, and if there are any problems, they or your ICU Manager and Clinical Course Coordinators will be happy to see you and try to help.

Please check your emails regularly! It is essential during this ICU

Who is in the Course Management Team?

Frances Pearson

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Dr Abdunasr Alaber

Harrogate District Hospital, Harrogate and District NHS Trust

Dr Elizabeth Day

Paediatric Assessment Lead

Leeds Children's Hospital, Leeds Teaching Hospitals NHS Trust

Dr Rushna Raza

Leeds Community Health NHS Trust

Dr Claire Thompson

Pinderfields General Hospital, Mid Yorkshire Hospitals NHS Trust

What is the core learning I am expected to get from the ICU?

Aims of this Unit

By the end of the unit, we want you to have gained:

- ♦ an understanding of the mechanisms governing child health
- ♦ an overall understanding of why Paediatrics is **not** the same as “Medicine in Small Adults”
- ♦ a holistic approach to children and the integral part their families and the community play in their health, growth and development
- ♦ competence in assessing children through history and examination.

Learning Outcomes

The following learning outcomes identifies knowledge, skills and attitudes in child health. This curriculum has been based on the Royal College of Paediatrics and Child Health (RCPCH) undergraduate curriculum and aligns with GMC outcomes for graduates, good medical practice and the Medical Licensing Assessment (MLA).

Elements of the curriculum

The Learning Outcomes are stated at the beginning of each section. These are the outcomes which the medical student must demonstrate by the end of the undergraduate programme. Some are generic in nature and do not necessarily need to be demonstrated within the paediatric context (Learning outcomes 8,10 &11).

The Key Capabilities are expected capabilities to be achieved by the trainee. Key Capabilities are therefore also mapped to the GMC Good Medical Practice framework. Key capabilities are not specified for the Learning Outcomes that are not specific to Child Health and will be covered elsewhere in the Undergraduate curriculum.

Learning Outcome 1

Acts as a professional within the boundaries of ethical and legal frameworks (specific to child health) expected of a junior doctor.	GMP 1 and 4	OFG 1 and 2
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Key Capabilities

Understands the legal and ethical frameworks relevant to child and adolescent health including consent and capacity.	GMP 1	OFG 1 and 2
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Learning Outcome 2

Communicates effectively with colleagues, children and young people and their families.	GMP 3	OFG 2
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Key Capabilities

Listens to children, young people and their families and take their concerns seriously.	GMP 3	OFG 2
Communicates effectively and compassionately with children and young people and their families to explain common and important medical conditions and investigations including in challenging or distressing situations in a way that the child or young person can understand.	GMP 3	OFG 2
Uses digital technology to support communication.	GMP 3	OFG 2

Demonstrates the ability to communicate with colleagues including to: • Present clinical findings verbally. • Give a verbal handover. • Write a summary of a consultation in the medical notes. • Write a discharge summary. • Advocating for patients and speaking up if you have concerns about the care of a child or young person.	GMP 3	OFG 2
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Learning Outcome 3

Performs and interprets clinical procedures to meet the needs of children and young people.	GMP 1 and 2	OFG 1 and 2
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Key Capabilities

Obtains consent for common procedures e.g., Venepuncture.	GMP 1 and 2	OFG 1
Measures and interprets vital signs (including heart rate, respiratory rate, oxygen saturation, temperature).	GMP 1	OFG 2
Performs an examination (to include respiratory, cardiovascular, gastrointestinal, central and peripheral nervous system, musculoskeletal, skin, eyes, ears/nose/throat, newborn).	GMP 1 and 2	OFG 2
<u>Performs a developmental assessment of a child under 3.</u>	GMP 1 and 2	OFG 2
Plots and interprets a growth chart.	GMP 1	OFG 2
Constructs and interprets a family tree and recognise role of genetic investigations.	GMP 1	OFG 2
<u>Demonstrates (on a mannequin) Basic Life Support skills including the choking child.</u>	GMP 1	OFG 2
Identifies the common challenges of undertaking practical procedures in children and young people and describes techniques to address these e.g., distraction, play therapists, topical anaesthetic.	GMP 1 and 2	OFG 2
Interprets common investigations in children including blood gases and radiographs (X-rays).	GMP 1	OFG 2
Demonstrates the ability to: • Hold and undress a baby • Measure peak expiratory flow rate • Explain and assess inhaler technique in a child or young person • Collects a urine sample from an infant or child and perform bedside urinalysis	GMP 1	OFG 2

Learning Outcome 4

Conducts a paediatric assessment to enable the initiation of a treatment plan, investigations and differential diagnosis.	GMP 1 and 2	OFG 2 and 3
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Key Capabilities

Demonstrates the ability with any child, young person, parent or carer to take an age and developmentally appropriate history, including birth history, family history, social history, developmental history, immunisation status and HEADSSS assessment (Home & Environment, Education & Employment, Activities, Drugs, Sex & relationships, Self-harm & depression, Safety & abuse) in adolescents.	GMP 1 and 2	OFG 2 and 3
Recognises, prioritises and uses a systematic ABCDE approach (pRRAPID) to manage a sick child, including the use of early warning scores.	GMP 1	OFG 2 and 3
Recognises the need to escalate concerns about a sick child or young person and how to do this.	GMP 1	OFG 2 and 3
Identifies in a range of contexts (primary care, acute care, outpatients) the: • <u>Key points in the history</u> • <u>Key examination findings</u> • <u>Red flags</u> • <u>Differential diagnosis including functional causes</u> • <u>Initial investigations</u> • <u>Initial clinical management</u> • <u>Apply relevant guidelines where appropriate</u>	GMP 1	OFG 2 and 3

Please see Core Conditions for Presentations grid linked to MLA

Learning Outcome 5

Helps and empowers children and young people and their families to achieve the best health possible.	GMP 4	OFG 3
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Key Capabilities

Undertakes health promotion discussions e.g., Mental health and wellbeing, feeding and healthy eating, accident prevention, smoking/ alcohol/drug use, sexual health and routine health screening.	GMP 4	OFG 3
Outlines the physiological and environmental influences on growth and behaviour in childhood and adolescence with recognition of the importance of climate change, social determinants of health and health inequality e.g., CORE20PLUS5 for children and young people	GMP 4	OFG 2 and 4
Outlines the range of expected behaviours from birth to adulthood and know when these become pathological.	GMP 4	OFG 3
Understands the importance of mental health and wellbeing from birth to adulthood.	GMP 4	OFG 3
Recognises the impact of living with medical complexity and technology dependence and the importance of symptomatic and palliative care.	GMP 4	OFG 3
Outlines the principles of the childhood immunisation programme in the UK.	GMP 4	OFG 3

Learning Outcome 6

Develops own leadership skills and works in partnership with children, young people, families and members of the MDT.	GMP 2, 3 and 4	OFG 1 and 2
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Key Capabilities

Outlines opportunities to improve patient safety and experience, learning from the experience of children, young people and their families, critical incidents & near misses.	GMP 2 and 4	OFG 1 and 2
Describes the importance of raising concerns if patient safety is or may be compromised.	GMP 2, 3 and 4	OFG 1 and 2

Learning Outcome 7

Prescribes commonly used medication in a safe manner.	GMP 1 and 2	OFG 1 and 2
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Key Capabilities

Writes a safe, accurate and legal prescription for a child using the BNFC and local guidelines where appropriate for: - Intravenous fluids (bolus and maintenance) - Common analgesics - Common antibiotics - Oral rehydration solution - Common asthma medications (eg. beta-2 agonists, steroids) - Common emergency drugs (eg. adrenaline for anaphylaxis)	GMP 1 and 2	OFG 1 and 2
Understands the principles of prescribing in children, taking into account weight, age and body surface area, the differences in drug metabolism and routes of administration. Recognise the specific challenges in paediatric safe prescribing,	GMP 1 and 2	OFG 1 and 2
Identifies common aides to safe prescribing in children eg. British National Formulary for children (BNFC), ward pharmacist. Identify ToxBase as a useful resource in cases of poisoning	GMP 1 and 2	OFG 1 and 2

Learning Outcome 8

Engages in paediatric quality improvement activities.	GMP 3 and 4	OFG 1
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This is a generic outcome, not specific to child health and quality improvement activities can be complete in other parts of the MBChB programme

Learning Outcome 9

Promotes the professional responsibility of Safeguarding.	GMP 2 and 4	OFG 1
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Key Capabilities

Defines the main types of child maltreatment, describe risk factors and the signs and red flags of child maltreatment.	GMP 2	OFG 1
Identifies the process for raising concerns about child maltreatment and the steps involved.	GMP 2	OFG 1
Understands the duty of care for any health professional to report concerns about child maltreatment.	GMP 2 and 4	OFG 1

Learning Outcome 10

Provides teaching for children and young people, families and colleagues.	GMP 1 and 3	OFG 1
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This is a generic outcome, not specific to child health and teaching to patients and colleagues can be complete in other parts of the MBChB programme

Learning Outcome 11

Applies an evidence based approach to paediatric practice.	GMP 1	OFG 2 and 3
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This is a generic outcome, not specific to child health and applying an evidence based approach to clinical practice can be complete in other parts of the MBChB programme

Core conditions, Presentations grid and MLA

This is not an exhaustive list of all possible paediatric presentations and diagnoses but aims to highlight common presenting complaints and underlying differentials. This has been updated to include the content that will be covered in the MLA.

For bold and underlined presentations, we would expect you to be able to discuss differential diagnoses, red flags and be able to assess through appropriate focused history and examination, and investigate accordingly where appropriate.

For bold and underlined conditions, we expect that you are able to make this diagnosis and institute an immediate management plan including treatment options.

For other presentations we expect that you will know the main differentials and red flags, be able to assess appropriately through history and examination and know some initial investigations. For other conditions we expect you to include this diagnosis in the differential diagnosis, know key aspects of investigation and treatment and be able to institute a management plan with supervision.

Topic	Presentation	Core conditions
Respiratory and cardiovascular disease	<u>Breathing difficulties</u>	• <u>Bronchiolitis</u> • Pneumothorax • Inhaled Foreign body
	Cough	• <u>Cystic fibrosis</u> • <u>Lower Respiratory Tract Infection/Pneumonia</u> • Tuberculosis • Pertussis
	<u>Wheeze</u>	• <u>Asthma</u> • bronchiectasis
	Cyanosis	• Cyanotic congenital heart disease – Transposition of the Great Arteries, Tetralogy of Fallot
	Murmur	• Congenital heart disease – VSD, ASD, PDA, Coarctation • <u>Innocent murmur</u>
	Stridor	• <u>Croup</u> • <u>Epiglottitis</u> • Laryngomalacia • Congenital airway anomalies
	Arrhythmia	• Supraventricular Tachycardia
Gastrointestinal/ Hepatic	Abdominal pain	• Appendicitis • Intussusception • Peritonitis • Mesenteric adenitis • Functional abdominal pain
	<u>Vomiting</u>	• <u>Gastroenteritis</u> • <u>Gastro-oesophageal Reflux (GORD)</u> • Intestinal obstruction and ileus • Pyloric stenosis • Volvulus

	Diarrhoea	• Inflammatory Bowel Disease • Toddler diarrhoea • Gastroenteritis • Food allergies
	Constipation	• <u>Functional constipation</u> • Hirschsprung's
	Abdominal mass	• Hernia • Neuroblastoma • Wilm's tumour
	Scrotal / testicular pain	• Torsion • Epididymitis/orchitis • Undescended testes

Topic	Presentation	Core conditions
Neurological	Abnormal movements	• Epilepsy • <u>Febrile convulsion</u> • Nerve palsies • Dystonia • Tics • Infantile Spasms
	Headache	• Meningitis/encephalitis • Migraine • Subarachnoid • Tension headache • Brain tumour • Hydrocephalus • Raised Intracranial Pressure
	Reduced consciousness and lethargy	• Intoxication • Hypoglycaemia • Metabolic conditions
	Abnormal Development and Learning Disability	• Muscular dystrophies • <u>Cerebral palsy</u> • Genetic syndromes
	Visual concerns	• Conjunctivitis • Periorbital and orbital cellulitis • Visual field defects • Cranial nerve palsies • <u>Squint</u>
Dermatology / Renal / Haematology	Swelling (inc lymphadenopathy)	• Reactive lymphadenopathy • Epstein-Barr Virus • Mumps • Lymphoma
	Pallor	• <u>Iron deficiency anaemia</u> • Pancytopenias • Sick cell • Thalassemia
	Urinary symptoms (dysuria, haematuria, reduced urine output, oedema)	• <u>Urinary Tract Infection</u> • <u>Eneuresis</u> • Haemolytic Uraemic Syndrome (HUS) • Nephrotic syndrome • Glomerulonephritis • Vulvovaginitis
	Bruising or <u>Petechiae/Purpura</u>	• Haemophilia • Henoch Schonlein Purpura • Immune Thrombocytopenic Purpura • Leukaemia • Non accidental injury
	Polyuria/Polydipsia	• <u>Diabetes mellitus</u>
	Rash	• <u>Eczema</u> • Candidiasis • Cellulitis • Impetigo • Measles/rubella/varicella/viral exanthema • Disseminated Intravascular Coagulation • Herpes Simplex Virus • Human Papilloma Virus

		• Scabies
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Topic	Presentation	Core conditions
MSK	Hip pain and limp	• <u>Septic arthritis</u> • Developmental Dysplasia of the Hip • Perthe's • Slipped upper femoral epiphysis • Irritable Hip
	MSK abnormalities	• Rickets • Congenital anomalies • Juvenile Idiopathic Arthritis • Reactive arthritis
The Neonate	Feeding difficulty	• Malnutrition • Breast feeding • Cleft palate
	<u>Neonatal Jaundice</u>	• Biliary atresia • Hepatitis • Physiological jaundice • Haemolytic disease
	Prematurity	• Respiratory distress syndrome
	Crying baby	
	Congenital abnormalities and the dysmorphic child	• <u>Down Syndrome</u> and other trisomies • Turners • Skeletal dysplasia
	SUDI (Sudden unexpected death in infancy)	
	Problems at birth	• Hypoxic Ischaemic Encephalopathy (HIE) • Ambiguous genitalia/Congenital Adrenal Hyperplasia • Birthmarks • Cephalohaematoma • Talipes • Plagiocephaly • Growth restriction - SGA/IUGR • Spina Bifida • Hypospadias

Topic	Presentation	Core conditions
General and Mental health	<u>Fever (including recurrent infections)</u>	• HIV • Influenza • Kawasaki disease • Malaria • <u>Meningitis</u> • Otitis media • <u>Tonsillitis</u> • Toxic shock • <u>Upper Respiratory Tract Infection</u>
	Collapse	• Anaphylaxis • <u>Sepsis</u> • Diabetic Ketoacidosis • Cardiac arrest • Respiratory arrest • Breath holding and reflex anoxic seizure
	Behavioural Difficulties	• Attention Deficit Hyperactivity Disorder • Autistic Spectrum Disorder
	Mental health (Deliberate Self Harm, overdose, suicidal thoughts)	• Eating disorders • Depression • Anxiety • Conduct disorders • Substance misuse • Medically unexplained symptoms
	Sexual health and gender dysphoria	
	Accidents, Poisoning and Trauma including safeguarding	• Non accidental injury • Head injury • Subdural
	<u>Abnormal growth and puberty (Faltering growth)</u>	• Coeliac and food allergies • Obesity • Precocious and delayed puberty • Short stature • Cushings Syndrome • Hypothyroidism/Thyrototoxicosis
	Sleep disturbance	• Obstructive Sleep Apnoea Syndrome • Infant sleep

Where will I be and what will I be doing?

Introductory Week

The main objective of this week is to cover key aspects of paediatrics and child health necessary to begin the clinical placement. This includes normal growth and development, the essentials of good history taking and the delights of examining babies and children.

Acute and Ward placement

You will be attached to the acute teams in slightly different ways at the different teaching centres, to take account of the differences in how the services are run. You will spend time in the areas where children with acute illnesses present and are assessed and treated. These include the acute assessment units and inpatient wards. Your timetable will give you further details.

- You must get permission from the receiving paediatrician before seeing any patients in the acute assessment unit or the emergency department.
- You must get permission from the nurse in charge prior to seeing any patients on the ward.
- On-call attendance is an essential part of the paediatric attachment and should provide a rewarding experience.

Community Week

The community week provides an overview of how care for children is provided within their own community, with a consideration of their health, educational and social needs. The experience of health services for children outside of a hospital environment is a vital part of paediatric training. This week will include sessions at a GP Surgery, a special school, and a day in a community hub involving time spent in a community clinic and with other nurses/therapists/specialist health visitors etc. These will be followed by a discussion session. You may be able to spend time with the therapists (physio/OT/speech therapy) at the special school and in the community hub setting.

ALL students must attend the GP Surgery, community child health hub day and school placement allocated and this takes precedence over any other teachings/clinics etc. Please do not leave your placement early or arrive late unless pre-agreed with your course coordinator and the GP Practice/school/clinic. If you are sick on the day or running late for your placement please telephone the GP Practice/school/clinic first and then your course coordinator to inform them.

We will try and re-arrange this session for you should you miss it due to sickness etc.

Objectives – (learning about the principles of Community Child Health)

1. Integrated care across Primary, Secondary and Tertiary care.
 - i) Role of primary care in dealing with common paediatric problems and the care of children in the context of the family.
 - ii) Role of Community Paediatrics in Secondary care by bridging the gap seamlessly between Primary Care, and Acute Secondary and Tertiary care
2. Environment: Children's health, development and wellbeing is heavily influenced by their environment.
 - i) Importance of Families (parenting/nurture), and the needs that are looked after by the local authority.
 - ii) Role of schools (learning and socialisation/peer groups)
 - iii) Other environments (sports/leisure/fun)
3. Gaining understanding of principle of inclusion of children with neurodisability and chronic health conditions as seen within school and community hub setting
4. Seeing use of focus on function and participation (rather than fixing) in all contexts for children with chronic conditions, and neurodevelopmental problems.

5. Gaining understanding of the principles of multi-disciplinary care to improve the child and family's functioning in a variety of community contexts.
6. Understanding the importance of active consideration of how to keep a child safe and the impact of abuse.
7. Gaining an understanding of Child Public health issues within the context of the community e.g. malnutrition, (over and under), immunisation.
8. To become familiar with routine observation of a young child's development in various settings
9. To gain knowledge about how children with developmental delay present and when and to whom they should be referred for specialist assessment.

GP Practice Placement – 1 day:

- You will be in groups of 2-4 students for a full day placement in primary care.
- You will see acute and/ or pre-booked patients in pairs or with a clinician and will have plenty of opportunity to debrief and ask questions.
- There may be a tutorial about common childhood problems or some practice exam-type questions for you to discuss.
- Objectives:
 - Appreciate the breadth of paediatric care in general practice
 - Understand the role of the primary healthcare team in caring for children

Make the most of opportunities for developmental assessment.

Children learn through play. Many students have a good idea of child development in infancy but have difficulties with the toddler/pre-school age group who are not always as biddable and may be much more mobile! Use your community week to do the following:

1. Observe the layout of the room(s) in which you see the children. What areas of development will the activities promote?
2. How much adult guidance do individual children need to keep involved in an activity? What level of attention control do you expect from a two-year-old, or from a three-year-old? What other factors, apart from age, affect children's ability to attend to an activity.
3. Observe children's spontaneous play. Imaginative play e.g. using dolls/teddies in tea parties should be observed from what age? Are any of the older children enjoying role-play? What factors are likely to be affecting children's ability to play imaginatively?
4. How do you assess language ability? If a child is not able to express language at a level appropriate to her/his age, what factors might be responsible for this?
5. Glue ear is a very common problem in pre-school children and is associated with conductive deafness. How might a hearing loss affect a child's ability to learn in nursery, and interact with their family?

Golden rule

You will learn more from observing a child than by trying to do formal "tests"

Schools/SILCS (Specialist Inclusive Learning Centres)

The purpose of visiting schools (especially if they are special needs children) is not to make you learn all the physical signs and symptoms of conditions associated with disability. You will not be given formal teaching during these sessions, instead you are encouraged to mix with the children, play with them, "sit in" during their classes and meal times and learn the essence of communicating with children. It is hoped that the total experience of coping with children especially if they have special needs will be obtained; the intense human demands made on families and for those with special needs the medical and behavioural problems that are encountered.

SILCs were previously known as 'Special Schools'. Leeds has progressively reduced the number of special schools in line with a policy of inclusion of children in their local schools. The Specialist Inclusive Learning Centres (SILCs) offer education to children who have major learning and/or physical, sensory and behaviour difficulties. Many pupils based on a SILC site spend some

of their time in a local “mainstream” school. Staff from the SILC are often involved in supporting other pupils who are based in mainstream schools but have links with the SILC.

Teaching Methods

1. Self-directed learning exercises on normal child development and its variations and practice under direction of personal tutors.
2. Visits to schools, GP surgeries and community paediatric clinics and hubs.
3. Workshops on child abuse, behavioural problems and social paediatric sessions.
4. Individual case studies to work through
5. Small group discussion with Community Paediatrician to discuss community based experiences and discussion of case studies.

Out-patient Clinics

The focus is to attend a variety of outpatient clinics to gain experience of common paediatric problems. Your timetable will give more details of how to book these.

You should aim to attend a minimum of 3 clinics in total during your placement. Some students will also have opportunity to attend clinics during Speciality and Community Weeks. You should aim to get to a mix of different types of clinics overall, but try to get to at least 2 or 3 general paediatric or community clinics (since these are where common problems present).

pRRAPID

Paediatric RRAPID (pRRAPID) supports and augments the work you have already done through the RRAPID project in years 1-3. During pRRAPID you will be given theoretic and practical experience of acute paediatric illness and the deteriorating child. This will use a combination of an e-book, peer-taught symposium, BLS scenarios and simulation.

Child Mental Health Teaching

Child mental health teaching is integrated into the paediatric teaching in order to give a more complete view of sick children and their families. Some teaching will be carried out jointly with paediatric staff. You may also have an opportunity to observe the assessment of a new patient / family assessment in the Child and Adolescent Psychiatry Units. There are various Child Psychiatry learning resources on Minerva Portal and VLE also in the paediatric area.

We are continuing to pilot attendance at CAMHS clinics for 2025-26. If you are interested please email Dr James Yong.

- Dr Jonathan Barrett (Consultant in Child and Adolescent Psychiatry) provides teaching during the paediatric attachment. There are 3 seminars for the whole group. A timetable of teachings will be available at the start of your placement.

Paediatric Surgery

Objectives

- 1 To be able to recognise common or important paediatric surgical problems, through history and examination, and to know the basic principles of their management.
- 2 To gain an understanding of the surgical process, including from the perspective of the child and family.

Teaching methods

- 1 Intro Week session
- 2 Small group teaching sessions with paediatric surgeons
- 3 Attendance at paediatric surgical clinics

- 4 It will be of benefit to you to see a child and family pre-operatively, during the operation and post-operatively; think about pain relief and fluids.

Paediatric surgery is on Surgical Newborns (neonatal unit)/ Day Case Unit / Ward L41 at the Children's Hospital at Leeds and Ward 2 at BRI. Surgical ward rounds often start at 0800 and which is a good time to try to attend will be if you have been on-call the evening before. Surgical clinics / teaching sessions are usually arranged. At Pinderfields, Calderdale, Airedale and Harrogate there is a Paediatric surgical bed base or ward.

Where can I access this learning?

Lectures and seminars will be delivered in face-to-face sessions when appropriate rooms are available. However, if you are unable to attend, for example post nights, the lecture sessions will be recorded on 'lecture capture' so you can then watch it later. Teaching slides for lectures and seminars will be available on the VLE as well.

- **Lectures** are mainly used within the introductory programme to provide an overview of important topics, problems or skills that you will need to acquire.
- **Seminars** are used to cover core topics throughout each course with an interactive learning approach used to encourage discussion about these topics and the issues they raise. During the paediatric attachment, there will be regular tutorials on a number of different topics - times and details will be in the timetable.
- **Meetings & Student Teachings** - Each teaching centre has a programme of departmental meetings which you are welcome to attend. You will be advised of these when you start the attachment.
- **Tutor meetings** are primarily aimed at coaching you in clinical skills, particularly those of history taking and clinical examination. They also are a means to monitor your progress and have a pastoral function.
- **Clinical sessions** consist of a combination of all clinical teaching modalities including ward rounds, outpatients, residencies, child psychiatry sessions, clinical bedside teaching, and surgical sessions.
- **Computer assisted learning packages and video material** will be available on the VLE for you to use as part of your self-directed learning. These provide opportunities to further develop and refine your skills and knowledge.
- **Community sessions** - Although community orientated teaching features throughout the course, these sessions are particularly focused on a community based approach and enable you to make links between the specialties and the community. [It is important that you are familiar with the School of Medicine guidelines on student safety and student indemnity on placements in the community setting.](#)

Lead Tutors

You will be allocated in small groups to personal tutors. You should make contact with ALL your assigned tutors at the beginning of your attachment and aim to meet up with one of your tutors at least once per week whilst at your base hospital. One tutor will be allocated as the LEAD TUTOR for your group.

You will receive feedback on your work at various stages throughout your undergraduate career. It is important that you understand and use this feedback effectively for your learning.

Throughout the course you will receive written and verbal feedback from course teachers, using standardised descriptors on attendance, attitude and initiative.

What do I need to pass the ICU?

To pass Paediatrics and Child Health you will need to do the following:

- 1 **Mandatory MiniCex 1:** Paeds 1: Clinical assessment pre-school child
- 2 **Mandatory MiniCex 2:** Paeds 2: Clinical assessment school aged child or adolescent
- 3 **Demonstrate Professionalism in line with university regulations (see page 6)**
- 4 **Attendance** – 100% attendance is expected. If you attend less than 80% of an ICU, you will fail. Introductory week lectures, seminars and the Mock OSCE are registered. You are expected to complete a daily activity log on Pebblepad while on clinical placement.
- 5 **Skills:** The following are MANDATORY clinical skills which you must complete successfully via PebblePad by the end of your paediatrics and child health placement. The information in the brackets is the minimum level of entrustment you need to achieve:
 - a. Basic Life Support (INIT)*
 - b. Developmental Assessment (INIT)*
 - c. 4x Paediatric Consultation (DIR)* - You must have taken a history and examined the patient yourself, written a summary of the consultation on PebblePad.

NOTE: these skills MUST be completed in the Paediatrics and Child Health ICU.

Although it is not compulsory we would strongly suggest completing an assessment for a satisfactory paediatric practice prescription.

6 Engage with pan-Year 4 WBA

- 7 **Paediatric OPD clinics:** We expect you to attend at least 3 paediatric out-patients clinics. Please document and reflect on the clinics this using the 'Paediatric Clinic Log Template' in your WBA workbook.
- 8 **End of ICU Placement Review :** It is important to review your time on placement and reflect on your learning. Please go through your end of ICU placement review with your tutor in your final meeting. They will receive feedback on teaching sessions from the other tutors to be able to provide a fair and reflective final tutor mark for each of you. Use the "Year 4 - End of Placement Review template" on PebblePad.

Requests for extra placement time

We are always pleased when students request additional placement time at Trusts to strengthen their practical experience. This may involve you doing extra shifts whilst on placement, or returning around Finals for extra experience. Patient and student safety is paramount and so the appropriate supervision must be put in place before you arrive.

Arranging these opportunities is encouraged but you must first agree this with the ICU manager or Head of Year, and then agree this with the placement provider.

What are the core texts to read?

The examination syllabus is NOT covered in its entirety by the ward teachings, seminars and lectures that you will receive during your paediatric attachment. **Further reading is essential.**

The following are general; tutors and consultants can advise you on sub-specialist texts if you have a particular interest or question.

Leeds Textbooks

We recommend that students use textbooks written by paediatric consultants in Leeds which closely align with paediatric teaching on the course:

Lecture notes in Paediatrics (Darling and Yong) 10th ed. 2021

ISBN 978-1119552871

Paediatrics at a Glance (Miall, Rudolf & Smith) 4th ed. 2016

ISBN 978-1-118-94783-8

Paediatrics and Child Health (Rudolf, Luder and Jeavons) 4th ed. 2020

ISBN: 978-1-119-42023-1

Other recommended texts

Understanding Child Health (Waterston, Helms & Ward Platt) 2007, ISBN 0192625640

Essential Paediatrics (Hull & Johnston) 4th ed. 1999, ISBN 0443059586

Illustrated Textbook of Paediatrics (Lissauer & Clayden) 5th Edition 2017,

ISBN 9780723438717

Practical Paediatric Problems in Primary Care (Bannon & Carter) 2007, ISBN -13: 978-0-19-852922

Clinical Skills (T A Roper)

Larger paediatric texts - These are useful for more in-depth information:

Textbook of Paediatrics (Forfar and Arneil) 8th ed 2008, ISBN 0443103968

Textbook of Pediatrics (Nelson) 21st ed 2019, ISBN 9780323568906

Careers in Paediatrics

We are always keen to encourage students who are interested in pursuing a career in Paediatrics – please feel free to come and discuss this with any of the course team.

Useful websites include:

www.rcpch.ac.uk

www.nhscareers.nhs.uk

A career in Paediatrics offers many positives from the wide breadth of subspecialties within this discipline (e.g. paediatric cardiology, surgery, oncology, haematology, renal medicine, community paediatrics etc.) to the simpler pleasure of working with children and their families. We would as an ICU team encourage you to explore your potential interest in this exciting and rewarding field of medicine both during your paediatric ICU attachment and beyond in your Foundation Year placements.

Other opportunities

There are opportunities for a small number of selected students to be sponsored to attend local and national Paediatric meetings e.g. the Yorkshire and Humber School of Paediatrics and Royal College of Paediatrics and Child Health (RCPCH) annual meetings. Application for attendance at these meetings is made via abstract submission to the paediatric course coordinator and happens on an annual basis. If the deadline has passed this year you can apply in 5th year also. Please look out for emails regarding submission for these events.

Additionally, if you have any research, audit or other project ideas that you would like to discuss with the paediatric ICU team we are always open to such discussion and welcome your innovation and enthusiasm.

V. Psychiatry

Welcome

Welcome to your Year 4 Psychiatry placement! We're delighted to have you join us and hope this placement will be engaging, inspiring, and rewarding.

Psychiatry offers a unique opportunity to develop your communication skills, clinical reasoning, and understanding of the complex interplay between physical, psychological, and social factors that influence health. Whatever specialty you ultimately choose, you will care for patients whose mental health is an important part of their overall wellbeing, and we hope this placement will give you the confidence, skills, and knowledge to have meaningful conversations about mental health throughout your career.

During your time with us, you'll meet patients with a wide range of experiences and conditions, work alongside a multidisciplinary team, and gain valuable insights into compassionate, person-centred care. We encourage you to be curious, ask questions, get involved whenever possible, and make the most of every learning opportunity. We look forward to working with you and hope your placement is both enjoyable and memorable!

This Study Guide outlines psychiatry contacts and the curriculum, but all the learning materials you need are available on Minerva.

ICU Contacts

ICU Lead

Dr Tom Lane
Clinical lecturer in psychological medicine
Email: T.Lane@leeds.ac.uk

Y4 Programme Co-ordinator

Mr David Hemming
Email: Y4mbchb@leeds.ac.uk
Tel: 0113 343 4179

Speciality Tutors:

Dr Yusuf Alwatani - Yusuf.Alwatani@nhs.net
Dr Alice Cockill - Alice.Cockill@nhs.net
Dr Meena Lachman (eating disorders lead) - Meenakshi.Lachman1@nhs.net
Dr Emily Legg - Emily.Legg1@nhs.net
Dr Heena Mistry - Heena.Mistry3@nhs.net
Dr Mo Murtza - M.Murtza@nhs.net

Where will I be and what will I be doing?

Placement Structure

The introductory week includes four days of teaching delivered on campus (Monday to Thursday) and then you attend your placement for a trust induction on the Friday. You then spend five weeks on placement, before coming back to campus for the final Friday of the rotation.

Introductory Week

This is delivered face-to-face in the Medical Teaching Centre by our speciality tutors. There are a mixture of seminars, lectures, group work, and clinical skills which provide the core knowledge and skills you need to start your psychiatry placement. All the resources you need are available on Minerva.

Clinical Placement Locations

You'll be placed in either LYPFT; SWYFT; BDCT; or TEWV for your placement. Your placement provider will contact you before the first Friday (placement induction) with a timetable and contact details. Some trusts will provide you with a full timetable whilst in other trusts you will be given a base team, and you'll be expected to arrange additional experiences for yourself.

Please spend time with other members of the multi-disciplinary team such as mental health nurses, psychologists, social workers, and occupational therapists.

Self-Direct Learning

Learning experiences in psychiatry, like in any specialty, can be unpredictable. You might experience patients who fail to attend appointments or decline to see a student. Please be prepared to undertake self-directed learning at these times. There are some additional resources on Minerva you can use.

Exam Practice

An online mock written examination will be available in the psychiatry area of Minerva from May. This includes 60 practice questions with feedback.

We hold OSCE practice on the final Friday of the placement.

A revision session will be held in May.

Looking After Yourself

We know that some of you will have your own experience of mental illness, either personally or in loved ones. Some students are anxious about the placement because of this. Other students unexpectedly find themselves struggling when a placement experience, or something said, triggers their own memories. Please know that it's common to have these thoughts and feelings and that support is available to you. The ICU lead will reach out to students who have health passports to offer additional support, but we know this doesn't capture everyone who might find things difficult. If you

foresee that you might struggle with any aspect of the rotation, please reach out to the ICU lead early so we can make sure you have the support you need to make the most out of your experience.

Psychiatry Learning Outcomes

During your psychiatry placement, we want you to develop the knowledge, skills, and professional behaviours that will support you throughout your career as a doctor, whatever specialty you choose. This placement is an opportunity to build confidence in assessing and discussing mental health, develop compassionate, person-centred communication skills, and appreciate the biological, psychological, and social factors that influence health and illness. By working alongside patients, carers, and the multidisciplinary team, you will recognise the vital role that mental health plays in every area of medicine. The learning outcomes below outline the knowledge, skills, and experiences that will help you make the most of your placement.

Basis

We do not provide a full curriculum here. The presentations and conditions you need to know are listed within the [Medical Licensing Assessment \(MLA\) content map](#). What we teach you is also guided by the [Royal College of Psychiatrists' Undergraduate Curriculum](#) and the [GMC's Outcomes for Graduates](#).

Skills

- Conduct a full psychiatric history
- Screen for and assess psychiatric conditions in any setting
- Conduct a risk assessment
- Conduct a mental state examination
- Complete a biopsychosocial formulation
- Present a psychiatric case
- Create a first line management plan for common psychiatric conditions using the bio-psycho-social model
- Counsel a patient on a common mental health treatment
- Assess mental capacity
- Conduct a cognitive assessment

Knowledge

- Explain biological, psychological and socio-cultural factors which may predispose to, precipitate, or maintain psychiatric conditions
- Describe NICE recommendations for the management of common psychiatric conditions
- Be aware of the management of psychiatric emergencies
- Apply the principles of mental health legislation to common clinical situations
- Describe the categorisation of mental disorders using a recognised framework (e.g. ICD-11)

- Know the basic structure of mental health services and other sources of mental health support
- Be aware of the difference between mental health conditions and normal emotional or behavioural reactions

Conditions

- You're expected to know the diagnostic criteria; be able to assess for; and know the basic management of the mental health conditions listed in the [MLA content map](#).
- In addition to these conditions, you also need to know:
 - Social anxiety disorder
 - Adjustment disorder
 - Complex post-traumatic stress disorder
 - Dissociative disorder
 - Catatonia
 - Lithium toxicity
 - Adverse effects of Clozapine

Student Formulary

- We expect you to already be familiar with the main neurotransmitter systems
- By the end of this rotation, you should know the mechanism of action; clinical indications; side-effects; and monitoring of antidepressants, antipsychotics, mood stabilisers, and dementia drugs.
- You should also know the adverse effects and withdrawal syndromes of common recreational drugs including alcohol, cannabis, stimulants, opiates, and benzodiazepines.

What do I need to do to pass the psychiatry?

MiniCEX

1. Psych 1: Cognitive assessment
2. Psych 2: Risk assessment

Clinical Skills

1. Management plan formulation – Psych (IDR)
2. Mental state examination – Psych (IDR)
3. Psychiatric history – (IDR)

Psychiatry case logs

You must complete at least 5 case logs on Minerva. We recommend that you present some of these to clinicians for feedback.

Pan-Year 4 Assessments

We recommend trying to complete the mental capacity assessment during your psychiatry placement, if you haven't already completed it.

End of Placement Report

This form needs to be completed with your supervisor or firm lead.

Attendance

100% attendance is expected – you must submit mitigation if you have absences. Achieving less than 80% attendance across the placement will result in a fail.

University teaching attendance is registered with a QR sign in and some with paper registers. For placement absence, you must contact your placement supervisor or firm lead.

All absences must be recorded on Minerva in a timely manner in line with GMC guidance on professionalism.

Prizes

LYPFT Psychiatry Prize

We invite all students (not just LYPFT) to compete for the LYPFT Psychiatry Prize. Students with the most interesting 4 cases will be invited to deliver a 10-minute presentation on the final Friday of the rotation. The winner will be given a prize of £50 donated by LYPFT.

To apply, submit 1-2 PowerPoint slides summarising a case to the ICU lead before the last Wednesday of the rotation.

Royal College of Psychiatrists

RCPsych offer a range of [Awards, prizes, and bursaries](#) for students. If you're interested in applying, please contact the ICU lead.

Learning Resources

All the core learning materials are available on Minerva, along with a Padlet and e-Learning package that you can complete during self-directed learning.

Other resources you may choose to access include:

- [Medical School Psychiatry](#) – A pooled bank of resources from UK universities

- [NICE Clinical Knowledge Summaries](#) – Management of psychiatric conditions
- [British Medical Journal Learning](#)
- [RCPsych Patient Information Leaflets](#) – A good resource to prepare for OSCEs

Glossary of terms used in psychiatry

AMHP	Approved Mental Health Practitioner
BDCT	Bradford and District Care Trust
BPAD	Bipolar Affective Disorder
BPD	Borderline Personality Disorder
CBT	Cognitive Behavioural Therapy
CMHT	Community Mental Health Team
CTO	Community Treatment Order
DBT	Dialectical Behavioural Therapy
DoLS	Deprivation of Liberty Safeguards
ECT	Electro-Convulsive Therapy
EIP	Early Intervention in Psychosis
EMDR	Eye Movement Desensitisation and Reprocessing
EUPD	Emotionally Unstable Personality Disorder
GAD	Generalised Anxiety Disorder
HBT	Home Based Treatment
ICD-11	International Classification of Diseases (11th Edition)
LYPFT	Leeds and York Partnership NHS Foundation Trust
MCA	Mental Capacity Act
MHA	Mental Health Act
MMSE	Mini-Mental-State-Examination
MoCA	Montreal Cognitive Assessment
MSE	Mental State Examination
NMS	Neuroleptic Malignant Syndrome
OCD	Obsessive Compulsive Disorder
PICU	Psychiatry ICU
PTSD	Post-Traumatic Stress Disorder
SNRI	Serotonin and Noradrenaline Reuptake Inhibitor
SSRI	Selective Serotonin Reuptake Inhibitor
SWYFT	South West Yorkshire NHS Foundation Trust
TEWV	Tees, Esk, and Wear Valleys NHS Trust