School of Medicine

FACULTY OF MEDICINE AND HEALTH

UNIVERSITY OF LEEDS

MBChB
Year 5 Campus to Clinic Study Guide

2025/2026

Last updated 10th September 2024

Section 1: Introductory Notes

This study guide is to be read in conjunction with the Year 5 Assessment Study Guide.

Introduction

Welcome to Year 5 of the Leeds Faculty of Medicine and Health MBChB. Year 5 is designed to co-ordinate your final undergraduate training culminating with entry into the Foundation Year Programmes, introducing you to shared themes of appraisal of professional attributes, assessment and continuing professional development that form part of your future medical career

The Year 5 aims are threefold, ensuring you are equipped for professional practice through:

- possession and understanding of a suitable and relevant knowledge base
- clinical competence across a wide range of skills relevant to the Foundation year and beyond
- demonstration of appropriate professional attributes and ongoing professional development

Whilst there is some formal lecture/workshop time, you are responsible for organising learning experiences or skills and knowledge in the core curriculum whilst on placement.

You will be responsible for much of your own learning and effective use of the time available. We would draw your attention to important information in the study guides (also including Year 5 Assessment Study Guide) relating to changes to assessments and examinations (including the compulsory Work Based Placed Assessments), and liaison with Foundation Programmes.

We hope you will find this study guide helpful, with useful information relating to learning outcomes, Year 5 clinical placements, the examination process and Post-Finals Assistantship period. Additionally, the guide will aid you to:

- further your learning and understanding using the Core Clinical Conditions and Core Presenting Problems
- identify areas of clinical practice in which you excel and areas in which you need further training
- highlight the skills at which you should be competent as a graduate and a doctor entering the foundation programme
- identify clinical and theoretical objectives for subsequent training which will help you decide upon a future career pathway

The Core Clinical Conditions, upon which you should base *most* of your learning and the Core Clinical Skills are included, along with further details regarding the Work Place Based Assessments, recommended reading list, placements, assessment processes and absence reporting.

If you have any difficulties with any aspect of the course then you should first approach your Supervising Consultant(s). Further advice can be obtained from Zoe Shepherd-Scott, Year 5 Co-ordinator at Leeds Medical School Year 5 MBChB team

Heads of Year for Year 5

Mr Chris Mannion (Consultant and Clinical Associate Professor, Oral and Maxillofacial Surgery LTHT)

Dr Dariush Saeedi (Practising GP)

Dr Joanna Wright (Assessment Lead)

Academic Sub Dean is Dr Louise Gazeley Practising GP)

We can be contacted by email (preferred) or by telephone and are available for advice and pastoral support (although you may also wish to consult your personal tutor on pastoral matters, or seek support from the sources listed later in this section):

D.Saeedi@leeds.ac.uk

christopher.mannion@nhs.net

L.Gazeley@leeds.ac.uk

Section 2: Clinical Placements, Student Feedback & Career Guidance

Placements

The Elective

The elective period is a **required** element of the course. As such, it is assessed as part of your Year 5 Assessment in the format of an elective report.

Completion of an elective and submission of a report by deadline set by the Electives Team is part of Year 5. The elective report is a pass/fail consistent with other Assessment for Learning ICUs. Successful completion of the elective is a requirement for passing Year 5. Further information is available in the elective module guide.

Integrated clinical placements

You should have a record of where you will be undertaking your six clinical placements and in which specialities. The rotations have been arranged so that you will see a range of clinical practice in a variety of locations. Each rotation will cover a combination of essential 'core' specialities and more specialised areas. All students will be given an attachment to primary care and most include a musculoskeletal placement, or if not have the opportunity to learn some aspects of musculoskeletal medicine and surgery - e.g. Emergency Medicine, Primary Care.

The clinical placements are each of four weeks duration.

Within every placement there will be some self-directed study periods. This time has been set aside for your own self-directed learning and it is up to you to use it wisely, concentrating on the areas in which you feel your knowledge or skills are not satisfactory. This may be, for example, clinical - seeing emergency admissions - or developing your knowledge base through reading. We strongly advise you to make the most of opportunities for learning in the clinical environment, with a strong emphasis on working with the junior doctors, acting as an F1 assistant (see objectives below).

Students cannot change/swap rotations at their own behest and this is not possible after placement allocations have been agreed. Students should first approach medicine-placements@leeds.ac.uk, with any queries. Please let Trusts know in advance if you need accommodation – it is your responsibility.

Objectives of integrated clinical placements

The integrated clinical placements (ICP) should:-

- Be an integrated and/or complementary attachment to associated medical and surgical specialities, enabling students to learn the core topics in these related specialities.
- Integrate basic science, clinical method and skills into clinical management plans, enabling students to learn generic skills in preparation for Foundation Year posts.

- Recognise the importance and role of teamwork / multidisciplinary working in modern clinical practice and use this experience to develop professional attributes, coupled with constructive feedback from placement leaders.
- Help you recognise threats to patient safety and methods in use to reduce error and mitigate harm.
- Help you develop your own professional identity which is in line with GMC guidance, legal restraints and ethical principles
- See patients as individuals, respect their autonomy and treat them with respect by having a holistic and ethical base so that you can understand and manage patients' problems both in hospital and in a family and social context
- Use the core curriculum as a guide to develop a level of knowledge sufficient to enable you to achieve the other key clinical objectives, allowing time for self-directed learning and patient clerking.
- Be led by an identifiable, approachable consultant or GP, and have an integrated timetable allowing students to work principally on one ward/area for 1-2 weeks at a time, or alternatively within one firm.
- Be an opportunity for students to work together (e.g. in pairs) to increase the value of the placement and encourage initiative/enthusiasm to allow both students and teachers to realise the full teaching and learning potential of the placement.
- Where possible allow an assistantship focus to the placement. This should allow students, under supervision of the clinical team, to work at the level of a F1 doctor. This will typically involve looking after 2-3 patients on a ward – so you become accustomed to daily review, handover, day-day patient management, writing progress notes and planning discharge. You should identify patients with your supervising team that you can see & manage (under supervision) on a daily basis within your timetable – but only with the consent and supervision of the clinical team.
- Supervised prescribing in clinical placements. As a student, you are not able to independently prescribe medications or sign for drugs on drug charts or electronic prescribing systems. However, gaining regular experience of supervised prescribing practice is an essential part of your Year 5 experience. This should be possible in all placements but the format varies between individual placements. Some will allow you to write on patient drug charts as long as they are checked and actually signed by a registered doctor. Others will provide "dummy" student drug charts for practice prescribing and in other Trusts and in Primary Care you will gain experience of electronic prescribing systems.

Assistantships

Assistantship refers to student doctors undertaking roles acting as an assistant to junior doctors contributing to patient, under appropriate supervision. This is a key part of your experience from Year 5 in helping prepare for Finals and transition to

becoming a junior doctor. Assistantship experience may be obtained in 3 ways in Year 5.

- All clinical placements will offer the opportunity to work with the junior doctors in gaining experience of junior doctor work. You must be proactive to make the best of such opportunities.
- Some rotations will include a “super-assistantship” or “enhanced responsibility” placement which has been specifically set up to have assistantship working as a dominant feature of the placement experience.
- You will undertake a “post-finals assistantship” (PFA) placement after Finals main OSCE exam, which consists of 3 weeks of assistantship working with a key focus on final preparation for transition to starting work in you allocated F1 post.

Out of hours shifts

As part of every placement (except Primary Care), you will be required to attend a minimum of one out of hours session (late, part of night shift). Work outside of 9-5 weekday hours is of great value in providing a different experience to that working on routine daytime cover. If you are undertaking one of these shifts, try to do this with a colleague, and ensure that you have considered your own safety if returning home after hours. If you choose to stay overnight, contact the undergraduate coordinator to see if they can arrange a room. Remember that you should not drive home from placement if tired!

You should split the out of hours shifts to cover both acute admissions (MAU, surgical admissions) to deal with the assessment and management of new patients and ‘ward cover’, dealing with a range of regular out of hours tasks and emergencies in established in-patients. A valuable experience will be to arrange to hold the bleep of your resident (junior doctor) for a period of time whilst they are closely supervising you. It is helpful to go along to these sessions with an open mind (they are opportunistic!) but some idea of what you want to get out of the session (skills, acute assessment, presenting new patients etc.).

Clinical placements in Primary Care

All rotations include a placement in Primary Care. These are based at general practices, most of which are also involved with the teaching and training of GPs and other professionals. They allow you to learn medicine in a different context from hospitals - 90% of health care takes place in the community with the vast majority of all disease presenting initially to a primary care health worker.

The key objectives for these Primary Care placements are to offer:

- High quality systematic teaching of the core curriculum.
- Student consulting across a wide range of undifferentiated medical problems.
- Development of your skills in consultation, communication, therapeutics and clinical reasoning
- Individual feedback on clinical skills & knowledge

The placements will:

- Emphasise the impact of illness on the patient's life.
- Demonstrate the management of acute and chronic disease in the community.
- Emphasise the importance of teamwork in medicine

Infectious Diseases Teaching

This will be supported in your revision week. Teaching is delivered by teams at Leeds and Bradford which you will access depending where your placements are based.

Campus-based lectures and workshops

In addition to the September Introductory Week lecture programme, additional study days and revision lectures have also been arranged. Clinical revision lectures and workshops will take place in November, prior to the written examinations in January. There will be a second “campus” week in March. These days provide a range of topics incorporating clinical medicine, prescribing, critical care and practical governance and ethical issues of relevance to your final examinations and your work as a F1.

Considerable effort has gone into organising and improving the lecture course in response to student feedback. **As part of professional courtesy and attributes we expect you to attend this programme as it targets important revision topics for the final examination.** Please bear in mind that colleagues have spent considerable time preparing their teaching.

Immediate Life Support Course and RRAPID

During Year 5, you will undertake a half day RRAPID session, building on what has been taught in RRAPID in previous years. This, in combination with a half day ILS training session on the same day, will allow you to obtain ILS certification. Students resitting Year 5 who have obtained their ILS will be required to repeat this - both for educational reasons, and because their previous ILS certificates would become invalid during Foundation training.

FY1 Post-Finals Assistantship

Post-Finals Assistantships (PFAs), are a **mandatory** part of the course for you to continue to develop the skills you have learnt through your undergraduate training and to experience your role as a junior doctor in the place you will be working. The assistantship will last for three weeks and commence after the OSCE examinations (5th May- 22rd May 2026).

Allocation to PFAs are made after you have been matched to your FY1 posts. For students matched with West Yorkshire Foundation School (WYFS), this is arranged automatically and will take place within the hospital, and typically the post, you will be working in.

For those with FY1 posts outside of WYFS, you will undertake your PFA in West Yorkshire. We aim to match you with a placement similar to your first F1 speciality. However, it may be permitted for you to arrange your assistantship in your employing

Trust if this can be undertaken at a similar time period. Please note THERE WILL NOT BE FUNDING AVAILABLE (including for accommodation). Please contact the Year 5 team if you have any queries or difficulties here.

If you are allocated to an F1 post in East or South Yorkshire - it will be possible to opt to do your PFA in that post following a collaboration we run with Sheffield and Hull York Medical Schools.

Broad Objectives of the Post-Finals Assistantship Attachments

At successful completion of the Post-Finals Assistantship period you should be able to demonstrate, in the context of your pending role as the junior member of the clinical team:

- A knowledge of the initial management of common medical emergencies
- A knowledge of the principles of pre- and postoperative care of the surgical patient
- Competence in certain clinical skills, as listed in the Core Clinical Skills
- A working knowledge of the clinical team, clinical support services and the hospital
- A responsible attitude with regard to patients, relatives, colleagues and other healthcare staff
- A critical approach of your performance and recognition of your limitations

Whilst on these attachments you should use your time constructively to achieve these objectives. There are no extra skills or knowledge that you would be expected to acquire at this stage, but you are referred to the Core Curriculum and Core Clinical Skills. The assessment of your Post-Finals Assistantship will be through a mark of your professional attributes, similar to the assessments in the integrated clinical placements. Passing your PFA is essential for graduation. Your sign off should be the lead supervisor of a resident Dr (F2 and above).

These attachments are an excellent opportunity for you to identify your strengths and weaknesses and ways to rectify any problems to build confidence prior to commencing your FY1 post.

Attendance and Absence Guidelines for Clinical Placements and Teaching

Attendance is one of the key professional attributes that you are judged on throughout the five years of the MBChB programme. We know attendance is strongly linked with professionalism, in your current role as a medical student and in your future career as a doctor. Satisfactory attendance is 100%. There **is no rule allowing a proportion of unauthorised absence before a student's attendance is deemed unsatisfactory**.

Students who attend only a proportion of teaching or clinical placements miss vital teaching and learning opportunities, meaning they are less well prepared for assessments, and starting work as doctor. Failure to attend, or absence without permission, can have serious consequences and may lead to placement failure, or result in you being excluded from the University.

Failure to attend a session may indicate a more concerning issue, such as a safeguarding issue or sudden illness, and it is therefore important that you communicate your absence.

Recovery placement

There is limited capacity for recovery placement outside your current ICU. Approved planned absence should be discussed with your placement tutor before the commencement of placement, and appropriate mitigation made for the time to be lost. In the case of unplanned absence due to illness, or bereavement, it is expected, where possible, for you to make this up with evening and weekend shifts before the end of your ICU. Please note this is not possible in Primary Care placements.

Absence reporting

Except for unexpected sickness, we require you to ask for leave **in advance** of making firm commitments, rather than arranging your time away and presenting this as irreversible.

To request a planned absence please complete a leave application form. This will automatically be emailed to your Academic Sub Dean. Requests should be **submitted at least 6 weeks** before the planned leave, to mirror what will be required when you start work as a Foundation Doctor. Your request will then be reviewed by the Academic Sub Dean, discussed by the School's Progress Committee if necessary, and permission granted or denied (with reasons) and the decision passed back to you. Sometimes your Academic Sub Dean will want more details and may request to meet to discuss your request.

You must enter **all** your absences in the Minerva absence recording system even when you have been granted permission to be absent. All requests (accepted or denied) will be recorded. Failure to comply with the denial of requests will not be tolerated by the school; it will be recorded as unauthorised absence and will be considered a form of unprofessional behaviour.

Not reporting an absence will be deemed a professionalism concern and may lead to ICU failure, or referral to the School's Health and Conduct committee.

Reporting unexpected absence e.g., illness, bereavement

You must use Minerva to register any absences from the course. This must be done on the day of unexpected absence, or as soon as possible after.

In addition, if you are absent from the University for less than one week, you may self-certify the illness. If you are unwell for a period of more than one week, you must submit a 'fit note' (MED 3), available from your doctor.

If you are absent from clinical placements, you **must** let your NHS Placement Co-Ordinator know as soon as possible (no later than the day of absence) **and** self-certify your absence on Minerva. Your placement will give details of absence reporting in your induction information. **Please remember you are present in an employment environment, and you need to behave as if you are an employee; if you are absent from work, you are expected to notify your employer as soon as you are aware of the absence.**

If you are absent from a clinical skills session, you must let the Clinical Skills Team know either on telephone number 0113 206 7311 or via email at skillsandsimulation@leeds.ac.uk. Please also remember to self-certify your absence on Minerva as above.

It is your responsibility to catch up on missed work, lectures, and other academic commitments. If you need additional support, please contact your personal tutor, Academic Sub-Dean, or the Student Support Team.

Absence from clinical placements

Please remember that whilst you are on clinical placement, you are in an employment environment, and you need to behave as if you are an employee. If you are absent from work, you are expected to notify your employer as soon as you are aware of the absence.

Each placement will have its own specific policy and contact information. Please familiarise yourself with these - and ensure that in the event of an absence, you let the supervising clinician/clinical lead know immediately. You also need to let your placement coordinator know as soon as possible (no later than the day of absence), as well as self-certify your absence on Minerva (again, no later than the day of absence).

These expectations are in line with your professional obligations as a future doctor, and breaching these may lead to failing the placement on professionalism grounds

Requesting permission for planned absence

We are aware that students may need planned absence to attend appointments to manage their personal health. We are also keen to support you in your continued personal and professional development, for example presenting at conferences or taking part in major sporting events. However, your main focus must be your academic progress in the MBChB programme. Absence requests will be considered in the context of your prior attendance and academic achievement.

Absence for planned medical appointments, treatment, or surgery

Please arrange a meeting with your Academic Sub dean if you need medical treatment, surgery, or ongoing regular appointments, e.g., for mental health support. They can discuss with you how this can best be accommodated.

Religious observance and festivals

For religious observation, the University (and the NHS) is a secular organisation. We will judge applications for leave for major religious festivals on a case-by-case basis but are unable to make special schedules for routine teaching and assessments. The University policy on religious commitments is available https://equality.leeds.ac.uk/support-and-resources/religion-and-belief/

- Regular daily or weekly religious observance:

We expect students to attend all components of the MBChB programme, and cannot accommodate changes to individual timetables to account for regular daily or weekly religious observance. This parallels your responsibilities when you become a doctor.

- Major religious festivals:

We also recognise that there may be occasions when some students feel unable to attend due to the need to observe religious festivals. In this case you are asked to complete a leave application form with at least 6 weeks' notice, detailing any date(s) when you intend to be absent from the University due to the requirement to observe mandatory religious holy day(s). We are aware that precise dates may not be available, but it is vital that you provide as much information as soon as possible and then confirm the exact date at the earliest opportunity. Again, all absences must be recorded on Minerva.

Educational events

- Conferences:

Leave will usually be granted if you are presenting or giving a poster presentation at a conference. You are expected to represent the university. This would usually only be allowed once in an academic year. Leave will only be granted for the day/s of presentation, and reasonable travel. There is no expectation that leave will be granted to attend an entire conference. When submitting an absence request to attend a conference, please also provide confirmation of the invitation to present.

- Committee attendance:

Some students are part of university committees. Absence is accepted as part of normal student activity, but this must be discussed with your placement tutor and recovery time arranged and recorded on Minverva.

Personal events

- Wedding attendance during term time:

Absence is usually only considered for the wedding of a first-degree relative. Please arrange a meeting with your Academic Sub Dean in advance of making any arrangements to attend a wedding that occurs during term time

- Funeral attendance during term time:

Please submit a leave request form or arrange a meeting with your Academic Sub Dean to discuss. Students are usually granted one day of leave to attend the funeral of a close relative or friend, unless the date coincides with an exam. If further time is required for travel, please explain why in your absence request

Frequently Asked Questions

Q. I have been invited to present at a conference - what should I do?
A. Submit a planned leave request form at least 6 weeks in advance to cover the day of the presentation + reasonable travel time. Please submit evidence of your invitation to present, with your leave request. Wait until the request has been approved before booking tickets or travel. Consider if you will need any additional placement time and talk to your ICU lead. Record your absence on Minerva.

Q. I have woken up feeling ill - what do I do?
A. Notify your placement provider **and** self-certify the absence on Minerva. If you are unwell for over a week, you will need a fit note from your GP as evidence of illness

Q. My cousin is getting married abroad during term time, can I take leave to attend the wedding?
A. Absence is usually only considered for the wedding of a first-degree relative. Please arrange a meeting with your Academic Sub Dean in advance of making any arrangements to attend a wedding that occurs during term time.

Q. Due to a diagnosed mental health condition, I need to attend regular therapy appointments. Is it ok to miss placement time?

A. Please arrange a meeting with your Academic Sub Dean if you need ongoing regular health appointments. They can discuss with you how this can best be accommodated. Approved absence for health appointments is still counted against attendance, so you must make this time up.

Careers Guidance

Within Year 5 there is a range of careers support on offer.

A Dedicated Careers Adviser

Helen Steele is a qualified Careers Adviser, able to offer advice on your C.V., connect you up to clinicians willing to talk you through different specialties you may be considering, or carry out a one to one careers guidance interview with you. Helen can meet with you on Teams or Face to Face.

You can contact Helen by emailing her on h.l.steele@leeds.ac.uk

Careers Lectures

In addition, Helen will be talking through the principles of career planning and making the most of your foundation years, as part of the Introductory September Lectures. This will be followed up with a lecture on the foundation application, carried out by the foundation school. There is a wealth of information that is available on the UKFPO website which will help with your Foundation school applications.

Online Careers Research

Remember that there is a lot of research you can do online into your future career and below are some useful web links. Leeds Institute of Medical Education have put

together their own careers resource – iDecide, which can help you start to formulate your career ideas. iDecide has a wealth of careers films, featuring different clinicians talking through their specialties.

Useful online resources:

- iDecide can be accessed through the TIME website (Technology in Medical Education). https://time.leeds.ac.uk/resources/idecide/

If the link does not work paste this into your browser and it will take you there.

- To find out the competition ratios for the country and look at the person specs

https://specialtytraining.hee.nhs.uk/competition-ratios

https://specialtytraining.hee.nhs.uk/recruitment/person-specifications

- To access additional medical careers information:- www.medicalcareers.nhs.uk

- For advice on CVs and Interview Skills – www.careers.bmj.com

- For all information on the Foundation Programme – www.foundationprogramme.nhs.uk

Feedback

Feedback is a topic that causes concern to students and tutors. There are a range of sources of feedback available to you during Year 5. It is essential that you seek and utilise feedback to identify your stronger and weaker areas and to get valuable constructive advice on how to improve so that you ensure that your knowledge, skills and professional attributes are as good as they can be, going into Finals exams and the start of Foundation jobs. **If you feel you need feedback on specific topics and are not receiving it on your placement - ask!**

Feedback on placements

You will receive informal feedback during your day to day work on the wards, in Primary Care and during teaching sessions.

Mini-CEX are described in detail in the Assessment Study Guide and are a very valuable way of obtaining detailed feedback on your performance focusing on integrated clinical scenarios. Completion of all 12 mandatory mini-CEX entries forms part of the Programmatic Review.

End of placement feedback

At the end of clinical placements, in addition to feedback on your case presentation, you will also receive comments on your overall performance on the placement, which will be informed by both observations of the person providing feedback and

information they have sought and received from other members of the clinical team. If there are areas you particularly want comments on - please ask.

Section 3: Learning Outcomes & Curriculum

Learning Outcomes for the final year of the MBChB course

Final MB students will be expected to call upon knowledge from all years (1-4) that are of relevance to practice as a FY1 doctor. For example the assessment of a young woman with abdominal pain (Year 4 Obstetrics and Gynaecology) or the assessment of the older person with memory impairment (Year 4 Psychiatry).

The learning outcomes for year 5 and graduation continue to build on knowledge, skills and attitude developed throughout the course. Aims and outcomes are combined into a series of domains, underpinned by a core set of cases, presentations and skills, linked to early postgraduate practices and the requirements of *Outcomes for Graduates.* https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates

Expectations of students include:

Clinical Science, prescribing and informatics

- Integrate basic science, clinical method and clinical skills into initial and subsequent patient management plans
- Demonstrate an appropriate use and knowledge of routine investigations employed in the management of patients. Students should recognise appropriate timing and limitations of investigations
- Devise simple logical early management plans for patients, including the safe use and prescribing of medication and basic knowledge of common and emergency drug doses.
- See patients as individuals and employing a holistic and ethical framework, in order that the student can understand and manage a patient's problems in the hospital, community, family and social contexts.
- Maintain confidentiality, understanding the legal and ethical implications of verbal, written and electronically communicated/stored information
- Understand the principles of medical error in the context of patient care
- Know how to keep coherent, legible and comprehensive patient records, including safe and effective use of IT, and the use of IT for effective continued learning

Consultation, ethical/medico-legal practice and management

- Take and record a full patient history and assess a patient's mental state, including basic tests of cognitive function
- Communicate clearly, sensitively and effectively with all individuals irrespective of gender, age, disability, social, cultural or ethnic background
- Recognise the importance of the patient's religious and cultural background on all aspects of medical care
- Perform a full physical examination and assess a patient's functional abilities, for example the Activities of Daily Living

- Competent synthesis of the findings from the history, physical examination and commonly used investigations to formulate a basic differential diagnosis.
- Demonstrate the ability to perform a range of clinical skills as described in the GMC publications Outcomes for Graduates, The New Doctor and those skills prescribed by the Year 5 course management team. Students will be required to evidence competencies prior to graduation, using the PebblePad e-portfolio system.
- Demonstrate respect for patients by discussing treatment options with them and jointly formulating treatment plans, fulfilling the patient's need for information about treatment and respecting the patient's wishes to decline treatment
- Evaluate the benefits, risks and side-effects of treatment for individual patients
- Explain basic procedures to patients simply and comprehensively, checking that the patient has understood and allowing the patient to ask questions
- Understand the psychological and personal impact of illness, disability or sudden death and be able to communicate sensitively with patients and relatives
- Understand the principles of dealing with complaints & handling aggression and act appropriately
- Take a supportive role with senior staff in breaking bad news
- Maintain patient records accurately and neatly, appreciating the importance of admission, progress and discharge notes
- Be able to write a discharge letter to the GP, understanding its importance and the required content
- Communicate effectively over the telephone

Professionalism & ethical/medico-legal practice

- Recognise the role and importance of multidisciplinary team working in all aspects of patient care, including the role of the doctor as team member, and when appropriate, leader.
- Recognise the limits of their own competence & know how and to whom to refer – and the techniques of effective handover and referral to other specialities/colleagues.
- Demonstrate an understanding of the ethical and legal aspects of treating individuals and their relatives and carers (including specific examples of mental capacity and consent)
- Understand the ethical and legal implications of consent and assent
- Recognise that all competent patients aged over 18 years are legally entitled to refuse treatment, lifesaving or otherwise
- Act in an emergency (in the absence of a correctly drafted and legally binding advance directive stating otherwise) to do what is necessary to save

the life or to prevent permanent and serious disability of adults who are unconscious or otherwise unable to give consent

- Understand the legal requirement for disclosure of patient information
- Understand your responsibilities in dealing with colleagues with inappropriate conduct. The key points of contacts will be your placement teacher and the Phase III Co-chairs (and note the School's policy on 'whistleblowing') who will guide and support you if you do express concerns
- Understand the legal aspects of the medical record by writing appropriate entries which reflect sound judgement and noting objectively those elements relevant to the patient's clinical progress
- Understand the principles and statutory regulations of infectious disease reporting, certification of death, cremation certification and referral to the coroner

All these outcomes will apply to clinical, workshop, lecture and additional teaching (e.g. online support modules)

Learning context

Although there is a small amount of basic science in this year, the learning context is pre-dominantly clinically based. Each student, by rotating through 6 integrated clinical placements spanning primary, secondary and tertiary care, will gain maximum exposure to a wide variety of clinical settings. Final assessments will include reference to clinical science in context (e.g. relating to disease mechanisms, interpretation of laboratory data).

Core Curriculum

During your integrated clinical placements you will be responsible for much of your own learning. The Core Curriculum serves as a guide to direct you in your studies, both as a fifth year student and in your first year as a practising clinician. It is divided into the Core Clinical Conditions, (Lists I & II) and the Core Clinical Presenting Problems, (List III). Although the core curriculum is a useful guide for examination purposes, *it should not to be regarded as exhaustive and is not therefore entirely definitive for the purposes of the final examinations.*

The other source of information to guide your studies should be the MLA content map. This is available on the GMC's website

https://www.gmc-uk.org/-/media/documents/mla-content-map-_pdf-85707770.pdf

Core Clinical Conditions

The core clinical conditions are categorised into three levels of knowledge (See Appendix 1).

List I 'Act/Know About' Core Clinical Conditions

For each of these conditions your knowledge should incorporate an understanding of the:

- basic scientific principles
- aetiology and epidemiology
- pathology
- presenting clinical features
- appropriate investigations
- differential diagnosis
- principles of management
- complications and outcome
- prevention of disease

For those conditions marked by an * (the 'Act' conditions), you should be competent to:

- initiate appropriate action
- prescribe appropriately, with basic knowledge of the doses of COMMON & EMERGENCY drugs
- recognise the limits of your own competence and know, how and to whom to refer

List II 'Know of' Core Clinical Conditions

These are conditions for which a less extensive knowledge is required at this stage in your education. The list indicates those conditions that you should:

- be aware of or have heard about
- be able to define
- consider in a differential diagnosis (if appropriate)
- know when and where to find out more about if necessary

Examination material can be derived from both List I and List II.

List III Core Clinical Presenting Problems

This list includes common presenting problems that you will encounter as a newly qualified doctor in your Foundation Years. You are expected to understand the science (anatomical, physiological, biochemical, psychological and pathological) underlying each of the presenting problems. You will find this easier if you cross reference this list with the Core Clinical Conditions.

What about Basic (BLS) and Advanced Life Support (ALS) Skills?

You will have received BLS training in the third and fourth clinical years. During Year 5 you will also undergo a teaching day to receive your ILS award (in conjunction with Year 5 RRAPID teaching) during Term 2.

Access to the University Clinical Skills Education Centre (CSEC)

The CSECs are there for your use and learning, but we expect that you will prioritise time to ensure work based learning, using the CSECs thoughtfully to practice skills that may be difficult on the wards. Year 5 skills are outlined in the WBA Workbook.

The independent learning area on level 9 of Worsley Building should be booked in advance at http://bookwhen.com/uolcsc

You will also receive scheduled teaching with the School of Medicine Clinical Skills Education Team

Primary care workshops (whilst on PC placement)

Surgical skills and wound closure (scheduled for March 2025)

Medicines administration (scheduled for November 2024)

RRAPID 5/ ILS (scheduled between Jan and April 2025)

MUST - Ultrasound Course (scheduled for April/ May 2025)

Ethical and Legal Aspects

Throughout your undergraduate training and in your future career as a doctor you will be confronted with ethical decisions and the legal implications of your actions. You cannot hope to practise medicine without having developed a mental framework in which to consider the ethical and legal aspects of your decisions. You may already be aware of how your own personal beliefs and prejudices can impinge upon your professional judgement in this context. In learning to be self-critical about this area of your work, you should:

- Demonstrate respect for patients by discussing treatment options with them and jointly formulating treatment plans, fulfilling the patient's need for information about treatment and respecting the patient's wishes to decline treatment
- Maintain confidentiality, understanding the legal and ethical implications of verbal, written and electronically communicated/stored information
- Recognise the importance of the patient's religious and cultural background on all aspects of medical care
- Evaluate the benefits, risks and side-effects of treatment for individual patients
- Understand the legal implications of providing medical care
- Understand the legal aspects of the medical record by writing appropriate entries which reflect sound judgement and noting objectively those elements relevant to the patient's clinical progress
- Understand the principles and statutory regulations of infectious disease reporting, certification of death, cremation certification and referral to the coroner
- Understand the ethical and legal implications of consent and assent

- Recognise that all competent patients aged over 18 years are legally entitled to refuse treatment, lifesaving or otherwise
- Act in an emergency (in the absence of a correctly drafted and legally binding advance directive stating otherwise) to do what is necessary to save the life or to prevent permanent and serious disability of adults who are unconscious or otherwise unable to give consent
- Understand the legal requirement for disclosure of patient information
- Understand your responsibilities in dealing with colleagues with inappropriate conduct. The key points of contacts will be your placement teacher and the Year 5 Management Team

Questions on the ethical and legal framework of medicine may be included in any part of the final assessment.

Professional Attributes Expected of Graduates

Practising as a doctor is an extremely responsible job and the public (as well as the General Medical Council) has a right to expect that it will be conducted to the highest standards. In addition to the specific skills required of history taking, examination, planning and implementing diagnosis and treatment, doctors must practise using a range of subtle interpersonal skills, usually characterised as professional attributes. You are expected to work on these during your final year of undergraduate study to the same extent as you develop your other professional skills. During the year you should read, and be familiar with, two publications from the GMC; *Good Medical Practice* (2013) and *Consent: patients and doctors making decisions together* (2008).

In your dealings with patients, their relatives, and other health care workers, you should:

- Tolerate ambiguity or uncertainty, accepting that there will be times when you do not have all the answers
- Understand the psychological and personal impact of illness, disability or sudden death and be able to communicate sensitively with patients and relatives
- Understand the principles of handling aggression and act appropriately
- Take a supportive role with senior staff in breaking bad news
- Understand the principles of bereavement counselling
- Understand cultural aspects relating to the health care of particular ethnic groups
- Explain basic procedures to patients simply and comprehensively, checking that the patient has understood and allowing the patient to ask questions
- Maintain patient records accurately and neatly, appreciating the importance of admission, progress and discharge notes
- Be able to write a discharge letter to the GP, understanding its importance and the required content
- Communicate effectively over the telephone

These skills will be tested throughout each of your five integrated attachments and in the final examinations.

Further information regarding expected professional behaviour of students can be found at https://students.leeds.ac.uk/info/1000041/professionalism

You are reminded that failure to develop these professional attributes and/or exhibition of unacceptable behaviour may result in your referral to the Year 5 course managers for an interview and further action. Adverse assessments of professional attributes or serious deficiencies may bar the student from entry to examinations (either delayed or denied). This is at the discretion of the Year 5 course managers in conjunction with the rules and regulations of the School – and will require referral of students with concerns re: professional and behaviour to the Director of Student Progress.

Section 4: Appendices

Appendix 1: Core Clinical Conditions

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
Blood	Anaemia – iron deficiency Acute non-haemolytic reactions during transfusion	Macrocytic anaemia Haemolytic anaemias Lymphomas Myeloma	Disseminated intravascular coagulation Sickle cell disease Haemophilia Thalassaemia Thrombophilia Thrombocytopenia Pancytopenia Neutropenia Bone marrow replacement Acute leukaemia Chronic myeloid leukaemia Chronic lymphocytic leukaemia	
Cardiovascular system	Cardiac arrest Myocardial infarction	Stable angina Atrial flutter Atrial fibrillation	Accelerated hypertension Pericarditis Pericardial effusion	Chest pain Palpitations Collapse

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
	Acute coronary syndrome Acute left ventricular failure Hypertension Chronic cardiac failure Deep vein thrombosis Acute limb ischaemia Superficial thrombophlebitis Cannula-related phlebitis Complete Heart Block Postural hypotension (not limited to CV causes)	Heart block (all degrees) Re-entrant supra-ventricular tachycardia Ventricular tachycardia Mitral regurgitation & stenosis Aortic regurgitation & stenosis Infective endocarditis Pulmonary embolism Aneurysms Varicose veins Chronic lower limb ischaemia Abdominal aortic aneurysm	Cardiomyopathy Aortic Dissection Mesenteric Ischaemia Superior Vena Cava thrombosis / obstruction Raynaud's syndrome Lymphoedema	Painful limb Peripheral oedema
Emergency conditions	Anaphylaxis Septic shock Cardiogenic shock Hypovolaemic shock Acute respiratory failure		Spinal shock Complications of shock Acute renal failure	Collapse Coma Respiratory Arrest Cardiac Arrest Haemorrhage – internal and external

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
	Cardiac arrest Overdose (paracetamol, salicylate, TCADs and Iron) Falls in the elderly (all causes) Acute and chronic confusion			Hypothermia
Endocrine system	Hypoglycaemia Diabetic ketoacidosis	Type 1 diabetes Type 2 diabetes Severe acute diabetic foot infection/ischaemia Graves's disease Adrenocortical insufficiency (Addison's Disease) Hypothyroidism Hyperparathyroidism Hypercalcaemia of malignancy Hyperlipidaemia	Hypoparathyroidism Thyroid Cancer Multinodular goitre Toxic nodule Simple goitre Thyroiditis Hypopituitarism Pituitary tumours Suppressed hypothalamo-pit-adrenal axis Phaeochromocytoma Cushing's syndrome Adrenogenital syndrome	Gynaecomastia Weight change Urinary frequency Hyponatraemia

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
			Hyperaldosteronism Hypoaldosteronism Hirsuitism Hyperosmolar hyperglycaemic non ketotic coma Diabetes insipidus Syndrome of inappropriate ADH secretion	
Gastrointestinal system	Upper GI bleeding Constipation Diarrhoea	Malnutrition Oesophagitis and reflux Oesophageal carcinoma Hiatus hernia Peptic ulcer Gastric carcinoma Carcinoma of pancreas Coeliac disease Acute pancreatitis Peritonitis Inguinal hernia Femoral hernia	Achalasia Gastritis Chronic pancreatitis Chronic hepatitis Subphrenic abscess Liver abscess Primary liver tumours Hepatic failure Epigastric hernia Colonic polyposis Anal Carcinoma Perianal Haematoma	Weight Loss Dysphagia Dyspepsia Haematemesis Constipation Faecal incontinence Rectal bleeding Acute abdominal pain Abdominal swelling Jaundice Vomiting Diarrhoea

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
		Incisional hernia Umbilical hernia Gallstones Cholecystitis Portal hypertension Viral hepatitis Cirrhosis Non-alcoholic fatty liver disease Ascites Inflammatory bowel disease Diverticular disease Appendicitis Intestinal obstruction Ileus Colorectal carcinoma Irritable bowel syndrome Rectal prolapse	Fistula-in-ano Refeeding syndrome	

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
		Haemorrhoids Perianal abscess Anal fissure Sigmoid volvulus		
Infection (not classified elsewhere)	Infection in surgical patients* Infectious mononucleosis Severe sepsis Hospital acquired infection including *Clostridium difficile* enteritis/colitis Pyrexia of unknown origin	Pyrexia of undetermined origin Human immunodeficiency virus (HIV) Influenza Measles Mumps Rubella Chicken-pox Whooping cough Infective gastro-enteritis Malaria Febrile traveller		Febrile patient
Musculoskeletal	Septic arthritis Temporal arteritis Spinal cord compression	Osteoarthritis Osteoporosis Rheumatoid arthritis Polymyalgia rheumatica	Seronegative arthritis Pagets and osteomalacia Bone tumours	Back and /or neck pain Painful swollen and /or stiff joints

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
		Gout/ Pseudogout Vasculitis Low back pain Fragility fractures Ankylosing Spondylitis Reactive arthritis	Connective tissue diseases e.g. SLE, scleroderma Soft tissue conditions e.g. rotator cuff tears, lateral epicondylitis	Peripheral joint /joint region pains Painful limbs Difficulty walking The limping child Limb weakness
Nervous system	Stroke Meningitis Acute confusional state Subarachnoid haemorrhage	Status epilepticus Cranial nerve lesions Peripheral nerve lesions Subdural haematoma Extradural haematoma Multiple sclerosis Parkinson's disease Dementia Epilepsy Tension headache Migraine	Brain Tumours Encephalitis Fibromylagia Hydrocephalus Myasthenia Gravis Motor Neurone Disease	Pain Headache Fits Faints Collapse Coma Difficulty walking Hemiparesis/ Hemiplegia
Ear	Otitis media	Otitis externa Ear wax Deafness	Cholesteatoma Acoustic neuroma	Earache Tinnitus Hearing loss

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
		Labyrinthitis (and the causes of dizziness)		Dizziness
Eye	Acute glaucoma	Cataracts Corneal ulcers Stye Conjunctivitis allergic and infective Ocular foreign bodies Ocular trauma Diabetic retinopathy Hypertensive retinopathy	Acute anterior uveitis Ectropion Entropion Blepharitis Episcleritis/scleritis	Acute Red Eye Loss of Vision Visual Failure Squint
Nose		Epistaxis Nose trauma and foreign bodies Rhinitis Sinusitis	Nasal Polyps	Epistaxis
Skin		Acne Eczema Psoriasis Warts Basal cell carcinoma	Solar Keratosis Keloid scar Ganglion Vascular lesions of the skin Kaposi's Sarcoma	Rash Lump in the groin Lump in the neck Lump in the skin

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
		Squamous carcinoma Melanoma Leg ulcers		
Throat and mouth	Acute tonsillitis Acute pharyngitis	Upper respiratory tract infection Acute epiglottitis	Oral tumours Trigeminal neuralgia	Oral Ulceration Hoarseness Cervical Lump Globus Stridor
Psychiatry and mental health	Suicide and parasuicide – assessment and management Dementia (common causes e.g. Alzheimer's, multi-infarct, alcohol-induced); risk assessment of confused older adults	Adjustment disorders (acute and chronic), bereavement Anxiety/panic attacks (assessment and initial management) Bipolar affective disorders (manic and hypomanic states) Pseudodementia Depressive disorders Eating disorders (bulimia and anorexia nervosa)	Rarer dementias Picks disease Creutzfeld Jakob AIDS related dementia Learning disability Post-traumatic stress disorder Phobic anxiety disorders (such as agoraphobia, social phobia, simple phobias) Personality disorders	Confusion/Delirium Aggression/Violence Depression Sleep Disturbance

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
		Mental Health Act – principles of use Obsessional compulsive disorder Schizophrenia and paranoid disorders including drug-induced psychosis Somatisation		
Reproductive system	Torsion of the testis Suspected ectopic pregnancy	Genital warts Genital herpes HIV – all manifestations Gonorrhoea Syphilis Prostatitis Male: Balanitis Phimosis/paraphimosis Erectile dysfunction Epididymo-orchitis Urethritis Testicular cancer	Female: Fat necrosis of breast Fibrocystic disease Male: Hypospadias Undescended testis	Female: Vaginal discharge Discharging nipple Breast lump Male: Testicular swelling / pain Infertility

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
		Female: Breast fibroadenoma Breast cancer Breast abscess Gynaecological causes of abdominal pain Vaginal discharge Vaginal bleeding		
Respiratory system	COVID-19 Acute asthma exacerbation Acute exacerbation of COPD Hyperventilation (panic attack) Acute bronchitis Tension pneumothorax Pulmonary embolism Pneumonia	Asthma COPD Non-tension-pneumothorax Pleural effusion Bronchial carcinoma Metastatic cancer – lung Sarcoidosis Cystic fibrosis Inhaled foreign body Tuberculosis Sleep disorders – obstructive sleep apnoea	Bronchiectasis Carbon Monoxide Poisoning Idiopathic pulmonary fibrosis Coalworkers' pneumoconiosis Mesothelioma Asbestosis Lung abscess Empyema	Chest pain Breathlessness Wheeze Cough Haemoptysis Cyanosis

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
Substance abuse	Paracetamol overdose	Opiate overdose Aspirin overdose Alcohol Alcohol intoxication Alcohol withdrawal Cigarettes 'Recreational' drug abuse Solvent abuse	Other drug/substance abuse	
Trauma	Compartment syndrome	Sprained ankle Colles' fracture Long bone fracture Hip fracture Head injury Hand sepsis Multi system trauma Assessing the injured limb	Facial Injury Shoulder fractures The injured hand Soft tissue knee injuries Foot and ankle fractures Pelvic and acetabular fractures Ilizarov frame surgery	The severely injured patient Assessment of the injured limb Spinal cord compression
Urinary system	Urinary tract infection Acute cystitis Acute pyelonephritis	Chronic kidney disease Acute kidney injury Stress/other causes of incontinence	Adult polycystic disease Urethral stricture Vesico-ureteric reflux Glomerulonephritis	Loin Pain Dysuria Oliguria/Anuria Acute Retention of Urine

System	List I - 'Act' core conditions	List I - Core conditions	List II - Less common "know of" conditions	List III - Core clinical problems for the student and new doctor
	Prostatic acute urinary obstruction Severe hyperkalaemia	Nephrotic syndrome Detrusor instability Bladder cancer Prostatic cancer Hydronephrosis Renal carcinoma Urethritis Urinary stones	Orthostatic proteinuria	Haematuria Incontinence