UNIVERSITY OF LEEDS

MBChB
CARES 1 Placement Handbook for Students & Clinical Tutors

Clinical Assessment Reasoning Ethics and Safety

2025/2026

Last Updated 07 October 2025-10-25

Contents

1. Introduction

Welcome to Year 1 CARES. The CARES course aims to give students a grounding in the Clinical Assessment of patients, diagnostic Reasoning, Ethical and legal aspects of patient care and patient Safety and safeguarding. By the end of year 1 placements, students should be aiming to use their knowledge and skills to be able to communicate with patients and members of different medical teams and to carry out a range of practical skills. One of the key aspects of CARES 1 placements is gaining confidence in the clinical environment. Placements are designed to support this, and students should approach placement prepared to become a member of the clinical team and interact with patients.

This handbook for students and tutors, brings together aspects of the study guide and clear guidance on the tasks required and how to record these for assessment purposes. In addition, suggested placement activity and timetables are included as a guide to support tutors in developing placements and students' understanding of what to expect.

Students should aim to enjoy your time on placement by actively seeking out opportunities to ask questions and practice your skills so you will get the most out of your time on placement. Please read this carefully and use the contact details below if you are uncertain about the requirements of this aspect of the Year 1 course.

Other Important Sources of Information

Tutors should access the new placement information website for further details including information and training on Pebble Pad:
School of Medicine Placements (leeds.ac.uk)

Students should access the Taught Student Guide School of Medicine Taught Student Guide - Home (sharepoint.com) for information about the following:

- Placement allocations – SPARC allocation system
- Placement Dress code
- DBS certificate requirements
- Occupational health information
- Clinical placement reporting tool
- Transitioning well – advice from previous students regarding success on placement
- Whistleblowing

Dr Sophie Till

CARES Year 1 ICU Manager

2. Contact details

CARES Year 1 ICU Lead	Dr Sophie Till	s.e.g.till@leeds.ac.uk
Year 1 ICU CARES SES Lead	TBC	Caresy1@leeds.ac.uk
Placements – primary and secondary care	School of Medicine Placement Team	Medicine-placements@leeds.ac.uk
Clinical Skills Team	Emma Simpson Hanife Ozupak	CSETeam@leeds.ac.uk

3. Important Dates

Term 1	Completion of Mandatory Clinical Skills e-learning and Top Hat quizzes in Moving and Handling, BLS, Infection Prevention & Control and Chaperoning
Monday 8th December	Pre-placement Induction Live Lecture 2-5pm (mandatory attendance)
Tuesday 9th December	Safeguarding Lecture 2-3pm (mandatory attendance)
Thursday 11th December	Safeguarding (mandatory minerva preparatory work for small group teaching session in Term 2)
January onwards	Placement every Tuesday morning of term time Placement 1 13/01/26, 20/01/26, 27/01/26, 03/02/26, 10/02/26, 17/02/26, 24/02/26, 03/03/26 Placement 2 10/03/26, 17/03/26, 24/03/26, 28/04/26, 05/05/26, 12/05/26, 19**/**05/26,02/06/26 You will be allocated to one Primary Care and one Secondary Care placement
Placement 1 03.03.26	End of placement assessment form completion date for placement 1
Placement 2 02.06.26	End of placement assessment form completion date for placement 2
04/03/2026	Pebble Pad mid-way point – 10 tasks should be completed and visible to CMT in Pebble Pad workbook
20/05/2026	Final Pebble Pad deadline, all 20 tasks complete and visible in Pebble Pad Workbook **- please note this is the day after the second to last day of placement**
Resit Placement	This will be arranged for you between 29th June and 10th July 2026 (Please see assessment section for details)

4. Aims and Learning Objectives

The **aims** of this module are to:

- Experience the different environments in which medicine is practised
- Be aware of the importance of patient safety and the part that you play in this as a medical student
- Develop the communication skills you need to interact with patients, carers and other healthcare workers and understand the impact of your own behaviour and communication
- Understand the ethical and legal principles that underpin patient encounters
- To develop year 1 clinical skills so that you can carry these out safely and efficiently in clinical practice
- Learn about the important elements of safe prescribing and drug administration
- To understand how the clinical skills that you are learning are used in practice to aid diagnosis or clinical management decisions
- Recognise the role of the doctor as part of a team of health professionals and as part of the wider community in which they practise
- Learn from patients, and how to work in partnership with patients
- Understand what constitutes professional behaviour in the clinical setting
- Recognise how interactions with others may affect you personally, and develop coping mechanisms for this
- Develop the skills of lifelong, reflective learning
- The indications, interactions and contraindications and pharmacodynamics of 5 over-the-counter medications: paracetamol, ibuprofen, co-codamol, chlorphenamine, Gaviscon (please refer to the student formulary on Minerva)
- Infection control measures

	Learning outcome	Placement opportunity
Clinical Assessment	Experience the different environments in which medicine is practised	Year 1 students can experience many different environments during their placements: e.g clinic, theatre, ward, pre-assessment, same day assessment, primary care consultations, online and telephone consulting, home visits
	Develop the communication skills you need to interact with patients, carers and other healthcare workers and understand the impact of your own behaviours and communication	Observe how different HCP talk to patients Be observed by a HCP talking to a patient, about their health, their social situation, their medications, receive feedback on your skills.
	Recognise how interactions with others may affect you personally, and develop coping mechanisms for this. Learning from patients and working in partnership with patients	Observe and reflect on interactions between HCP and patients and between various HCP.
	Recognise the role of the doctor as part of a team of health professionals and as part of the wider community in which you practise	Work with different members of the MDT in whichever setting you are in. Consider how the team communicates with patients, what their roles are, how they work and communicate together. What makes a good team?
Reasoning	Understand how the clinical skills that you are learning are used in practice to aid diagnosis or clinical management decisions	Complete an observation round or help with observations during clinic. Interpret the readings, what do they mean? What will happen because of this reading? Why was it needed? Carry out urinalysis and interpret the result, why was it taken and how will it impact on the patients care?
Ethics	Understand the ethical and legal principles underpinning patient encounters	During clinical interactions, consider any ethical and legal aspects and discuss these with the HCP involved – focus on consent and capacity – complete a reflection Complete clinical skills – gain consent from patients to do this and reflect on how you gained consent and whether it differed for each procedure.
Safety	Be aware of the importance of patient safety and the part you play in this as a medical student	Observe a safety huddle, reflect on what is discussed and how communication occurs
	Develop year 1 clinical skills so that you can carry these out safely and efficiently in clinical practice	Attend theatres; how are checklists used, how does the team work safely, who is in this team, what are their roles Observe IT systems in practice in primary & secondary care
	Develop the skills of lifelong, reflective learning	Shadow a nurse or junior doctor as they go to assess an unwell patient – discuss with them afterward how they approached the situation
	Learn about the important elements of safe prescribing and drug administration	Practice your Year 1 skills so that you can carry these out effectively and safely
	Understand what constitutes professional behaviour in the clinical setting	Practice handwashing & PPE use Observe drug rounds, work with the pharmacists, observe prescribing in primary care, talk to a patient about their medicines and how they take them safely

5. How the placement rotations work

There are 2 rotations each lasting 8 weeks, once a week on a Tuesday morning. Each student will have one primary care and one secondary care placement.

Students will be allocated their placement via the SPARC allocation system.

6. Placement Activities

Each placement will be very different in the opportunities it can offer students to meet the learning outcomes. Students should ensure they actively engage with and seek out opportunities to engage with patients under the appropriate supervision of a health care professional on placement. The **'placement opportunities'** listed in the above table is not meant to be an exhaustive list but instead to help tutors plan placements and students to look for opportunities within their placements.

All placements should facilitate students spending direct contact time with patients and students should seize these opportunities when presented. Nothing is as valuable as bedside teaching with real patients to demonstrate communication skills, diagnostic reasoning & for students to practice clinical skills. Observation of student's interaction with patients and provision of feedback is central to their development and assessment.

Students should be supported to understand new processes in the department they are working in, including how to safely speak to patients, appropriate PPE and contact cleaning of surfaces. This will ensure students have confidence to gain a level of independence in the clinical environment and get the most out of their placement time.

Sample timetables

These sample timetables are given to support development of placements and give students and idea of what to expect. Each placement will develop their own timetable for the 8-week block to meet the learning outcomes.

Sample timetable – Secondary Care

Week	Activity	Suggested WBA or reflection
1	Attend Consultant ward round & MDT/Board round	PPE use/handwashing/ waste disposal
2	Complete observations round with Clinical Support Worker to practice skills, learn about escalation and documentation of obs.	T/P/R, urinalysis, BP, NEWS
3	Spend time with the ward pharmacist to learn about their job and about your year 1 over the counter medications.	Drug profiles
4	Session with placement lead being observed communicating with patient and receiving feedback.	Communication skills
5	Attend an outpatient clinic to see how patient presentations and assessments differ.	Record keeping
6	Meet members of the wider MDT to understand how they work with and communicate with patients.	Role awareness
7	Attend the ward safety huddle then spend the morning with a junior doctor to understand their role.	Record keeping, clinical skills, role awareness

	Ask them to observe you completing some clinical skills and give you feedback	
8	Final session with placement lead for further assessments, feedback & end of placement form completion.	END OF PLACEMENT FORM

Sample timetable – Primary Care

Week	Activity	Suggested WBA or Reflective task
1	Sit in on a GP clinic & observe communication skills & clinical reasoning	PPE use/handwashing/ waste disposal
2	Join the community matron for visits	T/P/R, urinalysis, BP
3	Join the practice Health care assistant – practice observationa/urinalysis	Drug profiles
4	Sit in on a virtual/telephone clinic with the GP, reflect on how this differs/communication barriers, use of technology	Communication skills
5	Join other team members e.g practice nurse, receptionist to understand their role	Record keeping
6	Session with tutor to be observed communicating with a patient about their health	Role awareness.
7	Join GP/Pharmacist/prescriber to learn about over the counter medications & how medicines are managed in the community as well as IT systems to support this.	Record keeping, clinical skills, role awareness.
8	Session with tutor to complete any outstanding assessments and complete end of placement form.	END OF PLACEMENT FORM

7. Workplace Based Assessments (WBA)

Students will complete Workplace based assessments throughout the 5-year MBChB programme. Workplace Based Assessments are formative, assessments for learning that are student led. Students should select cases and ask assessors for feedback while on placement, however, they will need support with this, especially in the first placement. The focus of WBA's is on rich, actionable, narrative feedback that can be used to support clinical skills acquisition and to plan future WBA's. These entries are not a test of competence, but rather to give feedback to aid further development.

In addition to receiving direct feedback via workplace-based assessments, students are asked to reflect on observed experience and learning in several key areas while on placement and document this in their Pebble Pad portfolio.

All evidence of WPBAs and reflections will be entered by students and tutors via the **Pebble Pocket app, or directly into the Pebble Pad website.** Students have received training on

the use of this new system which will act as a portfolio of their learning across the 5 years of MBChB.

Further information about Pebble Pad for tutors is available on the placement website. Information and training for students is available on Minerva under the Placements tab.

7.1 Mandatory Tasks to Progress to year 2

In year 1, there are 21 mandatory tasks which must all be completed to pass CARES1 and progress into Year 2. These are clearly shown on the skills checklist tab of Pebble Pad. Students must complete:

- **Their WBA's and reflective entries every week** to evidence that they are engaging in skills practice and meeting their learning outcomes.
- **2 separate communication skills WPBAs,** one on each placement**,** which should both be observed by a clinician and have documented feedback.
- **The BLS, Choking and Recovery position skills** entry during a simulated practice session with the clinical skills team. If you are unable to attend this single session due to illness, you must rearrange this with the Clinical skills team medcsetm@leeds.ac.uk.

To support your completion of these tasks, the CARES1 Team will review your Pebble Pad data at the follow 3 time points in the year:

Date	Requirement
1. Midpoint review - End of placement 1 Wednesday 4th March	Students should have completed 10 of the mandatory tasks and reflections by this point
Thursday 5th March	Students who have not completed 10 tasks or uploaded an end of placement form **will be contacted by the CARES1 Team** to explore reasons why they are falling behind and develop an action plan to progress rapidly. The Year 1 Academic Sub-dean and Head of Year 1 will also be informed of student progress at this point.
2. Week commencing 4th May: Tuesday 5th May	**All** students will receive a final email detailing the list of tasks the CARES1 Team can see in the student portfolio. Students should use this list to ensure they have uploaded all completed tasks and plan what they are required to complete on Tuesday 19th May placement day.
3. Final Pebble Pad deadline (Second to last Placement Day of the year)	Students are required to have completed all the mandatory tasks and reflections by the **second to last** placement day.

Wednesday 20th May	**See the assessment section below for the consequences of failing to complete all mandatory tasks.**

2. Top tips for completing Pebble Pad tasks

General Tips

A. Be organised

- Students should review the Mandatory skills list on Pebble Pad prior to commencing
- placement to understand what is required.
- Students should attend any training sessions and review 'how to videos on Minerva.
- Students and tutors should plan at the start of placement about how the WPBA will be achieved.
- Students and tutors should discuss the reflective tasks with tutors at the start of placement so that tutors can help students identify opportunities for reflection.
- Students should consider making a diary reminder to review Pebble Pad each Tuesday evening after placement to ensure all entries they have made have been properly uploaded to Pebble Pad and check you can see them in your workbook and to review the skills list, consider if you have observed anything that day that you wish to make a reflective entry about.

B. **Ask a peer** – it can be helpful for students to talk to each other and to students in later years to support each other in learning how to use Pebble Pad efficiently.

C. **Make a diary entry** to remind you of the 2 important deadlines above.

D. **Think about which tasks naturally fall together** and complete these on the same day e.g. use of PPE, disposal of waste and handwashing (as you will always wash your hands when removing PPE which you will have disposed of in the correct bin!)

1. Communication from the team

   Carefully review any emails or announcements from the CMT regarding Pebble Pad and **respond if requested**. Sometimes students think they have followed all the instructions correctly, but entries are 'stuck' in Pebble pocket or mis-labelled which makes them 'invisible' to the course management team.

2. Workplace based assessments
   a. Ensure you have selected the correct skill from the drop-down menu. Please not is is very important to label the skill correctly – if a skill is mislabelled this will cause confusion as to which skill has been completed and may result in you omitting to submit the correct skill.

   b. Ensure your tutor has entered the correct level of entrustability.
   c. Ensure your tutor has entered feedback and signed and saved the entry

- Fill in the Title of skill (save as…) box (which is free text) with the same title as has been selected from the drop-down box. This will make the skills easier to identify when students are looking in their skills collections as the form saves under the title, they write in that free text box. (see image below)

3. Reflective tasks

A. Ensure you have selected the correct skill from the drop-down menu
B. Select the entrustability level to <observe>
C. Enter your own University email address and name into the details section
D. Enter your observation and reflection, this should detail what you observed or the skill you performed, what you thought about the situation or the reading you took, what you have learned, what action you may take because of this learning. We have added some examples below to guide you.

Examples of entries in feedback/reflection box

Observation of a History:
I observed a GP taking a history of a patient presenting with a cough
I noticed they prepared by looking at the patient's history of COPD and medications on the computer records.
The GP asked about symptoms of sputum, breathlessness, and chest pain

I have learnt the symptoms that may be present in an exacerbation of COPD. I have seen how the GP accessed the records to understand the patient's illnesses. I have seen how antibiotic guidelines are used to prescribe in the community.
I have learnt how GP's give advice to patients about what to do if their symptoms get worse and that this is called safety netting.

I would now like to observe more consultations to learn about different presentations of lung disease.

Observation of attitudes and behaviours:
I observed a nurse asking a junior doctor to review a patient with a high news score

I noticed that the nurse described the patient's condition clearly and explained the change in the NEWS score. I noticed that the doctor stopped what they were doing to listen carefully and demonstrated respect for the nurse's concerns. The doctor then agreed a clear timeframe to review the patient and asked the nurse to complete a further task.

I have learnt the importance of listening and respecting concerns from colleagues regarding patients. The importance of clear communication.

I will try and learn about methods of communicating medical information and practice this on placement.

Oxygen saturation I performed an oxygen saturation recording for a patient with COPD breathing room air (no oxygen). The result was 92%. This is a low reading but was an improvement back to the expected level for this patient who is recovering from an infective exacerbation of COPD.

8. Medicines Management

One of the key aims of the undergraduate curriculum is medication safety. Medicine management is therefore an important thread throughout all the years, and the clinical placements across the five years will allow students to learn about the drugs that they are most likely to use as Foundation Year resident doctors, building on what you have learnt in pharmacology and therapeutic teaching sessions at the university.

In year 1 students need to learn about over the counter drugs:

- paracetamol
- ibuprofen
- co-codamol
- chlorphenamine
- Gaviscon

Students should build drug profiles on these five drugs during the year. Blank drug profiles can be found at the end of this guide and on the CARES Module in the Learning Resources for Clinical Placements on Minerva. Students may be asked questions about these in the end of year exams.

These are some of the ways students can learn about these on placement in the following ways:

- Talk to a pharmacist about the side effects of the medications
- Watch a drug round, see how many patients are taking the above medications, what formulations do they come in?
- Talk to a patient about their medications, ask them which over the counter medications they have used in the past or continue to use and for what symptoms
- Talk to your GP tutor about when and why they would prescribe the above medications for, when would they avoid them and why? What advice do they give patients?
- Create an ‘over the counter medicines quiz’ with your placement group

We recommend students start accessing the **PILLS eBook** from year 1 to understand the whole medicines curriculum, it is also a valuable resource for tutors.
https://resources.time.leeds.ac.uk/pills/contents.html

9. Assessment & Attendance

We assess students’ performance on placement in 3 key areas, which must all be satisfactory to progress into year 2.

1. **Attendance** – 100% attendance in total across 2 placements, you are unable to attend due to sickness you must inform you placement and year 1 SES.

2. **Professionalism** - There are two statements on your End of Placement form that your Clinical Tutor is required to complete at your end of placement sign off, regarding your professionalism.
    a. I believe this student has performed in a professional manner throughout this placement, specifically maintaining trust by showing respect, courtesy, honesty, compassion and empathy for others, including patients, carers, guardians and colleagues.
    b. I believe this student has performed in a professional manner throughout this placement, specifically interacting with colleagues in a way that demonstrates appropriate professional values and behaviours, in terms of supporting colleagues, respecting difference of opinion, and working as a collaborative member of a team.

3. **Engagement** with 100% of Mandatory WPBA, reflections and with the placement activities provided.

The 3 areas above are assessed by the course management team as follows with all information being gathered from student's Pebble Pad Workbook:

- End of placement forms
    - Each form must be uploaded by students to Pebble Pad prior to the deadlines below
        - Deadline 1 03/03/2026
        - Deadline 2 02/06/2026
    - **If students are unwell on the final day of placement, it is their responsibility to contact the CMT to arrange an extension to the deadline and the placement tutor to arrange a virtual sign off.**
- Pebble Pad Mandatory skills
    - 100% of the Mandatory skills should be completed and visible in your Pebble Pad Workbook by the final deadline of 20th May. **Please note that this is the second to last week of placement 2.**

Failure to complete the ICU and Consequences

Group 1; Students who have attended 80% or more of placement time and have no concerns regarding professional behaviour and have completed 18 of the 20 required tasks but not all mandatory tasks.

This group of students will **not** receive an immediate fail but be given a further opportunity to complete the required tasks to pass CARES 1.
They will be required to meet with the ICU lead and attend an additional Pebble Pad training session **on 11th June**. They will then be required to complete the outstanding tasks **in the first 2 weeks of Year 2 placements.**

Students who do not attend the additional Pebble Pad training session **will receive a fail** for CARES 1 and be required to attend a formal resit placement between 29/06/2026 and 10/07/2026

Failure to complete the outstanding tasks in the first 2 weeks of Year 2 placements will result in referral to the Head of Year 2 and the Year 2 Academic Sub-Dean.

Group 2: Students who are <u>in one or more</u> of the following categories WILL receive a fail for CARES 1:

- Attended less than 80% of placement time across the 2 placements and have not followed the expected procedures to request or record their absence (see below)
- Displayed unprofessional behaviour on placement that has persisted beyond initial intervention by the placement provider.
- Have completed fewer than 18 mandatory tasks.

These students will be required to meet with the ICU lead on 11th June to discuss resit requirements and expectations and attend an additional Pebble Pad training session on that same day.

They will then be required to attend a resit placement between 29/06/2026 and 10/07/2026. The exact dates and length of resit will be determined by the CARES 1 Team in line with the level of attendance and number of outstanding Pebble Pad tasks but will be for a minimum of 2 days. Students must remain available for the whole 2-week period due to the complexity of arranging placement at short notice. **Failure to attend this placement or complete outstanding work will result in failure to progress to year 2.**

9. What to do if you are absent due to being unwell or personal circumstances

Students who follow the processes below **will not receive a fail mark** for CARES 1 if they do not reach 80% attendance for placement. **They will still be required to attend for additional placement time to ensure readiness for year 2 and this will be arranged during the resit period of 29/06/2026 to 10/07/2026**

How to report absence
If you miss any day of placement, you MUST record each absence on the absence portal.

You must also inform your placement tutor via email prior to placement commencing that day as the placement providers consider they have a duty of care to you and will be concerned if you do not arrive.

We will use the absence portal as evidence to differentiate students who have a reason to be absent and those who have failed to attend due to lack of engagement.

If you are unwell on the final day of placement, you must inform the CARES ICU lead and Nathalie Hall to **request an extension to your end of placement form deadline** and arrange with your tutor to complete this in a remote sign off. The team will support you with this process once you contact them.

How to request approved leave
If you are going to miss placement for planned reasons such as a medical appointment, you must seek approved leave from the Year 1 Academic Sub-dean. The placement provider and the CMT are not authorised to give this leave. Once granted please inform the placement provider and Nathalie Hall of your approved leave dates.

How to seek additional help/support
If you are falling behind with your CARES 1 WBA or are missing placement time due to ill health or personal issues, we are keen that you seek help early from the CARES team, the Year 1 Academic Sub-dean and student support.

How does the Mitigation process work for placements in Year 1?

If you have fallen below 80% attendance across both placements (missing 4 placement days or more) and you have not appropriately reported your absence or request approved leave but feel that you meet the criteria for Additional Consideration, you should submit an application via the standard University online form (found in Minerva Organisation) **immediately after the end of placement 2** so that your case can be considered prior to the Year 1 Undergraduate Exam Board. You should follow the same process if you have received notification from the CARES Team at the end of placement 2 that you have failed to complete the mandatory Pebble Pad placement tasks and feel you meet the criteria for Additional Consideration. You should do this at the end of placement 2.

Please be aware that you will still be required to complete additional placement time between 29/06/2026 and 10/07/2026 to complete outstanding tasks and ensure readiness for year 2.

Honesty

Completion of the required documentation for placements will all be via Pebble Pocket and Pebble Pad. **This must be filled in honestly.**

Being honest, trustworthy and acting with integrity is at the heart of medical professionalism. Not providing honest and accurate information raises questions about your probity.

You must only fill in the sections applicable to you and must not fill in the sections to be filled in by your supervisor (such as email address, feedback and signature). It is essential that if a remote sign off is taking place, that you do this **having already informed the ICU lead** so that there is no doubt as to any falsification of end of placement forms. The University of Leeds regards cheating with the utmost seriousness. Dishonesty may bar a student from graduation. It is also in direct contravention of the GMC's guidance on medical students' fitness to practise.

10. Confidentiality

Placements are spread through a wide variety of different specialties in hospitals, and primary care placements will also vary considerably from one place to the other. This means that each attachment will provide a unique experience for the student.

You must ensure you do not breach patient confidentiality when discussing your learning. Please ensure you have completed the Data Security Awareness - Level 1 module available on e-Learning for Health – instructions are available on Minerva.

You should not refer to patients by name when discussing them in public (e.g. transport, lifts, coffee bars, and library) – this applies on placement or university premises as well as in general. You must not keep written records containing identifiable patient information which would also constitute a breach of confidentiality and information governance.

Patient data **must not** be stored electronically, either on computers, disks or data sticks. As a member of staff in an NHS Trust you could be expected to be sacked for this; as a student it will be taken equally seriously.

You will be asked to comply with the Confidentiality and Information Governance policy requirements for each placement.

11. Professional Behaviour

You are expected to always display an acceptable professional demeanour, but especially when in the presence of patients, visitors or medical staff.

Please ensure you have carefully reviewed the Medical School Placement dress code on the Taught Student Guide website prior to placement School of Medicine Taught Student Guide - Home (sharepoint.com)

12. Local Policies

When on attachment, whether in hospital or in a General Practice, you are subject to the same local policies as other employees in that workplace. These may include policies on infection control, health and safety, confidentiality and information governance etc. You are not exempt as you are a Leeds University student, so please act accordingly.

13. Personal belongings

Student lockers, or an alternative safe place to keep your belongings, should be provided on every placement. Please ask where they are on the first day of your attachment and always use them rather than leaving belongings lying around, where they will get in the way and may be stolen. You are advised not to bring items of value into clinical areas for this reason as Hospital Trusts and GP surgeries will not take responsibility for thefts.

14. Chaperones

Appendix 2 outlines guidance for clarifying to medical students and their clinical supervisors the role of students in acting as chaperones in clinical practice and provide information on their responsibility in being involved during intimate examinations.

You must complete the Mandatory e-chaperone training provided by Clinical Skills prior to attending placement.

15. Placement Badges

You will be receiving a “Hello my name is…” badge to identify you as a medical student. Students are required to always wear their badge whilst on clinical placement.

16. Needlesticks and sharps injuries

Faculty of Medicine and Health students are covered by the University of Leeds Occupational Health department.

The Contamination Incidents information and guidance is available here.

17. Clinical Placement Reporting (CPR) Tool

The Clinical Placement Reporting Tool (CPRT) is a system that allows students and placement staff to feed back to the Medical School about their experiences working with one another.

They can do this in two ways: by leaving a Commendation or by raising a Concern.

This can be found on the following links: https://placements.leeds.ac.uk/placement-training-resources/clinical-placement-reporting-tool/

Taught student guide School of Medicine Taught Student Guide - Home (sharepoint.com)

Commendations give students and placement staff the ability to highlight outstanding individuals who have either demonstrated excellence or gone 'above and beyond' expectations. The feedback the Medical School receives will be passed directly to the student or staff member who has been commended.

Concerns are used to alert the Medical School to problems or areas that may compromise either patient safety or the quality of the learning environment. Concerns will be handled confidentially through processes that will be outlined below, normally by the Year Lead (for MBChB students) responsible for the student.

18. Resources

Key learning resources are found on Minerva.

The **Clinical Skills E-Book also** contains many resources to support your learning in clinical environments, including how to guides and videos for all year 1 skills.

http://clinicalskills.leeds.ac.uk

PILLS e book contains resources to help you complete your drug profiles.
https://time.leeds.ac.uk/time/index.php

19. Placement allocation and travel

Allocations of placements will take place during the autumn term. You will be given one placement in primary care and one in secondary care. Prior to allocation you may submit a form outlining details that you think should be taken into consideration. We will email all students details about this form in due course.
Please note that:

***Reasonable requests include*:**

- Childcare or family responsibilities
- Health issues
- Other special circumstances or reasonable requests that can be accommodated within the requirements listed below

***Requests that we will not consider include*:**

- Unwillingness to travel, because you do not have a car, do not live in Leeds, it is close to exam time
- Requests to be in the same group as friends for car-sharing purposes

- Requests that include multiple demands to fit around extracurricular activities

The MBChB Placement travel policy is available in the Placement section of Minerva.

The Taught student guide also contains important information regarding placements and explains the SPARC allocation system.

21. Appendices

Appendix 1: Guidance for Medical Students on Acting as Chaperones and Conducting Intimate Examinations

Purpose
The purpose of this guidance is to clarify to medical students and their clinical supervisors the role of students in acting as chaperones in clinical practice and provide information on their responsibility in being involved during intimate examinations.

Background
In 2004 the Committee of Inquiry looked at the role and use of chaperones, following its report into the conduct of Dr Clifford Ayling (see useful links). It made the following recommendations:

- Each trust/organisation should have its own chaperone policy, and this should be made available to patients.
- An identified managerial lead (with appropriate training).
- Family members or friends should not undertake the chaperoning role.
- The presence of a chaperone must be the clear expressed choice of the patient; patients also have the right to decline a chaperone.
- Chaperones should receive training.

The definition of a chaperone
A chaperone is an independent person, appropriately trained, whose role is to independently observe the examination/procedure undertaken by the doctor/health professional to assist the appropriate doctor-patient relationship. (MPS April 2016).

The GMC guidance in Good Medical Practice 2013 indicates:

A chaperone should usually be a health professional, and you must be satisfied that the chaperone will:

- *be sensitive and respect the patient's dignity and confidentiality*
- *reassure the patient if they show signs of distress or discomfort*
- *be familiar with the procedures involved in a routine intimate examination*
- *stay for the whole examination and be able to see what the doctor is doing, if practical*
- *be prepared to raise concerns if they are concerned about the doctor's behaviour or actions.*
- *The name of the chaperone should be recorded in the clinical records and the patient should be informed of this.*

What is an intimate examination?

Obvious examples include examinations of the breasts, genitalia and the rectum, but it also extends to any examination where it is necessary to touch or be close to the patient; for

example, conducting eye examinations in dimmed lighting, applying the blood pressure cuff, palpating the apex beat (MPS, 2016). The patient's perception of an intimate examination may extend beyond this, and regard should be taken of social, ethnical and cultural perspectives.

The General Medical Council (2013) has clear guidance for doctors, but this cannot be applied in quite the same way for medical students. **If you are conducting an intimate examination on a patient, you require a clinically qualified chaperone as you are not only examining an intimate part of a person's body, but also you may not be proficient in that examination.**

Informed consent must be obtained before all procedures, examinations, investigations or care. This means the patient must understand the procedure, benefits and risks. **You must always make it clear that you are a medical student, not a qualified doctor.**

You **cannot**

- Act as chaperone to your clinical partner (fellow medical student) for **intimate** examinations.
- Proceed with an examination if you feel the patient has not understood (for example, due to a language barrier).

You **can**

- Once you have had the relevant training session in year 1, you can act as a chaperone for patients examined by your clinical supervisor or other qualified healthcare professionals.
- Conduct **non-intimate** examinations on patients with your fellow medical students present, or on your own during year 5 placements provided the patient has given informed consent (i.e. they are aware that you are a medical student examining them as part of your learning)

REFERENCES

DH (2004) "Committee of Inquiry- Independent investigation into how the NHS handled allegations about the conduct of Clifford Ayling"

GMC (2013) Intimate examinations and chaperones
Medical Protection Society 2016

Appendix 2: Position statement: Student involvement in clinical examinations teaching

Learning clinical examination skills is an essential part of the curriculum and forms part of a fundamental set of skills our students need to develop during training. Whilst the expectation is that students consolidate these skills on clinical placement, they are often taught clinical examination and anatomy in a classroom environment in the early years. During these sessions, on placement and in the classroom, it has been common practice for students to examine each other or be asked to volunteer for demonstration purposes.

Feedback from students has highlighted that this practice can often feel uncomfortable and embarrassing and at times can be a source of anxiety for some students.

This is a practice that we would not encourage to continue and have been working to put measures in place to manage. As you may be aware we have been gradually increasing the involvement of the Patient | Carer Community (PCC) and volunteer patients in both clinical skills and anatomy teaching during the last academic year. It has become clear that students benefit from this enhanced engagement with patients which mirrors the authentic contact within the clinical setting. This also gives the student the opportunity to practice their communication skills and receive direct patient feedback. Specifically, we would expect students to gain appropriate consent and demonstrate professional respect and dignity during the physical examination of patients, simulated patients and student colleagues always.

During this academic year we intend to roll this initiative out to include all centrally delivered clinical skills, anatomy teaching and GP placements and partner trusts where students would have previously been involved in examining fellow students.

Whilst students can continue to volunteer to participate in teaching sessions there will no longer be an obligation for them to do so and alternative provisions will be in place.

Students wishing to continue with this practice for self-directed learning purposes may do so once appropriate consent has been sought.

Appendix 3: Drug profiles

Drug name Approved or generic?	
Drug class	
How does it work?	
Indications	
Contra-indications	
Side-effects	
Possible interactions (and mechanism)	
Elimination	
Patient information	

You should photocopy or download additional blank sheets from Minerva

Appendix 4: Attendance sheets

This attendance sheet may be used by a placement to record student attendance

Date	Clinical supervisor initials/signature (AM)	Clinical supervisor initials/signature (PM)
Placement 1		
Placement 2		