UNIVERSITY
*of*
GLASGOW

# GLASGOW UNIVERSITY MEDICAL SCHOOL

# EMERGENCY MEDICINE BLOCK

# ROYAL ALEXANDRA HOSPITAL
# INVERCLYDE ROYAL HOSPITAL

# CURRICULUM AND LOGBOOK


| |
|---|
| Student Name |
| Matriculation Number |
| Email Address |
| Hospital |
| Start Date |
| Finish date |
| ED Supervisor |

# EMERGENCY MEDICINE

Emergency Medicine was defined by the International Federation for Emergency Medicine in 1991 as:

> A field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development."

The specialty of Emergency Medicine has embraced the challenge of providing around the clock care to patients who present with symptoms of acute illness and injury, across the whole age spectrum. In the UK, Emergency Medicine as a specialty is constantly adapting and developing.

The specialty is quite different now compared to the first "casualty surgeons" in the 60's and 70's. The emphasis has developed beyond simply treating traumatic injury, to encompass critical and acute care for a much wider range of problems.

Patients with acute illness or injury can present at any time, with a wide range of problems. Patients often have “undifferentiated” presentations (i.e. they don’t come in with a known diagnosis), with little initial information available apart from that obtained by talking to the patient; the history, examination and bedside investigations. There is a great challenge in providing rapid and appropriate treatment in the first hours, but effective early diagnosis and treatment has been shown to make big differences for short and longer term outcome in many conditions.

It is not possible or practical to have an experienced representative from every hospital sub-specialty standing by in the Emergency Department at all times. Emergency Medicine evolved because emergencies can occur in any age group, at any time, in one or many body systems, and emergency physicians developed expertise as specialised generalists. This enables them to make working diagnoses, start appropriate treatment, and if the problem can’t be completely fixed at the time refer on to other appropriate specialists.

Suggested Reading List:

- Oxford Handbook of Emergency Medicine – Wyatt et al
- Pocketbook of Orthopaedics and Fractures – McRae
- Accident & Emergency Radiology: A Survival Guide – Raby et al

## ROYAL ALEXANDRA HOSPITAL ( RAH) EMERGENCY DEPARTMENT

The Emergency Department is situated in a purpose built module which includes Fracture & Orthopaedic Clinic facilities. The Intensive Care Unit is located on the floor directly above the Emergency Department. Annually the Department treats 70,000 new attendances. In addition 2,800 patients per annum attend the weekly Fracture and Soft Tissue clinics and 2,750 attend Emergency Department Review clinics.

The major specialties on-site include General Medicine, General Surgery & Urology, Anaesthetics, Gynaecology, Obstetrics, Paediatrics, ENT, Ophthalmology, and Orthopaedics. The Radiology Department – with dedicated Emergency X-ray, Ultrasound, MRI and CT Scanner (available 24 hours) – is adjacent to the ED. There is a 24 hour laboratory on-call service for Haematology, Microbiology, Blood Transfusion, and Biochemistry.

Corsebar Road
Paisley
PA2 9PN

Secretaries: Mrs Lesley McMillan / Mrs Julie Maloney
0141 314 6775
Department 0141 314 7411

## INVERCLYDE ROYAL HOSPITAL ( IRH) EMERGENCY DEPARTMENT

The Emergency Department is situated on the ground floor in a purpose built facility. The department has a varied casemix with 33.000 annual attendances and approximately 1500 ED review patients. The department is well supported by the adjacent Radiology department and on-site laboratory facilities.

Larkfield Road
Greenock
PA
Secretary Mrs Cathie McCauley – 01475 504357
Department – 01475 504350

All medical staff work across both sites. These include 11 Emergency Medicine consultants , an associate specialist, two specialty doctors , nine other Middle grade doctors and 18 junior medical staff.

Medical Students will work across both sites with one week at IRH. All other shifts will be at RAH. One week of the block will be spent in the orthopaedic unit at RAH.

| | |
|---|---|
| Emergency Medicine Supervisor : | Dr Gordon McNaughton<br>gordon.mcnaughton@rah.scot.nhs.uk |
| Orthopaedic Supervisor: | Mr Tom Nunn<br>tom.nunn@rah.scot.nhs.uk |

All students will mentored by a senior Specialty Doctor or senior trainee from Emergency Medicine during the 5 week block

**ROTAS**

Student 1

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|
| Week 1 | am<br>pm | University | Introduction At RAH | University | <br>9am-5pm | <br>9am-5pm | off | off |
| Week 2 | am<br>pm | IRH 9am-5pm | IRH 9am-5pm | Local Teaching | IRH 9am-5pm | IRH 9am-5pm | off | off |
| Week 3 | am<br>pm | <br>9am-5pm | <br>9am-5pm | University | 9am-5pm | off | 9am-4pm | 9am-4pm |
| Week 4 | am<br>pm | off | off | Local Teaching | 4pm-12mn | 4pm-12mn | off | off |
| Week 5 | am<br>pm | ORTHO ROTA | ORTHO ROTA | Local Teaching | ORTHO ROTA | ORTHO ROTA | off | off |

Student 2

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|
| Week 1 | am<br>pm | University | Introduction At RAH then IRH | University | IRH 9am-5pm | IRH 9am-5pm | off | off |
| Week 2 | am<br>pm | 9am-5pm | 9am-5pm | Local Teaching | 9am-5pm Teaching | off | 9am-4pm | 9am-4pm |
| Week 3 | am<br>pm | off | off | University | 4pm-12mn | 4pm-12mn | off | off |
| Week 4 | am<br>pm | ORTHO ROTA | ORTHO ROTA | Local Teaching | ORTHO ROTA | ORTHO ROTA | off | off |
| Week 5 | am<br>pm | 4pm-12mn | 4pm-12mn | Local Teaching | 9am-5pm | 9am-5pm | off | off |

Student 3

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|
| Week 1 | am<br>pm | University | Introduction At RAH | University | <br>9am-5pm | off | 9am-4pm | 9am-4pm |
| Week 2 | am<br>pm | off | off | Local Teaching | 4pm-12mn | 4pm-12mn | off | off |
| Week 3 | am<br>pm | ORTHO ROTA | ORTHO ROTA | University | ORTHO ROTA | ORTHO ROTA | off | off |
| Week 4 | am<br>pm | 4pm-12mn | 4pm-12mn | Local Teaching | 9am-5pm | 9am-5pm | off | off |
| Week 5 | am<br>pm | IRH 9am-5pm | IRH 9am-5pm | Local Teaching | IRH 9am-5pm | IRH 9am-5pm | off | off |

Student 4

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|
| Week 1 | am<br>pm | University | Introduction At RAH | University | 4pm-12mn | 4pm-12mn | off | off |
| Week 2 | am<br>pm | ORTHO ROTA | ORTHO ROTA | Local Teaching | ORTHO ROTA | ORTHO ROTA | off | off |
| Week 3 | am<br>pm | 4pm-12mn | 4pm-12mn | University | 9am-5pm | 9am-5pm | off | off |
| Week 4 | am<br>pm | IRH 9am-5pm | IRH 9am-5pm | Local Teaching | IRH 9am-5pm | IRH 9am-5pm | off | off |
| Week 5 | am<br>pm | 9am-5pm | 9am-5pm | off | off | off | 9am-4pm | 9am-4pm |

Student 5

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|---|
| Week 1 | am<br>pm | University | Introduction RAH then ORTHO | University | ORTHO ROTA | ORTHO ROTA | off | off |
| Week 2 | am<br>pm | 4pm-12mn | 4pm-12mn | Local Teaching | 9am-5pm | 9am-5pm | off | off |
| Week 3 | am<br>pm | IRH 9am-5pm | IRH 9am-5pm | University | IRH 9am-5pm | IRH 9am-5pm | off | off |
| Week 4 | am<br>pm | 9am-5pm | 9am-5pm | Local Teaching | 9am-5pm | off | 9am-4pm | 9am-4pm |
| Week 5 | am<br>pm | off | off | off | 4pm-12mn | 4pm-12mn | off | off |

## ASSESSMENTS

During your emergency medicine block you will also spend some time allocated to acute orthopaedics. There will be a formal tutorial programme which you are expected to attend. This will take place at the Medical School for two half-days on the first and third Wednesdays of your block.

You will be expected to complete the following during your 5 week emergency medicine block:

| Assessment | Date Completed |
|---|---|
| Mini-Cex (History taking) | |
| Mini-Cex (Examination) | |
| CBD | |
| Short Case Reflection Logbook | |
| Practical Procedures Logbook | |
| End of Block Assessment | |

All the documentation for filling out the logbooks and assessments is included and you should print out this document for use during your block.

To help guide further reading a curriculum is also included and you should aim to cover all these aspects of emergency medicine within your 5 week block.

Role - Educational Supervisor / Assessor

**The Mini-Clinical Evaluation Exercise (Mini-CEX)**

As part of student assessment during the block, the ES is asked to observe the student taking a history and/or performing an examination on a patient. This will be divided into sections: details of the marking schedules are included.

The mini-CEX evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as physical examination and clinical reasoning.

The supervisor or the medical student can choose the patient and problem that will be observed.

Your scoring should reflect the performance of the medical student that you would reasonably expect at their stage of training. It is likely that all year 5 students will be functioning at a level equivalent to that of an FY1 in most components.

Please use boxes to give the student **constructive and helpful** feedback on performance (guided by your training experience which is available if you have not already had this). Care is needed to ensure that feedback is appropriately critical but not unpleasant. Please grade each section to give guidance as to areas needing attention in future blocks.

The process comprises the ES observing the student during a consultation and taking a history and/or performing an examination of whatever type; an outpatient consultation, interviewing a patient on a ward or interviewing relatives would all be appropriate. The form provides some structure to the exercise from the point of view of feedback and debriefing

Complexity of case:
Low Complexity – Uneventful encounter, few demands made on student by patient

Moderate Complexity – A few difficult aspects of the consultation evident

High Complexity – Difficult due to unusual findings or demanding patient

The mini-CEX should be undertaken as follows:

**Clinical Encounter** - The ES should observe the student taking a history and/or examining a patient and doing what they would normally do in that situation. This should take no longer than **15-20 minutes.** The ES should record a rating for each competency on the assessment form.

**Debriefing and Feedback** – This should take about **5 – 10 minutes.** It should be conducted in a suitable, quiet environment immediately after the assessment and should be constructive. **Please remember that virtually all students strive to do their best during assessments, and are keen to know how to do better.** The ES should expand on the reasons for any ratings “Below Expectations” and make practical suggestions for any remedial steps if appropriate.

It must be emphasized that the most important purpose of the assessment exercise is to provide the student with “formative” feedback (i.e. information that forms and develops the students practice). Conducted well this will have a significant impact on learning.

**PLEASE NOTE: The mini-CEX should form part of student’s assessment (but should NOT be the sole basis of assessment)**

Role – Student

**The Mini-Clinical Evaluation Exercise (Mini-CEX)**

As part of your assessment during the block, the ES will ask to observe you taking a history and/or performing an examination on a patient. This will be divided into sections: details of the marking schedules are included. The process comprises the ES observing you during a consultation and taking a history and/or performing an examination of whatever type. This could be in an outpatient consultation, interviewing a patient on a ward or interviewing relatives and all would be appropriate.

The mini-CEX evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as physical examination and clinical reasoning. The supervisor or the medical student can choose the patient and problem that will be observed.

Scoring should reflect the performance that you would reasonably expect for a student at your stage of training. It is likely that all year 5 students will be functioning at a level equivalent to that of an FY1 in most components.

The ES / Assessor should use boxes to give you **constructive and helpful** feedback. We ask the ES / Assessor to grade the complexity of each case and then to grade you performance in each section and to ensure that they give you feedback that is appropriately critical but not unpleasant to give guidance as to areas needing attention in future blocks. The form provides some structure to the exercise from the point of view of feedback and debriefing

The mini-CEX should be undertaken as follows:

**Clinical Encounter** - The ES should observe the student taking a history and/or examining a patient and doing what they would normally do in that situation. This should take no longer than **15-20 minutes.** The ES should record a rating for each competency on the assessment form.

**Debriefing and Feedback** – This should take about **5 – 10 minutes.** It should be conducted in a suitable, quiet environment immediately after the assessment and should be constructive. **Please remember that virtually all students strive to do their best during assessments, and are keen to know how to do better.** The ES should expand on the reasons for any ratings “Below Expectations” and make practical suggestions for any remedial steps if appropriate.

**PLEASE NOTE**

**The mini-CEX will form part of your assessment (but will NOT be the sole basis of assessment)**

**Mini-CEX Form (History)**

**Assessor's Name and signature** _____ **Date** : _ _ / _ _ /_ _ _ _

**Student's Name and signature** _____ **Registration No**:_____

Patient problem/diagnosis:

**Case Complexity:** □ Low □ Moderate □ High

Please rate the following areas (please circle one for each component of the exercise. All scores of 1 must be justified in comments box. U/C if you have not observed the behaviour and feel unable to comment

| | Below Expectations | Around expectations | Above Expectations | U/C |
|---|---|---|---|---|
| **History Taking**: Elicits history and allows patient to elaborate<br>Asks relevant clinical questions<br>Current treatment, allergies<br>Past medical history and family history<br>Social history inc. risk factors | 1 | 2 | 3 | U/C |
| **Physical Examination**: Obtains verbal consent for physical examination<br>Performs examination appropriately and competently<br>Uses relevant instruments in a competent manner | 1 | 2 | 3 | U/C |
| **Communication Skills**: Uses clear understandable language<br>Shows appropriate non verbal skills during the interview<br>Shows appropriate rapport/empathy | 1 | 2 | 3 | U/C |
| **Clinical Judgement**: Uses relevant details to confirm or refute working diagnoses<br>Sets up acute management plan and explains problem prioritisation<br>Makes rational use of investigations to help identify pathophysiology<br>Utilises drug therapy safely and rationally | 1 | 2 | 3 | U/C |
| **Professionalism**: Checks patient's name and gives name<br>Responds appropriately to patient perspectives | 1 | 2 | 3 | U/C |
| **Organisation/Efficiency**: Exhibits well organized approach<br>Sensible management of interview time and interaction | 1 | 2 | 3 | U/C |
| **Overall Clinical Care**: Makes appropriate long term management plan including team working where appropriate | 1 | 2 | 3 | U/C |

Students Comments on Students Performance on this occasion

Tick if excellent

Assessors' comments on students performance on this occasion.

**Agreed actions**

**Mini-CEX Form (Examination)**

**Assessor's Name and signature** _____ **Date** : _ _ / _ _ /_ _ _ _

**Student's Name and signature** _____ **Registration No**:_____

Patient problem/diagnosis:

**Case Complexity:** □ Low □ Moderate □ High

Please rate the following areas (please circle one for each component of the exercise. All scores of 1 must be justified in comments box. U/C if you have not observed the behaviour and feel unable to comment

| | Below Expectations | Around expectations | Above Expectations | U/C |
|---|---|---|---|---|
| **History Taking**: Elicits history and allows patient to elaborate<br>Asks relevant clinical questions<br>Current treatment, allergies<br>Past medical history and family history<br>Social history inc. risk factors | 1 | 2 | 3 | U/C |
| **Physical Examination**: Obtains verbal consent for physical examination<br>Performs examination appropriately and competently<br>Uses relevant instruments in a competent manner | 1 | 2 | 3 | U/C |
| **Communication Skills**: Uses clear understandable language<br>Shows appropriate non verbal skills during the interview<br>Shows appropriate rapport/empathy | 1 | 2 | 3 | U/C |
| **Clinical Judgement**: Uses relevant details to confirm or refute working diagnoses<br>Sets up acute management plan and explains problem prioritisation<br>Makes rational use of investigations to help identify pathophysiology<br>Utilises drug therapy safely and rationally | 1 | 2 | 3 | U/C |
| **Professionalism**: Checks patient's name and gives name<br>Responds appropriately to patient perspectives | 1 | 2 | 3 | U/C |
| **Organisation/Efficiency**: Exhibits well organized approach<br>Sensible management of interview time and interaction | 1 | 2 | 3 | U/C |
| **Overall Clinical Care**: Makes appropriate long term management plan including team working where appropriate | 1 | 2 | 3 | U/C |

Students Comments on Students Performance on this occasion

Tick if excellent

Assessors' comments on students performance on this occasion.

**Agreed actions**

**The Case-Based Discussion (CBD)**

As part of student assessment during the block, the ES is asked to discuss a case in which the student has been involved. This will be divided into sections: details of the marking schedules are included.

The case-based discussion is a structured discussion of a clinical case encountered by the student.

The supervisor or the medical student can choose the case that will be discussed. The student should prepare structured medical notes for the CBD and it may be useful if they were able to bring along the patients case notes.

Your scoring should reflect the performance of the medical student that you would reasonably expect at their stage of training. It is likely that all year 5 students will be functioning at a level equivalent to that of an FY1 in most components.

Please use boxes to give the student **constructive and helpful** feedback on performance (guided by your training experience which is available if you have not already had this). Care is needed to ensure that feedback is appropriately critical but not unpleasant. Please grade each section to give guidance as to areas needing attention in future blocks.

Each CBD should represent a different clinical problem, sampling from the various sections of the undergraduate curriculum. The form provides some structure to the exercise from the point of view of feedback and debriefing

Complexity of case:
Low Complexity – Uneventful encounter, few demands made on student by patient
Moderate Complexity – A few difficult aspects of the consultation evident
High Complexity – Difficult due to unusual findings or demanding patient

The CBD should be undertaken as follows:

**Discussion -** The process is typically led by the student. The discussion should start from and be centred on the students own structured medical notes on the patient. The CBD includes seven rated question areas which are outlined on the assessment form. The ES should record a rating for each competency on the assessment form.

**Debriefing and Feedback** – It should be conducted in a suitable, quiet environment immediately and should be constructive. **Please remember that virtually all students strive to do their best during assessments, and are keen to know how to do better.** The ES should expand on the reasons for any ratings "Below Expectations" and make practical suggestions for any remedial steps if appropriate.

The assessment typically takes **20 minutes** including feedback and completion of the form. Not all question areas need assessed on each occasion.

It must be emphasized that the most important purpose of the assessment exercise is to provide the student with "formative" feedback (i.e. information that forms and develops the students practice). Conducted well this will have a significant impact on learning.

**PLEASE NOTE**
**The CBD should form part of student's assessment (but should NOT be the sole basis of assessment)**

Role – Student

**The Case-Based Discussion (CBD)**

As part of your assessment during the block, the ES will ask to discuss a case in which you been involved. This will be divided into sections: details of the marking schedules are included. The case-based discussion is a structured discussion of a clinical case encountered by the student. The supervisor or the medical student can choose the case that will be discussed. You should prepare structured medical notes for the CBD and it may be useful if you were able to bring along the patients case notes but make sure that this is appropriate and you let the nursing/medical staff and ward clerk know.

The mini-CBD evaluates a structured discussion of a clinical case which you have been involved in. Its strength is assessment and discussion of clinical reasoning. The supervisor or the medical student can choose the case that will be discussed. Each CBD should represent a different clinical problem, sampling from the various sections of the undergraduate curriculum. The form provides some structure to the exercise from the point of view of feedback and debriefing

Scoring should reflect the performance that you would reasonably expect for a student at your stage of training. It is likely that all year 5 students will be functioning at a level equivalent to that of an FY1 in most components.

The ES / Assessor should use boxes to give you **constructive and helpful** feedback. We ask the ES / Assessor to grade the complexity of each case and then to grade you performance in each section and to ensure that they give you feedback that is appropriately critical but not unpleasant to give guidance as to areas needing attention in future blocks. The form provides some structure to the exercise from the point of view of feedback and debriefing

The CBD should be undertaken as follows:

**Discussion -** The process is typically led by the student. The discussion should start from and be centred on the students own structured medical notes on the patient. The CBD includes seven rated question areas which are outlined on the assessment form. The ES should record a rating for each competency on the assessment form.

**Debriefing and Feedback** – It should be conducted in a suitable, quiet environment immediately and should be constructive. **Please remember that virtually all students strive to do their best during assessments, and are keen to know how to do better.** The ES should expand on the reasons for any ratings “Below Expectations” and make practical suggestions for any remedial steps if appropriate.

The assessment typically takes **20 minutes** including feedback and completion of the form. Not all question areas need assessed on each occasion.

It must be emphasized that the most important purpose of the assessment exercise is to provide the student with “formative” feedback (i.e. information that forms and develops the students practice). Conducted well this will have a significant impact on learning.

**PLEASE NOTE**

**The CBD should form part of student’s assessment (but should NOT be the sole basis of assessment)**

**CBD Form**

**Assessor's Name and signature** _____ **Date** : _ _ / _ _ /_ _ _ _

**Student's Name and signature** _____ **Registration No**: _____

Patient problem/diagnosis:

**Case Complexity:** □ Low □ Moderate □ High

Please rate the following areas (please circle one for each component of the exercise. All scores of 1 must be justified in comments box. U/C if you have not observed the behaviour and feel unable to comment

| | Below Expectations | Around expectations | Above Expectations | U/C |
|---|---|---|---|---|
| **Clinical Assessment**: Understood the patients story<br>Made a clinical assessment based on the appropriate questioning and examination | 1 | 2 | 3 | U/C |
| **Investigation and referral**: Discusses the rationale for the investigations and necessary referrals<br>Understands why diagnostic studies were ordered and performed, including the risks and benefits in relation to the differential diagnosis | 1 | 2 | 3 | U/C |
| **Treatment**: Discusses the rationale for the treatment, including the risks and benefits | 1 | 2 | 3 | U/C |
| **Follow-up and future planning**: Discusses the rationale for the formulation of the management plan including follow-up | 1 | 2 | 3 | U/C |
| **Professionalism**: Discusses how the care of this patient, as recorded, demonstrated respect, compassion, empathy and established trust<br>Discusses how the patient's needs for comfort, respect and confidentiality were addressed<br>Discusses how the record demonstrated an ethical approach, and awareness of any relevant legal frameworks | 1 | 2 | 3 | U/C |
| **Overall Clinical Care**: A global judgement based on the above question areas | 1 | 2 | 3 | U/C |

Students Comments on Students Performance on this occasion

Assessors Comments on students performance on this occasion

Tick if excellent

Agreed Actions

# End of Block Assessment

At the end of each clinical attachment, you and your Educational Supervisor complete the assessment form together. This process should include information from other members of the local team. Assessment is designed to give you feedback about your performance during those five weeks. You will need to plan this with your ES.

You will be assessed on a variety of parameters including ability to take a history, examine a patient, making our management plan and communication skills (to include information from your Mini-CEX & CBD). You will also be assessed on your portfolio cases and more general abilities such as attendance, relationships with colleagues, knowledge base and ability to manage your own learning. By now it is expected that you will be in the adequate and above range, and >95% of students fall into this category.

*A few students do poorly in end of block assessments which apparently comes as a surprise. To avoid this, be proactive, get information from ESs half-way through the block. Download a copy of the assessment form, complete it yourself as you feel you are performing (a good exercise in self review), take it to your ES and ask him/her how they feel you are doing during the block. This will give you some guidance before the end of block.*

**Do not leave the block without you both completing the assessment form**. Make sure you meet your ES during the last week and well before the final hour of the block or earlier, if they are going to be away! (This improves your time management skills and gives you a chance to have your say if you disagree). Remember your next block may be miles away so getting back after the end of block may be difficult.

**What to do with the completed assessment forms**

**We need the paper copy of the forms in the Medical School office by the end of the first week of the next block, just in case there have been problems. As usual you are your best advocate so please help us here.**

**The form is usually collected somehow by the Hospital Sub Dean and sent to the Medical School Office but this process may vary locally – please check what to do before your last meeting with the ES.**

**You must also submit a copy of the results online to be sure the results get to us before the end of the next week - take a note of them at the meeting with the ES.**

**Submit the results on the form that will appear on your personal web page at the end of each attachment.**

**Don't worry if you are not quite up to your usual high standard - submit the form anyway.**

**We do compare your results with that from the ES – you will understand that their form has to be the final arbiter!**

It is your responsibility to ensure you hand in your signed form before leaving the hospital. Failure to do so within one week causes you and the Medical School staff lots of extra work so it is to your advantage to get this done.

# Borderline/Unsatisfactory Student

Students who are assessed as borderline pass or less will be required to discuss their performance with the Year 4/5 Directors (or Deputy). Students failing one attachment in Year 4 would be required to repeat that discipline between Years 4 & 5. This will impact on elective time. Students failing two attachments will be reviewed at Progress Committee and may be required to repeat Year 4.

A single fail grade in Year 5 may prevent a student from graduating.

University of Glasgow | School of Medicine

Years 4 & 5 Student Block Assessment

**STUDENT NAME:** _____ **SIGNATURE:** _____ **REG NO:** _____

**SUPERVISOR NAME:**_____ **SIGNATURE:** _____

**SUPERVISOR ADDRESS:** _____

**BLOCK: MED SURG O&G CH GP PSY (please circle)** **DATE COMPLETED:** _____

| | | Above expectations for Year 4/5 student | Around expectations for Year 4/5 student | Below expectations for Year 4/5 student |
|---|---|---|---|---|
| **Professional Attributes** | | | | |
| **A** | Attendance and reliability | | | |
| **B** | Ability to manage own learning | | | |
| **C** | Relationship with team | | | |
| **Clinical Competence** | | | | |
| **D** | Knowledge | | | |
| **E** | History taking | | | |
| **F** | Clinical examination skills | | | |
| **G** | Clinical judgement | | | |
| **H** | Communication skills | | | |
| **Formal Assessment** | | | | |
| **I** | Standard of portfolio cases | | | |
| **J** | Mini CEXs | | | |
| **K** | Case-based discussion | | | |
| **L** | ***Overall Rating (please circle)*** | PASS | | FAIL |

Was the assessment form filled in by student and Educational Supervisor together? YES/NO

If the answer is no, please explain why:

| Educational Supervisor Feedback to Student:<br>What the student did well: | Educational Supervisor Feedback to Student:<br>Areas suitable for improvement: |
|---|---|
| | |

**Information for students:**

**Please hand in form to local Sub Dean's Office (or as directed). We also recommend you keep a copy for personal use.**

# LOG BOOK

The overall aims of the EM attachment are for you to:-

- Acquire first hand experience of the assessment and management of a wide spectrum of acutely ill and injured patients.
- Become proficient in clinical examination and practical procedures.

This workbook is designed to help give structure and guidance during your Emergency Medicine attachment. The workbook **must be completed and handed in** to your supervising tutor at the feedback session on the final day. Your workbook will be graded and this will form part of your EM mark.

**Short case reflection**

**Patients followed up and discussed in depth with senior doctor (1 Trauma, 1 acute medicine, 1 critical care, 1 acute surgical)**

| Date | Age | Sex | Nature of problem | Issues discussed | Supervisors Signature |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Procedure Log**

Please record procedures completed during block. Portrait section is for additional procedures which should be sought out (mandatory ones in bold) but we would encourage you to do as many and as varied as possible.

- **Wound closure – (specify suture, staple, steristrips or glue)**
- **Application of a below knee backslab POP**
- **Application of an upper limb POP**
- Others

Landscape section is for **mandatory procedures** with a required number of procedures to be initialled.

**Additional procedures**

**Supervisor's signature denotes satisfactory completion of task**

| Date | Time | Age | Sex | Diagnosis | Procedure | Supervisor Signature |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Date | Time | Age | Sex | Diagnosis | Procedure | Supervisor Signature |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Date | Age | Sex | Diagnosis | Procedure | Supervisor Signature | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Cannulation + / - Bloods | | | | | | | | | | | |
| | | | | Venepuncture | | | | | | | | | | | |
| | | | | Arterial Blood Gases | | | | | | | | | | | |
| | | | | Record an ECG | | | | | | | | | | | |
| | | | | Record full vital signs & SEWS | | | | | | | | | | | |
| | | | | Perform & Record Urinalysis | | | | | | | | | | | |
| | | | | Perform & Record Blood Glucose | | | | | | | | | | | |
| | | | | Set up and connect IV fluids | | | | | | | | | | | |
| | | | | Systematically describe an ECG | | | | | | | | | | | |
| | | | | Systematically describe a CXR | | | | | | | | | | | |
| | | | | Urinary catheterisation | | | | | | | | | | | |
| | | | | NG tube insertion | | | | | | | | | | | |
| | | | | Sizing and application of collar | | | | | | | | | | | |
| | | | | Application of a support bandage | | | | | | | | | | | |
| | | | | Application of a sling | | | | | | | | | | | |
| | | | | Wound cleaning and dressing | | | | | | | | | | | |

# CURRICULUM

| Domain | Knowledge – Skills - Behaviours | |
|---|---|---|
| **History Taking** | Knowledge | Recognise the importance of different elements of history<br>Recognise that patients do not present history in structured fashion<br>Know likely causes and risk factors for conditions relevant to mode of presentation<br>Recognise that history should inform examination, investigation and management |
| | Skills | Identify and overcome possible barriers to effective communication<br>Manage time and draw consultation to a close appropriately<br>Assimilate history from the available information from patient and other sources<br>Focus on relevant aspects of history |
| | Behaviours | Show respect and behave in accordance with Good Medical Practice |

| **Domain** | **Knowledge – Skills - Behaviours** | |
|---|---|---|
| **Clinical Examination** | Knowledge | Understand the need for a valid clinical examination<br>Understand the basis for clinical signs and the relevance of positive and negative physical signs<br>Recognise constraints to performing physical examination and strategies that may be used to overcome them<br>Recognise the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis |
| | Skills | Perform an examination relevant to the presentation and risk factors that is valid, targeted and time efficient<br>Interpret findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors<br>Actively elicit important clinical findings<br>Perform relevant adjunctive examinations |
| | Behaviours | Show respect and behaves in accordance with Good Medical Practice |

| **Domain** | **Knowledge – Skills - Behaviours** | |
|---|---|---|
| **Therapeutics and Safe Prescribing** | Knowledge | Recall indications, contraindications, side effects, drug interactions and dosage of commonly used drugs<br>Recall range of adverse drug reactions to commonly used drugs, including complementary medicines<br>Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainees practice |
| | Skills | Review the continuing need for long term medications relevant to the trainees clinical practice<br>Anticipate and avoid defined drug interactions, including complementary medicines<br>Advise patients (and carers) about important interactions and adverse drug effects |
| | Behaviours | Recognise the benefit of minimising number of medications taken by a patient<br>Appreciate the role of non-medical prescribers |

| Domain | Knowledge – Skills - Behaviours | |
|---|---|---|
| **Time Management, Decision Making and Clinical Reasoning** | Knowledge | Understand that organisation is key to time management<br>Understand that some tasks are more urgent or more important than others<br>Understand the need to prioritise work according to urgency and importance<br>Understand that some tasks may have to wait or be delegated to others<br>Outline techniques for improving time management<br>Understand the importance of prompt investigation, diagnosis and treatment in disease management<br>Interpret history and clinical signs<br>Conceptualise clinical problem<br>Generate hypothesis within context of clinical likelihood<br>Test, refine and verify hypotheses<br>Develop problem list and action plan |
| | Skills | Estimate the time likely to be required for essential tasks and plan accordingly<br>Group together tasks when this will be the most effective way of working<br>Recognise the most urgent / important tasks<br>Organise and manage workload effectively<br>Interpret clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders<br>Recognise critical illness<br>Generate plausible hypothesis(es) following patient assessment<br>Construct a concise and applicable problem list using available information<br>Construct an appropriate management plan and communicate this effectively |
| | Behaviours | Ability to work flexibly and deal with tasks in an effective fashion<br>Communicate changes in priority to others<br>Remain calm in stressful or high pressure situations and adopt a timely, rational approach<br>Recognise the difficulties in predicting occurrence of future events<br>Show willingness to search for evidence to support clinical decision making |

| Domain | Knowledge – Skills - Behaviours | |
|---|---|---|
| **Team working and communication** | Knowledge | Outline the components of effective collaboration<br>Describe the roles and responsibilities of members of the healthcare team<br>Structure an interview appropriately<br>Understand the importance of the patient's background, culture, education and preconceptions (ideas, concerns, expectations) to the consultation process<br>Recognise that every patient/relative may desire different levels of explanation and have different responses to bad news<br>Recognise that breaking bad news can be extremely stressful for those involved<br>Outline and follow the guidance given by the GMC on confidentiality |
| | Skills | Accurate attributable note-keeping<br>Establish a rapport with the patient and any relevant others (e.g. carers)<br>Listen actively and question sensitively to guide the patient and to clarify information<br>Identify and manage communication barriers, tailoring language to the individual patient and using interpreters when indicated<br>Deliver information compassionately, being alert to and managing their and your emotional response (anxiety, antipathy etc)<br>Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team |
| | Behaviours | Recognise the importance of prompt and accurate information sharing with the Primary Care team following hospital discharge<br>Approach the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language<br>Ensure that the approach is inclusive and patient centred and respect the diversity of values in patients, carers and colleagues<br>Respect the different ways people react to bad news |

| Domain | Knowledge – Skills - Behaviours | |
|---|---|---|
| **Evidence and Guidelines** | Knowledge | Understand the elements of clinical governance<br>Recognise that governance safeguards high standards of care and facilitates the development of improved clinical services<br>Recognise importance of evidence-based practice in relation to clinical effectiveness<br>Outline the use of patient early warning systems to detect clinical deterioration<br>Understand the principles of infection control as defined by the GMC<br>Understand the principles of preventing infection in high risk groups (e.g. antibiotic use to prevent Clostridium difficile) including understanding the local antibiotic prescribing policy<br>Understand the advantages and disadvantages of guidelines<br>Understand the role of audit (developing patient care, risk management etc)<br>Understand the steps involved in completing the audit cycle |
| | Skills | Recognise the potential for infection in patients being cared for<br>Actively engage in local infection control procedures and antibiotic guidelines<br>Appraise retrieved evidence to address a clinical question |
| | Behaviours | Encourage all staff, patients and relatives to observe infection control principles<br>Keep up to date with national reviews and guidelines of practice (e.g. NICE and SIGN)<br>Aim for best clinical practice (clinical effectiveness) at all times, responding to evidence-based medicine<br>Recognise the occasional need to practise outside clinical guidelines<br>Recognise the need for audit in clinical practice to promote standard setting and quality assurance |

| Domain | Knowledge – Skills - Behaviours | |
|---|---|---|
| **Major Presentations** | Knowledge | Demonstrate knowledge of:<br>• Anaphylaxis<br>• Cardio-respiratory arrest<br>• Major trauma<br>• Septic patient<br>• Shocked patient<br>• Unconscious patient |
| | Skills | Recognise clinical consequences of acute anaphylaxis<br>Rapidly assess the collapsed patient in terms of ABC, airway, breathing and circulation and perform BLS<br>Be able to perform and interpret the primary and secondary survey<br>Be able to assess a trauma patient: perform and interpret primary and secondary survey<br>Rapidly assesses the shocked patient in terms of ABC, airway, breathing and circulation<br>Institute immediate, simple resuscitation (oxygen, iv access, fluid resuscitation)<br>Arrange simple monitoring of relevant indices (oximetry, arterial gas analysis) and vital signs (BP, pulse & respiratory rate, temp, urine output)<br>Make a rapid and immediate assessment including examination of coverings of nervous system (head, neck, spine) and Glasgow Coma Score |
| | Behaviours | Exhibit a calm and methodical approach<br>Demonstrate ability to work in a team and succinctly present clinical details of situation<br>Recognise need for immediate assessment and resuscitation |

| Domain | Knowledge – Skills - Behaviours | | |
|---|---|---|---|
| **Acute Presentations** | Knowledge | Demonstrate knowledge of: | |
| | | • Abdominal pain and swelling, including loin pain<br>• Acute back pain<br>• Acute confusional state and delirium<br>• Acute psychiatry<br>• Aggressive/disturbed behaviour<br>• Blackout/collapse<br>• Breathlessness<br>• Chest pain<br>• Falls<br>• Fever<br>• Fits/seizures | • Haematemesis/melaena<br>• Headache<br>• Head Injury<br>• Limb pain/swelling<br>• Palpitations<br>• Poisoning<br>• Rash<br>• Traumatic limb and joint injuries<br>• Weakness and paralysis<br>• Wound assessment and management |
| | Skills | Take a thorough history and examination to arrive at a valid differential diagnosis<br>Be able to identify those that require admission and those who may be safely discharged<br>Be able to recognise life/limb-threatening trauma<br>Perform mental state examination<br>Understand importance of undertaking appropriate investigations<br>Interpret appropriate diagnostic tests<br>Perform an ECG<br>Be able to insert a urinary catheter and NG tube<br>Demonstrate ability to secure appropriate venous access and set up IV fluids<br>Be able to take ABGs<br>Be able to demonstrate the technique of wound toilet, wound closure and use of dressings | |
| | Behaviours | Exhibit timely assessment in the acute phase<br>Recognise the importance of a multi-disciplinary approach<br>Recognise the need for a chaperone | |