

Junior Medicine Attachment Workbook

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Introduction

Welcome to the Foundations for Practice (FFP) Medicine Attachment. Together with the FFP Medicine Moodle site, this workbook contains all the essential information for the next 6 weeks, so please make it your first point of reference for any queries. If you have any questions or feedback, a list of contacts can be found on Moodle at:
<https://moodle.nottingham.ac.uk/course/view.php?id=119788>

FFP Medicine Attachment Aims and Objectives:

- Develop your skills in comprehensive history taking, full integrated physical examination and diagnostic reasoning in Medicine
- Acquire knowledge of common medical conditions
- Be able to describe key investigations and types of treatment of those conditions
- Improve your communication and team-working skills, ethical practice and ability to work within a highly professional framework, keeping patient safety at the heart of all that you do

These aspects will be developed further in Intermediate Medicine and Senior Medicine attachments when you progress to the Advanced Clinical Practice phase of the course.

Learning outcomes for the FFP Medicine Attachment:

We have taken a case-based learning approach to the course. Each week we will highlight a case or cases that will guide your learning for that week via the Moodle resources and these form the basis of interactive weekly site tutorials. Each week has a detailed list of ILOs – these are both knowledge based and clinical competency-based outcomes, so will be covered by both the online resources and the clinical experiences and activities that you will have during the clinical attachment. Given the nature of clinical cases and services, your clinical placement activities may not precisely match the order delivered on Moodle across the six weeks. There is also a list of general ILOs that

apply to all elements of the Foundations for Practice phase of the course. You can find the on the FFP Homepage:

<https://moodle.nottingham.ac.uk/course/view.php?id=123463>

Intended Learning Outcomes (ILOs) and developing clinical competency:

Whilst we have carefully mapped all ILOs to the GMC document "Outcomes for Graduates" and the Medical Licencing Assessment (MLA) blueprint, you are encouraged and expected to seek out further opportunities to learn during the course as every student will have a different "best way" to learn and each of you will progress through the course at a different pace.

You are at a very early stage of developing your "clinical competency". We encourage you to see as many clinical cases as possible and practice basic clinical tasks in wide variety of cases and situations. Use of the Activity Record and Case Log will help guide you with this but make sure that this is not a mere "tick box" activity. This is because clinical competence is not generic, but extremely context specific, so exposure to and practice in a wide variety of contexts is necessary.

Overview of the Attachment

During your 6-week placement you will have plenty of opportunity to achieve the learning objectives through practical experience, self-directed learning, central and local tutorials. Core learning resources are provided on Moodle, as well as some specific tasks to complete.

Your work during the attachment will be presented via the "myprogress and e-pad" portfolio and reviewed with your placement supervisor.

Placements will include some sessions in the Medical Assessment Unit (MAU). We also encourage you to spend at least one "out of hours" session with a junior doctor. Throughout your attachment, you will be supported by placement staff and have a named supervisor. In addition, teaching will be provided by Medical Education Fellows (MEFs), Clinical Teaching Fellows (CTFs) and allied health professionals.

Case Based Learning

Learning is structured around a variety of core or essential cases aligned to clinical topics. There are 6 broad topic weeks illustrated by medicine cases. The topics for each week are listed below. Whilst much of the clinical placement activity for that week will complement the case(s) for that week, this cannot be adhered to rigidly, but sites will ensure by the end of the 6 weeks all opportunities have been offered.

	Weekly case\topic
1	Chest Pain & Palpitations
2	Cough
3	Shortness of Breath
4	The Unwell Diabetic & Thyroid Disorders
5	GI Upset & related disorders
6	Headaches, Seizures & Weakness

Specific Case Teaching and Learning Activities on Moodle

This attachment has a dedicated online Moodle site which has an extensive range of learning resources for you to work through. The site is set out into six topic weeks which will align to your placement activities. You will be timetabled at least eight hours every week of “self-directed learning” time to ensure that you have protected time to gain the most out of your clinical placement activities and experiences. The online learning week is based around key case presentations, and we suggest you work through the content to be able to apply your knowledge during the week.

Opening the case(s) on Moodle

At the start of each week, there will be a pre-recorded video, which will “open” the case(s) for students to work through that week. During the week, students will have timetabled self-directed study sessions to work through the knowledge-based resources related to the case. All ILOs relating to each case are on Moodle.

The weekly Moodle resources follow a structured format to help guide students learning activities, though as adult learners, it is expected that students will be able to work outside these set parameters and use the resources as best suits them. The Moodle site suggests certain “core” material that is considered essential to the topic and others that are “optional”.

There will be opportunities during site-based activities and tutorials to discuss any queries you may have with Educators from the medical school and the NHS Trust to ensure you understand what is planned and the requirements for the week.

Clinical Medicine is a demanding course and students are encouraged to read more widely to facilitate learning, especially to enable the integration of knowledge and how to apply it in practice. You must recognise that the lecture course cannot be comprehensive and supplement this knowledge with your own reading.

The link to Moodle for the FFP Medicine attachment is here:

<https://moodle.nottingham.ac.uk/course/view.php?id=119788>

Core Case Tutorials

1. Case Based Discussion (CBD) Tutorial

Students will have local weekly tutorials. These will be delivered by NHS based teachers and include clinical teaching fellows (CTFs), medical educators and consultants depending on the attachment.

Students who have been on placement and seen cases that relate to the topic case(s) of the week will present their cases to the class as the core component of the session. The group will then be asked to integrate their learning from the online tutorials and clinical practice using the case-based approach.

All students will be rota' d across the 6 weeks with specific times to present the cases in advance.

These sessions will allow students to explore their learning from the Moodle cases and how these relate to clinical application and the relevant ILOs.

2. Professional Development Student Forum (PDSF)

Students will have a weekly professional development forum, led by one of the teaching fellows. During this session students will be asked to bring examples and discuss professional and ethical practice issues that they have witnessed or been part of during placement that week. Additionally, the session lead will highlight a specific topic to cover to ensure the continuity of content each week.

These sessions will allow students to explore their clinical experience particularly in those relating to professional values and behaviours. It is hoped that these sessions will provide some material to help the student reflect upon their experiences in the placement. Some sites may directly link these sessions with the CBD tutorials.

3. Clinical Reasoning (CR) "Closing the Case(s) of the Week" Tutorial

Students will have a local end of the week tutorial each week. These will be delivered by NHS based teachers and include clinical teaching fellows (CTFs), medical educators and consultants depending on the attachment.

This is a highly interactive session where students in small groups will work through one or two "cases of the week" that are posted on Moodle, with the guidance of tutors. The cases are set out to develop Clinical Reasoning skills and students will have the option to make their own notes from the session directly inputting into the eLearning Xerte package on Moodle, so that they can refer to this at a later stage in the course or for revision purposes.

This session will in essence "close" the cases and topic for that week.

You can find more detailed guides to support your participation in these three core tutorials on the FFP Homepage here:

<https://moodle.nottingham.ac.uk/course/view.php?id=123463>

Contextual Learning - Clinical Placement and Activities

Base Ward

Throughout the attachment you will be allocated to a base ward. You are encouraged to return to the base ward during any available time but will also have timetabled sessions during the week on the base ward. The main aim of gaining experience on a base ward is to focus on developing entrustable professional activities (EPAs), professional skills, behaviours, and values. When you first arrive, please introduce yourself to all members of the ward team (receptionist/nurses/allied health professionals/doctors) and orientate yourself to the ward (eg learn how to access and source equipment).

You are encouraged to get heavily involved in the day-to-day ward activities: There will be opportunities to attend ward rounds, to practice your clinical skills (eg venepuncture, cannulation, catherisation), clerking, reviewing and presenting patients, complete workplace-based assessments (WPBAs).

You will shadow doctors at various stages of training, learn how they prepare notes for the ward round and participate in the ward round. Ask if you can examine or write in the notes (need to be counter signed). See what jobs have been generated from the morning ward round? Is there anything you can do/observe? See what investigations have been ordered and why?

You will also be interacting with the wider multi professional team. This will include sessions with a clinical pharmacist who will help you learn key prescribing principles related to admission and discharge including medicines reconciliation and patient counselling. Observe allied health professional performing their assessments (eg chest physiotherapy) and how these contribute to the patient's care. We encourage you to accompany patients attending investigations and procedures at the Radiology departments, seeing for example ultrasound, fluoroscopy, and interventional radiology from the patients' perspective

You may be paired with a final year student based on the same ward who will help with peer support and teaching and be mutually beneficial. You should aim to be familiar enough with the team be able to use any free time to drop in to do something useful and constructive on the ward.

MAU- Medical Assessment Unit

During the attachment students will have regular timetabled sessions on MAU.

Outpatient Clinics

These will vary across the attachment, providing you with opportunities to see patients with conditions that map to the attachment learning outcomes. We expect you to attend at least one specialty clinic on average each week Students will be placed in small numbers and be accepted as able to participate in specified clinics, which allows time for teaching and student involvement. Some will be face to face, some remote consulting. Some might be led by specialist nursing staff and involve MDTs or case conferences.

Bedside Teaching

Small group bedside teaching is an extremely valuable learning opportunity. During the attachment students should have **at least** one weekly bedside teaching. The best settings for bedside teaching will vary depending on topic and location. For example, it could be with a CTF on MAU, during your base round ward or as part of a specific teaching ward round.

Optional activities:

Session with cardiac technicians covering ECG, 24 tape and echocardiograms.

Out of Hours - We would encourage students to shadow a junior doctor out of hours for at least one session (17.00 – 21.00) during the attachment.

Clinical Skills Sessions / Simulation

There is a coordinated programme over the entire clinical phase course to ensure that you develop the procedural skills essential for practice as a newly qualified doctor foundation doctor, as defined by the General Medical Council. Every attachment has some of these skills associated with it, and many appear in more than one placement to emphasise their importance.

The acquisition of good clinical skills during placements is as important as that of knowledge. This is not a "one off" or tick box exercise. To develop into a competent practitioner requires repeated practice, assessment, and constructive feedback. Many skills are generic, and you will develop and build expertise in these areas across all clinical placements, for example communication and consultation skills, professional integrity, leadership, clinical reasoning etc. There are some specific skills to be acquired during each attachment related to cases, but specific training sessions may happen at

any time during the attachment, and they may apply across several cases throughout the course.

The skills will be assessed by several workplace-based assessments (WPBAs) that mirror those in Foundation Programme Training. Some of these skills are mandated by the GMC as requirements to graduate, though at this stage in your training you may only be expected to do this in simulation (to graduate you will have to do this with patients under direct or indirect supervision). You will be assessed on these mandated skills across the clinical course to ensure development and maintenance of competency.

For the FFP Medicine attachment, the clinical skills are listed here. Some skills sessions will be practiced on the ward e.g., system examination, history taking, some in clinical skills suite. Most weeks will timetable at least one or two specific skills sessions aligned to the topic of the week.

The Junior Medicine attachment skills are listed below: the ones in red are GMC mandated and will be assessed as a "DOPs" (Direct Observation of a Procedural skill). You will need to repeat these skills across the clinical course and will be required to be signed off with a "Green" traffic light on your e-portfolio at point of graduation. We suggest you ensure that you continuously practice those skills throughout the course to develop competency. We do not expect you to achieve full competency and sign off for these skills at this stage of the course. For further information please refer to the Guide to Clinical Skills and WPBAs on the FFP Homepage:

<https://moodle.nottingham.ac.uk/course/view.php?id=123463#section-5>

Assessment of Patient Needs:

Carry out peak expiratory flow respiratory function test
ECG interpretation

Diagnostic Procedures:

Venepuncture
Perform an ECG
ABGs
Measurement of capillary blood glucose
Urine multi-dipstick testing

Prescribing:

Prepare and administer injectable (intramuscular, subcutaneous, intravenous) drugs
Instruct patients in the use of devices for inhaled medication
Introduction to prescribing in CVD, Diabetes and Respiratory Medicine (including Oxygen prescribing)

Therapeutic Procedures:

Iv cannulation

Attachment Specific Skills (suggested formative WPBAs minimum 5 to complete across this attachment):

Neurology history\examination (PNS & CNS)
Cardiovascular history\examination
Respiratory history\examination
GI history\examination
Endocrine history\examination (Thyroid)

Clinical Investigation & Management Supplementary Tutorials

Throughout the FFP phase you will also have some clinically focussed tutorials that will help you further develop your clinical reasoning skills and start to develop your basic approaches to further investigation and management of key conditions. Whilst these do not traditionally fall under the descriptor of "clinical skills" they all require specific skill development. They fall into three main clinical areas of delivery:

Radiology: These tutorials will be delivered to you in small groups face to face, helping you to develop your skills in interpreting the imaging related to clinical cases that you see by themed weeks, (covering two weeks at a time).

Pathology: These tutorials will use the format of quick quizzes (face to face or remote) helping to ensure that you are able to apply the knowledge underpinned key pathologies to the case presentations that you cover by themed weeks (covering two weeks at a time).

Applied Therapeutics & Prescribing: These tutorials will be practical "hands-on" sessions designed to develop your prescribing and related skills such as communication, interpretation and managing uncertainty. They will cover general principles related to prescribing within the clinical setting mapped to the themed weeks and will be face to face in small groups at your clinical sites.

For this attachment there is an additional tutorial for "**Interpretation of ECGs**".

You can expect to participate in at least one of these tutorials each week.

An example week

	Monday	Tuesday	Wednesday	Thursday	Friday
A	'Opening the case' session online & Self-Directed study Simulation or skills session	Clinic	Simulation or skills session Self-Directed Study	MAU Professional Development Student Forum	Base Ward session Radiology or prescribing tutorial
PM	Base Ward session	Bedside teaching Self-Directed Study	Base Ward session Case Based Discussion Tutorial	Base ward session Self-Directed Study	Base Ward session End of week Clinical Reasoning tutorial

Expected Activities by Themed Weeks

Chest Pain & Palpitations

Base Ward activities
Core tutorials – CBT, PDSF & CR tutorials
Supplementary tutorials – ECG Interpretation Tutorial
Clinical Skills – ECG recording
Bedside teaching
Cardiology Clinic
CCU\MEAU on call\in-reach

Cough

Base Ward activities
Core tutorials – CBT, PDSF & CR tutorials
Supplementary tutorials – Radiology; Applied Therapeutics & Prescribing Tutorial (oxygen prescribing / acute exacerbation of COPD / inhaler technique)
Clinical Skills - Resp function tests, PEFR & review of instruction in the use of inhalers
Bedside teaching
Respiratory clinic
Respiratory ward round

Shortness of Breath

Base Ward activities
Core tutorials – CBT, PDSF & CR tutorials
Supplementary tutorials – Radiology; Path Tutorial; (to review applied learning from weeks theme)
Clinical Skills – ABGs
Bedside teaching
Respiratory clinic
Clinic\visit with heart failure nurses

Unwell Diabetic and Thyroid Disorders

Base Ward activities
Core tutorials – CBT, PDSF & CR tutorials

Supplementary tutorials – Applied Therapeutics & Prescribing (introduction to insulin charts /interpretation of blood glucose levels and dose adjustment of insulin); Path Tutorial

Clinical Skills - venepuncture & review of BM, ABGs, urinalysis; Preparation and administration of injectable (intramuscular, subcutaneous, intravenous) drugs

Bedside teaching

Diabetes\nurse clinic

Endocrine clinic\MAU

Headaches, Seizures & Weakness

Base Ward activities

Core tutorials – CBT, PDSF & CR tutorials

Supplementary tutorials – Path Tutorial

Clinical Skills - Neurological history taking; Examination of CNS; Examination of PNS

Bedside teaching

Neurology clinic

MAU\Ward reviews

GI Upset and related conditions

Base Ward activities

Core tutorials – CBT, PDSF & CR tutorials

Supplementary tutorials – Radiology; Applied Therapeutics & Prescribing Tutorial (prescribing in peptic ulcer disease with a positive H pylori test & patient counselling of new medications)

Clinical Skills – Cannulation

Bedside teaching

GI clinic

Endoscopy List

MAU

Recording Activities and Cases

You should record your clinical activity, including attendance in clinics, ward rounds, bedside teaching, tutorials as well as any patients you have looked after or whose history you have presented and discussed with the supervising Clinician. Please keep a rolling record throughout your attachment using the "**Activity Record and Case Log**"

The Activity Record and Case Log fulfils several functions:

- It allows you to focus your learning activities on important content
- It provides your supervisor with information on what you need to see and do
- It allows us to review your clinical exposure and attendance

An example of a completed week 1 Activity Record and Case Log is below:

Week – Chest Pain and Palpitations

Cases discussed in tutorials	Cases seen, clerked or presented	Activity undertaken
56 Male - N-STEMI	44 Female Acute Pancreatitis	TIA Clinic
72 Female – Fast AF	30 Male – GI bleed	Respiratory Clinic
76 Male - MI	66 Female - Hepatomegaly	ECG performed in simulation
Friday – "Ashok" Acute Coronary Syndrome		OOH Shift 1700-2100 With Dr GK
Friday – "Pearl" Collapse		

Notes
Completed Moodle learning
Professional development topic – Assisted Dying
Teaching Ward Round signs – Ascites, Liver Flap, Jaundice, Spider Naevi, Liver Palms, hepatomegaly (59 Male – Alcoholic cirrhosis)

Guidance for completion of end of placement reflection

Reflection is a very important tool in a medical career. It is important that you learn how to practice reflectively from an early stage. It is a way of helping you to make sense of your medical world and when done well it can greatly enhance the lifelong learning journey you will follow in your professional career.

There are two outcomes for graduates that the GMC mandates you must be competent in by graduation which involve a mastery of reflective practice. They are

- explain and demonstrate the importance of engagement with revalidation, including maintaining a professional development portfolio which includes evidence of reflection
- develop a range of coping strategies, such as reflection to demonstrate awareness of the importance of their personal physical and mental wellbeing

The GMC has published guidance on reflective practice for medical students and doctors. Please take a moment to read this, it can be found here

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students>

You may also find it helpful to look at the Academy and COPMeD reflective practice toolkit, from which this template has been taken, you can find it here

http://www.aomrc.org.uk/wp-content/uploads/2018/08/Reflective_Practice_Toolkit_AoMRC_CoPMED_0818.pdf

We will be using the reflective template by Rolfe et al.

This is based on the “what, so what, now what” model of reflection. This offers a very simple framework to help you collect your thoughts about your placement experience.

Later in the course, during Advanced Clinical Practice, we will ask you to use a different reflective template that makes use of the Gibbs reflective framework. During these more advanced placements we will ask you to reflect on a specific incidence or occurrence that has occurred during your placement. You will have to do this when you are qualified to maintain your licence to practice, as a part of the GMC’s five yearly revalidation cycle, during your annual appraisal.

Assessment and Feedback

During your clinical attachment activities, you can expect continuous feedback on your performance, specifically during clinical skills sessions, bedside teaching, case-based learning presentations and formative knowledge tests

Your attachment supervisor will review your progress mid-way and at the end of your attachment. They will review the evidence you've collected in your e-Portfolio.

Your portfolio should include evidence of your learning activities aligned to the aims and ILOs of the attachment, but you are free to decide how to approach this. The compulsory elements to present in your e-portfolio are:

- Self-declaration of completion of the online Moodle resources via your e-portfolio.
- Clinical Supervisor review and sign-off reports. This will provide feedback on your progress during the attachment, including professional behaviour, team working, communication and attendance.
- Cases presented
- Activity record and case log
- A 750-word reflection on your experiences in this placement to be done prior to your final sign off
- Upload the attachment WPBAs into "myprogress" including any GMC mandated skills using the traffic light system. *We do NOT expect you to be fully competent at this stage of your training.*

The reason for this approach is that you will be expected to keep a portfolio of evidence of your learning and development throughout your professional career. This may include formal teaching, case-based discussions, audits etc. The "my progress" and "epad" platforms will help you to monitor which objectives you have met, and those which are still pending.

The advantages of an end of attachment feedback discussion are:

- A chance to give feedback on the attachment
- Opportunity to discuss what you have achieved
- Time to review your progress on the course and plan for your next placement
- Opportunity to discuss career plans if you wish

Preparation for end of attachment feedback discussion

To prepare for your feedback discussion, please consider the following:

- What have I learned from this attachment?
- What are my strengths?
- What are my areas for further development?
- What do I need to do next to extend my learning?

You should ask your supervisor to sign the end of attachment form and then you should upload it to your e-Portfolio.

Examinations

During the FFP Clinical Phase you will have the opportunity to sit Formative Examinations (both knowledge papers and an OSCE) to help you prepare for your end of phase summative examinations. The FFP medicine learning outcomes will form part of summative exams.

Support

If you experience any problems with the online learning resources on Moodle, tutorial programme or any other centrally organised sessions please contact one of the Medical Education Fellows at the School of Medicine via the placements team:

ffp-admin@nottingham.ac.uk

If you experience any local problems at your designated site these should be discussed in the first instance with your Consultant/Tutor or the local Undergraduate Co-ordinator. If your problems cannot be resolved locally, please contact the Academic Lead for Medicine, the FFP Lead, or the Vice Dean for your hub, via the placements team:

ffp-admin@nottingham.ac.uk

If you have health, personal or financial problems or any problems at all which are affecting your learning, don't try to cope alone; the university can offer a wide range of support services. Please contact your personal tutor and\or the welfare team so we can offer advice and direct you to the appropriate place for you to get help.

Contact list

Please see the FFP Homepage for details of contacts relating to your placement site:

<https://moodle.nottingham.ac.uk/course/view.php?id=123463>

Please note: the following records, templates and report forms are now available to use directly on your epad electronic portfolio – only use paper copies if this becomes unavailable for any reason.

Activity Record and Case Log

FFP Medicine Attachment

Week 1 –

Cases discussed in tutorials	Cases seen, clerked, or presented	Activity undertaken

Notes:

Week 2 –

Cases discussed in tutorials	Cases seen, clerked, or presented	Activity undertaken

Notes:

Week 3 -

Cases discussed in tutorials	Cases seen, clerked, or presented	Activity undertaken
Notes:		

Week 4 -

Cases discussed in tutorials	Cases seen, clerked, or presented	Activity undertaken
Notes:		

Week 5 -

Cases discussed in tutorials	Cases seen, clerked, or presented	Activity undertaken

Notes:

Week 6 -

Cases discussed in tutorials	Cases seen, clerked, or presented	Activity undertaken

Notes:

"I confirm this is an accurate record of my learning activities and I have completed the Moodle online learning for this attachment"

Signed:**Date:**

Reflection Template

Adapted from Rolfe, G. Freshwater, D & Jasper, M. (2001) Critical reflection for nursing and the helping professions: a user's guide Basingstoke: Palgrave Macmillan

What? (a description of the event)

What happened? What did I do? What did others do? What did I feel? What was I trying to achieve? What were the results? What was good or bad about the experience?

So, what? (an analysis of the event)

So, what is the importance of this? So, what more do I need to know about this? So, what have I learned about this? So, what does this imply for me?

Now what? (proposes a way forwards following the event)

Now what could I do? Now what should I do? Now what would be the best thing to do? Now what will I do differently next time?

Clinical Supervisor Review and Attachment Report

Sign off Instructions – FFP (Junior) Medicine

The aims of this Junior Medicine six-week placement are:

- Develop your skills in comprehensive history taking, full integrated physical examination and diagnostic reasoning in Medicine
- Acquire knowledge of common medical conditions
- Be able to describe key investigations and types of treatment of those conditions
- Improve your communication and team-working skills, ethical practice and ability to work within a highly professional framework, keeping patient safety at the heart of all that you do

This is the first medicine placement, the same aims will be revisited in intermediate medicine (6 weeks) and senior medicine (5 weeks) prior to graduation.

We have asked each student to meet with you between weeks 2-4 to introduce themselves and for you to have a look at the progress they are making on this placement.

At the attachment mid-point (weeks 2-4) please review the information presented to you by the student in their e-Portfolio so far, paying particular attention to their "Activity Record and Case Log".

Please check that the student is keeping up with their tutorial attendance, simulation activities (you can also ask the student to show you these on the myprogress app on their phone), clinical activities, case presentations and self-directed moodle learning. You may refer to the student's timetable to see the list of local activities expected across the attachment weeks.

During the clinical phase of the medicine course students are expected to be attend timetabled activities and any absence be reported both to the local Trust administrators and centrally to the Medical School.

There is no minimum level of attendance, but we do expect the students to undertake most of the activities listed by the end of this placement. We will not be able to repeat tutorials or bedside teaching sessions that they may miss.

In the event of absence because of sickness or personal issues impacting on the student's attendance, if you are concerned that the student is not keeping up with the programme, or the student does not introduce themselves to you for the mid-point review, then please speak to the Foundation for Practice Lead at your local hub, or if they are unavailable, your locality Vice-Dean. You may also wish to alert your local Clinical Associate Sub-Dean. The names and contact details for these people are at the end of this document.

We will then ask you to review the student's progress once more in the final sixth week of the placement. Please review their e-portfolio paying particular attention to the activity and case log, end of placement reflection, Moodle sign off declaration and completion of any mandatory items for your placement e.g., WPBA assessments or out of hours working. You then have two options, either pass the student, or fail the student for this placement. **As a general principle, you should not fail a student who you have not expressed concerns about previously.**

Failing a student on their attachment

Students may fail for several reasons, but the commonest ones are:

Lack of engagement with the programme e.g., persistent absence from tutorials, clinical activities, simulation sessions, or teaching sessions as evidenced by lack of attendance on the activity and case log. If you are uncertain that a student meets these criteria then please discuss with the Foundation for Practice Lead at your local hub, or if they are unavailable, your locality Vice-Dean.

Inability to complete the activity and case log by the last day of the placement.

Dishonest reporting when completing the activity and case log. In this instance please also complete a request for intervention form which can be found at

<https://www.nottingham.ac.uk/medicine/documents/medicine-policies/request-for-intervention-form.doc>

The request for intervention form can also be used to notify us of any professionalism concerns, or concerns that the student may require additional pastoral support from the medical school.

Concerns expressed by tutorial leads or others that a student does not seem to have acquired the knowledge as expected from the virtual learning environment (Moodle) each week, relative to their peers. We will ask tutors to contact you to discuss this, prior to your first meeting with the student if this is the case. In this instance, if you notify us, we can check our analytics to see if the student has been engaging with Moodle or not.

Students will not be eligible to sit FFP examinations

If for any reason a student does not pass an attachment in the Foundations For Practice (FFP) phase, they will not be eligible to sit the end phase examinations until they have remediated\retrained in that area. They will be asked to retrain during the Professional Practice (junior assistantships and SSM) period and if successful will have the opportunity to sit the FFP examinations and continue to proceed to the Advanced Practice phase of the course as anticipated.

If a student does not pass two or more attachments in the FFP module, they will not be able to take their FFP examinations and will be asked to take a voluntary interruption of studies and repeat all FFP attachments the following year.

Any attachment can only be repeated once, if the student is unable to attain the intended learning outcomes of the attachment on their second attempt, then their course will be terminated.

Clinical Supervisor Mid-Attachment Review (weeks 2-4)

Junior Medicine

Name of student:

Date of review\meeting:

Please delete as appropriate:

This student has shown me their activity and case log and I am satisfied that they are making good progress towards achieving the intended learning outcomes of this placement.

I am concerned that this student is not making the progress expected in this placement. I have informed the student of this and agreed that I will contact my local Foundation for Practice Lead to discuss my concerns further. The reasons for this academic judgement are:

Name

Position

Date

Clinical Supervisor End of Attachment Report (week 6) Junior Medicine

Name of student:

Date of review\meeting:

Please delete as appropriate

This student has shown me their e-Portfolio including their Activity Record and Case Log and WPBAs and I am satisfied that they have achieved the aims and intended learning outcomes of this placement.

I am concerned that this student has not met the aims and intended learning outcomes for this placement. I do not feel able to sign to say they have attained the required standard for the junior medicine attachment. I have told the student this and will contact my local Foundation for Practice Lead to inform them.

The reasons for this academic judgement are:

Name:

Position:

Date: