WARWICK
MEDICAL SCHOOL

MB ChB Phase II

Core Clinical Education Trust Faculty Handbook

Academic Year 2025-2026

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Welcome to Core Clinical Education (CCE)

CCE is a 30-week course in Year 2 (also called Phase II) of the four-year accelerated, graduate entry, Warwick Medical School MBChB.

The aim of CCE is to allow students to become competent and confident in the basics of history taking, examination, differential diagnosis, investigations, and principles of management of common and important conditions. We also expect them to be able to communicate effectively with patients and colleagues.

Students starting in CCE 1 have just finished a seven week block (called Academic block 1- AB1) in which they have spent time at Warwick Medical School learning about various topics including endocrine conditions, chronic health conditions, maternal health, child health, frailty and confusion, cancer and palliative care, and healthcare in the community. **They have not yet had any clinical experience so will need an induction and careful transition to the clinical environment.**

Leads for Phase II

Prof Olanrewaju Sorinola	Academic Lead Phase II
Dr Katherine Hunt	Academic lead for Academic blocks
Dr Amy Attwater	Academic lead for CCE
Prof Cyprian Mendonca	CCE lead for UHCW
Dr Hadiza Gachi	Phase II Lead for GEH
Dr Rakhi Kakad	CCE Lead for SWFT
Dr David White	Phase II Lead for CWPT

MBChB Course Structure

The four-year medical course is split into three Phases: (see page 5 for curriculum map)

- Phase I (Yr 1): Foundations of science and medicine
- Phase II (Yr 2): AB1/2/3 & Core Clinical Education - Principles of clinical practice
- Phase III (Yrs 3&4): Specialist clinical rotation- in preparation for practice

Phase I (Year 1)

Phase I consists of university-based teaching with some clinical exposure in various settings. Learning activities are arranged by integrating basic medical science disciplines into five blocks of 5 weeks each, along with case-based learning (CBL) activities. The five blocks include:

Health, metabolism, and homeostasis. 2) Blood, heart, and lungs. 3) Brain and behaviour. 4) Locomotion. 5) Reproduction and child health

Phase II (Year 2)

Year 2 starts with Academic block 1 where learning is similar to Year 1, but students are introduced to some more advanced topics, and the focus is shifted more towards clinical knowledge, thinking about patients with multiple co-morbidities, and dealing with uncertainty. They also gain a greater understanding of how the NHS works, and all the different professionals that work within it. By the end of the block, they should hopefully feel more prepared to begin their clinical placements. There

is also Academic block 2 before CCE2 and Academic block 3 before CCE3. There is also a student selected component (SSC1) that runs alongside AB1.

The students have had no clinical experience of health care settings in phase II before they commence 'Core Clinical Education' (CCE), where they become immersed in community and hospital-based clinical teaching. CCE includes time spent in Medicine, Surgery, Specialties (Anaesthetics, Psychiatry, Child Health, and Obstetrics & Gynaecology) and General Practice. The emphasis is on developing core clinical skills in history, clinical examination, diagnosis, and early patient management. There are three CCE blocks (Medicine, Surgery and Specialties which are 10 weeks each and each CCE block has an Academic block preceding it.

Phase III (Years 3 &4)

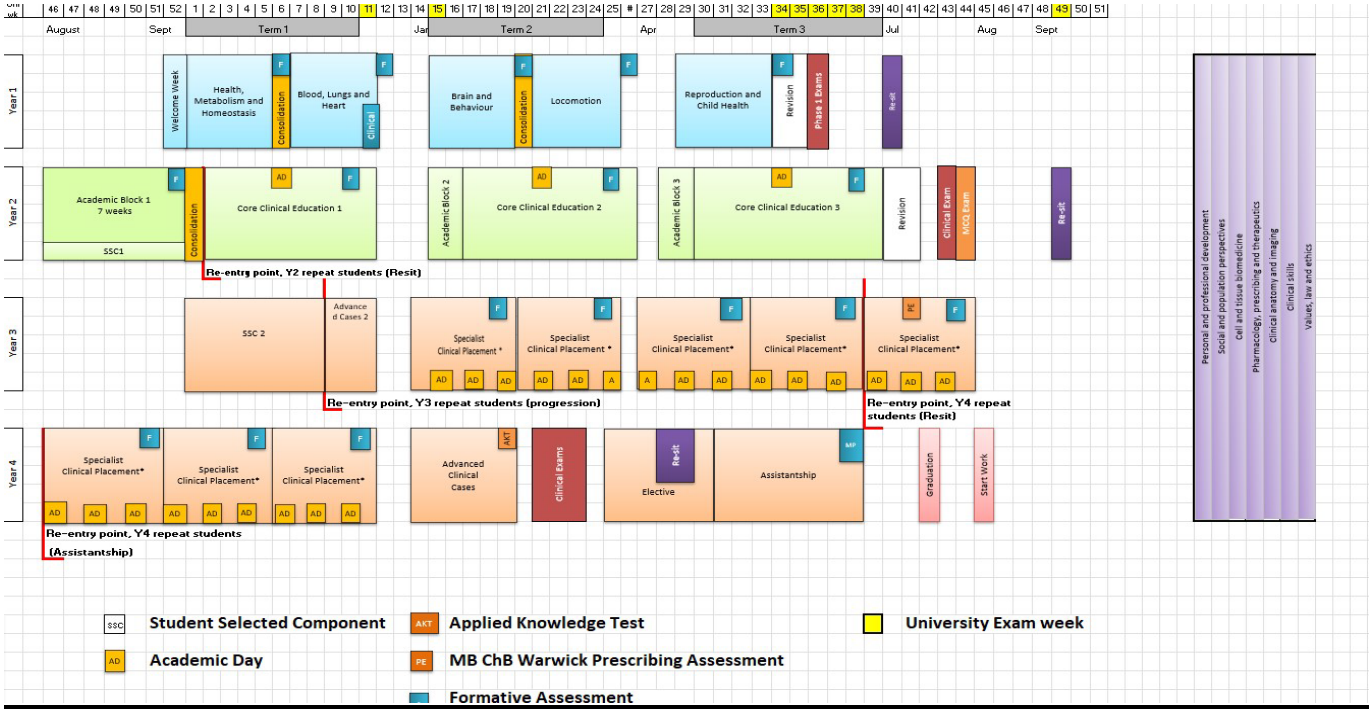
Students will spend eight weeks working on a research-based student-selected component (SSC2). Advanced Cases (AC2) will continue to focus on development of management skills. Six-week placements in 'Specialist Clinical Placements' (SCP) cover:

Care of the Medical Patient. 2) Care of the Surgical Patient. 3) Acute Medicine. 4) Psychiatry. 5) Child Health. 6) Musculoskeletal Healthcare. 7) Obstetrics and Gynaecology. 8) General Practice

After SCP, students undertake a revision to enable them to consolidate their knowledge and practice skills. This block helps prepare the students for their final examinations, and for their subsequent Clinical Assistantship.

Immediately following summative final year examinations, a six-week Elective block is afforded to allow students to undertake a medical project in a setting of their choice.

Curriculum map



Core Clinical Education (CCE)

Students undertake Core Clinical Education (CCE) from October to June of the second year (Phase II) of their training. Students spend most of their time in the clinical environment, applying their theoretical knowledge in a practical clinical context. Students will have exposure to three clinical blocks (Medicine, Surgery and Specialties) to facilitate their learning. Specialties block includes Women's health, Child health, Community health, Mental health, Anaesthetics, Elderly care, Dermatology and Rheumatology.

The key learning outcomes of Core Clinical Education are to develop skills in:

- History taking and clinical examination.
- Investigation and differential diagnosis
- Basic & initial management

Organisation of CCE

The student year group is split into quartiles, with each quartile rotating through three consecutive 10-week blocks across two hospitals (UHCW and GEH or SWFT). UHCW has two quartiles whilst GEH and SWFT have one each.

While in the Trusts students will be in teams with an equal number of Consultants / Supervisors (the Faculty Group) and have a base ward location, where they can do non-timetabled activities.

Students are allocated to a named Clinical Supervisor. The student should spend the majority of the first two to three weeks of each CCE block working closely with their named Clinical Supervisor, and their extended clinical team, in order to develop productive working and learning relationships.

The students will spend one day per week (either Tuesday or Wednesday / Thursday) in a GP setting. In addition, during specialty block, students will spend one day per week in community placement from weeks 1-3 and then attend their allocated GP surgery from weeks 4-10.

Phase II days

These occur midway during each CCE block:

- 21st November 2025: MSK
- 13th February 2026: Men's health
- 22nd May 2026: Women's Health: Gynaecology

These days take place at the medical school and are designed around the learning outcomes. They will include CBL, lectures and group work tasks, and there is also a focus on wellbeing whilst the students are there.

The Role of the Faculty

- Faculty groups will consist of approximately the same number of teachers as students allocated to them.
- One teacher in the faculty group will be assigned one student to oversee progress and assessment (the named Clinical Supervisor).
- Formative assessment of the student's progress will mirror that for qualified F1. At the start of each 10-week rotation, each student will complete a 'start of block' form, in which they will reflect on their learning needs and goals for the coming weeks. There are also mid-block and end of block assessment forms that should be completed with their named Clinical Supervisor as a means of monitoring their progress and providing feedback to help them learn. These and other forms should be completed online using the student NHS ePortfolio.
- As a Faculty Group member, you will be allocated a username and password or be able to access the system in the usual way if you already supervise post-graduate trainees. Faculty groups are requested to familiarise themselves with the ePortfolio as soon as possible to ensure that students are supported in the use of this e-learning tool.
- The website address for the NHS ePortfolio is: https://nhseportfolios.org
- Students will be expected to present at least **two** full OSLER cases, **two** Case Based Discussions (CBD) and **two** Mini Clinical Evaluation Exercises (Mini-CEXs) during each 10-week block, one of each to be done Hospital Trust and the other in General Practice. Again, the forms to document these supervised learning events should be completed via the ePortfolio.
- **Faculty group members are requested to respond promptly to students' emails and ePortfolio 'ticket requests' for feedback. A standard of one-week maximum response time has been set.**
- Faculty groups will meet at the end of each block to discuss the progress of their students and make recommendations, as necessary.
- This will include assessments of their academic and professional progress including attendance and engagement with the learning opportunities.
- The Trust admin team will provide teaching timetables for the students following discussion with faculty group members to include tutorials, ward rounds and bedside teaching, workshops, theatre, and clinic times when teaching will be available.
- Each faculty member will be expected to provide **two hours** of face-to-face teaching to the student group per week. This includes reviewing their learning objectives, teaching on the ward rounds, case-based discussion, tutorials on investigations, applied science, discussion on patient management and giving feedback on their performance. Please refer to the learning outcomes for knowledge on what the students need to learn this year; these are taken from the GMC presentation list.

- Faculty groups will work with the CCE leads to facilitate the optimal teaching for their students and ensure that standards of teaching and assessment are maintained.

These activities may include some or all of:

- Teaching ward rounds
- Business ward rounds (lower expectation of teaching, higher expectation of being an active part of the team)
- Outpatient clinics
- Theatres or other interventions
- Ward work – clerking, junior assistants
- Planned sessions for OSLERS, CBD, Mini-CEX and feedback.
- Tutorials (near ward/off ward)
- Bedside Teaching

Having provided a timetable of available activities the students will then need to ensure that each of the activities is suitably attended. Concerns over attendance should be directed to the CCE trust lead.

Workshops

During each CCE block workshops will be provided. As a faculty group member, you may be involved in providing workshops. The Clinical Teaching Fellows may also be involved as tutors.

CCE Ethos

The aim of CCE is to help students develop core clinical skills in history taking, examination, differential diagnoses, and basic management of common presentations.

Students complete recommended reading before workshops, enabling less didactic teaching and more interactive learning. Tutors can begin with discussion of typical and challenging cases, ensuring students understand the basics first.

Small group sessions provide opportunities to practise forming differentials and tailoring history and examination accordingly, building critical thinking and problem-solving skills.

When planning workshop content, remember students are in their second year and new to clinical learning.

Details of opportunities for interaction and feedback

The students value feedback on observed clinical performance more than any other aspect of working with clinicians. Feedback is a continuous process but there are some more formal opportunities.

There are three supervised learning events (SLEs) types which all students must engage with during CCE, these are: 1. OSLERs 2. CBDs, and 3. Mini-CEXs.

Each is explained below. Structured forms to provide feedback to students on these supervised learning events can be found in the ePortfolio.

OSLER (Objective Structured Long Examination Record)

The OSLER is similar to the final professional exam and includes observation of full history taking, appropriate clinical examination, problem solving, management and interaction with the patient. All students will be expected to go through a minimum of two OSLERS per 10-week block (at least one

each in the hospital and GP) and the faculty should facilitate the opportunity for more, where possible.

Clinical performance will be judged against consultation competencies (history, examination, problem solving, relationship with patients and management). Feedback will be based on the recommended strategies. In this way mutually agreed strengths can be recognised and areas for improvement identified. Recommendations for improvement (learning objectives) will be made in respect of each student and appropriate personal feedback provided for enhancing performance.

Please see appendices for a mark sheet for this.

Watch video - How to do an OSLER

Case based discussions

Students can choose their own cases for CBDs, based on their learning needs although teachers may offer guidance on appropriate patients who they would deem as having a particular history and/or examination signs that provide informative learning material.

Case-based discussions should happen between an individual teacher and your student with the aim of increasing depth in the students' knowledge regarding the condition of the case presented and relevant medical knowledge around the case.

Watch video – What is a CBD

Mini Clinical Evaluation Exercises (Mini CEX)

The faculty member should locate patients for appropriate focused examination as would be found in the OSLER. This may not necessarily focus on clinical examination but is based upon an observed interaction with a patient.

Students will be keeping a log of reflections on their learning, clinical encounters, feedback they receive and of any drugs or other therapeutic interventions they encounter.

Watch video – What is a Mini CEX

Procedural Skills

Students have a list of procedural skills for which they will be trained and assessed during CCE – called TDOCS (as they are derived from the GMC Tomorrow's Doctors Publication).

Formative Assessment in CCE blocks

Students' academic progress will be assessed in the following ways during each 10-week CCE Block:

1. Completion of **TWO Objective Structured Long Examination Records (OSLERS)** – one in the trust and one in GP.
2. Presentation of at least **two Case Based Discussions** (CBD) - one in the Trust and one in GP.
3. Completion of at least **two Focused Clinical Evaluation Exercises** (Mini-CEX) - one in the trust and one in GP.
4. **Online Formative MCQ/SAQ** at the end of each 10-week CCE block (hosted by WMS).
5. Completion of required **procedural skills T-DOCs**

These assessments are intended to be helpful through the provision of honest and constructive feedback on a student's performance and progress. Feedback on the written formative exams will be automated.

Feedback on the OSLERS, Mini-CEX and Case-Based discussions will be immediate (verbal and written) - and recorded in the **students' e-portfolios.**

Students' professional progress will be assessed by the faculty group against four domains during the CCE Blocks: faculty group members may review students' ePortfolios as an additional means of assessing their engagement with learning during CCE.

1. Attendance
2. Professional behaviour
3. Engagement with learning
4. Engagement with the clinical team

The students will be encouraged to share their learning logbook, reflective notes, and e-portfolio with you as evidence of their engagement with the course and attendance.

For each of the elements of academic and professional progress you will make a summary note at the end of each CCE block of:

1. Commended
2. No concerns
3. Concerns: these will need to be explained so they can be addressed.

All students have been allocated a clinical personal tutor. Concerns about a student will result in a meeting with either their CPT or the Phase Academic Lead or deputy. Additional concerns may require meetings with the Course Progress Group and / or Head of MBChB.
At the end of CCE the Course Progress Group will judge whether the student has satisfied the engagement criteria in order to be able to progress to Year 3 (if they pass the summative examinations) and make its recommendation on each student to the examination board.

Overall Engagement Criteria for Core Clinical Education across the year

In each of Medicine, Surgery and Specialty blocks:

1. Completion of the online written formative assessment by the deadline (by WMS)
2. Satisfactory attendance in clinical placement: 100% expected.
3. Submission of an end of block Hospital Trust form (No outstanding concerns).
4. Submission of an end of block GP form (No outstanding concerns).
5. Submission of 2 OSLERs (1 in GP, 1 in each CCE block).
6. Submission of 2 mini-CEX (1 in GP, 1 in each CCE block).
7. Submission of 2 CBDs (1 in GP, 1 in each CCE block).

Across all three blocks:

1. Satisfactory attendance of monitoring points: 100% expected.
2. Completion of Clinical Audit – in CCE2 only. (Graded as satisfactory).
3. Completion of Student Selected Component 1 (Graded as satisfactory).
4. Completion of specific mandatory T-Docs

Whistleblowing

Students are made aware from the beginning of the course that they have a responsibility to report any matters of concern while they are in clinical settings. Guidance on the correct procedure for raising concerns can be found in the main MBChB student handbook.

Complaints

If a member of the faculty wishes to make a complaint, then it should be directed initially to the CCE Trust lead(s) for the hospital who will refer it onto the CCE Academic lead and / or Phase 2 Academic lead.

Problems with students

If a member of the faculty has any concerns about a student (either academic or personal) they should be addressed to the trust CCE lead in the first instance. All students have a Clinical Personal Tutor who can become involved if necessary. It is also possible to contact the Phase II team if an issue is not resolved.

Faculty Development

CCE faculty development sessions are organised within Trusts with the support of the WMS Faculty Development Team. If you are new to teaching Warwick Medical School students, please make sure that you sign up for an 'Induction for new Clinical Teachers' session.

If you are already an established WMS faculty member, please sign up for our Faculty Development days which run during the year.

All the above sessions are planned with the Trust CCE leads so if there is a specific topic you would like us to run a session on please let your CCE lead know or contact Imogen Davies, Senior Teaching Fellow Faculty Development I.Davies.3@warwick.ac.

Quality Assurance

WMS undertakes quality assurance visits every three years and requires hospitals to submit a self-declaration form on an annual basis. We also regularly monitor CQC reports for any areas of concern. WMS reserves the right to remove students from the hospital pending investigation of any areas of serious concern.

The faculty members should:

- Have full and unrestricted registration with the GMC.
- Have good communication skills & demonstrate these in patient centered consultations.
- Be enthusiastic about teaching.
- Have attended a faculty development session specifically aimed at those supervising students in Core Clinical Education.
- Maintain and develop their educational skills by attending the equivalent of one day of professional development for teaching every three years.
- Be available to the student while they are in the Trust or nominate a suitable deputy who they must make known to the student.
- Complete the necessary assessments at the appropriate times.

- Ensure each student completes the minimum number of OSLERs, Case Based Discussions and Mini-CEXs during the 10-week attachment.
- Undertake equality and diversity training at least every 3 years (Yearly at SWFT)

Trust Induction

The GMC Supplementary Guidance on Clinical Placements for Medical Students (2011) states that an induction should be provided for every clinical placement. The medical school has a responsibility to ensure that this takes place.

Five areas should be covered in the induction:

1. Familiarisation with the physical setting and layout of the placement environment.
2. Briefings so the student understands the protocols, rules, and procedures specific to that placement.
3. Introduction of the student to relevant staff members, including levels of supervision and lines of accountability.
4. Access to records and IT systems as appropriate.
5. Appropriate conduct and behaviour such as dress codes, good time keeping and treating patients and visitors with respect.

Students will not be familiar with your Trust and will have an induction organised by the Undergraduate Co-ordinator on arrival, so please be willing to help with any of the above areas where specific conditions apply in your clinical areas e.g. rules regarding clerking of patients by students in busy clinical environments such as the Emergency Department.

Staff Contact Details

Medical School (WMS)	
Phase II Lead	Prof Olanrewaju Sorinola Warwick Medical School Tel 02476 528208 Email: olanrewaju.sorinola@warwick.ac.uk Office: MTC Room 020
Clinical Skills Lead	Professor Vinod Patel Warwick Medical School Hon. Consultant in Endocrinology and Diabetes George Eliot Hospital NHS Trust, Nuneaton Tel: UK 02476 865212 Email: Vinod.Patel@warwick.ac.uk
CCE Lead	Dr Amy Attwater Warwick Medical School Email: amy.attwater@wariwck.ac.uk
Academic lead for Faculty Development Faculty development lead for Phase II	Dr Catherine Bennett Email: Catherine.Bennett@warwick.ac.uk Dr Imogen Davies Email: I.Davies.3@warwick.ac.uk
Year 2 Student support Deputy Senior Tutor	Eloise Powell Email: Eloise.Powell@warwick.ac.uk
At UHCW	
CCE Lead at UHCW	Dr Cyprian Mendonca Extension 25871/25874/25954, Bleep: 1865 Email: Cyprian.mendonca@uhcw.nhs.uk
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Undergraduate Co-ordinator Phase 1 and 2	Nicole Kalala Medical School Administrator – Phase 1 & Medical Education Department, UHCW Clinical Sciences Building Tel: 02476 968787 Email: nicole.kalala@uhcw.nhs.uk OR Undergraduatemeded@uhcw.nhs.uk
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Head of Medical Education, CEFs & Tutors / Post & Undergrad NHSE & Trust Medical & MAPs Education & ARJP / Clinical SIM Skills & TEL / Education Research	Louise Harmer Tel: 024 7615 3461; 07717 450684 louise.harmer@geh.nhs.uk
Undergraduate Medical Education Manager	Sam Cook Tel: 07768 481043 samantha.cook@geh.nhs.uk
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At CWPT	
Psychiatry Lead	Dr David White david.white2@covwarkpt.nhs.uk
Deputy Medical Workforce Manager	Louise Siddall louise.siddall@covwarkpt.nhs.uk
Undergraduate Coordinator	Jo Hollingsworth joanne.hollingsworth@covwarkpt.nhs.uk
GP	
GP Lead	Dr Helen Gabathuler H.Gabathuler@warwick.ac.uk
Deputy GP Lead	Dr Sati Heer-Stavert Sati.Heer-Stavert@warwick.ac.uk

APPENDIX 1: Core Clinical Education Presentations

Below is a list of common and important presentations students should cover by block throughout CCE. The presentations are not an exhaustive list; they are to give an idea of the common conditions that students are expected to come across in the clinical environment.

The key learning outcomes will be:

- To take an adequate history and understand relevant differentials.
- Carry out necessary examinations and investigations.
- To understand basic management plans for such conditions

Medicine Block Presentations and Learning Outcomes

Cardiovascular

1. Breathlessness
2. Chest pain
3. Heart murmurs
4. Hypertension
5. Painful swollen leg
6. Palpitations
7. Peripheral oedema and ankle swelling

Endocrine

8. Fatigue
9. Weight loss

General medicine / Metabolic

10. Allergies
11. Deteriorating patient
12. Fever

Neurological

13. Dizziness
14. Headache
15. Fits & seizures
16. Unilateral limb weakness

Renal and urinary

17. Acute Kidney Injury
18. Chronic Kidney Disease
19. Electrolyte abnormalities

Respiratory

20. Cough
21. Pain on inspiration
22. Haemoptysis
23. Sore throat

Surgery Block Presentations and Learning Outcomes

Breast

1. Breast lump

Ear, Nose and Throat

2. Painful ear
3. Epistaxis
4. Hearing loss
5. Hoarseness and voice change
6. Vertigo

Gastrointestinal / Colorectal

7. Abdominal distension
8. Acute abdominal pain
9. Bleeding from the upper GI tract
10. Bleeding from lower GI tract
11. Change in bowel habit
12. Chronic abdominal pain
13. Jaundice
14. Swallowing problems

General

15. Lump in the neck
16. Lymphadenopathy

Musculoskeletal

17. Back pain
18. Soft tissue injury

Ophthalmology

19. Acute change in or loss of vision
20. Red eye
21. Eye pain/discomfort

Urology

22. Scrotal/testicular pain and/or lump/swelling
23. Haematuria
24. Urinary symptoms

Vascular

25. Limb claudication
26. Shock

Specialties Block Presentations

Child health

1. Abnormal development/developmental delay
2. The sick child

Care of the elderly

3. Confusion
4. Frailty
5. Falls

Dermatology

6. Acute rash
7. Chronic rashe
8. Skin ulcers
9. Skin lesion / Skin lump

Haematology

10. Bruising
11. Pallor

Mental health

12. Anxiety, Phobias & OCD
13. Low mood / affective problems
14. Memory loss
15. Substance misuse

Other

16. Acute and chronic pain management

Rheumatology

17. Acute joint pain/swelling
18. Chronic joint pain/swelling

Women's health: Gynaecology

19. Abnormal cervical smear
20. Contraception request / advice
21. Vaginal discharge
22. Urethral discharge and genital ulcers/warts
23. Menstrual problems

Women's health: Obstetrics

24. Difficulty in breast feeding
25. Labour
26. Normal pregnancy/antenatal care
27. Pregnancy risk assessment

APPENDIX 2: Assessment of consultation competence

History taking

- Introduces self to the patient and puts patient at ease.
- Enables the patient to elaborate presenting problem fully.
- Listens attentively and seeks clarification of words used by the patient, as appropriate.
- Phrases questions simply and clearly
- Uses silence appropriately.
- Recognises the patient's verbal and non-verbal cues.
- Identifies the patient's ideas, concerns, and expectations.
- Considers physical. social and psychological factors as appropriate

Examination

- Performs examination and elicits signs correctly.
- Uses diagnostic instruments competently.
- Displays sensitivity to patient's needs during examination.
- Washes hands competently and at an appropriate moment

Problem solving

- Seeks relevant and specific information to help distinguish between working diagnoses.
- Generates appropriate working diagnoses or identifies the problem.
- Seeks relevant and discriminating signs to help confirm or refute working diagnoses.
- Correctly interprets and applies information obtained from the patient's record, history, examination, and investigation.
- Applies basic, behavioural, and clinical sciences knowledge to the patient's problem.
- Is capable of recognising limits of personal competence and acting accordingly.
- Exhibits a well-organised approach to gathering and giving of information.

Patient management

- Collaborates with the patient in negotiating a mutually acceptable plan.
- Provides appropriate advice on self-care and acts on opportunities for health promotion.
- Utilises drug therapy safely and rationally using sound pharmacological principles.
- Orders appropriate investigations and interprets results correctly.
- Makes discriminating use of referral.
- Arranges appropriate follow-up.
- Checks the patient's level of understanding.

Relationship with patient

- Maintains friendly but professional relationship with the patient with due regard to the ethics of medical practice.
- Uses empathy to encourage the patient to express feelings and thoughts.
- Supports the patient in coping with the situation.
- Demonstrates awareness that the patient's attitude to the doctor (and vice versa) affects achievement of co-operation.

APPENDIX 3: OSLER: Tutor assessment and Feedback

Date ……. Setting ……

Problem …….

History Taking

Strengths *Areas to Improve*

Introduction
Puts at Ease
Allows patient to elaborate
Listen attentively
Clarifies
Simple questions
Uses silence effectively
Follow cues
ICE
Biopsychosocial approach

Clinical examination

Strengths *Areas to Improve*

Correct technique
Uses instruments
Sensitive
Washes hands

Patient Management

Strengths *Areas to Improve*

Shared understanding
Collaboration with patient
Self-care/drug therapy
Investigations/referral
Health promotion
Follow-up
Checking understanding

Problem Solving

Strengths *Areas to Improve*

Obtains relevant and specific information from records
Obtains relevant and specific information from patient
Appropriate working diagnosis
Seeks relevant and specific physical signs
Interprets and applies information
Interprets and applies basic science knowledge
Recognises limits of competence
Well organised information gathering

Relationship with patients

Strengths *Areas to Improve*

Friendly and professional
Demonstrate empathy
Demonstrate support
Awareness of attitudes

APPENDIX 4: Mini-Clinical Evaluation Exercise (Mini-CEX)

Mini-Clinical Evaluation Exercise for learning (Mini-CEX)	
APPENDIX 4: This form records a "patient/student encounter" (mini CEX) observed by a faculty team member for teaching purposes. Topics should be chosen jointly by the student and faculty team member to address learning needs. Feedback and actions advised for further learning are recorded.	
Clinical Setting: (e.g., ED, OPD, Ward, Admissions, GP surgery, Home visit, Other: specify)	
Clinical Problem Category: (e.g., New patient, Follow up, Complexity, Airway, Breathing, Circulation, Neuro and Visual, Psych, Pain, Long term illness, Communication, etc.)	
Focus of Encounter: History, Diagnosis, Examination, Management plan, Communication, Discharge, Other (please specify)	
Learning Outcomes Addressed: Please see CCE learning outcomes	
Feedback based on the behaviours observed: what were the strengths shown?	
Feedback on the behaviours observed: what are the areas for further practice or improvement?	
Agreed Action:	
Student Signature: **Faculty Team Signature:**	

APPENDIX 5: Reflection in the WMS curriculum: CCE

Why reflection?

Reflection is now a core part of the medical school curriculum, and a core part of 'Good Medical Practice' for doctors once they qualify.

What is the most beneficial way to reflect?

A good reflection identifies an important issue and then explores it, drawing from different perspectives to the point where a new understanding is reached, and the student can then plan a new way of handling that issue more helpfully in future.

The most helpful approach is to constantly think:

'What can I learn here that will make me a better doctor?'

What do students already know about reflection?

In phase I students have learned about the skills of reflecting and have shared their reflections with one another in facilitated feedback sessions, with a small number of students (approx. 2%) requiring additional support to produce work of a satisfactory standard. In Core Clinical Education and beyond, we expect students to continue to reflect on their learning and development, and to demonstrate evidence of this in their ePortfolio reflective log as a core part of their clinical learning. They will not need to submit a further reflective piece to the medical school during CCE, but they are aware that their ePortfolio may be viewed by their tutors and faculty group as a means of assessing their engagement with learning.

How will students demonstrate their reflection skills during CCE?

At three points in each block in CCE (start of block agreement, mid-block review, and end of block review), students will be asked to reflect with you (documented on the relevant block ePortfolio forms) on their learning so far, identifying achievements and challenges along the way. They also have a reflective log in their ePortfolio, to which they can add at any point during each block. You are not asked to grade students' reflections during the block review meetings; however, it is helpful to check their reflective log to make sure they are using it, and to support them if they are having difficulties.

If students are reluctant to see the benefit of engaging with reflection during CCE, it is worth letting them know that reflective ability is an essential skill that junior doctors must demonstrate if they wish to apply for specialist training.

How can I support my students to reflect during CCE?

1. Help students to reflect on their progress during your meetings with them (which occur at the start of each block, mid-way through the block, and at the end of the block). Show an interest in their progress and in the learning outcomes they choose for each block. Give them feedback on whether their plans are realistic: support them to produce realistic learning plans.

2. Look at their reflective log and ask them whether they are logging any feedback they receive in their ePortfolio. Show an interest in what they have learned, and in the topics, they choose to reflect upon. If they are not using the reflective log, ask them if they need support.

3. If you would like to give more specific feedback on students' reflective writing, here are some ideas regarding elements of good practice in reflection that you can give positive feedback on:

    a. Ability to identify useful topics to reflect on: e.g., experiences with patients, thinking about teamwork, thinking about difficult communication, etc.
    b. Ability to convey one's own emotions and personal reaction to a situation (not just giving a description of events)
    c. Ability to step back from a situation and look at it from a variety of perspectives.
    d. Use of the personal pronoun; making it personal: e.g. 'I have always struggled with time-management, so in this block I plan to keep a diary…'
    e. Ability to produce realistic action plans: e.g. 'I plan to read up on clotting and present a revision session on it to my colleagues next week – I will get feedback from them on whether I have covered all the most important points.'
    f. Ability to seek and note down both positive and more negative feedback, and to learn from it.
    g. Ability to apply what they have learned from an experience to future medical practice.