

# Warwick Medical School

## MBChB Phase II Advanced Cases 1 **Learning Outcomes / Handbook**

2022-2023

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Student Name: \_\_\_\_\_



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## AC1 Introduction

*“The facts are locked up in the patient.  
To the patient, therefore, [you] must go.....”<sup>1</sup>*

Welcome to the Advance Cases 1 Block. This 12-week block is the start of the second year (Phase II) of the MBChB course. Throughout Phase II you will build on your learning from Phase 1, and there are 3 main themes:

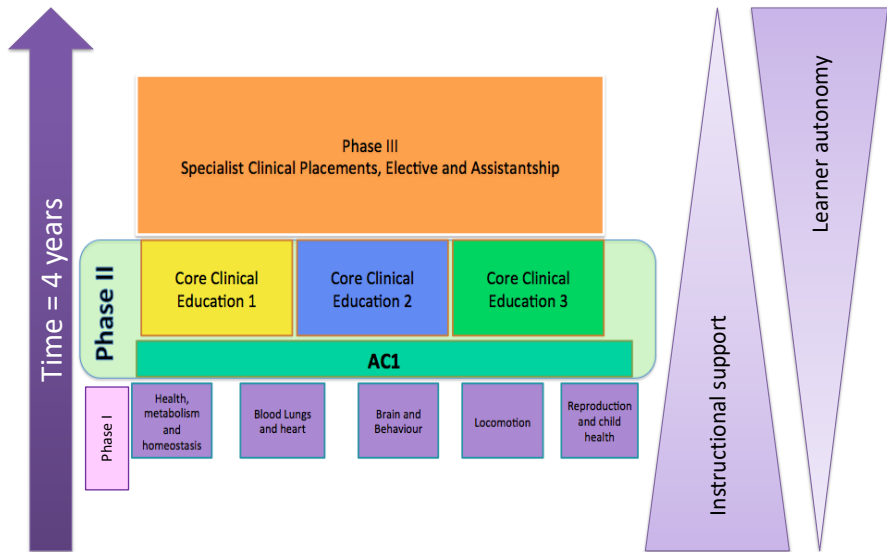
- **Developing as a professional**
- **Working with complexity and uncertainty**
- **Understanding and working in the NHS**

AC1 continues to build on knowledge and skills from Phase I and most importantly begins the life-long skill of learning from patients. The patients are the reason for being a doctor and it is your responsibility to learn enough and practice your skills, so you are able to treat your patients in the future. Patients will expect doctors to have used every opportunity to learn at medical school!

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1

Flexner, A. (1910) Medical Education in the United States and Canada, s.l.: Carnegie Foundation for the Advancement of Teaching



AC1 forms a bridge between the predominately medical school learning of Phase I and the Clinical environments of CCE (Core Clinical Education) in Phase II and SCP (Specialist Clinical Placements) in Phase III.



AC1 is all about *connections*.

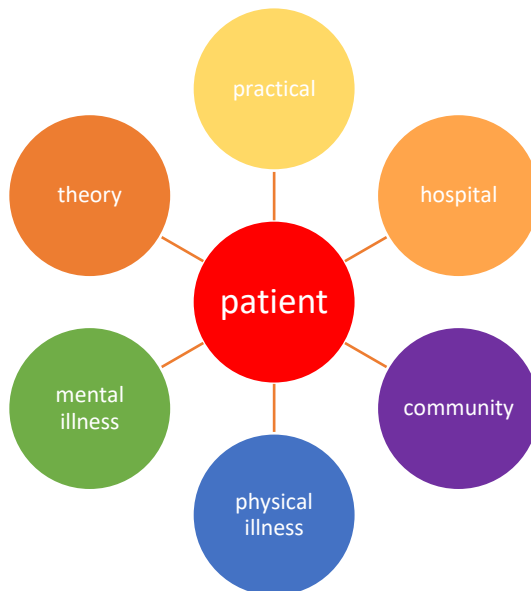
Anatomical connections

Multiple Illnesses in one patient

Illnesses that affect multiple systems

Multidisciplinary teams

Connecting theory with practice



Although the emphasis is now more on clinical knowledge, the basic scientific themes of anatomy, pathology and physiology will continue throughout your entire MBChB course.

During AC1 you may find that you learn differently, from using theory to apply to practice, you may now start using practice (seeing patients) to learn more theory.

Enjoy the AC1 block!

Dr Lindsay Muscroft (Academic Lead for Advance Cases 1)

## The AC1 Team

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## Student support

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## University Hospital Coventry and Warwickshire Team

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## South Warwickshire NHS Foundation Trust Team

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# Overarching Phase II Outcomes

During Phase II students will continue their development as a professional and aim to achieve the following:

## PROFESSIONAL VALUES AND BEHAVIOURS

### Professional and ethical responsibilities

- Increasingly take personal and professional responsibility for actions
- Demonstrate strategies how to manage their time and begin to prioritise their time effectively
- Demonstrate they are learning to act with integrity, and be polite, considerate, Trustworthy, and honest
- Engage in induction and orientation activities, learn from experience and feedback, and respond constructively to assessment outcomes
- Begin to analyse sources of clinical evidence or guidance and apply this knowledge to clinical situations
- Demonstrate the principles of person-centred care; learn how to place patients' need and safety at the centre of the care process and escalate any concerns
- Manage the personal and emotional challenges of coping with workload on wellbeing. Seek appropriate advice and support.

### Working with complexity and uncertainty

- Have an awareness of and start to develop strategies to cope with uncertainty and change encountered during clinical placements
- Develop skills in taking a history that includes consideration of the patient's autonomy, views, and any associated vulnerabilities
- Have an awareness of the complex medical needs, goals and priorities of patients and the factors that can affect health and wellbeing
- Begin to demonstrate the ability to work collaboratively in or with the multidisciplinary team when working with patients with complex needs. This will include patients with multiple morbidities, frailty and long term physical and mental conditions.

## PROFESSIONAL SKILLS

### Communication and interpersonal skills

- Elicit and accurately record a patient's medical history exploring their ideas, concerns, expectations, values, and preferences
- Provide explanation, advice and support that matches patients' level of understanding and needs

### Diagnosis and medical management

Be able to:

- Safely and sensitively undertake appropriate examination
- Interpret some of the findings from the history, physical and mental state examinations
- Propose some common differential diagnoses
- Propose some options for investigations, considering potential risks and benefits
- Interpret the results of investigations and diagnostic procedures
- Synthesise findings from the history, examination, and investigations, and make some proposals about underlying causes or pathology for common or important diseases
- Propose a plan of management including prevention, treatment, etc. based on the available evidence at an appropriate level for phase II.

## PROFESSIONAL KNOWLEDGE

### Applying biomedical scientific principles

- Explain the relevant underlying scientific processes of common and important clinical conditions and diseases
- Be able to apply biomedical scientific principles, methods and knowledge to medical practice and start to integrate these into patient care. This will include principles and knowledge relating to:
  - anatomy, biochemistry, cell biology, genetics, genomics and personalised medicine, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and clinical pharmacology, and physiology

- Describe medications and their actions for those found on the Phase II drug list. This will include:
  - therapeutics and pharmacokinetics
  - side effects/interactions
- Summarise the current ethical dilemmas in medical science and healthcare practice. This will include:
  - ethical issues arising in everyday clinical decision-making
  - applying ethical reasoning in the clinical environment

### **Applying psychosocial principles**

- Understand the psychosocial concepts of health, illness and disease and apply these to the care of patients
- Explain the psychosocial aspects of behaviour and behavioural change including the impact on care, concordance, and compliance
- Explain the relationship between psychosocial wellbeing and medical conditions. This will include how psychosocial factors impact on risks and treatment outcome of ill-health

### **The health service: understanding and working in the NHS**

- Describe and illustrate from their own experience a range of settings in which patients receive care. This will include care provided in:
  - the community
  - patients' own homes and
  - primary and secondary care settings
- Recognise and show respect for the roles and expertise of other health and social care professionals, including consideration of the care setting, in the context of working and learning as a multi-professional team

## AC1 Learning Outcomes

### Week 1: Genetics & Paediatrics

- Recognise and describe symptoms and signs and explain the relevant underlying scientific process of the more common genetic conditions in adults and children such as Cystic Fibrosis, Haemophilia, Down's syndrome, and Duchenne Muscular Dystrophy (14c, 14g, 22b)
- Begin to form basic investigation and management plans for children with genetic conditions (14e, 22c)
- Demonstrate working collaboratively with patients, their relatives, carers or other advocates, in planning their care, negotiating and sharing information appropriately and supporting patient self-care (6c)
- Apply the principles and knowledge relating to genetics and genomics to care of those with genetic disorders (22)
- Summarise the current ethical dilemmas including those involving genetics in medical science and healthcare practice (2c)

### Week 2: Diabetes & Adolescence

- Recognise and describe symptoms and signs and explain the relevant underlying scientific process of endocrine disease including diabetes (14c, 14g, 22b)
- Begin to form basic investigation and management plans for patients with endocrine disease (14e, 22c)
- Recognise the complex medical needs, goals and priorities of patients and the factors that can affect health and wellbeing in young people especially those with chronic conditions (6a)
- Explain the sociological aspects of behavioural change and treatment concordance and compliance such as in adolescents, and apply these as part of person-centred decision making (24e)
- Demonstrate how to communicate sensitively and effectively with patients especially when communicating with children and young people and people who lack insight into their illness or are ambivalent about treatment (10b)

### Week 3: Infectious Diseases & Viruses

- Recognise and describe symptoms and signs and explain the relevant underlying scientific process of common and important viral infectious diseases and of infections affecting the immune system (14c, 14g, 22b)
- Apply the principles and knowledge relating to immunology and microbiology to care of those with viral infections (22)
- Begin to form basic investigation and management plans for patients fever of unknown origin including appropriate investigations (14e, 22c)
- Begin to form basic investigation and management plans for patients with infectious viral diseases (14e, 22c)
- Demonstrate how to communicate sensitively and effectively with patients especially when discussing issues that may be sensitive for the patient such as alcohol, smoking, diet, weight and sexual behaviour (10b)

### Week 4: Homelessness & Health

- Understand the complex medical needs, goals and priorities of vulnerable patients and the factors that can affect health and wellbeing including the environmental, social, behavioural and cultural factors which influence health and disease (7b)
- Begin to demonstrate the ability to work collaboratively with other health and care professionals / organisations when working with patients, particularly vulnerable groups of patients (6d)
- Recognise the symptoms and signs and explain the relevant underlying scientific process of infectious disease including multisystem infectious diseases (14c, 14g, 22b)
- Begin to form basic investigation and management plans for patients with infectious diseases by applying the principles and knowledge relating to immunology and microbiology (14e, 22c)
- Apply the basic principles of communicable disease control in hospital and community settings, including disease surveillance (25g)

## Week 5: Autoimmune Diseases & Renal

- Recognise and describe the symptoms and signs and explain the relevant underlying scientific process of autoimmune disease (14c, 14g, 22b)
- Begin to form basic investigation and management plans for patients, applying the principles and knowledge relating to cell biology and immunology to care of those with allergies or autoimmune disease (14e, 22c)
- Begin to demonstrate the ability to work collaboratively with other health and care professionals and organisations when working with patients with complex multisystem disease (6d)
- Recognise the complex medical needs, goals and priorities of patients and the factors that can affect health and wellbeing in those with complex multisystem diseases (6a)
- Recognise and describe the symptoms and signs and explain the relevant underlying scientific process of acute and chronic kidney disease (14c, 14g, 22b)
- Begin to form basic investigation and management plans for patients with renal disease (14e, 22c)

## Week 6: Hypertension & Arrhythmias

- Recognise and describe symptoms and signs and explain the relevant underlying scientific process of developing arrhythmias such as atrial fibrillation (14c, 14g, 22b)
- Begin to form basic investigation and management plans for patients with atrial fibrillation and other common or important cardiac conditions (14e, 22c)
- Describe the risks associated with atrial fibrillation; evaluate the benefits and risks for patients starting anticoagulation medication for atrial fibrillation and communicate this risk effectively with patients (18b, 10a)
- Recognise and describe symptoms and signs and explain the relevant underlying scientific process of hypertension, the epidemiology, and the associated risks of hypertension and how to apply the principles of primary, secondary and tertiary prevention of disease (14c, 14g, 22b)

- Begin to form basic investigation and management plans for patients with hypertension (14e, 22c)

### Week 7: Chronic Physical & Mental Health

- Recognise the symptoms and signs and explain the relevant underlying scientific process of developing chronic multisystem disease such as heart failure (14c, 14g, 22b)
- Begin to form appropriate basic investigation and management plans for patients with heart failure (14e, 22c)
- Explain the relationship between psychological and chronic physical conditions (23c)
- Recognise and describe symptoms and signs of depression and be able to perform a mental state examination (14b, 14c, 14g, 22b)
- Begin to form basic management plans for patients with depression including appropriate investigations and assessments as well as demonstrate an understanding of how to assess the needs and support required for people with mental health conditions (7e, 14e, 22c)

### Week 8: Cancer & Week 10: Palliative Care

- Recognise and describe symptoms and signs of cancer and explain the relevant underlying scientific process including principles and knowledge relating to anatomy, biochemistry, cell biology, pathology and genetics applying and integrating this into patient care (14c, 14g, 22b)
- Begin to form basic management and investigation plans for patients with common, important and chronic illnesses, such as cancer, taking into consideration the patients' preferences, social needs, multiple morbidities, frailty and long term physical and mental conditions (6a, 14e, 22c)
- Demonstrate working collaboratively with patients, their relatives, carers or other advocates, in planning their care, negotiating and sharing information appropriately and supporting patient self-care (6c)
- Recognise how treatment and care can place an additional burden on patients and make decisions to reduce this burden where appropriate,

particularly where patients have multiple conditions or are approaching the end of life (6e)

- Describe how health care professionals can communicate sensitively and effectively with patients especially when sharing news about a patient's condition that may be emotionally challenging for the patient and those close to them (6g, 10b)

## Week 9: Frailty & Confusion

- Explain how normal human structure and function and physiological process differs in the older age group, including the concept of frailty (22a)
- Recognise and describe symptoms and signs and explain the relevant underlying scientific process of developing confusion (14c, 14g, 22b)
- Be able to perform a cognitive state examination and understand the importance of assessing the mental capacity of a patient (2l, 14b)
- Begin to form appropriate basic investigation and management plans for patients with confusion (14e, 22c)
- Demonstrate the ability to work collaboratively with other health and care professionals / organisations when working with patients, particularly those with multiple morbidities, frailty and long term physical and mental conditions (6d)

## Clinical Days

### By the end of AC1 students should be able to:

- Explain and demonstrate the importance of seeking patient consent respecting the wishes of patients and whether they wish to participate in the education of students (2l)
- Explain the importance of integrating patients' care across different settings to ensure person-centred care (20b)
- Raise and escalate concerns about patient safety, quality of care, bullying, harassment and undermining (2o)
- Apply measures to prevent the spread of infection, and apply the principles of infection prevention and control (5d)
- Develop skills to elicit and accurately record a patient's history exploring ideas, concerns, expectations, values and preferences (11a, 11b)



- Develop skills to safely and sensitively undertake appropriate examination (14b)
- Be able to interpret findings from the history and examination (14c)
- Be able to propose some common differential diagnoses (14d)
- Be able to propose some options for investigation taking into account potential risks and benefits (14e)
- Be able to perform the diagnostic therapeutic and practical procedures listed for AC1 safely and effectively (13)
- Be able to synthesise findings from the history, examination and investigations, and make some proposals about underlying causes or pathology for common or important diseases (14g)
- Provide immediate basic life support and cardiopulmonary resuscitation (17c, 17d)
- Recognise and show respect for the roles and expertise of other health and social care professionals in the context of working and learning as a multi-professional team (9c)
- Identify the impact of their behaviour on others (8c)

## Structure of AC1

AC1 is 12 weeks long and forms the first part of Phase II. Each week has a different theme, and an “AC1 Week” runs from Wednesday to Tuesday.

The CBL case will open on a Wednesday, and close the following Tuesday. New self-paced online learning sessions will be released every Wednesday. The following Wednesday morning, before we move to the next “AC1 Week” there will be some face to face lectures, from the lecturers who have recorded the online sessions, to help you apply the knowledge you have gained through completing the sessions, and to allow you to ask any questions.

Week	Theme
1 – beginning Wednesday 14 <sup>th</sup> September	Genetics & Paediatrics
2 – beginning Wednesday 21 <sup>st</sup> September	Diabetes & Adolescence
3 – beginning Wednesday 28 <sup>th</sup> September	Infectious Diseases & Viruses
4 – beginning Wednesday 5 <sup>th</sup> October	Homelessness & Health
5 – beginning Wednesday 12 <sup>th</sup> October	Autoimmune Diseases & Renal
<b>Monday 17<sup>th</sup> October – Friday 21<sup>st</sup> October</b>	<b>Consolidation Week</b>
6 – beginning Wednesday 26 <sup>th</sup> October	Hypertension & Arrhythmias
7 – beginning Wednesday 2 <sup>nd</sup> November	Chronic Physical & Mental Health
8 – beginning Wednesday 9 <sup>th</sup> November	Cancer
9 – beginning Wednesday 16 <sup>th</sup> November	Frailty & Confusion
10 – Wednesday 23 <sup>rd</sup> November – Friday 25 <sup>th</sup> November	Palliative Care
11 – Monday 28 <sup>th</sup> November – Friday 2 <sup>nd</sup> December	Transition Week 1
12 – Monday 5 <sup>th</sup> December – Friday 9 <sup>th</sup> December	Transition Week 2

## Weekly timetable

The example weekly timetable below shows the general format of most weeks of the block. The latest version of the full 12 week timetable can be found in the AC1 section of Moodle under “Supporting Documents” by clicking on the phase 2 folder in sharepoint, and the weekly timetable will be posted under the “Weekly Guides” every week. You will also be sent invites to any MTC based timetabled activities for you to add to your outlook calendar, this will not be the case for trust timetabled activities.

Example Weekly Timetable						
	Mon	Tues	Wed	Thurs	Fri	
09.00 - 10.00	Clinical Day - Students out at trusts (If not scheduled to go in on this day, this is time to complete your online learning sessions)	CBL Case Close (EVEN Groups) 9.00 - 10.30	Group Work	Face to face lectures at the MTC - Applied knowledge from the previous week's online learning sessions, Introduction to the coming week and Patient of the week	Clinical Day - Students out at trusts (If not scheduled to go in on this day, this is time to complete your online learning sessions)	SSC1 (If scheduled for SSC1 on the other day, this is time to complete online learning sessions)
10.00 - 11.00		CBL Case Close (ODD Groups) 10.45 - 12.15	Group Work			
11.00 - 12.00						
12.00 - 13.00						
13.00 - 14.00						
14.00 - 15.00			SSC1 (If scheduled for SSC1 on the other day, this is time to complete online learning sessions)	CBL Case Open (EVEN Groups) 14.00 - 15.30		Group Work
15.00 - 16.00						
16.00 - 17.00			CBL Case Open (ODD Groups) 15.45 - 17.15	Group Work		

### Clinical Days

Mondays and Thursdays are reserved for you to attend the Trusts. Your Trust will provide you with an individual timetable for these days. You will not be required all day for both of these days, so when you are not scheduled to be in, you should spend the time working through the self-paced online learning sessions or doing self-directed learning.

### CBL

There is time set aside on the afternoon of Monday 12<sup>th</sup> September for you to meet your new CBL group, and the clinician who will be your CPT.

Dr Louise Davis, the academic lead for CBL, will give you an introduction to CBL in phase II on Wednesday morning in week 1, prior to the opening of the first case.

There are 9 CBL cases during AC1, each of which opens on a Wednesday afternoon and closes the following Tuesday morning. Attendance at these sessions will be monitored and will form part of your engagement criteria.

## Group Work

The vast majority of AC1 group work sessions will be delivered face to face at the Medical School, and the majority of the time this will be on a Tuesday morning or a Wednesday afternoon when you are not doing CBL. Exact times and group allocations can be found in the AC1 section of Moodle under “Supporting Documents” by clicking on the phase 2 folder in sharepoint.

Group work activities will include:

- Clinical Reasoning
- Communication Skills
- Hands on Clinical Anatomy & Imaging (CAI) sessions
- VLE group work sessions (using simulated patients where appropriate)
- Safeguarding
- CTB Workshops
- Intro to Transition weeks group work
- Palliative Care group work sessions

## SSC1

This will run during weeks 1-10 of AC1. Depending on which option you have selected, sessions will be scheduled either Tuesday 2-5pm or Friday 9-12am. You will be advised by your option lead whether particular sessions are face to face, or online.

SSC1 is a separate block to AC1 and any questions should be directed to the SSC Lead Dr Birgit Fruhstorfer [birgit.fruhstorfer@warwick.ac.uk](mailto:birgit.fruhstorfer@warwick.ac.uk).

You should use the slot in which you are not scheduled for SSC1 to work through the self-paced online learning sessions or to do self-directed learning.

## Wednesday morning face-to-face lectures

Every Wednesday morning there will be face-to-face lectures at the medical school. Where possible, these will be provided by the lecturers who have recorded the self-paced online sessions that you have been working through

throughout the previous week. Their aim is to help you apply the knowledge you have gained through completing the sessions, and to allow you to ask any questions.

These sessions will be followed by an introduction to the next week and our “patient of the week” session.

### **Patient of the Week**

Every week we have a patient coming to speak to you in the lecture theatre, who is living with a condition linked to that week’s theme.

This session will take the format of a Q&A session, and is a fantastic opportunity to find out how the conditions you will be learning about during AC1 really impact on patients’ day to day lives. The patients are prepared for you to ask absolutely anything, and are keen to teach you as much as they can.

Please do utilise this opportunity – seeing conditions in real life is an excellent way to help you remember things without having to sit and read a textbook for hours!

These sessions will not be recorded, and anything said within them is completely confidential and should therefore not be repeated outside of the lecture theatre.

## Moodle and your Online Learning Sessions

Use the Moodle pages to help you navigate your way through the AC1 block, and what you should be learning.

There is a weekly guide for each week of the block, and if you click on it you will find the following sections:

- An introduction to the week: this will also include a copy of your weekly timetable and the learning outcomes for the week.
- An overview of sessions: Here you will find links to both all the face to face lectures that you need to attend, and any associated learning materials such as PowerPoint slides, as well as links to all the self paced online learning sessions you need to complete that week. Not every learning outcome will be covered through the pre-recorded self-paced learning sessions – some may require self-directed learning instead.
- Opportunities for chat or discussions: this section highlights any available opportunities for asking questions throughout the week.
- Group Work: Here you will find links to all the group work you will need to attend that week, and any associated learning materials.
- Quick Links: These allow you to quickly navigate back to the key areas on Moodle, and to the 3 trust areas of Moodle, where your trust will post timetables and learning resources.

Next to the link for each weekly guide, there are also links to the weekly student checklist of everything you need to complete, and a weekly quiz to test your knowledge about everything you've covered that week.

## Other Learning Resources

- Patients! Make the most of any clinical opportunities that your Trusts are able to give you. Consolidate any clinical encounters by reading around the subject when you get home and filling in any knowledge gaps.
- Books – the AC1 reading list is on Moodle and electronic versions of most books can be accessed through the library website.

- Incision Academy (Access to videos of surgeries and 3D anatomy models)
- Staff – every week on a Wednesday morning there will be an opportunity to ask questions about the block. You can also email the block lead Lindsay, or the phase II admin team at any time, or pop in and see Lindsay in her office; MTC 103, on the left just before you go into the computer room from the common room. All lecturers are happy to be emailed directly and their contact details can be found on the individual learning session pages on Moodle. Most lecturers will also be available on the Wednesday morning following the week their session has run.
- Other students – organise study sessions and get support from your peers

## Assessment and Attendance

### Formative

There will be one formative in AC1, which is mandatory and will be held during Week 10. This will be available for completion from **9am Wednesday 30th November 2022** to **5pm Tuesday 6th December 2022**.

The formative is there to help you check on your progress. If you are worried about your progress please talk to us (AC1 lead, theme leads, clinical tutors, CBL facilitators, CPTs) for some feedback and suggestions. Don't forget there are also weekly quizzes to test yourself on material covered during the week – these are optional.

There is also an online quiz on 'Good medical practice' that you need to complete. This is a 'mastery' assessment - you need to attain 80% but you may have multiple attempts! **The deadline for completing this is Friday 25<sup>th</sup> November at 12 noon.**

### Summative

End of Year 2 exams will take place in September 2023 and you will be assessed on the curriculum for the whole of your second year (including AC1

which makes up about 25% of the exam). The exam may also include topics you have covered in Phase I that are relevant to Phase II.

## Attendance

The Medical School expects 100% attendance with a minimum requirement of at least an 80% level of attendance at all taught University and Trust based sessions (including online real time sessions or other online group work) in order that students are able to cover all of the potential material that could be assessed in their examinations. (Your patients will also expect you to try and attend everything).

If you cannot attend for any reason please contact the medical school AND the hospital if you are supposed to be there, this is very important and expected professional behaviour. If possible, please let us know well in advance and fill in attendance forms available on Moodle.



## Developing as a professional

As you spend increasing amounts of time in the hospital environment, you will have the opportunity to learn from the patients and professionals around you, and to begin to develop your professional identity as a future doctor.

It is important that you become familiar with the professional standards expected of all doctors.

To help you gain the knowledge and understanding of the professional responsibilities of a doctor, if you haven't already, please read the ethical guidance for doctors from the General Medical Council website:

- Good Medical Practice
- Confidentiality
- Maintaining professionalism
- Children & young people
- Prescribing
- Content & shared decision making
- Care at the end of life
- Candour & raising concerns

On the PPD Moodle page, in the professional development section: please read:

- 'Professional communication as a medical student'
- 'Achieving Good Medical Practice'

(Each of these files contains a quiz so that you can test your knowledge of these important documents)

## Clinical Personal Tutors

During AC1 your point of contact for student support and pastoral issues will transition from your personal tutor (PT) to your clinical personal tutor (CPT). There will be time to meet your CPT during the first week of AC1.

Dr Judy Purkis is the Deputy Senior Tutor for Phase II and will explain more about how this transition works in the first week of AC1. However, it will involve you completing a handover form with your personal tutor that your CPT will review.



## Mondays & Thursdays in the Hospital Trusts



Mondays and Thursdays are reserved for you to attend the Trusts. Your Trust will provide you with an individual timetable for these days, which will include an induction. You will not be required all day every week for both of these days, so when you are not scheduled to be in, you should spend the time working through the online self-paced learning sessions or doing self-directed learning.

**Covid-19 continues to be a rapidly changing situation, and as a result activities scheduled may change at the last minute. The Trusts will try to be flexible and give you as much notice as possible, but obviously your safety and patient safety are our top priorities.**

**If you cannot attend one of your scheduled hospital sessions (e.g. because you are ill or self-isolating) you must notify both the medical school and your hospital Trust as soon as possible, as well as completing an absence form, which can be found on Moodle.**

## Compulsory tasks and Progression Criteria

There are several compulsory tasks to complete during these clinical days and the two transition weeks (weeks 11 and 12) at the end of AC1. These are part of your PROGRESSION CRITERIA and must be done by the last day of the block at the very latest: **Friday 9<sup>th</sup> December 2022**.

<b>PROGRESSION CRITERIA FOR AC1</b>
Satisfactory attendance at monitoring points as specified on Tabula: 100% expected, 80% minimum (See Tabula)
Completion of 1 online formative assessment by the deadline
Completion of 5 bedside teaching sessions
Completion of 1 Outpatient Clinic CLO (Clinical Learning Opportunity)
Completion of 1 Theatre CLO
Completion of 3 Additional CLOs to include e.g. allied health professionals, clinical nurse specialists and non-medical support services
1 x Case Based Discussion (CBD) with a health care professional who is not a doctor
Completion of Good Medical Practice Assessment (achieved minimum mark of 80%, multiple attempts permitted)
Completion of the following Clinical Skills Sessions and/or TDOCs: <ul style="list-style-type: none"> <li>○ Venepuncture / blood cultures / ANTT</li> <li>○ Peripheral IV cannulation</li> <li>○ Scrub/gown/glove</li> <li>○ Basic airway management</li> <li>○ In hospital resuscitation &amp; automated external defibrillation</li> <li>○ Moving &amp; Handling</li> <li>○ Nutritional Assessment – E-Learning module</li> </ul>

- Bedside teaching sessions, CLOs and Clinical Skills Sessions will have been timetabled for you by your Trust.
- The CBD should be completed in the following ways:
  - sending a ticket on your e-portfolio to your health care professional
  - completing the form together on e-portfolio after the session

- self-entering the form but need to include the name, designation, and registration number (if any e.g. RCN) of the supervisor on the form  
More information about what a CBD is and how you complete this will be on Moodle.

- Evidence of the bedside teaching sessions and CLOs should be completed by filling out an AC1 form on the e-portfolio – write a quick reflection on what you did/learned and include your supervisor’s name and registration number (unless they do not have one of the latter). Information about how to do this and how to use the e-portfolio will be made available as one of the self-paced learning sessions during week 1 of the block, and Louise Dunford, the PPD lead will be holding a Q&A session in the week 2 of the block.

### **Bedside Teaching Sessions**

There will be five bedside teaching sessions timetabled for you over the course of AC1. These are for learning clinical skills such as history and examination with patients in the Trusts. Bedside teaching is led by a tutor, such as one of the teaching fellows or a consultant supervisor.

### **Clinical Learning Opportunities (CLOs)**

CLOs are half days which are spent in different areas. As stated above, you will attend at least one outpatient clinic, one theatre session and three other CLOs that you will need to record using your e-portfolio. You should use the CLOs to develop an understanding of patient journeys, how different members of each team interact with each other and with other teams and departments, and the different roles of different staff members, and begin to build up knowledge of the huge variety of services available to patients.

CLOs are about the wider professional team and learning about the patient journey. Students should not shadow doctors but spend time with a variety of health professionals and team members (you will have plenty of time with doctors in the different settings during CCE).

Each CLO has a set of learning outcomes and tasks which are available in Appendix 1. They are also available on Moodle.

## TDOCs

These are teaching sessions and assessments on different clinical procedures that the GMC requires you to be able to perform and will be timetabled for you by your Trusts.

## Theatre

The operating theatre is a unique environment with many unfamiliar sights, sounds and odours. Forewarned is forearmed – here are a few indicators about what you may expect and how to behave.



**Theatre dress** is to prevent infection for patients. Please make sure you are shown how to **scrub** and dress appropriately. You will need to change into scrubs and theatre shoes before entering the theatre, remove all jewellery and wear a hair net and mask. If you are scrubbing in you will also need to wear a visor, theatre gown and sterile gloves. Make sure you are also wearing the correct COVID-safe PPE (ask the team you are working with for advice).

- When you arrive, introduce yourself to everyone, show your identification badge and be friendly. (**Beware!** Everyone wears the same attire regardless of role)
- Behave professionally – you are there to learn and represent your profession
- Ask appropriate questions and address everyone professionally
- Accountability – remember that you are answerable for your actions – to the patient, yourself, your colleagues, your University, and your organisation
- Health – make sure you are fit and well enough to enter theatres – if unsure – ask
- Make sure you eat beforehand (fainting is common! Please let someone know if you feel faint)
- You should be provided with a secure locker to keep your belongings
- Do not take personal items such as bags into theatres

- Don't take your phone into the operating theatre
- Do not divulge passcodes to others
- Ensure doors close securely behind you
- Sign the visitors' book if required to do so

## Transition Weeks – Weeks 11 and 12

With the exception of two days in week 12, where you will have teaching based at the MTC, you will have the whole two-weeks available to spend in hospital. How many/which days you attend will depend on your individual timetable (provided to you by your Trust).

Any days/half days in which you are not scheduled to attend the hospital can be spent catching up on any self-paced online learning sessions from throughout the block not completed so far, self-directed learning and preparing for your CCE1 placement.

### What should I be doing during Transition Weeks?

Firstly – make sure you have completed all the progression criteria for the block (see the table above).

Secondly - your Trust should provide you with a timetable for the transition week, to include some additional learning opportunities, and allow you to familiarise yourself with the team and the locations in which you will be working during CCE1.

The situation with COVID-19 is changing all the time, so do make sure you double check where you can go in time that is not timetabled (e.g. do not turn up on a ward that you have not been timetabled to visit, unless you have been instructed you are allowed to do so).

There will be some group work during week 9 of the block, to help explain in more detail what you should be doing during the transition weeks, and you will be given an optional workbook to complete during this time to help guide your learning.

### The main aim of the transition weeks is to:

- Try and familiarize yourself with the hospital environment, the different roles of the people within the hospital, and the team you will be joining for CCE1. **Your focus should be on orientating yourself within the hospital setting and immersing yourself within your team.**



- You should also seek to understand the practicalities of being on the ward. For example, finding out where the lockers are, where the restaurant is, and where the staff room is located.

You could do this by:

- Liaising with your Trust undergraduate co-ordinator to meet the team you will be based with during CCE1. Aim to find out the following:
  - Get to know who is on the team and which wards they cover.
  - Get to know the nursing staff, F1s, and allied health professionals also working on the wards.
  - Orientate yourself with the layout – where is/are the resuscitation trolley / patient notes / obs charts / how are results accessed.
  - When your consultant's clinics/theatre lists/other activities are timetabled for.
  - Which other health care professionals support your team
  - How is COVID currently affecting your team's work
  - What will be expected of you during CCE1

The following are some examples of **additional opportunities** you may be able to undertake, but this will vary by hospital Trust and depending on the ever-changing situation with COVID-19:

- Spend some time on a ward
  - Attend a handover meeting (e.g., between night and day staff)
  - Attend a ward round (and write in the notes)
  - Get to know the F1s and help them with any jobs (e.g. taking blood)
  - Get to know the nurses and other health care professionals and help them with any jobs (e.g., taking patients' observations)
  - If appropriate, take a history from and examine some patients
  - Speak to some patients' relatives
  - Practise handing over a patient using SBAR
- Attend teaching sessions/team meetings e.g., MDT, Grand Round, Quality Improvement

- Spend time in other areas of the hospital such as pharmacy, radiology, path lab etc.
- List each step taken when a patient is admitted. Can you follow a patient from the emergency department to your ward or discuss with someone the journey they would take?
- List each step required before a patient is discharged (if possible talk to the OT/social worker/physio involved in the discharge, find out how the discharge summary is written, how are the take home medications organised and how is transport home organised?)

## And finally ...

We really hope that you enjoy your journey through AC1 and onwards into CCE. We would very much value your feedback on the block as this is the best way for us to consolidate what you find useful, what we can improve upon, and what we should stop moving forward. So, please do keep in touch with the team and we will respond as soon as we can.



## Appendix 1: Clinical Learning Opportunities (CLO) - Learning Outcomes

### 1. Operating Theatres CLO

Gain an understanding (awareness) of:

- The roles and expertise of those working in the Operation Theatre
- The importance of the team and how they work together in routine and emergency situations, how this contributes to the delivery of safe and high-quality care
- The journey of a patient from booking to anaesthetic to operation and recovery
- The organisation of the theatre, the theatre list and additional requirements (for instance x-rays).
- The basic principles for different types of anaesthetic and how this might affect the experience of the patient and those working in the theatre (for example local, regional, and general anaesthetic)
- The functions of different machines and items found in the theatre and anaesthetic room
- The emotions and reactions experienced by students, patients, and the theatre team
- The importance of infection prevention and sterile areas and equipment. (What is scrubbing? What clothing is worn by different team members and why?)

### 2. Outpatients CLO

Gain an understanding (awareness) of:

- The roles and expertise of all those working in outpatients

- The contribution that effective interdisciplinary team working makes to the delivery of safe and high-quality care
- The journey of a patient who attends outpatients (from first referral to clinic and after)
- The organisation of outpatients (for instance the system for booking clinic lists and investigations and follow up)
- DNAs and how that can affect clinics and patients
- The interface between primary and secondary care in outpatients and the importance of effective communication
- The emotions a patient and their relatives may experience when attending outpatient departments

### 3. Additional CLOs

You are required to complete three 'additional CLOs' which may include allied health professionals (AHPs), clinical nurse specialists (CNS), and non-medical support services.

Gain an understanding (awareness) of or demonstrate:

- The roles and expertise of health and social-care professionals as part of a multi-professional team (22a)
- Be able to discuss the contribution of each health care professional to the care of the patient
- Respect and non-judgemental attitudes to patients, peers and other health and social care professionals
- The ability to communicate clearly using appropriate terminology with patients, relatives, and all members of multi-professional team
- A basic understanding of the structure of the health care system and how a patient and staff fit within this.

- The patient journey through the health care system and the range of services available to patients especially with chronic conditions.
- The patient's views on the care they receive.

Additional learning outcomes specific to the AHP, CNS, and non-medical support service CLOs are available on Moodle.

### **Student Tasks for CLOs:**

Based on the learning outcomes described above, students should aim to do the following:

Find out the exact role of everyone in THIS team and what they offer to the patients they see

1. Which other health care services does this one link with?
2. Find out how patients or staff access this service (e.g. via self-referral, GP, outpatients?)
3. Talk to the patients and their relatives about this service and their 'journey' through the health care system
4. Reflect on how your role as a junior doctor will fit in with patients, the MDT and this service in particular
5. Discuss with your peers who have explored different services to compare the range available for patients and staff.