Queen Mary
University of London

MBBS YEAR 4: 2024-25

PROGRAMME HANDBOOK

This handbook should be used together with the Academic Regulations. It provides information specific to FMD.

The Academic Regulations provide detailed information on all aspects of award requirements and governance.

NOTHING IN THIS HANDBOOK OVERRIDES THE ACADEMIC REGULATIONS WHICH ALWAYS TAKE PRECEDENCE.

The Academic Regulations are also available on-line at:

www.arcs.qmul.ac.uk

The programme handbooks are available on QM+.

This handbook is available in large print format. If you would like a large print copy, please contact or if you have other requirements for the handbook, please contact r.monnan@qmul.ac.uk.

DISCLAIMER

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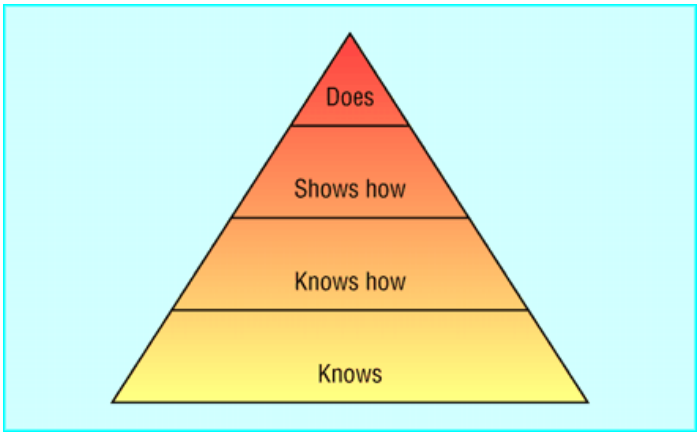
WELCOME MESSAGE FROM HEAD OF YEAR

Welcome to Year 4. During this year you will have your most concentrated exposure to the medical and surgical specialities. This means that you will be exposed to areas of medicine in greater depth than may have been the case previously. Whilst Year 4 provides an opportunity to practice clinical generic skills learnt in previous years, you will also learn a number of new and important specialist skills.

Students consistently rate Year 4 as one of their most challenging, yet enjoyable times in medical school; we hope that you too will enjoy the year and emerge confidently, with new skills and an enhanced understanding of clinical medicine.

Year 3 began the process of you taking responsibility for your own learning. This involved a move from learning mostly from teaching in the classroom or lecture theatres, to learning in many different contexts in hospitals and general practices. This requires a change in focus to thinking about your learning as arising from all of your activities with patients and the healthcare team and not just attending teaching sessions and personal study. This transition can be challenging, but it is the next step in your life-long learning that is required for all doctors.



1Millers Pyramid

QMUL offers support in many forms and if you find yourself in difficulty, we will do our very best to get you back on track. The Student Support service is an excellent place to gain help with health and personal problems. Your academic advisor can help with academic advice. The year 4 team in the student office will always do what they can to help with your administrative queries. You are also welcome to contact me or the incoming Head of year 4 Dr Anajli Gondhalekar directly, especially if you feel that the other resources aren't answering your question or addressing your issue.

Wishing you all the best for the year ahead.

Professor Bruce Kidd, Dr Anjali Gondhalekar
Head of MBBS Year 4

OUTCOMES FOR YEAR 4

Please also see the GMC's MLA Content Map which provides a useful checklist of diseases and presentations that you should be familiar with.

The list below outlines the generic competencies as outlined in the MLA Content Map that you should acquire during the year. The specialty specific learning outcomes are included in the following sections.

1. Obtains relevant information about the patient through appropriate history and physical/mental health examination, formulating a prioritised list of problems and differential diagnoses
2. Assesses and generates management plans for chronic conditions
3. Assesses and generates management plans in emergency and acute presentations
4. Assesses and generates management plans to promote health and prevent disease
5. Assesses and manages risk
6. Behaves in accordance with legal and ethical responsibilities (including equality and diversity principles)
7. Communicates effectively with health care professionals, patients, relatives, carers and other advocates
8. Deals appropriately with complexity and uncertainty including managing multimorbidity and prioritising tasks
9. Demonstrates reflective practice
10. Demonstrates understanding of patient capacity, consent and confidentiality in delivering care
11. Demonstrates understanding of the importance of self-care and personal wellbeing
12. Identifies and requests relevant investigations, interprets results and ensures they are acted on appropriately in the context of the clinical situation, avoiding over-investigation
13. Manages pain
14. Performs procedures safely
15. Prescribes, reviews, communicates and monitors the effects of medicines safely and effectively
16. Safeguards vulnerable patients
17. Symptomatically manages patients approaching end of life
18. Uses and records information safely and effectively
19. Utilises evidence-based guidelines appropriately
20. Works effectively, respectfully and supportively as a member of the team

A. O & G LEARNING OUTCOMES

1. *Diagnosis and Medical Management in Obstetrics and Gynaecology*

Learning objectives
Clinical Skills: history taking, examination and interpretation of findings.

- To be able to take and record accurately a comprehensive gynaecological/obstetric history in a range of clinical settings, including consideration of the patient's autonomy, views, beliefs, concerns, and any associated vulnerability.
- To be able to take and record accurately a comprehensive sexual history and relevant medical, surgical, social, and family history.
- In pregnant women, to be able to describe risk assessment at the pregnancy community booking appointment and be able to classify a pregnancy as low-risk or high-risk; perform an obstetric examination including taking BP, urinalysis, an abdominal palpation and listening to fetal heart where appropriate; Interpret blood results against normal pregnancy ranges.
- To be able to perform and interpret the gynaecological findings of an abdominal and pelvic examination including bimanual and speculum examination; interpret the findings from history and examination, recognising relevant pathology.

Assessment & management

- To be able to recognise, diagnose, and manage common presentations and conditions in O&G, using a systematic approach of history taking, examination, formulating a differential diagnosis, suggesting relevant investigations and a management plan.
- To be able to understand referral pathways.

O&G clinical presentations and conditions for diagnosis and management:

- These are detailed in the **Presentations and Conditions** section.

2. *Management of an acutely ill woman*

Learning objectives
Clinical skills

- To be able to recognise, diagnose, and manage an acutely unwell woman with a gynaecological or pregnancy condition, using a systematic approach, escalating appropriately to colleagues for assistance and advice.
- To be able to apply the principles of maternal adaptations in pregnancy, when managing the acutely unwell pregnant woman.

Assessment and management

- To be able to perform an assessment and determine the severity of a clinical presentation and the need for immediate emergency care.
- To be able to prioritise care and describe when and how to seek support from supervising clinicians or allied health professionals as appropriate to the situation.
- To be able to use a systematic approach (ABCDE) approach to make an acute clinical assessment, discuss
- To be able to request appropriate initial investigations and perform initial resuscitation/management of a collapsed woman.
- To be able to use a systematic approach (ABCDE) approach to make an acute clinical assessment, discuss appropriate initial investigations, and perform initial resuscitation/management in a collapsed pregnant woman more than 24 weeks, considering maternal adaptations to BLS that are required during resuscitation.

- To be able to call for senior help and alert team members who are likely to be involved (e.g., midwives, anaesthetists, theatre team, neonatology team, mental health team)

Common acute O&G presentations

- These are detailed in the **Presentations and Conditions** section.

Learning objectives

- To be able to understand indications, benefits, and complications of common clinical and surgical procedures in O&G
  - Blood pressure, urinalysis, urine culture, arterial blood gases, blood culture

- To be able to explain and carry out practical procedures safely and effectively.

Assessment and management

- Practical skills which you should be able to carry out by the end of the rotation are detailed in **Generic skills** section.

3. Prescribing

Learning objectives

- To be able to prescribe commonly used drugs used in O&G safely, effectively, and economically under supervision in the clinical setting.
- To be able to understand the principles of prescribing in pregnancy including:
  - General prescribing in pregnancy
  - Effects of substance misuse in pregnancy
  - Hyperemesis gravidarum
  - Antihypertensives
  - Pre pregnancy counselling for common pre-existing medical problems such as epilepsy, renal disease, high blood pressure.
  - Analgesia in the antenatal, intrapartum, and postpartum period
  - Induction of labour
  - Uterotonic agents
  - Vaccinations in pregnancy
  - HIV management in pregnancy

4. Communication and Interpersonal skills

Learning objectives

- To be able to communicate clearly, effectively, and honestly whilst demonstrating sensitivity, empathy, and compassion.
- To be able to observe patient confidentiality within the limits of safeguarding, and be able to explain when it is ethically, legally, and professionally justifiable or mandatory to disclose confidential information, and how to do so appropriately.
- To be able to understand the principles of patient autonomy and patient centred care, including the importance of shared decision making in all encounters.
- To be able to recognise and explain uncertainty of diagnosis.

5. Normality

Learning objectives

- To be able to distinguish between normal and abnormal changes at different stages of life. This includes understanding the following key areas:

- Define the stages and changes of puberty (male and female)
- Describe the normal menstrual cycle.
- Describe physiological changes in normal pregnancy.
- Describe normal labour and the mechanics of normal vaginal delivery.
- Describe the changes in a normal puerperium.
- Describe the menopause and symptoms expected.

6. *Professional Values and Behaviour*

Learning objectives

- To be able to ensure patient safety in all clinical situations by referring to guidelines, safeguarding and team working.
- To be able to raise any ethical or clinical concerns relating to a patient and understand policies regarding incident reporting and risk management.
- To be able to apply the relevant Law and Ethics within Women's health e.g. The Abortion Act, Fraser' guidelines.
- To be able to understand importance of patient safety/safeguarding, including:
  - Take prompt action if you think a patient's safety, dignity or comfort is being compromised.
  - Identify signs and symptoms of abuse or neglect and be able to safeguard children, young people, adults, and older people.
  - Identify factors that suggest vulnerability and discuss ethical and safeguarding issues with relevance to the vulnerable woman (e.g. female genital mutilation, social circumstances, substance abuse, domestic and sexual violence).
  - Discuss the importance of routinely asking about and identifying domestic abuse in pregnancy, describe factors in a history that suggest domestic abuse.
  - Explain how to respond appropriately to disclosure and what action that should be taken if a history of domestic abuse is elicited.
  - Recognise and acknowledge your own personal and professional limits and seek help when necessary, including if you feel patient safety may be compromised.
- To be able to understand professional, ethical, and legal responsibilities.
  - Describe the professional principles when seeking consent for intimate examination.
  - Evaluate the ethical and legal issues surrounding the status of the embryo and fetus, including concepts of personhood.
  - Outline the ethical, legal, and professional issues regarding reproductive choice, including contraception, artificial reproductive technologies (ARTs), and termination of pregnancy.
  - Analyse the ethical and legal issues associated with developments in reproductive genetic technology, such as prenatal and preconception screening, and gene editing
  - Describe legal frameworks relevant to Women's Health including the Abortion Act, consent, Gillick competence, Fraser Guidelines, Mental Capacity Act, and female genital mutilation (FGM)
- To be able to understand leadership and interprofessional working.
  - Describe the role and importance of multidisciplinary teamwork for the management and provision of safe and high-quality care in Women's reproductive Health.

7. Health Promotion, Wellbeing, Improvement of Health

Learning Objectives

- To be able to apply principles, methods and knowledge of population health, screening programmes and the improvement of health strategies to improve women's health and prevent disease at different stages of life.

- Health Promotion, Wellbeing, Improvement of Health
  - Explain the benefits, schedule, and side effects of HPV vaccination.
  - Discuss options for reversible and permanent contraception.
  - Describe the cervical screening programme including colposcopy.

- Discuss recommendations for lifestyle changes (e.g., with reference to smoking, being overweight, alcohol consumption, healthy diet), folic acid and vaccinations when planning a pregnancy.
- Demonstrate an understanding of the role of preconception counselling of women with pre-existing medical conditions/mental health issues.
- Describe screening in pregnancy for infection, anaemia, Rhesus status, chromosomal abnormalities, inherited disorders, anomaly scan, pre-eclampsia, gestational diabetes.

8. Global Health

Learning objectives

- To be able to understand and describe the global and social aspects of Women's Health

Global health strategies and awareness

- To be able to demonstrate an understanding of global health in the scenarios described below:
  - Epidemiology of common sexually transmitted infections, including HIV, Chlamydia, and gonorrhoea
  - Sexual and reproductive (SRH) services available globally and the challenges faced by in accessing comprehensive SRH services.
  - Cultural factors that influence women's sexual and health including and awareness of female genital mutilation, gender-based violence and female infanticide.
  - Legal frameworks relevant to female genital mutilation (FGM).
  - Access to safe abortions and laws surrounding family planning / abortion across the world.
  - Causes and differences globally in maternal mortality, stillbirth rates and perinatal mortality and strategies to improve maternal and child health around the world.

Presentations and Conditions in Obstetrics and Gynaecology

This grid is not an exhaustive list of all possible O&G presentations and diagnoses but aims to highlight common and important presenting complaints and underlying differentials and includes the content that will be covered in the MLA.

Although core conditions are only included once in the grid, many may cause more than one clinical presentation: for example, fibroids may cause abdominal distention, they may be felt as an abdominal mass and they may cause urinary symptoms.

Presentations	Conditions
Abdominal distention	Fibroids
Abdominal mass	
Abnormal cervical smear result	Cervical cancer
Abnormal urinalysis	Urinary tract infection
Acute and chronic pain management	Ectopic pregnancy
Amenorrhea	
Bleeding antepartum	Placenta praevia Postpartum haemorrhage
Bleeding postpartum	Anaemia
Breast tenderness/pain	
Chest pain	VTE in pregnancy and puerperium
Complications of labour	Cord prolapse Sepsis
Contraception request/advice	Contraception advice

Difficulty with breastfeeding	Puerperal problems
Fit/seizures	Epilepsy Eclampsia
Headache	
Hypertension	Essential or secondary hypertension
Hyperemesis	Hyperemesis gravidarum
Intrauterine death	Vasa praevia
Jaundice	
Labour	
Loss of libido	Menopause
Menstrual problems	Cervical screening (HPV) Endometrial cancer
Mental health problems in pregnancy or postpartum	Depression Puerperal psychosis
Nipple discharge	
Normal pregnancy and antenatal care Pregnancy risk assessment	
Painful sexual intercourse	Atrophic vaginitis
Painful swollen leg	
Pelvic mass	Ovarian cancer
Pelvic pain	Pelvic inflammatory disease Inevitable miscarriage
Premature labour	Multiple pregnancy
Pruritus	Varicella zoster
Reduced/change in fetal movements	Placental abruption
Shock	Ruptured ectopic pregnancy
Small for gestational age/large for gestational age fetus	Diabetes in pregnancy (gestational and pre-existing) Pre-eclampsia, gestational hypertension
Sub-fertility	Endometriosis Obesity and pregnancy
Substance misuse	Substance use disorder
Unwanted pregnancy and termination	Termination of pregnancy
Urethral discharge and genital ulcers/warts	Gonorrhoea Syphilis
Urinary incontinence and other urinary symptoms	Urinary incontinence
Vaginal discharge	Chlamydia
Vaginal prolapse	
Vulval itching/lesions	Trichomonas vaginalis
Vulval/vaginal lump	

Practical skills:

- History taking in O&G
- Prescribing in O&G
- Assessment of patient's needs (observations, NEWS/MEOWS charts)
- Basic diagnostic procedures in O&G
- Surgical scrubbing-up
- Blood pressure measurement in pregnancy
- Female catheterisation
- Using an obstetric calculator

- Speculum examination
- Smear test on a mannequin
- Wound care

B. PSYCHIATRY LEARNING OUTCOMES

CAPABILITY 1 - Obtains relevant information about the patient through appropriate history and physical/mental health examination, formulating a prioritised list of problems and differential diagnoses

- Obtains a full psychiatric history
- Performs a mental state examination
- Elicits psychiatric symptoms and signs
- Performs a cognitive assessment
- Performs relevant physical examinations
- Presents a psychiatric case in a concise manner
- Outlines investigations used in psychiatry and interpret their results
- Gives an informed differential diagnosis of common psychiatric disorders
- Describes relevant biological, psychological and social factors to presentation, diagnosis and treatment
- Identifies and requests relevant investigations, interprets results and ensures they are acted on appropriately in the context of the clinical situation, avoiding over-investigation

CAPABILITY 2. Assesses and generates management plans for chronic conditions

- Understands principles of psychiatric formulation using a bio-psycho-social approach. Recognise the role of mental illness in aetiology and outcome of other medical conditions.
- Understands the role of physical and psychosocial investigations, including in relation to prescribing psychopharmalogical medication.
- Describes evidence based pharmacological, physical (e.g. ECT), psychological, and social treatments. Understand the goals of treatment in acute and chronic conditions to reduce symptoms and improve wellbeing.

CAPABILITY 3. Assesses and generates management plans in emergency and acute presentations

- Knows, as a non-specialist, how to treat a patient with a psychiatric illness.
- Knows general management of ANY psychiatric emergency over the first 24 hours within different settings.

CAPABILITY 4. Assesses and generates management plans to promote health and prevent disease

CAPABILITY 5. Assesses and manages risk

- Understand principles and risk factors around harm to self and risk to and from others, including the psychological impact of abuse in the aetiology of mental illness.
- Assess suicide risk
- Assess the seriousness of a suicide attempt
- Assess a patient's potential danger to self or others
- Know what to do for patients with suicide risk or potential danger to self or others

CAPABILITY 6. Behaves in accordance with legal and ethical responsibilities (including equality and diversity principles)

- Know the indications for, and appropriate steps to be taken when compulsory admission under the Mental Health Act into hospital is required
- Understand the boundaries within the doctor-patient relationship and own limitations.

CAPABILITY 7. Communicates effectively with health care professionals, patients, relatives, carers and other advocates

- Communicate effectively and empathically with patients, families, children, carers and colleagues. Communicate effectively in challenging conversations.
- Communicate with patients who have psychiatric disorders:obtain information, provide reassurance and establish rapport
- Describe the role of the multidisciplinary team and services (primary,secondary and tertiary) involved in patient care, being aware of changes in services over time
- Recognise the importance of developing a therapeutic relationship with patients.
- Understand impact of mental illness on individuals, their family and those around them.
- Demonstrate knowledge of impact of family relationships and relevant social factors.
- Explain diagnosis, management, and prognosis to the patient

CAPABILITY 8. Deals appropriately with complexity and uncertainty including managing multimorbidity and prioritising tasks

CAPABILITY 9. Demonstrates reflective practice

- Recognise difference between mental illness and normal responses to stress and life events.

CAPABILITY 10. Demonstrates understanding of patient capacity, consent and confidentiality in delivering care

- Describe doctor's duties and patient's rights under the mental health act and mental capacity act. Assess a patient's capacity in accordance with legal frameworks and GMC guidelines.
- Assess a patient's capacity to make a particular decision in accordance with legal frameworks and GMC guidelines

CAPABILITY 11. Demonstrates understanding of the importance of self-care and personal wellbeing

- Understand the boundaries within the doctor-patient relationship and own limitations.
- Understand the importance of the impact on their own health and that of colleagues.
- Awareness in managing their own mental health and wellbeing.

CAPABILITY 12. Manages pain

CAPABILITY 13. Performs procedures safely

CAPABILITY 14. Prescribes, reviews, communicates and monitors the effects of medicines safely and effectively

- Prescribe psychopharmacological treatments safely and effectively when indicated.

CAPABILITY 15. Safeguards vulnerable patients

- Act in a safe way towards patients being aware of potential to do psychological harm.

CAPABILITY 16. Symptomatically manages patients approaching end of life
CAPABILITY 17. Uses and records information safely and effectively
CAPABILITY 18. Utilises evidence-based guidelines appropriately
CABABILITY 19. Works effectively, respectfully and supportively as a member of the team

MLA patient presentations

Abnormal eating or exercising behaviour
Anxiety, phobias, OCD
Auditory hallucinations
Behaviour/personality change
Behavioural difficulties in childhood
Child abuse
Elder abuse
Learning disability
Loss of libido
Low mood/affective problems
Memory loss
Mental capacity concerns
Sleep problems
Somatisation/ medically unexplained physical symptoms
Suicidal thoughts
Visual hallucinations

MLA conditions

Anxiety disorder: post-traumatic stress disorder
Bipolar affective disorder
Personality disorder
Schizophrenia
Somatisation
Wernicke's encephalopathy
Dementias
Drug overdose
Eating disorders
Self-harm
Tension headache
Subdural haemorrhage
Substance use disorder

C. NEUROLOGY & NEUROSURGERY LEARNING OUTCOMES

CAPABILITY 1. Obtains relevant information about the patient through appropriate history and physical/mental health examination, formulating a prioritised list of problems and differential diagnoses.

- Be able to obtain an appropriate history from a patient presenting with neurological symptoms. This entails obtaining any relevant general medical history and focused and detailed neurological history.
- Be able to identify acute neurological and neurosurgical conditions.

- Can identify and describe clinical features of common neurological conditions using appropriate terminology.
- Be able to carry out a comprehensive neurological examination including an assessment of cognition, gait evaluation, examination of the cranial nerves, and upper and lower limbs examination (including muscle bulk/tone/power/reflexes/coordination/relevant sensory findings).
- To be familiar with the standard equipment used for neurological examination (especially for evaluating visual fields, performing fundoscopy, reflex testing, testing plantar responses, and sensory testing (including pain, temperature and vibration).
- Eliciting and interpreting (including for the purposes of localising) abnormal neurological signs.
- Based on history and physical examination to be able to formulate a prioritised list of differential diagnoses.

CAPABILITY 2. Assesses and generates management plans for chronic conditions

- To recognised chronic neurological or neurosurgical conditions (migraine, epilepsy, Parkinson's disease, paraplegia, etc.), their presentation & evolution, and examination findings.
- To formulate appropriate investigation for the confirmation of the suspected diagnosis, and/or exclusion of alternative causes for the presentation; also the evaluation of subjects with chronic neurological disorders for the elimination or amelioration of contributory disorders (e.g., infection, spasticity).
- Outline basic management plans for the management of common chronic neurological/neurosurgical conditions, including complications and associated phenomena.

***see full list of common neurological and neurosurgical conditions below**

CAPABILITY 3. Assesses and generates management plans in emergency and acute presentations

- Be able to recognise neurological or neurosurgical emergencies- including stroke, subarachnoid haemorrhage, status epilepticus, meningitis, encephalitis, extradural/subdural haematoma, head injury, cord compression, cauda equina syndrome, etc.
- To formulate appropriate investigations for initial assessment of patients presenting with neurological or neurosurgical emergencies with particular emphasis on the timing of these investigations.
- Outline a management plan for the on-going care of patients presenting with some of the emergencies indicated above, e.g., epilepsy, brain injury, and myelopathy.

To be able to construct a prioritised differential diagnosis and investigation plan for patients presenting acutely with neurological complaints.

CAPABILITY 4. Assesses and generates management plans to promote health and prevent disease

- Demonstrate an ability to understand the impact of chronic neurological and neurosurgical diseases on individuals' quality of life, including with the use of pain intensity scores in spinal degenerative disease, Neuro-QoL, SF-36, etc.
- Undertakes health promotion discussions- e.g., mental health and well-being, healthy eating, weight management, smoking cessation, alcohol/recreational drug use avoidance, and regular exercise.
- To identify rehabilitation requirements and opportunities for intervention in subjects with neurological disorders.

CAPABILITY 5. Assesses and manages risk

- Be able to identify and correct conditions which can increase the risk of neurological deterioration in patients with acute neurological events- such as hypoxia in the context of raised intracranial pressure.

CAPABILITY 6. Behaves in accordance with legal and ethical responsibilities (including equality and diversity principles)

- To show a good understanding of equality and diversity principles at the workplace, and in relation to access to and engagement with neurosciences services.
- To show a good understanding of potential safeguarding issues in patients with altered mental status and/or chronic diseases, especially in the context of altered mental status or cognitive deficits.

CAPABILITY 7. Communicates effectively with health care professionals, patients, relatives, carers and other advocates

- Demonstrates the ability to communicate the nature of a condition and its management to the patient and/or carers in simple language.
- Demonstrate an understanding of the importance of communication to relatives/ carers and other advocates in the context of neurological diseases.
- Demonstrates the ability to communicate with colleagues, including at multidisciplinary meetings.
- Appreciates the value of multidisciplinary team (MDT) working in enhancing the care of neurological patients.
- Understands the importance of good communication in corralling the expertise of allied professionals (in neuroradiology, neurophysiology and the therapies) in optimising management.

CAPABILITY 8. Deals appropriately with complexity and uncertainty including managing multimorbidity and prioritising tasks.

- Recognises the inherent complexity of establishing the diagnosis in some neurological conditions, and values the contribution of the wider MDT in enabling this.
- To demonstrate understanding of diagnosis and management of morbidities accompanying certain neurological and neurosurgical conditions, such as the contribution of systemic infection to delirium, and the occurrence of vasospasm in subarachnoid haemorrhage
- To demonstrate capabilities in prioritising tasks in the event of neurological or neurosurgical emergencies.

CAPABILITY 9. Demonstrates reflective practice

- To demonstrate a continuous willingness to reflective practice in managing neurological and neurosurgical conditions, especially a capacity to learn from errors in practice.

CAPABILITY 10. Demonstrates understanding of patient capacity, consent and confidentiality in delivering care

- To recognise patients who present with altered mental status as a result of neurological or neurosurgical conditions- such as dementia, intracranial haemorrhage, head trauma, intracranial infection, etc.
- To demonstrate an understanding of requirement for formal assessment of the individual's mental capacity in this setting.
- To demonstrate an understanding of consent principles in patients who are proven to lack capacity, in order to plan their management.
- To show an understanding of the value of good communication and discussion with family members, while respecting patient confidentiality.

CAPAILITY 11. Demonstrates understanding of the importance of self-care and personal wellbeing

- To demonstrate an understanding of the importance of self-care and the maintenance of excellent personal mental and physical wellbeing to optimise "brain health".

CAPABILITY 12. Identifies and requests relevant investigations, interprets results and ensures they are acted on appropriately in the context of the clinical situation, and avoiding over-investigation

- Be able to perform relevant imaging based on the patient presentation.
- To avoid unnecessary imaging (particularly investigations which involve radiation) and to avoid duplication of investigation.
- To know which investigation to request and how to interpret the results (especially "common" investigations- such as blood tests, CT/MR imaging, lumbar puncture, angiography, etc.).
- To understand the requirement for invasive diagnostic procedures in the context of certain neurological condition.

CAPABILITY 13. Manages pain

- To demonstrate an understanding of pain management principles in the context of neurological/neurosurgical condition causing chronic pain.
- To demonstrate an understanding of appropriate pain management tools and techniques to avoid altering patients' conscious levels- especially in the context of trauma or raised intracranial pressure.

CAPABILITY 14. Performs procedures safely

- To be able to understand how (and why) lumbar punctures are performed.

CAPABILITY 15. Prescribes, reviews, communicates and monitors the effects of medicines safely and effectively

- To demonstrate a knowledge of the basic pharmacology and use of systemic treatments- including steroids, immunosuppressants, etc.
- Can describe the common or important adverse effects, including important drug-drug interactions commonly used in neurological conditions (e.g., epilepsy).
- Has an understanding of the use of monitoring of some medications used in the context of certain neurological conditions (e.g., therapeutic drug monitoring in epilepsy).

CAPABILITY 16. Safeguards vulnerable patients

- Demonstrate an understanding of safeguarding in vulnerable patients, particularly patients whose cognition is altered because of their neurological or neurosurgical condition.

CAPABILITY 17 Symptomatically manages patients approaching end of life

- To identify patients who are approaching end of life because of a neurological or neurosurgical condition.
- Demonstrate an understanding of symptom management in patient who are approaching end of life or are on palliative care pathway.

CAPABILITY 18. Uses and records information safely and effectively

- To demonstrate an ability to maintain clear and legible records, and the effective use of IT services in record keeping.

CAPABILITY 19 Utilises evidence-based guidelines appropriately

- To show an understanding of evidence-based medicine and (where available) use the latest guidelines to help manage neurological and neurosurgical conditions.
- Appreciates the value of Clinical Decision Support Tools (e.g., UpToDate) in optimising the delivery of care.

CAPABILITY 20 Works effectively, respectfully and supportively as a member of the team

- To show respect to other members of the MDT. Can work collaboratively, appreciates and values the contributions of all members, and engages effectively in teams during the neuroscience rotation.
- Demonstrates supportive behaviour to other members of the team, is non-judgemental of members and values its diversity .

Neurology and Neurosurgery Presentations and Conditions

This below list is not an exhaustive list of all possible Neurological and Neurosurgical presentations and diagnoses but aims to highlight common and important presenting complaints and underlying differentials and includes the content that will be covered in the MLA.

Presentations

- Abnormal development/ developmental delay Abnormal involuntary movements
- Acute and chronic pain management
- Acute change in or loss of vision
- Altered sensation, numbness and tingling
- Anosmia
- Back pain
- Behaviour/personality change
- Blackouts and faints
- Breathlessness
- Confusion
- Decreased/loss of consciousness
- Diplopia

- Dizziness
- Driving advice
- Eye pain/discomfort
- Facial pain
- Facial weakness Fasciculation
- Fits/seizures
- Head injury
- Headache
- Limb weakness Limp
- Memory loss
- Muscle pain/ myalgia
- Neck pain/stiffness
- Neuromuscular weakness
- Ptosis
- Sleep problems
- Speech and language problems
- Swallowing problems
- Trauma
- Tremor
- Urinary symptoms
- Unsteadiness
- Vertigo

Conditions

- Acoustic neuroma
- Bell's palsy
- Brain abscess
- Brain metastases
- Cerebral palsy and hypoxic-ischaemic encephalopathy
- Chronic fatigue syndrome
- Dementias
- Diabetic neuropathy
- Encephalitis
- Epilepsy
- Essential tremor
- Extradural haemorrhage
- Febrile convulsion
- Malaria
- Ménière's disease
- Meningitis
- Metastatic disease
- Migraine
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophies
- Myasthenia gravis
- Parkinson's disease
- Peripheral nerve injuries/palsies
- Radiculopathies
- Raised intracranial pressure
- Spinal cord compression
- Spinal cord injury
- Spinal fracture
- Stroke

- Subarachnoid haemorrhage
- Subdural haemorrhage
- Tension headache
- Transient ischaemic attacks
- Trigeminal neuralgia

D: COMBINED MSK/GM/Derm/ SH_HIV LEARNING OUTCOMES

CAPABILITY 1. Obtains relevant information about the patient through appropriate history and physical/mental health examination, formulating a prioritised list of problems and differential diagnoses

- Derm: Be able to obtain an appropriate dermatological history from a patient presenting with a skin complaint
- Derm: Can describe the clinical features of common skin disorders, using appropriate terminology
- Derm: Be able to demonstrate an appropriate level of skill in skin examination, including nails, hair and mucosa and relate the signs to the underlying pathology e.g. eczema, urticaria, psoriasis, benign and malignant skin lumps
- MSK: Can obtain a detailed musculoskeletal history from a patient presenting with musculoskeletal symptoms including those with either arthralgia, myalgia, back pain or chronic widespread pain
- SHHIV: Can obtain a detailed sexual history including risk assessment for HIV
- GERMED: Be able to obtain a comprehensive and holistic history and undertake a full physical examination of an older patient in a range of clinical settings, including consideration of the patient's autonomy, beliefs, functional status, home circumstances and any associated vulnerability (including cognitive impairment and sensory impairments)
  .

CAPABILITY 2. Assesses and generates management plans for chronic conditions

- Derm: Recognises skin signs of common or important chronic diseases*
- Derm: Describe the relevant investigation for confirmation of chronic skin diseases including skin biopsies, blood tests, skin swabs and skin scrapings for mycology
- Derm: To be able to construct a differential diagnosis
- Derm: Outline a basic management plan for the common chronic skin diseases
- MSK: Can identify, using the GALS (Gait, Arms, Legs Spine) screen, normality and regional abnormality of the musculoskeletal system
- MSK: Can perform a detailed examination of the peripheral joints and spine
- MSK: To be able to formulate a problem list and discuss the management of a given patient with MSK symptoms and signs
- SHHIV: Can recognise the presenting features of common sexually transmitted infections, including extra-genital presentations, and construct a differential diagnosis*
- SHHIV: Can describe the relevant investigations for common sexually transmitted infections, including blood tests
- SHHIV: Can identify when testing for HIV is appropriate in non-Sexual Health settings, including opportunistic screening and recognition of HIV indicator clinical conditions
- GERMEED Be aware of the concept of frailty and how it differs from normal ageing and that frailty may play a more significant role in patient morbidity and mortality.
- GERMED:Be able to assess a patient using the Rockwood Clinical Frailty score

- GERMED: Able to understate the process of Comprehensive Geriatric Assessment (CGA) and list its main domains and appreciate that CGA is a multidisciplinary and multimodal assessment and management process.
- GERMED: Be able to formulate an acute and chronic problem list with individualised patient centred management plan

CAPABILITY 3. Assesses and generates management plans in emergency and acute presentations

- Derm: Recognises dermatological emergencies including erythroderma, toxic epidermal necrolysis, necrotising faciitis and Stevens Johnson syndrome
- Derm: Describe the relevant investigations required during initial assessment of patients presenting with a dermatological emergency including erythroderma, toxic epidermal necrolysis, necrotising faciitis and Stevens Johnson syndrome
- Derm: Outline a basic management plan for first contact care of a patient with a life-threatening skin disease including erythroderma, toxic epidermal necrolysis, necrotising faciitis and Stevens Johnson syndrome
- MSK: Can identify the characteristic radiological abnormalities, complications and management of the common upper limb fractures
- GERMED: Able to manage acute medical conditions that may occur in an older patient. Aware that delirium is an acute condition which needs urgent management.
- GERMED: Communicate effectively with older patients , families and advocates particularly regarding prognosis, treatment limitations and resuscitation

CAPABILITY 4. Assesses and generates management plans to promote health and prevent disease

- All: Demonstrate an ability to understand the impact that chronic diseases have on a patient's quality of life e.g. use of Dermatology life quality index (DLQI) and Psoriasis area and severity index (PASI) scores
- All: Undertakes health promotion discussions e.g. mental health and well-being, healthy eating, smoking cessation, alcohol, drug use
- SHHIV: Can undertake partner notification and correct management and follow-up of sexually transmitted infection
- SHHIV: Undertakes sexual health promotion discussion and sexually transmitted infection prevention including vaccination and pre-Exposure Prohylaxis for HIV
- GERMED: Aware of the vulnerability of frail and /or older patients to the risks of hospitalisation such as the development of pressure sores , hospital acquired infections, inpatient falls and delirium and be aware of strategies to prevent these complications.
- GERMED Understand that the implementation of proactive Comprehensive geriatric assessment can be to prevent complications e.g. in hospital/falls clinic and in specific situations such as surgery and orthopaedics
- GERMED/MSK: Awareness of the prevalence of osteoporosis and the need for fracture prevention.
- GERMED:. Awareness of the utilisation of strength and balance training to prevent falls.

CAPABILITY 6. Behaves in accordance with legal and ethical responsibilities (including equality and diversity principles)

- GERMED: Advocates against ageism and recognises that it can affect the optimal care of older patients
- GERMED : Recognises the heterogeneity of older persons and that each person needs to be viewed as an individual and decisions of care made on assessing the patients' health and overall function, not just on grounds of age.
- GERMED: Can describe the ethical and legal issues including: advance directives; euthanasia and assisted suicide; safeguarding; withdrawal and withholding of medical treatment; cardiopulmonary resuscitation decisions. Can describe the legislation in each jurisdiction which outlines and protects these principles

CAPABILITY 7. Communicates effectively with health care professionals, patients, relatives, carers and other advocates

- All: Demonstrates the ability to communicate the nature of a condition and its management to the patient , families and advocates
- All: Demonstrates the ability to communicate with colleagues, including to present clinical findings verbally

CAPABILITY 8. Deals appropriately with complexity and uncertainty including managing multimorbidity and prioritising tasks

- All: Recognises that MSK & skin diseases are often a manifestation of systemic disease and that management can be complex and require a multidisciplinary approach
- GERMED: Aware of the challenges of managing complex older patients with the interplay between age, frailty, comorbidities and polypharmacy .
- GERMED: Be able to formulate an individualised management plan with the patients values beliefs and concerns at the centre of it.
- GERMED Able to prioritise the different acute and chronic problems within a management plan

CAPABILITY 10. Demonstrates understanding of patient capacity, consent and confidentiality in delivering care

- GERMED: Can describe the principles of autonomy, mental capacity to make decisions and the concept of Best Interests, Deprivation of Liberty Safeguards (DOLS). Can describe the legislation in each jurisdiction which outlines and protects these principles.

CAPABILITY 12. Identifies and requests relevant investigations, interprets results and ensures they are acted on appropriately in the context of the clinical situation, avoiding over-investigation

- Derm: Be able to perform viral and bacterial skin swabs and skin scrapings for mycology
- Derm: To know which investigations to request and how to interpret and apply results of common investigations used in dermatology including skin biopsy, full blood count, ESR, CRP, autoimmune screen, serum biochemistry and skin swab results for virology, bacteriology and mycology
- MSK: Can identify the characteristic radiological abnormalities of traumatic injuries including common fractures as well as the common rheumatic diseases
- MSK: Can describe the diagnostic features of synovial fluid in the common rheumatological disorders (RA, OA, gout) as well as infection

- SHHIV: To know which investigations to request and how to interpret and apply results of investigations for common sexually transmitted infections including near patient tests and microscopy
- GERMED: Be able to understand that some investigations may be inappropriate in light of a patient's own wishes, their comorbidities, frailty, and acute illness .Be able to articulate the reasoning behind limits of investigation to families and the patient.
-

CAPABILITY 13. Manages pain

- MSK: Knows the indications for choosing, giving and monitoring the following medications: Aspirin; Non- steroidal anti-inflammatory drugs (NSAIDs) - Ibuprofen, Naproxen, Diclofenac; Cyclo-oxygenase 2 selective inhibitors (Coxibs) eg Celecoxib; strong and weak opioids; Local Anaesthesia.
- GERMED:Aware of the challenges of assessing pain in older patients who may have speech disturbances or cognitive changes, which make identification of pain challenging
- GERMED:Knowledge of the challenges of managing pain in older patients due to altered pharmokinetics , pharmacodynamics, polypharmacy and comorbidities.

CAPABILITY 15. Prescribes, reviews, communicates and monitors the effects of medicines safely and effectively

- Derm: Demonstrate knowledge of the basic pharmacology and use of topical treatments including emollients and steroids
- Derm: Can describe the common or important adverse effects, including important drug interactions of the systemic treatments commonly used in the common dermatology conditions*.
- Derm: Demonstrate knowledge of the basic pharmacology of common and important systemic therapeutic systemic agents used in skin disease including Methotrexate, Ciclosporin, Acitretin, Isotretinoin, Prednisolone and the biologics.
- MSK: Demonstrates knowledge of the basic pharmacology of common and important systemic therapeutic systemic agents used in rheumatological disorders including Methotrexate, Sulfasalazine & the commonly used biologic DMARDs
- SHHIV: Demonstrate knowledge of the basic pharmacology and use of treatments for common sexually transmitted infections
- GERMED.Be able to describe the concepts of polypharmacy
- GERMED :Can describe the concepts of the practice of safe prescribing in older adults, taking account of differing physiology, drug interactions and multiple pathologies
- GERMED:Can describe the effect of ageing upon pharmacodynamics and pharmacokinetics
- GERMED:Aware of the need for rationalising prescriptions , in the context of multiple co-morbidities and frailty, in order to reduce medication associated morbidity and mortality.Awareness of STOPP-START guide

CAPABILITY 16. Safeguards vulnerable patients

- GERMED:Be aware of the main types of abuse of older adults : financial , physical, emotional, sexual, ,neglect
- GERME/ALL:Understands the duty of care for any health professional to raise concerns about mistreatment of any adult, particular an older one
- GERMED/ALL:.Aware of the process of addressing and escalating any identified abuse including being aware of Adult Safeguarding

- GERMEDL Recognises that older adults with learning difficulties, cognitive impairment, physical disability, sensory impairments, language barriers, and who need care either n the home or in an institution are particularly vulnerable
- GERMED:Be aware of signs and red flags that may suggest elder abuse is occurring.

CAPABILITY 17 Symptomatically manages patients approaching end of life

- ALL:Appreciate the palliative care principles used in the management of patients at the end of life.
- ALL: Appreciate the principles used in discussing end of life care, CPR, and appropriateness of care with patients and carers
- ALL: Know and understand the primary drug classes and members used in palliation of patients with serious, end stage disease, their indications, contra-indications, common side effects and interactions
- ALL: Know and understand how to certify death, complete a death certificate and part 1 of a cremation form.

CAPABILITY 18. Uses and records information safely and effectively

- ALL:Demonstrates the ability to communicate with colleagues including to
  -write a contemporaneous summary of consultation in the medical notes
  - write up clear notes after meetings and conversations with families
- ALL:Writing a thorough and accurate discharge summary

Dermatology Presentations and Conditions

1. Presentations

Acute rash
Bites and stings
Burns
Chronic rash
Nail abnormalities
Pruritus
Scarring
Skin lesion
Skin or subcutaneous lump Skin ulcers

2. Conditions

Blisters: Bullous pemphigoid, pemphigus vulgaris, dermatitis herpetiformis

Skin lumps and bumps: moles, freckles, dermatofibroma, pyogenic granuloma, seborrheic keratosis and hemangioma

Skin infections: cellulitis, impetigo, fungal infections, folliculitis, scabies, head lice, herpes simplex, herpes zoster, cutaneous warts and yeast infections.

Inflammatory skin disease: psoriasis, atopic dermatitis and eczema, contact dermatitis, acne vulgaris, lichen planus, urticaria

Hair loss and gain: Androgenetic alopecia, alopecia areata, hirsutism.

Skin cancer: actinic keratosis, Bowens disease, basal cell carcinoma, squamous cell carcinoma and melanoma

Systemic disease in dermatology: granuloma annulare, dermatitis herpetiformis, necrobiosis lipoidica, acanthosis nigricans, splinter haemmorhages, dermatomyositis, systemic lupus erythematosus, erythema multiforme, erythema nodosum, arterial and venous ulcers, pressure sores

Dermatological emergencies: Erythroderma, toxic epidermal necrosis, Stevens Johnson syndrome, necrotising fasciitis

MSK Presentations and Conditions

MSK PRESENTATIONS

Acute joint pain/swelling
Back pain
Bone pain
Bruising
Chronic joint pain/stiffness
Congenital abnormalities
Eye pain/discomfort/Red eye
Limp
Muscle pain/ myalgia
Musculoskeletal deformities
Neck pain/stiffness
Soft tissue injury
Trauma

MSK ASSOCIATED CONDITIONS

Ankylosing spondylitis
Rheumatoid arthritis
Sarcoidosis
Systemic lupus erythematosus
Bursitis
Compartment syndrome
Crystal arthropathy
Fibromyalgia
Idiopathic arthritis
Metastatic disease
Osteoarthritis
Osteomalacia
Polymyalgia rheumatica
Radiculopathies
Upper limb fractures
Inflammatory bowel disease
Lower limb fractures
Lower limb soft tissue injury
Lyme disease
Osteomyelitis

Reactive arthritis
Septic arthritis
Spinal fracture
Upper limb soft tissue injury
Nephrotic syndrome
Osteomyelitis
Parkinson's disease
Prostate cancer
Somatisation
Spinal cord compression
Vasculitis

Sexual Health and HIV Presentations and Conditions

1. **Presentations**
   Genital ulcers / warts
   Painful sexual intercourse
   Pelvic pain
   Urethral discharge
   Vaginal discharge
   Vulval itching / lesion

2. **Conditions**
   Bacterial vaginosis
   Candidiasis
   Chlamydia
   Gonorrhoea
   Herpes simplex virus
   Human immunodeficiency virus
   Human papilloma virus
   Pelvic inflammatory disease
   Scabies
   Syphilis
   Trichomonas vaginalis

Geriatric Medicine Presentations

Abnormal Involuntary Movements
Auditory Hallucinations
Blackouts and faints
Chest pain
Confusion
Constipation
Dizziness
Driving Advice
Elder Abuse
Electrolyte abnormalities
FAcecal incontinence
Falls
Frailty
Hearing loss
Hypertension
Immobility
Memory Loss
Mental Capacity concerns
Peripheral Oedema and ankle swelling
Skin ulcers

Struggling to cope at home
Trauma
Urinary incontinence
Urinary symptoms
Vertigo

Conditions

Benign paroxysmal positional vertigo
Cardia failure
Delirium
Dementias
Hyperthermia and hypothermia
Lower limb fractures
Malnutrition
Non accidental injury
Osteoporosis
Parkinson's disease
Pressure Sores
Stroke
Urinary incontinence

E. CHILDREN & YOUNG PEOPLES HEALTH LEARNING OUTCOMES

CAPABILITY 1 - Obtains relevant information about the patient through appropriate history and physical/mental health examination, formulating a prioritised list of problems and differential diagnoses

Key Learning Outcomes
Communicates effectively with colleagues, children and young people and their families
Demonstrates the ability (with any child, young person, parent or carer) to take an age and developmentally appropriate history, including birth history, family history, social history, developmental history and immunisation status
Be able to use the HEADSSS* assessment tool with young people, taking time to build rapport and using a sensitive and supportive approach
Measures and interprets vital signs (including heart rate, respiratory rate, oxygen saturation, temperature)
Performs an examination (to include respiratory, cardiovascular, gastrointestinal, central and peripheral nervous system, musculoskeletal, skin, eyes, ears/nose/throat, newborn/NIPE)
Demonstrates the ability to hold and undress a baby
Performs a basic developmental assessment of a child under 5 years
Plots and interprets a growth chart
Identifies in a range of contexts (primary care, acute care, outpatients) the key points in the history**, key examination findings, red flags signifying a seriously unwell child, prioritised list of problems and differential diagnoses including functional causes

*The HEADSSS assessment is a globally recognised tool to structure the assessment of an adolescent patient including questions about home, education/employment, activites, drugs, smoking and alcohol, sex and relationships, self-harm, depression and self-image, safety and abuse.
** See full list of core presentations in MLA grid.

CAPABILITY 2 - Assesses and generates management plans for chronic conditions

Key Learning Outcomes
Identifies initial investigation and clinical management for children and young people with chronic conditions* recognising potential complications and applying relevant guidelines, where appropriate
Appreciates the importance of empowering young people to manage their own health as they move towards adulthood
Provides teaching for children and young people, families and colleagues, as relevant
Demonstrates the ability to: measure peak expiratory flow rate explain and assess inhaler technique in a child or young person

* See full list of core presentations and conditions in MLA grid.

CAPABILITY 3 - Assesses and generates management plans in emergency and acute presentations

Key Learning Outcomes
Recognises, prioritises and uses a systematic approach (ABCDE) to assess and manage a sick child (including understanding the use of early warning scores)
Identifies initial investigation and clinical management for acutely unwell* children and young people, recognising potential complications and applying relevant guidelines, where appropriate
Demonstrates (on a mannequin) Basic Life Support skills including managing the choking child
Recognises the need to escalate concerns about a sick child or young person and how to do this

* Common paediatric emergencies include: Acute asthma, Anaphylaxis, Croup, Diabetic ketoacidosis, Reduced consciousness, Status epilepticus, and Sepsis. See full list of core presentations and conditions in MLA grid.

CAPABILITY 4 - Assesses and generates management plans to promote health and prevent disease

Key Learning Outcomes
Demonstrates an awareness of routine screening for all children in the UK (healthy child programme) including the newborn blood spot
Outlines the principles of the childhood immunisation programme in the UK, and understands issues around vaccine hesitancy
Outlines the physiological and environmental influences on growth and behaviour in childhood and adolescence recognising the importance of climate change, social determinants of health and health inequality
Understands the importance of mental health and wellbeing from birth to adulthood
Appreciates the range of expected behaviours from birth to adulthood (for example behaviours around sleep, feeding and school) and know when these become pathological
Undertakes health promotion discussions e.g., mental health and wellbeing, feeding and healthy eating, accident prevention, smoking/ alcohol/drug use, sexual health and routine health screening

CAPABILITY 5 - Assesses and manages risk

Key Learning Outcomes
Listens to children, young people and their families and take their concerns seriously

CAPABILITY 6 - Behaves in accordance with legal and ethical responsibilities

Key Learning Outcomes
Acts as a professional within the boundaries of ethical and legal frameworks (specific to child health) expected of a junior doctor
Outlines opportunities to improve patient safety and experience, learning from the experience of children, young people and their families, critical incidents & near misses
Describes the importance of raising concerns if patient safety is or may be compromised

CAPABILITY 7 - Communicates effectively with health care professionals, patients, relatives, carers and other advocates

Key Learning Outcomes
Communicates effectively and compassionately with children, young people and their families to explain common and important medical conditions and investigations, including in challenging and distressing situations, in a way that the child or young person can understand
Uses digital technology to support communication, where appropriate
Demonstrates the ability to communicate with colleagues including to: • Present clinical findings verbally • Give a verbal handover (including using the SBAR format) • Advocating for patients and speaking up if you have concerns about the care of a child or young person

CAPABILITY 8 - Deals appropriately with complexity and uncertainty including managing multimorbidity and prioritising tasks

Key Learning Outcomes
Recognises the impact of living with medical complexity and technology dependence and the importance of symptomatic and palliative care

CAPABILITY 9 - Demonstrates reflective practice

Key Learning Outcomes
Demonstrate a commitment to continued improvement, reflection and learning (including from young people and families)
Engage in paediatric quality improvement activities, as relevant

CAPACBILITY 10 - Demonstrates understanding of patient capacity, consent and confidentiality in delivering care

Key Learning Outcomes
Understands the legal and ethical framework relevant to child and adolescent health including consent, capacity and confidentiality

CAPABILITY 11 - Demonstrates understanding of the importance of self-care and personal wellbeing

CAPABILITY 12 - Identifies and requests relevant investigations, interprets results and ensures they are acted on appropriately in the context of the clinical situation, avoiding over-investigation

Key Learning Outcomes
Constructs and interprets a family tree and recognise the role of genetic investigations
Interprets common investigations in children including blood gases and radiographs (X-rays)

CAPABILITY 13 - Manages pain

Key Learning Outcomes
Appreciates the importance of assessing pain in children and using developmentally appropriate tools and pain scales to do this
Prescribes commonly used analgesics for children in a safe manner using the BNFc as appropriate

CAPABILITY 14 - Performs procedures safely

Key Learning Outcomes
Demonstrates the ability to collect a urine sample from an infant or child and perform bedside urinalysis
Identifies the common challenges of undertaking practical procedures in children and young people and describes techniques to address these e.g., distraction, play therapists, topical anaesthetic
Obtains consent for common procedures e.g., venepuncture

CAPABILITY 15 - Prescribes, reviews, communicates and monitors the effects of medicines safely and effectively

Key Learning Outcomes
Prescribes commonly used medication in a safe manner
Writes a safe, accurate and legal prescription for a child using the BNFc and local guidelines where appropriate for: • Intravenous fluids (bolus and maintenance) • Common analgesics • Common antibiotics • Oral rehydration solution • Common asthma medications (e.g. beta-2 agonists, steroids) • Common emergency drugs (e.g. adrenaline for anaphylaxis)
Understands the principles of prescribing in children, taking into account weight, age and body surface area, the differences in drug metabolism and routes of administration. Recognise the specific challenges for safe prescribing in paediatrics
Identifies common aides to safe prescribing in children e.g. British National Formulary for children (BNFc), ward pharmacist. Identify ToxBase as a useful resource in cases of poisoning

CAPABILITY 16 - Safeguards vulnerable patients

Key Learning Outcomes
Defines the main types of child maltreatment, describe risk factors and the signs and red flags of child maltreatment
Identifies the process for raising concerns about child maltreatment and the steps involved
Understands the duty of care for any health professional to report concerns about child maltreatment
Understands the huge variation in health outcomes for children and young people both in the UK and globally, and appreciates the contribution of social determinants of health, and inequality to this
Recognises the specific health needs and challenges faced by vulnerable groups including care-experienced, refugee and accompanied and unaccompanied asylum-seeking children and young people
Recognises the impact of adverse childhood experiences on long-term health and takes a trauma-informed approach to care

CAPABILITY 17 - Symptomatically manages patients approaching end of life

CAPABILITY 18 - Uses and records information safely and effectively

Key Learning Outcomes
Demonstrates the ability to communicate with colleagues including to: • Write a summary of a consultation in the medical notes • Write a discharge summary

CAPABILITY 19 - Utilises evidence-based guidelines appropriately

Key Learning Outcomes
Applies an evidence based approach to paediatric practice

CAPABILITY 20 - Works effectively, respectfully and supportively as a member of the team

Key Learning Outcomes
Understands the importance of the paediatric multiprofessional team and the different roles of its members (for example health visitors, social workers, speech and language therapists, dieticians, physiotherapists, occupational therapists and play therapists) and be able to work effectively with them
Develops own leadership skills and works in partnership with children, young people, families and members of the MDT

Paediatric Presentations and Conditions:

This grid is not an exhaustive list of all possible paediatric presentations and diagnoses but aims to highlight common and important presenting complaints and underlying differentials and includes the content that will be covered in the MLA.

Although core conditions are only included once in the grid, **many may cause more than one clinical presentation**: for example bronchiolitis may cause breathing difficulties, cough and feeding difficulties.

Topic	Presentation	Core Conditions
Respiratory and cardiovascular disease	**Breathing Difficulties**	• Bronchiolitis • Inhaled Foreign body • Pneumothorax
	Cough	• Bronchiectasis • Cystic fibrosis • LRTI/Pneumonia • Pertussis • TB
	Wheeze	• Asthma • Viral Wheeze
	Cyanosis	• Cyanotic congenital heart disease, e.g. TGA, Tetralogy of Fallot
	Murmur	• Congenital heart disease – VSD, ASD, PDA • Innocent murmur
	Stridor	• Croup • Epiglottitis • Laryngomalacia
	Arrhythmia	• SVT
Gastrointestinal/ Hepatic	**Abdominal Pain**	• Appendicitis • Gastritis/Peptic Ulcer Disease • Intussusception • Peritonitis • Mesenteric adenitis • Functional abdominal pain
	Allergies Food intolerance	• Food allergies, e.g. cow's milk protein intolerance
	Vomiting / Dehydration	• Dehydration • Intestinal obstruction and ileus • Gastroenteritis • GORD • Pyloric stenosis • Malrotation and volvulus
	Diarrhoea	• Gastroenteritis • Inflammatory bowel disease • Toddlers diarrhoea
	Constipation	• Functional constipation • Hirschprung's Disease
	Abdominal Mass	• Hernia • Neuroblastoma • Wilm's tumour
	Scrotal/Testicular Pain	• Epidymitis/orchitis • Torsion • Undescended testes

Topic	Presentation	Core Conditions
Neurological	**Abnormal Movements**	• Febrile Convulsion • Epilepsy • Infantile Spasms
	Headache	• Meningitis/encephalitis • Migraine

		• Subarachnoid haemorrhage • Tension Headache • Brain tumour • Hydrocephalus • Raised intracranial pressure (ICP)
	Reduced Consciousness / Lethargy*	• Intoxication / Drug overdose • Hypoglycaemia *Be aware that in infants metabolic conditions can also rarely cause lethargy, seizures and hypoglycaemia
	Abnormal Development and Learning Disability	• Developmental delay (speech delay, motor delay, global developmental delay) • Muscular dystrophies • Cerebral Palsy • Genetic syndromes: Down Syndrome
	Visual Concerns / Squint	• Conjunctivitis • Periorbital and orbital cellulitis • Visual field defects
Dermatology / Renal / Haematology	**Swelling (including lymphadenopathy)**	• Reactive lymphadenopathy • Bacterial lymphadenitis • EBV • Mumps • Lymphoma
	Pallor	• Iron deficiency anaemia • Pancytopenias • Sickle cell disease
	Urinary symptoms (dysuria, haematuria, reduced urine output, oedema, renal failure)/ Chronic kidney disease	• UTI • Enuresis • HUS (Haemolytic uraemic syndrome) • Nephrotic syndrome • Glomerulonephritis • Renal failure
	Bruising	• Haemophilia • ITP (Immune thrombocytopenic purpura) • Leukaemia • NAI (Non-accidental injury)
	Polyuria/ Polydypsia	• Diabetes mellitus
	Rash	• Eczema • Candidiasis • Cellulitis • Impetigo • Measles/rubella/ viral exanthema including hand, foot and mouth and Parvovirus B19 • VZV (Chicken pox) • DIC (disseminated intravascular coagulation) • HSP (Henoch Schönlein Purpura) • HSV (Herpes Simplex Virus) • HPV (Human Papilloma Virus) • Scabies • Urticaria

Topic	Presentation	Core Conditions
General and Mental Health	**Fever (including recurrent infections*)** *You should also be aware of conditions that predispose to recurrent infections including hyposplenism/post-splenectomy, HIV and immunodeficiency	• URTI (Upper respiratory tract infection) • Influenza • Kawasaki disease • Malaria • Meningitis • Otitis Media • Tonsillitis • Toxic shock
	Collapse / Deteriorating child	• Anaphylaxis • Sepsis • DKA • Cardiac arrest • Respiratory arrest • Breath holding and reflex anoxic seizure
	SUDI (Sudden unexpected death in infancy)	
	Behavioural difficulties	• ADHD • Autism
	Mental Health (Deliberate self-harm, overdose, suicidal thoughts)	• Eating disorders • Depression • Anxiety • Conduct disorders • Substance misuse • Medically unexplained symptoms
	Sexual health and gender dysphoria	
	Accidents, Poisoning and Trauma including safeguarding	• Non accidental injury • Head injury • Subdural haemorrhage
	Abnormal growth and puberty (Faltering growth / Malnutrition)	• Coeliac disease and food allergies • Obesity • Precocious and delayed puberty • Short stature • Cushing's Syndrome • Hypothyroidism/thyrotoxicosis
	Sleep disturbance	• OSA (obstructive sleep apnoea) • Infant sleep

Topic	Presentation	Core Conditions
Musculoskeletal	**Joint pain and swelling / Limp**	• Reactive arthritis • Septic arthritis • Juvenile idiopathic arthritis • DDH (developmental dysplasia of hip) • Perthe's • Slipped upper femoral epiphysis
	Trauma	• Fractures
	MSK abnormalities	• Rickets • Congenital abnormalities

The Neonate	**Breast feeding and Supporting Effective Feeding**	
	Bilious vomiting	
	Jaundice	• Biliary atresia • Hepatitis • Physiological jaundice • Haemolytic disease
	Prematurity	• Respiratory distress syndrome • Necrotising enterocolitis • Hypothermia • Neurological and developmental sequelae
	Crying baby	
	Congenital abnormalities and the dysmorphic child	• Down syndrome and other trisomies • Turners syndrome • Skeletal dysplasia • Talipes • Spina bifida • Hypospadias
	Problems at birth	• Feeding difficulty • SGA/IUGR (small for gestational age/intra-uterine growth retardation) • HIE (hypoxic ischaemic encephalopathy) • Disorders of sexual differentiation (ambiguous genitalia)/CAH • Birthmarks • Cephalohaematoma • Plagiocephaly • Neonatal sepsis • Abdominal wall defects (gastroscihasis/exomphalos) • Nerve palsies – Erb's and Klumpke's palsy

F. GENERAL PRACTICE AND COMMUNITY CARE

Please see learning outcomes as given in the QM+ GP section

OVERVIEW OF THE YEAR

INTRODUCTION WEEK AUGUST/ SEPTEMBER 2024
The year will start general topics relevant to the year ahead followed by a three day course in Global Health.

Sept 2024 to May 2025

During this period you will rotate through 3 twelve week blocks to include Paediatrics, Obstetrics & Gynaecology, Psychiatry, Neurology/Ophthalmology, General Practice & an integrated module covering Musculoskeletal, Dermatology, Sexual health and Geriatric Medicine.

Each twelve week block will have two weeks of core lectures scheduled which should be attended in person although recordings will be available for revision purposes.

The student selected component will run through the year (see next section) but you should try to get on to this as soon as possible to avoid having to finish it at the last minute when things get busier.

STUDENT SELECTED COMPONENT

Aims

The aim of the Student Selected Component (SSC) in the fourth year of the MBBS curriculum is threefold:

1. Firstly to allow students to explore an area of medicine of their choice in a degree of analysis and reflection that is not possible within the core curriculum. The objective of these SSCs is to enhance the student's experience of their clinical studies in one or more of the core systems by proving the opportunity for study in-depth. A number of tutors from within the School of Medicine and Dentistry have provided project titles which are designed to stimulate and challenge the student to write reflectively upon one or more elements of clinical science and /or clinical practice.
2. Secondly to provide all students with essential authoring skills needed to complete the project. This will facilitate written communication in a knowledgeable, accurate and compelling style. Guidance for this will be given on the induction days. Students will also need to learn to do a literature search and evaluate research evidence.
3. Thirdly to allow students to investigate the way specific areas of medicine impact on Public Health

Public Health Objectives for SSC4

While researching the literature for SSC4, students should also address the following issues as they relate to their chosen topic:

1. The impact of the chosen SSC topic on people and populations:
Demonstrate knowledge and understanding of the impact of the selected topic on people, populations (and NHS etc.).
Demonstrate an understanding of published evidence, relevant to the SSC topic, to support the use of guidelines for treatment (or screening programmes).
Demonstrate an awareness of national priorities or targets for Health or the Health Service.

2. Resource implications for implementing particular health care strategies.
Review available sources of statistics and reflect upon the burden of illness
If appropriate demonstrate awareness of cost issues. (Students are not expected to do any cost analysis)
If appropriate, demonstrate awareness of the impact on International Health.

Optional, to explore:
The role of politics and the media, where relevant, in health care, disease prevention and health promotion as some issues have high media impact.

Students are encouraged to develop skills of independent study and self-directed learning.

At the end of the SSC the student will be able to:

1. Describe the way in which they were involved in planning a timetable and a suitable learning contract with the course tutor(s) at the beginning of each module;
2. Show, by means of the dissertation that they have made appropriate use of available SDL materials, library facilities, video or computer assisted learning packages and other educational resources

Advice to Students

Students are advised to be pro-active and to manage time effectively.

Meet and discuss the topic with your tutor as soon as possible during term 1. Plan and write an outline for your dissertation; run it past your tutor.
Do literature search in your own time
Use designated SSC time for writing and putting final touches to the dissertation
Manage your time effectively; complete your draft dissertation by Easter if possible, leaving time for feedback from your tutor, for editing and re-editing.

TERM DATES 2024-2025

All dates are inclusive

Term 1	27/08/2024 – 20/12/2024
Holiday	23/12/2024 – 03/01/2025
Term 2	06/01/2025 – 11/04/2025
Holiday	14/04/2025 – 25/04/2025
Term 3	28/04/2025 – 04/07/2025
End of Year exams	Please check Assessment and progression handbook on QMPlus Assessment and Progression

LEAVE AND ATTENDANCE

Please refer to the attendance policy on QMPlus
Link to policy to be added once confirmed

REGISTERING ATTENDANCE ON THE QMUL APP

From this year, attendance at lectures and placements will be monitored via the QMUL App. This is to help avoid lengthy diversions to tap in at card readers or sign registers. If you do not already have the QMUL app installed on your phone then kindly do so before the start of the year.

To use, you simply need to navigate to the app's 'MBBS Placement' tile when you are on site. Click this to check in at the venue (this will work for lecture theatres and Trust sites). The app will only record your attendance when you check in.

If you have any issues with the app you will always have the option to sign in directly with your site administrator.

DEADLINES

Professionals take responsibility for successfully complying with the requirements of those various agencies with supervisory functions over their practice. Of course meeting deadlines is also in your best interest - these are real deadlines which are strictly applied and adhered to without appeal. We will do our best to remind you of these deadlines but keeping them remains your responsibility. You will find the medical school has no power to extend them.

ASSESSMENT

ASSESSMENT AND PROGRESSION HANDBOOK

This provides all the information about your course exams including a more detailed description of the written and practical examinations and the rules you must comply with to pass your clinical placements. It is published on QMPLUS under the assessment tab (Assessment and Progression)

PEBBLE PAD

Pebble pad is the e-portfolio and is used for your clinical placement assessment. It works in the same way as post-graduate assessment. You have a number of forms that must be completed by supervisors and others at various points throughout your placement rotations whilst you are on the wards and in GP. These include feedback from written work, observations of practical procedures, feedback on your professional capabilities and certification of competence in all the practical procedures required of you by the GMC for starting Foundation year and completion of learning activities in Clinical Pharmacology.

The login is at https://v3.pebblepad.co.uk/login/qmul and the year 4 workbook is in your resource section. There is also an app for your phone that will allow you to complete forms even when there is no internet connection. You can then attach them to your workbook later online.

Forms that require a signature from your supervisor can be completed on your own device and they then sign them on screen and this locks the form. Pebble pad training video can be found in the Assessment area of QMPlus (Assessment and Progression).

COMMUNICATIONS- KEEPING IN TOUCH

The university (including QMUL registry and the various agents of FMD) will communicate with you in a variety of ways. Formal correspondence will be sent to you by letter, and it is important that you keep your registered personal details and address up to date. However, it is most common for contact to be by QMUL e-mail. You are assigned an e-mail address when you enrol. Please note if you have not enrolled by the deadline your name will not be included in the mailing list. You are strongly advised to check your e-mail account daily and to ensure that junk mail filters and the like do not intercept emails from the QMUL domain.

Email
You can access your email account by logging on to a QMUL computer or, if you are not on campus, through the university webmail service at:
https://mail.qmul.ac.uk.
If you are experiencing problems with your QMUL email account please contact the computing services helpdesk by email on its-helpdesk@qmul.ac.uk or by phone on 020 7882 8888.

QMplus
Information regarding your course will be posted on QMplus virtual learning environment (VLE) which can be accessed via the FMD website. Please ensure you visit the Year 4 area in QMplus on a regular basis at http://qmplus.qmul.ac.uk/. If you have problems accessing QMplus please contact the computing services helpdesk as above.

Text
We also use a text messaging service for urgent updates. If you would like to be included in this service, please ensure your mobile telephone number is included on your student record & updated via SITS if you change it.

Special events and meetings
Throughout the year specific meetings are held for all students. Often, information from the meetings will be placed on QMplus however, where possible you should always try to attend the meeting. These meetings usually end in question and answer sessions for students.

STUDENT SURVEYS AND FEEDBACK

It is important that you participate in all surveys of the student experience, because your responses give us the information we need to improve the programme and your learning experience.

At the end of every module, a survey will be sent out to you to assess you experience of the teaching and clinical placements. Please do your best to reflect and give responses that are clear and specific. We want to hear what you enjoyed as what you feel did not work for you.

The surveys are anonymous and confidential.

STUDENT/COURSE REPRESENTATIVES

Each year of the programme has two student representatives who provide an important link between the students and the staff on the course.

The overall task of a 'student (course) rep' is to engage with their student peers, seek out their thoughts and views and represent them, particularly at Staff Student Liaison Committee (SSLC) meetings. These meetings are organised to resolve any course-related issues as they arise throughout the year. Course reps work closely with the Students' Union to campaign for change and make things better for students.

In the first few weeks of the course, you will elect two of your peers (who will self-nominate for the position) to perform this role. Further information about this will be circulated to you over the coming days and weeks.

OCCUPATIONAL HEALTH & BEING FIT FOR CLINICAL PLACEMENTS

You should have been cleared for clinical placement in your first year of the course and this includes providing copies of all your mandatory vaccinations. However, if there has been a change in your health you may need further clearance. If you are unsure if this applies to you should contact the Student Academic and Pastoral Support office.
For the avoidance of doubt, regardless of legislation that applies to the general public, the GMC requires you to comply with local isolation and infection control policies of your placement provider if you suspect you may have a communicable disease including COVID-19.

SUPPORT SERVICES

There are various sources of support available for you in you in year4. We take student support very seriously and everyone in the medical school will do their best to help you achieve the goals of your course.

Academic support

Every student in the year is assigned an Academic Advisor. You can find out who you have been assigned to via MySIS

Pastoral support

As in previous years, the team in the Student Support Office will be available to provide advice, support and guidance for those of you who experience difficulty with personal matters such as bereavements, personal health and financial crisis. Please contact the student support office via ihse-student-support@qmul.ac.uk to arrange an appointment or for more information about all of the support services available.

Other sources of support

Rugina Monnan (r.monnan@qmul.ac.uk) in the student office is a very useful point of contact for advice about administrative issues. You are also welcome to contact the head of year, especially if no one else seems to be able to help.

Careers service

For those of you who need to compile a curriculum vitae (CV) as part of your application to the AFP, the careers service can provide a CV checking service. The service offers a link careers consultant to provide support. They may be contacted via 020 7882 8533 or http://www.careers.qmul.ac.uk. The careers service can also be an excellent source of guidance for those of you who want assistance in deciding what to do after Foundation, including careers both inside and outside medicine.

RAISING CONCERNS

The GMC standards framework "Promoting excellence: standards for medical education and training" (GMC 2016) instructs UK medical schools amongst others things to ensure that:

"organisations must demonstrate a culture that allows learners … to raise concerns about patient safety"

If you come across arrangements, events or behaviours on placement that lead you to be concerned about a risk to patient safety, you should use the single point of access QMUL Report and Support tool (https://reportandsupport.qmul.ac.uk/). Students are welcome to contact a member of staff to discuss their concern first. This may be a trusted supervisor, one of the senior members of the trust education team, module lead or Head of year.

The Queen Mary Report & Support tool should be used if you experience or witness concerning behaviour such as bullying, harassment, hate incidents or gender-based discrimination in relation to any aspect of your university life.

The School endeavours to ensure that all students feel safe when raising concerns and speaking up. The School will support you in every stage of this process, either internally or with other Queen Mary departments such as Advice & Counselling or the Disability & Dyslexia Service.

MAKING A COMPLAINT

Separate to this process the Queen Mary Student Complaints Policy is for students to raise concerns about matters which affect the quality of a student's learning opportunities or student experience. Poor quality teaching should be /can be reported via JISC online student survey feedback and the Staff Student Liaison Committees before it is necessary for a formal complaint to be submitted. The formal policy can be found on the QMUL website. Please refer to http://www.arcs.qmul.ac.uk/students/student-appeals/complaints/

INFECTION CONTROL

Unsurprisingly this is a 'hot' topic and you will find there is material in both clinical skills teaching and on the wards to help you keep up to date. It has however always been a key skill you need to demonstrate competence in long before the global pandemic.

Universal Precautions should be applied by all healthcare personnel, and other carers, in the care of patients in community and primary care settings. These basic steps protect everyone and are at the foundations of good medical practice. Adequate supplies of liquid soap, hand rub, towels, gloves and sharps containers should be made available wherever care is delivered, and you and your colleagues will have been educated about standard principles and trained in hand decontamination, the use of protective clothing and the safe disposal of sharps. It is appropriate that you should ask someone for help if the equipment or supplies or information you need to maintain good standards of infection control are not available where you need them.

The setting where you are working as a student will have local policies and protocols and you should familiarise yourself with these, including the dress code in clinical areas.

The recommendations below are taken from: NICE Infection Control, Prevention of healthcare-associated infections in primary and community care.

Hand Hygiene

1. Hands must be decontaminated immediately before each and every episode of direct patient contact or care and after any activity or contact that could potentially result in hands becoming contaminated.

2. Hands that are visibly soiled, or potentially grossly contaminated with dirt or organic material, must be washed with liquid soap and water.

3. Hands must be decontaminated, preferably with an alcohol-based hand rub unless hands are visibly soiled, between caring for different patients and between different care activities for the same patient.

4. Before regular hand decontamination begins, all wrist and ideally hand jewellery should be removed. Cuts and abrasions must be covered with waterproof dressings. Fingernails should be kept short, clean and free from nail polish.

5. There are three stages in clinically effective hand decontamination by washing; preparation, washing and rinsing, and drying.

    a) Wet hands under tepid running water before applying liquid soap or an antimicrobial preparation to all of the surfaces of the hand.
    b) Rub hands together vigorously for a minimum of 10–15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, then rinse thoroughly.
    c) Dry with good quality paper towels.

6. When decontaminating hands using an alcohol hand rub, hands should be free from dirt and organic material. The hand rub solution must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, until the solution has evaporated and the hands are dry.

7. An emollient hand cream should be applied regularly to protect skin from the drying effects of regular hand decontamination. If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation, an occupational health team should be consulted.

Use of Personal Protective Equipment

Selection of protective equipment is based on an assessment of the risk of transmission of micro-organisms to the patient, and the risk of contamination of the healthcare practitioner's clothing and skin by patients' blood, body fluids, secretions or excretions. Gloves and aprons and fluid resistant masks are generally in routine use, with specialist masks, goggles and other more specialised protective clothing for use in particular specialised environments (e.g. theatres, delivery suite) or when recommended in particular clinical circumstances. If in doubt always ask your supervisor which equipment should be used.

Safe Use and Disposal of Sharps

1. Sharps incidents will be avoided by following these rules;

    a. Do not pass directly from hand to hand,
    b. Keep handling to a minimum.
    c. Do not break, bend, or attempt to replace removable cap before use or disposal.
    d. Always use a new disposal container when one is full to the mark

2. Used sharps are discarded at the point of use and by the user into a sharps container ONLY (conforming to UN3291 and BS 7320 standards). Containers in public areas should be safely located (not on the floor). Needle safety devices must be used where there are clear indications that they will provide safer systems of working for healthcare personnel.

Needlestick Injuries and Body Fluid Splashes

Please follow instructions for specific Trusts:

Barts Hospital, Royal London

Please follow these Barts Health guidelines:

Sharps/Splash Injury Reporting:
During working hours (Monday to Friday 8.30 am-4.30pm) contact immediately.

Health and Wellness Centre
31-43 Ashfield Street E1
020 3594 6609

Needlestick Helpline
020 7377 7449

Out of Hours
Telephone the on-call virologist or attend A&E at RLH.

Other Trusts
If you are at other Trusts please follow local guidelines or ask your Clinical Supervisor.

CONTACTS

Within Year 4 there are many individuals who are responsible for the planning and delivery of your programme. This year, more so than ever before, you will be working closely with colleagues within the NHS Trusts. On a day to day level, your studies will be administered by the Clinical Operations Team in the Student Office led by Robert Sprott as well as Module Leads and associated administrative staff.

A list of staff most directly responsible for Year 4 is shown below. If problems occur during an attachment, try to deal with them at a local level in the first instance. If problems persist, then contact the **Year 4 Lead Administrator,** Head of Year or relevant Module Lead.

Head of Year 4	**Year 4 Administration**
Prof Bruce Kidd b.l.kidd@qmul.ac.uk Dr Anjali Gondhalekar (From September 17th)	**Programme administration Manager MBBS Year3 & 4** Rugina Monnan r.monnan@qmul.ac.uk **Administrator for Year3 & 4** Asad Miah asad.Miah@qmul.ac.uk Afsana Begum Afsana.begum@qmul.ac.uk **Clinical Placements Manager** Adrian Little a.little@qmul.ac.uk