

# **Personal Development Planning in Medical Education**

Learning and Teaching Support Network subject centre for  
Medicine, Dentistry and Veterinary Medicine (LTSN-01)  
Susanne Young  
Megan Quentin-Baxter  
July 2002

## **Introduction**

This piece of work was conducted between February 2002 and May 2002 and was commissioned by Norman Jackson of the LTSN Generic Centre. The primary aim of this work was to survey current Personal Development Planning (PDP) practice in medical education and the findings will feed into a larger generic report being co-ordinated by Rob Ward of the Centre for Recording Achievement.

## **Method**

In order to gather information on current PDP practice, LTSN-01 contacted the original contributors to a report produced by Dr Judy McKimm in 2001, *'Using portfolios in Medical Education'*. In this report medical education professionals were invited to submit a case study outlining current use of 'portfolios' and PDP practice in their institution. In February 2002, LTSN-01 contacted the same sample of 24 institutional contacts by email and invited them to update their submitted institutional case studies. They were sent a copy of their original contribution to the report and were asked if they would describe any changes in practice or process there had been, if they wanted to highlight any problems and/or difficulties they had encountered over the last year and if PDP was assessed in their institution. In addition to the original 24 institutions, the LTSN-01 nominated primary contacts (NPCs) for the medical schools at the University of Keele, the University of East Anglia and the University of Plymouth were also contacted and asked to provide an outline of their plans for use of PDPs in their new schools.

Eighteen schools responded positively by providing an update on their original descriptions of PDP use in their schools. Two schools have requested that the data they provided not be made available publicly and 9 schools have not responded. Of the 18 schools that have provided an update, only two schools have highlighted any problems or difficulties they have encountered.

## **Results**

Table 1 records the different characteristics of PDP and which medical schools incorporate them into their current learning and teaching policy. It also records the different characteristics of PDP that some schools are planning to incorporate into their future learning and teaching policy.

Schools interpret the concept of 'portfolio' very variably, with some schools focusing on the practical aspects of recording student experience, and others on personal reflection by students about how the experience has affected them. The methods included paper based 'logbooks', recording 'case studies' and keeping reflective diaries, with some schools using on-line reflective records. Most schools use some form of recording in phase 2, and many are in a transition phase of introducing more reflective methods, often in phase 1 or final year. Logbooks are most often administered by departments, with schools taking responsibility for the portfolio. Even when centrally organised the portfolio typically covers only part of the curriculum, such as personal and professional development, clinical cases or skills. Where assessment is included it ranges from simply 'signing off' experience to assessing the portfolio in, for example, an objective structured clinical examination (OSCE).

A brief summary of the changes occurring in the past year (since the original report) can be found in Appendix 1. The updated descriptions can be found in Appendix 2 and the original submissions from non responding schools are in Appendix 3.

**Table 1: Breakdown of PDP characteristics by Medical School**

Current PDP practice	Year PDP use established	PDP Characteristics							
		Portfolio	Logbook	Record of achievement	Transcript	Diary	CV	Whole curriculum	
Imperial College	2002		2002	2003			2003		
St Bartholomew's and the Royal London School of Medicine and Dentistry	1995	2002	2002						
The Guy's, King's college and St Thomas' Hospitals' Medical and Dental School	1995		2001						
The Queens University of Belfast			2002						
University of Aberdeen	1995	2001	2001	2001					
University of Bristol			2002						
University of Cambridge		2002	2002						
University of Dundee	1999	2002		2002			2002	2002	
University of East Anglia		2003				2003		2003	
University of Edinburgh	1998	2002							
University of Glasgow	1995								
University of Leeds	1998		2001						
University of Liverpool	2000	2002	2002					2001	
University of Manchester	1998	2002			2002		2002		
University of Newcastle	1995		2002	2004				2004	
University of Nottingham	2002	2002							
University of Oxford	1995		2001						
Peninsula		2003						2003	
University of Sheffield	1995	2003	2001						
University of Southampton	2000	2001	2001						
St George's Hospital		2003						2003	
University of Wales College of Medicine			2002			2002			

Adopted by medical school (data taken from 2002 update)	Future plans to adopt (data taken from 2002 update)	Adopted by medical school (data taken from 2001 report)	Future plans to adopt (data taken from 2001 report)
---	---	---	---

**Table 1: Breakdown of PDP characteristics by Medical School (continued)**

Current PDP practice	Year PDP use established	PDP Characteristics						
		Part of the curriculum	Institution	School	Department	Owned by institution	Owned by student	Personal record
Imperial College	2002	2002	2003		2002		2003	
St Bartholomew's and the Royal London School of Medicine and Dentistry	1995	2002		2004	2002			
The Guy's, King's college and St Thomas' Hospitals' Medical and Dental School	1995	2001			2001			
The Queens University of Belfast								
University of Aberdeen	1995	2001		2001				
University of Bristol		2002						
University of Cambridge		2002		2002				
University of Dundee	1999			2002				
University of East Anglia				2003				
University of Edinburgh	1998	2002						
University of Glasgow	1995	2001		2001				
University of Leeds	1998	2001	2001	2001	2001			2001
University of Liverpool	2000						2002	
University of Manchester	1998						2002	2002
University of Newcastle	1995	2002		2004	2002			2004
University of Nottingham	2002	2002						
University of Oxford	1995	2001	2001	2001	2001			
Peninsula		2003		2003				
University of Sheffield	1995	2001			2001			2001
University of Southampton	2000	2001		2001				
St George's Hospital								
University of Wales College of Medicine		2002	2002	2002				

Adopted by medical school (data taken from 2002 update)

Future plans to adopt (data taken from 2002 update)

Adopted by medical school (data taken from 2001 report)

Future plans to adopt (data taken from 2001 report)

**Table 1: Breakdown of PDP characteristics by Medical School (continued)**

Current PDP practice	Year PDP use established	Reflective	Used for planning	Formative	Assessed / 'signed off'	Self directed learning	Phase 1	Phase 2	Final year students
Imperial College	2002		2003	2003					
St Bartholomew's and the Royal London School of Medicine and Dentistry	1995								2004
The Guy's, King's college and St Thomas' Hospitals' Medical and Dental School	1995	2001			2001	2001		2001	
The Queens University of Belfast									2002
University of Aberdeen	1995	2001			2001			2001	2001
University of Bristol								2002	2002
University of Cambridge									
University of Dundee	1999	2002	2002		2002			2002	
University of East Anglia		2003			2003		2003	2003	
University of Edinburgh	1998	2002			2002		2002	2002	2002
University of Glasgow	1995				2001				
University of Leeds	1998	2001			2001		2001		
University of Liverpool	2000	2002			2002	2002			2002
University of Manchester	1998		2002				2002		2002
University of Newcastle	1995		2004					2002	
University of Nottingham	2002		2002						2002
University of Oxford	1995				2001	2001		2001	
Peninsula		2003		2003					
University of Sheffield	1995	2001				2001			
University of Southampton	2000			2001					2001
St George's Hospital								2003	2003
University of Wales College of Medicine					2002		2002	2002	2002

Adopted by medical school (data taken from 2002 update)	Future plans to adopt (data taken from 2002 update)	Adopted by medical school (data taken from 2001 report)	Future plans to adopt (data taken from 2001 report)
---	---	---	---

**Table 1: Breakdown of PDP characteristics by Medical School (continued)**

Current PDP practice	Year PDP use established	PDP Characteristics									
		PPD strand	SSMs	Skills	Cases	Paper	On-line	Compliance good	Compliance not good		
Imperial College	2002					2002	2003	2003			
St Bartholomew's and the Royal London School of Medicine and Dentistry	1995	2002	2002			2002					
The Guy's, King's college and St Thomas' Hospitals' Medical and Dental School	1995			2001	2001	2001					
The Queens University of Belfast				2002		2002					
University of Aberdeen	1995				2001	2001		2001			
University of Bristol		2002			2002	2002					
University of Cambridge				2002	2002						
University of Dundee	1999				2002	2002		2002			
University of East Anglia							2003				
University of Edinburgh	1998				2002	2002				2002	
University of Glasgow	1995			2001	2001	2001		2001			
University of Leeds	1998	2001		2001		2001	2001				
University of Liverpool	2000	2002									
University of Manchester	1998	2002		2002		2002	2002	2002	2002	2002	
University of Newcastle	1995				2002	2002					
University of Nottingham	2002					2002	2002				
University of Oxford	1995				2001	2001		2001	2001	2001	
Peninsula		2003									
University of Sheffield	1995					2001	2003	2001			
University of Southampton	2000				2001	2001				2001	
St George's Hospital											
University of Wales College of Medicine		2002									

Adopted by medical school (data taken from 2002 update)

Future plans to adopt (data taken from 2002 update)

Adopted by medical school (data taken from 2001 report)

Future plans to adopt (data taken from 2001 report)

## **Conclusions**

The use of portfolios in medical education continues to grow, with newly established medical schools working on the incorporation of portfolios into their learning strategies. Schools have continued to refine their use of portfolios and some institutions are exploring a move towards electronic records with greater use of the internet and intranet as well as integration with home grown electronic Personal and Academic Records (PAR). There continues to be a variety of formats and purposes for the use of portfolios in medical education; some schools recording purely practical skill knowledge, others recording reflective evaluation of attitude and conduct. The timing of this request for an update on position on PDPs comes only a year after the original report by Dr McKimm. Another update in the future will allow more feedback based on increased experience and show more distinct changes and developments.

## Appendix 1

<b>Medical School</b>	<b>Summary of update</b>
Imperial College	Plans have moved on to incorporate more use of the intranet. Plans include the designing of specific learning activities which will lead to outputs that the students can enter into their portfolio (e.g. on line reflective writing and self-assessments).
Leicester Warwick	Requested update used to inform LTSN-01 staff only. Not to be made public.
Peninsula (new)	Nothing is in place as yet but it has been agreed what instruments will be used to assess PDP in years 1-4 – multiple observer, multiple observation judgements for each individual student AND portfolio analysis.
St Andrews	Requested update used to inform LTSN-01 staff only. Not to be made public.
St Bartholomew's and the Royal London School of Medicine and Dentistry	Portfolios are used in the MBBS curriculum as part of the Special Study Module course. Students collect a portfolio of work related to their SSM's throughout the curriculum and this forms Part 5 of the MBBS degree. A number of log books and workbooks are used at different stages of the course. The Dental School has recently introduced a project to develop a progress file for undergraduates.
St George's Hospital	Nothing to report. We will be having a substantive review of the Y5/PRHO portfolio starting in May, so there should be some amendments to make in the coming year.
The Guy's King's College and St Thomas' Hospitals	No update available
The Queens University of Belfast	PDP is not yet introduced but there are plans to introduce them this year.
University College London and Royal Free	Portfolios are being considered but are only used for phase 1 (year 1 and 2). Nothing else to report.
University of Aberdeen	No update available
University of Birmingham	No update available
University of Bristol	See Appendix 4
University of Cambridge	A practical log skills book is now used in all phases of the undergraduate course at Cambridge.
University of Dundee	Portfolio requirements have been refined and made more realistic. The marking criteria have been focussed on the learning outcomes and students are encouraged to make an active contribution to the development of the portfolio assessment process through their evaluation questionnaires.
University of East Anglia (new)	Portfolios will form a major part of the learning strategy throughout the entire 5 years of the course but have not as yet been implemented.
University of Edinburgh	No changes to report
University of Glasgow	No update available

University of Keele (new)	No update available
University of Leeds	No update available
University of Liverpool	Portfolio learning has now been used as a replacement for the traditional 'finals' at Liverpool for nearly two years. The emphasis is very much on self directed learning to support personal and professional development into PRHO training.
University of Manchester	Their Record of Professional Development is currently under review and major changes are expected next year.
University of Newcastle	Portfolios are not currently used at Newcastle although it is likely that they will be introduced when the new curriculum is implemented within the next two years. Internet based personal and academic record systems are being developed and piloted with postgraduate medicine.
University of Nottingham	Portfolios will be introduced on to the new Advanced Clinical Experience course in the 5th year during 2002. Plans are to eventually make these electronic and integrate them with their existing electronic Personal and Academic Records.
University of Oxford	No update available
University of Sheffield	No update available
University of Southampton	No update available
University of Wales College of Medicine	The college has introduced a requirement to keep a brief written journal of key experiences together with regular signed off reports of their attitude and conduct while on placement. Portfolios are now also kept on a year 3 project which extends over 8 months and is based around one patient with cancer.

## **Appendix 2 Full submissions updated in 2002**

### **Imperial College School of Medicine**

The use of a standard electronic personal development portfolio as a 'record of achievement' is currently being explored as a College-wide initiative. The idea is that all students will have their own folder on the Intranet that they can use as part of their personal development planning. It will include standard entries such as a CV and be flexible enough to enable students from different programmes to use it effectively. Once the electronic portfolio is introduced we plan to design specific learning activities which will lead to outputs that the students can enter into their portfolio. For example, in the Personal and Professional Management Skills Course, we have designed on-line activities which, once completed could be entered into the portfolio. These include pieces of reflective writing and self-assessments. Other learning activities in the course such as the critical incident analyses used in the General Practice attachments will also be relevant to the portfolio.

A log book is used in conjunction with the 3rd Phase Course Guide (which defines the core curriculum) during the Third Phase medical and surgical attachments for students to record their own progress in attaining clinical skills and procedures. The introduction states:

"Why use a clinical log book?

The clinical part of the medical course is less structured and calls for more self-direction and initiative than other parts. This means that you must take responsibility for directing your own learning in the hospital and general practice environment. This clinical log book is intended to help you with this and we hope you find it useful. It will:

- Show you what you should be observing, doing and practising when you are in the wards, clinics, theatres and in general practice
- Help identify any gaps in your learning and guide you in remedying them
- Prepare you for the Objective Structured Clinical Examination (OSCE) at which you will be assessed on your performance of the skills described in the book

The log book is yours, but your teachers will use it to review your progress or to help with your end-of-year assessment. By the end of your third year course you must be able to perform the stated skills and procedures competently and have an understanding of the required knowledge. *You should have had your performance of these clinical skills observed by your educational supervisor and have been signed up in this book where necessary.*"

(ICSM Phase 3 Clinical Log Book 2000/2001)

Log books are also used in many specialty attachments such as Obstetrics & Gynaecology and Paediatrics.

#### ***Information provided by:***

Judy McKimm, Director Undergraduate Medicine Office

### **Peninsula Medical School**

6 of our 14 'peninsula outcomes' relate to areas covered by our vertical theme of PPD. This has not yet been dissected down to further layers (in fact PPD is an assessment module for phase 1 and 2 and then called Clinical Competence in year 5).

We have however agreed what instruments we will use to assess PPD in years 1-4. We will use multiple observer, multiple observation judgements for each individual student AND portfolio analysis.

Judgement forms are being adapted from a validated instrument from Australia and the portfolio analysis criteria is yet to be developed. It is likely to be modelled on the Dundee material and will include a written and oral activity. As with Dundee, the key to the assessment is the ANALYSIS of the portfolio and a students development rather than the content of the portfolio. The content is just used as illustrations of development. Therefore the content of the portfolio (still to be decided) is likely to contain all pieces of students' assessment performances both formative and summative. Hopefully we will also include bits of reflective diary material too especially when looking for examples of looking after self, advocacy etc etc. The analysis of the portfolio will be done by trained core staff. There will also be a PPD Assessment panel which will review the performance of the instruments and report to the assessment boards.

#### ***Information provided by:***

Dr. Judy Searle, Associate Dean (Student and Staff Affairs)

### **St Bartholomew's and the Royal London School of Medicine and Dentistry**

Portfolios are used in the MBBS curriculum as part of the Special Study Module course. Students collect a portfolio of work related to their SSM's throughout the curriculum and this forms Part 5 of the MBBS degree. A number of log books and workbooks are used at different stages of the course.

The Dental School has recently introduced a project to develop a progress file for undergraduates. This is in line with the recommendations in the Dearing Report and will include a log book. There are currently several versions of a logbook being used at the Dental School. Departments have their own way of recording patient information and no unified system exists. The file will be based around a reflective logbook and will incorporate a record of achievement (to include a course transcript) and a section for personal development planning. Information about the project can be found at: <http://www.mds.qmw.ac.uk/eqapublic/innovations>

*How is it assessed?* Aspects of PPD assessed in all Parts of the MBBS course in both written and practical assessments

#### ***Information provided by:***

Dr Diana Wood, Deputy Dean for Education

### **St George's Hospital Medical School**

Nothing to report. We will be having a substantive review of the Y5/PRHO portfolio starting in May, so there should be some amendments to make in the coming year.

#### ***Information provided by:***

Professor Sean Hilton, Dean of Undergraduate Medicine

### **The Queens University of Belfast, Faculty of Medicine and Health Sciences**

Portfolios are not used in the undergraduate course at QUB. Final year students complete a log book as part of their work shadowing programme. This requires a number of core tasks to be performed under supervision and signed off when competent. These are grouped under communication skills, documentation skills (including prescribing) and practical procedures.

#### ***Information provided by:***

Mairead Boohan, Lecturer in Medical Education

### **UCL and Royal Free**

Portfolios are being considered for UCL medical school but as we only use them for phase 1 (year 1 and 2) there is nothing to report at present.

#### ***Information provided by:***

Dr Venetia France

### **University of Cambridge, Clinical School**

A Practical Skills Log is used in all phases of the Course. Portfolios are used in the formative end-of- Phase I Assessment (six months into the Cambridge Clinical Course) as set out in the Course Guide:

*'Assessment of Clinical Method History, clinical examination, diagnosis and documentation: a portfolio of six cases developed by the students throughout Phase I and assessed continuously (one per month) by the Clinical Supervisors. The cases should refer to patients you have seen or to your own research. Plagiarism is a form of cheating and could lead to expulsion from the Medical Student Register ... . Each case should demonstrate increasing competence in clinical clerking and in addition should also address one particular aspect as follows:'*

- *occupational or environmental illness – cause or effect*
- *ethical or moral dilemma*
- *integration of basic science into diagnosis, assessment or treatment*
- *problem of rehabilitation or disability*
- *team working in action*
- *a problem of addiction or substance abuse'.*

#### ***Information provided by:***

Brenda Purkiss, Assistant Registry

## **University of Dundee, Faculty of Medicine, Dentistry and Nursing**

There are a number of initiatives regarding portfolios in both undergraduate and postgraduate medical education ongoing at Dundee. Attempts are now being made to co-ordinate these in terms of ensuring transfer of information regarding the students' strengths and weaknesses from the undergraduate to the postgraduate sector.

Students in Phase 3 (years 4 and 5) of the undergraduate medical curriculum prepare a portfolio of their work that describes how they have progressed towards achieving the 12 learning outcomes of the curriculum. This portfolio forms the basis of the students' final examination. There are five steps in the portfolio assessment process.

### **Step 1: Documentation of evidence**

Students collect evidence of their achievements in the 12 learning outcomes. The evidence submitted is coursework and comprises:

- 10 patient presentations  
A history and physical examination of 10 patients seen by the student selected from the 100 or so core clinical problems that form the basis of teaching and learning in Phase 3 of the curriculum. The student discusses the patient problem and identifies how the 12 learning outcomes have contributed to his/her understanding of the patient's care.
- Seven case discussions  
Essays of approximately 1200 words with a brief patient summary and a discussion of how the curriculum themes have helped the student understand the patient problem.
- Year 4 assignment  
A report and its associated assessment of a piece of original work carried out by the student during year 4 of the curriculum.
- Record of Achievement  
Documentation of completed and observed practical procedures and tasks related to the management and investigation of patients.
- Outcome assessment report and any associated written work carried out by the student during the three clinical SSMs carried out during year 5.
- Outcome assessment forms and any written material completed by the student during the two theme SSMs carried out during year 5.
- PRHO learning plans and assessment forms.  
Learning contracts that the student has negotiated with the educational supervisor during the two PRHO apprenticeship blocks in year 5.
- Elective report and assessment form  
A marked report, with feedback, of the elective experience that the student has undertaken during the seven-week elective period between years 4 and 5.
- Any additional material that the student feels will be helpful in illustrating individual progress towards the 12 learning outcomes.

### **Step 2: Reflection on the learning that has taken place**

Students summarise the learning that has taken place from the year 4 and 5 educational opportunities.

### **Step 3: Evaluation of the evidence**

In this step two examiners evaluate the evidence in the student portfolio and give the student a preliminary grade for each of the 12 learning outcomes.

### **Step 4: Defence of the evidence**

Both the examiners and the student take part in this step in the portfolio assessment process. During a dialogue between the student and the examiners, the examiners confirm or refute the preliminary grades awarded to the student.

### **Step 5: Assessment decision**

A consensus process involving the 60 or so examiners participating in the final examination is employed to reach an assessment decision about each of the students. The student is allocated to one of the following categories:

- Pass and exempt from all further examinations
- Pass and progress to distinction examination
- Conditional pass to enable students to complete coursework or undertake further work in outcomes where the examiners regarded the student as weak.
- Fail. These students undertake further portfolio work and are reassessed using the portfolio and an OSCE.

### **Please describe any changes in practice/process**

The portfolio assessment process has been refined each year since it was first introduced in 1999. The requirements for the portfolio contents have become more realistic in terms of what the student is capable of achieving during the phase. The marking criteria have been focused on the learning outcomes. The students make an active contribution to the development of the portfolio assessment process through their evaluation questionnaires.

### ***Information provided by:***

Dr Margery Davis, Senior Lecturer in Medical Education

### **University of East Anglia**

Portfolios will form a major part of the learning strategy throughout the entire 5 years of the course. The student will use the portfolio to record their learning experience and the skills and competencies that they achieve but it will also include a reflective diary. The record is made electronically using the University of East Anglia's 'Matrix' software.

The portfolio is not in itself assessed but at the end of each year the student is required to write a report based on their portfolio which will be assessed.

The detailed regulations and instructions are still being prepared.

### ***Information provided by:***

Professor Sam Leinster, Dean

## **The University of Edinburgh Medical School**

The School introduced portfolios for students on the new curriculum which commenced in 1998. The purpose of the Portfolio is to enable students to address some important topics from within the curriculum's integrating Vertical Themes by drawing simultaneously on several cases (or projects) from different specialties. The Vertical Themes are:

- Disability (including rehabilitation, impairment, disability and handicap)
- Pain
- Nutrition
- Life cycle (including bacteria to communities)
- Personal development
- Communication
- Evidence-based practice
- Ethics
- Legal responsibilities
- Psychological aspects of clinical practice
- Pharmacology and therapeutics
- Public health

The Portfolio Guide suggests that "...you will have a wide range of interesting and significant learning experiences. Recording them in a personal portfolio, in a way which facilitates reflection on the Vertical Themes, will not only improve your understanding of the Themes but should also increase your insight into the development of your own personal framework of knowledge, skills, attitudes and behaviours. This framework will determine how you practise medicine.

Your portfolio will form the basis of the oral examination in the Final Professional Examination, when the examiners will assess your understanding of the Portfolio Vertical Themes (PVTs) in a discussion in which you will be encouraged to refer to individual cases/projects and, preferably, to combinations of cases/projects from your Portfolio."

The Portfolio is built throughout the course with prescribed marked components completed in each year. These include:

Year 1 – two items, the Problem based learning project and the 'talking with families' project.

Year 2 – Two Options projects and two cases chosen from several written up from the Clinical Case Conferences of the Biology of Disease course

Year 3 – Four cases, one each from the Cardiovascular, Respiratory, Gastrointestinal and Locomotor modules

Year 4 – Four cases (General Practice, Psychiatry, Obstetrics and Gynaecology and Renal Medicine or Haematology or Genito-Urinary medicine); Option 4 (the Special Study Module) and an Overview covering Vertical Themes.

Year 5 – Three cases (Child health, Geriatric medicine and 'Acute specialties'), Elective project and another Overview which covers PVTs.

The Portfolio components are marked at the end of each course element in accordance with the Medical Faculty's Common Marking Scheme. Feedback on strengths and weaknesses is also given. The contribution of the Portfolio mark to in-

course assessment varies, but students must obtain a 'pass' in each of the Portfolio items in order to progress to the next stage of the course. The Overviews contribute to the Final Professional examination and Portfolio marks are taken into account when selecting candidates for Distinction awards. In the Final Professional examination, the examiners assess understanding and appreciation of the PVTs via a 45 minute oral examination which covers material drawn from years 3-5. The oral is not focused towards assessment of factual knowledge, but if the examiners believe there are significant gaps in knowledge they can refer the candidate for a further 45 minute knowledge-oriented oral examination.

***Information provided by:***

Professor Archie Young, Department of General Practice

**The University of Liverpool School of Medicine**

Portfolio learning has now been used as a replacement for the traditional 'finals' at Liverpool for nearly two years. The emphasis is very much on self directed learning to support personal and professional development into PRHO training. Key elements of the portfolio include a log of clinical activity, a personal formulary, a GMC 'basic competencies' clinical skills record card; as well as a pro forma template for documenting patient contact and reflection-in and reflection-on, clinical practice.

Reflective practice lies at the heart of the portfolio, with students reflecting upon their learning and interaction with patients and colleagues throughout their final year "apprenticeship". As such they are actively encouraged to develop self appraisal and problem solving skills and are expected to use this opportunity to see for themselves just how portfolio learning can be used to help develop clinical reasoning skills and the analyse professional behaviours and attitudes. Particularly those attitudes which may effect patient care. The assessment of students reflection plays a key part in deciding if the student is ready for PRHO training.

Overall the process of development has been a time consuming but positive experience. The students report favourably on this method of learning. The key issue of making sure the portfolio is an accurate and reliable document of learning AND professional development is, in practice, more to do with the need to formally train supervisors in this method. The only problem encountered which may be of use for other programmes considering the use of a A4 design of portfolio is that students frequently complain that "it's just too bulky to carry around all day but that is when you most need it". They would prefer "something jotter size" instead. Looking at this is part of our next stage of development!!

***Information provided by***

Martyn Chamberlain, Final year reflective practice and portfolio learning development officer

Peter Dangerfield, Director Phase One

## **The University of Manchester School of Medicine**

Currently our Record of Professional Development is under review and there are likely to be major changes in the next year.

Manchester has introduced a number of initiatives concerned with recording competencies and recording personal and professional development. The Manchester curriculum is clearly defined in terms of 'index clinical situations', clinical skills and communication objectives. The School does not yet require students to complete a portfolio which runs throughout the whole course but uses portfolios as part of the 'Learning plan'. For example, the Year 5 Learning Planner "provides a reminder of the specific objectives of the year and of individual personal needs. Refer back to it frequently and keep it up to date by revising and where necessary, adding to it. It is a personal document. It does NOT have to be shared with supervisors or other staff unless a student wishes.

The learning Planner enables a student to build up a personal Portfolio of experience and skills during the year. The Portfolio will form a major part of the 'Record of Professional Development' (RPD) which is a public document that provides information for prospective employers on what has been achieved and therefore is a big help to future careers."

(extract from Year 5 Student Learning Planner and Workbook, session 2001-2002)

Students start to complete their Learning planner in year 4. The working document encourages students to adopt a reflective approach to study. Such reflection should inform their Year 5 study options. The basis of this approach is that learning needs are identified, learning objectives set and study options selected in order to fulfil those needs and learning objectives. The process of educational supervision requires students to meet with their supervisor, confirm learning objectives and review progress against these learning objectives. This process is documented in the RPD."

The Portfolio (or portfolio-based learning) is seen as enabling the student to show what they have achieved, to identify what they still need to do and to identify how they will meet these needs. The Year 5 Learning Plan lists all the learning objectives in charts which enable the student to tick off what they feel they know or can do and summarise their own learning goals. Students should also identify their own personal learning goals. Students and tutors agree goals for each placement and the tutor will appraise performance against those objectives and give feedback. This forms part of the summative assessment.

Clinical skills are recorded in a printed 'skills portfolio' which was designed to encourage students to work towards clinical competence. This is a self-assessment tool for students. The paper version of the portfolio has not worked well and a Web-based version 'SkillsBase' has now been developed to try to address issues such as providing instructional content and supporting self-directed learning although it not as yet widely used by students.

The RPD, which is supported by the Department of Postgraduate Medicine, has been designed to enable students to collect reflective summaries, specific reports, a CV,

examination transcripts, etc. into one place so that they can use this as a basis for applying for jobs and providing supporting evidence of their skills and experience.

“Students have many talents which are not exposed in a traditional CV. One aspect of job interviews is to identify these talents and human qualities which are an important part of good doctoring. The RPD asks students to give evidence of their wider activities and how they see skills acquired in other areas being relevant to their professional development.

Institutions not familiar with the pattern of medical education in Manchester often demand a record of a student’s training or a transcript of their activities. The flexibility of the Manchester approach results in each student having a unique educational experience. For the RPD the faculty will produce a summary report of the clinical attachments and study modules undertaken by each student. An additional report outlines the grades achieved by the student in each university examination” (extract from the Introduction to the Record of Professional Development)

***Information provided by:***

Professor Carl Whitehouse, Professor of Teaching Medicine in the Community  
Dr Tim Dornan, Associate Dean

**University of Newcastle, Faculty of Medicine**

Portfolios are not currently used at Newcastle although it is likely that they will be introduced when the new curriculum is implemented within the next two years. A three institution consortia (Universities of Newcastle, Leeds, and Sheffield) are currently in the second stage of a bid for Phase II FDTL funding for developing and introducing portfolio based evidential and reflective tools into undergraduate medicine.

Log books are used in many parts of the undergraduate course. For example the log book used in the Senior rotation in Child Health requires students to record all the cases seen in terms of the clinical problem and the specific learning points for individual students.

Internet based personal and academic record systems are being developed and piloted with postgraduate medicine. These include tools for recording and reflecting on educational episodes and for personal development planning. Some of these tools will be ‘rolled down’ into undergraduate sphere.

***Information provided by:***

Simon Cotterill, Internet PARs Developer

### **University of Nottingham Medical School**

Portfolios will be introduced on to the new Advanced Clinical Experience course in the 5<sup>th</sup> years during 2002. They are currently in the planning phase but will be used mainly to monitor satisfactory attendance on clinical attachments and attitudinal objectives. Eventually we hope to make them electronic and integrate them with their electronic Personal and Academic Record.

#### ***Information provided by:***

Dr Reg Dennick, Senior Lecturer in Medical Education and Management

### **University of Wales College of Medicine (Cardiff)**

Log-books are used throughout the Cardiff course and the students are expected to use portfolios as a learning tool in several 'modules'.

During the first year students experience early clinical attachments. A new introduction in the academic year 2001/2 is a requirement to keep a (brief) written journal of key experiences, together with regular signed off reports of their attitude and conduct while on placement. This therefore forms the first "portfolio" that they keep.

All students undertake a project in year 3. This extends over 8 months, and is based around one patient with cancer. Students are supported by regular tutorial groups. Students keep a portfolio which forms the basis of the assessment.

A further example of the way in which portfolios are used is in the Year 5 Clinical Course in the Integrated Medical Curriculum. This final stage of the course is structured around a life cycle approach and aims to help students consolidate their learning and experience in general medicine, general surgery and preparation for the PRHO year. There is also an 8-week *Medicine in the Community* module which uses portfolios as a learning and assessment tool. The extract below from the Module handbook 2001 – 2002 indicates how the School is using portfolios in this module.

"The *Medicine in the Community* module provides students in their fifth year with an opportunity for Portfolio learning and assessment. A personal portfolio represents a carefully documented account of all learning experiences during the eight-week module. It should become a source of reference for each student and a stimulus to structure learning throughout the module.

The components of a personal learning portfolio will be discussed in detail at the introductory sessions. A bare minimum will include:

- Title page
- Index
- Log book
- Map of learning experiences
- Appendices
- Useful references

All aims for the module should have been demonstrably met and the detailed learning objectives addressed in an integrated way. The student log books should be available in the portfolios for marking at the end of the module.

Each student has different learning needs and each must take responsibility (with tutor help) to ensure that educational aims are met or students actively plan to address them in other ways before final MBBCh.

A learning portfolio must reveal mature learning across the seven ages of mankind.”

The portfolio contributes to the assessment of this final year module which must be passed before advancing to final MBBCh examination.

***Information provided by:***

Prof Helen Houston, Vice-Dean(curriculum)

**Appendix 3: Original submissions included in *Using portfolios in Medical Education* (McKimm, J. 2001) and not updated in 2002.**

**University of Aberdeen, Faculty of Medicine and Medical Sciences**

Final year (Phase IV) medical students are asked to collect a portfolio of six case reports which are presented in an objective and structured manner and which should include two cases from each of the three clinical courses in Phase IV. The aim of the portfolio is to help demonstrate the knowledge, skills and attitudes expected of a medical practitioner. Assessment of the portfolio forms part of the final examination. The case reports should be organised as follows:

- “1 the clinical history
- 2 the findings on clinical examination
- 3 the differential diagnosis and a commentary on the reasoning employed to reach this
- 4 the plan of investigation and your interpretation
- 5 the conclusions reached and a plan of further management
- 6 outcome
- 7 an analysis of each case in relation to the attributes required of an independent medical practitioner as defined by the General Medical Council, under the headings:

- (a) the application of core knowledge and clinical skills to the analysis and interpretation of clinical data in defining the nature of a problem and in planning and implementing a strategy to resolve it (1,2,4,10)\*
- (b) the importance of well developed consultation skills in clinical assessment and management (3)\*
- (c) professionalism and the maintenance of attitudes and conduct appropriate to a high level of professional practice (7, 8)\*
- (d) an awareness of disease prevention and health promotion (6)\*
- (e) recognition of the value of a team approach in clinical care (9)\*
- (f) recognition of the value of information retrieval and employment of evidence-based clinical practice (1, 8, 11)\*

Section 8 should not normally exceed 1000 words. The mark for the portfolio assessment contributes 20% to the final mark for Phase IV” \* refers to the relevant attitudes as defined in ‘The aim of the Aberdeen MBChB programme’ (extract from Phase IV Learning Guide, 2000/2001) In addition to the portfolio, students have to prepare three project reports throughout Phase IV. Each report is around 2000-2500 words and counts for 5% of the final mark for Phase IV (total 15%). All the Phase III Learning Guides have a log book section within them and many of the earlier Guides have learning objectives which are clearly laid out in a logbook fashion.

***Information provided by:***

Professor Mike Greaves, Head of Department/ Professor of Haematology  
Dr Kath Greaves, Assistant Director, Medical Education Unit

## **University of Birmingham Medical School**

No response to date

## **University of Glasgow Medical School**

Portfolios or log books are not currently used in the Glasgow course. Instead, a series of about 150 clinical presentations is used to define core knowledge for years 4 and 5. Students are required to write up 50 of these, on average one per week per clinical attachment. These are sampled in the Final Examination. Students are also required to master a list of over 500 clinical skills by final MB and these are also sampled in the Final OSCE.

### ***Information provided by:***

Professor Jim McKillop

## **The Guy's, King's College and St Thomas' Hospitals' Medical and Dental School**

Portfolios are not currently used in the GKT course but a number of logbooks and handbooks are used. The course is defined in terms of the GKT Core Curriculum for Undergraduate Medicine with a number of 'core curriculum problems'. Logbooks in a common format for integrated skills covering communication, practical and professional skills are used in Years 3, 4 and 5. The integrated skills also require appropriate attitudes and these are defined in the 'core curriculum'. The logbooks contain four parts:

### ***Part one:***

The full skills list with the skills for your particular year highlighted. In the list there are five columns. The first is the name or description of the skill. The second column indicates the year in which you will see and practice the skill and the third, the rotation of that year. The fourth column indicates if a skill is to be signed up and which rotation the sign up appears in. The last column allows you to record when you have seen someone else perform the skills (we suggest the letter 'O') and when you are sure you are competent (we suggest using a tick). The list should be reviewed with your firm chief or tutor at the end of the rotation and also with your clinical or academic advisor.

### ***Part two:***

This is the official record of your sign up of skills with a different page for each rotation. Please ensure that you get all the in-course assessment skills signed up. You should take the opportunity to practice the skills before having them signed up and there is space to record this in the sign-up sheets. Any consultant, lecturer or senior SpR can sign you up as can the specialist nurse tutors including resuscitation officers. If the assessor does not feel you are competent, they will sign the last column and you will need to get reassessed, either in that rotation or in a subsequent rotation. There is also a box to be signed each rotation after seeing your clinical adviser.

### ***Part three:***

This includes the list of competencies for the skills you are required to be signed up for your year.

### ***Part four:***

This a record page for you to list patients you have seen for your own reflection. You will receive a different colour log book each year, with relevant skills shaded. Please keep your log book safe, it is designed as a longitudinal record for you. We also require it to be handed in at the written exams or the OSCE each year to check you have completed the required skills. You will then need to collect it from the Registry after it has been reviewed. We suggest you keep a copy of the sign up pages once complete in case you lose it. There are also copies on the web which you can print off for review if you have mislaid your log book. Skills are an important part of your work as a doctor. The best way to learn skills is to progress through observing a professional perform a skill, then perform it under supervision, practice it on your own and then be signed up. You may need to practice several times before sign up. We would suggest you revisit skills after you have been signed up to maintain the skill level”

*(extract from introduction to Year 3 Integrated skills log book for medical students 2000 – 2001)*

Students at GKT are also given comprehensive handbooks or different parts of the course (eg Neurology – Ophthalmology – Psychiatry) which explain how the course covers the core curriculum problems and include an ‘experience log’ so that students can record their progress in achieving the core clinical skills and basic clinical experience.

***Information provided by:***

Dr David Begley

Dr Ruth Brown, Consultant in Emergency Medicine

**University of Leeds School of Medicine**

The undergraduate medical curriculum at Leeds has undergone a number of substantial revisions in recent years and the School is now in the second year of delivery of their new course. They have not introduced a portfolio in which a number of elements are brought together, partly because some materials are collected electronically by students and others are paper-based. It is envisaged that in the future an electronic record of achievement may be developed though issues of utility as well as practical issues will have to be addressed. Reflective logs have been introduced through the Personal and Professional Development strand in the first three years which enables integration of clinical teaching with biomedical sciences. Using reflective logs is one way of encouraging reflection in assessment. Students are required to keep reflective logs for their own use and these can also be used as part of materials for in-course, formative and summative assessment in PPD, communication skills and ethics courses. The course teams are currently looking at ways to make overlap more explicit or remove it. Students are currently required to complete 2 reflective logs in Years 1 and 2 and one in Year 3. The Personal Development Logs clearly state the aims and purpose and are used as part of the assessment in the first three years.

“Aims · The purpose of the Personal and Professional development ICU (PPD) is to equip you with the skills and values to allow you to complete your studies successfully and become a medical practitioner who is able to exhibit an ethical and holistic approach to patients. This includes the ability to treat all patients and colleagues with respect, dignity and sensitivity; to be skilled in teamwork; to be able

to handle medical information and be prepared for a lifetime's learning · PPD is based much more in the gradual development of skills and appropriate attitudes than in acquiring factual knowledge. To encourage a progressive, reflective approach, ICU components extend throughout Phase 1 and may be revisited. The use of a Personal Development Log draws the components together for assessment and gives a consistent approach to the recording and acquisition of skills.

### *Assessment*

Satisfactory progress in Personal and Professional Development is essential for student progress. Many of the learning objectives relate to the development of necessary interpersonal skills and appropriate professional attitudes. In these domains we have tried to strike a balance between the validity of the assessment and its reliability. For this reason we use different methods of assessment. Parts of PPD are assessed formatively by direct assessment/observation of your performance in simulated situations, immediate feedback, opportunities for more practice, and further assessment and feedback. Your behaviour in groups is Using portfolios in medical education, Jan 2001 20 monitored. You will complete written assignments and will receive written feedback from the markers. Your personal tutor may receive information on your achievement profile, to be used for further feedback and discussion. Part of the assessment of PPD centres around your Personal Development Log recording what you have achieved. It also includes your reflection on what you have learnt. This written record will be assessed. The Personal Development Log will provide you with an ongoing record of progress, and a list of targets that remain to be attained. You will complete it, and it will be assessed, twice in year 1 (weeks 18 and 30) and once in year 2 (week 21) and year 3 (week 30). On each occasion it will account for 30% of the year's in-course marks. Personal development planning is a term that has been suggested to describe a structured process undertaken by an individual to reflect upon their own learning, performance and/or achievement and to plan for their personal, educational and career development. A doctor, as an independent professional person, needs to structure lifelong learning in this way. To be an effective doctor, you will need to be a reflective practitioner. This means that you will need the knowledge and skills to do complex things, but also be able to observe and evaluate your own behaviour, being appropriately critical, recognising your own shortcomings and using your observations as the basis for your continuing education and development.

A reflective account of any activity is in two parts – description and reflection. You will firstly describe a situation, which will often include how you felt in the situation. Thereafter you will discuss the situation critically considering other interpretations you might make of what was happening at the time, your thoughts on other actions you might have taken and the relationship to any reading or knowledge base that may be available to you. The purpose of this log is to reflect on the work you have done so far in PPD. You should reflect on what you think you may have learnt about yourself, what remains for you to learn, or what skills you wish to develop further. Which of these were you aware of before you started the course and which have you discovered as necessary and important while you have been studying? The log is for your own use and will be returned for you to keep...it should take no more than 2 hours to complete. We will treat your log as a confidential document” Only the tutor(s) who mark the log, the PPD course manager and an external examiner are permitted to read the log. (extract from Phase 1 (Year 1) Personal development log, February

2000) The University has been developing logs and records of achievement and the medical school staff were involved. The need to implement the new course meant that the medical school had to develop their logs prior to the introduction of University initiatives and there is no longer a single process.

***Information provided by:***

Professor Trudie Roberts, Medical Education Unit  
Professor Phil Heywood, Academic Unit of Primary Care

**University of Oxford Faculty of Medicine**

Portfolios are not currently used at Oxford although log books are used in the Foundation Course and in Years 3 – 5. The fourth year log book for example includes:

- a weekly learning log which requires students to “reflect on your experience and make an entry for every week of the course. You should note where you are currently attached and something which has stuck in your mind from that week’s learning. If this part of the log book is not completed, you may be required to submit a report on all of your clinical attachment before gaining credit for the course”

- Common presentations – a checklist of common presentations to be covered during the year
- medical patients clerked - at least 24 patients should be clerked and recorded in the log book
- procedures observed – a list of practical clinical skills to be signed off and a list of those which should have been observed.

***Information provided by:***

Dr Sue Burge, Director of Clinical Studies  
Dr Helena McNally, Medical Education

**The University of Sheffield, Faculty of Medicine**

Portfolios are not used in the present course as the Faculty is refining the current course. A new curriculum is being designed for implementation in 2003 and it is planned that this will include portfolios. A number of records of experience, log books and workbooks are used throughout the course. One example is in the Institute of General Practice and Primary Health Care which uses a ‘Student record of experience’ that students are required to complete whilst on the Medicine in the Community module. “The record has seven sections:

- 1 a list of the activities you must carry out whilst you are on the Medicine in the Community module
- 2 a group of specific learning tasks for your completion
- 3 a record of visits and activities undertaken
- 4 a weekly record of your contributions to the small group work
- 5 a ‘patient log’ where you should keep case notes of any patients you are asked to see, or are interested in recording
- 6 a checklist to remind you what topics you need to cover
- 7 personal notes and learning record

The purpose of the record is ..enabling both you and your tutors to ensure that you have covered the core curriculum". (extract from Medicine in the Community, Student Record of Experience, 2000-2001)

Activities must be signed off but there is also space to allow this to be used as a personal learning log. The process of evaluation enables students to extend the academic skill of 'critical reflection' by:

- analysing 'critical incidents'
- dealing with feelings
- extending understanding
- aiding recall
- learning how students learn

The Record of Experience is used in parallel with the Course Book which lists the course objectives and gives space for recording achievement.

***Information provided by:***

Professor Tony Weetman, Dean of the School

Dr Amanda Howe, Institute of General Practice and Primary Care

**University of Southampton, School of Medicine**

A Student Learning Portfolio has been introduced for the final year students. This was based on Gifford Backstone's work on the PRHO portfolio. The School worked with the Postgraduate Deanery to develop complementary portfolios although with a different focus. This was piloted in 2000 and the School found that most students felt that it gave them pointers for practical experience and about 50% found that it was a useful learning tool. They are encouraging supervising consultants to refer to the portfolio when they are with students. Each attachment has constructed their own section around a basic framework:

- aims
- objectives
- assessment of skills and abilities
- action planning
- case presentations
- a logbook

There are also generic sections to help students record cases and keep copies of written feedback on their progress. The School is trying to encourage students to get direct feedback on history taking and examination as opposed to just the case presentation. The development of the portfolio is seen as an ongoing process.

***Information provided by:***

Dr Angela Fenwick, Medical Education Development Unit

## **Appendix 4: Updated submission from University of Bristol**

### **USE OF “LOGBOOKS” IN THE BRISTOL CURRICULUM**

#### **1. Element: Introduction to Primary Care (organiser: Dr Marjorie Weiss)**

##### **Unit: Human Basis of Medicine Year 1**

A Workbook is completed by students. Some of the exercises include recording details of cases seen (see Annex 1). *“The workbook is designed to stimulate you to think about and discuss with your GP teacher your experiences during the primary care attachment. It consists of a series of questions and exercises for you to complete. The idea is that you do this as you go along, observing surgeries and visiting patients.”*

Contents of workbook: Clinical encounters in PC (types of patients and problems seen & their management), Critical clinical thinking in PC (practical application of EBM), Communication in PC (knowledge skills and attitudes of GPs and patients), Continuity of PC (continuous nature of the relationship between patients and PHC team), Confidentiality in PC (practical implications of confidentiality requirements).

Students also produce an essay, *“designed to allow you to reflect in detail on the health problems of one of the patients you see in their own home, and how these problems impact on their life.”*

Case study essay and workbook make up the assessment (formative) for this element.

#### **2. Element: 1<sup>st</sup> Clinical Attachment (organiser: Dr Clive Roberts)**

##### **Unit: Training in Medicine and Surgery. Year 2**

The 1<sup>st</sup> clinical attachment Handbook is retained by the student and has space in it for them to record their experience and the cases they saw. *“..to provide you with a permanent record of your activities and progress. You should use the record of activities as an aide memoire for discussion in tutorials.”*

#### **RECORD OF CLINICAL ACTIVITIES**

DATE	PATIENT ID (INITIALS ONLY)	M/F	HISTORY TAKEN Y/N	EXAMINATION PERFORMED Y/N	DIAGNOSIS	LEARNING/EXPERIENCE: POINTS OF NOTE

An end of attachment appraisal form is completed by the lead clinician and includes a mark of “satisfactory/unsatisfactory” for the record of clinical activities.

The Handbook also lists core curriculum and standards for the 1<sup>st</sup> and 2<sup>nd</sup> clinical attachments which give minimum standards, i.e. all students should be at this level by the end of the 2<sup>nd</sup> clinical attachment. (See example at Annex 2 – cardiovascular system.) These are under the headings of: cardiovascular, respiratory, gastrointestinal, renal/urology and nervous systems, “swellings, breast and thyroid”, “the whole patient” and communication skills.

#### **3. Element: 2<sup>nd</sup> Clinical Attachment (Organiser: Dr Polly Bingley)**

Unit: Training in Medicine and Surgery. Year 3

The Handbook again lists core curriculum and standards for the 1<sup>st</sup> and 2<sup>nd</sup> clinical attachments (see above & Annex 2). It also includes a list of core clinical problems (see Annex 3) which “*indicates the basic minimum of common clinical problems with which students will be expected to be fully conversant at the end of their attachment.*”

**4.** Element: Psychiatry (Organiser Dr Jonathan Evans)

Unit: Clinical specialisms 1. Year 3

A Clinical activity sheet (see Annex 4) is filled in by students “*One of the main aims of your attachment in psychiatry is to become confident in interviewing and assessing patients. In week 3 you must discuss with your consultant the number and type of cases which you have managed to see. By the end of the firm (7 weeks) you should have seen (and preferably assessed and presented) at least 6 from group A and B, of which at least 4 should be from group A. At least 2 cases should have been assessed and presented thoroughly during your attachment.*”

**5.** Elements: Obstetrics, Gynaecology, Neonatology & Genitourinary Medicine

Unit: Reproductive health and care of the newborn. (Organiser: Dr Susan Glew) Year 4

A Topic Based Study Guide is completed for each element and forms part of the assessment for the Unit. From the Gynaecology Study guide:

“The Topic Study Guide has the potential to be an invaluable learning exercise for you and a useful resource in the longer term... consists of six core topics within the speciality of Gynaecology...the completion of each topic will, having identified a presenting complaint, provide a methodical approach to obtaining core knowledge skills and attitudes in relation to the topic and the clinical management of the patient, and in doing so cover a wide range of related subjects.”

Learning objectives for each topic are listed under headings of knowledge skills and attitudes. Topics are Abnormal menstrual bleeding, Female sterilisation, Abnormal cervical cytology, Infertility, Bleeding in early pregnancy & Utero-vaginal prolapse. (See Annex 5 – example from Gynaecology.)

**6.** Element: Neonatology (Organiser: Professor Andrew Whitelaw)

Unit: Reproductive health and care of the newborn. Year 4

A student Log Card. is completed. “*To complete this course you will need to reach an adequate standard in 2 neonatal skills. Each student is required to be assessed and signed off by one of the neonatal teaching staff as adequate in examination of the full term neonate & resuscitation of the neonate using mask and bag.*” (See Annex 6.)

**7.** Element: Palliative Care (Organiser: Dr Karen Forbes)

Unit: Clinical specialisms 2. Year 5

The student workbook includes a patient clerking exercise for students to complete. “*Record the history and examination of a patient that you see here. Include a family tree. Outline the*

*learning objectives that the case raised for you. Pick one of these and give a brief critique of one or two papers or publications which enabled you to fulfil this learning objective.”*

NB the workbook also includes 5 clinical case studies for private study and 10 case studies re palliative care/ethics for discussion in tutorials.

8. In the “6<sup>th</sup> year” of medical education – the PRHO year - the PRHO completes a “Record of PRHO Progress and Assessment of Performance.” This is the assessment tool for the PRHO year and also serves as a personal record of progress and achievement. Categories in the document are based on the GMC domains of: essential skills, desirable skills, good clinical care, maintaining good medical practice, relationship with patients, personal health and working with colleagues. (Example at Annex 7- essential skills.)

*“Properly maintained and completed it will furnish PRHOs with a personal record of their achievement during their PRHO year. It also contains important forms which must be completed before progression to full registration with the GMC can occur...This tool will help PRHOs and their tutors to chart their progress.”*

**Information provided by:**

Gemma McCann, Centre for Medical Education

## ANNEX 1

### *Clinical Encounters Exercise*

Using the following table, keep a list of 15 consecutive patients that you see with the GP in surgery, and make a brief note of the problem/problems that they present. The physical problems may be the most obvious ones but sometimes patients present physical problems that really have their roots in psychological or social difficulties. Also, many physical illnesses create psychological and social problems as well as physical ones. For example, a 45-year old woman with disabling rheumatoid arthritis may have to give up her job and find it difficult to look after her children. She may become depressed and run into financial difficulty. So she may come to her GP looking for a new painkiller, a sick note, a letter for her bank manager or just someone to listen to her problems.

GPs have authority to prescribe a huge variety of medicines on the NHS but the number of medicines that can be purchased without a doctor's prescription is increasing all the time. Medicines that can be bought without a prescription are referred to as over the counter (OTC) drugs. Patients have often tried several OTC drugs before consulting their GP about a particular problem so it is important to ask about his.

Through their GPs patients can also gain access to a huge variety of services. Many of these services, such as specialist opinions from consultants, can only be accessed via GPs and for this reason GPs in the UK are often referred to as gatekeepers. Use the table below to record whether or not each patient was referred to another service by the GP, eg. patient referred to podiatrist. If a referral was made do you think there was any benefit to the patient in seeing the GP first?

*What do you think are the advantages and disadvantages of having GPs as gatekeepers in the NHS?*

Patient number	Age (yrs)	Gender (M/F)	Problem/Problems	Comments on consultation	Outcome, eg advice, prescription, referral
1					
2					
3					
4					

*...continues up to 15 examples*

## **ANNEX 2 CORE CURRICULUM AND STANDARDS FOR 1<sup>ST</sup> AND 2<sup>ND</sup> CLINICAL ATTACHMENTS**

Underlying principles:

1. These are the core curriculum and standards for the 1<sup>st</sup> and 2<sup>nd</sup> clinical attachments, not the end of the MB ChB course
2. They reflect that the majority of teaching on these courses is done by generalists (physicians, surgeons and general practitioners) rather than specialists teaching about their area of expertise
3. The emphasis in the 1<sup>st</sup> clinical attachment is on history taking and clinical examination of the different body systems. This is extended in the 2<sup>nd</sup> clinical attachment so that students can assess common clinical problems in a sensible, analytical and problem-solving way.
4. They are minimum standards, i.e. all students should be at this level by the end of the 2<sup>nd</sup> clinical attachment
5. These standards should be used for the OSCE exam at the end of the 2<sup>nd</sup> clinical attachment

They acknowledge the need to develop clinical skills to recognise both the normal and the clearly abnormal

### **CARDIOVASCULAR SYSTEM**

Common symptoms of cardiovascular disease

Chest pain	Explore basic characteristics including site, radiation, pping relieving and associated factors Identify specific history and assoc features of angina and myocardial infarction pain, and distinguish from other causes of chest pain Assess severity (nil,ordinary exertion,severe exertion, rest)
Breathlessness	See Respiratory Curriculum Identify specific history of Shortness of Breath on Exertion, Orthopnoea and Paroxysmal Nocturnal Dyspnoea Identify assoc symptoms of cardiac failure
Palpitations	Identify history of frequency and rhythm of heart beat and associated symptoms
Dizziness/blackouts	Identify history of sudden faintness, with or without ensuing loss of consciousness, which may be cardiovascular in origin
Leg pain	Identify specific history and assoc features of intermittent claudication, acute ischaemia of leg and deep vein thrombosis

### Examination of cardiovascular system

General examination	Recognise clear pallor, central and peripheral cyanosis Identify the constellation of signs of cardiac failure
Pulse	Ability to measure radial pulse, rate and rhythm Compare radial and apex pulses Examine radial, brachial, femoral, popliteal, posterior tibial and dorsalis pedis pulses and classify correctly as normal, weak or absent. Identify clear deep vein thrombosis in calf and thigh
Blood pressure	Demonstrate correct method of measuring blood pressure, including applying cuff, inflating and deflating at right rate, and identifying Korotkov sounds Identify clearly raised level of blood pressure
JVP	Demonstrate correct method of measuring JVP Identify clearly elevated JVP
Murmurs	Detect clear cardiac murmur and classify as systolic or diastolic
Lungs	See Respiratory Curriculum Recognise clear basal crackles
Oedema	Identify ankle and sacral oedema

### Diagnostic tests/medication of cardiovascular system

Chest Xray	Ability to measure cardiothoracic ratio, and recognise cardiomegaly Recognise clear pulmonary oedema
ECG	Recognise features of a normal ECG, rate and rhythm Identify cardiac arrhythmias: AF, ectopic beats Identify clear myocardial infarction
Use of GTN	Describe use as diagnostic test, technique, side effects

### ANNEX 3

#### CORE CLINICAL PROBLEMS:

This list indicates the BASIC MINIMUM of common clinical problems with which students will be expected to be fully conversant at the end of their attachment:

*(This list is intended for guidance only and must not be regarded as a syllabus)*

1. I have chest pain
2. I am short of breath
3. I have noticed a change in my bowel habits/my stools have changed colour
4. I have a breast lump
5. I have difficulty in passing urine/I have passed blood
6. My leg is cold and painful
7. I have turned yellow/I have abdominal pain/I have vomited blood
8. I have collapsed/I feel dizzy/My relative/friend is unconscious
9. I have tried to kill myself
10. I have a fever

A more detailed outline of the minimum requirements under Core Clinical Requirements for Individual Systems, is covered in the Appendices 1 – 8 at the back of this book.

**ANNEX 4**

**CLINICAL ACTIVITY SHEET**

Name of student ..... Consultant .....

One of the main aims of your attachment in psychiatry is to become confident in interviewing and assessing patients. In week 3, you must discuss with your consultant the number and type of cases which you have managed to see. By the end of the firm you should have seen, (and preferably assessed and presented) at least 6 from group A and B, of which at least 4 should be from group A. At least 2 cases should have been assessed and presented thoroughly during your attachment.

**GROUP A**

1. Depression
2. Hypomania/Mania
3. Acute Schizophrenia
4. Anxiety Disorders (Panic disorder etc):
5. Chronic (residual) Schizophrenia
6. Dementia

Date seen	Assessed and Presented

**GROUP B**

1. Substance Misuse
2. Delirium
3. Psychiatric complications of physical illness
4. Eating Disorder
5. Personality Disorder
6. Other diagnosis

Date seen	Assessed and Presented

**CLINICAL EXPERIENCES**

You must ensure that you have all 5 of these clinical experiences during your firm. You will be examined on these clinical experiences.

1. Learning Disability ½ day session
2. Attend an ECT session
3. Formal assessment of suicide risk
4. Attended a Care Planning Meeting
5. Be observed interviewing a patient (by consultant or SpR)

Date

**SPECIAL STUDY MODULES**

2 or more from the following list:

1. A domiciliary visit with Psychiatrist
2. Prison or Court visit
3. A Mental Health Act assessment
4. A session with a clinical psychologist
5. A session with a psychotherapist
6. A session in a day hospital
7. A session with an occupational therapy service
8. Evidence based enquiry into patient management
9. Sexual Dysfunction
10. Other (please specify)

Date

Consultants signature: ..... Date: .....

**NB** Please hand this to your Consultant for inspection on the 3rd week and submit it for signature in the last week of your firm and bring it to the final revision day for collection along with your written case report.

## ANNEX 5

# TOPIC 2 FEMALE STERILISATION

### STRUCTURED CASE REPORT

(Note: It may be you see a patient in the clinic for counselling/ assessment, and another patient on admission: In these circumstances put both patient's details)

Hospital

Consultant

Hospital no. :

Age :

Parity :

1. What was / were the reason(s) for the patient requesting sterilisation?
2. What was the patient's contraceptive history prior to requesting sterilisation?  
*Note duration, satisfaction, reason for changes and failures for each method use.*
3. What was the patient's obstetric history?  
*Note details of all pregnancies.*
4. What was the patient's social history?  
*Note marital status and / or stability of current relationship.*
5. About which factors relating to sterilisation was the patient counselled at the initial consultation?

Sections 6 – 13:

If this is a different patient from the one described in sections 1 – 5, give further details here:

Hospital

Consultant

Hospital no. :

Age :

Parity :

Date of operation

6. What was the patient's menstrual history?  
*Note LMP prior to date of sterilisation. Why is this important?*
7. What method of sterilisation was used?  
*If laparoscopic, was the procedure performed as a day case and which method of tubal occlusion was employed?  
If not laparoscopic, note the method and the reason for the choice of this method. How was tubal occlusion achieved?*
8. Were any complications encountered during the procedure?
9. What inter-operative and post-operative analgesics and anti-emetics were given (note drug, dose, route and by whom administered - surgeon, anaesthetist, nurse).
10. Were there any post-operative problems?  
*Note experience of pain, requirement for analgesia, vomiting, delay in discharge etc.*
11. Were any follow up arrangements required?  
*Note arrangements for removal of sutures etc.*
12. What advice was given to the patient on discharge?  
*Note advice re discomfort, analgesia, work etc.*
13. Note three key clinical points learnt from this topic

**ANNEX 6**

STUDENT LOG  
NEONATAL MEDICINE

Name: .....

Candidate No: .....

Community Midwife Attachment

Date	Health Centre	Midwife's signature

Neonatal Week: Beginning: ...../...../.....

To complete this course you will need to reach an adequate standard in two neonatal skills. Each student is required to be assessed and signed off by one of the neonatal teaching staff as adequate in:

Examination of the full term neonate Date ...../...../.....

Neonatal medical staff signature: .....St Michael's/Southmead

Resuscitation of the neonate using bag and mask Date ...../...../.....

Neonatal medical staff signature: .....St Michael's/Southmead

We expect you to have seen/experienced:

Metabolic screening cards

Intensive Care Nursery:

Ventilated baby

Tube Feeding

Chest x-ray

Temperature regulation

Phototherapy

Blood sampling

Arterial line

Confirmation of attendance:

Consultant/Specialist Registrar's signature: .....St Michael's/Southmead

Please put any comments you have regarding your neonates attachment at the bottom of this card.

This Log should be returned to Mrs Angela Burge, Department of Child Health, Level D, St Michael's Hospital at the end of your supplementary teaching block - it must have all the required signatures (including your midwife) otherwise it will be returned.

## ANNEX 7

GMC DOMAIN	Review Point 1	Notes on evidence
1. ESSENTIAL SKILLS		
1.1 Obtain valid consent where appropriate	1 2 3 4 5 UA	
1.2 Calculate drug dosage accurately; Prescribe and administer drugs.	1 2 3 4 5 UA	
1.3 Gaining venous and arterial access.	1 2 3 4 5 UA	
1.4 Give intramuscular and subcutaneous injections.	1 2 3 4 5 UA	
1.5 Suturing.	1 2 3 4 5 UA	
1.6 Perform an ECG	1 2 3 4 5 UA	
1.7 Basic cardiopulmonary resuscitation	1 2 3 4 5 UA	
1.8 Perform basic respiratory function tests	1 2 3 4 5 UA	
1.9 Administer oxygen therapy safely	1 2 3 4 5 UA	

Essential Skills (continued)

GMC DOMAIN	Review Point 1	Notes on evidence
1.10 Use a nebuliser correctly	1 2 3 4 5 UA	
1.11 Insert nasogastric tube	1 2 3 4 UA	
1.12 Bladder catheterisation	1 2 3 4 5 UA	
1.14 Lumbar puncture (for diagnostic purposes)	1 2 3 4 5 UA	
1.15 Control of haemorrhage	1 2 3 4 5 UA	
1.16 Validating and Certifying death	1 2 3 4 5 UA	
<p>Areas for further development:</p> <p>In identifying these, bear in mind the following:</p> <ol style="list-style-type: none"> <li>1. <i>How did you identify your area for development ?</i></li> <li>2. <i>How do you plan to address the identified need ?</i></li> <li>3. <i>What evidence can you produce to demonstrate you have achieved your objectives ?</i></li> </ol>		<p><b>Grade Descriptors</b></p> <p>1 = Very good, with several outstanding features.</p> <p>2 = Good, showing competence in all areas.</p> <p>3 = Satisfactory, with no significant weaknesses.</p> <p>4 = Satisfactory, but room for improvement in one or more areas.</p> <p>5 = Does not meet the GMC requirements at this time.</p> <p>UA = Unable to evaluate this aspect</p>

