

**London
South Bank
University**

EST 1892

School of Health & Social Care

**MSc Advanced Clinical Practice
(Adult) [5537]**

Practice Based Learning Handbook 2019/2020

(To be read in conjunction with the Practice Based Learning Records for each specific module and your LSBU Moodle site)

Copy available on LSBU Virtual Learning Environment (Moodle)

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INTRODUCTION

This **Practice Based Learning Handbook** is written as a key resource to provide key information and support the practice based learning that forms an integral part of the MSc Advanced Clinical Practice (PgDip Adult) course.

We use the term “Practice Based Learning” to describe any learning that takes place within clinical practice. This can be both formally planned, organised to meet specific learning needs and opportunistic. It encompasses individual activities through to formal teaching with mixed professional groups within the workplace.

Our experience of providing advanced practice education over the past 20 years has shaped the guidance provided in this handbook. We recognise that the clinical practice environment and students learning style/needs will influence how learning might be promoted. However it is necessary for all of our students to develop their ability to competently and confidently undertake patient consultations, take histories, conduct physical examinations, use clinical reasoning to review and make diagnoses and devise, agree and implement evidence-based care or timely appropriate referrals. We consequently provide guidance to support this process.

This handbook has several components and purposes:

- ⇒ To provide information to students, their Practice Facilitators, Managers and other interested parties, regarding the course, aims and learning objectives, the modules of study and our expectations in terms of practice based learning activities.
- ⇒ To provide information about the role of the Practice Facilitator
- ⇒ To recommend practice based activities for each stage of the course.
- ⇒ To provide a framework for supporting and monitoring student progress in terms of their practice based learning.

Students and their Practice Facilitator and Line-Manager should thoroughly familiarise themselves with the whole of this handbook BEFORE THE START OF THE COURSE.

In addition, all students should also familiarise themselves fully with the contents of the Course Moodle site, the Practice Based Learning Records of Evidence for specific modules and the resources provided on the VLE (Virtual Learning Environment) Moodle. These provide additional key information pertinent to the course and studying at LSBU.

We consider a Portfolio to be an appropriate way of enabling you to demonstrate that your advanced level clinical practice as a graduate is safe, effective and evidence-based. This judgement is complemented by the use of module assessments and OSCEs. Portfolios vary in format and requirements. In this instance the requirements have been designed to enable you to describe and provide evidence of the level and scope your developing advanced practice. On this course the portfolio has been sectioned and tied into the assessment for specific modules across the course. This enables regular review of student progress. These sections should be collated together as you progress through the course to form **one overall portfolio as evidence of your learning, progress and achievement across the four pillars of Advanced Practice.**

Links to other activities

In 2015 the Royal College of Emergency Medicine (RCEM) (endorsed by Health Education England and the Royal College of Nursing) introduced accreditation for Advanced Clinical Practitioners in emergency care. The curriculum and assessment strategies have been published on the college's site. There are on-going discussions with other Royal Colleges regarding accreditation of advanced practice. This development means that some students on the course will be collecting evidence via an e-portfolio to meet professional body stipulations. RCEM requirements include Direct Observation of Procedures or Skills (DOPS), Mini Clinical Evaluation Exercises (Mini-CEX) and Case based Discussion summaries (CbD). These strategies are tried and tested and understood within medical training evaluation. To avoid duplication of activity, facilitate understanding of expectations and demonstrate commensurate standards and we have decided it is appropriate to align our requirements so that all students use these methods as part of the evidence for their practice based learning activities.

We hope that this handbook proves useful in supporting practice based learning. If you have any feedback, suggestions or queries, please let us know.

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Clinical Practice Learning Environment Profile

For the majority of students, the bulk of your clinical development will occur within your work place setting. It is therefore important that we support you to consider, with your Practice Facilitator and Line-Manager, whether you will be able to gain the practice based learning experiences that you will need to be successful on the course. This reflection will also help to maximise your practice based learning experiences and whether there are any significant barriers that might impede your practice based learning during the course.

The Clinical Practice Learning Environment Profile is the tool that we use to enable you to do this [see example in appendices]. This document will be sent to you as part of the selection process.

Practice Based Learning Preparation Session

This session is provided during the Induction which is held before the start of your first semester of teaching.

Your Practice Facilitator is required to attend for this session.

(Where the Practice Facilitator is unable to attend a senior representative from the organisation is required to come in their place).

The aim is to help the students, Practice Facilitators and employing organisations to understand how the curriculum and practice based learning have been designed to develop a graduate that is “fit for purpose” and “fit for practice”. The timetable for the session includes a review of the course and practice based learning activities in detail, exploration of medico-legal issues, an update on advanced practice, health policy and prescribing; it also provides an opportunity to address any queries. Presentations and discussion are used to enable key queries to be addressed and ideas for good practice shared.

The sessions are evaluated and feedback used to inform future sessions. Feedback in the past has been very positive with Practice Facilitators welcoming this opportunity to come to LSBU to hear about the course and to discuss implementation with peers.

Introduction to the course

The School of Health and Social Care at London South Bank University (LSBU) has been delivering high quality Royal College of Nursing (RCN) accredited Advanced Nurse Practitioner (ANP) education for over 20 years with demand increasing year on year. While early focus was on developing experienced nurses working in primary care settings, this expanded to include nurses from secondary and tertiary services. LSBU ANP graduate numbers exceed 1,000. Many have gone on to lead service innovation and gained promotion, such as general practice partnerships and consultant nurse posts. While employer testimony verifies the difference they have made to safety, effectiveness, productivity and the quality of patient care and service delivery.

Over the past decade, developments in advanced clinical practice have seen the extension of this concept to allied health professionals, pharmacists and midwives. This is reflected in Advanced Practice frameworks from Scotland and Wales and the publication of the Health Education England “Multiprofessional framework for Advanced Clinical Practice in England” (2017).

From 2016, LSBU has provided the PgDip/MSc Advanced Clinical Practice as a curriculum for experienced registered nurses, allied health professionals and pharmacists working in primary, secondary and tertiary health care settings, who wish to undertake advanced clinical education at master’s level. This has provided high-quality development not only for Advanced Nurse Practitioners (ANP) but also for Advanced Clinical Practitioners (ACP) and other healthcare professionals to work at an advanced level of clinical practice.

Alongside this award, LSBU has also provided the PgDip/MSc Children’s Advanced Nurse Practitioner course and the PgDip/MSc Advanced Nurse Practitioner Mental Health. Discussions regarding introduction of the Advanced Clinical Practitioner degree Apprenticeship at LSBU has provided an opportunity to review and revise all of our provision at LSBU to achieve a cohesive truly multi-professional approach for Advanced Clinical Practice education with inter-course learning opportunities.

The MSc Advanced Clinical Practice (Adult) course is offered as an alternative to MSc Advanced Clinical Practice (Adult) Apprenticeship route. There are two versions; a 3 year or 4 year route depending on the desired rate of progress for the individual student and their employer.

It is designed to equip graduates with the knowledge, skills and behaviours commensurate with the HEE Advanced Clinical Practice framework. This comprises of four pillars with a range of capabilities specified under each:

1. Clinical practice
2. Management/Leadership
3. Education and
4. Research.

The course aims and learning outcomes have been informed by this framework. In

addition, mapping of the course modules to the capabilities has ensured that LSBU graduates will have completed a curriculum that has taught, developed and assessed their ability to demonstrate all aspects of this important national marker for advanced clinical practice.

Across the course students will engage in critical reflection with regard to their behaviours to ensure that they treat people with dignity, respecting people's diversity, beliefs, culture, needs, values, privacy and preferences; show respect and empathy for those they work with; have the courage to challenge areas of concern; and work to best practice; and are able to be adaptable, reliable and consistent, show discretion, resilience and self-awareness.

The MSc ACP (Adult) course includes the option for students to study the 40 credit Non Medical Prescribing course to become an Independent Prescribers to better meet patient's needs and provision of timely treatment. Current Prescribing legislation enables Nurses, Midwives, Physiotherapists, Pharmacists, Chiropodists, Podiatrists and Therapeutic Radiographers and Paramedics to train to become Independent Prescribers.

For other healthcare professionals the student will be able to take an alternative module "Enhancing Practice through Work Based Learning (Taught)" (20 credits, Level 7). This module allows students to investigate an area of their own choice, relevant to their field of professional practice. For this group, the focus will be the course outcomes on development of the knowledge and skills to make safe, appropriate, evidence-based prescribing decisions. The module is delivered in the form of a learning contract and is largely student managed with tutorial support. They will also need to undertake a 20 credit "Option" module of their choice or can utilise credit from prior learning if studied less than 4 years ago.

The course is RCN Accredited. Their standards are currently the only quality marker for Advanced Practitioner preparation in England. While not all of the students undertaking this course will be nurses, other healthcare professionals will benefit from the rigorous standards set by the RCN Accreditation unit for advanced nurse practitioner preparation. RCN Accreditation indicates that this course has been evaluated against 15 standards and associated criteria for educational preparation and judged to prepare practitioners to an advanced level (RCN, 2018).

Other distinctive features of the course include:

- It has evolved from the first Nurse Practitioner (NP) programme in the UK which started in 1990 at the RCN Institute, London and transferred to LSBU in 2000.
- Design and sequencing of modules support advancement of clinical and professional knowledge and skills throughout the curriculum using a spiral curriculum approach
- Teaching is provided by experienced qualified advanced practitioners, many of whom work regularly in clinical practice
- A variety of student-centred, teaching strategies are used including case-based learning, skills demonstration with supervised practice, practical workshops, role play, student presentations and use of online learning resources

- Inter-professional and peer learning is promoted utilising the wide range of experience and variety of clinical roles and settings reflected within each cohort
- A range of methods assess student learning, including clinical case analysis, a scenario-based exam, an essay, a portfolio and practical assessments including OSCEs (Objective Structured Clinical Examination)
- Guided Practice Based Learning takes place in the student's own work place with verification through a series of Practice Based Learning Records
- While this is predominantly a generic advanced clinical practice course, the opportunity is provided in the final module "Managing Complexity in Advanced Clinical Practice" to choose one of three different areas: Primary and Urgent Care, Emergency Care and Acute and Critical Care. This separation enables teaching and learning and practical assessment to occur with greater specificity and depth in order to optimise preparation of advanced practitioners for the realities of patient care within each setting

A Postgraduate Certificate Enhancing Clinical Practice (Adult) and Postgraduate Diploma Advanced Clinical Practice (Adult) awards are available as intermediate exit awards only. These are intended for students who have studied modules within the MSc ACP (Adult) but have decided not to or are unable to continue their studies through to completion of the full MSc award. This decision may also be based on availability of funding.

In response to student and employer feedback and learning from similar course curriculum, a taught third year comprising of 3 modules replaces the traditional 60 credit Dissertation. Students completing the PgDip award will have achieved the "threshold" standard set by HEE (2017) for the level of advanced clinical practice. However, this approach will enable students to build on this by extending the period of support for successful consolidation and further optimisation of the four pillars of advanced level of practice.

Course Aims and Outcomes

The MSc Advanced Clinical Practice (Adult) aims to:

- Equip students with knowledge, skills and behaviours to enable them to deliver safe, appropriate, effective, efficient and evidence-based healthcare for adult patients.
- Develop the student's ability to apply knowledge and understanding systematically and creatively to complex issues within the field of advanced clinical practice.
- Foster the student's potential for strategic leadership, particularly in relation to the continual enhancement of the quality of healthcare.
- Facilitate the personal and professional development of each student such that they take responsibility for their own learning and are able to demonstrate a reflective, enquiring, critical and innovative approach to practice.

- Provide high-quality advanced clinical practice education that is accredited by the RCN Accreditation Unit and meets the requirements of current policies and market demands.

A Students will have knowledge and understanding of:

A1 A comprehensive range of strategies to promote/improve and provide safe and effective evidence-based assessment for adult patients presenting in a range of health care settings with acute and long-term problems

A2 Anatomical and physiological principles related to adult health and disease

A3 The impact of personal, cultural, spiritual beliefs and practices and the psychosocial context, on therapeutic communication, behaviour, use and experiences of services and health outcomes.

Students exiting with the PgCert Enhancing Clinical Practice (Adult) will have achieved A1-A3.

A4 Local and national policies, regulatory frameworks and evidence-based guidelines underpinning prescribing decisions and medication use

A5 A comprehensive range of strategies to promote, improve and provide safe and effective evidence-based care for adult patients presenting in a range of healthcare settings with complex problems

A6 The impact of a wide range of contextual factors (e.g. social, ethical, legal, political, technological, cultural, and economic) and trends, at local, national and international levels upon health and the leadership, management and culture of healthcare organisations, as well as on healthcare practices and professionals

A7 A comprehensive range of public health strategies and theoretical approaches that might be critically deployed to tackle inequalities and promote the health and well-being and prevention of disease with individuals, specific groups and communities

A8 The history and development of advanced clinical practice from a devolved four country, UK and international context

A9 Government policy and strategy and its impact within a changing context on stakeholders and organisations at a local and national level

A10 A wide range of related theory and approaches enabling analysis of professional issues (such as professional identity, advocacy, autonomy, ethics and accountability) within the practice arena for the advancement of professional expertise, strategic leadership, service improvement and patient care

A11 An extensive range of research and quality assurance and quality improvement methodologies and evidence-bases, and underpinning paradigms, that can be used to inform, enhance and challenge practice, including ethical and governance dimensions

A12 The application of teaching and learning theories and techniques to influence organisational culture to optimise the learning and development environment

Students exiting with the PgDip Advanced Clinical Practice (Adult) will have achieved A1-A12

A13 Wide-ranging approaches to mitigate risk and optimise patient safety

A14 Existing and emerging technology to underpin and inform decisions made about care and treatment and to optimise education

B Students will develop their intellectual skills such that they are able to:

B1 Use clinical reasoning, critical thinking, problem-solving, reflection, analysis and synthesis to make sound judgements and decisions and to explore potential solutions

Students exiting with the PgCert Enhancing Clinical Practice (Adult) will have achieved B1

B2 Critically analyse and synthesise information from a wide range of sources in order to gain a coherent understanding of, and new insight into, pertinent theoretical principles and their application to practice in straightforward and complex situations

B3 The ability to creatively and effectively apply leadership, research and education theory for the enhancement of practice in common and challenging situations.

Students exiting with the PgDip Advanced Clinical Practice (Adult) will have achieved B1-B3

B4 Critically analyse the theoretical, research, clinical and professional underpinnings of advanced clinical practice as a means to optimise higher-level knowledge and skills

B5 Proactively explore potential solutions to complex, unstructured and sometimes unfamiliar practice problems (possibly in the absence of complete data)

C Students will acquire and develop practical skills such that they are able to:

C1 Establish therapeutic relationships with adult patients and colleagues through skilled and creative use of communication

C2 Demonstrate competence in undertaking and documenting a comprehensive, holistic patient health assessment (including history taking and physical examination skills for all systems of the body), for adult patients with common health problems, referring on appropriately when the problem exceeds their scope of practice and/or expertise

C3 Critically analyse patient assessment findings and clinical outcomes and act safely and appropriately

C4 Critically evaluate own clinical practice and seek further learning and development to develop proficiency to a higher level

Students exiting with the PgCert Enhancing Clinical Practice (Adult) will have achieved C1-C4.

C5 Undertake skilled, competent, safe, evaluative, autonomous, reflective holistic consultations for adult patients with common and complex health problems including referral where appropriate

C6 Review existing medication use and options and to prescribe safely, appropriately and cost-effectively within the parameters laid down in prescribing legislation

C7 Take a pro-active approach to working in partnership to support, educate and empower patients, their families and other carers to use available services and participate in decisions concerning their care and influence the quality of future provision

C8 Demonstrate leadership skills, self-direction and originality in tackling and solving problems and effective team-working within a multi-disciplinary and multi-agency context

C9 Collaboratively engage with others to plan and deliver interventions to meet the learning and development needs of own and others profession

C10 Evaluate the quality of practice, including health outcomes, of self and others at individual, team, organisational and systems level, selecting and applying valid and reliable approaches and methods which are appropriate to the needs and context and level of complexity and act on the findings

Students exiting with the PgDip Advanced Clinical Practice (Adult) will have achieved C1-C10.

C11 Deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate conclusions clearly to specialist and non-specialist audiences

C12 Demonstrate the ability to critically challenge, advocate for, and shape health care services, within a context of resource demands and changing organisational and policy imperatives

D Students will acquire and develop transferrable skills such that they are able to:

D1 Gather and interpret information from different sources and make informed judgements about its quality and appropriateness

D2 Work independently and as part of a group or team

D3 Communicate effectively with a wide range of individuals using a variety of means, including ability to provide coherent and logical arguments in support of decision-making.

D4 Demonstrate self-awareness and the ability to critically appraise individual learning needs

D5 Information management skills eg use of IT, Internet

Students exiting with the PgCert Enhancing Clinical Practice (Adult) will have achieved D1-D5.

D6 Implement appropriate strategies for continuing professional and personal development and evaluate the impact

D7 Produce a Portfolio of evidence that uses effective strategies such as cross-referencing to demonstrate analysis and synthesis

Students exiting with the PgDip Advanced Clinical Practice (Adult) will have achieved D1-D7.

D8 Be adaptable and show creativity, originality, insight and critical reflective abilities which can be brought to bear on a wide range of situations

MSc Advanced Clinical Practice Course structure

The course will be taken on a part-time, one-day-a-week basis. Each module is worth 20 credits. Students will normally study between 40 – 60 credits per academic year depending on their desired rate of progression with an overall MSc ACP (Adult) duration of 3 or 4 years up to a maximum timeframe of 5 years. There are two intakes to the course; September and January. All teaching for this course takes place on the Southwark Campus.

It will start with a two day Induction to orientate students to the university and the course. Continuing students will participate in a Professional Development day at the start of subsequent academic years to enable them to mix with other advanced practice students from the School and have updates on pertinent developments and hear examples of impact.

The structure for the course comprises of a prescribed sequence of modules. Key material is taught, further developed, revisited and consolidated and assessed at appropriate points in a spiral approach.

Each country of the UK has advanced practice policy which emphasises the importance of the four pillars of clinical practice, leadership, education and research as the cornerstones for safe and effective, patient-centred practice at this level. While some modules within the curriculum may have titles that indicate focus on particular pillars all four pillars are taught, developed and assessed to different degrees in the sequence of modules. We view the pillars not as discrete entities but aspects that inform, underpin and enhance each other. The spiral curriculum has been designed to foster this integration.

Learning support is a crucial element of any course of study but may be considered even more so for a postgraduate programme developing healthcare professionals for a new level of practice and innovative way of working. The Advanced Clinical Practice course teaching team are all experienced Senior Lecturers. They have all worked as advanced practitioners and most continue to do so regularly. The Course Director oversees student progression from induction to final award. Students gain support from their module leaders and through lunchtime meetings held each semester. Student feedback is collected at the end of each module and an annual Course Board has student representation as part of the quality assurance process.

Module descriptors and assessments

The sequence of modules is:

ACP_7_009 “Physiology for Advanced Clinical Practice” [Level 7]

This module develops the student’s knowledge and understanding of physiological principles, thereby providing a foundation on which subsequent learning in areas such as pathophysiology, pharmacology, and prescribing can be developed, to inform and underpin clinical practice at an advanced level.

ACP_7_010 “Advanced Clinical Assessment Skills” [Level 7]

This module develops knowledge, skills and behaviours to enable comprehensive, safe and effective clinical assessment of an adult at an advanced level

NMP_7_040 “Non Medical Prescribing module” [Level 7]

This short professional module validated by the Nursing Midwifery Council, General Pharmaceutical Council and Health Care Professions Council prepares qualified nurses, pharmacists, physiotherapists and podiatrists for independent prescribing and radiographers for supplementary prescribing and advanced paramedics within a specified field of clinical practice. This will be delivered in 12 study days, requiring full attendance and all students are required to undertake an additional 10 blended learning days (not timetabled).

OR for those health care professionals that are unable to undertake the Non Medical Prescribing module under current legislation they will do an alternative combination of a Level 7 Option module of their choice plus this module:

WHN_7-015 “Enhancing Practice through Work Based Learning” [level 7]

This module allows students to devise their own study management plan (learning contract) aimed at encouraging independent study related to their own field of practice. It:

- Develops students ability to structure a plan of work/study that focuses on both process and product skills
- Focuses students on their own learning needs and how to structure and manage their own professional development through learning.
- Develops the student’s analytical and critical abilities.

ACP_7_011 “Clinical Reasoning and Diagnostic Skills” [Level 7]

This module enables students to develop and enhance their clinical reasoning, knowledge and clinical expertise in relation to holistic assessment and diagnostic decision-making.

ACP-7_007 “Leadership, Research and Education for Advanced Clinical Practice” [Level 7]

This module aims to use a critical review of the range of issues that are encountered by advanced practitioners on a micro and macro level, as the basis for development of a comprehensive understanding of key concepts that will result in skilled leaders who can use research and education effectively to achieve sustained positive impact on patient care and service provision.

ACP_7_008 “Professional Development for Advanced Clinical Practice” [Level 7]

This module aims to develop Advanced Practitioners who can act as a clinical role model, advocating for developing and delivering care that is responsive to changing requirements and informed by an understanding of local population needs, agencies and networks. This will

involve individual and team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable. Module strategies will aim to develop student capability to optimise collaborative working with an appropriate range of multi-agency and inter-professional resources, developing and maintaining and evaluating links to manage risk and issues across organisations and settings.

There is an option for the Complexity module according to the work setting:

ACP_7_012 “Clinical Complexity in Advanced Practice (Primary and Urgent Care)” [Level 7]

This module enables students to develop, implement and evaluate safe and appropriate management plans for adult patients presenting with common acute and long term complex health problems within the community or primary care settings.

ACP_7_13 “Clinical Complexity in Advanced Practice (Emergency Care)” [Level 7]

This module enables students to develop, implement and evaluate safe and appropriate management plans for adult patients presenting to emergency care with common acute, major and long term complex health problems.

ACP_7_14 “Clinical Complexity in Advanced Practice (Acute and Critical Care)” [Level 7]

This module enables students to develop, implement and evaluate safe and appropriate management plans for adult patients experiencing complex health problems within acute and critical care settings.

Option module

The final 20 Level 7 credits is gained through completion of a module of the students choice. For example this might relate to their particular profession or an area needed to expand their practice further. Modules can be chosen from the CPPD Online Prospectus. Alternatively they can be studied at another University and the credit transferred into this course.

Assessment map for MSc Advanced Clinical Practice award (Adult)

“Physiology for Advanced Clinical Practice” [Level 7]	“Clinical Assessment Skills for Advanced Practice” [Level 7]	“Non Medical Prescribing” [Level 7] – 40 credit module
3 hour unseen Exam [100% weighting]	<p>2,500 word case study to demonstrate critical application of the health assessment process, within a specified problem-solving framework [100% weighting]</p> <p>OSCE: Two 15 minute stations -one assessing history taking skills, and the other assessing the student’s ability to undertake a physical examination [Pass/Fail]</p> <p>Practice Based Learning Record [Pass/Fail]</p>	<p>VIVA [Pass/Fail]</p> <p>Portfolio [Pass/Fail]</p> <p>Case study (2,500 words) [100% weighting]</p> <p>Drug calculation exam – pass mark 100% [Pass/Fail]</p> <p>Pharmacology exam – pass mark 80% [100% weighting]</p>

Alternative to NMP: WHN_7_015 “Enhancing Practice through Work Based Learning” (Taught) [Level 7]	“Clinical Reasoning and Diagnostic Skills” [Level 7]	“Leadership, Research and Education for Advanced Clinical Practice” module [Level 7]
4,000 word Report [100% weighting]	<p>2 ½ hour unseen Exam [100% weighting]</p> <p>Practice Based Learning Record [Pass/Fail]</p>	Portfolio (4,000 words) to demonstrate specific capabilities [100% weighting]

“Professional Development of Advanced Clinical Practice” module [Level 7]	“Clinical Complexity in Advanced Practice” [Level 7]	Optional Level 7 module
Practice Development proposal (4,000 words) [100% weighting]	<p>Clinical Portfolio (3000 word equivalent) [100% weighting]</p> <p>OSCE (30 minute) [Pass/Fail]</p>	Varying assessment types

Studying Requirements

The academic year at LSBU is organised into two semesters. Each module is normally run over a semester comprising 15 weeks where the final week is focused on completion of assessments.

Attendance is also required for workshops to develop specific knowledge and skills. Dates are provided with sufficient notice to allow planning.

In addition, it is strongly recommended that students on this course negotiate with their employers to continue their ‘study day’ throughout the calendar year (including academic holidays) in order to complete the practice based learning activities specified within this handbook.

Student effort

At LSBU each 20 credit module represents 200 hours of total student effort per module. Class contact usually comprises of approximately 30-40 hours, with 14 hours for blended learning and the remainder is for guided and student self-directed work and practice based learning. Students should undertake private study for a minimum of 11 hours per module per week.

Private study should account for a minimum of 11 hours private study per module per week.

Where students report that they are struggling, one of the reasons is often that they are not dedicating this amount of time to their studies.

An Introduction to Practice Based Learning

The Quality Assurance Agency (QAA) identify that learning within the work place is integral to a higher education course and is demonstrated through engagement within the practice environment. This is particularly important for preparation for a course of this nature.

Focused practice based learning activities are an integral part of advanced clinical practice education to complement classroom learning and develop the student's clinical and professional scope of practice to an advanced level. Evidence of clinical development and completion of certified clinical hours form one of the components of assessment for the clinical modules.

Requirements for skills development and practice based learning extend beyond the University semesters to include the summer periods.

To achieve this we require that EVERY student spends the equivalent of a minimum of 3 hours per week throughout the calendar year (in addition to the study days in university) as protected learning time to enable the student to work in a “supernumerary capacity” to focus on their clinical and professional development.

This should continue THROUGHOUT THE COURSE.

Initially you will use your 3 hours protected clinical development time to focus on applying your new knowledge and learning.

However we expect that you will move to applying your new knowledge and skills to ALL of your patient interactions as the course progresses.

Getting started

We want to ensure that you have prepared for this aspect of the course and understand some key aspects. Please note the following information:

Continuing eligibility for progression on the course

The following criteria apply on entry to the course and subsequently for continuing to be eligible to progress on the MSc ACP (Adult) course:

- You must continue to be employed clinically (in excess of 25 hours per week) in a clinical role which enables development of knowledge and skills to an advanced level
- You must continue to have an employer who is supportive of you undertaking this course of study and your development of your clinical practice to an advanced level within the workplace .
- You must have a nominated Practice Facilitator, whose primary purpose is to initially supervise and subsequently support your practice based learning activities and overall clinical development.
- You and your employer must understand that the University requires students' to dedicate the equivalent of 3 hours minimum per week throughout the calendar year (in addition to the study days in university) as protected learning time to enable the student to work in a 'supernumerary capacity' to focus on their clinical/professional development evidenced by completion of the Practice Based Learning activity requirements and the Practice Based Learning records.,

We are aware that issues can arise within the clinical employment setting once the student has started on this course and these issues can impact on compliance with all of the above criteria for the full duration of your studies.

However we want to emphasise the following:

1. **EMPLOYMENT:** If you change your employment, reduce your hours below the equivalent of 30 hours per week, go on maternity leave or have a period of not working clinically (for whatever reason), you must discuss this with the Course Director in advance of any changes.

In these circumstances we would require you to take an “interruption in studies” until you can meet this requirement. However exceptions may be made on an individual basis with agreement from the Course Director.

If you get a new job, you must demonstrate you still comply with all of the course entry requirements. To do this we will need:

- I. A letter confirming the new employers support for you undertaking the course and your development of practice to an advanced level.
- II. A new Practice Facilitators acceptance form.
- III. A new Clinical Practice Learning Environment Profile must be completed within 1 month of starting the new employment

2. **PRACTICE FACILITATOR:** If the nominated Practice Facilitator cannot continue in that role (for whatever reason), you should immediately identify a replacement. You should then organise for them to complete a new Practice Facilitators acceptance form ASAP (available from the Course VLE) and return this to the Course Director for our records. If the new Practice Facilitator has any queries you should advise them to contact the Course Director

If a replacement Practice Facilitator cannot be found, the Course Director must be notified immediately to discuss the options.

- 3. PROTECTED CLINICAL DEVELOPMENT TIME:** If you are having difficulty achieving an equivalent of 3 hours “supernumerary” clinical development time each week and/or with the overall support for undertaking this course, you should attempt to resolve this with your Practice Facilitator / employers in the first instance.

In the event of unresolvable problems, the Course Director will discuss possible alternative sources of support. They will also contact the sponsoring body (where applicable) to notify them of the problems with the Practice Facilitator and/or work-place.

If you are unable to meet the requirement for certified clinical hours, this may mean that you will be required to interrupt your studies until you can do so.

- 4. PROGRESSION:** As a professionally-focused course, you must continue to make progress (both within University practical clinical assessments and during practice based activities) in order to continue to the next stage of this course.

If you are unsuccessful in practical assessments or completion of Practice Based Learning Records, the relevant Module Leader or Course Director will meet with you to discuss how this might be rectified; this will range from advice regarding ways to enhance your clinical practice experience through to advising an interruption of studies until you can demonstrate that you are now making satisfactory clinical progress in relation to your development.

A written record of any problems/discussions related to the points specified above, will be maintained in your student records.

Contact with employers

At the start of the course, all students are asked to sign a form giving permission for the course team to contact their employer if there are any concerns about a students’ clinical or professional practice.

Medico-legal issues related to advanced practice

You should note the following:

- All students are expected to comply with their regulatory body’s current code of practice.
- As an employee of the organisation in which you are doing the majority of your practice based learning, you are covered by vicarious liability for your actions, as long as any expansion of your role is with the permission of your employers.

- Students who organise to regularly work and see patients at a clinical setting where they are not employed, must organise to be given an honorary contract that articulates the liability and accountability of the organisation and the student.
- During your specified clinical development time each week and when under-taking visits to supplement learning, you should make it clear to the patients that you are undergoing education to expand your role e.g. by verbal introduction, use of a patient information sheet/poster.
- You must have the patient's informed consent (not necessarily written) and maintain their dignity in all of your practice based learning activities.
- You will be applying your new knowledge and skills to all of your patient interactions. Issues may therefore be identified from a patient's presentation, which need to be discussed to ensure that you always work within the boundaries of your competence. You must therefore have access to experienced clinicians as back-up at all times when you are seeing patients. This back-up could be in person or via telephone contact.
- You must comply with the **School Confidentiality Policy** in all of your practice based learning and classroom activities and within your assessments. Details are provided on the VLE.
- You should also note the content of the **Fitness to Study** and **Fitness to Practice policies** available on My LSBU.

LSBU School of Health and Social Care Statement: Identification of unprofessional or unsafe practice by a student whilst in practice or within the content of an academic assignment

If you identify any concern about the safety or wellbeing of people in the environment you are working in, for example, you observe unsafe practice, unsafe environment, unprofessional behavior, inappropriate communication, potential abuse of service users, you have a responsibility as a registered health care professional to report this as soon as you are able to.

Raise your concern as soon as possible (preferably within 24 hours) with someone e.g. Practice Facilitator or line manager, university (module leader or Course Director) and document your concern in detail as your own record. If there is immediate risk of harm e.g. actual abuse of service user, report your concern immediately.

You should refer to your employing Trust policy on how to proceed on reporting concerns about practice or whistle blowing. If you believe that your concern has not been addressed you may report this to your personal tutor or course director who will be able to support you and follow up with the Trust if appropriate.

The Role of the Practice Facilitator

For many students, even those with many years of experience, some of the areas covered by the course will be new such as history-taking, physical examination skills, ordering and interpreting investigations, making differential diagnoses, clinical reasoning, pharmacology, prescribing, and mental health assessment, etc and underpinning rationale.

We therefore require that all students at the start of the course identify a Practice Facilitator who is willing to take the lead to help them to develop and consolidate their learning in practice, with supervision and support.

The Practice Facilitator must be either a:

- I. **A qualified Doctor (GP or Registrar Level in hospital setting) or**
- II. **An Advanced Nurse Practitioner or an Advanced Clinical Practitioner who has successfully completed a minimum of an RCN Accredited BSc NP or a PgDip ACP or ANP award at least 2 years ago**

The Practice Facilitator will be asked to sign a form to accept the role.

NOTE: This arrangement should continue throughout the course although the Practice Facilitator may change during this time. If the Practice Facilitator changes, a new form will need to be completed and submitted to the Course Director.

The role of the Practice Facilitator is an important element in this course; without their supervision and support, it would be very difficult for the student to assimilate the necessary skills and grow competent and confident in the role.

However we are not in a position to pay Practice Facilitators and therefore recognise that this activity is being undertaken through “good will”. We acknowledge that this requires commitment however we hope that Practice Facilitators will find the role an interesting and rewarding one. Previous medical Practice Facilitators have commented that it provides an opportunity for health care professionals to learn from each other, and to further develop a collaborative approach thereby enhancing the care available to patients. This activity also contributes to medical revalidation requirements for evidence of engagement in inter-professional learning.

We do not require that Practice Facilitators are qualified trainers or have substantial years of experience. However Practice Facilitators are trainers for medical students and/or GP registrars or have the ENB 998 or Community Practice Teachers course. Preparation as a trainer is a desirable criteria for identifying a Practice Facilitator but not an essential one; it is our experience that many of the Practice Facilitators without a formal teaching qualification can be highly effective and highly motivated.

Key qualities from our perspective are willingness to:

- Support the clinical development of the student through providing support and supervision themselves.
- Act as a good role model

- Provide constructive feedback
- Critically challenge practice
- Assist the student to identify other senior experienced clinicians who can effectively contribute to their learning.
- Identify available learning opportunities

We ask the Practice Facilitator to provide feedback on a student's progress, rather than being the sole assessor of their clinical competence. This information is used by the Course Team, (alongside summative assessment of student's clinical competence through OSCE's, case study, clinical portfolio and practical exams etc) to make a judgment regarding the standard of a student's clinical practice in relation to what is expected at specific stages within the course.

Specific Responsibilities of the Practice Facilitator are:

- To familiarise themselves with the contents of the Practice Based Learning Handbook
- To attend the Practice Based Learning Preparation session at the start of the course during the student Induction, when the responsibilities will be discussed in more detail
- To ensure the organisation has appropriate indemnity cover to provide vicarious liability for the student (see the section on Medico-legal issues in this handbook)
- To ensure that strategies are in place to enable student to have access to Medical/qualified advanced practitioner back-up when seeing patients, for example when their dedicated Practice Facilitator is on leave/not on duty, at times when the student is seeing patients but the Doctors/qualified advanced practitioner clinics have finished or when there is no Doctor or qualified advanced practitioner on the premises
- To work with the student to identify learning opportunities that will enable them to progress through each of the Learning Stages to develop the scope and level of their practice
- To work with the student to ensure that they will meet the requirements for completion of the practice based learning evidence for specific modules
- To provide a progress evaluation and sign-off clinical development hours and specific competencies within the Practice Based Learning Record for specific modules. Some aspects can be shared with senior experienced clinicians (see details on next page)
- To review the students' Clinical Experience Record and plan with the student strategies for increasing their exposure to deficient areas.
- To help the student to increase his/her understanding of the way an advanced level and expanded scope of practice can be integrated into and developed within the health care team and help the student resolve any problems with the acceptance by others in the health care team, where needed.

- To liaise with staff in the Course team at LSBU from time to time as necessary
- **To alert the Course Director immediately in relation to any concerns about the students clinical practice or progress on the course.**

How does it work?

We require that the student **spends the equivalent of a minimum 3 hours per week** throughout the calendar year (in addition to the study days in university) as protected learning time to enable the student to work in a 'supernumerary capacity' to focus on their clinical/professional development evidenced by completion of the Practice Based Learning activity requirements and the Practice Based Learning records.

Guidance on the practice based learning activities that the student should undertake during this **protected clinical development time**, are presented in this handbook. The primary focus is for the student to link what they are learning in class to the clinical setting and address their practice-based learning needs.

Please note that this does not mean that the Practice Facilitator needs to be released themselves for 3 hours every week to be completely free to supervise and support the student's development.

Regular time with the Practice Facilitator is important, but supervision, support and sign off of clinical hours can be shared with other appropriate Senior Experienced Clinicians.

For our course a **Senior Experienced Clinician must be one of the following:**

- A qualified Doctor (GP or Registrar Level in hospital setting) or
- An Advanced Nurse Practitioner or an Advanced Clinical Practitioner who has successfully completed a minimum of an RCN Accredited BSc NP or a PgDip ACP or ANP award at least 2 years ago, or
- A senior experienced specialist e.g. Extended Scope Physiotherapist, with expertise in patient assessment and management

Experience has shown us that this “pick and mix” collective approach, with an identified Practice Facilitator lead, can prove beneficial. The student benefits from a range of professional expertise, whilst all members of the team can participate in and gain confidence in the students' expanding scope of practice.

We do not specify the number of hours that need to be spent with the Practice Facilitator versus other Senior Experienced Clinicians. However the overall evaluation in each Practice Based Learning Record should be completed by the Practice Facilitator as indicated in the documents.

Our philosophy is that the **onus should be on the student** to determine how they will utilise their protected clinical development time to best effect at each stage of the course

Students should be fully involved in planning and organising their practice based learning activities. We view this as part of their professional development. For example it develops their negotiation and networking skills, and their ability to identify, prioritise and address their learning needs in creative ways.

Optimising Learning Opportunities

All patient encounters can provide a learning opportunity but we can offer the following general tips to maximise effective use of everyone's time and resources:

- Where formal and informal medical or allied health professional education sessions, ward rounds or MDT meetings are taking place and during clinical case reviews, it is valuable for students to attend to enable inter-professional learning.
- It is very useful for students to be called in "ad hoc" by all members of the team to see patients of interest e.g. to hear heart murmurs, feel an enlarged liver, listen to adventitious sounds on chest examination etc. This helps them to capitalise on opportunistic experiences for learning to recognise some of the abnormal findings that they are looking for in their physical assessment.
- Some primary care based students have found that accompanying a Practice Facilitator on home visits provides time for discussion in the car on potential problems and management, and a longer time for consultation with/examination of the patient in an uninterrupted environment.
- Follow a 'patient pathway' through the service or following a referral.

Difficulties with Practice Facilitator arrangements

If students encounter any difficulties with their Practice Facilitator arrangements/work-place support, they are advised to try to resolve them with their Practice Facilitator in the first instance. If the problems continue, they should speak to the Course Director. If problems still continue, the Course Director will contact the Practice Facilitator to discuss the matter and try to identify a way forward. **If a student does not have a Practice Facilitator they will be required to interrupt their studies until a suitable arrangement can be made**

Feedback to the Course team

Practice Facilitators are encouraged to provide feedback and suggestions to the Course team about any aspect of their experiences of supporting one of our students. This could take the form of queries, identification and resolution of problems, and sharing of good practice, positive experiences or suggestions.

Please do not hesitate to contact the Course Director if you have any concerns about a students' clinical practice or progress on the course.

STUDENT RESPONSIBILITIES FOR PRACTICE BASED LEARNING

To facilitate clinical development and learning experience, you should undertake ALL of the following:

1. Fully familiarise yourself with the contents of this handbook including the appendices.
2. Familiarise yourself with the relevant **Module Moodle site each semester**, especially the Learning Outcomes to ensure that you tie your practice based learning into the topics / timetable. Share this with your Practice Facilitator and employer so they are aware of the focus and content of your learning.
3. Plan your 3 hours clinical development time so that you can work through the **Practice Based Learning Activities** we have specified for each of the **Learning stages** of the course
4. Complete all of the activities required for the **Practice Based Learning Record** aspects for each module.
5. Read the **Student OSCE Handbook** on the Course Moodle site which explains the concepts of OSCEs and gives information on the final OSCE.
6. Keep a record of the breadth of your clinical experiences by completing your **Clinical Experience Record** [Appendix VIII for master copy of table]. You should review this regularly with your Practice Facilitator to ensure that you are on target to achieve the breadth of proficiency expected by the end of the course.
7. Organise visits to supplement your work-place learning.eg the eye clinic or stroke unit. Use the **Learning Visit Record** (Appendix IX) to document these to provide evidence of your activity for employers
8. **Compile a Portfolio across the course as evidence of your learning, progress and achievement across the four pillars of Advanced Practice. This should include:**
 - I. Practice Facilitator form
 - II. Clinical Environment Profile
 - III. Learning Contract
 - IV. Practice Based Learning Records
 - V. Clinical Experience Record
 - VI. Learning Visit records for any that you undertake during the course
 - VII. Portfolio from the “Leadership, Research and Education in Advanced Clinical Practice” module
 - VIII. Complexity Clinical Portfolio
 - IX. Professional Development Plan from the “Professional Development for Advanced Clinical Practice” module

This will not be submitted at the end as the key elements will have been reviewed at points during the course.

LEARNING STAGES

The following framework has been designed to help you make the university - practice link and move through the elements of the learning process to develop your practice and clinical competence.

This guidance is complementary to any direction that is given for each module.

There are 4 KEY LEARNING STAGES that you need to progress through during the course:

Stage 1: OBSERVE CONSULTATIONS & DISCUSS

Stage 2: DO & BE DIRECTLY OBSERVED

Stage 3: DO & BE SUPERVISED

Stage 4: DO & DISCUSS

These stages should form the focus of your clinical development time during **and** between specified modules.

In the following guidance, we have made recommendations regarding the time scale for each stage in relation to the modules within the course; however progression to the next stage should occur by mutual agreement between you and the Practice Facilitator.

The stages start from the “Advanced Clinical Assessment Skills” module onwards.

We recognise that some of you are already working at a more advanced level.

However, ALL students must start from the beginning and work through every stage to use this opportunity to reflect on their practice in the light of new knowledge.

This applies even if you join the pathway at the Clinical Reasoning and Diagnostic skills module.

In addition, many students experience a loss of confidence when they start this course. It can therefore be of great benefit for students to return to the beginning of the process to consolidate and build from there.

Stage 1: OBSERVE CONSULTATIONS & DISCUSS

While undertaking the “Advanced Clinical Assessment Skills” module you should undertake the following activities:

1. Familiarise yourself with the **Module information on Moodle**, especially the Learning Outcomes to ensure that you tie your practice based learning into the topics / timetable.
2. Read the recommended text for the module:
BICKLEY, S. and SZILAGYI, P (2017) *Bates’ Guide to Physical Examination and History Taking* 12th ed. London: Lippincott
3. Register to access “**thePoint**” via www.thePoint.lww.com and make full use of the resources that accompany this text book.
4. You should review the **Bates’ Visual Guide** which is an on-line resource that teaches head-to-toe physical assessment techniques through clinically-orientated videos
5. **In weeks 1 and 2 you will be focusing on developing you history taking and problem solving skills.** You should therefore use your 3 hours protected time in these weeks, to observe consultations being conducted by your Practice Facilitator and other Doctors/advanced nurses/health care professionals where you work to observe and experience a range of consultation styles.

You should particularly observe the following:

- The opening to the consultation
- How they identify and/or review the patients’ presenting problem(s) or symptoms
- Their history taking skills
- How they explore potential “red flags”
- Any physical examination and what is included
- How a diagnosis is reached or confirmed
- How they cope with uncertainty
- How the treatment plan is decided upon and explained to the patient
- Whether the consultation is patient-centred or not and how you make this judgment
- The close of the consultation
- Their documentation.

Afterwards you should reflect on and discuss your observations with your Practice Facilitator and consider how your own consultations could be developed and improved.

6. Review and use the grid on history taking skills and symptom analysis tools OPQRSTU (see Appendix III) and differential diagnosis mnemonic VITAMINS C,D & E (Appendix IV) as much as possible as a guide for practising this important aspect of assessment

Stage 2: DO & BE DIRECTLY OBSERVED

From Week 3 in the “Advanced Clinical Assessment Skills” module you will be learning how to examine a different system each week. From this point you should:

1. **Follow each classroom session by organising to spend some of your clinical development time reviewing the system that you have learnt with your Practice Facilitator or other Senior Experienced Clinician. This should include observation of you conducting this assessment followed by feedback.**

Please note: The Practice Facilitator may use a different order/technique to undertake physical examination of the body systems. Whilst there is sometimes more than one way to examine a system, students should aim to follow the order and use the techniques that we have taught in class as this will be the basis for the OSCE* examination criteria. The details of each physical examination is based on the key text for the course **BICKLEY, S. and SZILAGYI, P (2017) *Bates' Guide to Physical Examination and History Taking* 12th ed. London: Lippincott**

*At the end of the module you will take an **OSCE**. This comprises of two stations each of 15 minutes duration (one focusing on history taking and differential diagnosis and the other on physical examination skills). This assessment can relate to all of the systems covered in the module. The module guide has further details and students will complete **OSCE workshops** to support preparation for this assessment.

2. Revise the key **anatomy** of all systems so that the appropriate terms can be used in assessment, documentation etc.
3. **Spend as much time as possible practising physical examination skills on as many “normal” people as you can across the age range** (e.g. family, partners, friends, colleagues, neighbours). Through this repetition, you are expected to establish and memorise systematic skills and maximise your experience of the wide variation of normal.
4. Complete the activities required for submission of the **Practice Based Learning Record** for the module
5. **Broaden your experience:** Once you are familiar with the physical examination techniques, try to organise to assess patients with a specific health problem such as heart failure, COPD, with your Practice Facilitator or experience competent clinician to give time and space to talk through the assessment and address issues of technique. This helps develop your knowledge of common presentations and recognise characteristic signs and symptoms. This approach will also help you to develop your ability to recognise the “normal” from the “abnormal” and make sense of what is “abnormal”.

At this stage, the emphasis here should be on demonstration of appropriate decision-making and problem-solving skills and learning the characteristics of different

presentations and conditions, rather than you being able to reach a diagnosis or have a comprehensive knowledge of medical management for every case.

DURING SUMMER BREAKS, YOU SHOULD USE YOUR STUDY DAY TO:

1. Ensure that you have completed all of the activities from the Learning Stages.
2. **Practise! Practise! Practise! to develop competence and confidence to take a comprehensive history and undertake an appropriate physical examination for ALL of the systems**
3. **Visit a qualified Advanced Nurse Practitioner /Advanced Clinical Practitioner** and observe their practice. This could be in a similar setting to your own or different or better still one in each. If you need any suggestions for whom to contact, you can ask the course team. This visit should be written up in the **Learning Visit Record** (Appendix IX).
4. Complete the pre-reading and preparation activities for the next module(s).
5. TIP: We recommend that you organise over the summer and remainder of the course, to meet with fellow students as **“study buddies”** to practise history taking and physical examination using “mock OSCEs” (recreating similar scenarios to those used in the mini OSCEs). This type of practise will not only help develop proficiency but also prepare you for the OSCE’s as an assessment strategy. You could also ask local ANP’s/ ACP’s for their support

Stage 3: DO & BE SUPERVISED

During the “Clinical Reasoning and Diagnostic Skills” module you should:

1. Familiarise yourself with the **Module information on Moodle**, especially the Learning Outcomes to ensure that you tie your practice based learning into the topics / timetable.
2. Complete the activities required for submission of the **Practice Based Learning Record** for the modules.
3. PROGRESS THROUGH THE FOLLOWING IN AGREEMENT WITH YOUR PRACTICE FACILITATOR TO DEVELOP YOUR AUTONOMOUS PRACTICE:
 - I. **Contribute to consultations:** With your Practice Facilitators and other appropriate Senior Experienced Clinicians and, where appropriate and with the patients’ permission take the lead on one or more of the following aspects:
 - a. Taking the history from the patient

- b. Performing the relevant examination
- c. Deciding on and interpret investigations
- d. Reviewing the patient response to treatment

The Practice Facilitator/or Senior Experienced Clinicians should check your technique and accuracy of findings / conclusions.

Discuss your progress at the end of each of these sessions. Where weaker areas are identified, you should aim to address these during your protected clinical development time.

- II. **“Mirrored consultations”**: You see the patient first and conduct your consultation and then the Practice Facilitator/ Senior Experienced Clinician sees them with regard to the same problem. You should join their consultation to evaluate how it compares to yours and identify aspects you can develop.
 - III. **Presentation of your own consultation**: Organise to see a few appropriate patients on your own during your protected clinical development time to enable you to conduct the consultation as you see fit. Then with the patient still present, you should ask your Practice Facilitator or other appropriate health professional to come and see the patient so that you can present your findings, conclusions and action plan. They can then judge whether this is safe, appropriate and complete.
4. **Continue to practise physical examination skills** on as many “normal” people as possible (e.g. family, children, partners, friends, colleagues, neighbours) to establish proficient systematic skills and experience the wide variation of normal, from across the age range.
 5. **Build on and expand your experience**: Continue to organise to examine patients with specific problems eg skin conditions, ENT, thyroid, red eye etc to gain experience of identifying abnormal findings.

You should use the **Clinical Experience Record** as a guide to what types of presentations you particularly need to focus on.

This will normally involve organising to visit specialist clinics or patients in other health care settings during your 3 hours clinical development time.

Any visits should be written up using the **Learning Visit Record** (see Appendix IX) to provide evidence of your activity for your employers

6. Continue to use the grid on assessment of history taking skills as a guide for practising history taking with ALL patients.
7. Focus on developing the breadth of your differential diagnoses for presentations across the body systems and use of diagnostic decision making tools (e.g. systems approach, VITAMINS C D&E, JACCOL) etc to formulate diagnosis. There are many texts and on-line resources available now to support your learning in this area.

8. Use recommended texts on ordering and interpreting common first and second line investigations and input from appropriate colleagues to work systematically through all of the investigations that you and your colleagues order, looking at the rationale for these tests, interpretation of results and action required.

Also review other first and second line blood tests that are commonly requested elsewhere to increase the breadth of your knowledge.

It might also be worth considering spending some time with a biochemist after you have acquired some knowledge on the subject.

9. Clear and accurate documentation is important for to effective communication within the multidisciplinary team and medico-legal accountability. Critically appraise your documentation compared to colleagues, regulatory body requirements and any other standards that your organisation has in place.
10. At the end of this module you will complete a 4 day Skills Workshop to consolidate your physical examination skills and develop your musculoskeletal assessment skills. By the end of this time, you should feel that you are confident in most areas of physical examination and have identified areas to focus on for further development over the summer break.
11. You are working towards developing your autonomous practice - at this stage you should be gaining confidence seeing patients independently during your 3 hours protected clinical development time and calling the Practice Facilitator/Senior Experienced Clinician for assistance as needed.

Stage 4: DO & DISCUSS

By the time you start your “Clinical Complexity in Advanced Practice” module you should:

1. Familiarise yourself with the **Module information on Moodle**, especially the Learning Outcomes to ensure that you tie your practice based learning into the topics / timetable.
2. Complete the activities required for submission of the **Practice Based Learning evidence**
3. Use your protected clinical development time to practise history taking and physical examinations for a wide range of patient with more complex presentations to expand the scope of your practice. Use the **Clinical Experience Record** (Appendix VIII) to prioritise the focus of your learning.

- 4. Focused review and development:** By this point, your application of your new knowledge and skills will have extended beyond your 3 hours protected learning time to enable you to make the most of learning from all patient and MDT contact.

You should arrange time with your Practice Facilitator and other appropriate clinical colleagues to review your consultations and identify / discuss any pertinent issues. This enables you to learn from your experiences and provides a key strategy for quality assurance that can be continued when you are consolidating your clinical practice beyond the end of the course.

Obviously you must still be working within your limits of competence in accordance with your professional code of conduct, but should be developing confidence in taking the responsibility for planning next steps, reviewing patients and discharging / referring some patients without checking your decision-making process with your Practice Facilitator. This is a key part of becoming comfortable with autonomous practice.

- 5. Planning ahead:** Meet with your manager(s) to discuss next steps as you near the end of the course. This is your opportunity to influence so share your ideas, concerns and expectations.

Preparing the Clinical Portfolio

At the final stage of the course, we consider a clinical portfolio to be an appropriate way of enabling you to demonstrate that your advanced level clinical practice as a graduate is safe, effective and evidence-based. This judgement is complemented by the use of OSCEs as the final assessment.

Portfolios vary in format and requirements. In this instance the requirements have been designed to enable you to describe and provide evidence of the level and scope your developing advanced practice.

The format and content of the Clinical Portfolio will be discussed further as you near the start of the “Clinical Complexity in Advanced Practice” module.

The final OSCE

Within the “Clinical Complexity in Advanced Practice” modules we use one 30-minute station which uses one scenario to assess a range of advanced clinical practitioner competencies from initial assessment through to completion of the episode. This practical assessment has been designed to complement the Portfolio as the second element of summative assessment for this module.

The choice of scenario is made according to common types of presentations in the respective practice areas of primary and urgent care, emergency care and acute and critical care.

Students will have gained experience of participation in an OSCE during the “Advanced Clinical Assessment Skills” module.

To focus on preparation for the final module we provide two OSCE practice days in the final semester.

However experience demonstrates that students do better in the final OSCE when they have planned their preparation and used family and friends for practice, such as examination skills, alongside their clinical experience throughout the course. To help you we recommend the following:

- ✓ Consider what scenarios may come up and what knowledge and skills you will need. Think about your specific area of practice.
- ✓ Memorise the key features involved in taking an effective (structured and systematic) comprehensive history (see Practice Based Learning Handbook). We are also assessing your therapeutic approach and listening skills here so practice using summary and reflection within your questioning.
- ✓ Students often find it helpful when practicing taking history’s to note down a mnemonic once they first enter the station. This can then be used as a guide/prompt for key consideration of key aspects to be considered within the consultation.
- ✓ Review the notes on physical examination of all of the systems and consider what you should include in an examination for the different potential presentations.
- ✓ The baseline text for physical examination is the latest edition of Bates’ Guide to Physical Examination and History Taking and students are advised to refer to this throughout their preparation for the OSCE’s.
- ✓ For any physical examination, you may have a patient with a ‘real life’ abnormality and you will be expected to inform the examiner of your findings. (e.g. a patient that has adventitious respiratory sounds or a hearing deficit, or a scar on their abdomen).
- ✓ You will need to be able to recall the normal findings expected during examination of the systems. You should also prepare to be able to explain what abnormal findings could be elicited and what these might mean in terms of differential diagnoses.
- ✓ Revise the key principles to effective communication, health education, explaining a result, decision making, developing a management plan and working with patients experiencing a range of feelings and emotions.
- ✓ Practice these by role playing and discussing possible scenarios with your fellow students and practice facilitator.

- ✓ Develop your familiarity with the format of commonly-used evidence based guidelines, such as NICE Guidance as these will be provided to help your decision making in the results and management stations where appropriate.
- ✓ Some students rush through the stations; so during your practice, time yourself to get a sense of 30 minutes, and how long it is when you are feeling anxious.
- ✓ **ABOVE ALL, PRACTISE, PRACTISE, PRACTISE!** Students who have taken opportunities to practice such as in lunchtimes etc. tend to manage their nerves better and give a more confident performance on the day.

Practice Based Learning Records

As a clinically focused course, there is a requirement that all students provide evidence of their practice based learning activity and progress at regular intervals.

A Practice Based Learning Record is required as part of the assessment for the following modules:

- ⇒ ACP_7_010 Advanced Clinical Assessment Skills
- ⇒ ACP_7_011 Clinical Reasoning and Diagnostic Skills
- ⇒ ACP_7_007 Leadership, Research and Education for Advanced Clinical Practice
- ⇒ ACP_7_012/013/014 Clinical Complexity in Advanced Practice modules (as part of the Clinical Portfolio requirements)

Each module has a specific format for the information that needs to be submitted. The document will be provided at the start of each module as a document to download from the VLE.

PLEASE NOTE: The **Non Medical Prescribing module** has its own arrangements for recording practice based learning, including a learning log to account for 78 hours. (Pharmacists need to complete 90 hours). These will apply when students undertake the NMP course as part of their studies.

This evidence takes the form of a Practice Based Learning Record comprising of three elements:

- 1. Certified Clinical Hours**
- 2. Key Practice Based Learning Objective**
- 3. Student Progress Evaluation with general and specific feedback**

Information on each of these elements is provided in the next section.

The Practice Based Learning Record must be submitted at the same time as the module assessment is completed. The date will be specified on the Moodle site. It is very important

to ensure that you allow sufficient time to have all aspects signed off before this date.

Following submission, each Practice Based Learning Record will be reviewed by the Course Director or Module Leader and externally moderated. It will be awarded a Pass or Fail. Where a student is unable to provide a suitable and complete record for a module, this will be noted as a fail for this element and for the module overall. This decision will be considered as part of the students profile at the Award and Progression Exam Board. Where a retrieval opportunity is agreed, the student will be required to provide a suitable and complete record before they can progress to the next year or complete their overall award.

Any queries should be directed to the Module Leader or Course Director.

ELEMENT 1: Certified Clinical Hours

You are required to complete certified clinical hours as an RCN Accredited course to demonstrate time has been spent undertaking appropriate learning activities. The total number of supervised clinical hours over our course must be a **minimum of 648 hours** which is divided into **Direct and Indirect supervised hours** as follows:

DIRECT SUPERVISION

This comprises of a minimum of 36 hours (the equivalent of three hours per week) of protected clinical development time that should take place during the specified module.

During these hours, you should have direct access to your Practice Facilitator or other Senior experienced competent clinician at all times. The specified minimum number of hours takes account of potential time off for sickness and holidays, however we anticipate that the majority of students will actually be able to provide evidence of completing more than the minimum number of hours within each academic semester.

These hours can be signed off by other Senior Experienced Clinicians but must be signed off overall by the Practice Facilitator.

The format for this evidence therefore takes two forms according to who is signing you off as illustrated on the next pages:

CERTIFIED CLINICAL HOURS: EXAMPLE

Student Name:

MODULE: Advanced Clinical Assessment Skills (MINIMUM 36 Hours in total)

Direct Supervision from PRACTICE FACILITATOR

Date	Number of hours	Detail of the activity (eg sitting in observing, one to one tutorial, patient consultation)	Types of patients seen or discussed, presentations etc	Student Initials & date	PF Initials & date
<i>5/6/18</i>	<i>3 hours</i>	<i>Observing my PF seeing booked patients in heart failure clinic. Afterwards discussed heart sounds in one to one tutorial.</i>	<i>Took opportunity to take a history and conduct a cardiac examination for a 65 year old gentleman who was attending for review of his treatment plan. Heard S3, found displaced apex and palpated an enlarged liver</i>	<i>AA 5/6/18</i>	<i>JB 5/6/18</i>
RUNNING TOTAL	<i>3 hours</i>				

Signed (student)----- Date -----

Signed (Practice Facilitator)----- Date -----

CERTIFIED CLINICAL HOURS: EXAMPLE

Student Name:

MODULE: Clinical Complexity in Advanced Practice (Primary and Urgent Care)

Direct Supervision – BY SENIOR EXPERIENCED CLINICIAN (included in 36 hours)

Date	Number of hours	Detail of the activity (eg sitting in observing, one to one tutorial, patient consultation)	Types of patients seen or discussed, presentations etc	Student Initials & date	Clinician Initials & date
12/6/18	2 hours	Visited Physiotherapy department within area of work and observed and carried out assessment of patients with neck and back problems under supervision of physiotherapist. Discussed normal and abnormal findings.	Saw 49 year old man with parathesia in both hands due to torticollis Saw 89 year old man with cervical spondylosis Saw 35 year old woman who had injured lumbar spine lifting at work and has now has sciatica	AA 12/6/18	TT 12/6/18
RUNNING TOTAL	2 hours				

Signed (student)----- Date -----

Name of Senior experienced clinician.....

ProfessionQualifications

Medical Level / Band

Contact telephone number and email.....

Date and Signature :Date

INDIRECT SUPERVISION HOURS

This comprises the clinical hours that you are employed to work in a clinical setting (in addition to the protected clinical development time).

This must be a minimum of 180 hours (equivalent to 15 hours per week) and these hours must be signed off by your line manager/employer.

This is verified by completion of the following with your Practice Based Learning Record of Evidence:

Evidence of Employment – indirect supervision:

I can confirm that (*enter student name*) has been working in clinical practice for 15 hours per week for a minimum of 12 weeks when undertaking the module.

Total number of indirectly supervised hours = [minimum of 180 hours]

Signed (employer or line-manager)----- Date-----

Print name----- Designation-----

Employer contact details or stamp:

ELEMENT 2: Key Practice Based Learning Objective

As experienced healthcare professionals, learning needs will vary from one student to another and depend on the setting in which you are working. **You should choose a minimum of ONE key personal objective according your priorities for learning at each stage of the course.** This does not necessarily need to tie in with the module that you are studying and can relate to your clinical or professional development. The objective should be made as realistic and specific as possible. For example, *“To be able to conduct a systematic cardiac examination using an accurate technique and identify normal from abnormal findings”* is better than *“To examine hearts”*.

You are also recommended to use this element to develop the bespoke specific knowledge and skills you need to expand the scope of your practice within your work setting. For example this could focus on completing IM(E)R training and developing your ability to request and interpret clinical imaging, learning to take and assess arterial blood gases, learning to use and interpret spirometry, read ECG’s, arterial line insertion and other technical aspects etc.

The proforma includes a section for self-reflection on your progress and also a section for feedback from your Practice Facilitator. These sections must be completed when the record is submitted.

KEY PRACTICE BASED LEARNING OBJECTIVE: EXAMPLE

Year: 1 Semester: 2

MODULE: Clinical Reasoning and Diagnostic Skills

Student’s Name AA.....

Practice Facilitator’s NameDr Bloggs.....

Date of Objective setting and discussion: ...15/12/18.....

KEY OBJECTIVE	<i>To become more proficient in leading the daily ward round through making more independent decisions</i>
Today in discussion with my Practice Facilitator I have decided that I will do this by:	<p>List proposed learning activities to achieve this objective :</p> <ol style="list-style-type: none"> 1. <i>Discuss taking an active leading role during ward rounds with line-manager to develop proficiency and confidence through experience</i> 2. <i>Accompany Practice Facilitator on “on-calls” to gain opportunity to assess a variety of acute presentations under direct supervision</i> 3. <i>Undertake history taking and examination of new presenting patients to unit and make decisions re next steps under guidance from PF and appropriate senior members of the team</i> 4. <i>Attend trauma calls to broaden skills in assessing acutely unwell patients – use these presentations to later reflect on management plans for these groups</i>

KEY PRACTICE BASED LEARNING OBJECTIVE CONTINUED:

Student's Name:**REVIEW DATE:** _____

<p>Self-evaluation (Did I fully or partly achieve this objective? If not why not? How am I going to achieve this goal now?)</p>	
<p>Feedback from Practice Facilitator on learning activities that have taken place and degree to which key objective has been achieved</p>	
<p>Plans for next steps :</p>	

Signed by (Student)

Signed by(Practice Facilitator)

ELEMENT 3: Student Progress Evaluation

The Course teaching team, assess clinical competence within the University through use of OSCEs, a case study, a scenario based exam and a portfolio.

However we require feedback from your **Practice Facilitator** and where appropriate, other experienced senior clinicians, to ensure that your clinical and professional practice is at the level we would expect for each stage of the course.

This takes the form of general feedback on a template with the following headings:

- Student motivation and interest, interpersonal skills, professional attitudes and values
- Availability of clinical experience
- General issues: understanding of informatics, use of evidence based practice, health and safety procedures, time management
- Students standard of documentation
- Student and Practice Facilitator reflection on overall summary of progress to date and action plan for next steps

And specific feedback on aspects of practice as summarised below:

MODULE	ASPECTS FOR SPECIFIC FEEDBACK
ACP_7_011 Advanced Clinical Assessment Skills	Evidence of competence related to: <ul style="list-style-type: none"> ⇒ Comprehensive history taking skills ⇒ Examination of Ear, Nose and Throat and Sinuses ⇒ Examination of Thyroid ⇒ Examination of the lymph nodes ⇒ Examination of Respiratory system ⇒ Examination of the Cardiac and Peripheral vascular systems ⇒ Examination of the Neurological system including cranial nerves ⇒ Examination of the Abdominal system ⇒ Examination of Back ⇒ Examination of Eyes This will be assessed from Direct Observation of the activity recorded on a Course DOPs form by the Practice Facilitator or

	<p>a senior experienced clinician (who will provide details of their qualification, training, experience and contact information to enable verification if needed). Information on our expectations for each aspect is provided as guidance in the Practice Based Record document for the module. These are based on the history taking and physical examination outlines provided in Appendix III and IV. They are also informed by Bickley in Bates' Guide to Physical Examination and History Taking (2017) and relevant NICE guidance. The rating system follows with minimum specified. An example follows.</p>
<p>ACP_7_011 Clinical Reasoning and Diagnostic Skills</p>	<p>Evidence of competence related to:</p> <ul style="list-style-type: none"> ⇒ Consultation and effective therapeutic communication with a patient presenting with depression ⇒ Assessment and management of a patient with a common respiratory problem ⇒ Assessment and management of a patient with a common cardiovascular problem ⇒ Assessment and management of a patient with a common gastrointestinal problem ⇒ Assessment and management of a patient with a common neurological problem ⇒ Assessment and management of a patient with a common dermatological problem <p>This will be assessed by the Practice Facilitator or a senior experienced clinician and student using a course Mini CEX form (Mini Clinical Examination). An example follows in the Appendices.</p>
<p>ACP_7_007 Leadership, Research and Education for Advanced Clinical Practice</p>	<p>Evidence of competence should be provided on the following templates related to:</p> <ul style="list-style-type: none"> ⇒ Assessment and management of a patient with a common eye problem ⇒ Assessment and management of a patient with a common ear, nose or throat problem ⇒ Assessment and management of a patient with a common respiratory problem ⇒ Assessment and management of a patient with a common cardiovascular problem

	<ul style="list-style-type: none"> ⇒ Assessment and management of a patient with a common gastrointestinal problem ⇒ Assessment and management of a patient with a common neurological problem ⇒ Assessment and management of a patient with a common renal problem ⇒ Assessment and management of a patient with a common musculoskeletal problem ⇒ Assessment and management of a patient with anxiety ⇒ Assessment and management of a patient with confusion. (Can be due to physical or psychological cause) ⇒ Delivery of care to a patient in an urgent/ emergency situation ⇒ Delivery of care to a patient with at least one long term condition <p><i>NOTE – the presentation/diagnosis should be different to the one that you used for the Clinical Reasoning module.</i></p> <p>This will be assessed by the Practice Facilitator or a senior experienced clinician and student using a course Mini CEX form (Mini Clinical Examination).</p> <p>The rating categories, with minimum level required, are provided for each area.</p>
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COMPLEXITY MODULES	ASPECTS FOR SPECIFIC FEEDBACK using a combination of a <u>detailed</u> course Mini CEX form and a course Case Based Discussion form (CbD) (See the Appendices for examples)
ACP_7_012 Clinical Complexity in Advanced Practice (Primary and Urgent Care)	<p>Evidence of competence related to:</p> <ol style="list-style-type: none"> I. Assessment and management of a patient with each of the following: <p><i>NOTE – the presentation/diagnosis should be different to the one that you used for the Clinical Reasoning and</i></p>

	<p><i>Leadership modules.</i></p> <ul style="list-style-type: none"> ⇒ respiratory problem ⇒ cardiovascular problem ⇒ gastrointestinal problem ⇒ neurological problem ⇒ musculoskeletal joint problem ⇒ endocrine problem ⇒ dermatological problem ⇒ eye problem ⇒ female patients presenting with genito-urinary /sexual health problem ⇒ male patients presenting with genito-urinary /sexual health problem <p>II. Assessment and appropriate and timely referral of a patient exhibiting a mental health problem</p> <p>III. Delivery of care in urgent/emergency situations</p> <p>IV. Assessment and management of a patient with a complex presentation requiring collaborative multidisciplinary input</p>
<p>ACP_7_013 Clinical Complexity in Advanced Practice (Emergency Care)</p>	<p>Evidence of competence related to:</p> <p>I. Delivery of care in <u>three</u> of the following emergency life threatening major presentations: anaphylaxis, cardio-respiratory arrest, septic patient, shocked patient, unconscious patient</p> <p>II. Assessment and management of patients with each of the following acute presentations:</p> <ul style="list-style-type: none"> ⇒ Abdominal pain ⇒ Breathlessness ⇒ Chest pain ⇒ Head injury ⇒ Severe Mental health problems <p>III. And <u>five</u> of the following acute presentations:</p> <ul style="list-style-type: none"> ⇒ Collapsed adult ⇒ Confused older person

	<ul style="list-style-type: none"> ⇒ Back, neck and joint injury and pain ⇒ Rash / burns ⇒ Diabetic Ketoacidosis (DKA) ⇒ Dysuria ⇒ Gynaecological/Women’s health problems (Pelvic pain, vaginal bleeding, ectopic pregnancy, pelvic inflammatory disease, sexually transmitted infections) ⇒ Men’s health problems (Testicular pain, prostate problems, sexually transmitted infections) <p>IV. Assessment and management of a patient with a complex presentation requiring collaborative multidisciplinary input</p>
<p>ACP_7_014 Clinical Complexity in Advanced Practice (Acute and Critical Care)</p>	<p>Evidence of competence related to:</p> <ul style="list-style-type: none"> I. Assessment and management of a patient with a complex presentations requiring collaborative multidisciplinary input II. Assessment and management of patients with each of the following: <ul style="list-style-type: none"> ⇒ Pneumonia ⇒ Exacerbation of COPD or asthma ⇒ Heart Failure ⇒ Arrhythmias ⇒ Acute Coronary Syndrome ⇒ Acute Kidney Injury ⇒ Acute abdomen ⇒ Trans Ischaemic Attack or Stroke ⇒ Diabetic ketoacidosis or hypoglycaemia ⇒ Sepsis ⇒ Shock ⇒ Mental health problem (eg post-traumatic stress disorder for critical care)

APPENDICES

- I. Example of Practice Facilitator Nomination Form
- II. Example of a Learning Contract
- III. OPQRSTU Framework
- IV. Differential diagnosis Mnemonic VITAMINS C, D &E
- V. Assessment of history taking skills
- VI. Physical Examination Outline – Adult and JACCOL
- VII. Summary of Cranial Nerve Assessment
- VIII. Clinical Experience Record
- IX. Learning Visit Record
- X. Example for “Advanced Clinical Assessment Skills” module: DOPS (Direct Observation of Practical Skills)
- XI. Example for “Clinical Reasoning and Diagnostic Skills” module: Mini-clinical evaluation exercise (mini-CEX)
- XII. Example from “Clinical Complexity in Advanced Practice (Emergency care)” module: Mini CEX
- XIII. Example from “Clinical Complexity in Advanced Practice (Emergency care)” module: Case-based Discussion (CbD)
- XIV. Clinical Practice Learning Environment Profile



**MSc ADVANCED CLINICAL PRACTICE (ADULT)
PRACTICE FACILITATOR NOMINATION FORM**

The Practice Facilitator must be either a:

- I. A qualified Doctor (GP or Registrar Level in hospital setting) or
- II. An Advanced Nurse Practitioner or an Advanced Clinical Practitioner who has successfully completed a minimum of an RCN Accredited BSc NP or a PgDip ACP or ANP award at least 2 years ago

For both, they need to have been working in the same organisation and setting as the student for a minimum of one year.

STUDENTS NAME	
PRACTICE FACILITATORS NAME	
PRACTICE FACILITATORS WORK ROLE	
PRACTICE FACILITATORS WORK ADDRESS	
CONTACT TEL. NUMBER	
CONTACT E MAIL	
Medical Level / AfC Band	
Length of time working in the practice setting	
Professional registration details	
Qualifications and academic awards	
Prior experience in supporting student learning	

I can confirm that I am happy to act in this capacity for this student during her/his studies on the Advanced Clinical Practice course.

SignedDate



**London
South Bank
University**

MSc Advanced Clinical Practice (Adult)

LEARNING AGREEMENT

This Learning Agreement summarises the main responsibilities of the student, the employer and the University. Please keep a copy for future reference in your Course Portfolio.

Name of Student	
Health care organisation	
Clinical area	
Host University	London South Bank University
Name of Line Manager	
Name of Practice Facilitator	

We confirm that the course of study for this student has been planned and agreed:

University Course Director signature:

Date:

I confirm that the student will be supported both in the clinical practice through assigning of a Practice Facilitator and other suitable clinical supervision arrangements and in academic practice through allocation of appropriate study leave.

Line Manager signature:

Date:

I confirm that I will attend all timetabled activities punctually and explain absence or lateness, take responsibility for my own learning, completing all assignments on time and to the best of my ability, seek and accept support from my Practice Facilitator for assessment of my clinical competencies. I will inform the Course Director of any issues that impact on my ability to study and make successful progress on the course.

Student's signature:

Date:

I confirm that I will supervise, support and assess the student in the clinical work as detailed in the Practice Based Learning Handbook. I have noted my role and responsibilities.

Practice Facilitator signature:

Date:

OPQRSTU FRAMEWORK

This should be used to thoroughly explore the presenting complaint and history of the presenting complaint.

We recommend that you copy this and keep it in front of you to use as a prompt during all of your consultations until memorized.

Elicit all of the following during the consultation:	
O	<ul style="list-style-type: none"> • Onset – how and when? Gradual/Sudden?/Preceding health/circumstances • Other people affected - by similar symptoms or impact of patients condition
P	<ul style="list-style-type: none"> • Provocative - what makes the presenting complaint worse? • Palliative – what makes presenting complaint better? • Pain - to identify if they have pain, when pain is not the presenting complaint
Q	<ul style="list-style-type: none"> • Quality <ul style="list-style-type: none"> - descriptors of symptoms eg sharp, ache, feelings of despair - colour (where appropriate) eg of sputum or vomit or bowels • Quantity <ul style="list-style-type: none"> - number of episodes - volume eg of sputum or blood
R	<ul style="list-style-type: none"> • Region • Radiation • Recurrence – previous episodes of same or similar • RED FLAGS – unintentional weight loss / gain and fever <u>and</u> exploration of those red flags relevant to the presentation, change in appetite, bowel habit etc.
S	<ul style="list-style-type: none"> • Severity as score 0-10 • Severity - impact on normal activities of daily living • Symptoms – Explore other symptoms which may be associated with presenting complaint or suggest other co-morbidities
T	<ul style="list-style-type: none"> • Timing <ul style="list-style-type: none"> - pattern eg episodic, constant, duration - related to time of day, sleep, meals, work, activities, month, seasonal, annual, menstrual cycle • Trajectory <ul style="list-style-type: none"> – is presenting complaint overall getting worse or better? Following projected course? • Treatment – anything they have tried themselves or been given if consulted for same problem before • Triggers - to presenting complaint / specific symptoms
U	What do <u>you</u> think it is? – patients Ideas, Concerns and Expectations, Effects and Feelings

ASSESSMENT OF HISTORY TAKING SKILLS

This grid provides details of the elements that we would expect you to explore when taking a comprehensive history from a patient. You should download this and have it available to you throughout your clinical practice as a guide. Use it gain feedback from your Practice Facilitator or other relevant parties on your history taking skills. Repeat the exercise at different stages of the course to review your progress.

	Done	Not done correctly	Omitted
OVERALL APPROACH			
General approach to patient (warmth, empathy, introduces self)			
Approach is client-centred, uses open questions, listens and explores appropriately			
Uses a systematic approach to history taking and exploring the nature and history of the presenting complaint			
ASSESSES			
Presenting problem including use of O P Q R S T U – Ideas, Concerns, Expectations (ICE)			
Red Flags			
Review of systems			
Current health status including long term conditions			
Past medical history of similar and other conditions			
Current medication, understanding and adherence (including OTC, herbal preparations, contraception, internet, POM, creams, injections, inhalers etc)			
Sexual health (where appropriate)			
Menstrual history and LMP (where appropriate)			
Allergies			
Family history			
Lifestyle (incl. smoking, alcohol, exercise, drug use) Travel			
Psychosocial history – home circumstances, relationships, work, daily activities, outlook on life, coping mechanisms, effect on Activities of Living			

PHYSICAL EXAMINATION OUTLINE - ADULT

This outline is used in **Skills Workshop** to provide a structured and thorough approach to physical examination of adults. It can be used for scoring the student's and examiner's demonstration of exam techniques and serves as a write up guide to follow when recording physical exam findings.

GENERAL SURVEY - Observe throughout contact. [Some overlaps with Mental Status]

- ⇒ **APPEARANCE** - health status, colour, stature, sexual development, weight, posture, dress, grooming, hygiene, odours
- ⇒ **ACTIVITY** - gait, motor activity, expression, speech (voice – CN IX Glossopharyngeal & CN X Vagus)

MENTAL STATUS

- ⇒ **Observe and interview to assess consciousness, thought processes, general coherence, interactions, mood and behaviour**
- ⇒ **Orientation**
Where are we (Country) (county) (town) (clinic) (floor), what is the (year) (season) (date) (day) (month)
- ⇒ **Registration**
Name 3 objects: 1 second to say each. Then ask the patient to repeat all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record.
- ⇒ **Attention and calculation**
Serial 7's. 1 point for each correct answer. Stop after 5 answers.(100, 93, 86, 79, 72)
Alternatively spell "world" backward.
- ⇒ **Recall**
Ask for the 3 objects repeated above. Give 1 point for each correct answer
- ⇒ **Language**
Name a pencil and watch.
Repeat the following "No ifs, ands, or buts".

- ⇒ **Follow a 3-stage command:**
"Take a paper in your hand, fold it in half, and put it on the floor."
Read and obey the following: CLOSE YOUR EYES
Write a sentence.
- ⇒ **Consciousness**
Assess level of consciousness along a continuum _____
AVPU/ GCS

OR USE OF GPCOG PATIENT EXAMINATION OR CRITERIA DEPENDING ON YOUR AREA

VITAL SIGNS AND MEASUREMENTS deferred in classroom demonstration and scoring. Include temperature, pulse, respiratory rate, blood pressure (repeated if questionable) peak flow/PEFR and O2 sats where available. Measurement of height and weight (Body Mass Index) compared to normal range.

- ⇒ **SKIN** - Inspect and palpate for colour, jaundice, skin mottling, vascularity, temperature, texture, turgor, elasticity, moisture and absence of lesions and rashes. Assessment is integrated throughout examination.
- ⇒ **HAIR** - colour, texture and distribution on head and body
- ⇒ **NAILS** - colour, deformity, clubbing, lesions, splinter hemorrhages, nail fold infarct and capillary refill
- ⇒ **HANDS**- Observe for nicotine stains, palmar erythema, Janeway lesions/Osler nodes, thenar wasting, Heberdens nodes, swan neck deformities, ulnar deviation, Dupuytren's contractures and check for liver flap

- ⇒ **HEAD & FACE** - Inspect and palpate skull and scalp parting hair and noting shape, contour, symmetry and absence of lesions, wounds, cysts
Inspect face and palpate for size, shape, symmetry, and notable characteristics- palsy,
- ⇒ **FACE** at rest and in movement (smile, frown, wrinkle forehead) (CN VII Facial)
- ⇒ **JAW** - clench, open, side-to-side (CN V Trigeminal) and TMJ for tenderness, crepitus

- ⇒ **EYES** - Inspect for placement and symmetry.
- ⇒ **ACUITY** - using Snellen, or gross reading ability, and colour vision – Ishihara charts (CN II Optic)
- ⇒ **VISUAL FIELDS** - by confrontation, 4 fields of each eye, seated, 1 metre apart with hand swap (CN II).
- ⇒ **EOMs** Check ocular alignment - Inspect the reflections in the corneas
Note **extraocular movements** as being conjugate in 6 cardinal fields of gaze plus convergence and no more than 3 beats of nystagmus on lateral gaze (CN III Oculomotor, CN IV Trochlear, CN VI Abducens).
- ⇒ **EXTERNAL** - inspect lashes, brows, lids, (CN III, IV, VI) lacrimal apparatus, Xanthelasma, sclerae, conjunctivae-, pallor, jaundice, inflammation, irises, and corneas-corneal arcus, Kayser-Fleischer rings. Corneal reflex (CN V & VII) deferred in class.
- ⇒ **PUPILS** - note size, shape, pupillary reaction to light, (direct and consensual) and accommodation (PERRLA) (CN III, II)
- ⇒ **FUNDOSCOPY** - use ophthalmoscope to inspect red reflex, lens (opacity), optic disc and cup (colour and size), retinal blood vessels (AV ratio, size and crossings), background, macular area (CN II Optic)

EARS

- ⇒ **ACUITY** - audiometric measurements or whispers (CN VIII Acoustic)

- ⇒ **WEBER, RINNE** using tuning fork (512Hz) to check for absence of abnormal lateralisation (Weber) and for normal finding of air conduction being greater than bone conduction (Rinne) AC > BC (CN VIII)
- ⇒ **EXTERNAL** - inspect and palpate auricle, tragus and mastoid both ears
- ⇒ **CANALS** - inspect externally and internally (using auroscope), for shape, size and patency, debris, wax, exudates, lesions or inflammation.
- ⇒ **EARDRUMS** - using auroscope, inspect tympanic membranes for landmarks (cone of light, umbo, long and short processes of malleus), colour, intactness and margins of annulus and pars tensa/flaccida

NOSE

- ⇒ **SENSE OF SMELL** - assess patency then ability to identify odours such as coffee and cloves one side at a time (CN I Olfactory)
- ⇒ **EXTERNAL** - inspect for size and shape
- ⇒ **INTERNAL** - inspect internal septum, membranes, hydration and turbinates, polyps
- ⇒ **SINUSES** - palpate frontal and maxillary areas for absence of tenderness

MOUTH

- ⇒ **TASTE** - verbalise assessing posterior third of tongue bilaterally for bitter (CN IX Glossopharyngeal) and then anterior two thirds bilaterally for sweet, salty, sour and bitter (CN VII)
- ⇒ **EXTERNAL** - lips for colour and shape- angular cheilitis , lesions, hydration
- ⇒ **TEETH** - number, position and occlusion and gingiva
- ⇒ **BUCCAL CAVITY** - inspect using tongue depressor noting palate rising on phonation, uvula midline (CN IX & X), palpate Stensen's (parotid) and Wharton's (submandibular) ducts using gloved finger. Gag reflex (CN IX & X) deferred in class.
- ⇒ **TONGUE** - appearance, mobility-fasciculation, (CN XII Hypoglossal), hydration, central cyanosis, ulcers, leukoplakia patches and test for strength (CN XII)
- ⇒ **MUCOSA** - colour and character of mouth and throat, pharynx, pillars and tonsils, check for ulcers.

NECK

- ⇒ **TRACHEA** - in midline (place finger between trachea and sternomastoid on both sides)
- ⇒ **THYROID** - swallow (CN IX & X), locate isthmus and palpate lobes of gland from behind

LYMPH NODES Palpate using pads of fingers and rolling motion noting whether or not nodes are palpable (If so, note size, shape, discrete, regular, mobility, consistency, and absence of tenderness as well as temperature and colour of overlying skin). [Inguinal nodes may be assessed after the abdominal examination]

- ⇒ **HEAD** - occipital and post and preauricular
- ⇒ **JAW** - tonsillar, submandibular, and submental
- ⇒ **CERVICAL** - superficial, posterior and deep
- ⇒ **SUPRA CLAVICULAR** –(including Virchow's node)
- ⇒ **AXILLARY** - anterior pectoral, posterior or subscapular, central and lateral
- ⇒ **EPITROCHLEAR**- above elbows below medial biceps

THORAX AND LUNGS

Assess anteriorly then posteriorly with client sitting if possible. For posterior exam have client cross arms over chest.

- ⇒ **INSPECTION** - size, shape and symmetry (respiratory type at rest and movement), lesions, scars; AP to lateral ratio, and respiratory effort – tracheal tug, intercostal and subcostal recession.
- ⇒ **PALPATION** - Note characteristics of underlying tissues. Chest expansion (anteriorly or posteriorly). Fremitus (**Minimum**-Anteriorly : 2 medial and 1 lateral site both sides together, Posteriorly: 3 medial and 1 lateral site both sides together)
- ⇒ **PERCUSSION** – using left to right comparison (**Minimum**-Anteriorly: 4 medial and 2 lateral sites both sides. Posteriorly: 5 medial and 2 lateral sites both sides) for resonance throughout.
- ⇒ **AUSCULTATION** - using diaphragm of stethoscope, compare sounds at same sites used for percussion. Note sound type (vesicular, broncho-vesicular, bronchial), pitch, intensity, duration in inspiration and expiration; and absence of adventitious sounds (rhonchi, crackles, wheezes, rubs,).

BREASTS No practice in class. If assessed would include:

POSITION - inspect with client's arms at sides, overhead, and hand pressed on hips

TISSUE - inspect and palpate with client supine with hand under neck or pillow under side being examined. Use systematic technique including nipples and tails. Note size, shape, consistency, symmetry, nipples, venous pattern and absence of lesions, tenderness, and discharge or skin changes.

PERIPHERAL VASCULAR

- ⇒ **INSPECT & PALPATE UPPER LIMBS (bilaterally)** – for oedema, colour, vascularity, venous pattern, temperature, texture, turgor, elasticity, moisture, and absence of lesions.
- ⇒ **RADIAL PULSE** and check brachial pulse. Palpate noting amplitude and equality- note left and right radial pulse together for comparison (radial radial pulse) and radial femoral pulse noting any delay.
- ⇒ **CAROTID PULSE** - palpate (one at a time) noting amplitude (grade) contour and equality (symmetry). Auscultate noting absence of bruits. (**with bell and diaphragm**)
- ⇒ **JVP (JUGULAR VENOUS PRESSURE)** - assess vertical height from sternal angle, with patient supine at 30-45%. Demonstrate awareness of using inspiration and hepatojugular reflux to aid visualisation.
- ⇒ **INSPECT & PALPATE LOWER LIMBS (bilaterally)**– for swelling, oedema, tenderness, colour, vascularity, varicosities, temperature, venous pattern, pigmentation, hair distribution, texture, turgor, elasticity, moisture, and absence of lesions.
- ⇒ **FEMORAL PULSE** - palpate noting amplitude and equality. Auscultate noting absence of bruits-(bell)
- ⇒ **POPLITEAL** - palpate noting amplitude and equality
- ⇒ **POSTERIOR TIBIAL** - palpate noting amplitude and equality
- ⇒ **DORSALIS PEDIS** - palpate noting amplitude and equality
- ⇒ **CARDIOVASCULAR**

- ⇒ **INSPECTION** - using tangential light assess position of apical impulse. Note absence of lift and heaves.
- ⇒ **PALPATION** – note absence of lifts, heaves and thrills. Identify location of apical impulse noting amplitude, diameter, duration, awareness of special manoeuvre to illicit nature of apex beat (lie on left side) .
- ⇒ **AUSCULTATION** - listen with bell and diaphragm of stethoscope at right 2nd intercostal space (aortic), left 2nd interspace (pulmonary), left 3rd interspace, left 4th and 5th interspaces at lower left sternal border (tricuspid), and the apex (mitral area) at 5th left interspace 7-9cm from midsternal line. Note character of S1 and S2, presence or absence of splits, S3, S4, murmur, click, snap or rub,
- ⇒ **SPECIAL MANOEUVRES** - Client rolls partly toward the left side - listen with bell at apical impulse (for mitral murmurs). With client sitting and leaning forward ask them to exhale and hold breath - listen with diaphragm along 3rd, 4th and 5th left sternal border and at apex (aortic murmurs).

ABDOMEN [Use techniques in different order than that used for other systems].

- ⇒ **INSPECTION** - using tangential light –looking from all angles, shape, symmetry, contour, movement, umbilicus, and absence of scars or hernias or ascites, Cullens, Grey Turners sign, spider naevi.
- ⇒ **AUSCULTATION** - noting frequency and equality of bowel sounds in all 4 quadrants, absence of bruits from vessels (iliac and renal arteries and aorta-using bell)
- ⇒ **PERCUSSION** – 9 regions for general tympany, gastric air bubble, and bladder. Percuss and measure liver span at right midclavicular line.
- PALPATION**- over 9 regions
- ⇒ **LIGHT** – over aorta noting pulsation and width, and then generally for absence of masses or tenderness,
- ⇒ **DEEP** - for absence of masses, tenderness, guarding and organomegaly
- ⇒ **SPECIAL MANOEUVRES** including rebound tenderness, Rovsing’s sign, psoas, obturator, Murphy’s sign
- ⇒ **BIMANUAL ORGANS** (liver and spleen) – starting below umbilicus -noting absence of enlargement. (If palpable note size, consistency, irregularities, tenderness).
- ⇒ **KIDNEYS**-bimanual palpation for size and tenderness, and testing for CVA tenderness - indirectly costovertebral angle both sides
- ⇒ **INGUINAL** - lymph nodes horizontal and vertical. Note absence of femoral, inguinal and umbilical hernias.

GENITALIA AND RECTAL Deferred in demonstration and class practice.

Pelvic examination (involving inspection and palpation of the vagina, cervix and rectum and palpation of the uterus and adnexae) is not taught in this class because developing skills requires one-to-one supervision during practice on live models. Male and female external examinations and rectal examinations should be practiced in appropriate clinical situations. Inspection and palpation of the external female genitalia includes the vulva, perineum and anus. Inspection and palpation of the male genitalia includes the penis, scrotum, testes, perineum, anus, inguinal canal and prostate during rectal exam.

MUSCULOSKELETAL and NEUROLOGICAL SYSTEM

Includes assessment of MENTAL STATUS (reviewed earlier and throughout the examination) and CRANIAL NERVES (assessed in head and neck examination and during sensory examination).

NECK

- ⇒ **INSPECT & PALPATE** - for size, shape, symmetry
- ⇒ **ROM** – note range of motion through flexion, extension, rotation, and lateral flexion.
- ⇒ **STRENGTH** - assess turning face and shrug against resistance (CN XI Spinal Accessory).

BACK

- ⇒ **INSPECT** – posture and profile (from side, behind and on bending) noting symmetry and absence of curves, deformities -scoliosis, kyphosis, lordosis, swelling, redness (msk) noting body position, muscle bulk and tone, involuntary movements (neuro).
- ⇒ **PALPATE** – vertebra and surrounding musculature noting absence of tenderness, deformities, swelling, heat.
- ⇒ **ROM** - stabilise pelvis and assess range of motion through flexion, extension, rotation, and lateral flexion. Note symmetry. **Passive** straight leg raise test, dorsiflexion

UPPER LIMBS

- ⇒ **INSPECT & PALPATE** – noting symmetry, absence of deformities, atrophy, redness, swelling, tenderness, crepitus (MSK) body position, muscle bulk, tone and involuntary movements (neuro).
- ⇒ **ROM** – note range of motion, active if possible, for: **Shoulders** (abduction, adduction, internal rotation, external rotation, signs of instability,); **Elbows** (flexion, extension, pronation, supination); **Wrists** (flexion, extension, ulnar deviation, radial deviation); **Fingers** including PIP and DIP joints (flexion, extension, abduction, adduction, opposition of thumb).
- ⇒ **UPPER LIMB STRENGTH** - assess range of movement against resistance for: **Shoulders** (abduction, adduction, medial and lateral rotation) **Elbows** (flexion, extension), **Wrists** (flexion, extension, ulnar deviation, radial deviation), **Hands** (grip), and **Fingers** (abduction, opposition of thumb, finger grip)

LOWER LIMBS

- ⇒ **INSPECT & PALPATE** – noting symmetry, absence of deformities, atrophy, redness, swelling, tenderness, crepitus (MSK), body position, muscle bulk, tone and involuntary movements (neuro).
- ⇒ **ROM** – note range of motion, active if possible, for: **Hips** (flexion, extension, abduction, adduction, internal rotation, external rotation); **Knees** flexion, extension, signs of instability; valgus, varus (collateral ligaments) stress test, Anterior and posterior drawer test-(anterior cruciate ligament / posterior cruciate ligament); **Ankles** (dorsiflexion, plantar-flexion, inversion, eversion); **Toes** (flexion, extension).

- ⇒ **LOWER LIMB STRENGTH** - assess range of movement against resistance for **Hips** (flexion, adduction, abduction, extension), **Knees** (extension, flexion) and **Ankles** (dorsiflexion and plantar flexion, inversion, eversion), **Toes** (flexion, extension).

COORDINATION

- ⇒ **GENERAL & GAIT** – assess as client walks away from and towards examiner, tandem walk and walking on toes then heels, hop on alternate legs and shallow knee bends.
- ⇒ **ROMBERG TEST** - note stability (protect from falling) followed by pronator drift
- ⇒ **RAPID ALTERNATING MOVEMENTS** of hands and feet
- ⇒ **POINT-TO-POINT** - finger to examiner's finger then client's nose (or chin) several times and heel to knee then down shin to ankle on both sides, bilaterally.

SENSORY

- ⇒ **LIGHT** - elicit feelings of light touch using wisp of cotton wool 3 places (3 branches of CN V Trigeminal nerve) on both sides of face, 2 places on both sides of trunk, and 2 on each extremity
- ⇒ **PIN** - elicit feelings of superficial pain (using pin point to stimulate sharp sensation and rounded pin area to stimulate dull sensation for control) 3 places on both sides of face (CN V), 2 places on both sides of trunk, and 2 on each extremity
- ⇒ **VIBRATION** – use 128Hz tuning fork to elicit responses to vibrations at distal joints of hands and feet.
- ⇒ **POSITION SENSE** - holding at sides, move a finger and big toe bilaterally to elicit position sense as up or down.
- ⇒ **DISCRIMINATION** - assess using stereognosis (ability to identify a small object placed in one hand at a time).

REFLEXES

Assess using reflex hammer noting symmetry and grading on a 0-4+ scale with 2+ being average. Use reinforcement (augmentation) if necessary.

- ⇒ **BRACHIAL** - brachioradialis (2.5 - 5cm above wrist) using indirect or direct technique
- ⇒ **BICEPS** - using indirect technique in antecubital space
- ⇒ **TRICEPS** - with arm across body or supported by examiner with lower arm dangling while striking above elbow (direct)
- ⇒ **PATELLAR** – at insertion of patellar tendon (direct)
- ⇒ **ACHILLES** - apply slight stretch by lifting foot to 90 degree angle then strike tendon above heel
- ⇒ **PLANTAR RESPONSE** - using end of reflex hammer, stroke firmly from heel to sole along lateral side of foot continuing across under toes to big toe to elicit toe flexion (Babinski response indicated by dorsiflexion of big toe and fanning)

Another mnemonic

Use as an aid memoire for general assessment
at the start of your physical examination

J **jaundice**

A **anaemia**

C **clubbing**

C **cyanosis**

O **oedema**

L **lymphadenopathy**

SUMMARY OF CRANIAL NERVE ASSESSMENT STRATEGIES

CRANIAL NERVE	MAIN FUNCTIONS	SYMPTOMS / SIGNS OF DAMAGE	Tested by:
1. Olfactory (CN I)	Smell.	Altered smell.	<ul style="list-style-type: none"> • Sniff test
2. Optic (CN II)	Vision.	Visual disturbances. Pupil abnormalities.	<ul style="list-style-type: none"> • Visual acuity & colour. • Visual fields • Fundscopy • Pupils
3. Oculomotor (CN III)	Pupil constriction. Opening the eye. Extraocular movements (EOM).	Pupil abnormalities. Deviations of the eye. Nystagmus. Ptosis.	<ul style="list-style-type: none"> • Symmetry and eye opening, Ptosis? • EOM (down and out) • PERRLA
4. Trochlear (CN IV)	Downward, inward eye movements.	Deviations of the eye. Nystagmus.	<ul style="list-style-type: none"> • EOM (down and in)
5. Trigeminal (CN V)	Motor - temporal / masseter muscles, jaw lateral movement. Sensory - ophthalmic, maxillary, mandibular.	Weak masseter / temporal muscles. Decreased facial sensations. Absence of blinking.	<ul style="list-style-type: none"> • Masseter muscles – jaw clench, resistance to jaw opening, lateral jaw strength • Ophthalmic, maxillary, mandibular test sensation. • Optic - corneal reflex
6. Abducens (CN VI)	Lateral deviation of the eye.	Deviations of the eye. Nystagmus.	<ul style="list-style-type: none"> • EOMs lateral movement

7. Facial (CN VII)	Motor- facial movements, including expression, eye and mouth closing. Sensory- Taste anterior tongue.	Drooping of lower eyelid. Unilateral facial paralysis. Incomplete eyelid closure. Impaired blinking.	<ul style="list-style-type: none"> • Face at rest, frown, screw up eyes, show teeth and puff out cheeks • Taste - anterior 2/3 tongue
8. Vestibulocochlear (CN VIII)	Hearing and balance.	Decreased hearing. Nystagmus.	<ul style="list-style-type: none"> • Hearing – gross, Rinne, Weber • Balance
9. Glossopharyngeal (CN IX)	Motor- pharynx Sensory- eardrum, ear canal, pharynx, taste posterior tongue.	Hoarseness. Pharynx or palate weakness. Asymmetrical palate rising. Decreased gag reflex.	<ul style="list-style-type: none"> • Symmetrical rise of pharynx • Gag reflex • Bitter taste posterior 1/3
10. Vagus (CN X)	Motor- palate, pharynx, larynx. Sensory- pharynx and larynx.	Hoarseness. Pharynx or palate weakness. Asymmetrical palate rising. Decreased gag reflex.	<ul style="list-style-type: none"> • Movement of uvula and position • Swallow • Speech • Sensation pharynx and larynx
11. Spinal Accessory (CN XI)	Motor- Sternomastoid and upper portion of trapezius.	Muscle weakness. Asymmetry of shoulders.	<ul style="list-style-type: none"> • Shoulder shrug • Sterno-mastoid strength - neck turns
12. Hypoglossal (CN XII)	Motor- tongue.	Poor articulation. Impaired tongue movements. Deviated tongue.	<ul style="list-style-type: none"> • Tongue symmetry • Fasciculation • Strength

CLINICAL EXPERIENCE RECORD

It is essential for students on this generic course to have the opportunity to work with a variety of patients of all ages, presenting with a range of problems in the clinical environment.

You should therefore aim to have ALL of the specified areas to the level of ‘Seeing regularly and developing proficiency’ by the end of the course.

To achieve this aim you should:

1. Keep this record with you and tick (or date) the shaded column in the table each time you have a learning experience related to a patient from the different categories.
2. Regularly review your number of interactions and experience of different conditions under each type of presentations and discuss your progress with your Practice Facilitator at intervals throughout the course.
3. Use this information to prioritise and plan your Practice Based Learning activities to broaden the range of your experience and frequency of contacts across all of the areas and age groups.

Student name : _____

Patient Presentation	Overall Number of patients seen (mark each time)	Not seeing sufficient numbers to develop proficiency	Seeing regularly but needing to develop proficiency to reach required level	Seeing regularly but lacking confidence	Seeing regularly, and developing proficiency (to be achieved by end of the course)
<u>Example</u> Skin related complaints	4 patients seen	Eg. Herpes Zoster Psoriasis			Eg. Eczema, wound infection
ENT problems					
Skin related complaints					
Eye problems					
Respiratory complaints					

CLINICAL EXPERIENCE RECORD – continued

Patient Presentation	Overall Number of patients seen (mark each time)	Not seeing sufficient numbers to develop proficiency	Seeing regularly but needing to develop proficiency to reach required level	Seeing regularly but lacking confidence	Seeing regularly, and developing proficiency (to be achieved by end of the course)
Gastrointestinal complaints					
Cardiac related problems, including peripheral circulation					
Musculo-skeletal problems					
Minor Injuries					
Neurological complaints					
Endocrine related complaints					
Woman's health issues incl. Genito-urinary problems					
Men's health issue incl. GU problems					

CLINICAL EXPERIENCE RECORD – continued

Patient Presentation	Overall Number of patients seen (mark each time)	Not seeing sufficient numbers to develop proficiency	Seeing regularly but needing to develop proficiency to reach required level	Seeing regularly but lacking confidence	Seeing regularly, and developing proficiency (to be achieved by end of the course)
Mental health problems					
Haematologic / oncologic related problems					
General health promotion/screening incl. Imms & smears					
Age-related problems:					
▪ Teenager					
▪ Older people					
<i>Additional relevant areas (for your final scope of practice):</i>					

EXAMPLE FOR “ADVANCED CLINICAL ASSESSMENT SKILLS” MODULE

DOPS (Direct Observation of Practical Skills):

Examination of the Respiratory system

Please tick the appropriate box on the scale shown below based on your judgement of the students’ performance in relation to this examination.

Components of Examination	Unsafe Cannot perform this activity	Unsatisfactory Needs constant supervision	Can perform this activity but requires some assistance and supervision to complete all aspects	Can perform activity competently and differentiate abnormal findings but requires help in interpreting their meaning	Can perform activity competently and interpret findings	Confirmed by Assessor Initialled
GENERAL INSPECTION Assesses Rate, Rhythm, Depth, Effort of breathing Face/mouth/eyes for cyanosis, pallor Examines hands for abnormality: clubbing, capillary refill, CO2 retention flap						
POSITION Assess anteriorly then posteriorly with client sitting if possible. For posterior exam have client cross arms over chest.						
INSPECTION Size, shape and symmetry (respiratory type at rest and movement), lesions, scars; trachea position AP to lateral ratio, and respiratory effort, intercostal and subcostal recession.						

PALPATION Notes characteristics of underlying tissues. Chest expansion (anteriorly or posteriorly). Fremitus assessed across the lung fields						
LYMPH NODEs Palpate head, cervical, supraclavicular and axilla nodes						
PERCUSSION Uses left to right comparison across assessing for resonance throughout the lung fields						
AUSCULTATION Uses diaphragm of stethoscope, compare sounds across lung fields. Notes sound type (vesicular, broncho-vesicular, bronchial), pitch, intensity, duration in inspiration and expiration; and absence of adventitious sounds (rhonchi, crackles, wheezes, rubs,).						
DOCUMENTATION Records findings in accurate, clear and systematic manner						

Suggested areas for improvement / development to build on their examination technique?

PF/Senior Experienced Clinician signature	Date
Student's signature	Date

EXAMPLE FOR “CLINICAL REASONING AND DIAGNOSTIC SKILLS” MODULE

MINI-CLINICAL EVALUATION EXERCISE (mini-CEX)

Demonstrating competence in assessment and management of a patient with a common respiratory problem

Student name	
Date of assessment	
Setting for assessment	
Practice Facilitator / Experienced senior clinician name	
Profession / Level / Qualifications	
Contact details (email)	

The student should only complete the shaded areas

Brief summary of case: PLEASE WRITE CLEARLY AND LEGIBLY

Patient age, symptoms, observations, investigations, diagnoses, treatment / management plan and/or referral

Please tick the appropriate box on the scale shown below based on your judgement of the students' performance in relation to this case. Please mark "unable to comment" if you feel you have not observed the behaviour.

	Unable to perform this activity <i>(well below expectation for this stage of course)</i>	Needed assistance to complete key aspects of this activity <i>(below expectation for this stage of course)</i>	Performed this activity safely without assistance but needed some help in accurately recognising the meaning of information and making decisions <i>(Minimum standard required for this stage of course)</i>	Performed this activity safely without assistance and was able to accurately interpret all information gathered and make decisions <i>(Some students may achieve this level depending on the case)</i>	Exemplary proficient performance <i>(well above expectation for this stage of course)</i>	Unable to comment – not observed
History taking						
Physical examination						
Communication						
Clinical Reasoning						
Consideration for patient / Professionalism						
Organisation / efficiency						
Investigations ordered and interpretations						
Diagnoses						
Actions taken						
Application of evidence based practice						
Documentation						
Overall clinical competence and judgement						

Did the student demonstrate appropriate awareness of the boundaries of their knowledge, skills and competence as required by their professional accountability? YES / NO

If no please give your reasoning

What aspects of this encounter were done well?

--

Suggested areas for improvement / development?

--

Agreed actions /learning plan to build on this case

--

Practice Facilitator signature

Date

OR

Senior Experienced Clinician signature

Date

Student's signature

Date

EXAMPLE FROM “CLINICAL COMPLEXITY IN ADVANCED PRACTICE (EMERGENCY CARE)” MODULE

Mini-CEX

Demonstrating competence in delivery of care in an emergency situation life threatening major presentation

Student name	
Date of assessment	
Setting for assessment	
Practice Facilitator / Experienced senior clinician name	
Profession / Level / Qualifications	
Contact details (email)	

The student should only complete the shaded areas.

Detailed information on the case:

Should include presenting complaint, key aspects of assessment, investigation results, diagnoses, actions and outcome for patient

Please type this and attach to the record.

Note: Marks are allocated to this write up in the Clinical Portfolio so it needs to contain sufficient detail to demonstrate that your practice is safe and of the level expected for this stage of the course.

Please tick the appropriate box on the scale shown below based on your judgement of the students' performance in relation to this case. Please mark "unable to comment" if you feel you have not observed the behaviour.

	Unable to perform this activity <i>(well below expectation for this stage of course)</i>	Needed assistance to complete key aspects of this activity <i>(below expectation for this stage of course)</i>	Performed this activity safely without assistance but needed some help in accurately recognising the meaning of some of the information and making key decisions <i>(Minimum standard required for this stage of course)</i>	Performed this activity safely without assistance and was able to accurately interpret all of the information gathered and make independent decisions <i>(Some students may achieve this level)</i>	Exemplary proficient performance <i>(well above expectation for this stage of course)</i>	Unable to comment – not observed
Clinical assessment						
Appropriateness of investigations ordered						
Clinical Reasoning						
Management of critically ill patient						
Communication with patient /relatives						
Organisation / efficiency						
Communication with MDT						
Record keeping						
Overall clinical						

competence and judgement						
--------------------------	--	--	--	--	--	--

Did the student demonstrate appropriate awareness of the boundaries of their knowledge, skills and competence as required by their professional accountability? YES / NO

If no please give your reasoning

In relation to the student's involvement in the case, what aspects did they do well?

Suggested areas for improvement / development?

Agreed actions /learning plan

Student's critical reflection on this case and areas of learning

PF/Senior Experienced Clinician signature

Student's signature

EXAMPLE: Case based Discussion (CbD)

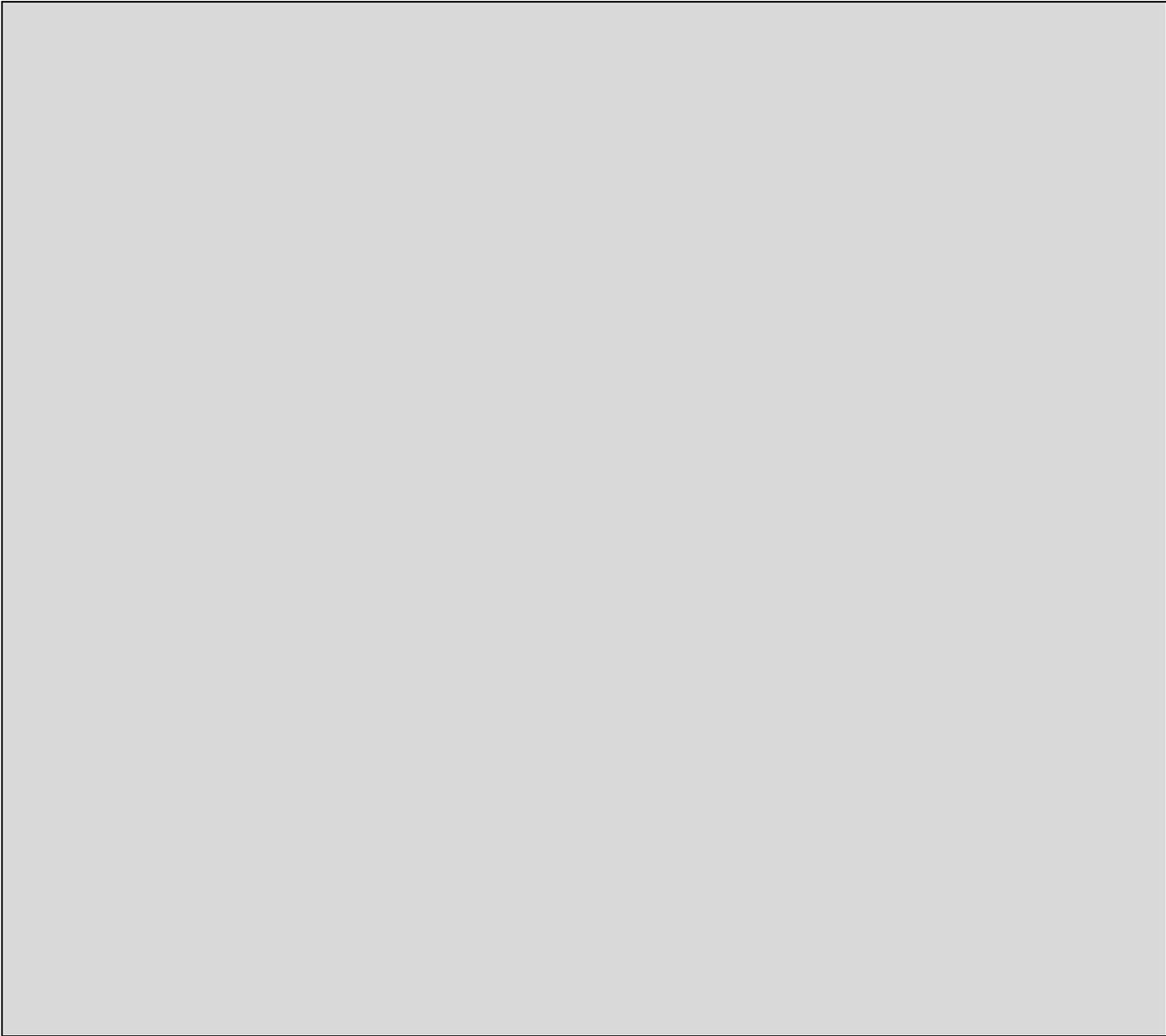
Demonstrating competence in assessment and management of a patient with a complex presentation requiring collaborative multidisciplinary input.

Student name	
Date of assessment	
Setting for assessment	
Practice Facilitator / Experienced senior clinician name	
Profession / Level / Qualifications	
Contact details (email)	

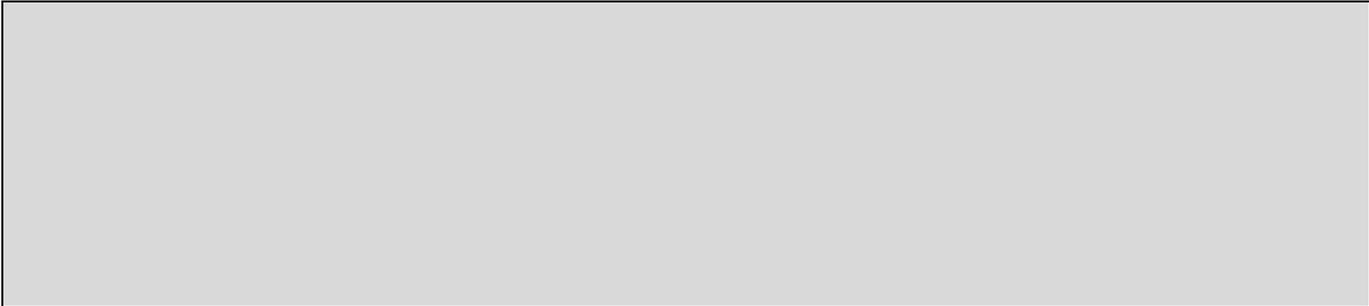
The student should only complete the shaded areas.

Brief summary of case:

Presenting complaint, key aspects of assessment, investigation results, diagnoses, actions



Which members of the Multidisciplinary team were involved in this case? What was their contribution?



Did the student demonstrate appropriate awareness of the boundaries of their knowledge, skills and competence as required by their professional accountability? YES / NO

If no please give your reasoning

In relation to the student's involvement in the case, what aspects did they do well?

Suggested areas for improvement / development?

Agreed actions /learning plan

PF/Experienced Senior Clinician signature

List of elements that made this case complex

Student's signature

School of Health & Social Care

London South Bank University

MSc Advanced Clinical Practice (Adult) [5537/5538]

Clinical Practice Learning Environment Profile

Applicant Name:

MSc Advanced Clinical Practice (Adult)

Clinical Practice Learning Environment Profile

Practice based learning is an integral and essential component of this course. For the majority of students, the bulk of their clinical development will occur within their work place setting. It is therefore important that applicants take the opportunity with their Clinical Line Manager and nominated Practice Facilitator to review the learning environment within the clinical workplace to ensure that it will offer the appropriate opportunities for learning. It is also important to identify actual and potential barriers that could impede development and plan solutions before embarking on this course of study. This profile will support this activity. **Completion and submission of this form is a compulsory requirement for all students entering the MSc Advanced Clinical Practice (Adult) course.**

HOW DO I COMPLETE THE PROFILE?

- Start working through the profile as a joint activity with your Line Manager/nominated Practice Facilitator as soon as you get it
- This can be hand written for ease.
- Put a tick in the most appropriate space after each statement. **Additional comments should be provided to support each decision.**
- Where “No” is indicated, all of these areas should be listed on the final page under “Areas to be improved”. An action plan for each should be set out to ensure that this element will be fully supported at the earliest opportunity
- The document must be fully signed off.
- **The final copy should be sent to Katrina Maclaine (Course Director) at School of Health and Social Care, London South Bank University, 103 Borough Road, London SE1 0AA prior to interview. maclaik@lsbu.ac.uk**
REMEMBER TO KEEP A COPY FOR YOUR OWN RECORDS

Clinical Practice Learning Environment Profile

MAIN EMPLOYMENT

STUDENT NAME:

REGISTERED PROFESSION:

ROLE/TITLE:

HOURS OF EMPLOYMENT:

EMPLOYMENT PATTERN: FT/PT
Shifts?
Nights?

STUDY LEAVE PROVISION:

PRACTICE FACILITATOR NAME:

ROLE/TITLE:

LINE-MANAGER NAME:

Name and address of employing organisation:

Contact details for Line-Manager:

Clinical Practice Learning Environment Profile

MAIN EMPLOYMENT

Type of Clinical Site that you work in (General Practice, Walk-in Centre, Community clinics, patients homes, ED, Urgent Care Centre, acute care, critical care, site practitioner, other secondary care services etc)	Characteristics of patients (gender, age, ethnicity, mobility, housebound etc)	Experiences available (eg emergency, acute and/or long term conditions)

STUDENT's ROLE / TITLE:

Name and address of organisation:

Please indicate:

Hours: **Duration:** Specified period / throughout course **Paid / Honorary Contract ***

*An honorary Contact is needed for students who organise a long-term placement, even if the student is unpaid. This should include clarification regarding indemnity. Most organisations will require the student to have DBS check as part of this arrangement. The team at LSBU cannot organise a placement for a student, however we can provide a letter to validate a student's request to an organisation.

CLINICAL MANAGER (AT THIS CLINICAL SETTING):

Contact details for Line Manager:

Type of Clinical Site that you work in (General Practice, Walk-in Centre, Community clinics, patient's homes, ED, Urgent Care Centre, acute care, critical care, site practitioner, other secondary care services etc	Characteristics of patients (gender, age, ethnicity, mobility, housebound etc)	Experiences available (eg emergency, acute and/or long term conditions)

Characteristic	YES	NO	Comments	Provided by additional employment/ placement
ENVIRONMENT				
Is there adequate space provided for your clinical practice?				
<p>Will there be appropriate clinical equipment available for you to use at all times?</p> <p>NOTE: For physical examination you will need use of the following as a minimum:</p> <ul style="list-style-type: none"> • Quality stethoscope • Auroscope/ ophthalmoscope set • Reflex hammer • Tongue depressor 				
Do you have computer facilities with internet access available to you within your consulting area?				
Are there efficient, reliable verbal and written internal and external communication systems in place?				
In general are you given adequate time to see patients?				

Characteristics	Yes	No	Comments	Provided by additional employment/ placement
Will there be opportunities to extend this time allowance to enable application of new learning in practice on a regular basis?				
PATIENT EXPERIENCE				
<p>Are the types of patients and presenting problems, sufficiently varied to develop the breadth and scope of your practice?</p> <p>NOTE: Our students are expected to gain knowledge, skills and experience that enable them to be competent and confident in assessment of adult male and female patients experiencing acute and long-term common problems related to most systems of the body and across the age span.</p>				

Characteristics	Yes	No	Comments	Provided by additional employment/ placement
Are there strategies in place that actively ensure patient dignity during the daily care provision and teaching activities?				
Are there opportunities to:				
<ul style="list-style-type: none"> • Make comprehensive assessments including physical examination (where appropriate)? 				
<ul style="list-style-type: none"> • Make diagnoses? 				
<ul style="list-style-type: none"> • Order investigations? 				
<ul style="list-style-type: none"> • Access, and where appropriate interpret, reports from blood tests and X-ray, imaging? 				
<ul style="list-style-type: none"> • Decide and act upon a management plan? 				

Characteristics	Yes	No	Comments	Provided by additional employment/ placement
Are these opportunities to:				
<ul style="list-style-type: none"> • Make prescribing decisions? 				
<ul style="list-style-type: none"> • Make verbal AND written referrals? 				
<ul style="list-style-type: none"> • Provide health promotion and education? 				
<ul style="list-style-type: none"> • See patients with mental health problems? 				
Will you have the opportunities to follow-up patients of interest?				
<p>Have other local opportunities for learning be identified?</p> <p>Eg ED, rapid assessments clinics for chest pain, disease specific clinics, Mental Health team, home visits, shadow other health professionals eg pharmacist, physio etc</p>				
Are there systems in place to gather patient/carer feedback and implement changes in response to this this?				

Characteristics	Yes	No	Comments	Provided by additional employment/ placement
SUPPORT				
Has the nature and aim of the course been discussed with all key personnel in the organisation to foster their support?				
Have the strategies been identified to “free up” time for your Practice Facilitator and other relevant health professionals to support your learning?				
Is there any other pertinent health professional training occurring within your organisation or locally that you could access? Including significant events reviews				
Will you be able to draw on immediate help and advice from experienced competent clinicians, in the absence of Practice Facilitator?				
Do you participate in multi-disciplinary meetings?				
Are there other pertinent meetings that you can observe/ participate in within your organisation? Eg clinical governance reviews, service review, strategy meetings.				

Characteristics	Yes	No	Comments	Provided by additional employment/ placement
Do you have an <ul style="list-style-type: none"> • Up to date job description • Employment Contract • Annual Appraisal and PDP review? 				
Are you fully familiar with your organisation's policy on how to raise concerns if you witness poor practice?				
<p>THE FOLLOWING TWO QUESTIONS ONLY RELATES TO STUDENTS WHO ARE <u>NOT</u> EMPLOYED BY AN NHS TRUST:</p> <p>1. Have aspects of indemnity cover been discussed and checked by the organisation in relation to developing as an advanced practitioner?</p>			What indemnity arrangements are in place? – please give details	
<p>2. If you plan to come to work outside your normal contracted hours, have you discussed the need for a letter stating that your employing organisation agrees to extend their indemnity arrangements to cover your clinical practice? *</p>				

What other positive learning experiences are available to you?

Are there any service developments or contract changes planned or likely which might negatively impact on your learning experiences?

AREAS FOR IMPROVEMENTS: This section should include ALL items where you have ticked “no”.

Please discuss these with your Practice Facilitator AND Line Manger and develop an appropriate action for each of the areas to ensure that all aspects are addressed as soon as possible to avoid negative impact on your learning experience.

AREAS OF IMPROVEMENT	ACTION REQUIRED	DATE TO BE IMPLEMENTED	UPDATE

Student signature:.....**Date:**.....

I can confirm that have discussed and reviewed all of the contents of this Clinical Practice Environment Profile with the student and agreed an action plan (Where appropriate)

Practice Facilitators signature:.....**Date:**.....

Line – Managers signature:.....**Date:**.....

Clinical Manager at additional employment/ placement (where applicable).....Date