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Learning Log

School of
Medicine

Table of Contents

Introduction.....	4
GP/Community Hospital Placement Reports	6
Hospital Placement Reports	36
Appendix I – Practical Procedures	64
Appendix II – Personal Drug Formulary.....	66
Analgesia.....	68
Cardiovascular.....	70
Central Nervous System.....	73
Endocrine	75
Gastro-Intestinal.....	77
Infections.....	79
Respiratory.....	81
Miscellaneous.....	83
Appendix III – Reflection Guidance	84
Appendix IV – Placement Index.....	86

Name:

Matriculation number:

Introduction

Welcome to your Clinical Placements. We hope you will very much enjoy this part of the course and get experience of “real-life” medicine.

This learning log is designed to help you get the most out of the learning opportunities available. The log is your responsibility and will be used every year during your clinical attachments. If you lose your log, please contact **medclinical@st-andrews.ac.uk** as soon as possible.

One Placement Report needs to be completed for each clinical placement session (i.e. for each half day of hospital placement or each full day of GP/community placement). However, only one Reflective Account needs to be completed over the course of a full day. You do not need to complete your Log for the BASICS course nor for any voluntary placements within the Clinical Consolidation Block.

It is your responsibility to ask your tutor to complete their sections for each placement on the day.

It is also your responsibility to scan and upload each completed placement document onto your portfolio, within a week of your placement.

Please see the below link for information and help on how to scan your documents: **www.st-andrews.ac.uk/itsupport/help/printing/scanning**

The scanned and uploaded placement documents will be checked during your portfolio review sessions.

You must complete the learning goals section for each placement session. Your tutor will provide a response regarding your level of engagement and professionalism, based on their observations during your session.

The learning goal(s) should be one or two personally determined goals that are realistic and achievable within your half/full day. Use your Placement Handbook as a guide to the types of activities/experiences you may have on a particular placement. This will help to tailor your goals. Decide on your goals before the start of your placement and where possible discuss them with your tutor.

For your reflective account, it is suggested that you consider choosing one of the following examples for each placement:

- An interesting case
- A “challenging” case
- An example of inter-professional team work
- An example of managing uncertainty
- An example of professionalism and its impact on patient care
- An example of effective communication skills and its impact on patient care

(Please note: this list is not exhaustive and there are likely to be many different examples that you could use from your placement experience.)

Also take time to reflect on whether you’ve met your learning goals.

The appendices at the back of your log book are for your own self-directed learning.

Appendix one is a log of the Practical Procedures you have performed. Appendix two is a tool for Developing Your Personal Drug Formulary and Prescribing Skills. Appendix three provides further information on how to undertake your Reflective Account. Appendix four is a Placement Index for you to voluntarily record the date/ location and page number for each placement. This is for your own records.

Enjoy Your Placements!

Dr Rebecca Walmsley
Clinical Programme Lead
2016

GP/COMMUNITY HOSPITAL PLACEMENT REPORT

Please complete one Placement Report for each full day of GP/Community Placement

STUDENT TO COMPLETE

Name:	Matriculation number:
Date:	Location/ clinical setting:

To be completed prior to placement:

<p>Learning goal(s) (What would you like to learn/achieve from this placement?)</p> <p>By the end of this placement, I would like to:</p> <p>1:</p> <p>2:</p>
--

TUTOR TO COMPLETE

Please select the most appropriate response for this student (please circle)

If the student is below expectations in either area please try to document why in the Tutor comments

Level of Engagement	Below expectations	Meets expectations	Above expectations
Professionalism	Below expectations	Meets expectations	Above expectations

<p>Tutor comments (optional):</p>
--

The above student was in attendance today.

Tutor Name:	Role:
Signature:	

REFLECTIVE ACCOUNT

Please complete one reflective account per whole placement day

STUDENT TO COMPLETE

Write your reflective account in the box below. Please see the Introduction and Appendix Three for suggestions and tips on how to reflect on your experiences. In addition, you should consider whether you have met your identified learning goal(s). You may use any model or structure that you wish as long as it enables you to reflect on your experiences appropriately. It is recommended that you complete your reflective account as soon as possible following completion of your placement.

I have submitted feedback for this placement (please tick):

☐

HOSPITAL PLACEMENT REPORT

Please complete one Hospital Placement Report for each half day session

STUDENT TO COMPLETE

Name:	Matriculation number:
Date:	Speciality AM:

To be completed prior to placement:

Learning goal(s) (What would you like to learn/achieve from this placement?)
By the end of this placement, I would like to:

1:

2:

TUTOR TO COMPLETE

Please select the most appropriate response for this student (please circle)
If the student is below expectations in either area please try to document why in the Tutor comments

Level of Engagement	Below expectations	Meets expectations	Above expectations
Professionalism	Below expectations	Meets expectations	Above expectations

Tutor comments (optional):

The above student was in attendance today.

Tutor Name:	Role:
Signature:	

HOSPITAL PLACEMENT REPORT

Please complete one Hospital Placement Report for each half day session

STUDENT TO COMPLETE

Name:	Matriculation number:
Date:	Speciality PM:

To be completed prior to placement:

<p>Learning goal(s) (What would you like to learn/achieve from this placement?)</p> <p>By the end of this placement, I would like to:</p> <p>1:</p> <p>2:</p>
--

TUTOR TO COMPLETE

Please select the most appropriate response for this student (please circle)

If the student is below expectations in either area please try to document why in the Tutor comments

Level of Engagement	Below expectations	Meets expectations	Above expectations
Professionalism	Below expectations	Meets expectations	Above expectations

<p>Tutor comments (optional):</p>
--

The above student was in attendance today.

Tutor Name:	Role:
Signature:	

REFLECTIVE ACCOUNT

Please complete one reflective account per whole placement day

STUDENT TO COMPLETE

Write your reflective account in the box below. Please see the Introduction and Appendix Three for suggestions and tips on how to reflect on your experiences. In addition, you should consider whether you have met your identified learning goal(s). You may use any model or structure that you wish as long as it enables you to reflect on your experiences appropriately. It is recommended that you complete your reflective account as soon as possible following completion of your placement.

Name:	Matriculation number:
Date:	Locations/ clinical setting:

I have submitted feedback for this placement (please tick): ☐

REFLECTIVE ACCOUNT (cont.)

Please complete one reflective account per whole placement day

APPENDIX I

Practical Procedures

This list of practical procedures (taken from the GMC Document “Outcomes for graduates”) is to aid you with your self-directed learning.

The skills have been grouped according to when they are taught within the curriculum, however you might have the opportunity to practice these at any time.

If a skill is completed/achieved YOU date for your own records. This is to monitor your progress and ensure you are developing your skills over time.

The competency of a selection of these skills will be tested during your OSCEs.

Skill	Date	Date	Date	Date	Date	Date
Measure body temperature						
Measure pulse rate and blood pressure						
Perform transcutaneous monitoring of oxygen saturation						
Measure blood glucose (<i>Must be performed under full supervision, and in accordance with the National Infection Prevention and Control Manual with particular attention to Chapter 1.10 Occupational Safety: Prevention and Exposure Management (including sharps)</i>)						
Perform a urine multi dipstick test						
Advise patient on how to collect a mid-stream urine specimen						
Take a patient’s medical history including family and social history (<i>talking to relatives or other carers where appropriate</i>)						

Skill	Date	Date	Date	Date	Date	Date
Perform an examination of the cardiovascular system						
Perform an examination of the respiratory system						
Perform an examination of the abdomen						
Perform and interpret a 12-lead ECG						
Perform basic respiratory function tests						
Undertake a nutritional assessment (this includes an evaluation of their diet, their general physical condition; and measurement of height, weight and body mass index)						
Perform a pregnancy test						
Instruct patient in the use of devices for inhaled medication						
Perform venepuncture, including managing blood samples correctly (Must be performed under full supervision, and in accordance with the National Infection Prevention and Control Manual with particular attention to Chapter 1.10 Occupational Safety: Prevention and Exposure Management (including sharps))						
Perform an examination of the cranial nerves						
Perform an examination of the peripheral nerves						
Perform a cerebellar examination						
Perform an examination of the neck and thyroid						
Perform a mental state examination						

APPENDIX II

Developing Your Personal Drug Formulary and Prescribing Skills

While on clinical placement you will come across a wide variety of prescribed medicines and it may be daunting to think that in the future you will be responsible for prescribing and reviewing these medicines. You are certainly not expected to memorise every drug's dose/side-effects etc. by the time you graduate, but it is important to gain knowledge in, initially, a narrow range of core, commonly used drugs. To develop these practical prescribing skills you are therefore encouraged to start building your own drug formulary.

A drug formulary is basically a list of medicines. In the U.K the British National Formulary (BNF) is a useful reference for the correct dosage, indication, interactions and side effects of drugs. It contains hundreds of drug monographs. Access to the online BNF is via Medicines Complete at www.medicinescomplete.com (use Athens password) or download the app (NICE BNF).

Each health board area or region will have a local drug formulary which restricts drug choices on the basis of evaluations of efficacy, safety, and cost-effectiveness. It is recommended that prescribers chose from the local formulary for the health board in which they are working.

Please see the following link to NHS Fife's Formulary, or download the app – this also contains a large number of drugs, though much less than the BNF.
www.fifeadtc.scot.nhs.uk/formulary.aspx

While on clinical placements it is recommended you look up as many medicines as possible that you have seen prescribed and note what the BNF says about class, dose, indications and cautions. Check the Fife formulary and reflect on any extra information given therein about its local use.

The following core non-emergency drugs offer a starting point for your personal drug formulary. Over years 1 to 3 you are expected to complete brief details in the following template with the drug class, indication, usual adult dose and frequency, common side-effects and cautions for these drugs. The drug may come in a variety of forms, for example in oral or injectable forms – and dose may vary according to route. The formulation commonly used is suggested in column 1. Other examples of drugs from each drug class exist – gradually increase your knowledge base of these – for example Omeprazole is another proton pump inhibitor (PPI) like Lansoprazole.

Extra space is provided for any drugs you have seen commonly prescribed.

Prior to graduation as a Doctor it is vital that you also understand how to prescribe emergency medicines like adrenaline, naloxone, acetylcysteine, vitamin K, etc. so look out for these during your undergraduate years and become familiar with their uses. The list overleaf does not cover every indication and drug class.

1. Analgesia

Name	Drug class	Indication	Usual adult dose range and frequency	Common side-effects	Cautions
Ibuprofen oral tablets	NSAID	Pain and inflammation	300–400mg three to four times daily	Gastro-intestinal disturbance; bleeding and ulceration	In the elderly. In patients with cardiovascular impairment.
Morphine sulphate injection					
Morphine sulphate oral tablets e.g. Zomorph					
Oxycodone oral tablets (e.g. Shortec and Longtec)					
Paracetamol oral tablets					
Tramadol oral capsules					

1. Analgesia continued

Name	Drug class	Indication	Usual adult dose range and frequency	Common side-effects	Cautions

2. Cardiovascular

Name	Drug class	Indication	Usual adult dose range and frequency	Common side-effects	Cautions
Amiodarone oral tablets					
Amlodipine oral tablets					
Aspirin oral tablets					
Bisoprolol oral tablets					
Clopidogrel oral tablets					
Dalteparin injection					
Doxazosin oral tablets					
Furosemide oral tablets					
Glyceryl trinitrate (GTN) sublingual spray					

2. Cardiovascular continued

Name	Drug class	Indication	Usual adult dose range and frequency	Common side-effects	Cautions
Losartan oral tablets					
Nicorandil oral tablets					
Ramipril oral capsules					
Rivaroxaban oral tablets					
Simvastatin oral tablets					
Spironolactone oral tablets					
Warfarin oral tablets					

2. Cardiovascular continued

[illegible]

3. Central Nervous System

Name	Drug class	Indication	Usual adult dose range and frequency	Common side-effects	Cautions
Amitriptyline oral tablets					
Carbamazepine oral tablets					
Citalopram oral tablets					
Co-Beneldopa oral capsules (Madopar)					
Donepezil oral tablets					
Lithium oral tablets (e.g. Priadel)					
Olanzapine oral tablets					
Sodium Valproate oral tablets					
Temazepam oral tablets					

3. Central Nervous System continued

[illegible]

4. Endocrine

Name	Drug class	Indication	Usual dose range and frequency	Common side-effects	Cautions
Carbimazole oral tablets					
Dapagliflozin oral tablets					
Gliclazide oral tablets					
Insulin – range of brands and duration of actions	insulin		Varies according to blood glucose levels		
List a short acting insulin					
List a long acting insulin					
List a biphasic insulin					
Levothyroxine oral tablets					
Lixisenatide injection					

4. Endocrine continued

[illegible]

5. Gastro-intestinal

Name	Drug class	Indication	Usual adult dose range and frequency	Common side-effects	Cautions
Cyclizine injection					
Domperidone oral tablets					
Gaviscon oral suspension					
Lactulose oral solution					
Lansoprazole oral capsules					
Metoclopramide oral tablets					
Ranitidine oral tablets					
Senna oral tablets					

5. Gastro-intestinal continued

[illegible]

6. Infections

Name	Drug class	Indication	Usual adult dose range and frequency	Common side-effects	Cautions
Aciclovir oral tablets					
Amoxicillin oral capsules					
Benzylpenicillin injection					
Clarithromycin oral tablets					
Doxycycline oral capsules					
Flucloxacillin oral capsules					
Fluconazole oral capsules					
Gentamicin injection					
Metronidazole oral tablets					
Nitrofurantoin oral capsules					

6. Infections continued

[illegible]

7. Respiratory

Name	Drug class	Indication	Usual adult dose range and frequency	Common side-effects	Cautions
Beclometasone inhaler E.g. <i>Clenil</i>					
Chlorphenamine oral tablets					
Ipratropium nebuliser solution					
Montelukast oral tablets					
Prednisolone oral tablets (asthma exacerbations)		Asthma			
Salbutamol inhaler					
Salbutamol nebuliser solution					
Theophylline oral tablets / capsules					
Tiotropium inhaler					

7. Respiratory continued

[illegible]

8. Miscellaneous

Name	Drug class	Indication	Usual dose range and frequency	Common side-effects	Cautions
Alendronic acid tablets					
Allopurinol oral tablets					
Ferrous sulphate oral tablets					
Tolterodine oral tablets					

Lyn McDonald
Medical education pharmacist

2016

Reflection

'Reflection – the conscious weighing and integrating of views from different perspectives – is a necessary prerequisite for the development of a balanced professional identity...acquiring knowledge and practical skills alone are not enough to become a medical professional. Reflecting on education and clinical experiences in medical practice, including one's own behaviour, becomes crucial.'

(Boenink et al, 2004).

Please refer back to your Guided Study from Week 4 in MD2001, entitled "**An introduction to Reflection and Reflective writing**", to remind yourself about the process of reflection. Remind yourself about the different frameworks for reflection that can be used to encourage and support your reflective process.

Frameworks for Reflection

The choice of framework depends on your skills and experience and may change as you become more expert in your reflections. Please feel free to use any method of reflection you think best suits reflecting on a clinical placement.

Things to think about:

Consider what you did on your placement visit today...did anything happen during the day that surprised you? Has anything that happened during the day contradicted or challenged your ideas or expectations? Have your views changed? For example:

If you met a patient:

- How did the patient's life experiences differ from your own?
- Did you feel able to empathise with the patient?

If you were shadowing a health care professional:

- Did anything about the person's role surprise you?
- Do you think the roles of all members of the multi-disciplinary team (MDT) are valued?
- How do you feel about team working with other professionals?

Your knowledge:

- Have you identified gaps in your knowledge or skills?
- How might you go about addressing these?

Or you might like to use one of the frameworks discussed in your guided study to reflect on your experience. You are reminded of two of these below:

A Learning Experience (Pee et al, 2002)

Briefly describe what happened:

- Describe your feelings at the time this happened.
- Why do you consider this experience to be worthy of reflection?
- What strengths in your clinical practice did this experience demonstrate?
- What learning needs did this experience reveal to you?

Rolfe Framework for reflective practice (2001)

This is a simple model that is suitable for practitioners who are new to reflection. At its simplest its three steps can be summarised as:



What question examples:

- What is the problem/difficulty/reason?
- What was my role?
- What were the consequences for patient, myself and others?
- What feelings did it provoke?

These enable you to identify the experience and describe it in detail.

So what question examples:

- So what does this tell me about me?
- So what does this tell me about my relationship with the patient/other members of the team?
- So what could/should I have done to make it better?
- So what is my new understanding of the situation?

These types of questions enable you to break down the situation and try to make sense of it by analysing and evaluating in order to draw conclusions.

Now what question examples:

- Now what do I need to do to make things better?
- Now what might be the consequences of this action?

These types of questions are to enable you to think about how you may do things differently in the future or address a particular issue e.g. do some research on a particular area where there is a gap in your knowledge, practice a particular skill with a colleague to improve your level of competence.

GP/Community Hospital Placements

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School of Medicine
Medical and Biological Sciences Building
North Haugh
St Andrews
KY16 9TF

www.st-andrews.ac.uk/medicine



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