EMERGENCY MEDICINE BLOCK

UNIVERSITY HOSPITAL HAIRMYRES

CURRICULUM AND LOGBOOK

Student Name:
Matriculation Number:

Email Address:

University Hospital Hairmyres

Start Date:

Finish date:

ED Supervisor:

EMERGENCY DEPARTMENT
UNIVERSITY HOSPITAL HAIRMYRES (UHH)

Welcome letter to 4th and 5th year medical students:

Hello,

You are due to start your emergency medicine block on (Date). We would like to welcome you to UHH ED. I have attached a copy of the rota slots. I would appreciate if you could indicate to me your top two preferences as soon as you can. Details of where and when we meet will be circulated to you by email.

On day one, me or a colleague will show you around the department, then sit down together and agree some house rules. We shall also agree objectives and clarify the assessments you are expected to achieve. Pauline, our secretary will provide printed handbooks and assist you with obtaining swipe cards. You will also receive copies of the departmental adult and paediatric handbooks for reference to various local guidelines and pathways. Each student will be provided two pairs of student scrubs. Scrubs are departmental property lent to you and are to be returned prior to finishing the block.

There are educational opportunities that we would like you to join in with. Firstly, there will be a full day simulation course at Kirklands hospital that has been designed specifically for undergraduate EM block. For you it will be on (date). In the department, if you are scheduled to be on the floor, we would like you to attend the daily medical handover at 16:00 in the seminar room. If you have cases you were involved with, we would like you to take the opportunity to briefly present them to the team. Every Thursday, there is junior teaching at 14:00 - 16:00 delivered by a consultant, again in the seminar room. On a Wednesday there is hospital grand round in the lecture theatre. You are encouraged to attend these and there is free lunch at noon. Grand round topics vary with some of more relevance than others. Should you wish to be involved in other projects, please indicate early so that we could facilitate this.

We will also try to arrange a whole day paramedic observer shift whilst you're here. Ian Macleod, a senior paramedic kindly organizes your slots. Dates will be communicated to you in due time. This has been highly enjoyed by previous students.

From an assessment point of view you have to do 2 normal mini CEXs and 5 reflective cases. We would recommend that you complete most with a senior clinician to get maximum learning value. There will also be a mock SAQ exam at the end of block. The exam is intended as a formative assessment; pass or fail of the EM block is not solely based on it. You are expected to seek opportunities to cover your intended learning outcomes and self-directed learning is expected of

you as well. The library has dedicated university computers and WiFi for students. Please approach the librarian, who will show you around the library.

Attendance is crucial on all days you are allocated. Should you require days off, you need to discuss this beforehand and email your year-head of school for approval. Any sickness must be recorded on “my Campus”.

We look forward to having you here; Above all enjoy yourselves.

Thank you

Thank you

Dr. Mohamed Chekroud

Consultant in Emergency Medicine

Supervisor for Undergraduate Emergency Medicine Block

University Hospital Hairmyres

01355584989

Updated 21/2/2020

UNIFORM

ED tends to be a busy place of work with potential of exposure bodily fluids, plaster and other things. The department will provide a limited number of scrubs to each student to be worn while on rotation at ED. Each student will receive 2 pairs of green student scrubs. It is each individual's responsibility to launder and maintain the scrubs. Scrubs are property of the department lent to you. Prior to being signed off we expect scrubs to be returned laundered and ironed. In addition, we expect you to adhere to the university of Glasgow medical student dress code, which is in the clinical specialty induction book sent separately by the undergraduate office.

LOG BOOK

The overall aims of the EM attachment are for you to:

- Acquire first hand experience of the assessment and management of a wide spectrum of acutely ill and injured patients.
- Become proficient in clinical examination and practical procedures.

This workbook is designed to help give structure and guidance during your Emergency Medicine attachment. The workbook **must be completed and handed in** to your supervising tutor at the feedback session on the final day. Your workbook will be graded and this will form part of your EM mark.

Short case reflection

Please use the Short Case worksheets to record your Patients interaction for the following;

1 Trauma
1 acute medicine
1 critical care
1 acute surgical
1 frailty

Please note these should preferably be discussed with a senior clinician (registrar or consultant). You are encouraged to use the forms underneath to document your short case reflections.

EMERGENCY MEDICINE LOGBOOK CASE					
STUDENT NAME					
☐ Acute Medicine	☐ Acute Surgical	☐ Trauma	☐ Critical Care	☐ Frailty	
DATE		AGE/GENDER		CHI	

FOCUSED HISTORY

PAST MEDICAL HISTORY

DRUG HISTORY	SOCIAL & FAMILY HISTORY
	SMOKING ALCOHOL ILLICIT DRUGS MOBILITY HOME CIRCUMSTANCES

EXAMINATION					
RR	SaO2+FiO2	HR	BP	TEMP	BM

DIAGNOSIS & DIFFERENTIALS		
1	WHAT	WHY
2	WHAT	WHY
3	WHAT	WHY

MANGEMENT PLAN / PROBLEM LIST	
ACTION	WHY
ACTION	WHY
ACTION	WHY
ACTION	WHY

FEEDBACK		
☐ Below Expectation	☐ Around Expectations	☐ Above Expectations
e.g. What went well and how? What could have been done differently and how?		

ASSESSED BY:	NAME	GRADE	DATE

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ASSESSED BY:	NAME	GRADE	DATE

Student1	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Week 1	Induction	8-4 Majors	8-12 Majors	8-4 Majors	8-4 Majors	2-10	OFF
Week 2	Off	9-5 Minors	9-1 Minors	9-5 Minors	9-5 Minors	OFF	OFF
Week 3	12-8 Resus	12-8 Resus	9-1 Resus	12-8 Resus	**Study time**	OFF	OFF
Week 4	3-10 Majors	3-10 Majors	9-1 Majors	3-10 Majors	3-10 Majors	Off	OFF
Week 5	9-1 Floating	9-1 Floating	9-1 Floating	9-1 Floating	Academic Day	OFF	OFF

Student2	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Week 1	Induction	9-5 Minors	9-1 Minors	9-5 Minors	9-5 Minors	OFF	OFF
Week 2	12-8 Resus	12-8 Resus	9-1 Resus	12-8 Resus	12-8 Resus	OFF	OFF
Week 3	3-10 Majors	3-10 Majors	9-1 Majors	3-10 Majors	**Study time**	2-11	OFF
Week 4	OFF	9-1 Floating	9-1 Floating	9-1 Floating	9-1 Floating	OFF	OFF
Week 5	8-4 Majors	8-4 Majors	8-12 Majors	8-4 Majors	Academic Day	OFF	OFF

Student 3	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Week 1	Induction	12-8 Resus	9-1 Resus	12-8 Resus	12-8 Resus	OFF	OFF
Week 2	3-10 Majors	3-10 Majors	9-1 Majors	3-10 Majors	3-10 Majors	2-11	OFF
Week 3	OFF	9-1 Floating	9-1 Floating	9-1 Floating	**Study time**	OFF	OFF
Week 4	8-4 Majors	8-4 Majors	8-12 Majors	8-4 Majors	8-4 Majors	OFF	OFF
Week 5	9-5 Minors	9-5 Minors	9-1 Minors	9-5 Minors	Academic Day	OFF	OFF

Student4	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Week 1	Induction	9-1 Floating	9-1 Floating	9-1 Floating	9-1 Floating	OFF	OFF
Week 2	8-4 Majors	8-4 Majors	8-12 Majors	8-4 Majors	8-4 Majors	OFF	OFF
Week 3	9-5 Minors	9-5 Minors	9-1 Minors	9-5 Minors	**Study time**	OFF	OFF
Week 4	12-8 Resus	12-8 Resus	9-1 Resus	12-8 Resus	12-8 Resus	2-11	OFF

Week 5	Off	3-10 Majors	9-1 Majors	3-10 Majors	Academic Day	OFF	OFF

Rota: As long as plenty of notice is given, we exert flexibility to accommodate swaps, or changes. Absences should be reported and recorded.

- Wednesday afternoons are dedicated to pursuing sports and hobbies.

This is a template of your assessment – fill it out as you go along and you can use it as a self-assessment tool. This is the criteria we will use for your end of block assessment. Ask if you are having problems, preferably before the last week.

- Friday of the third week could be used to reflect, revise and write up outstanding cases.

	ABOVE EXP.		*BELOW EXP*
Professional Attributes			
-Attendance and Reliability	No absences	All absences explained in advance unless exceptional circumstances – documented on MyCampus	No explanation for absences. 5 or more absences University will be informed if this occurs
-Ability to manage own learning	All assessments completed on time. F/U of patient. Multiple additional learning opportunities		Formal assessments not completed. No additional learning opportunities. Didn't attend teaching sessions
Relationship with team	"We'd like you to be an FY2 here"		Complaints regarding attitude
CLINICAL COMPETENCE			
Knowledge			
History Taking			
Clinical Examination Skills			
Clinical Judgement			
Communication Skills			
FORMAL ASSESSMENT	Must be completed by an ST4 or person of a higher grade.		
Mini CEX			
5 Short Case Reflections (Medical, Surgical, Trauma, Critical Care, Frailty)	All 5 discussed by ST4 or above. At least one with consultant.		Not complete
17 Essential Presentations	All 16	13 - 15	Less than 13
Exam – Score out of 70	> 55	45 - 55	< 45
Presenting at unit meetings, writing an audit, or completing a piece of written work			
Significant contribution to the handling of a difficult or particularly complex case			
Extra attendance			

The did-you-know list for Medical students

Department Layout:

You will be shown around on arrival. Areas to take note of are:

As part of your induction, we would like you to familiarise yourselves with the physical layout of the department, personnel who work here and equipment we frequently use.

Area	**Where?**
The waiting room	
The waiting room play area	
How to get to x-ray	
How to get to CT	
How to ask for porters to transport patients	
The sluice	
The staff tea room	
The staff toilets	
How to get to the canteen	
How to get to the library	
How to get to the lecture theatre	
The patients toilets	
How to send blood specimens to the lab	
How to send microbiological specimens	
The seminar room	
The eye/ ENT room	
Reception/ Where are the notes kept	
The triage room	

Personnel:

While with us, try to identify as many people as you can who work in the ED or help us out. Introduce yourself and when appropriate ask to learn about their role in the patient journey.

Personnel	**Role**
Receptionists/ Front desk	
ED secretary	
Paramedics	
Consultant in charge	
Nurse in Charge	
Junior trainee/ FY2s and GPSTs	
ED higher specialty trainees	
Physician associates	
Mints Major nurses	
Mints Minor nurses	
Clinical support workers	
Porters	
Physiotherapists/ Rapid Response	
Liaison psychiatry nurses	
Addiction nurses	
Receiving specialities	

The did-you-know list for Medical students

Equipment:
ED is a very hands-on speciality. Below is examples of equipment you should familiarise yourself with over the next few weeks.

Equipment	**Where**
Airway equipment	
How to check the suction apparatus?	
Venepuncture and blood sampling equipment	
Where to find a sterile bowl?	
Where to find a urine battle	
Where to find universal white top container?	
How to operate the pod?	
How to check a patient trolley	
How to use non-re-breather oxygen mask?	
Can you perform BM	
Can you perform urinalysis using sticks	
Can you demonstrate how to use slit lamp?	
Where is the plaster trolley	
Where is the Easy-IO and needles?	
Where is the standby phone?	
Where to find blankets and sheets	
Where to get a wheel chair	
Where is the controlled drug cupboard?	
Where is the portable ultrasound machine?	
Where is the fascia iliaca block trolley?	
Where is the serotonin syndrome box?	
Where is the blood gas analyser?	
Where to find common clinical forms?	
Where do you find common advice sheets?	
Identify the different types of disposal bins we use	
Identify the sharps bins and discuss what should and should not go in them	

Procedure Log

Procedure	Level of Competence	Supervisor	Date
Measure temperature	Unsupervised		
Measure pulse rate and BP	Unsupervised		
Measure O2 saturation	Unsupervised		
Carry out venepuncture	Unsupervised		
Carry out intravenous cannulation	Unsupervised		
Carry out arterial blood gas sampling	Unsupervised		
Manage blood samples correctly and safely	Unsupervised		
Take blood cultures	Unsupervised		
Measure blood glucose (BM)	Close supervision		
Carry out and interpret 3 and 12-lead ECG	Unsupervised		
Carry out peak flow respiratory test	Unsupervised		
Carry out urine multi dipstick test	Unsupervised		
Carry our cognitive state examination	Unsupervised		
Provide oxygen to a patient	Close supervision		
Carry our catheteristation	Close supervision		
Use local anaesthetic	Close supervision		
Carry out wound care and basic wound closure	Close supervision		
Employ safe disposal of clinical waste, needles and sharps	Close supervision		

Levels of supervision:

Unsupervised - Trusted to act unsupervised (under clinical oversight). Supervisor advises what to do and returns to check everything

Close supervision – Trusted to act with close supervision. Supervisor directly observes student perform procedure in clinical area.

PROCEDURES

Procedure	Full Description
Measure temperature	Measure body temperature. Measure a patient's body temperature using an appropriate recording device.
Measure pulse rate and BP	Measure pulse rate and blood pressure. Measure a patient's pulse and blood pressure using manual techniques and automatic electronic devices.
Measure O2 saturation	Carry out transcutaneous monitoring of oxygen saturation. Apply, and take readings from, an electronic device which measures the amount of oxygen in the patient's blood
Carry out venepuncture	Carry out venepuncture. Insert a needle into a patient's vein to take a sample of blood for testing
Carry out intravenous cannulation	Carry out intravenous cannulation. Set up an infusion using infusion devices. Insert a tube into a patient's vein to take a sample of blood for testing, give an injection or give fluids via the vein. Make the appropriate choice of fluids and their doses and demonstrate the correct use of electronic devices which drive and regulate the rate of fluid administration
Carry out arterial blood gas sampling	Carry out arterial blood gas and acid base sampling from the radial or femoral artery in adults. Insert a needle into a patient's radial artery (in the wrist or forearm) or the femoral artery (in the groin) to take a sample of blood to test levels of gases, such as oxygen and carbon dioxide, , and the balance of acidity and alkalinity in the blood
Manage blood samples correctly and safely	Manage blood samples correctly and safely. Make sure that blood samples are placed in the correct containers, that these are labelled correctly and sent to the laboratory promptly and in the correct way. Take measures to prevent spillage and contamination. Highlight high risk samples, for example samples from patients who have blood borne viruses, appropriately to other staff
Take blood cultures	Take blood cultures. Take samples of venous blood to test for the growth of infectious organisms in the blood
Measure blood glucose (BM)	Measure blood glucose. Measure the concentration of glucose in the patient's blood at the bedside using appropriate equipment and recording and interpreting the results
Carry out and interpret 3 and 12-lead ECG	Carry out and interpret a 3 and 12-lead electrocardiograph. Set up a continuous recording of the electrical activity of the heart. Ensure the recorder is functioning correctly, and interpret the tracing
Carry out peak flow respiratory test	Carry out peak flow respiratory function tests. Perform a peak flow test to see how well the patient's lungs are working

Carry out urine multi dipstick test	Carry out, and advise patients how to carry out, a urine multi dipstick test. Test a sample of urine for abnormal contents, such as blood or protein, and for pregnancy
Carry our cognitive state examination	Carry out a cognitive state examination. Make an assessment of the patient's mental processes such as orientation (awareness of who they are, the date and where they are for example), ability to remember things they were told a few minutes earlier, ability to recognise and name common objects and ability to carry out simple numerical calculations
Provide oxygen to a patient	Provide oxygen to a patient. Prescribe and administer oxygen using a delivery method appropriate for the patient's needs and monitor and adjust oxygen as needed
Carry our catheteristation	Carry out male and female urinary catheterisation. Pass a tube into the urinary bladder to permit drainage of urine, in male and female patients
Use local anaesthetic	Use local anaesthetics. Perform local anaesthesia applied directly to the skin or injected into skin or body tissues
Carry out wound care and basic wound closure	Carry out wound care and basic wound closure and dressing. Provide basic care of surgical or traumatic wounds and apply dressings appropriately
Employ safe disposal of clinical waste, needles and sharps	Employ safe disposal of clinical waste, needles and other 'sharps'. Ensure that these materials are handled carefully and placed in a suitable container for disposal

ADDITIONAL PROCEDURES

Procedure	Age	Gender	Date	Supervisor

ESSENTIAL PRESENTATIONS

During your 5-week block you should aim to see the following presentations. If you do not have the opportunity to see them then you must read around the topic and understand how they may present and are treated.

NO	ITEM	DATE(s) SEEN
1.	Basic Airway management	
2.	ABCDE Approach to the unwell patient	
3.	Anaphylaxis	
4.	Acute exacerbation COPD	
5.	Acute exacerbation Asthma	
6.	Chest Pain – IHD/ACS/STEMI – PCI	
7.	Cardiac Arrest	
8.	GI Bleed	
9.	Sepsis + Septic Shock	
10.	Collapse / Altered Conscious Level	
11.	GCS/Neurological Examination	
12.	Head + Cervical Spine Injury	
13.	Acute Confusion	
14.	Fits & Seizures	
15.	DKA	
16.	♯Neck of Femur	
17.	Minor Injury	

CURRICULUM

Domain	Knowledge – Skills - Behaviours	
History Taking	Knowledge	Recognise the importance of different elements of history Recognise that patients do not present history in structured fashion Know likely causes and risk factors for conditions relevant to mode of presentation Recognise that history should inform examination, investigation and management
	Skills	Identify and overcome possible barriers to effective communication Manage time and draw consultation to a close appropriately Assimilate history from the available information from patient and other sources Focus on relevant aspects of history
	Behaviours	Show respect and behave in accordance with Good Medical Practice

Domain	**Knowledge – Skills - Behaviours**	
Clinical Examination	Knowledge	Understand the need for a valid clinical examination Understand the issues surrounding consent and capacity in the ED Understand the basis for clinical signs and the relevance of positive and negative physical signs Recognise constraints to performing physical examination and strategies that may be used to overcome them Recognise the limitations of physical examination and the need for adjunctive forms of assessment to confirm diagnosis
	Skills	Perform an examination relevant to the presentation and risk factors that is valid, targeted and time efficient Interpret findings from the history, physical examination and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors Actively elicit important clinical findings Perform relevant adjunctive examinations
	Behaviours	Show respect and behaves in accordance with Good Medical Practice

Domain	**Knowledge – Skills - Behaviours**	
Therapeutics and Safe Prescribing	Knowledge	Recall indications, contraindications, side effects, drug interactions and dosage of commonly used drugs Recall range of adverse drug reactions to commonly used drugs, including complementary medicines Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainees practice
	Skills	Review the continuing need for long term medications relevant to the trainees clinical practice Anticipate and avoid defined drug interactions, including complementary medicines Advise patients (and carers) about important interactions and adverse drug effects
	Behaviours	Recognise the benefit of minimising number of medications taken by a patient Appreciate the role of non-medical prescribers

Domain	Knowledge – Skills - Behaviours	
Time Management, Decision Making and Clinical Reasoning	Knowledge	Understand that organisation is key to time management Understand that some tasks are more urgent or more important than others Understand the need to prioritise work according to urgency and importance Understand that some tasks may have to wait or be delegated to others Outline techniques for improving time management Understand the importance of prompt investigation, diagnosis and treatment in disease management Interpret history and clinical signs Conceptualise clinical problem Generate hypothesis within context of clinical likelihood Test, refine and verify hypotheses Develop problem list and action plan
	Skills	Estimate the time likely to be required for essential tasks and plan accordingly Group together tasks when this will be the most effective way of working Recognise the most urgent / important tasks Organise and manage workload effectively Interpret clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders Recognise critical illness Generate plausible hypothesis(es) following patient assessment Construct a concise and applicable problem list using available information Construct an appropriate management plan and communicate this effectively
	Behaviours	Ability to work flexibly and deal with tasks in an effective fashion Communicate changes in priority to others Remain calm in stressful or high pressure situations and adopt a timely, rational approach Recognise the difficulties in predicting occurrence of future events Show willingness to search for evidence to support clinical decision making

Domain	Knowledge – Skills - Behaviours	
Team working and communication	Knowledge	Outline the components of effective collaboration Describe the roles and responsibilities of members of the healthcare team Structure an interview appropriately Understand the importance of the patient's background, culture, education and preconceptions (ideas, concerns, expectations) to the consultation process Recognise that every patient/relative may desire different levels of explanation and have different responses to bad news Recognise that breaking bad news can be extremely stressful for those involved Outline and follow the guidance given by the GMC on confidentiality
	Skills	Accurate attributable note-keeping Establish a rapport with the patient and any relevant others (e.g. carers) Listen actively and question sensitively to guide the patient and to clarify information Identify and manage communication barriers, tailoring language to the individual patient and using interpreters when indicated Deliver information compassionately, being alert to and managing their and your emotional response (anxiety, antipathy etc) Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team
	Behaviours	Recognise the importance of prompt and accurate information sharing with the Primary Care team following hospital discharge Approach the situation with courtesy, empathy, compassion and professionalism, especially by appropriate body language Ensure that the approach is inclusive and patient centred and respect the diversity of values in patients, carers and colleagues Respect the different ways people react to bad news

Domain	Knowledge – Skills - Behaviours	
Evidence and Guidelines	Knowledge	Understand the elements of clinical governance Recognise that governance safeguards high standards of care and facilitates the development of improved clinical services Recognise importance of evidence-based practice in relation to clinical effectiveness Outline the use of patient early warning systems to detect clinical deterioration Understand the principles of infection control as defined by the GMC Understand the principles of preventing infection in high risk groups (e.g. antibiotic use to prevent Clostridium difficile) including understanding the local antibiotic prescribing policy Understand the advantages and disadvantages of guidelines Understand the role of audit & Quality Improvement (developing patient care, risk management etc) Understand the steps involved in completing the audit cycle
	Skills	Recognise the potential for infection in patients being cared for Actively engage in local infection control procedures and antibiotic guidelines Appraise retrieved evidence to address a clinical question
	Behaviours	Encourage all staff, patients and relatives to observe infection control principles Keep up to date with national reviews and guidelines of practice (e.g. NICE and SIGN) Aim for best clinical practice (clinical effectiveness) at all times, responding to evidence-based medicine Recognise the occasional need to practise outside clinical guidelines Recognise the need for audit in clinical practice to promote standard setting and quality assurance

Domain	Knowledge – Skills - Behaviours	
Major Presentations	Knowledge	Demonstrate knowledge of: • Anaphylaxis • Cardio-respiratory arrest • Major trauma • Septic patient • Shocked patient • Unconscious patient
	Skills	Recognise clinical consequences of acute anaphylaxis Rapidly assess the collapsed patient in terms of ABC, airway, breathing and circulation and perform BLS Be able to perform and interpret the primary and secondary survey Be able to assess a trauma patient: perform and interpret primary and secondary survey Rapidly assesses the shocked patient in terms of ABC, airway, breathing and circulation Institute immediate, simple resuscitation (oxygen, iv access, fluid resuscitation) Arrange simple monitoring of relevant indices (oximetry, arterial gas analysis) and vital signs (BP, pulse & respiratory rate, temp, urine output) Make a rapid and immediate assessment including examination of coverings of nervous system (head, neck, spine) and Glasgow Coma Score
	Behaviours	Exhibit a calm and methodical approach Demonstrate ability to work in a team and succinctly present clinical details of situation Recognise need for immediate assessment and resuscitation

Domain	Knowledge – Skills – Behaviours		
Acute Presentations	Knowledge	Demonstrate knowledge of:	
		• Abdominal pain and swelling, including loin pain • Acute back pain • Acute confusional state and delirium • Acute psychiatry • Aggressive/disturbed behaviour • Blackout/collapse • Breathlessness • Chest pain • Falls • Fever • Fits/seizures	• Frailty • Haematemesis/melaena • Headache • Head Injury • Limb pain/swelling • Palpitations • Poisoning • Rash • Traumatic limb and joint injuries • Weakness and paralysis • Wound assessment and management
	Skills	Take a thorough history and examination to arrive at a valid differential diagnosis Be able to identify those that require admission and those who may be safely discharged Be able to recognise life/limb-threatening trauma Perform mental state examination Understand importance of undertaking appropriate investigations Interpret appropriate diagnostic tests Perform an ECG Be able to insert a urinary catheter and NG tube Demonstrate ability to secure appropriate venous access and set up IV fluids Be able to take ABGs Be able to demonstrate the technique of wound toilet, wound closure and use of dressings **The above should be demonstrated during your block or at a skills session at the UoG.**	
	Behaviours	Exhibit timely assessment in the acute phase Recognise the importance of a multi-disciplinary approach Recognise the need for a chaperone Appreciate that some events are terminal and End of Life Care should be instituted.	

Space for reflections:

Space for reflections: