



# University of Glasgow | School of Medicine

**MBChB3**

## **JUNIOR MEDICINE LOGBOOK**



<b>STUDENT NAME/GUID</b>		
<b>HOSPITAL/START&amp;COMPLETION DATES</b>		
<b>EDUCATIONAL SUPERVISOR(S)</b>		

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## INTRODUCTION

**Welcome to your Junior Medicine Block. This logbook** contains important information about your education supervision, the supervised learning events that **must be undertaken over the 5 weeks** and the end of block assessment (EOBA) process.

### **'Junior Medicine Top Presentations':**

Anaphylaxis (Emergency)  
Cardio-respiratory arrest (Emergency)  
Shocked patient (Emergency)  
Unconscious patient (Emergency)  
Chest pain  
Breathlessness  
Fever  
Gastro-intestinal bleeding  
Polyuria/Polydipsia  
Weakness/Paralysis

### **'Supervised Learning Events':**

Please note that you **still have to complete 1 Mini-CEX (History), 1 Mini-CEX (Examination) and 1 Case-based Discussion** during your 5-week attachment. **E-tickets can be found on your student e-portfolio.**

### **'Portfolio Cases':**

**2 handwritten cases** mapped to the **'Junior Medicine Top 10 Presentations'**. Use the 'Portfolio Case Proforma' found on Moodle and submit a typed reflection submitted to Urkund.

### **'Cases of the Week':**

**4 handwritten 'Cases of the Week'** mapped to the **'Junior Medicine Top 10 Presentations'**. Use the Clinical Encounter Form (<48 hours) or Ward Review Form (>48 hours).

### **'Team Professional Activities (TPAS)':**

There is a **new log** for Junior Medicine on Moodle. Please complete with you near peer coach and ward team. Please use the templates on Moodle for student Kardex, Handover and Discharge for the respective TPAS.

### **'Clinical and Procedural Skills (CAPS)':**

There is a **new log** for Junior Medicine on Moodle. Please complete with you near peer coach and ward team.

## EDUCATIONAL SUPERVISION LOG

Please use the log below to chart your progress in Junior Medicine. This should be agreed with your Educational Supervisor at your meeting in Week 1 and then reviewed at regular intervals.

<b>ASSESSMENT</b>	<b>SUGGESTED COMPLETION</b>	<b>SUPERVISOR OR ASSESSOR NAME</b>	<b>COMPLETION DATE</b>
<b>BLOCK INDUCTION</b>	<b>DAY 1</b>		
<b>SUPERVISOR MEETING</b>	<b>DAY 1</b>		
<b>PORTFOLIO CASE 1 CASE OF THE WEEK 1&amp;2</b>	<b>WEEK 1-2</b>		
<b>CASE BASED DISCUSSION</b>	<b>WEEK 1-2</b>		
<b>SUPERVISOR MID-POINT REVIEW MEETING</b>	<b>WEEK 3</b>		
<b>PORTFOLIO CASE 2 CASE OF THE WEEK 3&amp;4</b>	<b>WEEK 3-4</b>		
<b>MINI-CEX 1 (HISTORY) MINI-CEX 2 (EXAMINATION)</b>	<b>WEEK 3-4</b>		
<b>CONFIRM END OF BLOCK ASSESSMENT MEETING WITH SUPERVISOR</b>	<b>WEEK 4</b>		
<b>END OF BLOCK ASSESSMENT MEETING COMPLETE FORM ON EPORTFOLIO TOGETHER</b>	<b>NO LATER THAN WEDNESDAY OF WEEK 5</b>		

### CLINICAL AND PROCEDURAL SKILLS (CAPS) LEVEL LOG

During your Junior Medicine attachment, you should complete the log below to ensure you have reached the necessary level of supervision required by the end of your attachment. The level required by the end of Junior Medicine is pre-populated in the log below. The supervision scale provides a descriptor to each level. Each of the clinical or procedural skills must be dated and signed by the person that you observed or were supervised by. This log will form part of your end of attachment assessment with your Educational Supervisor. Please refer to full GMC descriptors of each clinical and procedural skill (separate excel document). Additional clinical and procedural skills not listed can be recorded on the extra (blank) table appended to this log below

Clinical and Procedural Skills	Level Required	Supervisor Name/Designation	Date
1. Take baseline physiological observations and record appropriately	Direct supervision		
2. Carry out peak flow respiratory function test	Direct supervision		
3. Take blood cultures	Direct supervision		
4. Carry out arterial blood gas and acid base sampling	Direct supervision		
5. Carry out venepuncture	Direct supervision		
6. Measure capillary blood glucose	Direct supervision		
7. Carry out a urine multi dipstick test	Direct supervision		
8. Carry out a 3- and 12-lead electrocardiogram	Observation		
9. Take and/or instruct patients how to take a swab	Direct supervision		
10. Set up an infusion	Observation		
11. Use correct techniques for moving and handling	Observation		
12. Instruct patients in the use of devices for inhaled medication	Direct supervision		
13. Prescribe and administer oxygen	Observation		
14. Prepare and administer injectable (SC, IM, IV) drugs	Observation		

<b>15. Carry out intravenous cannulation</b>	<b>Direct supervision</b>		
<b>16. Carry out safe and appropriate blood transfusion</b>	<b>Observation</b>		
<b>17. Carry out male and female urinary catheterisation</b>	<b>Observation</b>		
<b>18. Carry out nasogastric tube placement</b>	<b>Observation</b>		

SAMPLE

**CLINICAL AND PROCEDURAL SKILLS (CAPS) SUPERVISION SCALE**

<b>Level of Supervision</b>	<b>Explanatory notes</b>
<b>Observation of the activity – no execution</b>	Student observing procedure being performed on the patient.
<b>Safe to practise under direct supervision</b>	The newly qualified doctor is ready to perform the procedure on a patient under direct supervision. This means that the newly qualified doctor will have performed the procedure on real patients during medical school under direct supervision. By direct supervision, we mean that the medical student or newly qualified doctor will have a supervisor with them observing their practice as they perform the procedure. As the newly qualified doctor's experience and skill becomes sufficient to allow them to perform the procedure safely they will move to performing the procedure under indirect supervision.
<b>Safe to practise under indirect supervision</b>	The newly qualified doctor is ready to perform the procedure on a patient under indirect supervision. This means that the newly qualified doctor will have performed the procedure on real patients during medical school under direct supervision at first and, as their experience and skill became sufficient to allow them to perform the procedure safely, with indirect supervision. By indirect supervision, we mean that the newly qualified doctor is able to access support to perform the procedure if they need to – for example by locating a colleague and asking for help.

### TEAM PROFESSIONAL ACTIVITIES (TPA) LEVEL LOG

Team professional activities (tasks or responsibilities) are units of professional practice with a clinical team. During your Junior Medicine block you should complete the log below to ensure you have reached the necessary level of supervision required by the end of your attachment. The level required by the end of Junior Medicine is pre-populated in the log below. The supervision scale overleaf provides a descriptor to each level. Each of the 12 Medicine team professional activities must be dated and signed by the person that you observed or were supervised by. This log will form part of your end of attachment assessment with your Educational Supervisor. Please refer to full descriptors of each team professional activities (separate excel document).

<b>Team Professional ACTIVITY</b>	<b>Level Required</b>	<b>Supervisor Name/Designation</b>	<b>Date</b>
<b>1. Write a ward round 'jobs list' and then prioritise tasks</b>	Close supervision		
<b>2. Carry out a review of a Drug Kardex during rounds</b>	Close supervision		
<b>3. Carry out a review of an observation chart during rounds</b>	Close supervision		
<b>4. Carry out a review of a fluid prescription chart during rounds</b>	Close supervision		
<b>5. Handover a patient to a colleague</b>	OBSERVE		
<b>6. Refer a patient to a colleague</b>	OBSERVE		
<b>7. Consent a patient for an investigation</b>	OBSERVE		
<b>8. Present a patient review during rounds</b>	Close supervision		
<b>9. Write a structured entry in the case notes</b>	OBSERVE		
<b>10. Review a patient for a nursing colleague</b>	OBSERVE		
<b>11. Prescribe in parallel with a colleague on your 'Student kardex'</b>	Close supervision		
<b>12. Write a structured immediate discharge letter</b>	OBSERVE		



**TEAM PROFESSIONAL ACTIVITY (TPA) SUPERVISION SCALE**

<b>Task initiated by</b>	<b>Supervisor proximity</b>	<b>Supervisor check</b>	<b>Level of Supervision</b>	<b>Explanatory notes</b>
<b>Supervisor</b>	<b>N/A</b>	<b>N/A</b>	<b>OBSERVE</b>	<b>Student just watching</b>
<b>Supervisor</b>	<b>In immediate clinical area</b> <b>Co-activity - early</b> <b>Hands off - late</b>	<b>Full</b>	<b>Close supervision - trusted to act while observed by experienced supervisor</b>	<b>Co-activity: supervisor shows student how to do TPA</b> <b>Hands off: supervisor watches student do TPA whilst in clinical area</b>
<b>Supervisor</b>	<b>In nearby clinical area</b>	<b>Full</b>	<b>Unsupervised – trusted to act unsupervised (under clinical oversight)</b>	<b>Supervisor advises what to do and returns to check everything</b>