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| **Phase III Acute Care - Core Presentations & Learning Outcomes Please refer to the notes on Moodle on how to use these** |
| **Core presentation / learning outcome** |
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| Blood & Lymph |
| Disorders of bleeding and thrombosis |
| By the end of Phase 3 students should be able to: |
| ·       recognise a bleeding tendency on history and examination |
| ·       manage at an appropriate level an acute haemorrhagic state |
| ·       interact appropriately with the haematologist in the management of patients with chronic problems of haemostasis |
| ·       recognise the possibility of a pro-thrombotic state on clinical grounds and make an appropriate referral |
| ·       initiate and monitor anticoagulant therapy according to published guidelines |
| ·       counsel patients on anticoagulant therapy |
| ·       recognise over-anticoagulation on clinical and laboratory grounds and be able to initiate appropriate management |
| Transfusion medicine |
| By the end of Phase 3 the student should be able to: |
| ·       organise and deliver a safe and appropriate blood transfusion |
| ·       recognise a transfusion reaction (both haemolytic and non-haemolytic), institute management and assess the cause including initiating laboratory investigation |
| ·       explain to patients the measures to prevent allo-immunisation in women of childbearing years |
| ·       diagnose blood-borne diseases in patients who have received a transfusion of blood or blood-products and to make an appropriate referral |
| ·       use blood products safely and effectively |
| ·       advise clients about their suitability to donate blood |
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| Cardiovascular |
| Core presentations |
| ·       Chest pain |
| ·       Cardiorespiratory arrest |
| ·       Breathlessness (cardiac) |
| ·       Shock |
| ·       Painful swollen leg |
| ·       Collapse |
| Acute myocardial infarction |
| By the end of Phase 3 students should be able to: |
| ·       recognise acute myocardial infarction and use appropriate investigations to confirm the diagnosis |
| ·       perform electrocardiography and interpret major abnormalities suggesting ischaemia |
| ·       act appropriately to ensure that those patients likely to benefit receive coronary reperfusion therapy quickly as possible |
| ·       control the pain of myocardial infarction |
| ·       recognise ventricular fibrillation and carry out immediate management |
| ·       describe the approach to active management in the medium to long term |
| ·       be able to explain electrocardiography, echocardiography, and coronary angiography to a patient |
| Arrhythmias |
| By the end of Phase 3 students should be able to: |
| ·       perform electrocardiography and interpret major abnormalities of rhythm and conduction |
| ·       recognise the common arrhythmias (ventricular extra systoles and tachycardia, supraventricular tachycardia, atrial fibrillation, bradycardia including heart block) |
| ·       initiate appropriate investigations |
| ·       initiate appropriate management |
| ·       explain cardiac pacing to patients |
| Thrombosis and embolism |
| By the end of Phase 3 students should be able to: |
| ·       initiate measures to prevent deep vein thrombosis |
| ·       recognise the likelihood of pulmonary embolism, deep vein thrombosis and embolic stroke |
| ·       initiate appropriate investigations |
| ·       initiate appropriate management including the rational choice of thrombolysis, anticoagulation and anti-platelet therapy according to agreed protocols |
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| Ear, Nose & Throat (ENT) |
| Core presentations |
| ·       Epistaxis |
| Nasal Disease |
| By the end of Phase 3 students should be able to: |
| ·       assess and initiate appropriate management of epistaxis |
| ·       recognise and manage rhinosinusitis |
| ·       identify the possibility of a septal haematoma after nasal trauma |
| ·       recognise deviation of the nasal septum |
| ·       recognise sinusitis and outline its appropriate investigation |
| ·       explain to patients the use of rigid and flexible endoscopy for patients with nasal, sinus and pharyngeal symptoms |
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| Eyes |
| Core presentations |
| ·       Red eye / eye pain |
| ·       Acute visual loss |
| ·       Eye trauma |
| Presentation of eye disease |
| By the end of Phase 3 students should be able to: |
| ·       identify the important causes for the symptoms of: |
| •                     ocular discomfort |
| •                     visual disturbance |
| ·       test and record visual acuity in adults and children |
| ·       examine the external eye with a pen torch |
| ·       assess a patient for the presence of squint by means of the corneal reflexes and cover testing |
| ·       perform the swinging flash lamp test for a relative afferent pupillary defect |
| ·       examine the fundus with a direct ophthalmoscope |
| ·       use safely mydriatic and fluorescein diagnostic drops |
| ·       examine visual fields by confrontation |
| ·       examine the ocular media of both adults and children by means of the red reflex |
| ·       distinguish between ophthalmic complaints requiring immediate referral, those which require referral but are not urgent and those with can be managed by the newly qualified practitioner |
| ·       discuss the extent and causes of preventable blindness world-wide |
| Conjunctival and corneal disease |
| By the end of Phase 3 students should be able to: |
| ·       recognise conjunctivitis, corneal abrasion, corneal foreign body, corneal abscess, keratitis and orbital cellulitis |
| ·       understand the relationship of conjunctivitis and keratitis to systemic disease e.g. atopic disease, urogenital disease, ENT disease and rheumatoid disease |
| ·       recognise blood and pus in the anterior chamber of the eye |
| ·       identify and manage simple cases of external eye disease |
| ·       refer appropriately |
| Visual loss |
| By the end of Phase 3 students should be able to: |
| ·       distinguish the characteristic visual disabilities in patients with glaucoma, cataract, hemianopia from cerebrovascular disease, and retinitis pigmentosa |
| ·       differentiate between painful acute angle closure glaucoma and chronic simple glaucoma |
| ·       recognise the causes of acute visual loss, including retinal detachment, vitreous haemorrhage, vascular occlusion, temporal arteritis and neurological causes |
| ·       recognise age-related macular degeneration and outline its management |
| Ophthalmic Manifestations of Systemic Disease |
| By the end of Phase 3 students should be able to: |
| ·       recognise the possibility of eye disease in patients with those common systemic diseases which are known to involve the eye - in particular the causes of optic neuritis, amaurosis fugax, visual field defects and connective tissue disease |
| ·       recognise optic atrophy, papilloedema and the retinal changes in systemic hypertension and appreciate their significance |
| ·       recognise thyroid eye disease |
| Eye trauma |
| By the end of Phase 3 students should be able to: |
| ·       recognise and provide immediate management (including referral) for patients with eye trauma including penetrating and chemical injury |
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| Gastrointestinal |
| Core presentations |
| ·       Bleeding from the GI tract / melaena |
| Upper gastrointestinal haemorrhage |
| By the end of Phase 3, students should be able to: |
| ·       assess the likely causes from history and examination |
| ·       assess the severity from physical examination |
| ·       initiate immediate management of acute upper gastrointestinal bleeding according to published guidelines |
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| Homeostatic |
| Core presentations |
| ·       Fluid and electrolyte abnormalities |
| ·       Abnormal blood sugar (including polydipsia) |
| ·       Hypercalcaemia |
| ·       Acid-base abnormalities |
| Insulin dependent diabetes |
| By the end of Phase 3 students should be able to: |
| ·       identify patients with insulin-dependent diabetes |
| ·       screen patients for co-existent cardiovascular risk factors |
| ·       screen for diabetes-related complications |
| ·       initiate management of a patient with IDDM, including the appropriate use of long- and short-acting insulins |
| ·       determine a patient's degree of metabolic control |
| ·       recognise diabetic ketoacidosis |
| ·       participate in the management of diabetic ketoacidosis |
| ·       recognise and manage hypoglycaemia |
| ·       outline to patients the dietary principles of the management of IDDM |
| Hypoglycaemia |
| By the end of Phase 3 students should be able to: |
| ·       recognise the possibility of hypoglycaemia and the circumstances in which it may occur |
| ·       initiate appropriate initial investigations |
| ·       initiate immediate management of hypoglycaemia |
| Electrolyte abnormalities |
| By the end of Phase 3 students should be able to: |
| ·       outline the potential causes for abnormalities of sodium, potassium or calcium |
| ·       initiate appropriate investigation for patients with abnormalities of sodium, potassium or calcium |
| ·       initiate management of these conditions |
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| Infectious disease |
| Core presentations |
| ·       Sepsis |
| Sepsis |
| By the end of Phase 3 students should be able to: |
| ·       consider the presentation of sepsis, including the possibility of neutropaenic sepsis in patients at risk |
| ·       recognise and initiate immediate investigation and management of sepsis and its complications, including septic shock |
| ·       obtain and interpret results of bacterial cultures – e.g. blood, throat swabs, sputum, CSF and urine |
| Infection control |
| By the end of Phase 3 students should be able to: |
| ·       recognise those conditions that require isolation in hospitals |
| ·       apply the principles of infection control and explain these to patients |
| ·       act appropriately to limit spread of infections |
| ·       classify operative procedures with reference to their infectious complications (clean, potentially contaminated, contaminated and dirty) |
| ·       use aseptic technique where appropriate |
| ·       scrub up and put on sterile gowns and gloves |
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| Mental Health |
| The confused patient |
| By the end of Phase 3, students should be able to: |
| ·       use multiple sources of information to clinically assess a patient presenting with confusion |
| ·       explain how cognitive impairment or confusion commonly results from physical/medical problems, recognising that delirium may need urgent medical management |
| ·       distinguish delirium from other ‘organic’ disorders such as Alzheimer’s disease |
| ·       explain how the different causes of dementia may be distinguished using history, examination and investigations where appropriate |
| ·       assess the cognitive function of a patient presenting with confusion or memory impairment |
| The patient who has recently harmed him/herself, or is threatening to do so |
| By the end of Phase 3, students should be able to: |
| ·       recognise when self-harm is life-threatening and be able to arrange immediate medical or surgical management |
| ·       consider the possible reasons why a patient might harm themselves, including biological, psychological and social factors |
| ·       consider factors that may have predisposed, precipitated or maintained a deterioration in a patient’s mental health |
| ·       sensitively assess a patient’s risk to themselves and/or others, arranging intervention where appropriate |
| ·       describe management options available, depending on the level of risk |
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| Musculoskeletal |
| Core presentations |
| ·       Multiple trauma/head injury |
| ·       Soft tissue injury/other trauma |
| General approach to patients with traumatic injuries |
| By the end of Phase 3 students should be able to: |
| ·       identify the extent and severity of injury following trauma by taking an appropriate history, and by the selective use of physical signs and investigations |
| ·       perform basic first aid and resuscitative care in a patient with musculoskeletal trauma and burns |
| ·       act appropriately to prevent tetanus |
| ·       communicate effectively with patients about the consequences of trauma and the impact both in the short and long term |
| ·       identify potential risk factors for traumatic injury and the ways they may be reduced |
| ·       discuss rehabilitation with physiotherapists and occupational therapists |
| Soft tissue injuries |
| By the end of Phase 3 students should be able to: |
| ·       distinguish clinically between strain, sprain, and rupture of ligaments and muscles |
| ·       assess traumatic knee effusions, including recognising the radiological appearances |
| ·       initiate investigations, where appropriate, in patients with soft tissue injuries |
| ·       initiate management of soft tissue injuries |
| ·       recognise the common underlying aetiological factors predisposing to infection in soft tissue injuries and wounds |
| ·       identify infection in soft tissue injuries |
| ·       request appropriate radiographic examinations and other investigations as required to assess the extent of soft tissue infections |
| ·       recognise the possibility of a gas-forming infective organism being present, the significance of this to the patient's health and the principles of investigation and management of this infection |
| ·       assess skin lacerations, including the recognition of foreign bodies, perform simple suturing under local anaesthesia and dress wounds |
| ·       initiate surgical management of soft tissue injuries |
| Limb injuries |
| By the end of Phase 3 the student should be able to: |
| ·       check the nerve and vascular supply distal to any injury |
| ·       diagnose nerve and tendon injuries in the hand |
| ·       identify injuries needing operative repair |
| ·       discuss rehabilitation in broad outline with the patient with the injured hand |
| ·       identify vascular injury in the upper and lower limbs |
| ·       identify nerve injury in the upper and lower limbs |
| ·       identify tendon injuries in the upper and lower limbs |
| Multiple trauma |
| By the end of Phase 3 the students should be able to: |
| ·       identify the basic principles of resuscitation in the multiply traumatised patient according to ATLS guidelines |
| ·       describe the role of team members in an ATLS trauma resuscitation |
| ·       be aware of the injury severity grading systems |
| ·       prioritise a patient’s injuries according the specific circumstances |
| ·       describe the importance of the 'golden hour' |
| ·       identify the range of investigative procedures in a patient with multiple trauma such as radiographs, peritoneal lavage and urethography and be aware of the indications for these |
| ·       identify the indications for immediate life support procedures such as endotracheal intubation, needle thoracocentesis or insertion of chest drain and drainage of cardiac tamponade |
| Head injury |
| By the end of Phase 3 students should be able to: |
| ·       make an initial assessment of the patient taking into account the mechanism of injury |
| ·       use the Glasgow Coma Scale to accurately describe a patient’s level of consciousness |
| ·       outline the management of head injury, depending on the underlying pathology, and recognise the importance of prevention of secondary brain ischaemia |
| Burns |
| By the end of Phase 3 students should be able to: |
| ·       assess the extent and depth of a burn |
| ·       plan appropriate investigations for a patient with severe burns |
| ·       initiate immediate management of a patient with burns, recognising the possible complications of burns, including airways obstruction and the occurrence of toxic shock syndrome in children |
| ·       be aware of burns as a form of non-accidental injury |
| ·       discuss with patients the physical and mental effects of burns |
| ·       discuss management of burns with physiotherapists and occupational therapists |
| Pain relief |
| By the end of Phase 3 students should be able to: |
| ·       prescribe mild, intermediate and strong analgesics as appropriate |
| ·       use combinations of anti-inflammatory agents and analgesics appropriately |
| ·       access sources of advice for patients whose pain is not satisfactorily controlled |
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| Neurological |
| Core presentations |
| ·       Fits (adult) |
| ·       Headache (incl. acute severe headache & chronic headache) |
| ·       Loss of consciousness |
| ·       Disturbance of consciousness |
| ·       Confusion/delirium |
| ·       Falls |
| ·       Mobility difficulties (Elderly) |
| The unconscious patient |
| By the end of Phase 3 students should be able to: |
| ·       make a rapid initial assessment and apply resuscitation if appropriate |
| ·       make an assessment of the likely causes |
| ·       initiate investigation and management of the commoner causes |
| ·       participate in the continuing care of unconscious patients |
| The confused patient |
| (see Mental Health) |
| Neurological emergencies |
| By the end of Phase 3 students should be able to: |
| ·       recognise those conditions which require urgent neurosurgical intervention or early expert neurological advice: |
| •                     raised intracranial pressure |
| •                     stupor and coma |
| •                     acute spinal cord or cauda equina compression |
| •                     intracranial haemorrhage |
| •                     acute visual symptoms |
| •                     status epilepticus |
| •                     meningitis/encephalitis |
| Headache |
| By the end of Phase 3 students should be able to: |
| ·       distinguish the common and important causes of headache using appropriate history, examination and investigations |
| ·       manage migraine and tension headache |
| ·       recognise meningitis and assess its severity (including the potential need for intensive care support) on history and examination |
| ·       recognise the need for urgent CT scans, before lumbar puncture, in the febrile patient with CNS signs |
| ·       recognise the common indications for lumbar puncture, CT and MRI in patients with neurological disease |
| ·       describe in detail the performance of a lumbar puncture |
| ·       interpret abnormalities in the CSF in relationship to the underlying pathophysiology |
| ·       initiate management of patients with possible meningitis |
| ·       recognise the possibility of cerebral abscess or encephalitis and initiate appropriate investigations |
| ·       recognise the possibility of sub-arachnoid haemorrhage and initiate appropriate investigations |
| Epilepsy |
| By the end of Phase 3 students should be able to: |
| ·       recognise epilepsy from the history |
| ·       distinguish the different types of epilepsy |
| ·       initiate appropriate investigations for possible epilepsy |
| ·       consider other causes for seizures in children and adults and how these can be distinguished from epilepsy |
| ·       be able to initiate and monitor simple anticonvulsant therapy |
| ·       outline to patients the social implications of epilepsy, e.g. with regard to work, recreation and the DVLA regulations |
| ·       initiate management of status epilepticus |
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| Renal |
| Core presentations |
| ·       Dysuria |
| ·       Abnormal urinalysis |
| ·       Acute Kidney Injury / Renal failure |
| Urinary tract infection |
| By the end of Phase 3 students should be able to: |
| ·       recognise situations that predispose to urinary infection |
| ·       diagnose acute and chronic cystitis |
| ·       recognise and initiate management of septicaemia arising from the urinary tract |
| ·       recognise and initiate management of acute pyelonephritis |
| ·       recognise the significance of sterile pyuria |
| ·       manage acute urinary tract infection |
| ·       recognise those situations where further investigation is required for patients presenting with urinary tract infection |
| Acute kidney injury |
| By the end of Phase 3 students should be able to: |
| ·       recognise acute kidney injury, distinguish it from chronic kidney disease and relate the changes to the underlying pathophysiology |
| ·       act to prevent (or minimise the impact of) acute kidney injury as far as possible |
| ·       initiate investigation and management for the patient with acute kidney injury |
| ·       discuss the prognosis of acute kidney injury |
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| Respiratory |
| Core presentations |
| ·       Pain on inspiration |
| ·       Haemoptysis |
| ·       Breathlessness (non-cardiac) |
| Airflow limitation |
| By the end of Phase 3 students should be able to: |
| ·       recognise asthma and assess its severity (including the need for artificial ventilation) using history, examination and simple pulmonary function tests |
| ·       demonstrate and explain the use of peak expiratory flow measurements to patients |
| ·       recognise the major causes and precipitants of asthma exacerbations, including occupational and social factors, and relate these to the underlying pathophysiology |
| ·       manage adult patients with acute and chronic asthma according to BTS guidelines |
| ·       recognise and assess the severity of disease in patients with chronic airflow limitation and assess the common complications |
| ·       obtain and interpret a spirograph and recognise the typical findings in obstructive and restrictive lung disease |
| ·       manage patients with chronic airflow limitation including the common complications |
| ·       explain the correct use of inhaler medication |
| ·       explain to a patient how to recognise and appropriately manage exacerbations of the disease (self-management) |
| ·       recognise the clinical presentation of bronchiectasis and outline its management |
| ·       provide support to patients and negotiate a plan for smoking cessation, including the use of pharmacological measures |
| ·       communicate sensitively with a patient about the diagnosis and implications of a diagnosis of chronic/incurable lung disease |
| Respiratory infections |
| By the end of Phase 3 students should be able to: |
| ·       diagnose pneumonia in a patient presenting with cough and fever and distinguish it from other causes of respiratory symptoms |
| ·       assess the probability of an 'atypical' pneumonia in patients |
| ·       recognise the radiological features of consolidation and pleural effusion |
| ·       manage a patient with community-acquired pneumonia taking into account the likely organisms and local and national guidelines |
| Respiratory failure |
| By the end of Phase 3 students should be able to: |
| ·       make a rapid assessment and initiate management in the patient with acute respiratory distress |
| ·       recognise a patient in respiratory failure |
| ·       interpret arterial blood gas results |
| ·       use and interpret results from a pulse oximeter |
| ·       prescribe oxygen and oxygen delivery systems appropriately |
| Pleural disease |
| By the end of Phase 3 students should be able to: |
| ·       recognise the clinical features of pleural effusion and distinguish the common causes |
| ·       recognise the radiological features of pleural effusion and pneumothorax |
| ·       assist in simple aspiration of pleural fluid |
| ·       recognise pneumothorax in patients presenting with sudden pain and breathlessness |
| ·       recognise tension pneumothorax and the need for emergency needle decompression |
| ·       explain to a patient the procedure and potential complications of chest drain insertion |
| ·       manage a chest drain |
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| Skin |
| Core presentations |
| ·       Skin infections |
| ·       Rash |
| •        Acute rashes |
| ·       Burns |
| Presentation of skin disease |
| By the end of Phase 3 students should be able to: |
| ·       identify the important causes of: |
| •             pruritus |
| •             erythema |
| •             erythroderma |
| •             macules |
| •             papules |
| •             nodules |
| •             plaques |
| •             vesicles |
| •             bullae |
| •             pustules |
| •             scaling |
| •             ulcers |
| •             wheals |
| •             excoriations |
| •             exfoliation |
| •             common nail changes |
| ·       recognise the common skin and nail signs of systemic disease |
| ·       be able to discuss with patients the psychological, social and occupational impact of skin disease |
| ·       recognise and initiate management for patients presenting with severe and life-threatening skin disease |
| Skin infections |
| By the end of Phase 3 students should be able to: |
| ·       diagnose acne vulgaris |
| ·       diagnose viral skin infections (e.g. viral warts, molluscum contagiosum, herpes simplex, herpes zoster) |
| ·       diagnose bacterial infections (e.g. folliculitis, boils, impetigo, streptococcal cellulitis) |
| ·       diagnose fungal infections affecting the skin and nails (e.g. candida, tinea and pityriasis versicolor) |
| ·       initiate appropriate management of infections affecting the skin and/or nails |
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| General |
| Core presentations |
| ·       The patient needing pain control |
| ·       The patient experiencing drug toxicity |
| ·       Allergies / Anaphylaxis |
| Assessment of the acutely ill patient |
| By the end of Phase 3 students should be able to: |
| ·       recognise acutely ill patients, assessing them appropriately using all immediately available information and including the use of clinical early warning systems/scores (e.g. MEWS) |
| ·       apply the ABCDE approach to the initial assessment of acutely ill patients |
| ·      initiate resuscitation of acutely ill patients based on the ABCDE assessment, demonstrating the ability to prioritise management of the most life-threatening problems |
| Cardio-pulmonary resuscitation |
| By the end of Phase 3 students should be able to: |
| ·       diagnose and initiate management of asystole, ventricular fibrillation, pulseless ventricular tachycardia and electro-mechanical dissociation according to established guidelines |
| ·       operate a defibrillator competently |
| ·       discuss the ethical dilemmas and legal requirements surrounding resuscitation decisions and how they may be resolved |
| Airway management |
| By the end of Phase 3 students should be able to: |
| ·       recognise the likelihood of airway obstruction in the seriously ill patient |
| ·       recognise airway obstruction in the unconscious patient |
| ·       create a clear airway by appropriate position and suction |
| ·       administer oxygen appropriately |
| ·       insert a Guedel airway in the unconscious patient |
| ·       maintain an airway in the unconscious patient and perform positive pressure ventilation using a "bag and mask" |
| ·       appreciate the use of laryngeal mask airway and understand its benefits and limitations |
| ·       recognise the need for endotracheal intubation and its complications |
| ·       identify a misplaced endotracheal tube on a chest radiograph (CXR) |
| ·       recognise the need for emergency and elective tracheostomy |
| ·       recognise the appearance of lung/lobar collapse on chest radiography |
| ·       recognise the appearance of a foreign body on chest radiography |
| Blood transfusion and fluid replacement |
| By the end of Phase 3 students should be able to: |
| ·       organise and deliver a safe and appropriate blood transfusion (see Blood & Lymph) |
| ·       act to reduce the need for blood transfusions and transfusion requirements generally |
| ·       be able to calculate the daily fluid requirement for children and adults allowing for the effect of disease, surgery and trauma |
| ·       initiate and monitor fluid replacement appropriately |
| Acute poisoning |
| By the end of Phase 3 students should be able to: |
| ·       recognise the commoner inhalants and ingestants responsible for accidental and deliberate poisoning and their resulting clinical features |
| ·       initiate immediate resuscitation if appropriate |
| ·       participate in the assessment and management of patients subject to the commoner poisonings |
| ·       make an assessment of the underlying social and psychiatric factors in deliberate self-harm and the likelihood of a repetition |
| Shock |
| By the end of Phase 3 students should be able to: |
| ·       list the causes of shock and describe the clinical findings that characterise the different types of shock |
| ·       recognise and initiate immediate investigation and management of hypovolaemic shock |
| ·       recognise and initiate immediate investigation and management of septic shock and its complications |
| ·       recognise and initiate immediate investigation and management of anaphylactic shock |
| ·       recognise the pathophysiological disturbances which accompany shock |
| ·       monitor and assess the response to treatment |
| Multiple problems in the elderly |
| By the end of Phase 3 students should be able to: |
| ·       recognise that most elderly patients do not have a single problem |
| ·       identify multiple problems and relate one to another as appropriate |
| ·       prioritise patients' problems |
| ·       recognise the necessity, complexity and disadvantages of multiple drug therapy |
| ·       work with other members of the team in the management of multiple problems |
| Falls in the elderly |
| By the end of Phase 3 students should be able to: |
| ·       diagnose the possible causes of falls using history, examination and appropriate use of investigations |
| ·       consider methods of reducing the risk of injury for patients at high risk of falls |
| Mobility difficulties in the elderly |
| By the end of Phase 3 students should be able to: |
| ·       recognise those physical, psychological and environmental factors which cause immobility |
| ·       recognise the complications of immobility |
| ·       distinguish the cause of immobility on history and examination |
| ·       pay due attention to the importance of a patient's clothes and shoes |
| ·       work with physiotherapists and occupational therapists in the mobilisation of patients |
| ·       give general advice to patients about mobility aids |
| Confusion in the elderly |
| By the end of Phase 3 students should be able to: |
| ·       assess the cause by a history (including one from the main carer) and examination |
| ·       arrange appropriate investigations |
| ·       differentiate between acute and chronic confusion |
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| Clinical Diagnostic & Procedural Skills |
| From GMC ‘Outcomes for Graduates’ - see separate guidance on Clinical Skills / TDOCs |