Phase III Care of the Medical Patient - Core Presentations & Learning Outcomes

Please refer to the notes on Moodle on how to use these

Core presentation / learning outcome

Blood & Lymph

Core presentations

- Anaemia
- Pallor
- Lymphadenopathy
- Haematological malignancy
- Purpura
- Bleeding tendency
- Hypercoagulability
- Fatigue

Anaemia

By the end of Phase 3 students should be able to:

- recognise the significance of a low haemoglobin taking into account the age and sex of the patient
- distinguish the type of anaemia from the blood count and determine the likely cause using clinical information available
- evaluate the cause of iron-deficiency anaemia
- manage iron-deficiency anaemia alongside any associated underlying causes (if appropriate)
- distinguish between iron-deficiency anaemia, the anaemia of chronic disease and thalassaemia trait and either treat or make appropriate referral
- distinguish between macrocytic and megaloblastic anaemia
- determine the cause of macrocytic anaemia clinically and with appropriate laboratory investigation

- use laboratory investigation to identify the cause of megaloblastic anaemia and to institute treatment with appropriate urgency
- initiate investigation of normochromic, normocytic anaemia and make appropriate referral
- recognise the possibility of haemolytic anaemia from laboratory investigation and clinical evidence, identify the likely cause and arrange referral as appropriate
- recognise and institute management of acute complications of sickle cell anaemia

Lymphadenopathy

By the end of Phase 3 students should be able to:

- describe the causes of lymphadenopathy
- carry out an appropriate clinical assessment for a patient presenting with enlarged lymph node(s)
- use their anatomical knowledge to inform their clinical assessment of a patient presenting with lymphadenopathy
- use clinical assessment and appropriate investigations to distinguish between reactive and malignant causes of lymphadenopathy

Haematological malignancies

By the end of Phase 3 students should be able to:

- recognise the possibility of a malignant disorder of the lympho-haemopoietic system on clinical grounds and from the blood count
- make an appropriate estimate of the urgency of referral
- undertake investigations to confirm myeloma as a cause of a raised plasma viscosity
- explain to patients the nature and value of a bone marrow aspiration and biopsy
- describe to patients in outline the potential benefits and possible side effects of radiotherapy, chemotherapy and hormonal therapy in lymphoma

Polycythaemia

By the end of Phase 3 students should be able to:

- recognise an abnormally high haemoglobin
- use clinical examination and a full blood count to determine the cause
- investigate and refer appropriately
- participate at an appropriate level in venesection treatment

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

Inherited disease

By the end of Phase 3 students should be able to:

- be aware that some couples are at high risk of having a child affected by a severe inherited blood disorder and that they may require counselling

Drug interactions

By the end of Phase 3 students should be able to:

- recognise a haematological problem as being a possible consequence of concomitant drug therapy especially in patients on chemotherapy
- recognise patients who are at risk of severe sequelae to drugs because of underlying haematological diseases

Cardiovascular

Core presentations

• Chest pain
• Palpitations
• Blood pressure problems
• Cardiorespiratory arrest
• Breathlessness (cardiac)
• Heart murmurs

Angina pectoris

By the end of Phase 3 students should be able to:

- recognise angina and describe how it may be distinguished from other causes of chest pain
- initiate investigations to confirm the diagnosis and assess the severity of underlying coronary artery disease
- recognise the risk factors in individual patients
- initiate immediate management of a patient presenting with suspected angina
- explain the investigation of chest pain (including stress testing) to a patient

- describe the long-term management of angina pectoris

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

Heart Failure

By the end of Phase 3 students should be able to:

- recognise left and right heart failure from the history and physical examination and relate them to underlying pathophysiological changes
- describe the role of radiography, electrocardiography and echocardiography in the diagnosis of heart failure (detailed interpretation is not required)
- recognise the basic radiological features of cardiac enlargement and pulmonary oedema and relate them to the underlying pathophysiology
- initiate appropriate pharmacological management of patients with heart failure
- describe the approach to management of chronic heart failure, including self-management strategies

Valvular Heart Disease

By the end of Phase 3 students should be able to:

- recognise the possibility of a valvular lesion in patients with heart disease (taking aortic and mitral valve disease as examples)
- distinguish a systolic from a diastolic murmur (ability to diagnose mixed and complicated valve lesions is not required at this stage)
- list the common causes of valvular lesions and how they present in clinical practice
- explain to patients how valve lesions are investigated and treated
- consider the diagnosis of infective endocarditis in patients with fever and initiate appropriate investigations

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

Eyes

Core presentations

- Chronic visual loss

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

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

Diabetic retinopathy

By the end of Phase 3 students should be able to:

- recognise diabetic retinopathy and understand the potential for prevention of this condition
- Explain the pathophysiology of diabetic retinopathy and how this relates to presentation and management
- make appropriate referrals for patients with diabetic retinopathy
- explain to patients the importance of detection and the management of diabetic eye disease

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

Gastrointestinal

Core presentations

• Change in bowel habit
• Jaundice
• Diarrhoea
• Vomiting
• Inadequate nutrition
• Weight loss

Nutritional Assessment and Treatment

By the end of Phase 3, students should be able to:

- discuss with patients the nutritional components of a healthy diet
- take a simple dietary history
- recognise the circumstances which may lead to poor nutrition
- use body mass index and percentage weight loss to recognise and assess poor nutrition
- recognise the range of strategies for providing nutritional support to patients
- recognise the relative roles of enteral and parenteral nutrition
- advise patients on the management of obesity

Dyspepsia

By the end of Phase 3, students should be able to:

- recognise and distinguish between peptic ulcer disease, gastro-oesophageal reflux disease and functional dyspepsia clinically and on investigation (including investigation for *H. pylori* infection)
- initiate management for these conditions (including treatment for *H. pylori* infection)
- communicate to a patient the diagnosis of peptic ulcer disease with an explanation of the management including lifestyle measures
- recognise the possibility of gastric cancer in patients presenting with upper abdominal symptoms
- recognise the possibility of gall bladder disease in patients with upper abdominal pain and initiate appropriate investigations
- outline the management options available for oesophageal or gastric cancer

Jaundice and hepatomegaly

By the end of Phase 3 students should be able to:

- distinguish pre-hepatic, hepatic, post-hepatic jaundice on clinical and biochemical grounds
- distinguish between infectious and mechanical causes of biliary obstruction
- initiate and interpret appropriate investigations for a patient with jaundice
- initiate and interpret appropriate investigations for patients with suspected hepatitis
- explain the procedure and rationale for ERCP and its associated risks and benefits
- consider intra-abdominal malignancy as a cause for jaundice, enlarged gallbladder or hepatomegaly
- distinguish the common causes of hepatomegaly on clinical grounds
- initiate investigations for hepatomegaly
- recognise the manifestations of chronic liver disease including encephalopathy and portal hypertension
- recognise the situations associated with acute hepatic failure, the signs of hepatic failure and initiate immediate management
- communicate to a patient that he/she is drinking alcohol to excess and outline the potential consequences

Ascites

By the end of Phase 3 students should be able to:

- detect ascites clinically
- initiate appropriate investigation having regard to the likely causes
- initiate management of hepatic ascites

Malabsorption

By the end of Phase 3 students should be able to:

- recognise clinical features of malabsorption
- recognise chronic pancreatitis as cause of malabsorption and abdominal and back pain
- appreciate the possibility of small bowel disease in patients presenting with different forms of nutritional anaemia
- explain to patients how small bowel disease is investigated
- explain to patients the rationale for and practical implications of a gluten-free diet

Diarrhoea and constipation

By the end of Phase 3 students should be able to:

- appreciate likely diagnoses in patients with acute and chronic diarrhoea and how they may be distinguished on clinical grounds
- initiate appropriate investigation
- assess the physiological effects of severe diarrhoea
- explain the importance of oral rehydration solutions
- distinguish the common causes of constipation on clinical grounds
- initiate appropriate investigations for constipation
- initiate appropriate management of constipation

Inflammatory bowel disease

By the end of Phase 3 students should be able to:

- recognise the possibility of inflammatory bowel disease in patients presenting with lower gastrointestinal symptoms
- initiate appropriate investigations in a patient with a suspected inflammatory bowel disease
- initiate appropriate management in a patient with inflammatory bowel disease
- recognise the differences in presentation between Crohn's disease and ulcerative colitis, and how these relate to the underlying pathology
- recognise the possibility of systemic symptoms associated with inflammatory bowel disease
- explain the rationale for colonoscopy and radiological investigations, and their associated risks and benefits

- describe the typical microscopic, macroscopic and radiological features of inflammatory bowel disease, including the recognition of 'toxic megacolon'
- explain to patients the nature and rationale for maintenance treatment in inflammatory bowel disease

Irritable bowel syndrome

By the end of Phase 3 students should be able to:

- recognise the presentations of irritable bowel syndrome
- appreciate other common causes of chronic abdominal pain and how they may be distinguished
- explain to a patient the nature of irritable bowel syndrome and its relationship to precipitants such as stress

Homeostatic

Core presentations

- Abnormal blood sugar (including polydipsia)
- Hypercalcaemia
- Abnormal weight
- Peripheral oedema and ankle swelling

Diabetes

By the end of Phase 3 students should be able to:

- identify patients likely to have a diagnosis of diabetes on the basis of the clinical history
- confirm diabetes on laboratory investigation, including identifying sub-clinical diabetes
- formulate shared management plans for the care of patients with diabetes, incorporating elements of self-management, and communicate this effectively with them
- discuss lifestyle measures that are important to consider for patients with diabetes
- explain to patients the importance of good metabolic control, blood pressure control and reduction of serum lipids in reducing morbidity and mortality
- offer advice to patients on exercise, driving and occupation
- offer patients information about self-help organisations
- appreciate the contribution of diabetes to morbidity and mortality in the population
- consider how a patient's ethnic background or their values and beliefs might influence how their diabetes is managed
- describe the role of the multi-disciplinary team in the care of patients with diabetes

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

Non-insulin dependent diabetes

By the end of Phase 3 students should be able to:

- diagnose non-insulin dependent diabetes
- investigate patients for cardiovascular risk factors and for the complications of diabetes
- outline to patients the dietary principles of the management of NIDDM
- manage NIDDM including the prescription of oral therapy

Long term complications of diabetes

By the end of Phase 3 students should be able to:

- recognise the long term cardiovascular complications of diabetes
- manage hypertension appropriately in diabetics
- recognise renal disease in diabetics and refer appropriately
- recognise diabetic neuropathy
- recognise autonomic neuropathy
- recognise the potential importance of skin lesions in diabetics
- recognise the features of diabetic retinopathy and outline its appropriate management
- describe the mechanisms underlying these complications and the potential for their prevention

Thyroid disorders

By the end of Phase 3 students should be able to:

- recognise the symptoms and signs of hypothyroidism, and outline its possible causes
- recognise the symptoms and signs of thyrotoxicosis, and outline its possible causes
- initiate and interpret investigations for patients presenting with thyroid disorders
- manage hypothyroidism
- manage thyrotoxicosis using medical therapy
- outline the other management options for thyrotoxicosis, including the use of radio-iodine and surgery
- recognise thyroid eye disease and explain the management to patients
- recognise the possibility of thyroid cancer and initiate management
- recognise goitre and initiate appropriate investigation
- list the causes of neck lumps and describe how they may be distinguished using history, examination and appropriate investigations

Adrenal gland hormones

By the end of Phase 3 students should be able to:

- recognise the symptoms and signs of Addison's disease
- confirm the diagnosis of Addison's disease
- initiate the immediate management of Addisonian crisis
- recognise the symptoms and signs of Cushing's syndrome
- confirm the diagnosis of Cushing's syndrome
- outline the long term management of Addison's Disease and Cushing's Syndrome

Pituitary gland hormones

By the end of Phase 3 students should be able to:

- recognise the circumstances when hypopituitarism may occur
- recognise the possibility of hypopituitarism in patients with 'non-specific' symptoms
- initiate investigations for posterior pituitary function in patients with polyuria
- initiate investigations of the cause of hypopituitarism
- recognise acromegaly
- initiate investigations for acromegaly
- outline to patients the possible treatments for acromegaly

Infectious disease

Core presentations

- Fever
- HIV
- Tuberculosis

HIV

By the end of Phase 3 students should be able to:

- recognise when pre- and post-test HIV counselling is appropriate
- assess the possibility of an HIV-related illness in patients
- recognise the possibility and significance of Pneumocystis jiroveci Pneumonia (PJP)
- recognise oral manifestations of HIV infection
- inform sensitively a patient that he/she has HIV infection or AIDS
- explain to a lay person the basis for the immunological defects in AIDS

Neurological

Core presentations

- Fits (adult)
- Falls
- Numbness and tingling
- Chronic movement disorder
- Facial pain
- Weakness
- Stroke
- Sleep disorders incl. obstructive sleep apnoea

Facial symptoms

By the end of Phase 3 students should be able to:

- consider the possible causes of facial pain and how these may be distinguished using history, examination and appropriate investigations
- consider the causes of facial weakness or sensory loss
- explain the diagnosis of Bell's palsy and distinguish it from central causes of facial symptoms
- outline the management of a patient with trigeminal neuralgia

- outline the management of a patient with Bell's palsy

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

Cerebrovascular disease

By the end of Phase 3 students should be able to:

- diagnose transient ischaemic attack and investigate the causes appropriately
- diagnose stroke and investigate the causes appropriately
- initiate acute management
- relate the common CT appearances in stroke to the underlying pathology
- participate in strategies for primary and secondary prevention of cerebrovascular disease
- explain rehabilitation to patients and relatives

Limb symptoms

By the end of Phase 3 students should be able to:

- outline the causes of neurological problems in the upper and/or lower limbs, including weakness, sensory disturbance and pain
- relate a patient's symptoms to the underlying anatomy and pathophysiology
- identify and manage patients requiring immediate or urgent intervention
- recognise peripheral neuropathy and outline its investigation and management
- recognise compression of the median nerve in the carpal tunnel and investigate the possible causes
- outline the management options for patients presenting with carpal tunnel syndrome
- recognise the possibility of muscle disorders in patients presenting with muscle weakness

Chronic neurological & movement disorders

By the end of Phase 3 students should be able to:

- recognise the possibility of multiple sclerosis, Parkinson's disease, and motor neurone disease in patients presenting with neurological symptoms, and relate the major clinical findings to the underlying pathology
- Elicit relevant history and examination findings from patients with chronic disabling neurological disorders, such as Parkinson's disease or cerebellar disorders
- outline the management of these conditions
- participate in the long-term care of the disabled including recognition of the role of occupational therapy, physiotherapy and the support services

Cerebral tumours

By the end of Phase 3 students should be able to:

- consider the possibility of cerebral tumour in patients presenting with neurological symptoms
- outline the therapeutic options to patients and relatives
- assess the likelihood of primary and secondary tumours

Renal

Core presentations

- Acute Kidney Injury / Renal failure
- Chronic Kidney Disease / Proteinuria

Proteinuria

By the end of Phase 3 students should be able to:

- assess the significance and likely causes of proteinuria
- initiate investigation and management of the patient with proteinuria in relation to the underlying pathophysiology

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

Chronic kidney disease

By the end of Phase 3 students should be able to:

- recognise the clinical presentation of chronic kidney disease and relate this to the underlying pathophysiology
- describe the most important causes of chronic kidney disease
- contribute to the control of risk factors for deterioration in renal function
- participate in the management of the patient with chronic kidney disease, including correction of anaemia, prevention of renal osteodystrophy and correction of hypercalcaemia
- be able to explain to patients the principles of dialysis and transplantation
- recognise the psychological and physical implications of chronic kidney disease, both for the patient and their family
- debate the social and ethical dilemmas surrounding the management of chronic dialysis and transplantation

Respiratory

Core presentations

• Pain on inspiration
• Haemoptysis
• Cough (+/- wheeze)
• Sputum
• 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

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

Tuberculosis

By the end of Phase 3 students should be able to:

- assess the likelihood of tuberculosis in patients complaining of fever and cough and in those with lymphadenopathy
- initiate appropriate investigations for a patient with possible tuberculosis
- arrange appropriate initial management of a patient with tuberculosis
- describe the opportunities for the control of the spread of the disease

Lung cancer

By the end of Phase 3 students should be able to:

- assess the likelihood of cancer in patients presenting with haemoptysis
- recognise the clinical presentation of lung cancer including extra-pulmonary manifestations
- arrange appropriate investigations for a patient with persistent cough or other symptoms/signs attributable to lung cancer
- communicate sensitively with a patient about the diagnosis and implications of a diagnosis of incurable lung disease
- outline to patients the possible treatments, having regard to the histological type
- relieve pain, cough and breathlessness in lung cancer
- recognise and initiate management of superior vena caval obstruction
- describe a bronchoscopy to a patient

Restrictive lung disease

By the end of Phase 3 students should be able to:

- recognise the clinical presentation of restrictive lung disease and typical radiological findings
- obtain and interpret a spirograph and recognise the typical findings in obstructive and restrictive lung disease
- describe the possible causes of restrictive lung disease, including fibrosis and pleural thickening
- communicate sensitively with a patient about the diagnosis and implications of a diagnosis of chronic/incurable lung disease
- recognise the possibility of environmental and occupational factors in the causation of lung disease
- describe the potential importance of environmental and occupational factors in the causation of lung disease
- initiate appropriate investigations and/or arrange appropriate referral

Skin

Core presentations

- Chronic rashes
- Pruritus

Pressure Sores

By the end of Phase 3 students should be able to:

- recognise the common underlying aetiological factors predisposing to the development of pressure sores
- be involved in management of pressure sores by giving advice, applying both local and general care and the recognition of the need for appropriate referral

General

Core presentations

- The patient experiencing drug toxicity
- Frailty

Elderly care

By the end of Phase 3 students should be able to:

- recognise the manifestations of the ageing process and discuss these with patients
- take a history from an elderly patient including information on social circumstances

- obtain information from carers and support workers
- examine the physical, mental and functional abilities and appreciate the effects of ageing on these parameters
- carry out appropriate assessment of a patient's cognitive function
- relate to patients with communication disorders
- recognise the difference between impairment, disability and handicap
- assess function using a standardised approach

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

Adults requiring long-term care

By the end of Phase 3 students should be able to:

- describe methods used to assess the impact of frailty and illness on daily activities
- work with social workers, physiotherapists and occupational therapists to improve a patient's independence or quality of life

- carry out a functional assessment in collaboration with the physiotherapist and occupational therapist
- refer appropriately for rehabilitation
- take part in discussions about referral for long-term care
- define and recognise adults who are vulnerable to abuse, applying appropriate safeguarding measures when appropriate
- describe how carers (paid and unpaid) contribute towards the management of patients with long-term conditions
- outline the health and social issues affecting unpaid carers and describe ways in which unpaid carers can be supported

Disability in younger patients

By the end of Phase 3 students should be able to:

- advise patients on basic aids, adaptations, benefits and facilities for disabled people
- seek further advice about help for disabled people
- discuss with patients the potential for prevention of disability
- discuss with patients the prevention of deterioration and the improvement of function with rehabilitation
- work with patients in a partnership to make the best use of their abilities
- relate how psychological factors affect the prognosis in long-term physical illness, stress and depression
- discuss with patients the effect of disability on social and family life and on employment

Palliative Medicine (including, but not confined to, patients with cancer)

By the end of Phase 3 students should be able to:

- distinguish for patients the differences between curative, palliative and adjuvant treatment
- outline the main components of end-of-life care, including the appropriate use of symptom management and other considerations such as DNAR orders (Do Not Attempt Resuscitation), withdrawal and witholding of life-sustaining treatment, doctrine of double effect, patient's expressed wishes, carers'/relatives' concerns and cultural/religious practices
- gather appropriate information and complete appropriate examination for patients requiring palliative symptom management; assessment of pain, nausea, vomiting, constipation and breathlessness
- prescribe appropriately for pain and other common end-of-life symptoms, and to be able to access sources of further advice if required
- state the indications for the use of a syringe driver for the control of pain and other end-of-life symptoms
- access the skills of community services, Hospice care, Macmillan nurses, GPs, medical social workers and nursing homes
- provide psychological support of patients with terminal illness and their relatives at all stages
- communicate news about cancer to the patient, to the relatives and to the patient with relatives present
- recognise and respond appropriately to bereavement reactions

Clinical Diagnostic & Procedural Skills

From GMC ‘Outcomes for Graduates’ - see separate guidance on Clinical Skills / TDOCs