

# APPENDICES

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University of Cape Town

4<sup>TH</sup> YEAR MBCHB PORTFOLIO OF LEARNING PROGRAMME

STRUCTURE OF THE COURSE

During the 40-week academic year you will rotate through 4 clinical attachments that together make up the 16-week Internal Medicine clerkship. The tables below outline the minimum requirements of each rotation. A detailed orientation session will be given at the start of each rotation. It is essential that you attend these orientation sessions.

Rotation	Site	Purpose of rotation, learning activities to engage and work expected of you
General Medicine	GF Jooste Hospital 4 weeks	<p><b>Purpose</b> This is an intensive rotation in which you are expected to function as a junior clinician providing daily care (under supervision) for acutely ill in-patients whilst learning Medicine.</p> <p><b>Attendance</b> You are expected to participate in hospital duties every week day, except Tuesdays, from 08h00-16h00. Weekend intake and post-intake duties are highly recommended, but not enforced.</p> <p><b>Structured learning activities</b></p> <ul style="list-style-type: none"> <li>▪ Seminars on Tuesdays at Groote Schuur Hospital</li> <li>▪ Twice weekly on-site bedside teaching sessions</li> <li>▪ Clinical "in-service" teaching related to patients in your care on acute admission intakes and post-intake ward rounds</li> <li>▪ On-site academic meetings offered at each of the hospitals e.g. X-ray Meetings, Clinical Meetings and Journal Clubs.</li> </ul> <p><b>Self-directed learning</b> You are expected to supplement your daily clinical learning by reading a prescribed textbook and selected articles during this rotation. A list of Core Clinical Problems and Core Medicine Topics, contained in this course guide, should direct your learning.</p> <p>📁 <b>Portfolio of Learning: Patient case notes required</b></p> <ul style="list-style-type: none"> <li>▪ <u>6 portfolio entries</u> of patients personally clerked and managed while in hospital</li> <li>▪ <u>6 portfolio entries</u> of patients clerked, but not specifically managed</li> </ul> <p>📁 <b>Portfolio of Learning: Question and Answer tasks required</b></p> <ul style="list-style-type: none"> <li>▪ 12 Question and Answer tasks related to bedside teaching patient encounters</li> </ul> <p>📁 <b>Portfolio of Learning: Treatment plans required</b></p> <ul style="list-style-type: none"> <li>▪ <u>35 generic treatment plans</u> for common medical problems</li> <li>▪ <u>15 adapted treatment plans</u> specifically adapted for patients seen</li> </ul>
	Victoria Hospital 4 weeks  OR  Somerset Hospital 4 weeks	<p>📁 <b>Portfolio of Learning: Principles of Primary Health Care tasks required</b></p> <ul style="list-style-type: none"> <li>▪ Describe 3-stage patient assessment: <u>25 portfolio patient entries</u></li> <li>▪ Describe referral experience of patients: <u>5 portfolio patient entries</u></li> <li>▪ Describe biopsychosocial world / culture of patients: <u>2 portfolio patient entries</u></li> <li>▪ Use client-centred approach to patient assessment: <u>1 portfolio patient entry (DM patient)</u></li> <li>▪ Use educational approach to design of a health education process for patients: <u>1 portfolio patient entry (HT patient)</u></li> <li>▪ Describe role of other health disciplines in acute and ongoing patient care: <u>1 portfolio patient entry (CVA patient)</u></li> <li>▪ Describe transport requirements of patients attending a health care facility: <u>3 portfolio patient entries</u></li> <li>▪ Describe how the principles of equity were or were not met in a patient's experience of public health care: <u>2 portfolio patient entries</u></li> <li>▪ Describe involvement of families in developing patient treatment plans: <u>1 portfolio patient entry (CVA patient)</u></li> <li>▪ Apply a client-centred and educational approach to restore and promote patients' future health: <u>1 portfolio patient entry (HT or DM patient)</u></li> </ul>

Rotation	Site	Purpose of rotation, learning activities to engage and work expected of you
<b>Ambulatory Medicine</b>	Khayelitsha Community Health Centre  2 weeks	<p><b>Purpose</b> This forms part of a mixed rotation shared with Gynaecology. In this rotation you are expected to function as a junior clinician providing ambulatory, and sometimes acute, care (under supervision) for patients presenting to the Khayalitsha Community Health Centre.</p> <p><b>Attendance</b> You are expected to participate in Clinic duties every week day from 08h00-16h00. One weekend duty is highly recommended, but not enforced.</p> <p><b>Structured learning activities</b></p> <ul style="list-style-type: none"> <li>▪ Clinical “in-service” teaching related to patients under your care</li> <li>▪ Self-directed learning tasks exposing you to a variety of clinical activities taking</li> <li>▪ Prepared course materials to work through before attending daily Clinics. <i>Failure to adequately prepare for these Clinic attendances will significantly impair your learning in this rotation.</i></li> </ul> <p><b>Self-directed learning</b> You are expected to supplement your daily clinical learning by reading a prescribed textbook during this rotation. A list of Core Clinical Problems and Core Medicine Topics, contained in this course guide, should direct your learning.</p> <p> <b>Portfolio of Learning: Patient case notes required</b></p> <ul style="list-style-type: none"> <li>▪ <u>6 portfolio entries</u> of patients personally clerked and managed at the CHC.</li> </ul> <p> <b>Portfolio of Learning: Treatment plans required</b> As previously outlined above</p> <p> <b>Portfolio of Learning: Principles of Primary Health Care tasks required</b> As previously outlined</p>
Rotation	Site	Purpose of rotation, learning activities to engage and work expected of you
<b>Medical Specialties</b>	Groote Schuur Hospital  2 weeks	<p><b>Purpose</b> This forms part of a mixed rotation shared with Therapeutics and Psychiatry. Medical Specialties offers tutorials two days per week only. The rest of each week is devoted to the other disciplines that form part of this rotation.</p> <p><b>Attendance</b> You are expected to attend tutorials on Tuesdays and Fridays, as per timetable.</p> <p><b>Structured learning activities</b></p> <ul style="list-style-type: none"> <li>▪ Weekly tutorials in the disciplines of Nephrology, Diabetology, Endocrinology and Haematology.</li> <li>▪ Prepared course materials to work through before attending weekly tutorials. <i>Failure to adequately prepare for tutorials will significantly impair your learning in this rotation.</i></li> <li>▪ Patients of these disciplines should also be encountered during your other rotations e.g. General Medicine. You are expected to apply the learning done during this rotation to these patient encounters as well!</li> </ul> <p><b>Self-directed learning</b> You are expected to supplement your daily clinical learning by reading a prescribed textbook during this rotation. A list of Core Clinical Problems and Core Medicine Topics, contained in this course guide, should direct you.</p> <p> <b>Portfolio of Learning: Treatment plans required</b> As previously outlined above</p>

Rotation	Site	Purpose of rotation, learning activities to engage and work expected of you
Acute Care Medicine	Groote Schuur Emergency Unit 2 weeks	<p><b>Purpose</b> This forms part of a mixed rotation shared with Anaesthetics. In this rotation you are expected to function as a junior clinician providing acute care (under supervision) for patients presenting with medical emergencies.</p> <p><b>Attendance</b> You are expected to participate in Emergency Unit duties every week day, except Tuesdays and Fridays, from 08h00-16h00. You are expected to attend one Friday overnight duty (18h00-09h00).</p> <p><b>Structured learning activities</b></p> <ul style="list-style-type: none"> <li>▪ Twice daily Casualty rounds of patients attending the Emergency Unit</li> <li>▪ Clinical "in-service" teaching related to patients under your care</li> <li>▪ Weekly radiology tutorials on a Tuesday afternoon at Groote Schuur Hospital</li> <li>▪ A series of ECG recordings to work through at your own pace. The answers to the worksheet questions will be posted on WebCT.</li> <li>▪ A set of readings in a prescribed handbook to study at your own pace.</li> <li>▪ A set of selected articles to study at your own pace.</li> </ul>
	OR GF Jooste Emergency Unit 2 weeks	<p><b>Self-directed learning</b> You are expected to supplement your daily clinical learning by reading a prescribed textbook during this rotation. A list of Core Clinical Problems and Core Medicine Topics, contained in this course guide, should direct you.</p> <p><b>Portfolio of Learning: Patient case notes required</b></p> <ul style="list-style-type: none"> <li>▪ <u>6 portfolio entries</u> of patients personally clerked and managed in the Emergency Unit.</li> </ul> <p><b>Portfolio of Learning: Treatment plans required</b> As previously outlined.</p> <p><b>Portfolio of Learning: Principles of Primary Health Care tasks required</b> As previously outlined.</p>

**PLEASE NOTE:**

**General Medicine:** This attachment, the bulk of your clerkship, deals with all aspects of Medicine and specifically focuses on developing your ability to function as a competent clinician i.e. interview and examine patients, present your findings as a coherent, succinct clinical assessment and assist in daily patient care. This can only be achieved if you become an integral member of the health care team at the hospital and participate in all clinical activities. *Failure to do so will severely impair your ability to develop the necessary skills required to pass this year of study. We demand clinical competence of you by the end of this year because the only further training you will undertake in General Medicine consists of an 8-week clerkship in your final year of study.*

**Treatment plans:** These treatment plans should be completed over the course of the entire Medicine clerkship i.e. you should work on the treatment plans (20 generic and 15 applied) during the General Medicine, Acute Care Medicine, Ambulatory Medicine and Medical Specialties rotations.

**Principles of Primary Health Care tasks:** These tasks should be based on patients encountered during your Medicine clerkship i.e. you should work on the PHC tasks relevant to specific portfolio patient case note entries during the General Medicine, Acute Care Medicine and Ambulatory Medicine rotations.



## University of Cape Town

### 4<sup>TH</sup> YEAR MBCHB PORTFOLIO OF LEARNING PROGRAMME

#### PORTFOLIO OF LEARNING INSTRUCTIONS

##### PATIENT CASE NOTES

- You are required to write up a set of case notes for at least 25 patients during your 12-week Medicine clerkship.
- The case notes you make while actually interviewing and examining the patient should be written in duplicate using a sheet of carbon copy paper. The original notes remain in the patient's folder and are a medico-legal document retained by the health care service. The duplicate handwritten notes serve as your portfolio case note entry.
- Once you have admitted the patient, you are expected to return to the patient on a daily basis and add further notes to your clerking notes. These notes are called follow up notes, and should include information about the progress the patient has made since last seen, the results of any investigations done since you last saw the patient and any changes to the original treatment plan. These notes need to be made on a daily basis until the patient is discharged from hospital or another outcome is reached e.g. death or transfer. These notes, and the final discharge summary, also form part of the patient case note entry. An example of a case note entry is included in the Clinical Appendix of this course guide.
- Do not waste precious learning time rewriting clerking notes. By the end of your 4<sup>th</sup> year clerkship you should be able to write a set of clerking notes at the bedside while clerking a patient. This is an absolutely essential skill for the rest of your career. Learn to do it this year! You will never manage your internship if you need to rewrite clerking notes from "rough draft notes". The South African health care system is too busy to ever permit you such a luxury. If you doubt this advice, please ask the interns in your medical attachment – hear it from them.
- Once you have written your clerking notes, you should edit your original clerking notes using a red pen. Write in the features on the history that you should have asked about, important questions you did not know were relevant to the problem and clinical signs you missed or did not look for when you saw the patient. Feedback from the registrar on the acute admissions intake day and from the consultant on the post-intake ward round will help you identify the shortcomings of your clerking notes.
- These clerking notes must be neatly indexed and filed in your Portfolio of Learning using the colour-coded index sheets.
- You will be required to present your Portfolio of Learning at an oral examination at the end of the year. One or more of these case notes will form the basis of the oral examination.

##### QUESTION AND ANSWER (Q & A) TASKS

- You are required to formulate a clinical question relevant to each patient presented by members of your group during the bedside teaching sessions previously described. This should be done at the end of each session. The questions should specifically address a personal learning need i.e. some issue about the patient's presentation, the diagnosis, investigation or treatment of the patient's condition that you would like to know more about. The list of Core Clinical Problems and Core Medicine Topics should guide you in formulating a question each week.
- You should write a single A4 page response to the question, including your reference source.
- These Q & A Tasks should be handed in for review by your tutor (at the discretion of individual tutors).
- All Q & A Tasks should be neatly filed in your Portfolio of Learning using the colour-coded index sheets.
- You will be required to present your Portfolio of Learning at an oral examination at the end of the year. One or more of these Q & A Tasks may form the basis of part of the oral examination.

## **TREATMENT PLANS**

- You are expected to develop Generic Treatment Plans for selected important common medical problems listed in the Clinical Appendix of this course guide.
- You are also required to adapt these generic treatment plans for specific patients that you encounter during your clerkship i.e. Adapted Treatment Plans.
- Both the Generic and Adapted Treatment Plans must be filed in your Portfolio of Learning using the colour-coded index sheet. Each Adapted Treatment Plan should be filed with an example of a patient for whom the plan has been specifically adapted and modified. You are expected to be able to explain why and how the plan has been tailored to the needs of the specific patient.
- These treatment plans will form part of the oral examination held at the end of the year. Failure to present a requested treatment plan will be awarded a score of 0% for that section of the oral examination.

## **PRINCIPLES OF PRIMARY HEALTH CARE TASKS**

- You are expected to develop a set of Portfolio of Learning entries that outline the application of the Principles of Primary Health Care (PHC) to patients encountered during your Internal Medicine clerkship.
- The specific details of each task are outlined in the Learning Activities section of this course guide.
- These entries must be filed in your Portfolio of Learning using the colour-coded index sheet. Each entry should be filed with the case note entry of the patient discussed in the PHC task.
- These PHC tasks will form part of the oral examination held at the end of the year. Failure to present a requested task will be awarded a score of 0% for that section of the oral examination.

### **PLEASE NOTE:**

1. All patient case notes, Q & A Tasks, treatment plans and PHC tasks must be neatly filed in a file using the indexing systems provided.
2. You will be required to present your Portfolio of Learning to an examiner for an oral assessment at the end of the year. If you are unable to readily produce (a) a patient case note, (b) a Q & A task, (c) a treatment plan or (d) a PHC task at the request of the examiner, you will be wasting your own oral examination time! If your file does not contain the requested material you will receive a score of 0% for that part of the oral examination.
3. All work in your Portfolio of Learning must be your own original work. Copied work or shared notes will not be accepted. You are required to sign and submit a declaration of honest intent before attending the oral examination. Copied work may result in failure of the course or exclusion from the MBChB degree programme.



**Department of Medicine**  
**PORTFOLIO OF LEARNING I**

**INDEX OF CASE NOTES**

1. You should see **as many as possible** of these clinical problems during your clerkship. Aim to develop a clinical approach to all these clinical problems during your clerkship.
2. You should **write up case notes** reporting on at least 25 patient encounters during your 12-week medicine clerkship. Each case should reflect one or more of the clinical problems listed below.
3. These case note **index sheets must be filed in your portfolio file** and case notes must be correctly entered. An example is shown below.
4. All case notes must be **numbered and neatly filed in numerical order**. You or your tutor must be able to retrieve case notes from it without difficulty for assessment purposes.

<b>MEDICAL EMERGENCIES</b>	Cardiorespiratory arrest		Fever with or without rigors	
	The unconscious patient	<b>Case 1</b>	Gait impaired (walking difficulty)	
	The shocked patient		Haematemesis (vomiting up of blood)	
	The confused patient		Haematuria (blood in the urine )	
	Seizures or fits		Haemoptysis (coughing up of blood)	
	Acute shortness of breath		Headache	
	Suspected drug overdose or poisoning		Jaundice	
	Severe hypertension		Loss of consciousness (fainting)	
	Chest pain		Lymphadenopathy (swelling of the glands)	
Abdominal pain		Memory loss or impairment (forgetful)		
Abdominal swelling		Nausea and vomiting		
Arthralgia (joint aches and pains)		Oedema (swelling of legs / body)		
Bruising and easy bleeding		Pallor		
Backache		Sensory loss or impairment (pins and needles feeling)		
Co-ordination impaired or (clumsy)		Skin rash		
Constipation		Sore throat		
Cough		Urinary incontinence		
Diarrhoea (acute or chronic)		Vertigo (dizziness)		
Dysphasia or Dysarthria (speech impairment)		Visual loss or impairment		
Dyspepsia (indigestion)		Weakness or loss of motor power		
Dysphagia (difficulty swallowing)		Weight gain		
Fatigue (feeling tired)		Weight loss		



**Department of Medicine**  
**PORTFOLIO OF LEARNING II**

**INDEX OF “QUESTION AND ANSWER” TASKS**

1. You should see as many of these clinical problems during your clerkship as possible.
2. You should formulate at least 16 clinical questions with a single page written response during your 12-week medicine clerkship. Each question should relate to one or more of the clinical problems listed below.
3. These “Q” and “A” index sheets must be **filed in your portfolio file** and written responses must be **correctly entered**. An example is shown below.
4. All “Q” and “A” written responses must be **numbered and neatly filed in numerical order**. You or your tutor must be able to retrieve a “Q” and “A” written response from it without difficulty for assessment at the end of your clerkship.

<b>MEDICAL EMERGENCIES</b>	Cardiorespiratory arrest		Fever with or without rigors	<b>Q + A 1</b>
	The unconscious patient		Gait impaired (walking difficulty)	
	The shocked patient		Haematemesis (vomiting up of blood)	
	The confused patient		Haematuria (blood in the urine )	
	Seizures or fits		Haemoptysis (coughing up of blood)	
	Acute shortness of breath		Headache	
	Suspected drug overdose or poisoning		Jaundice	
	Severe hypertension		Loss of consciousness (fainting)	
	Chest pain		Lymphadenopathy (swelling of the glands)	
Abdominal pain		Memory loss or impairment (forgetful)		
Abdominal swelling		Nausea and vomiting		
Arthralgia (joint aches and pains)		Oedema (swelling of legs / body)		
Bruising and easy bleeding		Pallor		
Backache		Sensory loss or impairment (pins and needles feeling)		
Co-ordination impaired or (clumsy)		Skin rash		
Constipation		Sore throat		
Cough		Urinary incontinence		
Diarrhoea (acute or chronic)		Vertigo (dizziness)		
Dysphasia or Dysarthria (speech impairment)		Visual loss or impairment		
Dyspepsia (indigestion)		Weakness or loss of motor power		
Dysphagia (difficulty swallowing)		Weight gain		
Fatigue (feeling tired)		Weight loss		





**Department of Medicine**  
**PORTFOLIO OF LEARNING III**

**INDEX OF ADAPTED TREATMENT PLANS**

	Date	Portfolio Case No.
<b>A:    CARDIOVASCULAR SYSTEM</b>		
Hypertension		
Stable angina pectoris		
Cardiac failure		
<b>B:    RESPIRATORY SYSTEM</b>		
Community acquired pneumonia		
Asthma		
Chronic obstructive airways disease		
<b>C:    ENDOCRINE</b>		
Diabetes Mellitus Type I		
Diabetes Mellitus Type II		
<b>E:    GENITO-URINARY SYSTEM</b>		
Pyelonephritis / Urinary tract infection in a diabetic		
<b>F:    NERVOUS SYSTEM</b>		
Epilepsy or adult-onset seizures		
Bacterial meningitis		
<b>G:    INFECTIOUS DISEASES</b>		
Tuberculosis		
Cryptococcal meningitis		
Pneumocystis carinii pneumonia		
Oral candidiasis		


*These treatment plans must be specifically adapted for use in the management of patients in your care / patients you have seen.*



**Department of Medicine**  
**PORTFOLIO OF LEARNING IV**

**INDEX OF PRINCIPLES OF PRIMARY HEALTH CARE TASKS**

PHC Principles	Brief description of activity	Portfolio Case No.
Serving patients at the most appropriate level of care	Describe the referral experience of the patient, paying attention to the following: <ul style="list-style-type: none"> <li>• How were the referral criteria applied?</li> <li>• What procedures were followed?</li> <li>• Multidisciplinary involvement, where applicable</li> <li>• Difficulties experienced</li> </ul>	
Integrating promotive, preventive, curative, rehabilitative, and palliative care	Describe in detail the bio-psychosocial world and culture of the patient.	
	Describe in detail the treatment experience of the patient and his/ her family.	
	Make a diagnosis and three-stage (bio-psychosocial-cultural assessment).	<i>All 25 cases</i>
Using the client-centred approach, assess a diabetic patient.		
Using the educational approach, design a health education process plan for a hypertensive patient		
Providing essential health care that is based on practical, cost-effective and scientifically sound methods and technology	<b>To be assessed in Public Health Block (Evidence Based Practice)</b>	<b>In 2006</b>
Adopting a team approach to patient care with other health disciplines	Describe the role of other health disciplines in the acute and ongoing care of the patient	
Collaborating with non-health sectors whose activities influence health	Consider the transport requirements of the patient between home and the health facility: <ul style="list-style-type: none"> <li>• Difficulties experienced accessing health facility or returning home.</li> <li>• How difficulties effect patient's health</li> <li>• What recommendations for improving patient transport?</li> </ul>	
Promoting equity in health care, emphasizing services for the poor and underserved	Describe how the principles of equity as stated in the National Health Priority Plan and the Health Care 2010 Plan were realized or not realized in the patient's experience of the public health system.	
Involving communities in planning health services and in asserting their rights and interests.	Describe how patient's family was engaged in process of designing the treatment plan. <ul style="list-style-type: none"> <li>• What did the treatment plan require of them in the ongoing care of the patient?</li> <li>• Was the plan appropriate to their circumstances?</li> </ul>	
Promoting health in communities by means of information, education, communication, advocacy, mediation and enabling	Apply a client-centred and educational approaches to restore and promote the patient's future health.	

	<b>DEPARTMENT OF MEDICINE</b> <b>4<sup>TH</sup> YEAR PORTFOLIO ORAL</b> <b>ASSESSMENT</b>		<b>Name of candidate:</b> <b>Date:</b>							
	Total number of cases written up <input type="text"/>	CASE – portfolio no: <input type="text"/>	Diagnosis:			Final score <input type="text"/>				
<b>Did the candidate:</b>		<b>POOR</b>		<b>ADEQUATE</b>		<b>GOOD</b>				
1.	Clearly identify the patient's principal presenting complaint at the time of presentation?	1	2	3	4	5	6	7	8	9
2.	Formulate a clinical assessment, encompassing a pathophysiologically plausible diagnosis?	1	2	3	4	5	6	7	8	9
3.	Clearly identify the important clinical findings that support the diagnosis made?	1	2	3	4	5	6	7	8	9
4.	Consider a differential diagnosis, and the reasons for exclusion of these diagnoses?	1	2	3	4	5	6	7	8	9
5.	Identify investigations that would assist in confirming the diagnosis made?	1	2	3	4	5	6	7	8	9
6.	Formulate a treatment plan for the patient in terms of lifestyle changes, appropriate and specific therapy?	1	2	3	4	5	6	7	8	9

<b>CRITERION-REFERENCED RATING SCALE FOR DETERMINING FINAL SCORE</b>	
<b>Final score</b>	<b>Descriptors</b>
45% or less, specify	<i>The candidate's knowledge and clinical understanding are <b>POOR</b></i> <ul style="list-style-type: none"> <li>▪ Three or more components of the task are <b>poorly</b> done</li> </ul>
52 – 58%	<i>The candidate's knowledge and clinical understanding are <b>UNSATISFACTORY</b></i> <ul style="list-style-type: none"> <li>▪ One or two components of the task are <b>poorly</b> done</li> <li>▪ The remaining components of the task are <b>adequately</b> done, or better</li> </ul>
60 – 62%	<i>The candidate's knowledge and clinical understanding are <b>SATISFACTORY</b></i> <ul style="list-style-type: none"> <li>▪ All components of the task are <b>adequately</b> done</li> </ul>
65 – 68%	<i>The candidate's knowledge and clinical understanding are <b>GOOD</b></i> <ul style="list-style-type: none"> <li>▪ One or two components of the task are <b>well</b> done (good)</li> <li>▪ The remaining components of the task are <b>adequately</b> done</li> </ul>
70 – 74%	<i>The candidate's knowledge and clinical understanding are <b>VERY GOOD</b></i> <ul style="list-style-type: none"> <li>▪ At least three components of the task are <b>well</b> done (good)</li> <li>▪ The remaining components are <b>adequately</b> done</li> </ul>
75% or more, specify	<i>The candidate's knowledge and clinical understanding are <b>EXCELLENT</b></i> <ul style="list-style-type: none"> <li>▪ All components of the task are <b>well</b> done (good)</li> </ul>
Comments:	
Examiner's signature:	



**University of Cape Town**  
**DEPARTMENT OF MEDICINE CLINICAL CLERKSHIP**  
**FORMATIVE ASSESSMENT FEEDBACK RECORD**

Enter your name and student number:			
Name of tutor	Signature:		
Date:			
Describe the performance observed e.g. physical examination or history-taking skills:			
<b>Performance descriptors for patient interview as <u>OBSERVED</u> by tutor</b>	<b>POOR</b>	<b>ADEQUATE</b>	<b>GOOD</b>
The student is able to obtain an adequate history of the presenting complaint and other relevant data.	1 2 3	4 5 6	7 8 9
The student understands the significance of the information obtained and formulates a concise clinical assessment of the problem.	1 2 3	4 5 6	7 8 9
<b>Performance descriptors for clinical examination as <u>OBSERVED</u> by tutor</b>	<b>POOR</b>	<b>ADEQUATE</b>	<b>GOOD</b>
The student is able to examine the patient correctly and elicit the physical signs present.	1 2 3	4 5 6	7 8 9
The student correctly interprets the physical signs present, and formulates a concise clinical assessment of the problem.	1 2 3	4 5 6	7 8 9
<b>Performance descriptors for management as <u>OBSERVED</u> by tutor</b>	<b>POOR</b>	<b>ADEQUATE</b>	<b>GOOD</b>
The student is able to discuss a plan of investigation, selecting cost-effective tests or procedures.	1 2 3	4 5 6	7 8 9
The student is able to discuss a treatment plan for the clinical problem presented.	1 2 3	4 5 6	7 8 9
Any other comments:			



**University of Cape Town  
Faculty of Health Sciences  
Student survey of “Unseen  
Patient” tutorials with  
feedback**

*Please tick the names of the hospitals to which you were assigned*

- Rotation A  GF Jooste Hospital  Conradie Hospital  
Rotation B  Somerset Hospital  Victoria Hospital

***Please read the following statements and tick the most appropriate response (your opinion) for each statement.***

		Strongly disagree	Disagree	Slightly agree	Agree	Strongly agree
1	Feedback on my performance in “Unseen Patient” tutorials informed me of my level of <i>clinical competence</i> .					
2	Feedback on my performance in “Unseen Patient” tutorials informed me of which areas of <i>clinical competence</i> I needed to improve upon.					
3	Feedback on my performance in “Unseen Patient” tutorials motivated me to spend more time clerking patients.					
4	Feedback on my performance in “Unseen Patient” tutorials motivated me to spend more time reading to improve my knowledge of the theory of medicine.					
5	I regularly read up on clinical medicine in preparation for my “Unseen Patient” tutorials.					
6	Clerking patients in “Unseen Patient” tutorials helped improve my ability to make a clinical diagnosis.					
7	“Unseen Patient” tutorials were a fair way of assessing my clinical competence.					
8	“Unseen Patient” tutorials were a valuable learning activity.					
9	When I clerked patients I regularly did so “blind”, in the same way I saw patients in the “Unseen Patient” tutorials.					

*Please note: “clinical competence” refers to your ability to interview patients, examine patients, interpret your clinical findings and make a clinical diagnosis.*



**University of Cape Town**  
**Faculty of Health Sciences**  
**Student survey of “Unseen Patient” tutorials with feedback**

*Please tick the names of the hospitals to which you were assigned*

- Rotation A     GF Jooste Hospital     Conradie Hospital  
 Rotation B     Somerset Hospital     Victoria Hospital

***Please read the following statements and tick the most appropriate response (your opinion) for each statement.***

		Strongly disagree	Disagree	Slightly agree	Agree	Strongly agree
1	It took at least 90 minutes to conduct a bedside tutorial in the “Unseen Patient” format and provide feedback to students using the formative assessment tool.					
2	Conducting a bedside tutorial in the “Unseen Patient” format and providing feedback to students using the formative assessment tool during the tutorial was challenging but achievable.					
3	It was too difficult to conduct a bedside tutorial in the “Unseen Patient” format and provide feedback to the student using the formative assessment tool at the same time.					
4	Students appreciated the feedback they got during bedside tutorials using the formative assessment tool.					
5	Integrating bedside teaching with assessment, including providing feedback, enhanced the learning of students in my tutorials.					
6	Integrating assessment and bedside teaching changed my role from that of a “teacher” to a “facilitator of learning”.					
7	Integrating assessment and bedside teaching reduced the learning which took place at the bedside.					
8	Providing feedback using the formative assessment tool was not a learning activity for students.					
9	The formative assessment tool provided an objective measure of student progress in terms of clinical competence.					
10	The formative assessment tool provided a valid measure of a student progress in terms of clinical competence.					



**University of Cape Town  
Faculty of Health Sciences  
Intern Skills OSCE Survey**

**STATION 1. VENEPUNCTURE**

*Mr. Frankie Fritelli requires the following investigations:*

- *Full Blood Count (FBC)*
- *Sodium, potassium, urea and creatinine*

1. *Explain the procedure to the patient (station assessor)*
2. *Using the equipment provided, obtain the required samples and label them appropriately.*



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Intern Skills OSCE Survey**

**STATION 2. INTRAMUSCULAR INJECTION**

*Mrs. Jessica Jones has a community-acquired right lower lobe pneumonia. Your registrar has instructed you to write up a 3-day course of intramuscular Penicillin G (benzyl penicillin), 1 million units twice daily.*

- 1. Write an appropriate prescription for this medication*
- 2. Explain the procedure to the patient (the station assessor).*
- 3. Using the equipment provided, administer the medication.*
  - The actual injection is to be administered to the fruit provided.*
  - The chosen anatomical site for injection is to be described to the station assessor.*
- 4. Enter appropriate notation on patient's prescription chart after administration.*





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**STATION 3. URETHRAL CATHETERIZATION**

*This patient has acute urinary retention, and requires catheterization with an indwelling catheter..*

- 1. Explain the situation to the patient (the station assessor).*
- 2. Catheterize the model.*



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Intern Skills OSCE Survey

**STATION 4. PELVIC EXAMINATION**

*Mrs. Josephine Longford-Smythe has been admitted with severe lower back and abdominal pain. She requires a pelvic examination.*

- 1. Explain the procedure to the patient (the station assessor).*
- 2. Perform the examination on the model.*
- 3. Report your examination findings to the station assessor.*
- 4. Record your examination findings on the sheet of paper provided in the patient's file.*

***NB!***

***PLEASE WRITE YOUR NUMBER ON THE SHEET OF PAPER ON WHICH YOU WROTE YOUR FINDINGS, AND DEPOSIT THIS SHEET IN THE ENVELOPE PROVIDED.***

***THANK YOU.***



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**STATION 5. DOSAGE CALCULATION**

*Ms. Thembeke Hlaba is a 22-year old newly diagnosed insulin dependent diabetic. She weighs 50 kg.*

- 1. Select an appropriate type of insulin for twice daily administration.*
- 2. Calculate her daily insulin dose using a starting dose of 0.5U/kg/day*
- 3. Based on your calculations, write an appropriate prescription for one month of medication.*

***NB!***

***PLEASE WRITE YOUR NUMBER ON YOUR WRITTEN PRESCRIPTION, AND DEPOSIT IT IN THE ENVELOPE PROVIDED. THANK YOU.***



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**STATION 6. ORAL ENDOTRACHEAL INTUBATION**

*This patient presents to the Emergency Unit unconscious with a Glasgow Coma Scale of 10/15. The patient requires intubation to protect his airway. He is breathing spontaneously.*

- 1. Using the equipment provided, perform an oral endotracheal intubation.*



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**STATION 7. CARDIOPULMONARY  
RESUSCITATION**

*In groups of 3, as Interns complete the circuit, they will be called to resuscitate a model.*

*The idea is to, within 3 minutes:*

- A = Establish an airway*  
*B = Commence manual ventilation*  
*C = Commence external cardiac massage*

*The station will assess the ability of a group of interns to:*

- 1. Work as a team*
- 2. Commence CPR within 3 minutes*
- 3. Commence CPR in correct order of importance*
- 4. Call for more help*
- 5. Perform CPR correctly*
  - Remove head of bed to access model*
  - Place cardiac board under model*
  - A: Establish airway*
    - Finger clearance of oral cavity*
    - Extend neck and lift jaw*
  - B: Correct use of 'Ambubag'*
    - Apply mask to face, good seal*
    - Ventilate using bag*
  - C: Commence cardiac massage*
    - Adequate compression of chest*
    - Compression ratio 2:1*



**University of Cape Town  
INTERN OSCE SKILLS ASSESSMENT  
STATION 1: VENEPUNCTURE**

<b>ASSESSMENT CRITERIA</b>	
1.	Apply D-Germ to hands
2.	Identify patient
3.	Explain procedure to patient (station assessor)
4.	Select appropriate tubes
5.	Connect venoject needle to vacutainer
6.	Apply tourniquet to chosen arm
7.	Put on gloves
8.	Select puncture site, clean with alcohol swab, allow to dry
9.	** Access vein and obtain 2 blood samples
10.	Release tourniquet before removing needle from vein
11.	Discard sharps in appropriate container
12.	Apply pressure to the puncture site
13.	Label tubes
14.	Inspect puncture site for bleeding

***Instruction to station assessor:***

*Please score all actions except item 9 as follows:      \*\* For item 9 please score as follows:*

- 0 = Not done*
- 1 = Incorrectly done*
- 2 = Correctly done*

- 0 = Not able to access vein*
- 1 = Successful venous access required 3 or more attempts*
- 2 = Successful venous access required 2 attempts*
- 3 = Successful venous access on first attempt*

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**University of Cape Town  
INTERN OSCE SKILLS ASSESSMENT  
STATION 2: INTRAMUSCULAR INJECTION**

<b>ASSESSMENT CRITERIA</b>	
1.	Apply D-Germ to hands
2.	Identify patient
3.	Enquire about drug allergies
4.	Explain procedure to patient (station assessor)
5.	Read instructions on prescription chart
6.	Disinfect neck of ampoule or top of vial
7.	Check vial – correct medication, expiry date
8.	Withdraw correct dose of medication (assessor to check)
9.	Remove air bubbles
10.	Select administration site. Describe anatomical site
11.	Change needle to 21 G (black) for administering injection
12.	Administer injection – use fruit provided
13.	Discard sharps in appropriate container
14.	Make note on patient’s prescription chart

***Instruction to station assessor:***

*Please score all as follows:*

- 0** = Not done
- 1** = Incorrectly done
- 2** = Correctly done

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**University of Cape Town  
INTERN OSCE SKILLS ASSESSMENT  
STATION 3: URETHRAL CATHETERISATION**

ASSESSMENT CRITERIA	
1.	Wash hands
2.	Identify patient
3.	Explain procedure to patient (station assessor)
4.	Open sterile pack and place sterile towel on trolley
5.	Open vial of sterile water and place next to sterile tray
6.	Apply lubricant to sterile surface
7.	Pour cleaning solution over swabs on sterile tray
8.	Open sterile equipment and place on sterile surface
9.	Apply D-Germ to hands
10.	Put on sterile gloves
11.	Draw up 10 ml sterile water in syringe (to inflate bulb)
12.	Drape model using sterile towel
13.	Clean external genitalia – correct sequence
14.	Clean urethral meatus
15.	Expose tip of sterile catheter and lubricate
16.	** Insert urinary catheter
17.	Inflate bulb of catheter after urinary return observed
18.	Attach catheter to drainage bag
19.	Clean up, discard disposables in appropriate container
20.	Discard sharps in appropriate container

**Instruction to station assessor:**

Please score all as follows:

- 0 = Not done
- 1 = Incorrectly done
- 2 = Correctly done

\*\* For item 16 please score as follows:

- 0 = Unable to insert catheter
- 1 = Catheter inserted, sterile technique compromised
- 2 = Catheter inserted with difficulty, sterile technique maintained
- 3 = Catheter inserted without difficulty, sterile technique maintained

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**University of Cape Town  
 INTERN OSCE SKILLS ASSESSMENT  
 STATION 4: FEMALE PELVIC EXAMINATION**

ASSESSMENT CRITERIA	
1.	Apply D-Germ to hands
2.	Identify patient
3.	Explain procedure to patient (station assessor)
4.	Glove examining hand
5.	Apply lubricant to examining fingers
6.	Gently open labia
7.	Inspect external genitalia
8.	Insert tip of finger into vagina
9.	Ask patient to push down
10.	Insert both fingers into vagina
11.	Perform bimanual palpation
12.	** Verbal report on findings: Anterior fornix or bladder
13.	Cervix
14.	Uterus
15.	Left fornix
16.	Right fornix
17.	Pouch of Douglas or posterior fornix
18.	Clean model (patient) after procedure
19.	Cover model (patient) after procedure completed
20.	Record pelvic examination findings in patient's file

**Instruction to station assessor:**

Please score all as follows:  
 0 = Not done  
 1 = Incorrectly done  
 2 = Correctly done

\*\* For item 12 please score as follows:  
 0 = No comment made on finding  
 1 = Comment made on finding

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**University of Cape Town**  
**INTERN OSCE SKILLS ASSESSMENT**  
**STATION 5: DOSAGE CALCULATION**

<b>ASSESSMENT CRITERIA</b>	
1.	<i>Total daily dose of insulin (24-25 units)</i>
2.	<i>Specific insulin prescribed (Actraphane)</i>
3.	<i>Twice daily dose of insulin prescribed*</i>
4.	<i>Prescription correct – signed, dated, script duration</i>

***Instruction to station assessor:***

*Please score all as follows:*

**0** = *Not done*

**1** = *Incorrectly done*

**2** = *Correctly done*

\* *Actraphane 16 U with breakfast, 8 u with supper*

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**University of Cape Town**  
**INTERN OSCE SKILLS ASSESSMENT**  
**STATION 6: ENDOTRACHEAL INTUBATION**

ASSESSMENT CRITERIA	
1.	Apply D-Germ to hands
2.	Put on a pair of gloves
3.	Open mouth and inspect oral cavity
4.	Spray back of throat with local anaesthetic
5.	Attach laryngoscope blade and check function
6.	Select appropriate ET tube
7.	Inflate cuff of ET tube, check for air leak, deflate cuff again
8.	Apply lubricant to distal end of ET tube
9.	Position head and extend neck
10.	Using laryngoscope, visualise vocal cords – be gentle
11.	** Perform endotracheal intubation
12.	Inflate ET tube cuff
13.	Secure ET tube using tape
14.	Check ET tube position – both lungs inflate

***Instruction to station assessor:***

*Please score all actions except item 9 as follows:*

<i>0 = Not done</i>	<i>** For item 11 please score as follows:</i>
<i>1 = Incorrectly done</i>	<i>0 = Not able to intubate airway</i>
<i>2 = Correctly done</i>	<i>1 = Successful intubation required 3 or more attempts</i>
	<i>2 = Successful intubation required 2 attempts</i>
	<i>3 = Successful intubation on first attempt</i>

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**University of Cape Town**  
**INTERN OSCE SKILLS ASSESSMENT**  
**STATION 7: BASIC CARDIOPULMONARY RESUSCITATION**

ASSESSMENT CRITERIA		
<b>SECTION A</b>	1.	Check level of consciousness
	2.	Check spontaneous breathing
	3.	Check for peripheral pulses
	4.	Head of bed removed to improve access
	5.	CPR board placed under model
	6.	CPR commenced within 3 minutes
	7.	CPR commenced in correct sequence (A, B, C)
	8.	Call for more help
	9.	Interns work as a team
<b>SECTION B</b>	10.	Finger clearance of oral cavity
	11.	Extend neck and lift jaw
	12.	Apply mask to face, obtain good seal
	13.	Ventilate using Ambu-bag
	14.	Adequate compression of chest
	15.	Use CPR ratio of 2:15

***Instruction to station assessor:***

*Please score all as follows:*

**SECTION A:**

- 0 = No*
- 1 = Yes*
- 2 = Correctly done*

*Please score all as follows:*

**SECTION B:**

- 0 = Not done*
- 1 = Incorrectly done*
- 2 = Correctly done*

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**University of Cape Town  
Faculty of Health Sciences  
Intern Skills OSCE Survey  
27 December 2002**

Please circle your Medical School

University of Free State	University of Cape Town	Med. University of South Africa (MEDUNSA)
University of Natal	University of Pretoria	Stellenbosch University
University of Transkei (UNITRA)	University of the Witwatersrand (WITS)	

Please circle the answer that best describes your experience today

<b>V E N E S E C T I O N</b>	<i>Rate your confidence in performing this task BEFORE the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>
	<i>Rate your confidence in performing this task AFTER the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>
	<i>Rate your competence in performing this task AFTER the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>

Please circle the answer that best describes your experience today

<b>I N J E C T I O N</b>	<i>Rate your confidence in performing this task BEFORE the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>
	<i>Rate your confidence in performing this task AFTER the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>
	<i>Rate your competence in performing this task AFTER the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>

Please circle the answer that best describes your experience today

<b>C A T H E T E R I Z A T I O N</b>	<i>Rate your confidence in performing this task BEFORE the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>
	<i>Rate your confidence in performing this task AFTER the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>
	<i>Rate your competence in performing this task AFTER the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>

Please circle the answer that best describes your experience today

<b>F e m a l e  P e r f o r m a n c e  E x a m p l e</b>	<i>Rate your confidence in performing this task BEFORE the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>
	<i>Rate your confidence in performing this task AFTER the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>
	<i>Rate your competence in performing this task AFTER the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>

Please circle the answer that best describes your experience today

<b>D o s a g e  C a l c u l a t i o n</b>	<i>Rate your confidence in performing this task BEFORE the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>
	<i>Rate your confidence in performing this task AFTER the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>
	<i>Rate your competence in performing this task AFTER the survey today</i>	<i>1 Did not know what or how to do task</i>	<i>2 Knew what to do but could not do task</i>	<i>3 Could do some of the task</i>	<i>4 Managed to do most of the task correctly</i>	<i>5 Managed to do all of the task correctly</i>

Please circle the answer that best describes your experience today

<b>I N T E R V E W</b>	<i>Rate your confidence in performing this task BEFORE the survey today</i>	<b>1</b> <i>Did not know what or how to do task</i>	<b>2</b> <i>Knew what to do but could not do task</i>	<b>3</b> <i>Could do some of the task</i>	<b>4</b> <i>Managed to do most of the task correctly</i>	<b>5</b> <i>Managed to do all of the task correctly</i>
	<i>Rate your confidence in performing this task AFTER the survey today</i>	<b>1</b> <i>Did not know what or how to do task</i>	<b>2</b> <i>Knew what to do but could not do task</i>	<b>3</b> <i>Could do some of the task</i>	<b>4</b> <i>Managed to do most of the task correctly</i>	<b>5</b> <i>Managed to do all of the task correctly</i>
	<i>Rate your competence in performing this task AFTER the survey today</i>	<b>1</b> <i>Did not know what or how to do task</i>	<b>2</b> <i>Knew what to do but could not do task</i>	<b>3</b> <i>Could do some of the task</i>	<b>4</b> <i>Managed to do most of the task correctly</i>	<b>5</b> <i>Managed to do all of the task correctly</i>

Please circle the answer that best describes your experience today

<b>C P R</b>	<i>Rate your confidence in performing this task BEFORE the survey today</i>	<b>1</b> <i>Did not know what or how to do task</i>	<b>2</b> <i>Knew what to do but could not do task</i>	<b>3</b> <i>Could do some of the task</i>	<b>4</b> <i>Managed to do most of the task correctly</i>	<b>5</b> <i>Managed to do all of the task correctly</i>
	<i>Rate your confidence in performing this task AFTER the survey today</i>	<b>1</b> <i>Did not know what or how to do task</i>	<b>2</b> <i>Knew what to do but could not do task</i>	<b>3</b> <i>Could do some of the task</i>	<b>4</b> <i>Managed to do most of the task correctly</i>	<b>5</b> <i>Managed to do all of the task correctly</i>
	<i>Rate your competence in performing this task AFTER the survey today</i>	<b>1</b> <i>Did not know what or how to do task</i>	<b>2</b> <i>Knew what to do but could not do task</i>	<b>3</b> <i>Could do some of the task</i>	<b>4</b> <i>Managed to do most of the task correctly</i>	<b>5</b> <i>Managed to do all of the task correctly</i>

Please circle the answer that best describes your experience today

<b>D I S C U S S I O N</b>	<i>How have you experienced the survey today? Circle all appropriate responses</i>	<b>1</b> <i>Anxiety-provoking</i>	<b>2</b> <i>Challenging</i>	<b>3</b> <i>Assessed skills beyond my level of competence</i>	<b>4</b> <i>Allowed me to demonstrate my competences</i>	<b>5</b> <i>A positive experience</i>
	<i>How do you think you performed overall today? Circle the most appropriate response.</i>	<b>1</b> <i>Poorly</i>	<b>2</b> <i>Fairly</i>	<b>3</b> <i>Well</i>	<b>4</b> <i>Very well</i>	<b>5</b> <i>Excellently</i>
	<i>Have you had a similar experience previously – circle all appropriate responses</i>	<b>1</b> <i>At Medical School during pre-clinical years (1-3)</i>	<b>2</b> <i>ATLS/ACLS courses</i>	<b>3</b> <i>At Medical School during Clerkships (years 4-6)</i>	<b>4</b> <i>During Electives (years 4-6)</i>	<b>5</b> <i>Other, state where</i>