This guide aims to help clinical staff and students be clear about ‘what’ is expected during each of the 5 years of MBChB. It is based around a simple ‘entrustability’ scale moving students through an observe-supervise-initiate-peer teach scale as student experience, ability and responsibility grow.

The guide details minimum levels of activity, and students should be encouraged to work towards higher levels of attainment as appropriate.

The guide is not exhaustive – but focuses around core, clinical activity listed as a series of domains below. The entrustability scale is explained in more detail in the box alongside.

Recognising that students are expected to develop during the year, a number of Domains span elements of the entrustability scale

Any suggested enhancements are welcomed – please email: seg@leeds.ac.uk

### CORE CLINICAL SKILLS

**(includes Practical Procedures – students have already trained and practice in simulation settings)**

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- **Undertakes basic history and examination**
- **Advanced consultation and examination skills (adaptive to context, detects common pathology, can manage challenging encounters)**
- **Integrates and prioritises clinical information from patient assessment (e.g. complex patients with multiple problems)**
- **Integrated assessment of specialist/complex patients encountered in Year 4 and 5 specialist placements**
- **Clinical record keeping, presentation/summary and communication with clinical MDT/handover**
- **Formulates, reasons diagnoses and appropriate management of stable patients**
- **Basic practical procedures (e.g. bedside obs, urinalysis, venepuncture, CBG monitoring)**
- **Complex procedures (ECG, Cannulation, ABG)**
- **Advanced procedures (e.g. NG Insertion)**

### SAFETY + PRESCRIBING

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- **Applied knowledge of basic medicines, medicine management and administration**
- **Appropriate drug choices in common clinical problems (e.g. antibiotics, analgesia, insulin)**
- **Practical prescribing experience via paper charts/online (includes red flag drugs e.g. oxygen, fluids, anticoagulants)**
- **Routine integration of patient safety issues into assessment/decision making/prescribing practice**
- **Safeguarding and reporting suspected incidents/seeking advice**
- **Use of and response to severity/scoring scales (e.g. NEWS)**

**OBSERVE (OBS):** No direct experience of the activity but can actively observe and participate (e.g. accompanying a drugs round, working with the practice nurse, sitting in a consultation). Students learn about the clinical context, and apply safety principles and prior learning. Also applies where students are not permitted to undertake task (e.g. completion of a death certificate)

**DIRECT SUPERVISION (DIRECT):** Students are relatively new to learning the task/process. Errors or lack of fluency are expected, so requires face-face supervision. Student brings knowledge and clinical context into discussion

**INDIRECT SUPERVISION (IDR):** Some experience with task/skill. Task initiated by supervisor, but indirect (on the ward/next consulting room) required, as errors may occur/student may require your help in completion. Student able to apply and reason knowledge and clinical context. If prescribing practice, prescriptions should be checked and signed off only by supervisors

**INDEPENDENT, TASKS INITIATED BY OTHERS (INIT):** Can complete task, but at the request/initiation of supervisor*. Student knows when/how to request assistance. Applies and reasons in clinical context

**TEACHES OTHERS (TEACH):** Can complete task independently, and task often initiated by student in discussion with supervisor*. Able to teach elements of task/procedure to a junior student. Working at a level safe to transition to F1

*Tasks that always require initiation from registered professional should be limited to the Independent/Initiated level