Leeds MBChB students work with multi-disciplinary teams (MDTs) in a wide range of clinical settings, helping deliver safe, patient centred care as part of their training. Students already wear coloured badges to denote their year of study and adhere to a strict professional code, focusing on respect, dignity, attendance and behaviour in and out of the clinical workplace.

An ‘Expectations of Student Practice Guide’ has been developed to outline the knowledge, clinical skills and behaviours expected of our students. This poster is designed to help students, staff and patients understand the minimum levels of activity expected whilst on placement, and the degree of supervision required by professional staff. This Guide outlines a summary of these levels, key areas for face-face supervision and more detail can be found in the accompanying guide for placement supervisors. This accompanies a programme of detailed skills and pre-placement induction and safe practice training (e.g. handwashing, IT governance).

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

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**YEAR 1: Working with multi-disciplinary teams (1/2 day per week: January - May)**

Students actively observe and apply their basic scientific and safety knowledge to a wide range of practice (e.g. patient assessment, consultation, prescribing). They should work alongside the MDT and help deliver patient care.

DIRECT SUPERVISION** is required for patient centred activity (e.g. bedside observations, manual handling)

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**YEAR 2: Fundamentals of Clinical Practice (1 day/week: October - May)**

Students actively observe and integrate safety principles to more advanced practice (e.g. handover, reasoning, prescribing) and begin their own assessment of patients.

DIRECT SUPERVISION** of activity (Observations, NEWS, consultation, physical examination, clinical record keeping, basic practical skills (e.g. venepuncture, capillary glucose monitoring))

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**YEAR 3: Specialist Placements – Elderly Medicine; Internal Medicine; Surgery; Primary Care; Special Senses (4 days/week: September - May)**

Students routinely undertake patient assessment, clinical record keeping and basic practical skills. They should integrate their assessments (e.g. combined history and examination) and apply safety principles to every case. Students should routinely participate in handovers, summarise and present cases to clinical staff.

DIRECT SUPERVISION** of activity: Integration (consultation, examination findings, simple investigations), Diagnostics + Reasoning. Prescribing and more complex practical skills (Arterial Blood Gases, Cannulation, Performing ECGs)

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**YEAR 4: Complex/Specialist Placements – Paediatrics; Psychiatry; Acute & Critical Care; Gynaecology, Obstetrics and Sexual Health; Cancer & Continuing Care (full time: September – May/June)**

Students undertake routine integrated patient assessment, record keeping, present findings and participate in handover. A key focus is the application of safety and safeguarding in this wider specialist context (supervision in routine encounters dependent on the complexity/sensitivity of the case).

DIRECT SUPERVISION** of activity: Diagnostics, case management & reasoning. Complex practical skills (e.g. NG Tube insertion or involving certain patient groups), prescribing practice and prioritization and response (e.g. critical illness settings)

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**YEAR 5: Senior Clinical Placements – Transition to F1 doctor (full time: September - March)**

Students undertake routine clinical assessment independently, seeking assistance as appropriate. Tasks initiated by supervisors include diagnostics and investigation, prioritisation and response (stable patients) and routine practical procedures. Many placements act as ‘Assistantships’ with higher levels of responsibility, including participation in shift working. Students participate in the teaching of junior students.

DIRECT SUPERVISION** should focus on routine prescribing, clinical decision making, management of complex/acutely unwell patients and advanced practical procedures (e.g. NG tube insertion, ILS)

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Advanced examination techniques involving consent and chaperones (e.g. intimate examination) should always be DIRECTLY SUPERVISED if appropriate for the student to take part)

* http://www.medicine.leeds.ac.uk/mbchb/professionalism/professionalismstatment.pdf