ADVANCED ASSESSMENT SKILLS FOR NON-MEDICAL PRACTITIONERS 7KNIP030

Level: 7
Credits: 30

Module leader: Winifred Nwosu
Tel: 020 7848 3613
Email: winifred.nwosu@kcl.ac.uk

This handbook must be read in conjunction with module information provided on KEATS, the King’s E-Learning and Teaching Service. You will be given access to KEATS on enrolment. Important information relating to assessment and related regulations can be found in the Postgraduate Programme Handbook, available on KEATS and via the Student Services Centre.

This handbook can also be provided in alternative formats (such as large print) upon request to asc@kcl.ac.uk.
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Module overview
This module forms part of the Advanced Practice programme. The module contributes to your programme of study by allowing experience practitioners to develop systematic skills in history taking using the medical model and undertaking systematic assessment of each organ system. There is both clinical and academic aspects to the module which allows practitioners to develop deductive reasoning and critical thinking skills. The module can also be taken as a freestanding module.

Module aim
• To enable experienced healthcare practitioners to acquire additional systematic and structured history taking and physical examination skills, in order to integrate advanced assessment findings into clinical decision making.
• To enable practitioners to synthesize and implement knowledge into practice.

Learning outcomes
Students will be able to:
• Apply relevant pathophysiology to the patient/client.
• Demonstrate an advanced understanding of the theoretical and clinical basis of physical examination and history taking.
• Demonstrate an awareness of ethical and legal issues underpinning patient assessment.
• Demonstrate an ability to analyre complex assessment data and discriminate between normal and abnormal findings.
• Critically apply diagnostic reasoning to differential diagnosis and clinical decision making.
• Demonstrate an enhanced quality of therapeutic interactions with patients/clients/others.
• Undertake referral and consultation as part of professional practice.
• Accurately document clinical data and findings from patient assessments and communicate these appropriately, in writing and verbally, with others.

Teaching arrangements
A variety of teaching strategies will be used throughout the module. This module uses a blended learning approach, a mixture of e-learning and taught clinical skills sessions.

E-learning will incorporate pathophysiology, systematic, structured history taking and will also include areas to build on for the taught classroom sessions.

The taught sessions will include a systematic and structured approach to physical examination e.g. inspection, palpation, percussion and auscultation. You will be expected to examine each other during the supervised practice sessions.

Throughout the module lecturers will provide supervision and advice.
Submitting coursework
For this module you are assessed by Winifred Nwosu & Gerry Lee.

Assessment criteria
This is in two parts. An exam examination which will be 2 hours in length and you are required to submit a portfolio of 6 practice assessed documents.

All parts of the portfolio must be completed and submitted by the dates below.

A Formative OSCE will be run at the end of the taught component of the course to demonstrate learning of technical skills. These results will not affect your overall module result. Please see OSCE information on KEATS for further information.

Summative assessment
An exam with the instructions will be given to you 2 weeks before the exam.

Portfolio of 6 practice assessed documents (Hard Copy Submission).

Course work submission are provided on the KEATS module page.
It is essential that you use your candidate number on all assignments/examinations. Your candidate number, which will begin with X for the academic year 2017/18, will be available via Student Records on the King’s Intranet approximately one month after you enrol.

If you are unable to submit your work by the deadline please refer to the information in your programme handbook on “mitigating circumstances”.

Submission date for course work:
Exam period: 7 August – 18 August 2017 – date to be confirmed
Practice Assessment Documents (PADS) – 1 August 2017

Late submissions will be accepted for 24 hours following the submission date. All work submitted late will be marked as normal but will be capped at the pass mark for the module. If your assignment is hard copy please ensure you date stamp it and submit it to the submission room G15 JCMB. If your assignment is submitted electronically through TurnItIn, information about how to submit late will be provided on KEATS module sites under assessment information.

The external examiner for this module is Jane Rutt-Howard, Senior Lecturer/Nurse Clinician at the University of Central Lancashire. Students are not to make direct contact with external examiners, in particular regarding their individual performance in assessments.

Results and re-submissions for course work
Students will receive a provisional (unratified) mark for their coursework 4 weeks following submission. According to the method of submission as detailed on your KEATS site, if your work was submitted online you will be able to download marked coursework from KEATS; alternatively, if you completed a hard-copy submission you can collect your coursework and feedback from the Student Services Centre.

To collect a hard copy assignment, you must provide your candidate number. Alternatively, you may send a stamped addressed envelope to the Student Services Centre ensuring that this is large enough to accommodate your assignments and that you have applied sufficient postage. Hard copy assignments will be retained for four weeks; if you have not collected your assignment by then, it will be destroyed.
Feedback will include the award of a numerical grade which remains provisional until ratified by the examination boards. The dates for the examination boards are available on KEATS. Ratified marks can be viewed via Student Records on the King’s Intranet, the Monday following the relevant examination board.

The marking criteria by which your work is judged are provided in full in your programme handbook. Please also refer to the section in your programme handbook on plagiarism and how to avoid it. If you have a query about how to refer to a specific piece of work please ask your module leader, your group leader or a member of library staff for guidance.

The feedback you receive on your assignment will guide you towards how to do better next time or how to maintain your existing high standard!

If you do not understand your mark or the feedback you receive please contact **Winnie Nwosu**.

If you are unsuccessful, it is recommended that you contact the module leader before submitting your second attempt. This will enable the module leader to provide you with an appropriate level of support as you prepare to re-submit your work.

**Re-submission date:**  
**Exam period:** TBC—date to be confirmed.  
PADS – 17 October 2017

**Results and re-sits for examinations**  
Unratified results from exams will be available on your KEATS module site 4 weeks from the date of the examination.

Faculties are required from this academic year (2015/16) to make examination scripts available to any student who makes a request, free of charge. Any requests for examination scripts should still be managed in accordance with the Data Protection Act 1998. Students may request access to their exam paper at any time (after the Assessment Sub Board meeting) during their programme of study. This policy applies to all summative, unseen, written examinations. MCQs/Seen exams and OSCEs are exempt from this process.

Re-sit dates will available on your KEATS module site. If you are unsuccessful, it is recommended that you contact the module leader before submitting your second attempt or re-sitting your examination.

Please note that anonymised assessment results will be used in internal and external audits. These data may be published in the process of external audit. If you would prefer for your results not to be included the external audit sample please discuss this with the module leader during the taught component of the course.
**Learning resources**
All reading materials can be found on the module KEATS page.

**Session 1 — Overview of History Taking and Systems Review**
By the end of this section the student will be able to:

- Critically analyse the communication skills/interpersonal skills required to conduct a patient assessment
- Critically analyse the overall patient preparation prior to assessment of the patient
- Understand and have practiced the skills required to undertake systematic structured history taking
- Understand the concept of differential diagnosis
- Be aware of the knowledge and skills required for developing a management plan

**Session 2 – Respiratory Assessment**
By the end of this section the student will be able to:

**E-learning**
- Understand the principles of history taking focused on the respiratory system
- Understand the principles of documenting a respiratory assessment
- Undertake a written history of a patient presenting with a respiratory problem
- Apply relevant pathophysiology to the patients data collected

**Classroom**
- Understand the principles of clinical examination of the respiratory system
- Analyse normal and abnormal breath sounds
- Analyse common respiratory signs and symptoms, applying this to taking a history and physical assessment of the respiratory system
- Understand the possible differential diagnosis for a patient presenting with respiratory problems
- Accurately document the full respiratory assessment
Session 3 – Cardiovascular Assessment
By the end of this section the student will be able to:

E-learning
• Understand the principles of history taking focused on the cardiovascular system
• Understand the principles of documenting a cardiovascular assessment
• Undertake a written history of a patient presenting with a cardiovascular problem
• Apply relevant pathophysiology to the patients data collected

Classroom
• Understand the principles of clinical examination of the cardiovascular system
• Analyse normal and abnormal heart sounds
• Analyse common cardiovascular signs and symptoms, applying this to taking a history and physical assessment of the cardiovascular system
• Understand the possible differential diagnosis for a patient presenting with cardiovascular problem
• Accurately document the full cardiovascular assessment

Session 4 – Neurological Assessment
By the end of this section the student will be able to:

E-learning
• Understand the principles of history taking focused on the neurological system
• Understand the principles of documenting a neurological assessment
• Undertake a written history of a patient presenting with a neurological problem
• Apply relevant pathophysiology to the patient’s data collected

Classroom
• Understand the principles of clinical examination of the neurological system
• Analyse common neurological signs and symptoms, applying this to taking a history and physical assessment of the neurological system
• Understand the possible differential diagnosis for a patient presenting with neurological problem
• Accurately document the full cardiovascular assessment
Session 5 – Musculoskeletal Assessment

By the end of this section the student will be able to:

**E-learning**
- Understand the principles of history taking focused on the musculoskeletal system
- Understand the principles of documenting a musculoskeletal assessment
- Undertake a written history of a patient presenting with a musculoskeletal problem
- Apply relevant pathophysiology to the patient’s data collected

**Classroom**
- Understand the principles of clinical examination of the musculoskeletal system
- Analyse common signs and symptoms, applying this to taking a history and physical assessment of the musculoskeletal system
- Understand the possible differential diagnosis for a patient presenting with a musculoskeletal problem
- Accurately document the full musculoskeletal assessment

Session 6 – Abdominal Assessment (GI)

By the end of this section the student will be able to:

**E-learning**
- Understand the principles of history taking focused on the GI system
- Understand the principles of documenting an abdominal assessment
- Undertake a written history of a patient presenting with a GI problem
- Apply relevant pathophysiology to the patients data collected

**Classroom**
- Understand the principles of clinical examination of the GI system
- Analyse common signs and symptoms, applying this to taking a history and physical assessment of the GI system
- Understand the possible differential diagnosis for a patient presenting with a GI problem
- Accurately document the full abdominal assessment
Session 7 – Genitourinary: Female/Male Genital Examination (GU)

By the end of this section the student will be able to:

E-learning
- Understand the principles of history taking focused on the GU system
- Understand the principles of documenting a female/male GU assessment
- Undertake a written history of a patient presenting with a GU problem
- Apply relevant pathophysiology to the patient’s data collected

Classroom
- Understand the principles of clinical examination of the GU system
- Analyse common signs and symptoms, applying this to taking a history and physical assessment of the GU system
- Understand the possible differential diagnosis for a patient presenting with a GU problem
- Accurately document the full GU assessment

Session 8 – Eye Assessment

By the end of this section the student will be able to:

E-learning
- Understand the principles of history taking focused on the assessment of the eye
- Understand the principles of documenting an eye assessment
- Undertake a written history of a patient presenting with an eye problem
- Apply relevant pathophysiology to the patients data collected

Classroom
- Understand the principles of clinical examination of the eye
- Analyse common signs and symptoms, applying this to taking a history and physical assessment of the eye
- Understand the possible differential diagnosis for a patient presenting with an ophthalmic problem
- Accurately document the full eye assessment
Session 9 – ENT Assessment

By the end of this section the student will be able to:

E-learning
- Understand the principles of history taking focused on the ENT systems
- Understand the principles of documenting an ENT assessment
- Undertake a written history of a patient presenting with an ENT problem
- Apply relevant pathophysiology to the patient’s data collected

Classroom
- Understand the principles of clinical examination of the ENT system
- Analyse common signs and symptoms, applying this to taking a history and physical assessment of the ENT system
- Understand the possible differential diagnosis for a patient presenting with a ENT problem
- Accurately document the full ENT assessment

Session 10 – Skin Assessment

By the end of this section the student will be able to:

E-learning
- Understand the principles of history taking focused on the skin
- Understand the principles of documenting a skin assessment
- Undertake a written history of a patient presenting with a skin problem
- Apply relevant pathophysiology to the patients data collected

Classroom
- Understand the principles of clinical examination of the skin
- Analyse common signs and symptoms, applying this to taking a history and physical assessment of the skin
- Understand the possible differential diagnosis for a patient presenting with a skin problem
- Accurately document the full skin assessment

Session 11 – Legal and Ethical Issues in Assessment

By the end of this section the student will be able to:

E-learning
- Critically analyse legal, ethical and professional issues related to undertaking advanced assessments.
Session 12 – Decision Making

By the end of this section the student will be able to:

**E-learning**
- Understand a range of decision making theories
- Apply decision making theory to the assessment and management of the patient/client

Session 13 – Mental State Assessment

By the end of this section the student will be able to:

**Classroom**
- Understand the principles of clinical examination of Mental state
- Analyse common signs and symptoms, applying this to taking a history and assessment of mental health
- Understand the possible differential diagnosis for a patient presenting with a mental health problems and how to accurately document the full mental state assessment
Module evaluation
At the end of the module you are requested to complete the short online evaluation which will be available on your module KEATS site. Student evaluations are very important to us and are required by Health Education England and the regional London Local Education and Training Boards.

Action from previous evaluations

- More non-acute and primary care focus to each system assessment lecture. Actioned in Jan 2016

- More Demonstration of clinical skills. **Actioned in Jan 2016**

- More Time to practice in the clinical skills lab. **Actioned in September 2016 – addition on clinical skill spot check in timetable.**
## Timetable – Cohort 1; Thursday

<table>
<thead>
<tr>
<th>Teaching mode</th>
<th>Date</th>
<th>Type of session</th>
<th>Title</th>
<th>Time</th>
<th>Room</th>
<th>Lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>University based Study</td>
<td>4 May 2017</td>
<td>Lecture</td>
<td>Advanced assessment: The impact on your role</td>
<td>09:30-10:20</td>
<td>Lecture Theatre 2: NHH (Guys Campus)</td>
<td>Winnie</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Skin Assessment</td>
<td>10:30-11:45</td>
<td></td>
<td>Nicki Dover</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Clinical decision making</td>
<td>12:00-13:00</td>
<td></td>
<td>Gerry Lee</td>
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<td></td>
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<td></td>
<td>Differential Diagnosis – Theory and Practice</td>
<td>13:00-13:45</td>
<td></td>
<td>Nicki Dover</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lecture/Practical</td>
<td>Mental State Assessment</td>
<td>14:30-17:00</td>
<td></td>
<td>Louise Clarke</td>
</tr>
<tr>
<td>Online based study</td>
<td>w/c 11 May 2017</td>
<td>e-learning</td>
<td>Eyes and respiratory Pathophysiology History taking Differential diagnosis</td>
<td>Self-directed E-learning materials can be found on Keats</td>
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<td>University based study</td>
<td>18 May 2017</td>
<td>Lecture</td>
<td>Eye Assessment</td>
<td>10:00-13:00</td>
<td>2.6/2.7 CSC</td>
<td>Patricia Evans</td>
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<tr>
<td></td>
<td></td>
<td>Lecture/Practical</td>
<td>Respiratory Assessment</td>
<td>14:00-17:00</td>
<td></td>
<td>Sue Whaley</td>
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<tr>
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<td>w/c 25 May 2017</td>
<td>e-learning</td>
<td>Cardiac &amp; Abdominal/GI Pathophysiology History taking Differential diagnosis</td>
<td>Self-directed E-learning materials can be found on Keats</td>
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<tr>
<td>University based study</td>
<td>Date</td>
<td>Type/Practical</td>
<td>Topic</td>
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<td>Room</td>
<td>Instructor</td>
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<tr>
<td></td>
<td>1 June 2017</td>
<td>Lecture/Practical</td>
<td>Cardiovascular assessment</td>
<td>10:00-13:00</td>
<td>2.6/2.7 CSC</td>
<td>Gerry Lee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Practical</td>
<td>Spot-Check of Clinical Skills</td>
<td>13:30-14:00</td>
<td></td>
<td>Winnie</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lecture/Practical</td>
<td>Ear, Nose and Throat assessment</td>
<td>14:00-17:00</td>
<td></td>
<td>Shelley Peacock</td>
</tr>
<tr>
<td>Online based study</td>
<td>w/c 8 June 2017</td>
<td>e-learning</td>
<td>Abdomen (Gastro-intestinal) &amp; Skin Pathophysiology History taking Differential diagnosis • MSc students – legal and ethical issues related to assessment</td>
<td>Self-directed</td>
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<tr>
<td>University based Study</td>
<td>15 June 2017</td>
<td>Lecture/Practical</td>
<td>Abdominal assessment (Gastro-Intestinal assessment)</td>
<td>10:00-13:00</td>
<td>2.6/2.7 CSC</td>
<td>Nicki Dover</td>
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<tr>
<td></td>
<td></td>
<td>Practical</td>
<td>Peer reviewed clinical skills session</td>
<td>14:00-17:00</td>
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<tr>
<td>Online based study</td>
<td>w/c 22 June 2017</td>
<td>e-learning</td>
<td>GU and MSK Pathophysiology History taking Differential diagnosis MSc students – decision making</td>
<td>Self-directed</td>
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<td>University based Study</td>
<td>29 June 2017</td>
<td>Lecture/Practical</td>
<td>MSK assessment</td>
<td>10:00-13:00</td>
<td>2.6/2.7 CSC</td>
<td>Carole Jackson</td>
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<td></td>
<td></td>
<td>Lecture/Practical</td>
<td>Male and Female Genital Examination</td>
<td>14:00-17:00</td>
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<td>Jacqui Boulton</td>
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</table>
### Online based study

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<thead>
<tr>
<th>w/c 6 July 2017</th>
<th>e-learning</th>
<th>Neurological</th>
</tr>
</thead>
</table>
|                |           | • Pathophysiology  
|                |           | • History taking  
|                |           | • Differential diagnosis  
|                |           | • Revise all previous sessions  

**Self-directed**

E-learning materials can be found on Keats

### University based Study

<table>
<thead>
<tr>
<th>13 July 2017</th>
<th>Lecture</th>
<th>Neurological assessment</th>
<th>09:30-12:30</th>
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<th>Nicki Dover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical</td>
<td>Formative OSCE session</td>
<td>13:00-17:00</td>
<td>Faculty members</td>
<td></td>
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</tbody>
</table>

FWB – Franklin-Wilkins Building, Waterloo Campus

JCMB – James Clerk Maxwell Building, Waterloo Campus

CSC – Clinical Skills Centre, Guys Campus

WEC – Weston Education Centre, Denmark Hill Campus (King’s College Hospital site)

**Dates, times & venues are occasionally subject to change. It is important you check your emails and KEATS daily.**
## Timetable – Cohort 2; Friday

### Assessment Skills for Non-Medical Practitioners – Term 3. 2016-2017. COHORT 2; COLLEGE ATTENDANCE IS FRIDAY

<table>
<thead>
<tr>
<th>Teaching mode</th>
<th>Date</th>
<th>Type of session</th>
<th>Title</th>
<th>Time</th>
<th>Room</th>
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</tr>
</thead>
<tbody>
<tr>
<td>University based</td>
<td>4 May 2017</td>
<td>Lecture</td>
<td>Advanced assessment: The impact on your role</td>
<td>09:30-10:20</td>
<td>Lecture Theatre 2: NHH (Guys Campus)</td>
<td>Winnie</td>
</tr>
<tr>
<td>Study</td>
<td></td>
<td></td>
<td>Skin Assessment</td>
<td>10:30-11:45</td>
<td></td>
<td>Nicki Dover</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Clinical decision making</td>
<td>12:00-13:00</td>
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<td>Gerry Lee</td>
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<td>Differential Diagnosis – Theory and Practice</td>
<td>13:00-13:45</td>
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<td>Nicki Dover</td>
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<td></td>
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<td>Lecture/Practical</td>
<td>Mental State Assessment</td>
<td>14:30-17:00</td>
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<td>Louise Clarke</td>
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<td>Online based study</td>
<td>w/c 12 May</td>
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<td>Eyes and respiratory Pathophysiology</td>
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<td>Differential diagnosis</td>
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<td>University based</td>
<td>19 May 2017</td>
<td>Lecture</td>
<td>Eye Assessment</td>
<td>10:00-13:00</td>
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<td>Patricia Evans</td>
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<td>Study</td>
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<td>Respiratory Assessment</td>
<td>14:00-17:00</td>
<td>2.6/2.7 CSC</td>
<td>Winnie Nwosu</td>
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<td>Online based study</td>
<td>w/c 26 May</td>
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<td>Cardiac &amp; ENT Pathophysiology</td>
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<td>2017</td>
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<td>History taking</td>
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<tr>
<td><strong>University based study</strong></td>
<td>2 June 2017</td>
<td>10:00-13:00</td>
<td>2.6/2.7 CSC</td>
<td>Winifred Nwosu</td>
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<td>Lecture/Practical</td>
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<tr>
<td>Cardiovascular assessment</td>
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<tr>
<td>Practical</td>
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<td>13:30-14:00</td>
<td>2.6/2.7 CSC</td>
<td>Winnie Nwosu</td>
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<tr>
<td>Spot-Check of Clinical Skills</td>
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<tr>
<td>Lecture/Practical</td>
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<td>14:00-17:00</td>
<td>2.6/2.7 CSC</td>
<td>Shelley Peacock</td>
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<tr>
<td>Ear, Nose and Throat assessment</td>
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<thead>
<tr>
<th></th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Instructor</th>
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<tbody>
<tr>
<td><strong>Online based study</strong></td>
<td>w/c 9 June 2017</td>
<td></td>
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<td>Self-directed E-learning materials can be found on Keats</td>
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<tr>
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<tr>
<td>ENT and Abdominal Pathophysiology History taking Differential diagnosis MSc students – legal and ethical issues related to assessment</td>
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<td><strong>University based Study</strong></td>
<td>16 June 2017</td>
<td>10:00-13:00</td>
<td>2.6/2.7 CSC</td>
<td>Gill Prifti</td>
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<tr>
<td>Lecture/Practical</td>
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<tr>
<td>Abdominal assessment (Gastro-intestinal assessment)</td>
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<tr>
<td>Practical</td>
<td></td>
<td>14:00-17:00</td>
<td>2.6/2.7 CSC</td>
<td>Nicki Dover</td>
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<tr>
<td>Peer reviewed clinical skills session</td>
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<thead>
<tr>
<th></th>
<th>Date</th>
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<tbody>
<tr>
<td><strong>Online based study</strong></td>
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<tr>
<td>GU and MSK Pathophysiology History taking Differential diagnosis MSc students – decision making</td>
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<tr>
<td>University based Study</td>
<td>Date</td>
<td>Type</td>
<td>Topic</td>
<td>Time</td>
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<td>30 June 2017</td>
<td>Lecture/Practical</td>
<td>MSK assessment</td>
<td>10:00-13:00</td>
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<td>Practical</td>
<td>Male and Female Genital Examination</td>
<td>14:00-16:00</td>
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<td>Online based study</td>
<td>w/c 7 July 2017</td>
<td>e-learning</td>
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<td>History taking</td>
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<td>Differential diagnosis</td>
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<td>Revise all previous sessions</td>
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<td>University based Study</td>
<td>14 July 2017</td>
<td>Lecture</td>
<td>Neurological assessment</td>
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<td>Practical</td>
<td>Formative OSCE session</td>
<td>13:00-17:00</td>
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</table>

FWB – Franklin Wilkins Building, Waterloo Campus
JCMB – James Clerk Maxwell Building, Waterloo Campus
CSC – Clinical Skills Centre, Guy's Campus
WEC – Weston Education Centre, Denmark Hill Campus (King’s College Hospital site).

**Dates, times & venues are occasionally subject to change. It is important you check your emails and KEATS daily.**
# Taught Postgraduate Generic Marking Criteria

## Level 7

### An exceptional answer that reflects outstanding knowledge of material and critical ability ~ Distinction ≥ 70

<table>
<thead>
<tr>
<th>Understanding</th>
<th>Depth of knowledge</th>
<th>Structure</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced, in-depth, authoritative, full understanding of key issues with evidence of originality</td>
<td>Complex work and key issues analysed. Wide range of sources used selectively to support argument/discussion</td>
<td>Coherent and compelling work logically presented</td>
<td><strong>A++ (90-100)</strong> Insightful work displaying in-depth knowledge. For research dissertation/project: publishable quality, outstanding research potential, originality and/or independent thought, ability to make informed judgments. Highest standards of presentation. FNFNM: Illustrates excellence in integrating theory and practice. Harvard referencing system used appropriately</td>
</tr>
<tr>
<td>FNFNM: Advanced, analytical understanding of links between theory and practice and the impact of these on clinical care.</td>
<td>Strong evidence of critical approach to key issues and ability to evaluate arguments</td>
<td>FNFNM: Excellent integration of theory and clinical issues within a clear overall structure</td>
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<tr>
<td></td>
<td>FNFNM: Excellent application of in-depth knowledge within the clinical environment and in relation to clinical decisions</td>
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</table>

### A coherent answer that demonstrates critical evaluation ~ Merit 60-69

<table>
<thead>
<tr>
<th>Understanding</th>
<th>Depth of knowledge</th>
<th>Structure</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-depth understanding of key issues with evidence of some originality</td>
<td>Key issues analysed. Relevant sources used effectively to support argument/discussion</td>
<td>Coherent work logically presented</td>
<td><strong>B+ (65-69)</strong> Thoughtful work displaying good knowledge and accuracy. For research dissertation/project: some evidence of research potential, clear thinking and/or ability to make informed judgments. Good standards of presentation. FNFNM: Good analytical integration of theoretical knowledge and practice. Harvard referencing system used with minimal errors.</td>
</tr>
<tr>
<td>FNFNM: Full, analytical understanding of links between theory and practice and the impact of these on clinical care</td>
<td>Clear evidence of critical approach to key issues and some ability to evaluate arguments</td>
<td>FNFNM: Full integration of theory and clinical issues within a clear overall structure.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FNFNM: Thorough application of in-depth knowledge within the clinical environment and in relation to clinical decisions</td>
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</table>

### B (60-64)

Work displays good knowledge and accuracy. For research dissertation/project: some evidence of clear thinking and/or ability to make informed judgments. Good standards of presentation. FNFNM: Thorough integration of theory and clinical issues within a clear overall structure. Clear and analytical thinking is evidenced throughout. Harvard referencing system used with minimal errors.
## Understanding

<table>
<thead>
<tr>
<th>Understanding</th>
<th>Depth of knowledge</th>
<th>Structure</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding of some key issues with evidence of ability to reflect critically</td>
<td>Some key issues addressed. Relevant sources used to support argument/discussion</td>
<td>Competent work in places but lacks fluency/coherence</td>
<td>C+(55-59) Work displays knowledge and understanding in most areas but the standard of work is variable. For research dissertation/project: evidence of clear thinking in places but lacks insight. Satisfactory standards of presentation. FNFNM: Adequate analytical integration of theoretical knowledge and practice; evidence of excellent good understanding of theory practice links in some places. Harvard referencing system mainly used appropriately throughout.</td>
</tr>
<tr>
<td>FNFNM: Adequate analysis of links between theory and practice and the impact of these on clinical care</td>
<td>Some evidence of critical approach to key issues and ability to evaluate arguments FNFNM: Adequate application of in-depth knowledge within the clinical environment and in relation to clinical decisions</td>
<td>FNFNM: Evidence of appropriate integration of theory and clinical issues within a clear overall structure.</td>
<td>C(50-54) Work displays knowledge and understanding in some areas but some key issues are not addressed. For research dissertation/project: some evidence of clear thinking but lacks insight and fluency. Satisfactory standards of presentation. Harvard referencing system mainly used appropriately throughout. FNFNM: Adequate analytical integration of theoretical knowledge and practice.</td>
</tr>
</tbody>
</table>

## A superficial answer with limited knowledge of core material and limited critical ability ~ Fail 40 – 49

<table>
<thead>
<tr>
<th>Understanding</th>
<th>Depth of knowledge</th>
<th>Structure</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superficial understanding of some key issues, lack of focus</td>
<td>Key issues not always understood or addressed, gaps in the use of relevant sources used to support work</td>
<td>Weaknesses in structure, fluency and/or coherence</td>
<td>F+(40-49) Work displays patchy knowledge and understanding and some key issues are not addressed. For the research dissertation/project: limited evidence of clear thinking, insight and/or fluency. Presentational weaknesses. FNFNM: Knowledge is weak or limited; there is limited analysis or application to practice. Harvard referencing system is presented with some errors.</td>
</tr>
<tr>
<td>FNFNM: Superficial and descriptive links drawn between theory and practice and the limited description of impact of these on clinical care</td>
<td>Limited evidence of a critical approach to key issues and ability to evaluate arguments</td>
<td>FNFNM: Little evidence of appropriate integration of theory and clinical issues within a clear overall structure.</td>
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</tr>
<tr>
<td>FNFNM: Limited application of knowledge, some of which is superficial, within the clinical environment. Few links drawn between knowledge and clinical decision making</td>
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</table>
### Understanding
- Lack of understanding of, or focus on key issues
  - FNFNM: Poor understanding of relevant issues and their application to practice

### Depth of knowledge
- Key issues misunderstood or not addressed
  - FNFNM: Limited or no use of relevant sources to support work
- No evidence of a critical approach to key issues or ability to evaluate arguments
  - FNFNM: Limited and poor application of knowledge, some of which is superficial, within the clinical environment. Few links drawn between knowledge and clinical decision making.

### Structure
- Work is confused and incoherent
  - FNFNM: Poor structure depicting confused practice

### General
- **F (33-39)** Incomplete answers with only peripheral knowledge relevant to the questions. Displays poor, disorganized presentation. FNFNM: indicates poor practice. Harvard referencing system is not used or presented with major error.
- **FF (20-32)** Some attempt to write something relevant but with many flaws; nothing of substance, FNFNM: indicates poor or unsafe practice. Harvard referencing system is not used or presented with major errors.
- **FFF (0-19)** Serious errors, largely irrelevant material or unacceptably brief. FNFNM: indicates poor and unsafe practice. Harvard referencing system is not used or presented with major errors.