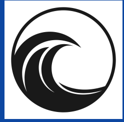

CLINICAL APPRAISAL RECORD

Formative Rotation Appraisal

26 Apr 2026 - 2 May 2026

marketing-demo@odysseyportfolio.com

Self appraisal

Mixed week - MAU nights plus some surgical days stuck together by rota rather than design.

What went ok: escalated the post-op wound same day rather than sitting on it; clerking for ACS felt structured; consent clinic went better when I slowed down and drew a picture; tap went smoothly with senior nearby.

What still needs work: small-closure knots under fatigue, ringing radiology with a cleaner one-line indication overnight, and not arriving at clinic still mentally on ward adrenaline.

Spoke up once about missing antibiotic allergy on pre-op checklist - anaesthetist fixed before patient slept.

Attached narratives cover medicine + surgery + acute bits - matches how the week actually felt rather than neat specialties.

Development plan

Next few months:
* USS access / drainage workshop then aim for a couple more supervised taps - log them properly after each.
* Two more minor-ops lists bias toward closing - practice ties outside theatre once a week like actually doing it not intending to.
* Short teaching (~10min) for juniors on AKI causes incl drugs/obstruction - use anonymised MAU case.
* Mini-CEX-style observed consent with ES - focus on pacing + teach-back.
* Ask supervisor if daft to run tiny audit on frailty documented in pre-assessment notes - bail if pointless admin.

Catch up in ~12 weeks; ping clinical fellow mid-way if drowning.

Supervisor review (countersigned)

Reviewer:	Dr Morgan Reilly (Educational Supervisor)
Email:	m.reilly@deanery.example
Rating:	Great
Request sent:	2 May 2026
Countersigned:	2 May 2026

Comments

Readable bundle - acute + surgical + teaching hooks isn't forced. Reflections sound like you rather than boilerplate.

Self-review names actual behaviours not buzzwords. PDP is doable without sounding like a LinkedIn post.

Optional nice-to-have later: one-line outcomes ("HbA1c down at follow-up") when you've got them - not critical now.

Happy to countersign - keep doing short reflections when tired rather than saving six months of waffle for ARCP.

Linked narratives

This appraisal appears in the following narrative themes (including reflections recorded there).

On-call + ACS + diabetes clinic

Three entries from the same week that don't obviously belong together - a messy medical on-call, one proper ACS/NSTEMI clerking, and a routine diabetes slot - but that's kind of the job. Most of cardiology-adjacent work isn't cath labs; it's wards, CCU bay corners, and explaining statins to someone who's frightened.

Reflections in this narrative

28 Apr 2026

Hard switching straight from a hot ward mess into a quiet diabetes room - head still on NEWS scores while they're explaining shiftwork meals. Not fair on them.

Almost charted "declined statin" without digging into why - muscle ache story came out with one more question.

On-call bit: spending time with FY1 wasn't wasted time even though jobs stacked - would've cost more later if they'd missed trop timing.

27 Apr 2026

ACS patient asked if they'd get back to normal - I reached for numbers first and it landed flat. When I switched to "what matters day-to-day" (dog walking, part-time hours) it felt less hollow.

Diabetes clinic same week - different gear. I talk too fast when clinic runs late; need to shut up and let them think.

Language around insulin still trips me - "failed tablets" sounds awful. Trying to frame it as biology moving on, not moral failure.

Tap, AKI nights, grand round

Ascitic tap on nights, an AKI puzzle on MAU, and a grand round that wasn't terrible. Procedure skill plus thinking about kidneys plus someone else spelling out peri-op risk - all the same job really.

Reflections in this narrative

30 Apr 2026

AKI patient - I'd parked on dehydration until someone mentioned trimethoprim on the actual drug list. Humbled in a useful way.

Teaching session wasn't revolutionary but it linked to real patients I'm seeing - beats slide decks in a vacuum.

Going to jot one-liners after ugly nights ("what I'd do differently") - takes two minutes, stops me rewriting the same mistake mentally for a week.

27 Apr 2026

Tap at night - fine technically, still feels odd aspirating fluid from someone you were clerking an hour earlier. Labelling bottles properly matters; watched SAAG video next day because chemistry memory rusty.

BP dipped a bit after - less dramatic once I remembered post-drain shifts happen.

Grand round bit about frailty fluids probably stopped me overreacting to the same soft BP reading I'd have panicked on a month ago.

Want formal USS course at some point - shouldn't only tap when radiology SHO free.

Theatre, lesion list, consent, post-op wound

Bits from a surgical attachment: theatre day, a small lesion list case, a consent clinic, and a post-op wound that looked a bit too pink. Mix of technical stuff and the boring important bits - checklist, photos when needed, not sitting on erythema overnight.

Reflections in this narrative

29 Apr 2026

Nearly wrote off post-op redness as "normal healing" because I didn't want to bother reg at midnight - stupid. Escalated in the end; photo helped next morning.

Lesion closure - same needle grip issue when tired. Slow down.

Consent - second simpler diagram worked better than my first over-detailed one.

28 Apr 2026

Relative looked scared while I looked at the wound - named that briefly then carried on properly instead of skipping bits because it felt awkward.

End of list I speed up ties - need to watch that.

Consent: saying "we can't promise zero nerve pain but here's what we watch for" felt honest without scaring them off unnecessarily.