

**MBBS YEAR 5  
GP ASSISTANTSHIP TUTOR GUIDE  
2021-2022**



**COMMUNITY BASED MEDICAL EDUCATION DEPARTMENT  
(CBME)**

**BARTS AND THE LONDON SCHOOL OF MEDICINE AND  
DENTISTRY**

1. GP ASSISTANTSHIP .....	3
2. CONTACTS .....	4
3. PLACEMENT OVERVIEW .....	5
4. INTRODUCTION – WHAT IS THE ASSISTANTSHIP?.....	6
5. PREPARING FOR GP PLACEMENTS IN THE TIME OF COVID 2021-22.....	8
• Welcome and Wellbeing.....	8
• Risk Reduction.....	8
• Vaccinations .....	8
• Return to Placement Online Modules.....	9
• Student Learning Needs Assessment.....	9
• Setting up Virtual Teaching for remote consultations: telephone & video.....	9
• Examples of possible virtual GP teaching formats: .....	10
• Other Support for GP Tutors.....	10
• CBME Glossary .....	111
6. LEARNING NEEDS .....	11
7. AIMS AND HIGH LEVEL COMPETENCIES FOR MBBS FINAL YEAR .....	13
8. SPECIFIC LEARNING OUTCOMES.....	13
8.1 KNOWLEDGE.....	13
8.3 SKILLS.....	14
8.3 ATTITUDES .....	15
9. TEACHING AND LEARNING ACTIVITIES .....	17
10. ASSESSMENT.....	20
11. EVALUATION .....	21
12. STUDENT WELLBEING RESOURCES.....	21
13. FREQUENTLY ASKED QUESTIONS.....	23

## 1. GP ASSISTANTSHIP

This handbook should be used together with the Academic Regulations and the Student Guide.

It provides information specific to Barts and The London School of Medicine and Dentistry (SMD), while the Student Guide gives information common to all students of the College.

The Academic Regulations provide detailed information on all aspects of award requirements and governance.

**NOTHING IN THIS HANDBOOK OVERRIDES THE ACADEMIC REGULATIONS WHICH ALWAYS TAKE PRECEDENCE.**

The School's handbooks are available on QM+.

The Student Guide is available from the SMD Student Office; the Student Guide and Academic Regulations are also available on-line at:

[www.arcs.qmul.ac.uk](http://www.arcs.qmul.ac.uk)

The information in this handbook was correct at the time of printing. In the event of any substantial amendments to the information herein, the SMD will attempt to inform students of the changes.

The College cannot accept responsibility for the accuracy or reliability of information given in third party publications or websites referred to in this guide

## 2. CONTACTS

The Academic Unit for Community Based Medical Education

(Currently working remotely)

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Please see below contact information for the Year 5 Administrator, Lorane Smith, who is available for any queries. Please contact Lorane for any problems concerning the attachment **IN THE FIRST INSTANCE.**

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### 3. PLACEMENT OVERVIEW

<b>Unit Title</b>	<b>GP ASSISTANTSHIP</b>
<b>Year</b>	5 (Final Year)
<b>Length</b>	Eight weeks
<b>Days</b>	Monday to Friday (9 Sessions) throughout the nine weeks Wednesday PM - Half Day off for Sport First working day of Week 1 involves Central Teaching by the College - Intro Day Last working day of Week 9 involves Central Teaching by the College - Closing Day
<b>Group size</b>	One to three students (usually two)
<b>Aim:</b>	By the end of the 8 weeks students should be <b>thinking and acting like a generalist</b> : be able to assess undifferentiated acute and chronic presentations and negotiate a safe management plan with the majority of patients – always with supervision.
<b>Learning in Practice (Practice-led)</b>	<b>Intro session and induction</b> including 'Resettle and Reflect: We need to talk about Covid' semi structured discussion to review and resettle into GP placements <b>Regular Student Surgery sessions</b> with feedback (3 – 4 per week): combining virtual and face-to-face patient contact <b>Backroom practice work</b> – Chronic Disease Reviews, Administrative work, Medication reviews and prescribing, Covid and QOF follow-up <b>Professional shadowing</b> – sitting in with GP or members of the MDT and assisting. <b>One GP-based Tutorial session per week</b> - approximately 90 to 120 mins in length <b>Working as part of the Practice Team</b> - attending appropriate meetings, learning from various team members <b>Self-Directed Learning sessions</b> (2 per week) - to allow time for assessment work and general learning
<b>Additional Learning (CENTRAL) Medical School-Led)</b>	<b>Introductory Day</b> – Includes: Orientation to GP placements, Leadership and GP Projects, Challenges and maintaining wellbeing in General Practice. <b>Core Cases : 1.5 hours fortnightly</b> –Clinical scenarios with a focus on applied ethics from Year 5 supported virtually by central tutors. <b>Virtual Hospice Morning</b> – Run by St Joseph's Hospice <b>Closing Day</b> - Ethics Lecture and Workshops (Online)
<b>Assessment</b>	<b>Two MiniCEXs</b> - one during Week 1 and one to be completed before Week 8 <b>10 x Patient feedback forms</b> – 5 to be completed by Week 5 and 5 to be completed by Week 8 <b>Midway Assessment at Week 5</b> – to include review of 1 x MiniCEX and 5 x Patient feedback forms. Students will be asked to completed mandatory JOT feedback form. <b>Patient Case and Reflection</b> on Professional Practice Principles <b>Complex Chronic Care Plan</b> – including discussion about CMC and DNAR. <b>Practice Project</b> (in pairs) <b>Significant Event Analysis</b> – written up & discussed as part of SEA meeting in practice <b>Assessment of Professional Attitude and Conduct Form</b> <b>Overall Tutor Assessment of Performance</b> (For students on shorter or split placements see details under assessment section)
<b>Dates in practice</b>	Centrally based Plenary Days on the first Monday (Intro Day) and the last Friday (Closing Day) of the 8-week placement. Details of these days are available on QMPlus. Otherwise students are required to attend their Practice every day except for Wednesday afternoons, which is the School's protected sports time. There may be flexibility and this can be negotiated between the Tutor and the Student. Time away from the practice will be required for the virtual hospice placement, central teaching, DATE, Breaking Bad News and 2-weekly 1.5 hour Core Case tutorials.

## 4. INTRODUCTION – WHAT IS THE ASSISTANTSHIP?

Welcome to the 5th Year GP Assistantship attachment 2021-22.

### (1) The GP Assistantship:

Our overall aim is *"to help all students to become better doctors, irrespective of their current career preference or eventual career choice."* Renaming the placement the GP Assistantship we are stressing the importance of students **being actively involved in patient care** as members of the clinical team. We aim to ensure students are immersed in General Practice and Primary Care in all its facets and **develop independent practice** whilst learning good medicine in that context. The focus is on **THINKING AND ACTING LIKE A GENERALIST**: by the end of the 8 weeks students should be able to assess undifferentiated acute and chronic presentations and negotiate a safe management plan with the majority of patients – always with supervision. We hope you will find it an interesting and stimulating experience. The General Practice placement is an integral and compulsory part of the curriculum.

### (2) Covid-19 Pandemic – adjusting to a dynamic situation

We were all caught by surprise by the immense and ongoing changes brought by Covid-19. Students will have anxieties about the ongoing situation, their own abilities and what they have missed. Few will fully appreciate the changes to General Practice and how they will fit into the realities of clinical practice. We will rely on you to involve them in as many aspects of patients contact as possible – be that remote – by telephone or video - or face to face. We will support you in these endeavours – via our training events, drop in sessions and Virtual Teaching Using Remote Video Calls In Primary Care website below:

<https://sites.google.com/view/cbme-videoteachingwebsite/checklists-for-tutors-and-students>

Your **Student Assistants** may prove to be very valuable in your work following up patients including those who have had Covid-19 as well as patients with ill health whose care has been interrupted or delayed due to the effects of the Covid-19 pandemic on routine NHS services. Students need to experience and learn about the involvement of all those working in community-based healthcare including the early discharge team, primary healthcare nursing teams, community pharmacists, home nursing and community rehabilitation.

**The supervision and role modelling you and your team provide will be essential to their preparation for practice at this challenging time**

### (3) Expectations on the GP Assistantship

What the student can expect from their GP tutor (& CBME/Medical School):

- The GP Tutor will arrange an introduction and induction to the module
- The GP Tutor will conduct a Learning Needs Assessment (including risk assessment and 'we need to talk about Covid') at the start of the placement, a Midway Review at Week 5 and then an end of module Assessment at Week 8.
- The student will be supported by their GP Tutor at all times through the placement
- The GP Tutor should be contactable and be present on days the student is in practice (or have arranged appropriate supervision with another GP)
- The GP Tutor will aid the student in passing the module and completing assessments
- CBME/Medical School will be available to contact for help and support if the student or GP Tutor needs at any point throughout the module.

- CBME/Medical School will provide both the student and GP Tutor with the information and materials needed for the module.
- CBME/Medical School will facilitate Central teaching (Intro Day, Closing Day, Core Cases and Hospice Day)

What the GP tutor can expect from the student:

- Full attendance
- Engagement with the module and assessments
- Professionalism
- To be informed early if there are any concerns or issues

What CBME/Medical School expects from the student:

- Full attendance with the GP Assistantship (and an expectation that the student will communicate promptly with your GP Tutor and University if they need to isolate or are unwell)
- Full attendance with Central teaching – Intro Day, Closing Day, DATE/BBN, Hospice Morning and all 4 Core Cases.
- Engagement with the module and assessments
- Professionalism
- To inform the University early of any issues with the placement.

## 5. Preparing for GP Placements in the time of Covid 2021-22

### Resettling and Risk Reduction Checklist

#### 1. WELCOME & WELLBEING - Start by adapting GPs placement to your student(s)

The last 18 months – in particular the **pandemic** and events triggering the **Black Lives Matter** movement - have had a complex, and unique, impacts on us all. For our students this meant a sudden switch to online learning , a reduction in direct patient contact and tutor and peer support. Some have cared for or lost loved ones to COVID-19, others have been ill themselves – all have become more aware of health disparities . These factors coupled with lockdowns have affected their learning experience and wellbeing and, in some cases, has led to demotivation and poorer exam results. Students are so looking forward to restarting GP placements but will need help with hybrid and virtual learning or patient contact.

- ✓ Please set aside early **time to talk to each student about their** experiences, expectations and needs.
- ✓ Please also use the opportunity to **share your experiences** over the past year – to build rapport ad compassion
- ✓ Support students to **SPEAK UP** if they experience or observe situations that worry them (please see e-Learning for Health online module for supervisors: [LISTEN UP](#))

*\*Please see separate document for further information\**

#### 2. RISK REDUCTION – local arrangements

We have all learned much about reducing COVID 19 transmission and risk of serious illness over the last year. The Medical School has assessed students’ individual risk and introduced a daily rapid Lateral Flow Test before coming to campus. We know each GP practice has developed a local approach based on specific context.

**Please a make your practice’s local risk reduction policy is clear to students before** they start their placement detailing :

- ✓ LFT Testing requirements
- ✓ PPE & mask wearing
- ✓ Ventilation and flow arrangements
- ✓ Adjustments for the very few students with specific risks

*\*Please see separate document for Risk Reduction Checklist\**

#### 3. VACCINATIONS

COVID-19 vaccinations remain voluntary in the UK. The medical school, in line with other institutions, is not compelling students to be vaccinated – but we know the vast majority have had two doses. A very small number may have personal or clinical reasons for not being fully vaccinated. We ask you to accommodate these learners. All students must undertake an **online Vaccine Confidence module** focusing on individual narratives, and fact verification skills rather than assumed informational deficit.

- ✓ You can **ask students about their vaccination status** (we cannot inform you of this)
- ✓ **Accommodate learners** who have not completed their vaccination as you would a member of staff – this may mean reducing patient contact
- ✓ Discuss anxieties and hesitancy without taking a coercive approach
- ✓ Please Offer **Flu Vaccine** - **Students are designated essential workers should be treated as staff**



- ✓ **Any concerns or questions - Please contact the CBME Module Lead or Administrator .**

#### **4. Return to Placement Online Modules – completed by all students**

All students have completed a pre-placement online module covering key topics such as: Covid-19 BMJ essential background; Infection control; Hand hygiene; PPE; Resuscitation, Self-care; Intro to video consultations

#### **5. Student Learning Agreement & Student learning needs assessment**

The Learning Agreement (separate document) lays out the responsibilities that students, their supervisors, host GP practices and the medical school have to each other. It emphasises the mutual roles of learners and teachers for a successful clinical placement, that maintains safety for all. We have included specific reference to added requirements arising for the COVID-19 pandemic.

#### **6. Setting up Virtual Teaching for remote consultations: telephone & video**

We have developed a new [CBME Virtual Teaching](#) website to enable you to include to virtual teaching and remote consultation into GP placements.

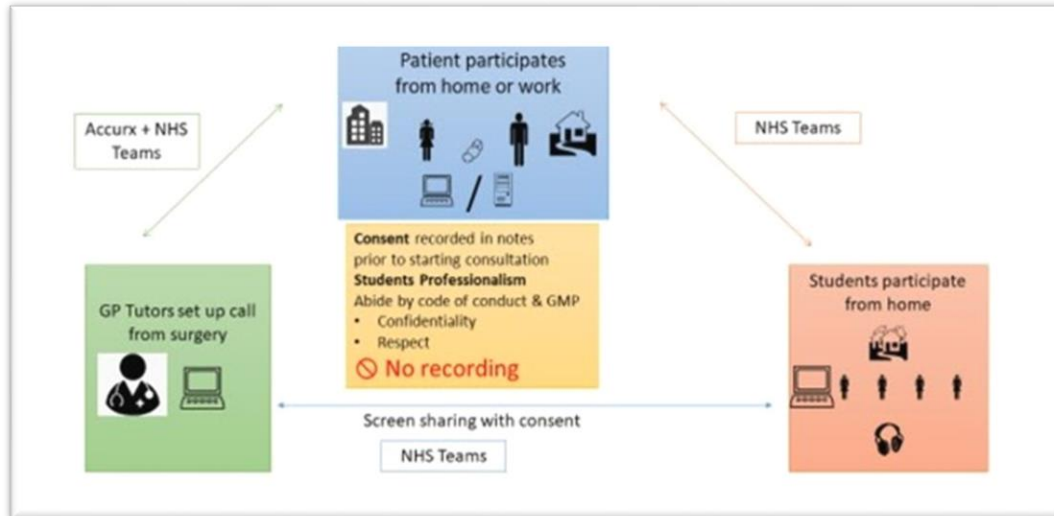
This website contains information on how to:

- Set up the [IT](#), gain [Consent](#) from patients and consider the [Confidentiality](#) issues associated with this new way of teaching and working.
- Plan and deliver virtual clinical supervision of **REAL GP CONSULTATIONS**
- Use a 3-way consultation over AccurX to allow students to 'shadow' those clinicians remotely or conduct a supervised consultation (which may be observed by peers with patient consent).
- Invite students to virtual tutorial on M/S Teams.

The application of virtual technology will vary amongst practices and will be influenced by multiple factors. By having virtual teaching as an option we hope that this will mitigate any limitations and enhance learning experience during the pandemic and a possible future lockdown.

#### **Examples of possible virtual GP teaching formats:**

1. Remote consulting: Students consulting with patients via telephone/video clinics – with virtual supervision from GP tutor (3-way set up facility via Accurx)
2. Shadowing: Students observing /participating in GPs clinic using 3-way set up via Accurx facility via AccuRx.) This would all be under supervision of their GP Tutor.
3. Set up [tutorials including role-play](#) on MS teams



#### Examples of possible hybrid (virtual + F2F) GP teaching formats:

1. Student surgeries (hybrid):  
3-4 patients per clinic – Remote consultations + F2F ([3 way phone calls](#) /video calls booked + a slot for a F2F + review and supervisor).

#### Examples of possible of F2F GP teaching formats

1. F2F: Students calling in their own F2F patients if needed, after discussion with a GP about whether the patient needs to be seen in practice.
2. F2F: Other GPs in the practice triaging and calling in patients suitable for students to see.

#### What else can students take an active part in?

- **Tutorials:** This may follow any format the tutor wishes. It could be an opportunity to do a joint virtual complex care review in a patient led tutorial. Via MS Teams
- **Virtual Care Home WR** – this could be done jointly with an ANP or GP, continuity would be key and it would be ideal for students to undertake this weekly.
- **Virtual Home Visits – via AccurX.** If it is feasible for Home Visits with PPE if a GP tutor is going out to a visit.
- Involvement in MDT/SEA/Practice Meetings – via MS Teams or in person (if social distancing permits).
- Students can work with different GPs in the practice, nurses, advanced nurse practitioners, paramedics, social prescribers and pharmacists etc.

#### Other Support for GP Tutors

We understand that these are challenging times and the prospect of some of the technology being used and changes being made are daunting. Please see details for some GP Tutor support provided by CBME, these are on a voluntary basis.

The [CBME GP Tutor website](#) will have updated times and dates for sessions:

- **Connecting Practices:**  
These will be run online via MS Teams or Zoom every month initially, to support tutors with the changes in practice and in particular with teaching medical students in light of the Coronavirus pandemic. It will also provide peer support and a space for reflections on teaching experiences with the aim of sharing good practice and providing feedback.

**Wednesdays 14.00-15.00**  
**(3<sup>rd</sup> Weds of month until JANUARY 2022)**

**Dates: 15<sup>th</sup> September 2021, 20<sup>th</sup> October 2021, 17<sup>th</sup> November 2021, 15<sup>th</sup> December 2021  
19<sup>th</sup> January 2022**

- *REST: Practical support for IT and Curriculum issues:*  
Drop in sessions for trouble shooting and best practice for virtual teaching and consultations.  
**Wednesdays 12.00-13.00 (1<sup>st</sup> Weds of month - until DECEMBER 2021)**  
**Dates: 1<sup>st</sup> September 2021, 6<sup>th</sup> October 2021, 3<sup>rd</sup> November 2021, 1<sup>st</sup> December 2021**
- **HELP!** You will always also be able to **contact the CBME admin** and **academic year leads** if there are any questions or difficulties.

### **CBME Glossary**

- **Remote consultations** are video and telephone consultations
- **Virtual teaching** - is anything that is not F2F
- **Virtual supervision** is a form of virtual teaching where student is directly involved in patient contact (remote or F2F) - where the GP tutor is supervising via technology
- **E-consultations** - are emails consultation via the web

## **6. LEARNING NEEDS**

This handbook is a guide to the course. Students will learn most from the direct experience of Primary Care. Try to discuss with the students their personal learning needs early in the attachment. A lot of the time will be spent in one to one learning between the students and General Practitioners or other Health Workers. This teaching will to some extent be opportunistic since it will depend in a large part on the particular patients who consult during your placement. This can be very enjoyable for both parties provided that students take every opportunity to learn by questioning and by doing.

Students should use the specific learning outcomes in the student guide and other core documents from Year 5, including the practical procedures log book, to guide learning. They may find it useful to read the document "Outcomes for Graduates."<sup>1</sup>

### **INTRODUCTORY TUTORIAL CHECKLIST**

You may find the following check-list helpful for use during the Induction session with your student:

- **House Keeping** - important practical details about working in the Practice, things to do and not to do, how students can contact the Practice and Tutor if they are delayed or ill (such as mobile numbers or bypass phone lines)
- **Learning Agreement & Learning Needs Assessment:** ensure both you and students have discussed responsibilities
- **Timetable** - an outline of the schedule during the placement. Including 'We need to talk about covid' session.
- **Assessments** - what students are expected to complete, and when this should be done.
- **Learning opportunities at the Practice** - this may include GPs with Special Interests, Protected Practice Learning times or teaching sessions, special Community Clinics, and Nursing Home ward rounds amongst others.
- **Log Book of Practical Procedures and Clinical Skills** - go through this with your student and agree the best approach to covering the relevant procedures and skills in Primary Care.

- **Specific Learning Needs and Outcomes** - discuss the students learning needs and consider the learning outcomes specific to this placement. This will help inform Tutorials and Self-Directed Learning time.
-

## 7. AIMS

"To help all students to become better doctors, irrespective of their current career preference or eventual career choice".<sup>2</sup>

By the end of the 8 week Assistantship students should be **thinking and acting like a generalist**: be able to assess undifferentiated acute and chronic presentations and negotiate a safe management plan with the majority of patients – always with supervision.

We aim to provide an immersive placement in General Practice and Primary Care in all its facets, and to help students experience independent practice whilst in a safe learning environment. Students should be included in the practice team and **have every opportunity to assist the team** in real patient care with training, support and supervision.

### High Level Competencies for MBBS final year

1. Can assess patients who are acutely unwell and with long-term conditions
2. Can apply appropriate practical skills together with critical thinking and professional judgement to clinical encounters with patients
3. Can demonstrate an understanding of the healthcare environment and participate adaptively in the work of the healthcare team

## 8. SPECIFIC LEARNING OUTCOMES

### 8.1 KNOWLEDGE

Students will be expected to acquire clinical knowledge in areas of medicine particularly relevant to community-based practice. The following list is not exhaustive or exclusive, however can be used as a guide during the placement.

#### HEALTH PROMOTION AND ILLNESS PREVENTION

- Identify the benefits and problems of early or pre-symptomatic diagnosis.
- Understand the need to identify high risk groups in General Practice.
- Consider the importance of Health Education in Primary Care.
- Consider methods of Disease Prevention and Health Education within the Community setting including screening.

#### DATA GATHERING AND DECISION MAKING <sup>3</sup>

To acquire assessment and management strategies for the following common issues:

- Common symptoms and presentations (e.g. back pain, abdominal pain, headaches, chest pain, vaginal discharge, lethargy, dizziness)
  - Common infections (e.g. respiratory tract infections, viral illnesses of childhood, urinary tract infections)
  - Ischaemic Heart Disease, Hypertension and Heart Failure
  - Asthma and COPD
13. Barts and The London School of Medicine and Dentistry

- Depression and Anxiety
- Osteoarthritis
- Common skin conditions including Eczema and Psoriasis
- Diabetes and Thyroid Disease
- Routine Antenatal care
- Demonstrate counselling for different contraception types, and Termination of Pregnancy.
- Understand special concerns and considerations around sub-fertility and describe referral options.

Also, to include acute and new presentation in primary care:

- Cardiac pain
- New onset Diabetes Mellitus
- Shortness of Breath
- The Unwell Child

### **MANAGING MEDICAL COMPLEXITY <sup>3</sup>**

- Enable people living with long-term conditions to improve their health
- Learning to manage multiple health problems within an individual patient
- Adopting safe and effective approaches for patients with complex needs

### **COMMUNITY ORIENTATION (Including OOH and Palliative Care)**

- Understanding the health service and their role within it
- Build relationships within the communities in which they work
- Understand the role of Informal Carers in the community.
- Understand the relationship between Primary Care, Secondary Care, Social Services, and the Voluntary Sector.
- Compare and contrast the differences between General Practice and Hospital based practice.

### **OUT OF HOURS CARE**

- Understand why patients access health care in an urgent manner.
- Consider the difference in the Doctor-Patient relationship in the OOHs setting, as well as the differing challenges.
- Appreciate the potential clinical risk in unsupported settings, as well as the undifferentiated presentation of illness out of hours.
- How access to out of hours care has changed during the Covid-19 pandemic.

### **PALLIATIVE CARE**

- Consider team working in End of Life Care.
- Identify examples of End of Life decision making.
- Explain common problems and solutions around pain control, drug choice, and drug administration including syringe drivers.
- Consider the role of Funeral Directors and support for bereaved families.
- Consider relevant details regarding rituals for death management, and legal aspects of Death Certification and cremation.

### **LEARNING AND TEACHING <sup>3</sup>**

- Continuously evaluating and improving the care provided
- Adopting a safe and scientific approach to improve quality of care
- Knowing limits and asking for help

- Supporting the education and development of colleagues

### **LEADERSHIP AND TEAMWORK <sup>3</sup>**

- Understand the role of each member of the Primary Care Team in the care of patients and their families.
- Consider the skills and responsibilities of individual team members, both within the Surgery and with continuing care at home.
- Working as an effective team member
- Coordinating a team-based approach to the care of patients
- Applying leadership skills to improve your organisation's performance

## **8.3 SKILLS**

During the GP attachment students will have a chance to observe and learn from experienced Clinicians, and consider how they practice the science and art of medicine in a Primary Care context.

Students will also have the opportunity to develop their own skills both in clinical areas, and in communication with patients and colleagues.

### **CLINICAL PROCEDURES**

Students should refer to the Year 5 Practical Procedures and Clinical Skills Logbook which includes many of the following common techniques. A number of these are listed below;

- Examining the Eyes including fundoscopy
- Examining the Ears, Nose, and Throat including syringing ears and otoscopy
- Measuring baseline physiological observations including temperature, respiratory rate, pulse rate, blood pressure, oxygen saturations and urine output.
- Carrying out Peak Expiratory Flow Respiratory Function Test
- Testing Urine - dipstick and pregnancy tests
- Measuring Blood Glucose on a meter
- Performing a Vaginal examination and taking a Smear Test
- Examining the Breasts
- Performing a Rectal examination
- Performing Intramuscular, Intra-dermal, and Subcutaneous injections
- Examining the Musculoskeletal system - including the back, knees, and shoulder joints
- Examining a child

Students will need to manage their own risk with agreement with their GP tutors in taking part in these procedures and should wear appropriate PPE, in the light of the Covid-19 pandemic.

### **COMMUNICATION SKILLS**

Skills and techniques should include some of the following;

- Develop communication skills in remote consulting, both telephone and video consultations
- Explaining how to use devices for the treatment of Asthma
- Advising and instructing on the use of Contraceptives
- Taking an Alcohol and Smoking history

- Communication between Doctors and other Health Professionals regarding Patient Care
- Communication across the Primary and Secondary Care interface
- Discussion of follow up management with Doctors, Patients, and Carers
- Discussion of risk potential and expressing perceptions of risk

## **PRESCRIBING**

- Illustrate the requirements for Prescribing in General Practice
- Demonstrate the importance of, and problems with patient adherence to therapy
- Identify the clinical risks associated with poly-pharmacy and drug interactions
- Identify the role of Community Pharmacists in patient care including, medicine usage and understanding, concordance, dispensing rules, and regulations including Controlled Drugs

## **8.3 ATTITUDES**

### **ETHICS**

#### **Fitness to practise**

- Demonstrating the attitudes and behaviours expected of a good doctor
- Managing the factors that influence performance

#### **Maintaining an ethical approach**

- Treating others fairly and with respect and acting without discrimination
- Providing care with compassion and kindness

#### **Communication and consultation**

- Establishing an effective partnership with patients
- Maintaining a continuing relationship with patients, carers and families

### **MAINTAINING A HOLISTIC APPROACH**

- Understand the effect of illness on the community.
- Demonstrate the importance of the family as well as the cultural, socio-economic, and psychological background on the management of patients and how they present in General Practice.
- Engage in the care of patients within the Practice.
- Appreciate that uncertainty exists in Primary Care, and consider how to minimise the risk to Patients, Carers, and the Doctor.

### **THE DOCTOR-PATIENT RELATIONSHIP**

- Demonstrate Professional Behaviour when undertaking independent tasks.
- Value and practise good Communication Skills.
- Analyse the nature of the Doctor-Patient relationship, and how this relationship is used whilst interacting with patients.
- Appreciate how the Doctor's own views, feelings, and life experiences can influence patient care, and consider how this should be managed.
- Demonstrate the importance of making decisions in Partnership with colleagues and patients.



## 9. TEACHING AND LEARNING ACTIVITIES

Students need to experience the breadth of Primary Care Medicine, and increase their understanding of the holistic approach to care in the community. They should undertake a mixture of tasks in order to improve their communication and clinical skills.

### CENTRAL TEACHING & CORE CASES: ON-LINE

First (Intro Day) and Last (Closing Day) days of the block. The Introductory morning includes an orientation to GP placements in the new environment.

Closing day includes an ethics lecture and discussion of ethical cases on the placement as well as a formative Mock OSCE in clinical and communication skills relevant to Primary Care. Students will be expected to complete managing risk on clinical placement module prior to starting the GP placements.

**Core Cases: on-line fortnightly** – students are required to work through and complete clinical scenarios (including self directed learning of Year 4 work) and applied ethics for Year 5. They will do this in self directed time and be supported virtually by central GP tutors during week 2, 4, 5 or 7 and 8. Students will advise you of their core case tutorial times within the first 2 weeks of the placement.

### STUDENT SURGERIES

During this placement students are required to see and assess patients independently and then discuss the management and prescribing needs with their GP tutor. This should include regular sessions to see 'their own' patients. The supervising GP should always make their own assessment of the patient and will need to prescribe any medication required. This experience represents independent practice in a safe setting. In the new environment, student consultations will largely be by telephone or video. We would expect that students would have 3-4 consultations per student surgery. We would NOT expect them to have the same number of consultations as any postgraduate doctor F1/2 or GP trainee and all consultations must have all diagnostic and management decisions agreed at the end of the consultation with the supervising GP.

Where possible, we would request that students have opportunity to do face to face examination as much as possible in preparation for when they become Foundation doctors.

On occasion students may work in pairs. When this happens, one should consult whilst the other observes, takes notes, and gives feedback to their colleague at the end. This supports independent practice and the development of skills in giving professional feedback.

We expect students to be involved in consultations and observing consultations in patients presentations which involve child and adult safeguarding. We would expect students to learn about report writing in these cases but they should not be responsible for any reports sent to external agencies. Written reports are the direct responsibility of the supervising GP and the Child Safeguarding Lead in the practice.

### SELF-DIRECTED LEARNING

Students are expected to learn independently as part of their time in Primary Care, and will undertake an individual or shared project during the placement. It is appropriate for students to use self-directed study time for both the completion of assessed work, and to follow up learning from patient contact.

## **SMALL GROUP TUTORIALS**

Tutors should arrange at least one Tutorial a week for the group of students at the Practice. These should cover the breadth of Primary Care learning, and consider the students' learning needs. There are specific placement objectives outlined above which may provide a useful guide.

## **ASSISTANTSHIP & PROFESSIONAL SHADOWING**

This is a GP Assistantship and we would encourage you to involve students in chronic disease management as much as possible and also develop experience of e-consulting in this area.

'Sitting in' is not the main aspect of this placement, some time can be spent 'sitting in' with or shadowing members of the Primary Care Team. Particularly relevant experiences include District Nursing, Community Pharmacists, Palliative Care Specialist Nurses, and Practice Nurse Clinics specialising in Chronic Disease management.

Where possible this should involve active participation, this may include students acting as flu vaccinators and includes student reflection and summarising what they have learnt.

## **HALF DAY VIRTUAL MORNING IN PALLIATIVE CARE**

This session has been arranged by St Joseph's Hospice, Mare Street, London E8 4SA.

It consists of a virtual half-day session facilitated by Palliative Care Specialists, and students will be informed of the date.

All students including those on self-organised GP placements will be expected to attend this session.

## **OUT OF HOURS CARE**

We are not arranging an out of hours session for students on this GP placement. We are asking them to complete written work on the interface between Primary and Secondary Care and the lived experience of patients trying to access care out of hours. If practices are offering extended hours or are working as a GP Out of Hours HUB with the GP tutor then GP tutors can offer students the opportunity to attend these sessions. These sessions are optional and would not replace core GP placement teaching.

Students should consider how risk is managed by Clinicians seeing patients without access to notes, without continuity of care, and without the tests available in A&E. Students should complete a coordinate my care plan.

<https://www.coordinatemycare.co.uk/>

## **PRACTICE BASED PROJECT**

Students will be expected to work in pairs during their placement on a short Practice Based Project (those students placed individually in a Practice should work on their own). The subject and type of project can vary but should be related to an area of Primary Care where a team approach to care is needed. We would encourage students to focus on aspects of leadership or teaching within the practice.

A topic for the project should be agreed with the GP Tutor, and students are encouraged to develop their own ideas, whilst considering the needs of the Practice. There is no set type of project, and options include a quality improvement project, audit, a patient survey, a leaflet, or a poster. The GP Tutor will assess and grade the project at the end of the placement. Students should be given the opportunity to present their project to the practice team.

We hope that the project will provide an opportunity for students to learn, as well as allowing the Practice to positively impact patient care. **The practice project can also be submitted for the North East London Faculty RCGP prize. If students would like to submit their project for this prize, they should contact the Prizes Coordinator, Stephanie Wigg, [s.wigg@qmul.ac.uk](mailto:s.wigg@qmul.ac.uk) or Dr Siobhan Cooke, [s.d.cooke@qmul.ac.uk](mailto:s.d.cooke@qmul.ac.uk)**

## **PATIENT CASE AND REFLECTION ON PROFESSIONAL PRACTICE PRINCIPLES**

This task consists of a reflective case write-up followed by a discussion between the Student and Tutor about the issues raised. Both aspects of the task are important, and contribute towards the assessment. The write-up should be now more than 1000 words long, including a short case summary of no more than 300 words.

The patient chosen should have complex needs such as Palliative Care, or a high risk of admission. The student must show reflection on two of the GMC "**Duties of a Good Doctor**" criteria.

**At least one of these principles should be either "Relationship with Patients" or "Working with colleagues"**. Once the cases have been marked Tutors should arrange for the learning outcomes to be shared and discussed in a group session, to encourage peer review and learning.

## **COMPLEX CARE PLAN**

The aim of this task is to develop skills in gathering relevant clinical information about a patient with chronic conditions and needs, summarising this information, and communicating the management plan to colleagues in an appropriate written manner. This is particularly important in the Primary Care setting where chronic issues present often.

Students should spend time interviewing and examining a patient, whilst reviewing the medical record. The patient selected should have chronic and complex needs, more than one chronic condition, and be taking multiple regular medications. The patient may be seen on a virtual home visit. Please see the link below for further information on how this could be conducted:

The task provides students with an opportunity to assess a case in further detail, review a patient in their own setting, and consider how they can share and communicate their plan effectively with colleagues.

The Care Plan should be written for colleagues, using the template available on QMPlus.

For students on two shorter placements see details under Assessment

## 10. ASSESSMENT

There will be **COMPULSORY ASSESSMENTS** throughout the placement, and grades will be assigned by the GP Tutor after consultation with others in the Practice who have been involved in teaching.

A full summary of all assessments required for this placement is shown below;

- Mini-Clinical Evaluation Exercise (Mini-CEX) - Two of these are required for each student during the placement. One should take place during Week 1, and the second should take place before Week 8. PLEASE NOTE: grades for the Mini-CEXs DO NOT need to be uploaded on to the online assessment form, or submitted to the Medical College. After the assessment a copy should be given to the student for their records.
- Patient Feedback Forms – 10 patient feedback forms to be completed through the placement. 5 should be completed by week 5 and feedback should be reviewed by the GP tutor at the midway assessment. The remaining 5 forms are to be completed by the end of the placement and reviewed as part of the sign off. The patient feedback forms will be available on QM+.
- We would like GP Tutors to undertake a 'Midway Assessment' at Week 5. This is to include a review of 1 x MiniCEX and the returned Patient Feedback Forms (as above). This assessment can be used as a check point to review the students log book and to discuss with the student how the placement is going. If there are any concerns at this Midway Assessment they can be discussed with the Year 5 team.
- Patient Case and Reflection on Professional Practice Principles - Please see activities above.
- Practice Based Project in pairs - Please see activities above.
- Complex Care Plan - Please see activities above.
- Significant Event Analysis – write up and discussion in SEA team meeting. SEA template is available on QM Plus but students are welcome to use the standard template used by their practices.
- Assessment of Professional Attitude and Conduct - Online Form to be submitted by the GP Tutor at the end of the Placement.
- Overall Assessment of Performance - Online Form to be submitted by the GP Tutor at the end of the Placement.

The overall grades will range from **Commended, Pass, and Referred**. The latter should be awarded if attendance has been unsatisfactory without an appropriate reason, or if poor performance warrants it.

Significant periods of absence need to be notified to the Unit Convenor as soon as possible, and may lead to the student repeating the block and refused entry to Finals or Graduation. Please let the Unit Convenor know as soon as possible about any student issues and particularly attendance on the placement, Poor attendance may be a sign that a student is struggling and needs support. It is important to let the unit convenor know as soon as possible about any attendance issues or other student issues so that these can be addressed early. In this way, both the student and the GP tutor can be supported directly and in a timely way.

### STUDENTS RECEIVING A REFERRED GRADE:

Students who receive a Referred grade (considered to have particular difficulties needing support) **MUST have comments outlining the concerns included in the assessment sheet for the placement**. These students will be asked to meet with the Unit Convenor for a further discussion.

## STUDENTS ON SPLIT PLACEMENTS

Some students have chosen to split their placement between two Practices. This provides the opportunity to compare General Practice between two different Practice populations and demographics, and is an option we support and encourage for this block.

The learning outcomes and activities are the same for these students, and the assessments are equivalent. Specific requirements for two three-week placements are shown below;

- One Mini-CEX should be completed in each placement.
- The Complex Care Plan should be completed during the first placement.
- The Patient Case and Reflection on Professional Practice Principles should be completed during the second placement.
- The Practice Based Project should span both placements, and should focus on an aspect that compares the two Practices.
- Significant Event Analysis – write up and discussion in SEA team meeting during either placement.
- Patient feedback by the end of the second placement.
- An Assessment of Professional Attitude and Conduct Form should be submitted by each Practice.
- A separate Overall Assessment Form should be submitted by each Practice.

## 11. EVALUATION

The process of evaluation is vital to help develop teaching activities, and the learning experience.

During the final session, **before being assessed by the Tutor the student should complete an Online Evaluation Form**. The URL will be emailed to both the Practice contact and each student a few days before the end of the placement. Students on split placements should complete the whole form twice, once for each four or five-week placement.

The information provided by these anonymous forms is entered on to our database. Practice-specific needs are then generated and emailed to the Practice a few weeks after the end of placement once student grades have been received and logged. This helps guide teaching activities in the future.

More general evaluation reports are sent to Practices at the end of the Academic Year providing a general overview of feedback from the year.

At Medical School level, the evaluation results also inform the development of the module, and the continuous improvement of the Undergraduate Primary Care experience.

## 12. STUDENT WELLBEING RESOURCES

Student Support  
smd-student-support@qmul.ac.uk

BMA Counselling Service  
21. Barts and The London School of Medicine and Dentistry

<https://www.bma.org.uk/advice-and-support/your-wellbeing#wellbeing-support-services>

Practitioner Health Programme

<https://www.practitionerhealth.nhs.uk/trainee-doctor-and-dentist-s-support-ser>

You Ok Doc?

<https://youokaydoc.org.uk/>

## 13. FREQUENTLY ASKED QUESTIONS

### **Where are the assessment forms?**

These are under the assessment section on the GP Assistantship section of QMPlus [here](#)

### **Is the Patient Case and Reflection Task marked centrally like previous SSCs?**

No. The Patient Case and Reflection Task is marked by the GP Tutor. A discussion between the Student and the Tutor about the Professional Principles outlined in the case also contributes to the overall grade.

### **Are the Mini-CEXs marked?**

Yes. They are marked by the GP Tutor however the marks are not uploaded onto the central online system. Students are expected to complete two Mini-CEXs during the placement; one during Week 1, and one before Week 8 (or one Mini-CEX per placement if you are doing a split placement).

### **Can students see patients on their own?**

Yes, indeed this is expected. Students should be able to see and manage a lot of the problems that present in a safe and supervised manner. They should always check the management with their supervising GP before the patient leaves. The GP Tutor remains clinically responsible for the patient so you will decide how independently students can work safely. Students are not able to legally issue prescriptions but can either write 'shadow' prescriptions, or prepare a prescription for a qualified doctor to sign. This practice in writing prescriptions is important for Final Year students who will be taking their Prescribing Safety Assessment early in 2022 and for their future work as Foundation doctors.

### **Can students take time off for other activities?**

Time off is subject to the normal College Policies. This includes attendance at Academic Conferences, religious requirements, and other special leave requests. These policies are available from QMPlus and the Student Office. CBME will inform GP Tutors about the few exceptional days that students may have to miss due to central exams (e.g. SJT, PSA).

### **Who should students inform when unwell?**

In no circumstances should students attend if unwell, and if they have symptoms of COVID-19 they must arrange a test and isolate according to the guidance current at the time. Please see the Student Learning Agreement for more information.

Make sure your student knows how to contact key people at your Practice out of normal opening hours if needed. Either give them mobile numbers for yourself or the Practice Manager, or the 'bypass' number for the Practice. If a student is ill they are expected to inform whoever is supervising them at the Practice as soon as possible, and to keep you informed of how long they are likely to be away. They will also need to follow the usual process of keeping the Student Office informed through Tom Schindler at [t.schindler@qmul.ac.uk](mailto:t.schindler@qmul.ac.uk).

Should a student sustain a needle stick injury whilst on placement in the Community, they are advised to access emergency treatment via local services. If there are no clear guidelines then they should

attend your nearest A&E as soon as possible for assessment and treatment. Please also contact the CBME Admin Team urgently, who will direct them to Occupational Medicine at Mile End for follow up.

### **Where are the plenary days held? Is there a time table?**

The 'Intro Day' and the 'Closing Day' will be held virtually, online. Students will be sent links on QM Plus so that they are able to attend these. Timetables for these days are shared on QMPlus.

The virtual 'Intro Day' will provide an orientation to GP placements run by Dr Cooke and Dr Sood and should finish by 4pm.

The 'Closing Day' begins with an Ethics Lecture at 10am, followed by workshops. The day usually ends by 4.30pm.

### **What are the details for the Online Core Cases?**

Students will complete 4 clinical scenarios every two weeks over the 8-week placement in order to discuss applied ethics and professionalism from Year 5. Every two weeks they will have a virtual group tutorial with their central GP tutor to discuss the issues around the case. There will also be a discussion forum for the tutorial group where students can post comments which will be facilitated by the central GP tutor.

## REFERENCES

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1. General Medical Council. Tomorrow's doctors. Outcomes and standards for undergraduate medical education. London: General Medical Council; 2009. Available from: [http://www.gmc-uk.org/education/undergraduate/tomorrows\\_doctors\\_2009.asp](http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp)
2. Fraser, R C. (Ed.) Clinical Method: A General Practice Approach. Second Edition. 1992
3. [RCGP 2010 "THE CORE CURRICULUM STATEMENT: Being a General Practitioner", p11](#)