

## BRAIN AND BEHAVIOUR TUTOR GUIDE

MBBS YEAR 4



BARTS AND THE LONDON SCHOOL OF MEDICINE AND DENTISTRY  
COMMUNITY BASED MEDICAL EDUCATION DEPARTMENT (CBME)

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## 1. BRAIN AND BEHAVIOUR TUTOR GUIDE: INTRODUCTION

This is a fourth year placement consisting of one week in General Practice. It exists within the wider Brain and Behaviour unit, which is a 12 week placement. The students have a one week introductory course followed by a rotation consisting of 5 weeks in Psychiatry, two weeks in Neurology, one week in Neurosurgery, one week in Ophthalmology and a final “lecture” week to round up. Students will come to you with varying degrees of experience depending on where in their rotation the GP placement falls. When assessing the students’ learning needs at the beginning of the placement, it is particularly important to establish what they have/ have not completed in the rotation.

The life of a GP rarely centres on specific subjects, we are not aiming for GPs to teach entirely on the specialist subjects; the students will have that type of exposure from their hospital placements.

What we are asking is that GPs teach core General Practice but with a focus of Neurology and Psychiatry. This is an exciting opportunity to demonstrate how anxiety/depression, somatisation, alcohol and drug problems etc. are all managed by GPs. The Neurology teaching is about exposing students to conditions such as Stroke, MS, Parkinson’s disease, Epilepsy, Diabetic neuropathy and giving the students an understanding of how patients live with long-term neurological conditions and how these conditions may present in the community.

It is equally relevant for students to learn about more common conditions such as headaches, back pain and general eye problems. Having a chance to practise with ophthalmoscopes.

The unit does not need to be a neuro-anatomy master- class followed by a psychiatry outpatient’s clinic! It is much more important that the students understand the prevalence of disease, the effect of disease on patient’s lives and how GPs manage those primary presentations and the decision making process behind referral or primary care management.

We ask you to strongly consider student led clinics so they learn from working independently and with clinical review for safety as well as a chance to feedback on skills developed/observed.

## 2. Changes to Clinical Placements – due to COVID-19

Please be aware of the changes for this coming year, for Term 1 and TBC for Term 2 and 3. For many reasons we have felt the need to reduce the number of students in placement at one time and have thus halved the number attending. **If you normally have a group of 4 students for 4 days; 2 students will come Monday and Tuesday and the other two Thurs and Friday. We have asked for Wed AM to be SSC time and WED PM as normal sports time. This is to prevent unnecessary travel for a half day of placement.**

**We are providing Handbooks and lots of learning material for them to complete on the days they are not with you. This is not your responsibility to monitor. Due to the dynamic situation of COVID -19, if you felt that you could facilitate more placement time to these students (and the students were content with this) this would be welcomed as placement learning is always more beneficial.**

Please see below policies and suggestions in place to adjust to this new way of working.

### [Starting: Reflecting & Resettling – ‘We must talk about COVID’ & Black lives matter](#)

It is especially important **at the start of the students’ first GP placements of 2020/2021** that you allow time to discuss the COVID-19 pandemic. Please schedule a **Reflecting & Resettling Session on day 1 of the first placement**. Reports from schools and colleges show **learners will need an opportunity to share** their own experiences, as individuals and also as a medical student.

Students have had **very different experiences of lockdown**: some have been working, others just trying to study; some have been separated from family; other have been caring for dependent elders or younger siblings; and some will have lost some close. All students are anxious to resume their studies – worried they are falling behind. Some feel the pandemic is over and resent restrictions, others remain concerned about their risk or that of a relative. Some have been particularly aware of **concerns regarding risk in black and minority ethnic communities – and become involved in the Black Live Matters movement**. Many have felt rather isolated and impotent. Please explore what all this might mean in terms of your students’ feelings about their current academic performance.

It is imperative you also share **what this means for you as a GP**. Students may have an idea of the difficulties in secondary care but many will not know the part primary care is playing in this pandemic. This is also an opportunity to highlight the use of remote consultation. We attach **‘We must talk about COVID’** with an outline of how to approach this first session discussion.

The **Black Lives Matter** movement has drawn attention to diversity and health inequalities. This is of particular relevance to those practising in east London (linked to COVID outcomes) and pertinent for many of our medical students.

### [Return to Placement Online Modules – completed by all students](#)

All students should 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. This is found in the “Core Information for Students” found on QM plus.

### [3. 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 emphasizes 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. **This will need to be signed by yourselves and the students at the induction/ beginning of the placement.**

### [Risk Assessment & Risk Reduction for Students, Staff & Patients](#)

- **Student Health Risk Assessment**

2. Barts and The London School of Medicine and Dentistry

Please note: The University has undertaken a student risk assessment. No students with high COVID-19 risk will be allocated a GP placement. However, if you believe a student might be high risk but has not, to your knowledge, disclosed this to Medical School Student Academic & Pastoral Support, with consent from the student could you please inform us.

- **PPE /Testing**

As Students are now categorised as Essential Workers the practice will need to provide PPE for all face-to-face patient contact. All students will require a local site induction on your practice expectation. As guidance on COVID-19 testing (Active Disease and Antibody) for healthcare staff is evolving, we ask you to comply with local guidance for your staff as well as the students in your practice.

- **“Test, Track and Trace”**

If students have been told to self-isolate due to “Test, Track and Trace”, they will need to comply and “work from home”. (Please see section on Virtual teaching for involving students who are at home).

- **Risk Reduction Checklist**

Please see attached a Checklist outlining the Medical School and GP responsibilities for reducing risks. . **This will need to be signed by yourselves and the students at the induction/ beginning of the placement.**

- **Shielded GP Tutors**

If you or your colleagues are shielding please see the **section below on setting up virtual GP teaching**. We are happy for students to have virtual supervision for remote consultations. However, Year 4 and 5 students will need opportunities to **examine patients** face to face (F2F) so there must be a qualified GP on site.

- **Shift working to facilitate risk reduction**

Due to Social Distancing there are reduced capacities within practices: There may be a need for students to do ‘shift patterns’ where there are 2 students in the practice. With one student coming in earlier and one later to adhere to social distancing rules. We would ask practices to be flexible in allowing students to appropriately manage social distancing rules. This may include Saturday surgeries if appropriate.

- **Home Visit Policy**

As with every F2F encounter, please minimize COVID-19 exposure if attending a home visit with students.

#### **4. 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.

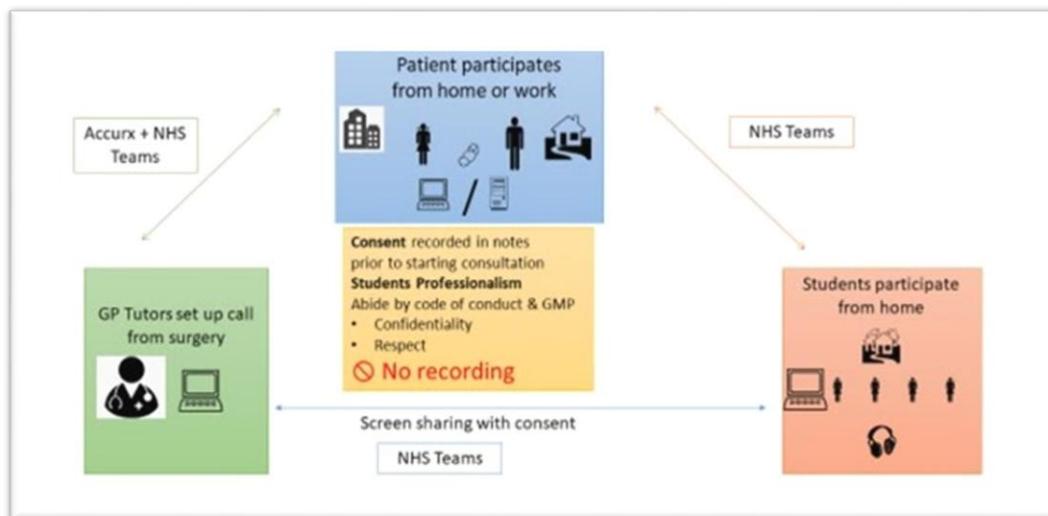
This website contains information on how to:

- 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:

4. Barts and The London School of Medicine and Dentistry

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 support below, these are on a voluntary basis.

- ***GP Tutor Support Group/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.
- ***REST: Practical support for IT and Curriculum issues:***  
Drop in sessions run every 2 weeks initially on Wednesdays.
- ***HELP !*** You will always also be able to **contact the CBME admin** and **academic year leads** if there are any questions or difficulties.

Details of this will be sent to you in due course

## 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

## 5. WHO'S WHO

Dr Dev H. Gadhvi	Co-Lead Year 4, CBME Clinical Lecturer	<a href="mailto:d.h.gadhvi@qmul.ac.uk">d.h.gadhvi@qmul.ac.uk</a> Tel: +44(0)20 7882 2506
Dr Rohini Sabherwal	Co-Lead Year 4, CBME Clinical Lecturer	<a href="mailto:r.sabherwal@qmul.ac.uk">r.sabherwal@qmul.ac.uk</a> Tel: +44(0)20 7882 5758
Mr Jim Manzano	Year 4 Administrator, CBME	<a href="mailto:j.manzano@qmul.ac.uk">j.manzano@qmul.ac.uk</a> Tel: +44(0)20 882 6421

For all initial enquiries or issues about the GP community placements please contact [Jim Manzano](#).

## 6. LEARNING OUTCOMES - NEUROLOGY

### AIMS

- To develop an understanding of common neurological conditions presenting in General Practice, considering how these illnesses affect patients and their carers in the community
- To be able to take a focused history and examination and develop a differential diagnosis
- To be able to develop a management plan, including investigations, for patients with common neurological conditions

### OUTCOMES

By the end of the module students will have:

- Been introduced to patients with common neurological conditions
- Considered patient centred care and its application in the consultation
- Received GP tutor feedback on their clinical skills

### KNOWLEDGE

Students will be expected to acquire clinical knowledge in areas of medicine relevant to community based practice. The following list is illustrative of diseases we would expect students to learn about during Brain & Behaviour (including the GP placement).

- Headache including migraine
- Spinal pain
- Parkinson's Disease
- Dementia
- CVA and TIA
- Multiple Sclerosis
- Dizziness and vertigo
- Epilepsy
- Chronic pain

- Motor Neurone Disease

## 7. LEARNING OUTCOMES – PSYCHIATRY

### AIMS

- To develop an understanding of common psychiatric conditions presenting in General Practice, considering how these illnesses affect patients and their carers in the community
- To be able to take a focused history and examination and develop a differential diagnosis
- To be able to develop a management plan, including investigations, for patients with common psychiatric conditions

### LEARNING OUTCOMES

By the end of the module students will have:

- Been introduced to patients with common psychiatric conditions
- Considered patient centred care and its application in the consultation
- Received GP tutor feedback on their clinical skills

### KNOWLEDGE

Students will be expected to acquire clinical knowledge in areas of medicine relevant to community based practice. The following list is illustrative of diseases we would expect students to learn about during Brain & Behaviour (including the GP placement).

- Depression including postnatal depression
- Anxiety/ Panic attacks / Panic disorder
- Medically unexplained symptoms/ somatisation disorder
- Alcohol screening and health promotion
- Drug misuse
- Memory loss and Dementia

## 8. TEACHING ACTIVITIES

Please find a sample timetable as a guide to some of the sessions you might want to include; please adapt according to your local resources/ personal ideas.

Monday	Tuesday	Wednesday	Thursday	Friday
Introduction, Learning Needs Assessment	Active sitting in/Student Led Clinic	SSC	Drug/ alcohol	Active Sitting in/Student led clinic
Active sitting in/Student Led Clinic	Teaching Surgery with tutorial	SPORTS	Patient Consultations	Tutorial/Sign Off

## 9. STUDENT SELECTED COMPONENTS (SSC)

During the 4th year students are expected to undertake an SSC project.

In order to facilitate this dedicated SSC half days have been incorporated into their timetable throughout the year. The students have been allocated one half day of SSC time during their Brain & Behaviour placement. This half day is to be used preparing for their SSC. Students will not be expected to be in the practice during this time. As stated above due to COVID-19 we ask for this to be Wednesday AM.

## 10. Community LOGBOOK/ASSESSMENTS

On QM plus there is a WORD document provided to the students. They need to show the evidence below in this document to you to enable sign off of the placement. They will need to keep this and upload into their portfolio

1. We are asking all Year 4 students to complete three **new dementia e-modules**. These have been developed specifically to address an identified learning need that is not being met at the moment.

NB. To access this you will need a QMPlus login. Please contact Jim Manzano ([j.manzano@gmul.ac.uk](mailto:j.manzano@gmul.ac.uk)) at the medical school to arrange a password if you do not have one.

2. Sign off that they have seen **3 of 5 common neurological conditions**: (headache, spinal pain, Parkinson's disease, dementia and a chronic neurological condition).

3. **One case study** in psychiatry that they will be expected to undertake during their time in general practice. Students should write up this case and present it to their GP tutor.

## 11. RESOURCES

These resources can be used to give to students but also to aid your tutorials.

### Neurology

- Neuroexam.com
- Dementia Modules - <http://qmplus.qmul.ac.uk/mod/page/view.php?id=275130>
- Living with dementia – Patient voices - <https://www.patientvoices.org.uk/flv/0866pv384.htm>
- BMJ Management of dementia in GP - [https://learning.bmj.com/learning/module-intro/dementia-primary-care.html?locale=en\\_GB&moduleId=10032231](https://learning.bmj.com/learning/module-intro/dementia-primary-care.html?locale=en_GB&moduleId=10032231)
- BMJ Delirium - [https://learning.bmj.com/learning/module-intro/cmt-delirium.html?locale=en\\_GB&moduleId=10060024](https://learning.bmj.com/learning/module-intro/cmt-delirium.html?locale=en_GB&moduleId=10060024)
- BMJ MS - [https://learning.bmj.com/learning/module-intro/nice-multiple-sclerosis.html?locale=en\\_GB&moduleId=10055198](https://learning.bmj.com/learning/module-intro/nice-multiple-sclerosis.html?locale=en_GB&moduleId=10055198)
- Headache – thunderclap but was migraine non SAH - <https://speakingclinically.co.uk/videos/sudden-headache-probably-migraine/>
- Migraine in Primary care - [https://learning.bmj.com/learning/module-intro/step-by-step-migraine.html?locale=en\\_GB&moduleId=10060007](https://learning.bmj.com/learning/module-intro/step-by-step-migraine.html?locale=en_GB&moduleId=10060007)
- BMJ Epilepsy – E learning- [https://learning.bmj.com/learning/module-intro/epilepsy-primary-care.html?moduleId=10048059&searchTerm=“depression%20primary%20care”&page=3&locale=en\\_GB](https://learning.bmj.com/learning/module-intro/epilepsy-primary-care.html?moduleId=10048059&searchTerm=“depression%20primary%20care”&page=3&locale=en_GB)
- Bells Palsy - [https://learning.bmj.com/learning/module-intro/bell%27s-palsy-diagnosis-treatment.html?locale=en\\_GB&moduleId=5001117](https://learning.bmj.com/learning/module-intro/bell%27s-palsy-diagnosis-treatment.html?locale=en_GB&moduleId=5001117)
- Vertigo BMJ - [https://learning.bmj.com/learning/module-intro/vertigo.html?locale=en\\_GB&moduleId=10016740](https://learning.bmj.com/learning/module-intro/vertigo.html?locale=en_GB&moduleId=10016740)
- BMJ Preventative Management – TIA/CVA - [https://learning.bmj.com/learning/module-intro/ischaemic-attack-stroke.html?locale=en\\_GB&moduleId=10060159](https://learning.bmj.com/learning/module-intro/ischaemic-attack-stroke.html?locale=en_GB&moduleId=10060159)
- PD BMJ - [https://learning.bmj.com/learning/module-intro/parkinson%27s-disease---initial-assessment-and-referral.html?locale=en\\_GB&moduleId=10009040](https://learning.bmj.com/learning/module-intro/parkinson%27s-disease---initial-assessment-and-referral.html?locale=en_GB&moduleId=10009040)
- Faculty of Pain Medicine e-pain - <https://fpm.ac.uk/faculty-of-pain-medicine/e-pain>

## Psychiatry

- Depression - <https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/about-depression/>

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/symptoms/>

- GAD in Primary care – E learning module –

[https://learning.bmj.com/learning/module-intro/generalised-anxiety-disorder.html?moduleId=10057971&searchTerm="depression%20primary%20care"&page=1&locale=en\\_GB](https://learning.bmj.com/learning/module-intro/generalised-anxiety-disorder.html?moduleId=10057971&searchTerm=)

- Health benefits of physical health in Anxiety and Depression - [https://learning.bmj.com/learning/module-intro/physical-activity-cancer.html?locale=en\\_GB&moduleId=10052400](https://learning.bmj.com/learning/module-intro/physical-activity-cancer.html?locale=en_GB&moduleId=10052400)
- Suicidal Ideation - [https://learning.bmj.com/learning/module-intro/cmt-self-harm.html?locale=en\\_GB&moduleId=10054668](https://learning.bmj.com/learning/module-intro/cmt-self-harm.html?locale=en_GB&moduleId=10054668)
- Overdose - <https://speakingclinically.co.uk/videos/impulsive-overdose/> (NOTE THE Q ASKED)
- OCD BMJ - [https://learning.bmj.com/learning/module-intro/obsessive-compulsive-disorder-recognition-management.html?locale=en\\_GB&moduleId=5004330](https://learning.bmj.com/learning/module-intro/obsessive-compulsive-disorder-recognition-management.html?locale=en_GB&moduleId=5004330)
- Bipolar - <https://speakingclinically.co.uk/videos/obsessive-compulsive-disorder-2/> (note stress/crisis precipitant)
- BMJ – Psychosis and Schizophrenia - [https://learning.bmj.com/learning/module-intro/nice-psychosis-schizophrenia.html?locale=en\\_GB&moduleId=10055171](https://learning.bmj.com/learning/module-intro/nice-psychosis-schizophrenia.html?locale=en_GB&moduleId=10055171)
- BMJ E – learning Anorexia in Primary Care – [https://learning.bmj.com/learning/module-intro/anorexia-childhood.html?locale=en\\_GB&moduleId=10063032](https://learning.bmj.com/learning/module-intro/anorexia-childhood.html?locale=en_GB&moduleId=10063032)
- E module on Childhood trauma - <https://fairhealthlearning.s3.amazonaws.com/Childhood%20trauma%20and%20adverse%20experience/index.html#/>
- Alcohol Dependence - <https://speakingclinically.co.uk/videos/alcohol-use-disorder-4/>
- BMJ – Recognition of Alcohol and Drug misuse - [https://learning.bmj.com/learning/module-intro/managing-alcohol-and-drug-misuse-in-primary-care--a-guide-for-practice-nurses-.html?locale=en\\_GB&moduleId=10050427](https://learning.bmj.com/learning/module-intro/managing-alcohol-and-drug-misuse-in-primary-care--a-guide-for-practice-nurses-.html?locale=en_GB&moduleId=10050427)
- Perinatal Mental Illness - [https://learning.bmj.com/learning/module-intro/perinatal-mental-illness.html?locale=en\\_GB&moduleId=10061416](https://learning.bmj.com/learning/module-intro/perinatal-mental-illness.html?locale=en_GB&moduleId=10061416)
- You tube videos of common symptoms/signs\_ <http://www.youtube.com/user/psychiatryteacher>

## 12. ASSESSMENT/WUFU ELECTONRIC SIGN OFF

### ONLINE ASSESSMENT FORM

The students' overall assessment of the Community Brain & Behaviour Unit is based on the following:

1. **Attendance and level of participation and engagement** during the placement. All students are required to attend all of the Community Brain & Behaviour sessions.
2. Sign off – of completion of the **3 dementia Modules**.
3. Sign off that they have seen **3 of 5 common neurological conditions**: headache, spinal pain, Parkinson's disease, dementia and a chronic neurological condition).
4. **One case study** in psychiatry that they will be expected to undertake during their time in general practice. Students should write up this case and present it to their GP tutor.

At the end of the GP placement, the tutor is asked to complete one overall online assessment form covering:

- STUDENT ATTENDANCE
- GP PLACEMENT ASSESSMENT FORM
- GP PLACEMENT PROFESSIONALISM ASSESSMENT FORM (PAC FORM)

A link to an online assessment form for your students will be emailed to you by the administrative team, in advance of the placement.

Please complete an online form for each student on the last day of the placement, with the student present.

Students will need to countersign the online form following private feedback and discussion with their tutor. Tutors will receive an email copy of each completed form. It is essential that tutors retain these copies in case of any later queries and for payment reconciliation purposes. CBME will also automatically receive a copy of the forms and once forms have been received for all of the students on the placement, payment for the placement will be processed.

It may be a good idea when this is being done to ask them to also complete the **JISC feedback** so you can obtain feedback as well.

It is estimated that approximately 10% of students will be referred and this is usually due to poor attendance. This is because it is not possible to assess a student who has attended insufficiently to have fully participated in the placement. It is particularly difficult to assess a student who is not attending on a short placement.

If there are attendance issues or you feel the student is under-performing, please contact Jim Manzano ([j.manzano@qmul.ac.uk](mailto:j.manzano@qmul.ac.uk)) for further guidance before completing the student's online assessment form. This is really important if there are concerns as there is a pastoral and academic support available.

### STUDENT ATTENDANCE

The students are expected to attend all their GP sessions. If a student does not attend on the first day of the placement please let the CBME administrative team know as soon as possible so that we can follow this up. Please also let us know if there are any on-going attendance problems or unexplained absences.

It is important to notify us of any attendance issues as soon as possible during the placement, so that the Medical School can follow this up as part of our duty of care to the students.

### GP PLACEMENT ASSESSMENT

All students are required to complete certain tasks that have been observed. Tutors should assess students on their progress and achievement according to the grading criteria (indicated on the online assessment form) and confirm that the required tasks for the placement have been undertaken in a satisfactory manner.

The students will also have other logbooks for the whole Brain and Behaviour module (including one for Psychiatry and one for Neurology). The benefit of the overall log books is that student's progress can be monitored by both the GP and Hospital Tutors and gaps in their experience addressed. Please help the student complete their logbook.

The students will have an In Course Assessment at the end of the 12 week unit; this is in the form of a Single Best Answers and Extended Matching Questions paper.

At the end of the year they will have three exams to sit: an Extended Matching Questions/Single Best Answer paper, a data interpretation paper and an OSCE (Objective Structured Clinical Exam.) GPs are well placed to help the students with the OSCE as they are examined at 5 and 10 minute stations. You may want to get the students to observe how to take a focused history and practice this skill with you in supervision. This becomes particularly relevant towards the end of the year. GPs are welcome to become OSCE examiners.

If you would like to receive OSCE examination training, please contact [Kate Scurr](#).

### GP PLACEMENT PROFESSIONALISM ASSESSMENT FORM

#### Professional Attitude and Conduct (PAC)

We take professionalism very seriously and would encourage you to give constructive feedback on all aspects of student professionalism. If you have deeper concerns, please fill out the professionalism form accordingly. Without the form we cannot take action to support an under-performing student.

We want to ensure that our students develop appropriate professional attitudes and behaviour from the very beginning of their medical training; we recognise that some students may need more help and guidance in their professional development than others and we want to be able to identify them as early as possible so this support can be provided. GP tutors already play a very valuable role in flagging students that need pastoral and/or academic support and we hope that the professionalism assessment will help to improve this process and ensure that we appropriately support students that need help.

We would like all General Practice tutors to complete the professionalism assessment of your students in addition to their usual assessment. Please give your students some formative feedback during their placement with you and complete your assessment at the end of the placement. A Professionalism form will be completed on each clinical placement allowing the School to build up a longitudinal profile of each student across the 5 years of the course.

#### Completing the PAC assessment

A Professionalism Assessment Form must be completed for all students. This is sent out on your electronic assessment at the end of placement.

Feedback should be given to every student about their professionalism during their placement and upon completion of this form.

Please inform the Unit Lead if there are concerns regarding professionalism.

If you are UNCONCERNED about a student's professionalism:

Then an OVERALL PROFESSIONALISM ASSESSMENT of "Satisfactory" may be given without marking "Satisfactory" on every criterion. If you cannot assess a criteria because you have not been able to observe it, please select 'unable to observe'. We do not require you to make any comments about a student unless there are problems.

If you are CONCERNED about a student's professionalism:

Then THREE or more "Cause for concern" or "Unsatisfactory" in any category results in an overall assessment of "Unsatisfactory". Please give FULL reasons for any "Cause for concern" or "Unsatisfactory" assessments in the GP Tutor Comments box.

If you feel a student is unsatisfactory in a domain then please give them some feedback and monitor to see if the situation improves. If it improves to your satisfaction then we don't need to know about it; however if you still have concerns please tick the 'cause for concern' box and provide us with any relevant additional information in the comments box. Being unsatisfactory in a particular domain does not necessarily mean that the student's overall performance in attitude and conduct will be unsatisfactory, but rather it is meant to draw the student's attention to an area that can be improved.

However, if you feel that a student's performance is unsatisfactory overall, please provide any relevant supporting information in the comments box and sign and date the form before returning the form. Please give the student an opportunity to complete their section of the form before your return it – particularly if you have assessed the student as unsatisfactory. If you have grave concerns about a student please retain a copy of the assessment form and contact the unit convenor with your concerns as soon as possible.

We are confident that the students will gain a great deal from their placement in general practice. If however, you do have concerns about a student please contact the Unit Administrator in the first instance, who will be able to advise any further action.