



YEAR 3 MALTA MBBS

STUDENT and GP TUTOR HANDBOOK

GP3 Placements

2019 - 2020

Linking with Met3A, Met3B and CR Hospital Modules

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KEY INFORMATION & ASSESSMENT FOR GP 3 MALTA

Module:	GP3
Timing:	12 days across all three terms (4 Fridays per term)
Length:	Friday morning (9:00 – 12:00): Group tutorials in Community Clinic Friday afternoon (13:30 – 16:30) : Clinics in GP practice (in pairs) .
Learning activities:	Tutorials and case presentations, Directly observed consultations/clinical skills with a GP Tutor/peers in routine clinics or specific student clinics. Opportunity to get involved in practice audits
Assessment:	<p><u>IN LOGBOOK</u></p> <p>Observed focused history taking – 5 to be completed in the GP3 PBL– 2 cases in GP3. Practical skills / procedures – as outlined in the logbook (blood pressures, urine dips, ECGs, venepuncture) Observed examinations - Cardiovascular, respiratory, abdominal, nervous system, thyroid & other- 5 to be completed during GP3</p> <p><u>MANDATORY EXERCISES</u></p> <p>Continuity Exercise (in logbook) – follow-up a patient with an acute exacerbation of a condition 2 occasions (In Logbook) Access to Care reflective Task (online) - completion confirmed on Assessment Form Nutrition teaching (online) - completion confirmed on Assessment Form</p> <p><u>END OF PLACEMENT</u></p> <p>Online Assessment and Attendance Form and Professional Attitudes, and Conduct (PAC) Form – GP Tutor to complete online Review of Logbook sections signed by GP Tutor.</p>

STRUCTURE OF YEAR 3 MODULES

Year 3 (Malta) comprises 4 modules. GP3 is an integrated primary care module. It runs parallel to the three hospital modules: Met3B, CR3 Met3A. The four modules complement each other – the hospital placements run concurrently (from Monday to Thursday) offering focussed and systems-based opportunities in cluster listed below (also see timetable on page 5). GP3 runs on 12 Fridays providing integrated, primary care, and generalist clinical exposure.

Concurrent Year 3 hospital Modules

- Met 3A - Surgery, Gastroenterology, Cancer and Palliative Care
- CR3 - Cardiovascular, Respiratory, Haematology
- Met 3B - Endocrine, Renal, Infection, Breast, Urology and Introduction to ENT

INTRODUCTION TO GP3 – FOR STUDENTS

Welcome to your GP3 block! We hope you enjoy your time with us.

Primary care is exciting, complex and with endless variety. GPs encounter patients at the start of their healthcare journey and work collaboratively with them through their whole lives. As expert medical generalists, they diagnose a wide range of conditions and combine their medical knowledge with a broader view of the patient and their role in society to treat everyone individually and compassionately. Doctors cannot meet all the needs of all patients alone and GPs work closely with members of the multidisciplinary community team to deliver comprehensive patient care. As a huge and intensively used resource, primary care uses creative and innovative models of working to provide patient care and respond to changes in community demand.

Your GP3 (Malta) block takes place across all 3 terms. Although your hospital modules have themes are structured around certain key topics, **in general practice and community placements we want you to embrace the range and diversity of patient presentations** you will see. **All patients are relevant** - this is the opportunity to start **integrating clinical knowledge across systems** which reflects how patients present in Primary Care.

The GP placements are also a great opportunity to develop your skills in taking a comprehensive medical history, performing a clinical examination, making sense of your findings (clinical reasoning) which are your key learning objectives for year 3. You will see how the conditions seen in hospital settings first present to Primary Care, their follow up, how to manage patients that may have several conditions simultaneously and how they impact upon each other.

The care of patients is increasingly shifting into community settings. We hope many of you feel inspired to pursue a career in primary care, and that all of you develop a deeper understanding of the complexities of Primary Care even if they choose not to follow a community care career pathway.

CONTACTS

Please contact Ms Dudney (Malta Administrator) directly if there are any queries or problems with the GP3 attachment. Please also inform Ms Dudney of any absence.

Prompt contact enables identified concerns to be dealt with promptly. Contact details are also found in the Year 3 CBME area of QMPlus.

Ms Laurette Dudney

Year 3 GP Administrator Malta

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Absence/lateness: Please ensure you agree a method for communicating with your GP Tutor in case you cannot attend. All other communication should be directed to Ms Dudney.

YEAR 3 TIMETABLE

This is an overview of the Year 3 timetable. Students are at no disadvantage or advantage regarding the sequence they do the different GP blocks.

	Oct	Dec		Jan	Mar		April	Jun
A	Met 3A			CR			Met3B	
A GP3	A1i x 4 Fridays	A2i		A1ii	A2ii		A1iii	A2iii
B	Met3B			Met 3A			CR	
B GP3	B1i x 4 Fridays	B2i		B1ii	B2ii		B1iii	B2iii

All year 3 students also complete a week's teaching in Public Health, as well as several teaching weeks in clinical and communications skills over the academic year.

By the end of the 3rd year students should be able to:

- Obtain an accurate and comprehensive history – both for diagnosing disease and understanding the patients experience of an illness
- Perform a full physical examination in a competent manner.

REVIEW OF GP PLACEMENTS FOR MEDICAL STUDENTS IN YEAR 1 AND 2

Year 1:

- 12 full days in general practice in MedSoc (Medicine in Society).
This aims to introduce students to patients and patients' experience of health and ill-health over the course of their lives.

Year 2:

- 12 half days in general practice in EPC (Extending Patient Contact).
This is an opportunity for students to build on the PBL scenarios they have covered by encountering patients in an authentic clinical environment.
- 12 days in the community in MedSoc
This includes 6 days in a mental health setting and 6 days in a specialist setting such as palliative care, care of elderly medicine or diabetes)

INDEX CONDITIONS – in primary care context:

The list below reflects conditions that we commonly see and manage in Primary Care. **GP3 MALTA is one continuous placement** in community settings and will be expected to cover all the index conditions during that time.

<u>Cardiovascular</u>	<u>Respiratory</u>	<u>Haematology</u>
Hypertension (1 and 2)	Asthma	Anaemia (microcytic, macrocytic, normocytic, CKD)
Ischaemic Heart Disease including Lipid Management	Chronic Obstructive Pulmonary Disease	Haemaglobinopathies
Heart Failure	Presentations of Lung Cancer in Primary Care	Primary care presentations of Haematological cancer in
Atrial Fibrillation, arrhythmias		

<u>Renal</u>	<u>Endocrine</u>	<u>Infection</u>	<u>Urology</u>	<u>Breast</u>
Chronic Kidney Disease	Diabetes	Respiratory / ENT	Overactive Bladder	Breast Lumps
Acute Kidney Injury	Pre-Diabetes	Urinary	Prostate	
Renal Stones	Thyroid disease	Skin		
Presentations of Renal Cancer in Primary Care	Presentations of Endocrine Cancer (eg neck lumps) in Primary Care	Recognition of Sepsis in Primary Care	Presentations of Urological Cancers in Primary Care	Presentations of Breast cancer in Primary Care

<u>Surgery</u>	Pre-op & post-op management including recognition of complications. How to address co-morbidities such as cardiovascular, respiratory, endocrine conditions) in primary care in the context of surgery.
<u>Gastroenterology</u>	Common presentations in primary care - GORD, IBS, Liver disease
<u>Cancer</u>	Recognition of cancer in Primary Care and referral under the 2 week wait pathway. After-care for patients with cancer
<u>Palliative Care</u>	Patients discharged to community services for Palliative Care (for cancer, heart failure or end-stage COPD).

COMPAS GENERAL OUTCOMES FOR GENERAL PRACTICE & COMMUNITY CARE:

- **Medical knowledge: CLINICAL FEATURES of DISEASE: Cancer**
 - 1) Compare the presentation of malignancy in primary care and secondary care and palliative care in the community and hospice.

- **Clinical skills: Taking the history**
 - 1) Be able to take and record a patient's medical history, and recognize the role of taking a focused history
 - 2) Be able to present a coherent summary of a patient's medical history

- **Clinical skills: Examining the Patient**
 - 1) Attain competence in the general examination and key systems examinations, namely cardiovascular, respiratory, abdominal and basic neurological examinations
 - 2) Be introduced to ENT in primary care and begin to carry out ENT examinations

- **Clinical skills: Formulating a treatment plan**
 - 1) Learn to apply theoretical knowledge to clinical practice in cardio-respiratory, gastrointestinal, metabolic and some neurology areas
 - 2) Recognize the importance of a holistic approach, with particular reference to chronic disease management and palliative care
 - 3) Examine the interface between primary and secondary care and the integration of community and hospital services

- Clinical skills: Supporting patients and identifying abuse and neglect

- **Preventative care and Screening**
 - 1) Begin to demonstrate skills in promoting behaviour and lifestyle change

- **Professional issues: Working in Teams**
 - 2) Demonstrate effective communication skills (verbal, non-verbal and written) with patients and with professionals within the primary care multidisciplinary team

- **Professional issues: Ethico-Legal Responsibilities of Patient Care**
 - 1) Debate ethical issues pertinent to primary care

GP3 Morning Tutorials

You may find the following check-list helpful during your Induction session with your Tutor:

Introductory Tutorial checklist

- **House Keeping** - practical details about working in the Practice and how to contact your Practice and Tutor if you are delayed or ill (such as mobile numbers or bypass phone lines). If students are unable to attend for 2 consecutive days GP tutors should contact the unit administrator.
- **Timetable** - an outline of your schedule during the placement.
- **Assessments** – go through log book to identify what you are expected to complete, and when this should be done.
- **Learning opportunities at the Practice** - this may include clinics with MDT members.
- **Specific Learning Needs and Outcomes** - discuss your learning needs with your tutor and consider the learning outcomes specific to this placement. This will help inform your tutorials and self-directed learning time.

Overview of typical day

Morning activities	Afternoon activities
<ul style="list-style-type: none"> • 9:00 – 10:00: Introduction and Tutorial with GP in a Community Clinic. • 10:00 – 11:30 : Practice time (history-taking, examination etc.) in a Community Clinic. • Opportunity to complete relevant logbook activities • 11:30 – 12:00: Debrief 	<ul style="list-style-type: none"> • 12:00 – 13:30 Lunch break – during this time the GP tutor transports the medical students to the identified health centre for the next part of the day. • 13:30 – 16:30: Opportunistic student review of patients waiting to be seen by a GP in the waiting area of the health centre with active observation of the GP in the GP room, treatment room etc. Opportunity to also observe other health care professionals – podiatry, physiotherapy and nurses. • Opportunity to complete relevant logbook activities

Suggested Activities on GP Practice Placement (afternoon)

The **content of the teaching sessions** will vary from practice to practice, and with the availability of different types of patients. However, we recommend you include a balance of the activities listed below:

- Afternoon: Directly observed consultations/clinical skills with a GP Tutor. This will be in opportunistic patient reviews in routine clinics where students have a chance to take focussed histories, examine patients and present back to the GP tutor. They may practise communication skills by giving explanations to patients regarding their condition or its management.
- Undertake procedures under supervision and sign off in logbook
- Opportunity to get involved and present audits being undertaken within the practice.

GP3 Learning activities – Mandatory

Evidence of completion must be provided

- **Continuity Exercise** – in log book (please start in first term)
Identify a patient with an acute exacerbation of a condition early in your GP block and follow them up on two further occasions during the placement (face to face, telephone or a review of their notes) in regard to ongoing management. Document notes on patient contact in log book.
- **Nutrition Module (online)**
A guided online learning activity considering the many ways in which nutrition affects health and the factors that facilitate and impede healthy eating. You will be sent an email invitation term 2. You will need to confirm completion with your GP Tutor to be recorded in your Assessment Form the end of the placement.
- **Access to Care reflective task (online)** You will be sent an email invitation in the 2nd term. Over your GP and community placements we would like you to think about why patients may have difficulties in accessing health care and treatment. This may stem from seeing patients that have presented late for care, missed appointments, or not followed advice given to them by healthcare professionals regarding their care. We would encourage you to take the opportunity to discuss this with healthcare professionals during your placement and patients where this feels appropriate. You will need to confirm completion with your GP Tutor to be recorded in your Assessment Form the end of the placement.

TASK

Please write 200 words based on your experience on placements. You should reflect on difficulties and barriers people experience accessing and engaging with primary healthcare. To help inform your written reflection on this topic you may want to discuss access to care with patients, nurses and GPs as well as draw on published literature.

GP3 Learning activities - Recommended

Maintain an anonymised list of all the patients you see –

1. Note how many have more than one medical condition
2. Observe patients that present with a problem that does not have an immediate answer, and how the GP manages uncertainty

Common Presentations – GP3 learning opportunities

One of the challenges of general practice is listening to patient problems and symptoms and trying to make medical sense of them. This is where the skill of history taking lies – asking the right questions to guide you towards a diagnosis or at least a mutually acceptable plan. In general practice it is not possible to ask every question of every patient and so the key is to allow the patient space to talk with as little interruption as possible, only asking questions that aim to draw out their story so that you can begin to construct a narrative of their health, whether that is the physical, mental or social aspects (or a combination).

Your reasoning improves once you have in mind some of the possible underlying diagnoses for common presentations in primary care as this can help you to focus your consultation. Listed below are some of the common presenting symptoms in primary care – you might find it helpful to go through each of these symptoms and consider underlying diagnoses from the different systems: cardiac, respiratory, haematological, renal, endocrine, etc.

- Shortness of breath (SOB)
- Chest pain
- Tired all the time (TATT)
- Feeling faint
- Swollen legs
- Neck Lumps

History Taking Dilemma #1 in Primary Care: “The patient doesn’t have a presenting complaint!”

Patients can present to their GP with acute problems as in a hospital setting, but equally present for a review of their blood pressure or their medications, or a review of their ongoing chronic condition (including mental health), or a review of a resolving acute episode.

History Taking Dilemma #2 in Primary Care: “The patient has LOTS of presenting complaints!”

Patients often come to see their GP with a list of issues to discuss and you will see clinicians use various strategies to manage this. In GP3, often patients are brought in specifically to speak to you, so in your clerking you may want to explicitly focus upon one of their conditions (presenting complaint being “diabetes review” for example) and collect information about their other issues as part of your review of symptoms in order to generate a comprehensive problem list for when you present the case to your peers and your GP Tutor.

Continuity, Multi-morbidity, Complexity, Uncertainty – the essence of generalism

These terms describe four key concepts that underpin Primary Care work. You may wish to consider these concepts during your GP attachments and complete the suggested activities.

Continuity

Continuity encompasses several aspects, including the consistency of care with a healthcare professional over time, quality of the interpersonal relationships between healthcare professionals and patients, and availability of information about the patient. General practitioners value continuity of care, often considering it to be a core value of their profession, while many patients value a personal doctor to coordinate and integrate their care. Continuity of care is associated with reduced hospital admissions and reduced outpatient services (BJGP, 2013), but is under threat from new models of care.

Please complete the Continuity Exercise in the GP3 logbook. How did continuity help here?

Multi-morbidity

This is defined by NICE as the presence of two or more long-term conditions (LTCs). It is associated with decreased quality of life, fragmented and poorly coordinated increased usage of healthcare, polypharmacy and psychological distress. In UK General Practice, 1 in 6 of all patients have two or more LTCs, including 65% of patients over 65 years and 80% of those over 85%. The most common pair of conditions are osteoarthritis and a cardiometabolic condition (e.g. hypertension or diabetes). A common triad is a cardiometabolic condition, a painful condition (e.g. arthritis) and a mental health condition (e.g. anxiety or depression).

On your GP3 module keep a record of the patients you meet and how many of them have multimorbidity. What is the impact of multimorbidity on their physical and mental health?

Complexity

You will hear patients being described as 'complex' in Primary Care although no one clear definition exists-are they medically complex (e.g. multimorbidity with polypharmacy and multiple providers) or are they either psychologically and/or socially complex? Often if patient complexity is not explicitly recognised and articulated, these patients can be challenging to manage.

Aim to define what is making these patients complex when you meet them.

Uncertainty

There are many consultations where there are no straight answers, no clear diagnosis and no obvious treatment, where guidelines and decision-making protocols do not lead to a satisfactory

outcome. Without strategies to address uncertainty (such as safety-netting and discussing with peers) it can become a source of stress to GPs. The concept of uncertainty links closely with the Medically Unexplained Symptoms lectures as discussed in Year 3 Term 3 central teaching.

On your GP3 module, observe patients that present with a problem that does not have an immediate answer, and how the GP manages it.

The multidisciplinary team in the Community: Who does What?

GPs work with a wide range of professionals from other disciplines and often directly refer to colleagues in the multidisciplinary team (MDT) both within their practice and localities. You will look at this more deeply in your Met 3A week in GP, but it is also helpful here to understand the range of professionals in Primary Care and their roles. If you have a chance to attend the various health care professionals in their clinics, then try to get an understanding of which professionals are in attendance and their roles – this may help you to enhance your understanding of how a community team works together to benefit patients.

Dietician

Dieticians aim to promote good health and prevent disease through food. They advise people to help them make informed and practical choices about their food and nutrition. They also assess, diagnose and treat dietary and nutritional problems. Some have a role in teaching and informing the public and health professionals about diet and nutrition. They work in both community and inpatient settings, but their roles differ somewhat. Hospital dieticians tend to focus primarily on short-term malnutrition and sudden changes in dietary intake, e.g. post-surgery. Community dieticians also assess and treat malnutrition but may also help patients with longer-term nutritional problems, e.g. obesity-related diabetes, or anorexia, to address their diet over time.

Health Care Assistant (HCA)

HCAs work under the guidance of a qualified health care professional (usually a nurse).

Child and Midwifery service

This provide postnatal and antenatal) support to families by offering advice on feeding and parenting skills such as behaviour management, preventing accidents etc. They assess children's growth and development at regular stages (usually first few weeks, 1 year, 2.5 years, and preschool as a minimum)

Midwife

Community midwives look after women both antenatally and immediately postnatally (first 14 days after birth). The PHC offers an antenatal and gynaecology clinic which is jointly run by PHC midwives and Obstetricians/Gynaecologists from secondary care.

Occupational therapist (OT)

The primary goal of the OT is to enable the patient to participate in activities of daily living. They often carry out home visits to gain a more accurate understanding of the patient's life. This may involve: advising on how to approach a task differently, using specialist equipment to facilitate daily tasks, adapting the living/working environment. In Malta, this service is provided by the Occupational Therapy Department at Mater Dei Hospital.

Palliative care nurses

These specialist nurses work with patients at the end of their lives. They help with medications, physical and emotional support of patients and their families to ensure that the end of their life is peaceful. This service in Malta is provided by an NGO – Hospice Malta.

Pharmacist

Pharmacists have a strong scientific background in pharmacology and the use of medications. They are able to rationalise medications with a patient, monitor their concordance, discuss side effects and suggest safe ways to take medications, e.g. particular time of day, dosset box, observed dosing for controlled drugs.

Physiotherapist

Physiotherapists focus on building strength and health through physical activity. They are experts in musculoskeletal health and a subset of physiotherapists have undergone further training to become extended scope practitioners. Extended scope practitioners have more experience and expertise and are able to work with more complex musculoskeletal problems, diagnose patients and sometimes request appropriate scans.

Podiatrist

They work with people's feet and legs. They diagnose and treat abnormalities and offer professional advice on care of feet and legs to prevent foot problems. In the NHS, they see many patients at high risk of amputations, such as those suffering from arthritis or diabetes, and can give advice on both toenail and foot conditions.

Staff nurse

Nurses see patients in the practice to promote health and prevent disease. They may have a number of roles including wound management, travel health advice and vaccinations, family planning and women's health including cervical smears, smoking cessation.

Psychologist

Psychologists work with patients in the community who are suffering with depression, anxiety or other mental health difficulties. They offer psychological therapy but are not responsible for the diagnosis or medical management of mental health conditions.

Social worker

Social workers work with individuals and families to help them live more successfully. Meet with individuals and/or their families to discuss their specific needs and try to implement support to help with this. This may involve putting in a care package, advising the patient of available support groups or financial support, meeting regularly with the patient/their family to monitor and review progress. Social Workers also perform capacity assessments and take lead in safeguarding of adults and children.

Speech and Language Therapist (SLT)

They provide treatment, support and care for patients with communication and/or swallowing difficulties.

Do not forget the range of administrative staff that are based at the practice and in the community also! On your GP3 attachment, aim to spend some of your time with the administrative support to more deeply understand the complexity of how Primary Care is organised.

Recommended Reading

Year 3 GP Module handbook

QMPlus Year 3 Integrated Clinical Studies page: year handbooks,

List of commonly used guidelines and documents.

CBME GP tutor site: www.gptutorbartsandthelondon.org (Malta section will be live in October 2019)

Further Reading

Some sites to stimulate reflection, thought and discussion:

[Out of Our Heads](#) - a range of medical student and clinician artwork

[My daft life](#) - a blog by Sara Ryan who is a mother and learning disabilities researcher about many things but including her perspective on her son Connor who died in an NHS care institution from a seizure

[Kate Granger](#) - an elderly care registrar who died from sarcoma in July 2016 who started the campaign Hello, my name is

[Betabetic](#) - a complex endocrine patient writes a blog on her healthcare experiences

[Which Me Am I Today](#) - Wendy Mitchell's experience of living with dementia. She has also written a book called [Somebody I Used to Know](#)

[A Better NHS](#) - a blog focusing on the political changes that affect the NHS from a general practice perspective

Some books to stimulate reflection, thought and discussion.

[Being Mortal](#) by Atul Gawande

[This is Going to Hurt](#) by Adam Kay

[The Immortal Life of Henrietta Lacks](#) by Rebecca Skloot

[Also human: the inner lives of doctors](#) by Caroline Elton

[The State of Medicine: Keeping the Promise of the NHS](#) by Margaret McCartney

[The Digital Doctor: hope, hype and harm at the dawn of medicine's computer age](#) by Robert Wachter

[It's all in your head: stories from the frontline of psychosomatic illness](#) by Suzanne O'Sullivan

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 QMPlus.

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

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 handbook.

Malta editions

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