

LOCOMOTOR TUTOR GUIDE 2019-2020

MBBS YEAR 4



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

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1. COMMUNITY LOCOMOTOR TUTOR GUIDE: INTRODUCTION

During their fourth year medical students rotate through fourteen-week blocks of clinical specialities.

Community Locomotor resides within the wider 4th year Locomotor Unit, which consists of the following:

- Orthopaedics and Rheumatology; 4 weeks
- Health Care of the Elderly; 2 weeks
- Dermatology; 1 week
- Sexual Health; 2 weeks
- Community Locomotor; 2 weeks

Community Locomotor comprises Musculo-Skeletal Medicine (MSK-Orthopaedics and Rheumatology), Dermatology and Health Care of the Elderly (HCoE). Each student will complete a 2 week community placement:

- The first week is centrally based teaching with a mixture of interactive lectures and simulated surgeries and an ENT clinical skills session.
- During the second week students will be in the community.

All students will receive notice of their practice allocation via email from the unit administrator; together with the practice contact details, address and directions. Students are expected to contact practices in advance of the start date to confirm the start time for the first day of the placement.

Students will be usually allocated in groups of 4 to teaching practices.

Community Locomotor aims to give students and introduction to the common problems that present in the community with regards to MSK, Dermatology and HCoE. It is hoped that GP tutors will be able to draw attention to the following: disease prevalence (especially conditions that are diagnosed and managed solely in general practice); the investigation and management of undifferentiated disease by GPs.

CENTRALLY BASED TEACHING

- The lectures will be interactive talks on common ENT, Dermatological and MSK issues. The Health Care of the Elderly teaching focuses on the multidisciplinary team in the community.
- The simulated surgeries (Dermatology, MSK, Health Care of the Elderly) are run with a number of actors (simulated patients or SPs). The students will then hold a consultation with the SP.

The student receives multi-source feedback from the observing peers, the SP and finally the group tutor. The Tutor then provides targeted teaching based on the learning needs that are identified during the consultation and feedback (this may be clinical knowledge, consultation skills or both). There is a focus in Year 4 on the development of a management plan for the patient.

- ENT clinical skills session with opportunity to practice ENT examination and cover common ENT presentations and diagnoses in General Practice.

GENERAL PRACTICE PLACEMENTS

The three days that the students come out to practice are designed as more speciality based subject days (Dermatology, MSK and Health Care of the Elderly) with consultation and examination skills of specific patients in the morning/afternoon and active sitting in on the other half of the day. Please see later in the guide for more detail about the days. (ENT is not included as a subject day as part of the GP placement.)

The General Practice based teaching is intended to complement the teaching in the hospital setting, so learning objectives will overlap to some extent. It is also hoped that GPs will introduce students to the differing types of support structures in the community that elderly patients or patients with MSK problems may encounter. With regards to Dermatology we would be grateful if GPs could demonstrate common adult and childhood rashes and skin problems. It is important that the students can differentiate between serious and non-serious conditions and learn how to screen appropriately for systemic disease.

2. WHO'S WHO

Dr Dev H. Gadhvi	Co-Lead Year 4, CBME Clinical Teaching Fellow	d.h.gadhvi@qmul.ac.uk Tel: +44(0)20 7882 2506
Dr Siobhan Cooke	Co-Lead Year 4, CBME Clinical Senior Lecturer	s.d.cooke@qmul.ac.uk Tel: +44(0)20 7882 5758
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Ms Chloe Millan	Year 4 Administrator, CBME	c.millan@qmul.ac.uk Tel: +44(0)20 7882 7131

For all initial enquiries or issues about the GP community placements please contact Chloe Millan.

3. LEARNING OUTCOMES – DERMATOLOGY

AIMS

- To develop an understanding of common dermatological conditions presenting in General Practice, considering how these illnesses affect patients 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 a dermatological condition

OBJECTIVES

- To introduce students to patients with common dermatological conditions
- To consider patient centred care and its application in the consultation and how to negotiate shared management plans
- To receive GP tutor feedback on some aspect of their observed 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 Locomotor (including the GP placement). This list is neither exhaustive and nor exclusive.

Common skin conditions

- Inflammatory skin disease particularly eczema, psoriasis and lichen planus
- Skin Infections including cellulitis, impetigo, fungal skin infections, herpes simplex, herpes zoster, human papilloma virus and viral exanthems such as measles
- Acne
- Skin lumps and bumps including, benign lesions, e.g. naevi; dermatofibroma; seborrhoeic keratosis
- Blistering skin conditions
- [Hair Loss and Gain](#)
- Skin signs of systemic disease e.g. excoriation in liver disease
- Pre-malignant and malignant skin tumours (e.g. Bowen's disease, actinic keratosis, SCC, BCC, malignant melanoma) and other skin lesions that are not obviously benign
- [Dermatological Emergencies](#)

4. LEARNING OUTCOMES – MUSCULOSKELETAL

AIMS

- To develop an understanding of common musculoskeletal conditions presenting in General Practice, considering how these illnesses affect patients 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 musculoskeletal conditions

OBJECTIVES

- To introduce students to patients with common musculoskeletal conditions
- To consider patient centred care and its application in the consultation and how to negotiate shared management plans
- To receive GP tutor feedback on some aspect of their observed clinical skills
- To understand the use of a Fit Note (Med3) in General Practice

Knowledge Students will be expected to acquire clinical knowledge in areas of medicine relevant to community based practice. The following list is illustrative of what we would expect students to learn about during Locomotor (including the GP placement). This list is neither exhaustive nor exclusive.

The role of physiotherapists and occupational therapists in the management of musculoskeletal conditions

Common conditions in General Practice

- Gout
- Osteoarthritis
- Back pain
- Frozen Shoulder
- Knee pain
- Polymyalgia rheumatica
- Fibromyalgia
- Osteoporosis
- Soft tissue injuries
- Paediatric joint disease

Important Diagnoses in General Practice

- Rheumatoid Arthritis and the differential diagnosis of polyarthritis
- Septic Arthritis and the differential diagnosis of the hot swollen joint

5. LEARNING OUTCOMES - HEALTH CARE OF THE ELDERLY

AIMS

- To develop an understanding of the common problems elderly patients present with in General Practice, considering how these illnesses affect patients 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 elderly patients

OBJECTIVES

- To introduce students to elderly patients in the community
- To consider patient centred care and its application in the consultation and how to negotiate shared management plans
- To receive GP tutor feedback on some aspect of their observed clinical skills

Knowledge Students will be expected to acquire clinical knowledge in areas of medicine relevant to community based practice. The following concepts are illustrative of what we would expect students to learn about during Health Care of the Elderly (including the GP placement). This list is neither exhaustive nor exclusive. An understanding of the problems elderly patients face; immobility, instability, incontinence, impaired intellect/memory, impaired vision and hearing loss (the so-called five Geriatric Giants)

- An understanding of the principles of the Mental Capacity Act and how capacity is assessed and what is meant by lasting power of attorney and the patient's "best interests"
- Exploration of the issues surrounding polypharmacy and compliance in the elderly including ways in which medications can be safely dispensed to patients with cognitive decline
- The role of the Community Matron and extended multidisciplinary team in ensuring health and wellbeing in the community
- An awareness of factors which may lead to elderly patients moving into warden controlled flats/nursing or residential care homes

- Stroke and TIA's in the Elderly
- Tremor in the Elderly
- Falls in the Elderly
- Fragile Bones and Fractures in the Elderly
- Disability, Rehabilitation and Discharge Planning
- End of Life Decisions, Death and Dying
- Incontinence in the elderly
- Elder abuse

6. TEACHING ACTIVITIES

DIRECTLY OBSERVED CONSULTATIONS (DOC)

All students will be required to have at least one directly observed consultation during the **Community Locomotor week**. The intention is this will allow them to practice the skills they have learnt in a simulated surgery in the Central Locomotor week in an actual GP surgery (in a real world clinical environment) and receive feedback using the model with which they are already familiar.

It is clear from student feedback, that along with timetables one of the key requests from students is for direct observation and feedback of clinical skills. No doubt many of you have been doing this sort of direct observed consultations for many years without having to have guidance from us. Nonetheless we are determined that all students should benefit from the opportunity to practice consulting skills in a simulated environment and then practice those same skills in a clinical environment. It is important to understand that this opportunity is not easily available elsewhere in the course and we value the chance to directly link the simulated and clinical environment.

Please find below a link to the feedback form

Student Observed Consultation Feedback Form

STUDENT LEARNING AND TEACHING

An area gaining increasing emphasis in the curriculum is that of the students' learning process and development of teaching skills. The GMC expects graduates to be able to demonstrate appropriate teaching skills and to identify their learning needs. Please the opportunity to encourage students to reflect on how they learn best.

General Practice provides particularly good opportunities in Health Care of the Elderly teaching for students to do home visits, visit care/nursing homes and attend multi-disciplinary team meetings.

Please use these opportunities for teaching providing students with learning objectives for these settings.

SAMPLE TIMETABLE

Monday	Tuesday	Wednesday	Thursday	Friday
Tutorial/DOC	Tutorial/DOC	SSC	Tutorial/DOCs	SSC
Dedicated Derm clinic/Active Sitting in	Dedicated MSK clinic/Active Sitting in	SPORTS	Dedicated HCOE surgery/Active Sitting in	SSC

7. STUDENT SELECTED COMPONENTS (SSC)

During their 4th year students are expected to undertake an SSC project; the output of which is a 6000-8000 word dissertation on their selected topic.

In order to facilitate this dedicated SSC, half days have been incorporated into their timetable throughout the year. 3 sessions have been allocated to each week of teaching. The disposition of the 3 SSC sessions is at the discretion of the tutor. We suggest that Wednesday morning and Friday all day is one way to allocate the SSC sessions.

8. RESOURCES

Learning Resources

Dermatology:

Dermnet

- <http://www.dermnet.com/>

Dermis

- <http://www.dermis.net/dermisroot/en/home/index.htm>

Primary Care Dermatology Society

- <http://www.pcids.org.uk/>

MSK (Orthopaedics and Rheumatology):

Medscape Rheumatology Articles

- <http://emedicine.medscape.com/rheumatology>

Joint Zone

- <http://www.jointzone.org.uk/>

(You can either register to the site or click on the free browsing option)

Health care of the elderly:

British Geriatric Society (Resources and Medical Students Section)

- <http://www.bgs.org.uk/>

QM Plus Health Care of the Elderly – Mini cases

- <https://qmplus.qmul.ac.uk/course/view.php?id=2585>

9. ASSESSMENT

ONLINE ASSESSMENT FORM

The students' overall assessment of the Community Locomotor Unit is based on the following:

- **Attendance and level of participation and engagement during the placement. All students are required to attend all of the Community Locomotor sessions.**
- **Directly Observed Consultations. Students are expected to complete at least one DOC during the Community Locomotor week (See Teaching Activities for more details). Tutors will need to complete the online form to confirm that this has been done.**

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 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 Chloe Millan (c.millan@gmul.ac.uk) for further guidance before completing the student's online assessment form.

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 ongoing 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 log books for the whole Locomotor module. 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 log book.

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 [Chloe Millan](#)

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.

This assessment has been introduced in line with General Medical Council guidance on medical education in 'Tomorrow's Doctors' which states that:

- Attitudes and behaviours that are suitable for a doctor must be developed;
- Only those students who are fit to practice as doctors should be allowed to complete the curriculum;

You will see that the form is based on the GMC's *Good Medical Practice* document.

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.

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.

10. DATES

Community Locomotor 4 students: 6.5 sessions (standard rate);

Please note all Community Locomotor components will now be taught to the same group of 4 students in the same week. Students will be undertaking SSC work for 3 sessions during the teaching week and GP Tutors can thus negotiate their teaching across 3 days with the students and maximise the use of their clinic time.

Orthopaedics & Rheumatology, Dermatology

Healthcare of the Elderly

6.5 sessions across a teaching week as negotiated

Central 1	Week beginning 04 Nov 2019
Loc 1	Week beginning 11 Nov 2019
Central 2	Week beginning 18 Nov 2019
Loc 2	Week beginning 25 Nov 2019
	NB: **Friday 29th Nov 2019 Students attend ICA
Central 3	Week beginning 17 Feb 2020
Loc 3	Week beginning 24 Feb 2020
Central 4	Week beginning 02 Mar 2020
Loc 4	Week beginning 09 Mar 2020
	NB: **Friday 13th Mar 2020 Students attend ICA
Central 5	Week beginning 01 June 2020
Loc 5	Week beginning 08 June 2020
Central 6	Week beginning 15 June 2020
Loc 6	Week beginning 22 June 2020
	NB: **Friday 26 June 2020 Students attend ICA