COMMUNITY LOCOMOTOR PLACEMENT YEAR 4 MBBS



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

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1. Introduction

Welcome to Community Locomotor. This two-week block is a chance to develop consultation skills and to consolidate your experiences in hospital placements in General Practice. The block is split into two weeks with the first week involving centrally based teaching and the second week in General Practice.

The Central (now virtual teaching) Locomotor teaching consists of morning lectures and afternoon small group teaching. Giving you a chance to practise your consultation skills with simulated patients. Please see separate Student Guide for details of role-plays with lots of helpful resources to aid you meeting your learning objectives for this placement.

Firstly, we need to acknowledge COVID-19 and what this has meant for your education and how it will impact the coming year. It has been a challenging 18 months and even though socially COVID-19 concerns are reducing, in healthcare they are still an on-going worry.

We are here to support you through this and have been working very hard to put measures in place to help ensure your Community Medicine Placements are as close to previous years as possible. Saying that, there are still social distancing concerns despite vaccination especially in small departments like GP surgeries.

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

Please be aware of the changes for this coming year, 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.

Normally you would go for 3 days of the week with 1.5days SSC. Now say in a group of 8 students allocated to a practice, 4 will do for Monday and Tues and the other 4 Thursday and Friday. With Wed AM SSC and PM sports as usual.

During your time not in placement that week, you will be provided with lots of helpful cases to work through, resources etc to aid you to meet your individual learning objectives. This "Self-Directed Learning" details are in a separate section at the end of this document.

NEW HEALTH EQUITY teaching will also take place on one of these days. It will be a total of 3 days throughout your year. It is designed to help aid medical students understand the social inequalities that make equitable health care difficult to achieve in the UK. It will involve a morning of self study (involving videos, journals to read etc), then in a group of 8-10 you will meet a Communty GP tutor virtually in the PM (not connected to your practice) to discuss this in detail. These sessions are mandatory.

3. WHO'S WHO

Dr Dev H. Gadhvi	Co-Lead Year 4, CBME Clinical Lecturer	d.h.gadhvi@qmul.ac.uk
Dr Rohini Sabherwal	Co-Lead Year 4, CBME Clinical Lecturer	r.sabherwal@qmul.ac.uk
Mr Jim Manzano	Year 4 Administrator, CBME	j.manzano@qmul.ac.uk

For all **initial enquiries** or issues about the GP community placements please contact Jim Manzano.

4. 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

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

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 poly-pharmacy 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

5. Community Portfolio

There is one requirement for your sign off of this placement. Details of which are below. These are to aid your understanding of these topics from a community point of view. We do appreciate there are also sign offs in your Hospital Based logbooks and that some of those skills could be signed off in the community. Your GP Tutor is aware of both and should help to facilitate this.

Please keep proof of these tasks below. Feel free to add images of writes up etc. This will then need to be shown to you Tutor to allow for sign off. Please then keep this document as evidence of your engagement and upload into your portfolio.

DIRECTLY OBSERVED CONSULTATION (can be virtual) Feedback form

Summary of case
Initial Approach to Patient
Information gathering and/or giving: clinical aspects

Information gathering or giving : communicative aspects
Management
Rapport and Professionalism

STUDENT NAME and ID no.

DATE

6. Self - Directed learning

We have spent time creating materials and colleting resources for you, to help meet your learning objectives in a way that best substitutes what you are missing. Trying to base learning around a patients' narrative.

- 1. Case Study for Health Care of the Elderly (found on QM Plus). This is an interactive resource that tells a patients medical journey. Poses various questions to you and provides useful resources for you obtain the "answers". This depending on how many gaps in your knowledge there are, could take approximately a day to work through. These are not mandatory and act as a guide to aid learning, it depends really on how you learn best.
- 2. Below are some **Learning Resources** to help you learn. We **DO NOT** expect you to do all of these, just what you think will help you.

Learning Resources

BMA/BMJ E learning modules – will need to access through QM library as not all modules accessible through BMA log in.

"Speaking Clinically" resource – please email Malgo Miranowicz (<u>m.miranowicz@qmul.ac.uk</u>) for student log in details.

Please consult usual methods of learning like NICE guidance, CEG Guidance, GP notebook, Dermnet, British Association of Dermatologists, Primary Care Society of Dermatologists, Arthritis UK (versusarthritis.org – very good aid for learning through their patient leaflets) and advice to patients is always useful from patient.co.uk

In BOLD are priority

Dermatology

- BMJ Melanomas https://learning.bmj.com/learning/module-intro/clinical-pointers-melanoma.html?locale=en GB&moduleId=10058008
- BMJ Benign conditions https://learning.bmj.com/learning/module-intro/common-benign-skin-lesions.html?locale=en GB&moduleId=10027216
- BMJ Nail Conditions https://learning.bmj.com/learning/module-intro/nail-abnormalities-diagnostic-picture-tests.html?locale=en_GB&moduleId=10009401
- BMJ Acute Itchy Rash https://learning.bmj.com/learning/module-intro/quick-quiz-acute-itchy-rash.html?locale=en GB&moduleId=10061510
- BMJ Eczema Management https://learning.bmj.com/learning/module-intro/eczema-management.html?locale=en_GB&moduleId=5003349
- BMJ rashes in Children https://learning.bmj.com/learning/module-intro/quick-quiz-rash-children.html?locale=en_GB&moduleId=10062910
- BMJ Measles https://learning.bmj.com/learning/module-intro/measles-diagnosis-management.html?locale=en GB&moduleId=10011206
- BMJ Acne Rosacea https://learning.bmj.com/learning/module-intro/rosacea-diagnosis-treatment.html?locale=en_GB&moduleId=5004480
- BMJ Dermatology emergencies https://learning.bmj.com/learning/module-intro/dermatological-emergencies-diagnosis-management.html?moduleId=10014380&locale=en_GB
- BMJ Topical Management https://learning.bmj.com/learning/module-
 intro/emollients-topical-corticosteroids.html?locale=en_GB&moduleId=10060399

Musculoskeletal

- Living with Rheumatoid Arthritis https://speakingclinically.co.uk/videos/rheumatoid-arthritis-2/
- Arthritis Lecture 15 mins https://www.youtube.com/watch?v=MTRQPN_x5fc&list=PLxWbtwlQyZq_uuw1EcuTYi
 rVNGLxQhksK
- BMJ Back pain inc examination and red flags https://learning.bmj.com/learning/module-intro/low-back-pain-sciatica.html?locale=en_GB&moduleId=10060322
- BMJ Back pain management https://learning.bmj.com/learning/module-intro/nice-back-pain-sciatica.html?locale=en_GB&moduleId=10058447
- BMJ OA https://learning.bmj.com/learning/module-intro/clinical-pointers-osteoarthritis-primary-care.html?locale=en_GB&moduleId=10056233
- BMJ Osteoporosis https://learning.bmj.com/learning/module-intro/new-developments-

- $\underline{osteoporosis.html?moduleId=10056539\&searchTerm="depression%20primary%20care"}\\ \&page=2\&locale=en_GB$
- BMJ Fibromyalgia https://learning.bmj.com/learning/module-intro/aae-fibromyalgia.html?locale=en_GB&moduleId=10058357
- BMJ Polymyalgia Rheumatica https://learning.bmj.com/learning/module-intro/ask-an-expert-polymyalgia-rheumatica.html?locale=en_GB&moduleId=10060972
- BMJ Gout https://learning.bmj.com/learning/module-intro/ask-an-expert-gout.html?locale=en GB&moduleId=10055705
- BMJ Septic Arthritis https://learning.bmj.com/learning/module-intro/septic-arthritis-diagnosis-management.html?locale=en_GB&moduleId=10009773

Health Care of the Elderly

- Living with dementia Patient voices https://www.patientvoices.org.uk/flv/0866pv384.htm
- BMJ Delirium https://learning.bmj.com/learning/module-intro/cmt-delirium.html?locale=en GB&moduleId=10060024
- Complex Pain Patient voices https://www.patientvoices.org.uk/flv/1087pv384.htm
- UTI in Elderly patient https://www.patientsafetyoxford.org/wp-content/uploads/2018/02/Good-Practice-Guidance-for-GPs-management-of-utis.pdf
- BMJ Falls assessment and prevention <u>- https://learning.bmj.com/learning/module-intro/clinical-pointers-falls-assessment.html?locale=en_GB&moduleId=10063853</u>
- Multi- morbidity https://www.bmj.com/content/350/bmj.h176
- Safeguarding Adults https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs78_safeguarding_older_people_from_abuse_fcs.pdf

Other – ENT – Please note that ENT is not formally included in this placement however historically students find this placement a chance to develop these skills.

- <u>ENT Handbook ENT UK</u> recently shared a medical student electronic handbook for free. The e-book is a practical guide to the day-to-day management of common ENT conditions and will be helpful to medical students and junior doctors as well as other clinicians that have exposure to ENT as part of their practice https://www.entuk.org/sfo-e-book
- BMJ Allergens https://learning.bmj.com/learning/module-intro/ask-an-expert-hay-fever.html?locale=en_GB&moduleId=10056477
- BMJ Ear discharge https://learning.bmj.com/learning/module-intro/ear-discharge-diagnosis-treatment.html?locale=en_GB&moduleId=10007563
- BMJ Sore Throat Photos https://learning.bmj.com/learning/module-intro/sore-throat-diagnostic-picture-tests.html?locale=en GB&moduleId=6058292
- BMJ E learning ENT <a href="https://learning.bmj.com/learning/module-intro/tympanic-membrane-diagnostic-picture-tests.html?moduleId=6058134&searchTerm="Respiratory%20and%20ENT"&page=1&locale=en GB
- BMJ E learning Vertigo https://learning.bmj.com/learning/module-intro/vertigo.html?moduleId=10016740&searchTerm="Respiratory%20and%20ENT"&page=1&locale=en_GB

3. <u>CAPSULE quizzes –</u> log in sent to you Spring 2020. If lost please contact Rugina Monnan or Malgo Miranowicz.