

LOCOMOTOR 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. 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:

- Orthopedics 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 (now virtual) with a mixture of interactive lectures and simulated surgeries and an ENT clinical consultation session.
- During the second week students will be in the community.

Students will be usually allocated in groups of 8 to teaching practices.

Community Locomotor aims to give students an 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.

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. Changes to Clinical Placements – due to COVID-19

Due to COVID -19 and still the uncertainty with the coming Winter 2021/2022 and for many other reasons we have felt the need to reduce the number of students in placement at one time and have thus halved the number attending. Please note students attend for 4 days now, not the original 3 days. If you normally have a group of 8 students for 4 days; 4 students will come Monday and Tuesday and the other 4 Thursday and Friday. We have asked for Wednesday AM to be SSC time and Wednesday 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. **We are also introducing HEALTH EQUITY teaching on 2 of these days virtually, this involves students to prepare in the AM for the PM session with an external GP Tutor to discuss social determinants of health and health inequality. These are mandatory and they will not be able to attend placement during this day (we have timetabled so it will not clash) but need you to be aware in case there are last minute changes to students timetables.**

Advice on COVID-19 related matters such as vaccination etc will be detailed in your Welcome Email.

3. Setting up Virtual Teaching for remote consultations: telephone & video

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

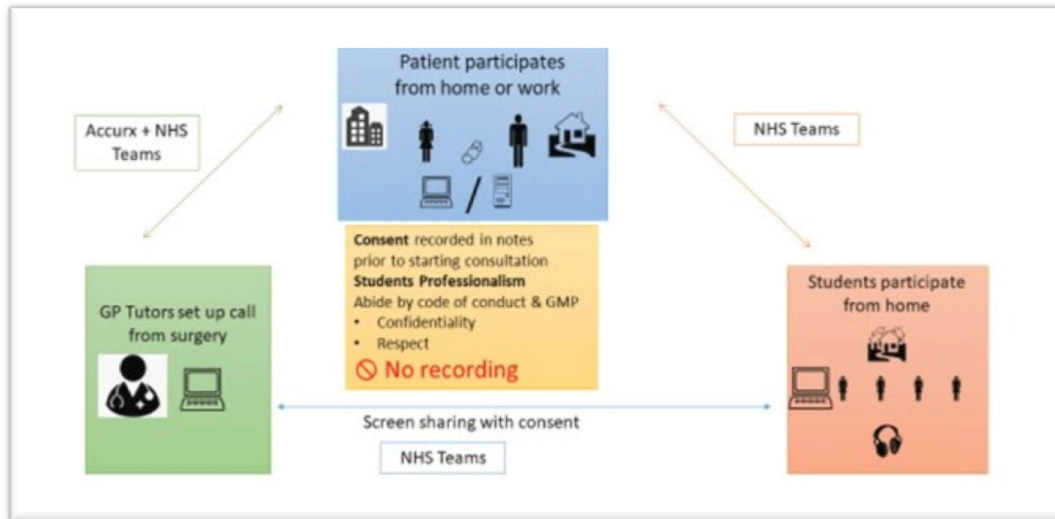
This website contains information on how to:

- 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 AccuX to allow students to 'shadow' those clinicians remotely or conduct a supervised consultation (which may be observed by peers with patient consent).
- Invite students to virtual tutorial on M/S Teams.

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

Examples of possible virtual GP teaching formats:

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



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

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

Examples of possible of F2F GP teaching formats

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

What else can students take an active part in?

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

Other Support for GP Tutors

We understand that these are challenging times and the prospect of some of the technology being used and changes being made are daunting. Please see 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 . Allowing us to develop our skills and discuss any challenging situations.
- *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 your introductory email.

4. WHO'S WHO

Dr Dev H. Gadhvi

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

5. 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 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 (F2F OR VIRTUAL) 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.

SAMPLE TIMETABLE- 8 students eg for Student ABCD and EFGH would be the inverse

SDL = Self Directed learning

Monday	Tuesday	Wednesday	Thursday	Friday
Intro with Student Learning needs assessment	Tutorial/DOC	SSC	Health Equity Teaching	SDL
Student led Clinic – Conc on Derm, MSK and HOCE	Student led Clinic – Conc on Derm, MSK and HOCE	SPORTS	Health Equity Teaching	SDL

OSCE THEMES

These are the OSCE themes for Locomotor Year 4. Students are aware of this document so no need to keep secret but this may help guide your planning for tutorials etc.

Msk	Taking a history from a person with one of the major MSK presentations (polyarthralgia , acute local pain, chronic widespread pain or back pain)	Performing a MSK screening examination and/or examination of the upper or lower limbs or back	Providing a differential diagnosis & investigation plan for the major MSK presentations	Explaining the management and outlook of the major MSK disorders to a patient			
Geriatrics	Understanding complexity in managing older patients including frailty, comorbidities and function	Communication with patients and family members	Capacity and ethical principles				
Dermatology	History taking in a dermatology 2 week wait clinic	History taking in a patient with an itchy rash and forming a differential diagnosis	Explaining a diagnosis of eczema and explaining creams, ointments and side effects of topical steroids to a patient				

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. **In this module it should be Wednesday AM.**

8. 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. Feedback form 1 Directly Observed Consultation

9. RESOURCES

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

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_uuw1EcuTYirVNLxQhksK
- 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-osteoporosis.html?moduleId=10056539&searchTerm=%20depression%20primary%20care%20&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

- BMJ E learning – management of dementia in primary care - <https://learning.bmj.com/learning/module-intro/dementia-primary->

[care.html?moduleId=10032231&searchTerm="depression%20primary%20care"&page=1&locale=en_GB](https://www.patientvoices.org.uk/flv/0866pv384.htm)

- 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 - https://learning.bmj.com/learning/module-intro/clinical-pointers-falls-assessment.html?locale=en_GB&moduleId=10063853
- 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.

- ENT Handbook - ENT UK 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 - [https://learning.bmj.com/learning/module-intro/tympanic-membrane-diagnostic-picture-tests.html?moduleId=6058134&searchTerm="Respiratory%20and%20ENT"&page=1&locale=en_GB](https://learning.bmj.com/learning/module-intro/tympanic-membrane-diagnostic-picture-tests.html?moduleId=6058134&searchTerm=)
- BMJ – E learning – Vertigo - [https://learning.bmj.com/learning/module-intro/vertigo.html?moduleId=10016740&searchTerm="Respiratory%20and%20ENT"&page=1&locale=en_GB](https://learning.bmj.com/learning/module-intro/vertigo.html?moduleId=10016740&searchTerm=)

10. SIGN OFF

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).

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 Jim Manzano 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 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 another logbooks 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 logbook if requested.

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 will be sent to you with the end of placement electronic assessment.

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.