

HUMAN DEVELOPMENT 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. HUMAN DEVELOPMENT UNIT

During their fourth year, medical students rotate through fourteen-week blocks of clinical specialties. The Human Development Unit consists of child health, obstetrics and gynaecology and an integrated primary care community placement. Each student will spend 2 weeks in general practice.

Students will be usually allocated in groups of 8 (occasionally in pairs) to the same practice for both weeks of their placement.

The Primary Care Community Human Development Unit provides the students with an introduction to Obstetrics, Gynaecology and Child Health from the community perspective. Its main aims are for students to practise consultation and clinical skills and to learn about common and important conditions relating to women and children, which present in the community.

The students' previous experience will affect whether the emphasis is on introducing students to the subject or on consolidating their learning, as some groups will have already completed their paediatric and O&G hospital placement. This is one of the reasons why students learning needs assessment is imperative during their introduction.

The General Practice based teaching is intended to complement the teaching in the hospital setting, so learning objectives will overlap to some extent. However, some areas are ideally suited to community teaching such as: common infectious childhood illnesses, family planning, cervical screening and health promotion and routine antenatal care.

## 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 similar to 2020-2021.

**If you normally have a group of 8 students for 8 days; 4 students will come Monday and Tuesday and the other 4 Thursday and Friday. This should be rotated for the second week, allowing students to have different exposure to certain clinics such as baby clinic on certain days.**

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.**

**PLEASE NOTE TO AID THIS LEARNING WE HAVE CHANGED ONE OF THEIR SIGN OFF TASKS FOR THIS PLACEMENT**

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 to virtual teaching and remote consultation into GP placements.

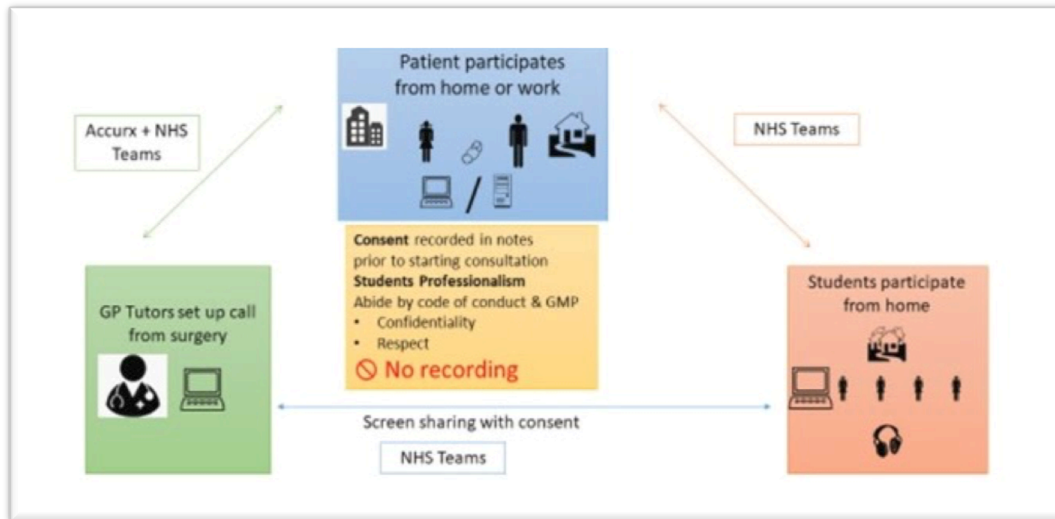
This website contains information on how to:

- Set up the [IT](#), gain [Consent](#) from patients and consider the [Confidentiality](#) issues associated with this new way of teaching and working.
- Plan and deliver virtual clinical supervision of **REAL GP CONSULTATIONS**
- Use a 3-way consultation over AccurX to allow students to 'shadow' those clinicians remotely or conduct a supervised consultation (which may be observed by peers with patient consent).
- Invite students to virtual tutorial on M/S Teams.

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

#### **Examples of possible virtual GP teaching formats:**

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



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

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

<b>Dr Dev H. Gadhvi</b>	Co-Lead, Year 4, CBME Clinical Lecturer	<a href="mailto:d.h.gadhvi@qmul.ac.uk">d.h.gadhvi@qmul.ac.uk</a>
<b>Dr Rohini Sabherwal</b>	Co-Lead, Year 4, CBME Clinical Lecturer	<a href="mailto:r.sabherwal@qmul.ac.uk">r.sabherwal@qmul.ac.uk</a>
<b>Mr Jim Manzano</b>	Year 4 Administrator, CBME	<a href="mailto:j.manzano@qmul.ac.uk">j.manzano@qmul.ac.uk</a>

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

## 5. LEARNING OUTCOMES

### CHILD HEALTH

#### AIMS

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

#### LEARNING OUTCOMES

By the end of this module students will have:

- Been introduced to patients with common paediatric conditions
- Considered patient centred care and its application in the consultation
- Received 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 Human Development (including the GP placement).

- Otitis externa, Otitis media and 'glue ear'
- Viral upper respiratory tract infections
- Other childhood infections (slapped cheek, hand foot and mouth, viral rashes, fungal skin infections, threadworm)
- Asthma
- Eczema
- Urinary tract infections
- Bed-wetting
- Behavioural problems
- Describe current routine vaccination schedule (and contra-indications); child health surveillance (6-8 week check) and developmental examinations, in particular up to 12 months
- Child Protection and Social Paediatrics for example accident prevention, impact of smoking, drugs and alcohol on child health, the impact of social deprivation and neglect on the psychological development of children.

## LEARNING OUTCOMES - OBSTETRICS & GYNAECOLOGY

### AIMS

- To develop an understanding of common obstetric and gynaecological conditions presenting in General Practice, considering how these illnesses affect women 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 women who present with common obstetric or gynaecological conditions

### LEARNING OUTCOMES

By the end of the module students will have:

- Been introduced to patients with common obstetric and gynaecological conditions
- Considered patient centred care and its application in the consultation
- Received 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 Human Development (including the GP placement).

### OBSTETRICS

- Describe routine antenatal care, including booking, risk assessment, options in patterns of care (shared, midwife-led), normal symptoms of pregnancy
- Early pregnancy: miscarriage, ectopic pregnancy, hyperemesis
- Common problems in pregnancy: hyperemesis, reflux, pruritus, symphysis pubis dysfunction, dependant oedema, UTI, hypertension
- Bleeding in pregnancy
- Understand the place of screening in obstetric care e.g. Down's syndrome
- Postnatal care

### GYNAECOLOGY

- Describe different methods of contraception for men and women and discuss their advantages and disadvantages
- Unplanned pregnancy, counselling and terminations
- Understand community gynaecological screening e.g. cervical cytology
- Dysmenorrhoea, menorrhagia, oligomenorrhoea, amenorrhoea



- Intermenstrual bleeding and post-coital bleeding
- Pelvic pain - acute and chronic
- Vaginal discharge
- Preconception counselling
- Subfertility
- Climacteric and Menopause
- Postmenopausal bleeding
- Gynaecological cancers and criteria for 2 week wait referrals
- Pelvic floor dysfunction
- Therapeutics in Obstetrics and Gynaecology
- Sexually transmitted infections and pelvic inflammatory disease
- Uterine disorders
- Puberty and pubertal problems

## 6. TEACHING ACTIVITIES

### LEARNING ACTIVITIES

Most students are attached to practices after their Child Health hospital teaching and before their Obstetrics and Gynaecology firms. However, both subjects will be taught together in an integrated way during the primary care weeks. Covering both specialties helps with continuity and enables the learning objectives to be covered flexibly using shared learning opportunities such as baby clinics and postnatal checks.

Students should bring their Human Development logbooks to the practice so that GP Tutors can sign off the activities and skills, which they have supervised if requested. The logbook forms part of the whole module continuous assessment.

There is a small separate Community Logbook, which also requires a sign off. Please see below.

Students would be expected if possible especially during this pandemic to have experienced the following during their attachments:

- Community antenatal clinic
- Family planning clinics or teaching
- Taking gynaecological histories
- Observing and taking cervical smears
- Baby clinics
- Vaccination and child development clinics
- Sessions with the practice nurse, midwife and health visitor
- Meeting children and their families both in surgery and on home visits, particularly for childhood disability
- A mixture of relevant emergency and routine surgery appointments

## OSCE THEMES

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

O&G	Taking a history and formulating a management plan in the early pregnancy setting	Taking a gynae history and formulating a management plan	Explain an obstetric surgical procedure					
Child Health	Basic Life Support (including bag-mask ventilation)	Assessment and management of Sick Child (ABCDE assessment)	Assessment of Common +/- Serious Paediatric Presentations	Management of Common +/- Serious Paediatric Problems	Paediatric History Taking	Baby Checks/Examination of Children	Communication with Children and Families - Explanation of Common Paediatric Problems/Management (e.g. Using an inhaler with a spacer)	Paediatric Prescribing (As described in Curriculum)

## 4<sup>TH</sup> YEAR HUMAN DEVELOPMENT – SAMPLE TIMETABLE

Below is a sample timetable as a guide to some of the sessions you might want to include; please adapt according to your local resources/personal ideas. Example for Student A, B, C, D, E, F G, H

SDL = Self-directed learning

Student ABCD... 1st week

	MON	TUES	WEDS	THURS	FRI
AM	Intro & sitting in	Student Led Clinics mostly children	SSC time	Health Equity Am and PM	SDL
PM	Community MW	Student led Clinic mostly gynae/obs patient c	Sports	Health Equity Am and PM	SDL

Student ABCD 2ndweek

PAEDS	MON	TUES	WEDS	THURS	FRI
AM	SDL	Health Equity Am and PM	SSC time	Student Led Clinic	Smears with nurse
PM	SDL	Health Equity Am and PM	Sports	Health visitors & Baby clinic/ Nurse Imms	Tutorial and Sign off

**NOTE STUDENT EFGH would be the inverse**

## 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. During the Human Development placement it would be preferable if Wednesday mornings to be allocated as SSC half days.

## 8. LOGBOOK/ASSESSMENT

This will form part of your basis for sign off.

- 1. Child Health Reflective Write up**
- 2. Pregnant women – social/health inequality write up**

### CHILD HEALTH REFLECTIVE WRITE UP

Students are expected to write a short reflective case history as part of their assessment of the module. The expectation is to encourage students to consider the challenges of consulting with children and their parents/carers. Student instructions are included below.

Students should be able to:

- Discuss needs and concerns of children and their carers about illness and healthcare
- Discuss developmental stages of childhood and implications for communication
- Identify what helps communication between health professionals, children and their carer
- Communicate effectively with children of different ages to establish rapport, and gain co-operation for examination and simple procedures

- Feel more confident about talking with children

Community placements are ideal settings to see how the basic principles of good communication are applied with children of different ages and their carers. The aim, as with adults, is to establish a trusting relationship, provide the opportunity for the child to talk and explain to children in ways that help them understand and cope with procedures and treatment. Please ensure the students receive the following teaching session:

**Activities could include:**

1. Tutorial (1.5 hr) supported by tutor materials
2. Opportunity for the student to talk to a child and carer
3. Reflective write-up
4. Debrief tutorial (1 hr)

**STUDENT INSTRUCTIONS**

Paediatric Reflective Write-up: (Communication and Professionalism)

You will be talking to a child today to find out about the health problem that has brought them to the clinic.

Think about the things you would like to discover e.g. How the child is feeling, what has happened, how the child describes the problem, what the child thinks about coming up to the clinic and seeing the doctor/nurse, what the child thinks the doctor/nurse will do etc.....

Makes some notes on the areas below – and anything else that is of interest to you.

Ensure you keep confidentiality and explain to the carer you will be writing up notes which won't contain the child's name.

You will be discussing these with your tutor and group at the de-brief session:

1. Age of the child
2. How did you establish rapport with the child?
3. How did the child describe the problem – any particular language used?
4. What did you notice about the child's verbal and non-verbal communication?
5. What adjustments if any did you make in your communication?
6. What, if any, were the ethical and medico-legal considerations in this case?
7. What learning did you get from this experience?

## OBSTETRIC & GYNAECOLOGY

Ask midwife/GP for a pregnant women with difficulties arising from social/health inequality. Speak to her virtually or F2F.

This should be a maximum of 500 words write up of a focused obstetric hx of a pregnant women paying close attention to a full social history

Then a minimum of 500 words reflection on this patient.

This should be discussed with as their tutor.

They will also get an opportunity to discuss this further during their Health Equity module.

## 9. RESOURCES

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

Learning Resources

Pediatrics

- NHS 6w check - <https://www.nhs.uk/conditions/pregnancy-and-baby/baby-reviews/>
- How to examine in 6w check - [https://learning.bmj.com/learning/module-intro/how-to-do-the-infant-physical-examination-at-6-8-weeks-%28baby-check%29-.html?locale=en\\_GB&moduleId=10047910](https://learning.bmj.com/learning/module-intro/how-to-do-the-infant-physical-examination-at-6-8-weeks-%28baby-check%29-.html?locale=en_GB&moduleId=10047910)
- Common Problems in babies BMJ - [https://learning.bmj.com/learning/module-intro/ask-an-expert-common-problems-new-babies.html?locale=en\\_GB&moduleId=10062664](https://learning.bmj.com/learning/module-intro/ask-an-expert-common-problems-new-babies.html?locale=en_GB&moduleId=10062664)
- Child Development - <https://www.youtube.com/watch?v=NIR7RIWraIM>
- UTI in children - [https://learning.bmj.com/learning/module-intro/ask-an-expert-uti-infants.html?locale=en\\_GB&moduleId=10061899](https://learning.bmj.com/learning/module-intro/ask-an-expert-uti-infants.html?locale=en_GB&moduleId=10061899)
- Allergy Care for Asthma and Rhinitis - <https://www.rcpch.ac.uk/resources/allergy-care-pathway-asthma-andor-rhinitis>
- BMJ Childhood cough - [https://learning.bmj.com/learning/module-intro/childhood-cough.html?locale=en\\_GB&moduleId=10032122](https://learning.bmj.com/learning/module-intro/childhood-cough.html?locale=en_GB&moduleId=10032122)
- BMJ Bronchiolitis - [https://learning.bmj.com/learning/module-intro/how-to-do-the-infant-physical-examination-at-6-8-weeks-%28baby-check%29-.html?locale=en\\_GB&moduleId=10047910](https://learning.bmj.com/learning/module-intro/how-to-do-the-infant-physical-examination-at-6-8-weeks-%28baby-check%29-.html?locale=en_GB&moduleId=10047910)
- BMJ Measles - [https://learning.bmj.com/learning/module-intro/measles-diagnosis-management.html?locale=en\\_GB&moduleId=10011206](https://learning.bmj.com/learning/module-intro/measles-diagnosis-management.html?locale=en_GB&moduleId=10011206)
- BMJ E- learning module Childhood Rash- [https://learning.bmj.com/learning/modules/elucidat/5b9a86f38fc73.html?\\_flowId=EL2&moduleId=10062910&page=0&isFrmRA=true&status=LIVE&locale=en\\_GB&sessionTimeoutInMin=90&shouldStartAtQuestionSection=false&elucidatModuleType=EL2&action=retake](https://learning.bmj.com/learning/modules/elucidat/5b9a86f38fc73.html?_flowId=EL2&moduleId=10062910&page=0&isFrmRA=true&status=LIVE&locale=en_GB&sessionTimeoutInMin=90&shouldStartAtQuestionSection=false&elucidatModuleType=EL2&action=retake)
- BMJ E – learning module – Fever in under 5s - [https://learning.bmj.com/learning/module-intro/resume-module.html?moduleId=6052018&locale=en\\_GB](https://learning.bmj.com/learning/module-intro/resume-module.html?moduleId=6052018&locale=en_GB)
- Bacterial Meningitis – e-learning - <https://www.rcpch.ac.uk/resources/bacterial-meningitis-meningococcal-septicaemia-children-elearning>

- BMJ – E learning module – Safeguarding - [https://learning.bmj.com/learning/course-intro/Safeguarding.html?courseId=10046983&locale=en\\_GB](https://learning.bmj.com/learning/course-intro/Safeguarding.html?courseId=10046983&locale=en_GB)
- BMJ – When to suspect child maltreatment - [https://learning.bmj.com/learning/module-intro/suspect-child-maltreatment.html?locale=en\\_GB&moduleId=10014276](https://learning.bmj.com/learning/module-intro/suspect-child-maltreatment.html?locale=en_GB&moduleId=10014276)
- E module on Childhood trauma - <https://fairhealthlearning.s3.amazonaws.com/Childhood%20trauma%20and%20adverse%20experience/index.html#/>
- Virtual Paediatric Hospital - <http://www.virtualpediatrichospital.org/>
- QM plus Virtual Hospital - O&G and Child Health Virtual Patients - <https://qplus.qmul.ac.uk/mod/page/view.php?id=318678>

## Obs & Gynae

- Contraceptive Counselling- A 2 hour course developed by the FSRH to support the effective delivery of contraceptive care. <https://www.fsrh.org/education-and-training/fsrh-contraceptive-counselling-online-course/#course-information>
- FPA – patient leaflets – wonderful way to practice a consultation re: management of COC/POP etc - <http://www.fpa.org.uk/professionals/resources/leaflet-and-booklet-downloads>
- Terminations NHS - <https://www.nhs.uk/conditions/abortion/>
- PMS - <https://patient.info/doctor/premenstrual-syndrome-pro>
- Amenorrhoea - <https://www.youtube.com/watch?v=grZ-PdPLXso&list=PLxWbtwIQyZq8dOJIH7RzU4Fr4P7JJ2TLG>
- BMJ Endometriosis - [https://learning.bmj.com/learning/module-intro/endometriosis.html?locale=en\\_GB&moduleId=10062188](https://learning.bmj.com/learning/module-intro/endometriosis.html?locale=en_GB&moduleId=10062188)
- BMJ – Polycystic Ovarian Syndrome - [https://learning.bmj.com/learning/module-intro/ask-an-expert-polycystic-ovary.html?locale=en\\_GB&moduleId=10056451](https://learning.bmj.com/learning/module-intro/ask-an-expert-polycystic-ovary.html?locale=en_GB&moduleId=10056451)
- BMJ Ovarian Cancer – early detection - [https://learning.bmj.com/learning/module-intro/recognising-early-symptoms-ovarian-cancer.html?locale=en\\_GB&moduleId=10014285](https://learning.bmj.com/learning/module-intro/recognising-early-symptoms-ovarian-cancer.html?locale=en_GB&moduleId=10014285)
- BMJ Cervical Screening (from 2015 – so some specifics have changed but principles the same) - [https://learning.bmj.com/learning/module-intro/screening-cervical-cancer.html?locale=en\\_GB&moduleId=5004436](https://learning.bmj.com/learning/module-intro/screening-cervical-cancer.html?locale=en_GB&moduleId=5004436)
- BMJ PID - [https://learning.bmj.com/learning/module-intro/step-by-step-pid.html?locale=en\\_GB&moduleId=10057868](https://learning.bmj.com/learning/module-intro/step-by-step-pid.html?locale=en_GB&moduleId=10057868)
- BMJ Fertility - [https://learning.bmj.com/learning/module-intro/step-by-step-diagnosing-managing-fertility-problems-primary-care.html?locale=en\\_GB&moduleId=10062945](https://learning.bmj.com/learning/module-intro/step-by-step-diagnosing-managing-fertility-problems-primary-care.html?locale=en_GB&moduleId=10062945)
- Pregnancy journey inc pre-conception. Including quadruple screening, important to think about Risk Communication Skills. How would you explain this in lay terms to parents? <https://www.nhs.uk/conditions/pregnancy-and-baby/antenatal-care-checks-tests/?tabname=getting-pregnant>
- BMJ Diabetes in pregnancy - [https://learning.bmj.com/learning/module-intro/step-by-step-diabetes-pregnancy.html?locale=en\\_GB&moduleId=10055210](https://learning.bmj.com/learning/module-intro/step-by-step-diabetes-pregnancy.html?locale=en_GB&moduleId=10055210)
- Post Natal Depression - <https://www.nhs.uk/conditions/post-natal-depression/>
- Commons drugs in pregnancy – how safe are they – think about shared risk management and how to communicate this effectively. <https://www.medicinesinpregnancy.org/> - Valporate/Levetiracetam/Lamotrigine/Nitrofurantoin/Trimethoprim

- [BMJ – Menopause - https://learning.bmj.com/learning/module-intro/clinical-pointers-menopause.html?locale=en\\_GB&moduleId=10058278](https://learning.bmj.com/learning/module-intro/clinical-pointers-menopause.html?locale=en_GB&moduleId=10058278)
- Menopause - <https://patient.info/womens-health/menopause>

## 10. SIGN OFF

### ONLINE ASSESSMENT FORM

The students' overall assessment of the Community Human Development 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 Human Development sessions.
- Two written projects (the Paediatric reflective write up and the Obstetrics and Gynaecology project) that they will be expected to undertake during their time in General Practice.

At the end of the GP placement, the tutor is asked to complete one overall online assessment form (for both the child health and obstetrics and gynaecology parts of their GP placement), covering:

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

A link to an online assessment form 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 ([j.manzano@qmul.ac.uk](mailto:j.manzano@qmul.ac.uk)) for further guidance before completing the student's online assessment form. We encourage you to contact us so we can highlight these issues and allocate the student to appropriate supportive services.

### 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 a log books for the whole Human Development unit (including one for Obs & Gynae and one for Child Health). 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 to 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 [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 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.