

**MBBS YEAR 5
GP ASSISTANTSHIP TUTOR GUIDE
2023-2024**



COMMUNITY BASED MEDICAL EDUCATION DEPARTMENT (CBME)

Faculty of Medicine & Dentistry

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1. GP ASSISTANTSHIP

This handbook should be used together with the Academic Regulations and the Student Guide.

It provides information specific to The Faculty of Medicine and Dentistry (FMD), while the Student Guide gives information common to all students of the College.

The Academic Regulations provide detailed information on all aspects of award requirements and governance.

NOTHING IN THIS HANDBOOK OVERRIDES THE ACADEMIC REGULATIONS WHICH ALWAYS TAKE PRECEDENCE.

The School's handbooks are available on QM+.

The Student Guide is available from the FMD Student Office; the Student Guide and Academic Regulations are also available on-line at:

www.arcs.qmul.ac.uk

The information in this handbook was correct at the time of printing. In the event of any substantial amendments to the information herein, the FMD will attempt to inform students of the changes.

The College cannot accept responsibility for the accuracy or reliability of information given in third party publications or websites referred to in this guide.

2. CONTACTS

The Academic Unit for Community Based Medical Education

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Please see below contact information for the Year 5 Administrator, Mahbuba Yasmin, who is available for any queries. Please contact Mahbuba for any problems concerning the attachment IN THE FIRST INSTANCE.

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3. PLACEMENT OVERVIEW

5. Faculty of Medicine and Dentistry

1. AIM OF GP ASSISTANTSHIP:

By the end of the 8 weeks students should be **thinking and acting like a generalist**: be able to assess undifferentiated acute and chronic presentations and negotiate a safe management plan with the majority of patients – always with supervision.

2. WHAT TO EXPECT:

- **Intro session and induction**
- **Regular Student Surgery sessions** with feedback (3 – 4 per week): combining virtual and face-to-face patient contact, a minimum of 3-4 patients per session
- **Backroom practice work** – Chronic Disease Reviews, Administrative work, Medication reviews and prescribing, and QOF follow-up
- **Professional shadowing** – sitting in and assisting with GP and/or members of the MDT.
- **One GP-based Tutorial session per week** - approximately 90 to 120 mins in length
- **Working as part of the Practice Team** - attending appropriate meetings, learning from various team members
- **Self-Directed Learning sessions** (2 per week) - to allow time for assessment work and general learning
- **Central Teaching Week** – (Block A and B week 1, Block C week 4)
 - i. Doctors As Teachers and Educators (DATE)
 - ii. Breaking Bad News (BBN)
 - iii. Managing Aggression and Violence (MAV)
 - iv. Hospice day
- **Other Central teaching**
 - I. **Core Case Tutorials** – remote, students should inform their GP tutors of these dates by week 2.
 - II. **Intro and closing days**

3. ASSESSMENT

Assessment item on PebblePad	Deadline
Mini Cex x 2	1 completed by Week 4 and 2 nd completed by Week 8
5 x Patient feedback forms	Completed by week 8
Midway Assessment at Week 4	<p>Ensure the student has done some assessment items to discuss in this midway assessment.</p> <p><i>Review of progress to consider:</i></p> <ul style="list-style-type: none"> • Highlights (and Lowlights if any) of the placement so far • Review what still needs completing in the placement • Review absences for any reason • Review the patient feedback forms completed and any assessment items done so far • Discuss how the student is doing and get feedback on next steps, including aspects of professionalism • Remind the student to complete the midway review on Pebblepad • Review the end of placement sign off form and agree when this will be done in the final week.

<i>Patient Case and Reflection</i>	<i>Completed by Week 8</i>
<i>Practice Project</i>	<i>Progress to be reviewed at Midway Review, completed by Week 8</i>
<i>Significant Event Analysis</i>	<i>Completed by Week 8</i>
<i>Assessment of Professional Attitude and Conduct Form</i>	<i>Week 8</i>
<i>Overall Tutor Assessment of Performance</i>	<i>Week 8</i>

4. KEY DATES

- **Block 1:**
 - Monday 4th September – Friday 27th October 2023.
 - Central teaching week: 4th – 8th September 2023.
 - Intro day 11th September 2023
 - Closing day 25th October 2023
 - Mock Prescribing exam 1st September 2023
- **Block 2:**
 - Monday 30th October – Friday 8th December 2023 and Tuesday 2nd January – Friday 12th January 2024.
 - Central teaching week 30th October – 3rd November 2023.
 - Intro day 6th November 2023
 - Closing day 10th January 2024
 - Mock Prescribing exam 15th December
 - Mock Prescribing exam 12th January 2024 – optional for those who have missed the first 2
- **Block 3:**
 - Monday 15th January – Friday 8th March 2024.
 - Central Teaching week 5th – 9th February 2023.
 - Intro day 15th January 2024
 - Closing day 6th March 2024
 - Safe Prescribing exam 2nd February 2024

4. INTRODUCTION – WHAT IS THE ASSISTANTSHIP?

Welcome to the 5th Year GP Assistantship attachment 2023-2024

(1) The GP Assistantship:

Our overall aim is *"to help all students to become better doctors, irrespective of their current career preference or eventual career choice."* Renaming the placement, the GP Assistantship, we are stressing the importance of students **being actively involved in patient care** as members of the clinical team. We aim to ensure students are immersed in General Practice and Primary Care in all its facets and develop **independent practice** whilst learning good medicine in that context. The focus is on **THINKING AND ACTING LIKE A GENERALIST**: by the end of the 8 weeks students should be able to assess undifferentiated acute and chronic presentations and negotiate a safe management plan with the majority of patients – always with supervision. We hope you will find it an interesting and stimulating experience. The General Practice placement is an integral and compulsory part of the curriculum. The Medical Licensing Assessment will begin in 2024/25 but we include the Year 5 MLA Competencies (see references) to help you support students on the placement and for revision.

(2) Adjusting to a dynamic situation

Some students may still have anxieties about the impact of Covid-19 on their medical training, their own abilities and what they have missed. Few will fully appreciate the changes to General Practice and how they will fit into the realities of clinical practice. We will rely on you to involve them in as many aspects of patient contact as possible – be that remote - and face to face. We will support you in these endeavors – via our training events, drop-in sessions and Virtual Teaching Using Remote Video Calls In Primary Care website below:

<https://sites.google.com/view/cbme-videoteachingwebsite/checklists-for-tutors-and-students>

Your **Student Assistants** may prove to be very valuable in your work following up patients as well as patients with ill health whose care has been interrupted or delayed due to the ongoing effects of the Covid-19 pandemic on routine NHS services. Students need to experience and learn about the involvement of all those working in community- based healthcare including the early discharge team, primary healthcare nursing teams, community pharmacists, home nursing and community rehabilitation.

The supervision and role modelling you and your team provide will be essential to their preparation for practice.

(3) Expectations of the GP Assistantship

What the student can expect from their GP tutor (and CBME/Medical School):

8. Faculty of Medicine and Dentistry

- The GP Tutor will arrange an introduction and induction to the module
- The GP Tutor will conduct a Learning Needs Assessment (including risk assessment) at the start of the placement, a Midway Review at Week 4-5 and then an end of module Assessment at Week 8
- The student will be always supported by their GP Tutor through the placement
- The GP Tutor should be contactable and be present on days the student is in practice (or have arranged appropriate supervision with another GP)
- The GP Tutor will aid the student in passing the module and completing assessments
- CBME/Medical School will be available to contact for help and support if required by the student or GP tutor
- CBME/Medical School will provide both the student and GP Tutor with the information and materials needed for the module.
- CBME/Medical School will facilitate the Central teaching

What the GP tutor can expect from the student:

- Full attendance
- Engagement with the module and assessments
- Professionalism
- To be informed early if there are any concerns or issues impacting their performance and attendance of the placement

What CBME/Medical School expects from the student:

- Full attendance with the GP Assistantship (and an expectation that the student will communicate promptly with their GP Tutor and University if they need to take leave or are unwell)
- Full attendance with Central teaching
- Engagement with the module and assessments
- Professionalism
- To inform the University early of any issues with the placement.

5. Preparing for GP Placements in the time of Covid 2023-24

1. WELCOME & WELLBEING

The last few years – in particular the **pandemic** and **other global events**- have had a complex, and unique, impact on us all. For students, this meant a sudden switch to online learning, a reduction in direct patient contact and tutor and peer support. For all of us there has been and continues to be a great deal of uncertainty.

We would like to ask that you do the following:

- ✓ Set aside early **time to talk to each student about their** experiences, expectations and needs.
- ✓ **Share your experiences** over the past few years
- ✓ Support students to ***SPEAK UP*** if they experience or observe situations that worry them.

2. RISK REDUCTION – local arrangements

We know each GP practice has developed a local approach based on specific context.

Please review your local risk reduction policy and make it clear to students before they start placements, this should involve:

- ✓ Testing requirements if required
- ✓ PPE & mask wearing and how this communicated to staff and students
- ✓ Ventilation and flow arrangements
- ✓ Adjustments for the very few students with specific risks

3. VACCINATIONS

COVID-19 vaccinations remain voluntary in the UK. The medical school, in line with other institutions, is not compelling students to be vaccinated. We hope that as health care professional's students will have been vaccinated with other primary care workers where possible.

- ✓ As a GP Tutor you may ask for the student's **vaccination status**
- ✓ Please offer students a **Flu Vaccine** – Under government guidance **Students are designated essential workers and should be treated as staff for flu programmes.**
- ✓ **Any concerns or questions - Please contact the CBME Module Lead or Administrator.**

4. Students must remain up to date with their knowledge in Infectious diseases and Infection control: – make good use of the resources available

5. Return to Placement Online Modules

All students have access to pre-placement online modules covering key topics such as: Covid-19 essential background; Infection control; Hand hygiene; PPE; Resuscitation, Self-care; Intro to video consultations

Student will find these on QMPlus learning environment

6. Student Learning Agreement & Student learning needs assessment

The Learning Agreement (separate document) lays out the responsibilities that students, their supervisors, host GP practices and the medical school have to each other. It emphasises the mutual roles of learners and teachers for a successful clinical placement, that maintains safety for all.

7. 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.

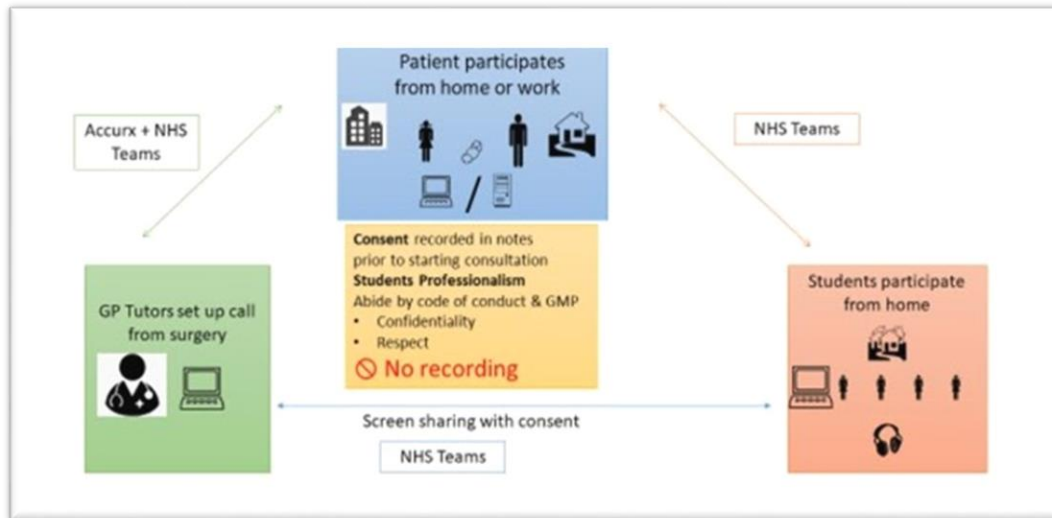
This website contains information on how to:

- 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 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 details for some GP Tutor support provided by CBME, these are on a voluntary basis.

The [CBME GP Tutor website](#) contains information regarding all years of the CBME programme and central teaching.

The [CBME Events page](#) will have updated times and dates for sessions:

- **EDUCATOR WORKSHOPS** (formally NUGGETS) monthly sessions (first Wednesday of month, 1 hour). The sessions will be very interactive sharing in small and large groups. Each month will have a theme and a practical focus.
- **INTRODUCTION TO TEACHING** (formally NESTT)- This training is open to GPs in the North East London area who are new to undergraduate teaching or those who would just like an opportunity to refresh their knowledge. It will provide attendees with basic skills to prepare students in the community, covering: What makes a great teacher, Creating a great feedback environment, Induction planning. This will be across three 2-hour sessions.
- [Year 5 GP Tutor WhatsApp group](#): To troubleshoot issues that may arise.
- Please email us if you would like to be added to the group
- **HELP!** You will always also be able to **contact the CBME admin** and **academic year leads** if there are any questions or difficulties.

<http://www.gptutorbartsandthelondon.org/>

CBME Glossary

- **Remote consultations** are video and telephone consultations
- **Virtual teaching** - is anything that is not F2F
- **Virtual supervision** is a form of virtual teaching where student is directly involved in patient contact (remote or F2F) - where the GP tutor is supervising via technology
- **E-consultations** - are consultations via the web

6. LEARNING NEEDS

This handbook is a guide to the course. Students will learn most from the direct experience of Primary Care. Try to discuss with the students their personal learning needs early in the attachment. A lot of the time will be spent in one-to-one learning between the students and General Practitioners or other Health Workers. This teaching will to some extent be opportunistic since it will depend in a large part on the

particular patients who consult during your placement. This can be very enjoyable for both parties provided that students take every opportunity to learn by questioning and by doing.

Students should use the specific learning outcomes in the student guide and other core documents from Year 5, including the practical procedures logbook, to guide learning. They may find it useful to read the document Outcomes for Graduates (GMC, 2018) and review the MLA Year 5 Competencies Guide – see references.

INTRODUCTORY TUTORIAL CHECKLIST

You may find the following check-list helpful for use during the Induction session with your student:

- **House Keeping** - important practical details about working in the Practice, things to do and not to do, how students can contact the Practice and Tutor if they are delayed or ill (such as mobile numbers or bypass phone lines)
- **Learning Agreement & Learning Needs Assessment:** ensure both you and students have discussed responsibilities
- **Timetable** - an outline of the schedule during the placement (See Appendix 1 for sample timetable).
- **Assessments** - what students are expected to complete, and when this should be done.
- **Learning opportunities at the Practice** - this may include GPs with Special Interests, Protected Practice Learning times or teaching sessions, special Community Clinics, and Nursing Home ward rounds amongst others.
- **Peppypad** – This is the new electronic platform for the assessment logbook, please go through the required assessments with your student and agree the best approach to covering the relevant procedures and skills during the Placement.
- **Specific Learning Needs and Outcomes** - discuss the students learning needs and consider the learning outcomes specific to this placement. This will help inform Tutorials and Self-Directed Learning time.

7. AIMS

"To help all students to become better doctors, irrespective of their current career preference or eventual career choice" (Fraser, 1992)

By the end of the 8-week Assistantship students should be **thinking and acting like a generalist**: be able to assess undifferentiated acute and chronic presentations and negotiate a safe management plan with the majority of patients – always with supervision.

We aim to provide an immersive placement in General Practice and Primary Care in all its facets, and to help students experience independent practice whilst in a safe learning environment. Students should be

included in the practice team and **have every opportunity to assist the team** in real patient care with training, support and supervision.

High Level Competencies for MBBS final year

1. Can assess patients who are acutely unwell and with long-term conditions
2. Can apply appropriate practical skills together with critical thinking and professional judgement to clinical encounters with patients
3. Can demonstrate an understanding of the healthcare environment and participate adaptively in the work of the healthcare team

8. SPECIFIC LEARNING OUTCOMES

8.1 KNOWLEDGE

Students will be expected to acquire clinical knowledge in areas of medicine particularly relevant to community-based practice. The following list is not exhaustive or exclusive, however can be used as a guide during the placement.

HEALTH PROMOTION AND ILLNESS PREVENTION

- Identify the benefits and problems of early or pre-symptomatic diagnosis.
- Understand the need to identify high risk groups in General Practice.
- Consider the importance of Health Education in Primary Care.
- Consider methods of Disease Prevention and Health Education within the Community setting including screening.

DATA GATHERING AND DECISION MAKING ³

To acquire assessment and management strategies for the following common issues:

- Common symptoms and presentations (e.g., back pain, abdominal pain, headaches, chest pain, vaginal discharge, lethargy, dizziness)
- Common infections (e.g., respiratory tract infections, viral illnesses of childhood, urinary tract infections)
- Ischaemic Heart Disease, Hypertension and Heart Failure
- Asthma and COPD
- Depression and Anxiety
- Osteoarthritis

- Common skin conditions including Eczema and Psoriasis
- Diabetes and Thyroid Disease
- Routine Antenatal care
- Demonstrate counselling for different contraception types, and Termination of Pregnancy.
- Understand special concerns and considerations around sub-fertility and describe referral options.

Also, to include acute and new presentation in primary care:

- Cardiac pain
- New onset Diabetes Mellitus
- Shortness of Breath
- The Unwell Child

MANAGING MEDICAL COMPLEXITY ³

- Enable people living with long-term conditions to improve their health
- Learning to manage multiple health problems within an individual patient
- Adopting safe and effective approaches for patients with complex needs

COMMUNITY ORIENTATION (Including Urgent and Unscheduled Care and Palliative Care)

- Understanding the health service and their role within it
- Build relationships within the communities in which they work
- Understand the role of Informal Carers in the community.
- Understand the relationship between Primary Care, Secondary Care, Social Services, and the Voluntary Sector.
- Compare and contrast the differences between General Practice and Hospital based practice.

Urgent and Unscheduled Care

- Understand why patients access health care in an urgent manner.
- Consider the difference in the Doctor-Patient relationship in the OOHs setting, as well as the differing challenges.
- Appreciate the potential clinical risk in unsupported settings, as well as the undifferentiated presentation of illness out of hours.
- Please encourage students to attend any in-house unscheduled care activities
- There will be an optional “taster session” for students to sign-up to, please offer time in lieu with your student, negotiated with yourselves.

PALLIATIVE CARE

- Consider teamwork in End-of-Life Care.
- Identify examples of End-of-Life decision making.
- Explain common problems and solutions around pain control, drug choice, and drug administration including syringe drivers.
- Consider the role of Funeral Directors and support for bereaved families.

- Consider relevant details regarding rituals for death management, and legal aspects of Death Certification and cremation.

LEARNING AND TEACHING ³

- Continuously evaluating and improving the care provided
- Adopting a safe and scientific approach to improve quality of care
- Knowing limits and asking for help
- Supporting the education and development of colleagues

LEADERSHIP AND TEAMWORK ³

- Understand the role of each member of the Primary Care Team in the care of patients and their families.
- Consider the skills and responsibilities of individual team members, both within the Surgery and with continuing care at home.
- Working as an effective team member
- Coordinating a team-based approach to the care of patients
- Applying leadership skills to improve your organisation's performance

8.3 SKILLS

During the GP assistantship students will have a chance to observe and learn from experienced clinicians and consider how they practice the science and art of medicine in a Primary Care context.

Students will also have the opportunity to develop their own skills both in clinical areas, and in communication with patients and colleagues.

CLINICAL SKILLS AND PROCEDURES

Students should refer to the Year 5 Practical Procedures and Clinical Skills Logbook on Pebblepad- the new portfolio and assessment platform for students, which includes many of the following common techniques. A number of these are listed below;

- Examining the Eyes including fundoscopy
- Examining the Ears, Nose, and Throat including otoscopy
- Measuring vital signs
- Carrying out Peak Expiratory Flow Respiratory Function Test
- Testing Urine - dipstick and pregnancy tests
- Measuring Blood Glucose on a meter
- Performing a Vaginal examination
- Examining the Breasts
- Performing a Rectal examination
- Performing Intramuscular, Intra-dermal, and Subcutaneous injections
- Examining the Musculoskeletal system - including the back, knees, and shoulder joints
- Examining a child

Students will need to manage their own risk with agreement with their GP tutors in taking part in these procedures and should wear appropriate PPE as necessary.

COMMUNICATION SKILLS

Skills and techniques should include some of the following;

- Develop communication skills in remote consulting, both telephone and video consultations
- Explaining how to use devices for the treatment of Asthma
- Advising and instructing on the use of Contraceptives
- Taking an Alcohol and Smoking history
- Communication between Doctors and other Health Professionals regarding Patient Care
- Communication across the Primary and Secondary Care interface
- Discussion of follow up management with Doctors, Patients, and Carers
- Discussion of risk potential and expressing perceptions of risk

PRESCRIBING

Students should refer to their Clinical Pharmacology teaching and logbooks. It was suggested that they complete 3 CPT reviews on Pebblepad in each block (See Appendix 4 for printable form).

- Illustrate the requirements for Prescribing in General Practice
- Demonstrate the importance of, and problems with patient adherence to therapy
- Identify the clinical risks associated with poly-pharmacy and drug interactions
- Identify the role of Community Pharmacists in patient care including, medicine usage and understanding, concordance, dispensing rules, and regulations including Controlled Drugs And understand shared care monitoring for high-risk drug monitoring for example methotrexate

8.4 ATTITUDES

ETHICS

Fitness to practise

- Demonstrating the attitudes and behaviours expected of a good doctor
- Managing the factors that influence performance

Maintaining an ethical approach

- Treating others fairly and with respect and acting without discrimination
- Providing care with compassion and kindness

Communication and consultation

- Establishing an effective partnership with patients
- Maintaining a continuing relationship with patients, carers and families

MAINTAINING A HOLISTIC APPROACH

- Understand the effect of illness on the community.
- Demonstrate the importance of the family as well as the cultural, socio-economic, and psychological background on the management of patients and how they present in General Practice.

- Engage in the care of patients within the Practice.
- Appreciate that uncertainty exists in Primary Care, and consider how to minimise the risk to Patients, Carers, and the Doctor.

THE DOCTOR-PATIENT RELATIONSHIP

- Demonstrate Professional Behaviour when undertaking independent tasks.
- Value and practise good Communication Skills.
- Analyse the nature of the Doctor-Patient relationship, and how this relationship is used whilst interacting with patients.
- Appreciate how the Doctor's own views, feelings, and life experiences can influence patient care, and consider how this should be managed.
- Demonstrate the importance of making decisions in Partnership with colleagues and patients.

9. TEACHING AND LEARNING ACTIVITIES

Students need to experience the breadth of Primary Care Medicine and increase their understanding of the holistic approach to care in the community. They should undertake a mixture of tasks in order to improve their communication and clinical skills.

CENTRAL TEACHING & CORE CASES (ON-LINE)

Please see “key dates” above for dates of central teaching. The Introductory day includes an orientation to GP placements in the new environment.

Closing day includes an ethics lecture and discussion of ethical cases on the placement. Students will be expected to complete managing risk on clinical placement module prior to starting the GP placements.

Core Cases: on-line fortnightly students are required to work through and complete 4 clinical scenarios (including self-directed learning of Year 4 work) and applied ethics for Year 5. They will do this in self-directed time and be supported virtually by central GP tutors. Usually during week 2, 4, 6 and 8, (although some groups may deviate from this slightly). Students will advise you of their core case tutorial times within the first 2 weeks of the placement.

STUDENT SURGERIES

During this placement students are required to see and assess patients independently and then discuss the management and prescribing needs with their GP tutor. This should include regular sessions to see ‘their own’ patients. The supervising GP should always make their own assessment of the patient and will need to prescribe any medication required. This experience represents independent practice in a safe setting. In the new environment, student consultations will be expected to do face to face and remote consultations. We would expect that students would have 3-4 consultations per student surgery. We would NOT expect them to have the same number of consultations as any postgraduate doctor F1/2 or

GP trainee and all consultations must have all diagnostic and management decisions agreed at the end of the consultation with the supervising GP.

Where possible, we would request that students have opportunity to do face to face examination as much as possible in preparation for when they become Foundation doctors.

On occasion students may work in pairs. When this happens, one should consult whilst the other observes, takes notes, and gives feedback to their colleague at the end. This supports independent practice and the development of skills in giving professional feedback.

We encourage students to be involved in consultations and observing consultations in patient's presentations which could involve child and adult safeguarding. We would expect students to learn about report writing in these cases, but they should not be responsible for any reports sent to external agencies. Written reports are the direct responsibility of the supervising GP and the Child Safeguarding Lead in the practice.

SELF-DIRECTED LEARNING

Students are expected to learn independently as part of their time in Primary Care and will undertake an individual or shared project during the placement. It is appropriate for students to use self-directed study time for both the completion of assessed work, and to follow up learning from patient contact.

SMALL GROUP TUTORIALS

Tutors should arrange at least one Tutorial a week for the group of students at the Practice. These should cover the breadth of Primary Care learning and consider the students' learning needs. There are specific placement objectives outlined above which may provide a useful guide.

ASSISTANTSHIP & PROFESSIONAL SHADOWING

This is a GP Assistantship, and we would encourage you to involve students in chronic disease management as much as possible and also develop experience of e-consulting in this area.

'Sitting in' is not the main aspect of this placement, however valuable time can be spent 'sitting in' with or shadowing members of the Primary Care Team. Particularly relevant experiences include District Nursing, Community Pharmacists, Palliative Care Specialist Nurses, and Practice Nurse Clinics specialising in Chronic Disease management. Where possible this should involve active participation, this may include students acting as flu vaccinators or taking bloods and includes student reflection and summarising what they have learnt.

FULL DAY IN PALLIATIVE CARE

This session has been arranged by St Joseph's Hospice, Mare Street, London E8 4SA.

It consists of a day facilitated by Palliative Care Specialists during their central teaching week.

URGENT AND UNSCHEDULED CARE

This year, we have worked with some local providers to offer students an opportunity to experience Urgent and Unscheduled care. This includes the Urgent Treatment Centre (UTC) at the Royal London and London Ambulance Service (LAS). We ask that the student discuss these opportunities with their GP tutor and negotiate a suitable time to attend, if the student is attending an Out of Hours session, please give them the time off in lieu.

If practices are offering extended hours or are working as a GP Out of Hours HUB with the GP tutor, then GP tutors can offer students the opportunity to attend these sessions. These sessions are optional and would not replace core GP placement teaching.

Students should consider how risk is managed by Clinicians seeing patients without access to notes, without continuity of care, and without the tests available in the Emergency Department.

PRACTICE BASED PROJECT

Students will be expected to work in pairs during their placement on a short Practice Based Project (those students placed individually in a Practice should work on their own). The subject and type of project can vary but should be related to an area of Primary Care where a team approach to care is needed. We would encourage students to focus on aspects of leadership, for example quality improvement projects or teaching within the practice.

A topic for the project should be agreed with the GP Tutor, and students are encouraged to develop their own ideas, whilst considering the needs of the Practice. There is no set type of project, and options include a quality improvement project, audit, a patient survey, a leaflet, or a poster. The GP Tutor will assess and grade the project at the end of the placement. Students should be given the opportunity to present their project to the practice team.

We hope that the project will provide an opportunity for students to learn, as well as allowing the Practice to positively impact patient care. The practice project can also be submitted for the North East London Faculty RCGP prize. If students would like to submit their project for this prize, they should contact the Prizes Coordinator, Stephanie Wigg, s.wigg@qmul.ac.uk

PATIENT CASE AND REFLECTION ON PROFESSIONAL PRACTICE PRINCIPLES

This task consists of a reflective case write-up followed by a discussion between the Student and Tutor about the issues raised. Both aspects of the task are important and contribute towards the assessment. The write-up should be no more than 1000 words long, including a short case summary of no more than 300 words.

The patient chosen should have complex needs such as Palliative Care, or a high risk of admission. The student must show reflection on two of the GMC "**Duties of a Good Doctor**" criteria.

At least one of these principles should be either "Relationship with Patients" or "Working with colleagues". Once the cases have been marked Tutors should arrange for the learning outcomes to be shared and discussed in a group session, to encourage peer review and learning.

DOCTORS AS TEACHERS AND EDUCATORS (DATE)

As a new requirement of DATE this year, students are being asked to plan and deliver a 10-to-15-minute teaching session (or longer if preferred) during the GP Assistantship placement. Please note that although the DATE teaching session is a required Year 5 task which we encourage students to carry out during the GP5 block, it is NOT a requirement of GP5 itself. See Appendix 2-3 for further information including assessment forms.

10.ASSESSMENT

There will be **COMPULSORY ASSESSMENTS** throughout the placement, and grades will be assigned by the GP Tutor after consultation with others in the Practice who have been involved in teaching.

There is a new assessment platform called Pebblepad. This is student-led, and all assessment forms will be completed on this. GP Tutors do not require a log on, forms can be completed with the students.

A full summary of all assessments required for this placement is shown below;

- Mini-Clinical Evaluation Exercise (Mini-CEX) - Two of these are required for each student during the placement. One should aim take place during the first 4 weeks, and the second should take place before Week 8. Please upload both onto Pebblepad.
- Patient Feedback Forms – a minimum of 5 patient feedback forms to be completed through the placement. The patient feedback forms will be available on QM+ and Pebblepad. Please ensure there has been discussion between the student and tutors regarding the feedback. There may be occasions where more patient feedback forms are preferred by the student or tutor for reflection, and development/learning.
- We would like GP Tutors to undertake a 'Midway Assessment' at Week 4. This is to include a review student progress and of Pebblepad assessments. **If there are any concerns at this Midway Assessment, please contact the Year 5 team.**
- Patient Case and Reflection on Professional Practice Principles - Please see activities above.

- Practice Based Project - Please see activities above.
- Significant Event Analysis – write up and discuss in SEA team meeting. SEA template is available on QM Plus and Pebblepad but students are welcome to use the standard template used by their practices.
- Assessment of Professional Attitude and Conduct - Pebblepad form to be submitted by the GP Tutor at the end of the Placement.
- Overall Assessment of Performance – Pebblepad form to be submitted by the GP Tutor at the end of the Placement.

The overall grades will range from **Commended, Pass, and Referred**. The latter should be awarded if attendance has been unsatisfactory without an appropriate reason, or if poor performance warrants it.

Significant periods of absence need to be notified to the Unit Convenor as soon as possible and may lead to the student repeating the block and refused entry to Finals or Graduation (greater than 4 days missed). Please let the Unit Convenor know as soon as possible about any student issues and particularly attendance on the placement, **Poor attendance may be a sign that a student is struggling and needs support**. It is important to let the unit convenor know as soon as possible about any attendance issues or other student issues so that these can be addressed early. In this way, both the student and the GP tutor can be supported directly and in a timely way.

STUDENTS RECEIVING A REFERRED GRADE

Students who receive a Referred grade (considered to have particular difficulties needing support) **MUST have comments outlining the concerns included in the assessment sheet for the placement**. These students will be asked to meet with the Unit Convenor for a further discussion.

STUDENTS ON SPLIT PLACEMENTS

Some students have chosen to split their placement between two Practices. This provides the opportunity to compare General Practice between two different Practice populations and demographics and is an option we support and encourage for this block.

The learning outcomes and activities are the same for these students, and the assessments are equivalent. Specific requirements for two three-week placements are shown below;

- One Mini-CEX should be completed in each placement.
- The Patient Case and Reflection on Professional Practice Principles should be completed during the second placement.
- The Practice Based Project should span both placements and should focus on an aspect that compares the two Practices.
- Significant Event Analysis – write up and discussion in SEA team meeting during either placement.
- Patient feedback by the end of the second placement.
- An Assessment of Professional Attitude and Conduct Form should be submitted by each Practice.
- A separate Overall Assessment Form should be submitted by each Practice.

11. EVALUATION

The process of evaluation is vital to help develop teaching activities, and the learning experience.

During the final session, **before being assessed by the Tutor the student should complete an Online Evaluation Form**. The URL will be emailed to both the Practice contact and each student a few days before the end of the placement. Students on split placements should complete the whole form twice, once for each four or five-week placement.

The information provided by these anonymous forms is entered into our database. Practice- specific needs are then generated and emailed to the Practice a few weeks after the end of placement once student grades have been received and logged. This helps guide teaching activities in the future.

More general evaluation reports are sent to Practices at the end of the Academic Year providing a general overview of feedback from the year.

At Medical School level, the evaluation results also inform the development of the module, and the continuous improvement of the Undergraduate Primary Care experience.

12. STUDENT WELLBEING RESOURCES

Student Support

smd-student-support@qmul.ac.uk

BMA Counselling Service

<https://www.bma.org.uk/advice-and-support/your-wellbeing#wellbeing-support-services>

Practitioner Health Programme

<https://www.practitionerhealth.nhs.uk/>

You Ok Doc?

<https://youokaydoc.org.uk/>

13. FREQUENTLY ASKED QUESTIONS

Where are the assessment forms?

These are under the assessment section on the GP Assistantship section of QMPlus [here](#)

Is the Patient Case and Reflection Task marked centrally like previous SSCs?

No. The Patient Case and Reflection Task is marked by the GP Tutor. A discussion between the Student and the Tutor about the Professional Principles outlined in the case also contributes to the overall grade.

Are the Mini-CEXs marked?

Yes. They are marked by the GP Tutor. Students are expected to complete two Mini-CEXs during the placement, both to be uploaded onto Pebblepad.

Can students see patients on their own?

Yes, indeed this is expected. Students should be able to see and manage a lot of the problems that present in a safe and supervised manner. They should always check the management with their supervising GP before the patient leaves. The GP Tutor remains clinically responsible for the patient so you will decide how independently students can work safely. Students are not able to legally issue prescriptions but can either write 'shadow' prescriptions or prepare a prescription for a qualified doctor to sign. This practice in writing prescriptions is important for Final Year students who will be taking their Prescribing Safety Assessment and for their future work as Foundation doctors.

Can students take time off for other activities?

Time off is subject to the normal College Policies. This includes attendance at Academic Conferences, religious requirements, and other special leave requests. These policies are available from QMPlus and the Student Office. CBME will inform GP Tutors about the few exceptional days that students may have to miss due to central exams (e.g. PSA).

Who should students inform when unwell?

In no circumstances should students attend if unwell. Please see the Student Learning Agreement for more
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information. Students should complete the online self-reporting absence form on QM plus as well as informing their GP tutor/practice.

Make sure your student knows how to contact key people at your Practice out of normal opening hours if needed. Either give them mobile numbers for yourself or the Practice Manager, or the 'bypass' number for the Practice. If a student is ill, they are expected to inform whoever is supervising them at the Practice as soon as possible, and to keep you informed of how long they are likely to be away. They will also need to follow the usual process of keeping the Student Office informed through Tom Schindler at t.schindler@qmul.ac.uk.

Should a student sustain a needle stick injury whilst on placement in the Community, they are advised to access emergency treatment via local services. If there are no clear guidelines, then they should attend your nearest ED as soon as possible for assessment and treatment. Please also contact the CBME Admin Team urgently, who will direct them to Occupational Medicine at Mile End for follow up.

Where are the plenary days held? Is there a timetable?

The 'Intro Day' and the 'Closing Day' will be held online. Students will be sent links on QMPlus so that they are able to attend these. Timetables for these days are shared on QMPlus.

The virtual 'Intro Day' will provide an orientation to GP placements run by Dr Mistry and Dr Wong and should finish by 4pm.

The 'Closing Day' begins with an Ethics Lecture, followed by break out groups, it usually ends by 1pm with an optional afternoon session to prepare for assessments.

What are the details for the Online Core Cases?

Students will complete 4 clinical scenarios over the 8-week placement to discuss applied ethics and professionalism from Year 5. Approximately, every two weeks they will have a virtual group tutorial with their central GP tutor to discuss the issues around the case.

REFERENCES

- General Medical Council (2018). Outcomes for graduates. [online] www.gmc-uk.org. Available at: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates/outcomes-for-graduates>.
- General Medical Council (2021) MLA content map. [online] Available at: <https://www.gmc-uk.org/education/medical-licensing-assessment/mla-content-map7>
- RCGP (2019). GP curriculum. [online] www.rcgp.org.uk. Available at: <https://www.rcgp.org.uk/mrcgp-exams/gp-curriculum>
- Fraser, R C. (1992) Clinical Method: A General Practice Approach. Second Edition, Butterworth-Heinemann, UK

APPENDIX 1

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>		
<u>AM</u>				-			
	<u>Shadow Dr</u>	<u>Phlebotomy/flu clinic</u>	<u>SDL</u>	<u>Shadow GP</u>	<u>Own Clinic</u>		
	<u>Shadow Diabetes nurse</u>	<u>Tutorial</u>	<u>SDL</u>	<u>Shadow GP</u>	<u>Own Clinic</u>		
<u>PM</u>							
	<u>Shadow Pharmacist</u>	<u>SDL</u>	<u>Sports</u>	<u>Mini –Cex/Own Clinic</u>	<u>Own Clinic</u>		
	<u>Shadow Pharmacist</u>	<u>SDL</u>	<u>Sports</u>	<u>Mini –Cex/Own Clinic</u>	<u>Own Clinic</u>		

Please note this is an example timetable only, flexibility is allowed to ensure students achieve their outcomes in agreement with the GP practice.

[APPENDIX 2: DATE Clinical Teaching Session 2023-24 - GP Tutor Instructions.](#)

Dear GP5 tutors,

In Year 5 of their MBBS, students must complete a module called 'Doctors as Teachers and Educators' (DATE), the scope of which is to introduce them to basic principles of good teaching practice and help lay a foundation for them to build sound teaching skills for their future careers as FY doctors. The DATE module also gives students the opportunity to effectively present learning material to different learner types according to learner needs and available resources, to receive and deliver constructive feedback on performance and to evaluate their teaching practice.

As a new requirement of DATE this year, students are being asked to plan and deliver a 10-to-15-minute teaching session (or longer if preferred) during the GP Assistantship placement. Students have a choice with regards to the topic and participants but should ideally discuss this with you beforehand. We particularly encourage near-peer teaching of medical students in earlier years if this is feasible.

Please note that although the DATE teaching session is a required Year 5 task which we encourage students to carry out during the GP5 block, it is NOT a requirement of GP5 itself. This means that the DATE teaching session does not constitute part of the GP5 assessment, nor does it impact its final outcome. In fact, DATE has its own PebblePad page that is independent of the GP5 portfolio.

Please ensure that students submit their lesson plan (a hard copy or email) before delivering their teaching session and that a soft copy of the lesson plan is attached to the DATE feedback form on Pebblepad before signing off the task. You are **not** required to grade the lesson plan.

You are asked to type in your feedback on the student's teaching session by filling in the DATE feedback form on Pebblepad, during or after the session. If you prefer, you may opt to jot down written feedback on a printable version of the DATE feedback form first, before inputting your feedback in Pebblepad.

In this case, please ask your students to provide you with the printable DATE Feedback Form, which they can download from the DATE Pebblepad page, before the teaching session begins.

(The printable version of the DATE feedback form can also be found here – in Appendix 3)

Please give the student constructive feedback on the teaching session according to the headings delineated in the DATE feedback form. Under each heading of the feedback form, please consider and comment on what went well in the lesson and/or what aspects of it could have been improved.

At the end of the student teaching session, we encourage you to have a brief 5-to-10-minute discussion of your feedback with the students.

Students are subsequently expected to write a short reflection of no more than 250 words about their teaching session, where they consider feedback received from their tutor and any learners that were present, regarding their teaching session.

[ADDENDUM: students who have completed the iBSc Medical Education can also act as observers and can sign the feedback forms for their portfolios if you and they wish. They can do this instead of or in addition to yourself as the GP tutor.](#)

APPENDIX 3: Doctors as Teachers and Educators (DATE) Feedback Form.

Student's Name:

Date of Teaching Session:

Brief Description of Session (e.g., location, allocation time for session, topic, number and background of learners):
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Question area	Examples of Positive indicators	Strengths and/or Areas for Development
Preparation and setting	Creates an appropriate environment; checks that resources are available/working in advance; uses resources appropriately.	
Introduction	E.g., introduces self and topic; establishes prior learning; sets learning outcomes.	
Structure of Session	E.g., teaching session has a clear beginning, middle and end; natural progression and logical development of ideas/contents; summarises key points at conclusion.	
Knowledge and ability to answer questions	E.g., understands topic matter; answers questions clearly; aware of own limitations.	
Interaction with Group	E.g., engages with students; facilitates group participation; maintains students' attention and manages time effectively.	

Clinical Case Medication Review Template

A guide for medication-related information to be included in Case Presentations, Summaries, Log-book and e-Portfolio (Pebble Pad) submissions

The **purpose of the Medication Review** is to guide your consideration of the medicines that your patient is taking in the context of the presenting problem that caused the patient to be hospitalised or to visit the GP / out-patient clinic. It prompts you to consider each medicine in terms of very basic pharmacology (class, mode of action), the dose and frequency, why this patient takes it (indication), and why any medication changes arise as a result of the presenting problem.

Accessing the patient's medicine list: Use the hospital electronic medical record (EPR) drug chart (you have EPR 'read' access) or the paper drug chart if the hospital has no EPR system. In GP clinics, use the practice system.

Note: You may find it most efficient to type the information directly onto the sections below, which can be expanded as needed, then print off or submit online depending on your personal / portfolio / team / placement requirements.

Date:..... Placement name/specialty:..... Team /Supervisor:.....

Patient _ **Initials:.....** **Year of Birth:.....** **Male/ Female:.....**

Ensure you include no information that could reveal the patient's identity

Presenting problem & brief relevant clinical background:

Main pathological features of the presenting problem (e.g., bleeding, bruising, breathlessness, fever, pain, palpitations, rash, other):

Information/tests needed to reach a diagnosis (Justify each one briefly – how will it help?):

Medications at presentation: Include prescribed (generic name), over-the-counter & complementary medicines (expand the table as needed); if you can find no indication for the medication, say so.

Medication name	Class	Mode of Action	Dose/ Frequency	Indication for <u>this</u> patient

Medication intolerances / Allergies:

Are there any potential medicines interactions that you consider serious? (Use the BNF to check)

Yes / No – if yes, what are they?

Therapeutic options for the patient’s problem: (Understand the evidence base in each case; may include non-drug therapy)

- **What is the aim of therapy in this patient’s case?**
- **Best therapeutic option for this patient**
- **Explain why this is the best option**

Outcome, briefly - What happened to the patient?

Medication changes, if any (Medicines stopped or added, dose changes): Updated list following clinic review or hospital admission; make a note of the reason/s for any changes (expand table as needed)

Medication name	Class	Mode of Action	Dose / Frequency	Indication for <u>this</u> patient

In a few words, explain the rationale for the medication changes and whether they are temporary (e.g., to treat an infection or to manage pain or an exacerbation of asthma or of heart failure) or long-term (e.g., for Parkinson's Disease, hypertension, heart failure, inflammatory bowel disease, other).