



Community-Based Medical Education MBBS 2025 - 2026

GP1 Handbook for GEP Students and Tutors

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Introduction

Welcome to your first clinical placement!

This marks a significant milestone in your journey to becoming a doctor. It is your opportunity to begin applying the knowledge and skills you have gained whilst on campus to real-life community healthcare settings, and to start developing your professional identity.

During this placement, you will be introduced to the clinical environment, meet patients, and observe the roles of different healthcare professionals. You will begin to understand how theory translates into practice, and how communication, compassion, and teamwork are just as vital as clinical knowledge.

This learning experience is designed to be supportive and exploratory. You will be encouraged to ask questions, engage with patients respectfully, and reflect on what you see and hear. We are excited to support you as you take this first step into clinical practice.

Who is this handbook for?

This handbook is for GEP medical students on their GP1 community clinical placement, and their GP Tutors in the practices that have been allocated to teach them.

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Placement overview

You will attend a general practice placement, in groups of 6-8, for 14 days on alternate Thursdays throughout the academic year. Each day is themed and has specific learning outcomes. The theme relates to the system you are covering at the time, e.g., day 13 focusing on pregnancy and childbirth is during the human development system teaching.

You will be involved in many different learning activities over the course of the placement, including engaging with patients, observing and interviewing clinicians and other health and social care professionals, small group tutorials, and self-directed learning tasks.

Assessment consists of 2 reflective pieces, and a professionalism and attendance assessment. You need to submit your work for assessment on QM+ and email it to your GP tutor by the deadline for your group as outlined in the assessment timetable. Students who do not pass the assessments will be required to complete a remediation task in order to progress.

Aims of GP1

The overall aims of the GP1 module are:

- to introduce you to patients and their experience of health and ill-health over the course of their lives
- for you to start to develop and explore your professional identity.

Learning Outcomes of GP1

By the end of the module, you should be able to:

- explain how patients are affected by their condition/s
- recognise how environmental, social, behavioural and cultural factors influence the experience of health and healthcare services
- list the public health influences that affect the development of ill-health and the restoration of health
- describe the roles of different members of the primary health care team
- demonstrate effective communication skills with patients, peers, and other healthcare professionals
- understand the importance of key ethical and professional principles, e.g. confidentiality, consent, and capacity
- identify the consultation skills of healthcare professionals
- review your own learning needs and professional development, through reflection and engaging with the giving and receiving of feedback

How GP1 relates to the [GMC's Outcomes for Graduates \(2018\)](#)

GP1 is designed to help you connect classroom learning with real-world practice, and to begin developing the attitudes, skills, and knowledge that underpin safe, compassionate, and effective care.

The curriculum at Queen Mary University of London has been developed in accordance with the GMC's [Outcomes for Graduates \(2018\)](#). This included recommendations that in all medical school curricula should:

- place a greater emphasis on teaching outside the lecture theatre, hospital and laboratory, in community settings
- enable a broader understanding of public health
- include a greater degree of "vertical" integration of clinical and non-clinical subjects throughout the medical curriculum
- ensure the principles of professional practice form the basis of medical education.

Timetable for GEP GP1 2025/26

GP1 Themes

Day	GP1 Theme	Group B/Kappa (K) dates	Group A/Lambda (Λ) dates
1	Introduction to the placement	2/10/25	9/10/25

2	Professionalism	16/10/25	23/10/25
3	Social issues in primary care	30/10/25	6/11/25
4	Mobility and stroke	13/11/25	20/11/25
5	Mental health and addiction	27/11/25	4/12/25
6	Coronary heart disease	11/12/25	18/12/25
7	Respiratory medicine	8/1/26	15/1/26
8	Nutrition and Gastrointestinal conditions	22/1/26	29/1/26
9	Diabetes	5/2/26	12/2/26
10	Chronic pain	19/2/26	26/2/26
11	Cancer in primary care	5/3/25	12/3/26
12	The older person	19/3/26	26/3/26
13	Pregnancy and childbirth	16/4/26	23/4/26
14	Mother and baby	30/4/26	7/5/26

Assessment submission deadline dates

Assessment	Day	Title	K dates	A dates
Reflective piece on professional identity	7	Changing identity? Becoming a medical student	8/1/26	15/1/26
Reflective piece on a patient encounter	13	Professional development: A patient who has had an impact on me	16/4/26	23/4/26
Attendance and professionalism	14	Your GP tutor will submit a professionalism assessment form at the end of placement	30/4/26	7/5/26

Preparation for placement

To ensure that you are ready to start the placement and access all the resources that you may need please review the relevant checklist.

Student Checklist

Before placement starts

- Join a medical defence union, e.g., MPS or MDU, Student membership is free. See the links below.
www.medicalprotection.org/uk/join/medical-student
- www.themdu.com/join-mdu/medical-student
- Familiarise yourself with the GP1 Handbook 2025/26 and review the pre-reading and resources for Day 1.
- Read introductory email from your GP tutor with details of Day 1
- Review QMUL raising concerns policy for students and tutors via this [link](#)
- Watch this short video by recent QMUL MBBS students on their helpful tips for placement. [tiny-mce-kalturamedia-embed||Afia Hossain - elective project video \(02:33\)||741||450](#)

On Day 1

- Read and sign the student learning agreement 2025-26 (Appendix 1)
- Agree group ground rules, routes for contact (email, WhatsApp etc) and reporting absences (any absences must be reported to your GP tutor, more information about this is available on the Attendance section of Assessment).

If you have any queries, or difficulty in accessing any specific resources, please ask your peers, GP tutor or email cbme-earlyyears@qmul.ac.uk as appropriate.

Tutor Checklist

Before placement starts

- Review the GP1 2025-26 module guide on CBME tutor website - please ensure you are using this year's guide. [CBME_home: Tutor guides & Resources | MyQMUL](#)
- Attend GP1 induction training on Thursday 11th September 2025 2-5pm
- Review our raising concerns policy for students and tutors via this [link](#)

On Day 1

- Share student learning agreement with students. Collect signed student learning agreement (SLA) from students, countersign and return copies to students. This can be found in the GP1 section on QMPlus.
- Agree group ground rules, routes for contact (email, WhatsApp etc) and reporting absences.

If you have any queries, or difficulty in accessing any specific resources, please contact the module administrator or module lead via email cbme-earlyyears@qmul.ac.uk

Social Media

On placement, effective communication between GP Tutor/Practice and students is helpful in providing information and is often key to a successful placement. We request that the [GMC social media policy](#) be followed when communicating with students. If GP Tutors have a practice policy, please also share it with students.

Whilst there are opportunities to engage, collaborate, and learn through social media, there are also risks. A significant risk is the blurring of social and professional boundaries through the use of social media.

The standards expected of medical professionals do not change because you are communicating through social media rather than face-to-face or through other methods of communication. When communicating privately, including using instant messaging services, one should bear in mind that messages or other communications in private groups may become public.

Social media is constantly evolving, as are societal norms and expectations. Please keep abreast of guidance changes from the GMC.

Plagiarism and Use of Generative AI

Plagiarism is the use or presentation of the work of another person, including another student, as your own work (or as part of your own work) without acknowledging the source. This includes submitting the work of someone else as your own, re-submitting your own previously submitted work, and extensive copying from someone else's work without proper referencing.

Copying from the Internet without acknowledging the source is also plagiarism. You may use brief quotes from the published or unpublished work of other persons, but you must always show that they are quotations by putting them inside quotation marks, giving the source (for example, in a footnote),

and listing the work in the bibliography at the end of your own piece of work.

It is also plagiarism to summarise someone else's ideas or judgments without reference to the source. Following investigation, if work is deemed to be plagiarised, the student will automatically incur an outright fail. Depending on the nature and scale of the offence, severe penalties may be incurred in line with existing College policies including possible Fitness to Practice sanctions.

For full details on the School's Plagiarism Policy please refer to the MBBS Assessment & Progression Handbook.

You can use AI technology to support written work, however, you must ensure that it is used in a way that does not constitute plagiarism. All work submitted must be your own. AI can provide support in terms of prompting deeper reflection, structuring work, making suggestions for topics to include within a body of text, finding relevant literature etc., but should not be used to write the assignment.

QMUL have some guidance on the use of AI, <https://www.qmul.ac.uk/library/academic-skills/student-guide-to-generative-ai/>, and there is a module on QMPlus with practical support on how and when to use AI we recommend working through - <https://qmplus.qmul.ac.uk/course/view.php?id=21898>.

In 2023 the academic misconduct policy was updated to include the following text under the definition of plagiarism. "Unauthorised or unacknowledged text manipulation which undermines the integrity of an assessment (including the use of paraphrasing so generative artificial intelligence or machine translation such that the work submitted cannot be considered wholly the student's own)."

Example timetable & learning activities

Generic structure

This is a suggested template for a day. Tutors may wish to design and run alternative teaching activities to achieve the learning outcomes for each day.

9.30 – 10.30	Intro - Outline topic/s and plan for the day Activity 1 – e.g. tutorial, which could include you presenting “homework” set at a previous session
10.30 – 11.45	Activity 2 - e.g. you complete tasks in breakout groups; this could be self-directed tasks such as role-plays, case scenarios or research for debate (includes tea break)
11.45 – 12.45	Review activity 2 – you present and feedback on the activity with group discussion.
12.45 – 13.45	Lunch break.

13.45 – 14.45	Activity 3 - e.g. face to face patient encounters; prepare questions and/or observations
14.45 - 15.00	Tea break
15.00 – 16.00	Review activity 3 Debrief from day Plans/set homework for next session

Examples of small group activities

- Tutorials
- Student presentations
- Online research
- Debates
- Group discussions
- Quizzes/Polls
- Role-plays – either in small groups or as whole group with fish bowl set-up (consider specific observation tasks for individual students to feedback)
- Case-based discussions
- Patient encounters –expert patients with group/small groups, students interview patients in pairs/small groups, home visits (see Appendix 2 for further information about home visit policy)
- Observing GPs and other healthcare professionals
- Interviewing members of primary care team
- Joining practice team, or wider MDT, meetings
- Reviewing recent journal articles and media publications, especially to discuss current 'hot topics'
- Community based activities –initial walkabout to create community profile and subsequent exploration of local area and its services to build on this e.g. visiting/researching local facilities, attending local groups

Please note this list is not exhaustive. Ideally each day would include a mix of activities, prioritising any patient encounters. There may be times when not all students from the group are completing the same activity, for example if 3 students are able to see a patient on a home visit, the other students could meet an expert patient at the practice, afterwards the whole group reconvenes to discuss their experiences and learning. There are more detailed suggestions for activities that are specific to each themed day and these are listed under each day, along with the suggested preparatory work for each day.

Themed Days

There are 12 placement days in year 1.

Day 1: Introduction to the Placement

Preparatory work

Complete the following activities to prepare for your first placement day:

Prepare questions to ask a team member, focusing on finding out about their training, role and responsibilities within the Primary Health Care Team, and reasons for working in Primary Health Care.



[Watch this video](#) on the day in the life of the GP. Consider the following reflection prompts:

Did anything stand out for you about this GP's typical day?

Activity: did you notice all the members that could work at the practice team?

Did this surprise you and if so, why? Perhaps reflect upon this for a moment and discuss on the day with your peers.

Aims

To welcome you to the practice and meet your GP tutor and the practice team.

To clarify learning outcomes for the module.

Learning Outcomes

By the end of the day, you should be able to:

Know how to contact your tutor and/or members of your tutor group

Describe the overall aims of the module

Interview a member of staff about their role and responsibilities within the primary care team. Summarise findings from the interviews .

Example timetable

9.30 – 10.30	Welcome & Introductions , Tour of the surgery, Icebreaker activity
	Introductory activities - meeting tutors and peer group; ice-breaker activity; overview of module including aims, assessments and student expectations; ground rules discussion outlining group etiquette and professional behaviour expected of students i.e. time keeping, attire, contacting tutor/practice if unable to attend; collecting contact details for each student; other miscellaneous e.g. set up WhatsApp group
10.30 – 10.45	Tea break

10.45 – 11.45	Inclusive Induction Activity* Group activity – Who's who? Make a list of roles within the primary health care team and suggest what they do Plan questions for interviews with practice team members
11.45 – 12.45	Meeting the practice team - interviews with team members in small groups (if there are team members who are unavailable this could be pre-recorded) Each small group feedbacks to group – this puts real names and faces to the Who's who? list
12.45 – 13.45	Lunch
13.45 – 14.30	Inclusive Induction Activity* Group activity – Introduction to GP1 Quiz - see Appendix 3, answers will be shared by Day 2.
14.30 – 15.30	Inclusive Induction Activity* Group activity - Speak to your fellow peers. Find out 3 pieces of information that are important to them. Subdivide in 2 groups and recall information – can use University challenge format.* Includes tea break
15.30 – 16.00	General Q&A/Feedback on day 1 Set homework for next session

Suggested Activities

- Speak to one fellow student. Find out 3 pieces of information that are important to them. (E.g. what they are most hoping to gain from the clinical placement, their favourite food and 1 thing that they think is important about them.) Everyone can share their findings in the morning. In the afternoon – split into 2 teams then see if you can remember these key pieces of information about your peers when asked. You could try playing this in the University challenge format. It is a good opportunity for you to speak to colleagues who you will be on placement with throughout this year, find out what is important to them and recall information.
 - **University challenge example format - Each team should nominate a captain at the start. Questions begin in the form of starters for 10 points and can be answered by raising your hand or making a buzz noise with no conferring. The team that answers a starter correctly then gets three linked bonus questions for 5 points each during which the team may confer, with the captain giving their final answer. If a contestant interrupts a starter question and answers incorrectly, his or her team loses 5 points and the other side gets the whole question.*
- Who's who? Identify different members of the practice team. Interview with member of the Primary Care Team about their role.

Questions to help consolidate today's learning and prompt reflections

Who did you meet from the practice team today? Did anything you found out about that person's role surprise you? Were you aware that there was such a role? Were you aware that so many different people were part of the primary health care team?

Day 2: Professionalism

Preparatory work

Familiarise yourself with the [General Medical Council's](#) (GMC) Achieving good medical practice: guidance for students, Page 16-19 will be an area for further discussion in your groups. (GMC)



[Watch this video](#) above about health promotion for wellbeing and equity. After watching is there anything particularly that stood out for you that is important for good health?

Find a definition of health promotion and consider the main principles.

Aims

To introduce you to the professional and ethical framework of the health professional-patient relationship in clinical consultation.

To orientate you to the practice area.

To introduce health promotion and illness prevention activities in primary care.

Learning Outcomes

By the end of the day, you should be able to:

Explain the ethical and practical guidelines for interviewing patients, including how to obtain consent from a patient for history-taking

Describe some reasons why patients present in general practice

Identify some of the skills healthcare professionals use in their relationships with patients

Start to build a community profile of the local area and reflect upon what their observations tell them about the area and the community

State some health promotion interventions that occur in primary care, such as a new patient check

Example timetable

9.30 – 10.30	Tutorial - What is professionalism? Discuss key learning points from the preparatory work.
10.30 – 10.45	Tea break
10.45 – 11.30	Look at the Community Area Profile (Appendix 4) - group discussion of pre-reading, provide map and instructions for walkabout and signpost students to other resources
11.30 – 12.15	Walkabout in small groups
12.15 – 13.00	Small group presentations and group debrief on walkabout findings
13.00 – 14.00	Lunch break
14.00 – 15.00	Health promotion Group discussion: What is health promotion? Definitions and examples. Materials in consulting rooms/in reception area – tour of practice site, or look on practice or local health services (e.g PCN) websites. Other influences – personal, socioeconomic factors; link with community area profile Activity: Health promotion within primary care e.g. cancer screening, immunisation uptake, antibiotic prescribing/resistance more widely e.g. social isolation, employment, food poverty, domestic violence, air pollution variety of media resources, use mix of medical and public media Breakout task – give small groups a topic e.g. immunisation uptake, students conduct online research, review and discuss resources and then present key points back to group.
15.00 – 15.15	Tea break
15.15 – 16.00	Small groups present on their topic (as above) Debrief from day Plans/set homework for next session

Suggested Activities

Tutorial - What is professionalism? Could include ethics, consent, social media/confidentiality, professional relationships; how students are expected to conduct themselves – attendance, group conduct, dress code, to include ethical issues and obtaining consent for interviewing and physical examination.

Breakout task - ethical cases given to students to discuss in small groups e.g. consent, confidentiality, unprofessional colleague, inappropriate use of social media. Regroup and debrief after small group discussions.

Community area profile – group discussion of pre-reading, local authority public health profiles for the borough and the practice. E.g. using the [Department of Health and Social Care Fingertips website](#). What do you notice when comparing London/specific borough/practice to national data? Consider how might this affect health and socioeconomic issues in area?

Walkabout – students are assigned a patch/road in practice catchment area. Could use [Google maps](#). You could also use this excellent planning map for Newham which gives further specific insight.

e.g. <https://www.newham.gov.uk/LocalPlanMap>

Signpost where else students could find local information to help them build a community profile, such as local press and social media or searching for other online resources e.g. YouTube [video](#) (watch from 6.30-9.30) walking through the Stratford centre.

Each group notes down their key observations to present to the group. After this, students should attempt to generate hypotheses about possible health and social problems (and opportunities) for the practice population; there is further guidance for students in Appendix 4.

Health promotion; note generally what health promotion information the practice displays on its website and within the waiting and clinical areas e.g. posters/screen displays.

Impact of COVID-19 on primary care e.g. increased use of remote consultation and telemedicine, possible group discussion of benefits and disadvantages of this.

Observe a member of the primary care team carry out a health promotion intervention e.g. new patient check, dietary advice, routine health check.

Supplementary resource

The British Medical Association's (BMA) [ethics toolkit for medical students](#) contains useful and accessible information for students. In particular, review the pages on the key principles of ethics for medical students and confidentiality as a medical student.

Questions for you to consider

What reasons do patients present in general practice? Do you think patients communicate differently with non-clinical and with clinical staff?

Why should you ensure patient's consent to any examination and treatment has been obtained?

Having completed your community profile, what did you think of the area? Were you taken aback by anything? Did you think the facilities in the area would help people to live a healthy lifestyle? What would you like to change about the area and why?

Why is health promotion important in primary care? What do you think the GPs role is in health promotion?

Which other healthcare professionals have health promotion roles?

How has the COVID-19 pandemic changed the day-to-day workings of primary care and the patient's experience of "seeing" their GP?

Day 3: Social issues in primary care

Preparatory work

Look at the World Health Organisation's (WHO) information about [the social determinants of health](#) and the definition as well as examples of [health inequities and their causes](#).

Look at some of [the wider determinants of health of the local practice area](#), e.g. transport, neighbourhood design, natural and sustainable environments and housing.

Read NHS England's introductory information on [social prescribing](#) or watch the video on social prescribing.

Review communication skills teaching on person-centred interviewing and thought about how you might start a conversation with a patient and what questions you would ask.

Aims

To introduce you to the social issues that can impact on patients' health and their response to ill-health, and the role of the health service and other agencies in supporting these patients.

For you to meet your first patient as a medical student, either as an observer or a participant in a patient encounter.

Learning outcomes

By the end of the day, you should be able to:

List some of the social issues that can impact on patient's health and their experience of healthcare.

Demonstrate an awareness of the importance of considering social factors when treating patients.

Discuss the role of the GP and other members of the primary healthcare team in the support and treatment of patients whose social circumstances impact on their health.

Reflect on your first experience of meeting a patient for the first time as a medical student.

Example timetable

9.30 – 10.30	Social issues - group discussion. Please review the key learning points from the preparatory work Group brainstorm of social issues; discuss examples Make links with Day 2's community area profile Discuss the role of a social prescriber (possibility to meet & interview)
10.30 – 11.30	Health inequity Earlier you read about the social determinants of health and health inequity. Watch this video from the research group at QMUL discussing how we can build an equitable primary care . What were the reasons behind inequity and what are some of the solutions discussed? Group decide topic for debate e.g. Are GPs responsible for tackling health inequity? Set up groups for debate. (includes tea break)
11.30 – 12.15	Students research and prepare for debate in 2 groups.
12.15 – 13.00	Debate
13.00 – 13.45	Lunch break
13.45 – 14.15	Prepare for patient encounters question planning for narrative rather than clinical histories set up focused observation tasks for observers
14.15 – 15.00	Patient encounters Patient interviews – either observing healthcare professional or student-led Role-plays – small groups or fish-bowl set up

15.00 – 15.15	Tea break
15.15 – 16.00	Debrief following patient encounters Plans/set homework for next session

Suggested Activities

Tutorial/group discussion based on preparatory reading and student's knowledge and awareness of social issues that might impact on patient's health and their experiences of the healthcare system.

Interview with a social prescriber, or other healthcare professional, on their role and experience of social issues that are of particular significance in the practice area.

Join a practice or MDT meeting where complex patients, who often have significant social issues, are discussed.

Prepare to meet your 'first' patient - prepare questions, how to begin and end an interview with a patient, discuss dos and don'ts. Interview a real or simulated patient (using role-play) having first gained consent. NB – these patients won't necessarily have significant social issues.

Observations of different staff-patient interactions; students to look out for consultation skills healthcare professionals use to build rapport and facilitate open communication with patients. Students can also make observations of any social issues that are identified, their possible impact and how these are discussed.

Case studies focussing on the effect of various social issues.

Research organisations providing support for local people with social issues e.g. homeless shelter, cultural centre, refugee support organisation etc. Working in pairs/small groups, students could choose a particular social issue to focus on and conduct their research then present their findings back to group.

Questions for you to consider

Were you surprised at the impact social factors had on the patient you met or discussed? Are these problems the doctor should address?

Is the health service doing enough to make services accessible to people of all social groups e.g. those of different ethnicities, sexualities, homeless people etc? What do you think could/should be done differently?

If you met a patient today, how did you feel you did when you were interviewing them? Did you feel the patient felt comfortable talking to you?

Day 4: Mobility and Stroke

Preparatory work

Watch this NHS video [ACT FAST](#): You should be able to recall what FAST stands for. Thinking specifically about Health promotion, what do you think makes this an effective video or not?

[Watch these stroke survivors sharing their stories.](#) (2 minute video) RReflect upon these stories. Think of 3 key messages you have taken from this that you will discuss on the day. Think of the impact on the patient, how it has affected them and what it means to them going forward.

Watch at least one of the following 3 videos about different members of the stroke multi-disciplinary team: either Rosie a [speech and language therapist](#), Laura an [occupational therapist](#) or [Katie is a physiotherapist](#). Why do you think a multi-disciplinary team is critical to good care in stroke patients? What are the significant things that the speech and language therapy team might prevent? What does the term 'activities of daily living' refer to? What was significant about when physiotherapy might start post-stroke?

Aims

To introduce you to the effects of stroke, particularly in relation to mobility and the part played by environmental factors, healthcare and other agencies in supporting the impaired person.

Learning outcomes

By the end of the day, you should be able to:

Discuss the impact of stroke on an individual and their family and the role of voluntary agencies in providing support

Demonstrate an understanding of the effect of poor mobility on the individual and the changes needed within the community to be more inclusive of them

Identify important members of the MDT in assessment and care of patients with impaired mobility

Identify and review a health promotion intervention that can reduce the risk of stroke in an individual at risk

Practise pulse checks, blood pressure measurement, examination of central and peripheral pulses and communication skills

Example timetable

9.30 – 10.30	Tutorial on stroke. Discuss the key points from the preparatory work.
10.30 – 10.45	Tea break
10.45 – 11.45	Prepare for patient encounters Plan questions and observations Patient encounters Interview a patient who has experienced a stroke or TIA Home visit to patient, and if appropriate their family/carer, with loss of mobility/function
11.45 – 12.45	Students feedback to group on their patient encounters and discuss the impact of stroke on an individual and their family/carers Set up afternoon activity; In small groups visit or research local services/facilities providing support for stroke survivors and their families/carers or people with mobility problems or other disabilities and/or meet someone involved with delivering these services.
12.45 – 13.45	Lunch
13.45 – 15.00	Small group research/visits/interviews as planned 1:1 formative feedback meeting with GP tutor (for 4-6 students) Includes tea break

15.00 – 16.00	Feedback to group about visit/research/interview and discuss the role of voluntary agencies in providing support Check in on small groups for health promotion posters Set homework for next session.
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Suggested Activities

Tutorial on stroke – could cover stroke and TIA, risk factors, possible short and long term sequelae, stroke MDT members and roles, and health promotion interventions that can reduce a patient's risk; students could work on these areas in breakout groups then present back to whole group. Discuss the key points from the preparatory work.

Meet with members of MDT to discuss role of team members for stroke / disability care; or join an MDT meeting.

Research into or visit to a local voluntary agency providing support to stroke patients, and/or interview person working for such an organisation.

Prepare questions to interview a patient who has problems with mobility. Include a brief review of their home and work circumstances etc with respect to how well different environments are adapted to help overcome the patient's disability

Visit a patient with impaired mobility at home, discuss with them any home modifications, impact on travel, work and accessibility.

Session teaching clinical skills e.g. pulse checks, blood pressure measurement, examination of central and peripheral pulses and practise these. Possibility for students to observe new patient checks and/or work alongside practice nurse/HCA to complete initial examinations, including pulse, BP, weight, height. Also, consider how these parameters are being carried out remotely using telemedicine.

Have an individual formative feedback discussion with GP tutor on progress on the module so far, including first written assessment, plan for poster assignment and professional attitude and conduct.

Questions for you to consider

How did you feel meeting a person that had suffered a stroke/had a mobility problem? What aspects of the meeting were most difficult? Did the patient seem comfortable with you? Were you surprised at the impact it has had on their life?

Did anything about the MDT surprise you? Were you aware that so many different professionals were involved in the care of patients with mobility problems? What role did the GP play? Was this what you had expected the GPs role to be?

Consider the health promotion interventions you have heard about or observed today; what effect do you think that being told you are at high risk of stroke or heart disease has on an individual?

Day 5: Mental Health and Addiction

Preparatory work

Visit the Mental Health Foundation website and look at the [factors that affect mental health](#). You should be able to recall the biological, social and psychological factors that affect mental health in preparation for the day.

Review this NHS patient information webpage on [addiction](#) which describes what addiction is and what the individuals can become commonly addicted to.

Watch this 3-minute video [community mental health rehabilitation services](#). Be aware, it may be challenging to watch as we can all be affected by the issues discussed in the video. For your day, you should think of 3 things that particularly stood out for you in supporting these individuals in their recovery. Why do you think they helped?

Consider how healthcare professionals, including yourselves as medical students, need to be aware of their own mental health and wellbeing. Visit the [Queen Mary's website on mental health support](#). For the day you should be able to discuss three practical ways that this service could help a student.

Aims

To introduce you to health promotion strategies to improve mental health; to the impact of chronic and acute mental illness on the health of the population and the multi-agency support needed in the promotion of mental health and management of mental illness. To explore the links between mental illness and addiction.

Learning outcomes

By the end of the day, you should be able to:

Identify local and national strategies to improve mental health

Discuss the national and practice prevalence of mental illness

Identify the addictions commonly encountered in the practice population

Describe the local support services for people with addictions and/or mental illness

Discuss the different needs of patients with acute and chronic mental health problems

Know how to access student support services and healthcare practitioner wellbeing resources

Example timetable

9.30 – 10.30	Tutorial on mental health illness and addiction. Please discuss the key learning points from the preparatory work and videos.
10.30 – 10.45	Tea break
10.45 – 11.45	Prepare for patient encounters Plan questions and observations Patient encounters Interview a patient with a mental health and/or addiction condition
11.45 – 12.30	Students feedback to group on their patient encounters

12.30 – 13.30	Lunch
13.30 – 14.15	Looking after ourselves as well as our patients
14.15 – 14.30	Tea break & small groups prepare for poster presentations
14.30 – 15.30	Poster presentations and Q&A
15.30 – 16.00	Any final debriefing discussion Set homework for next session

Suggested Activities

Tutorial on mental health – could cover mental health promotion, acute and chronic mental illness and addiction; group brainstorms and discusses mental health symptoms, different diagnoses, Looking after ourselves as well as our patients; discuss the importance of practitioner self-compassion and how doctor wellbeing impacts patient care ([GMC Caring for doctors Caring for patients](#)), look at resources for healthcare practitioner and medical student mental health and wellbeing; individual task to list things/activities that students find promote their own wellbeing and good mental health and things that don't (this does not need to then be shared within the group).
Interview with a patient with chronic mental illness and/or addiction problem.
Role-play scenarios.
Research and/or visit to an agency providing support for people with mental illness or addiction.
Consider health promotion regarding mental health and addiction; breakout task in small groups to prepare a piece of health promotion material regarding mental health or addiction.

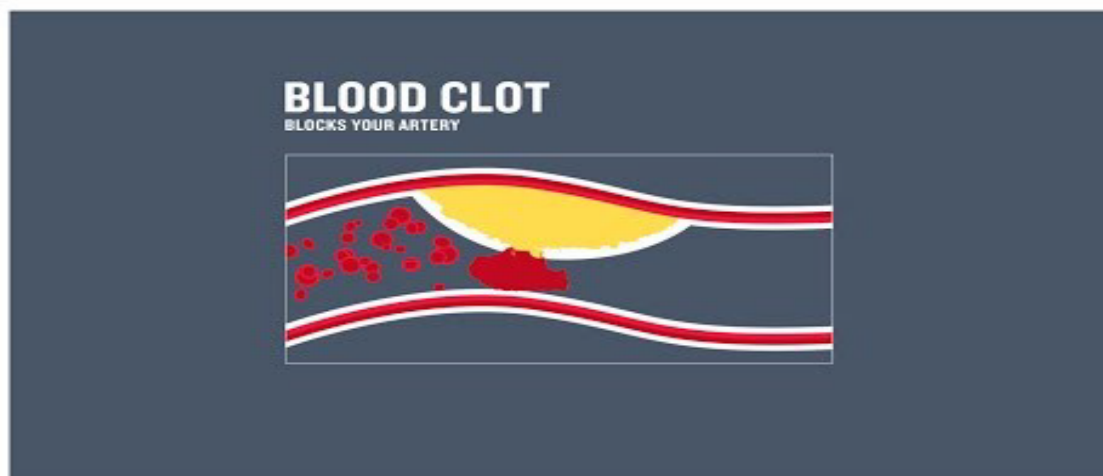
Questions for you to consider

How do you feel about mental illness - is it something that can be treated and cured like 'other' illnesses that doctors treat? Are you comfortable speaking to patients with mental health problems? If not, why not?
How does society regard people that are addicted to drugs or alcohol? As sick, mentally ill, deviant, bad, dangerous? What is the role of the doctor in supporting such patients?
What practical steps can you take to promote your own wellbeing and good mental health? What signs might you notice if you were struggling with your mental health and how could you access support?

Day 6: Coronary heart disease

Preparatory work

In preparation you should have:



[Watch this short 1-minute video](#) about coronary heart disease (CHD). For the session you should be able to recall three main factors that lead to CHD. Start to practice how you might explain atherosclerosis to someone in simple terms and how they might slow the process.

Reviewed this NHS Inform article on the different aspects of [prevention of CHD](#) and considered the role that the primary care team play in this

Aims

To introduce you to the pathophysiology of CHD, its impact on population morbidity and mortality, and the health promotion interventions used to try and reduce CHD.

Learning outcomes

By the end of the day, should be able to:

Explain the process of development of CHD

Outline the impact of CHD on individuals and on population morbidity and mortality

Describe key health promotion interventions to reduce morbidity and mortality due to CHD

Discuss the impact of CHD on an individual patient

Identify key policy documents relating to CHD

Example timetable

9.30 – 10.30	Tutorial on CHD. Please reflect upon the factors leading to CHD from the video. What was the impact that CHD could have upon an individuals life? How can we prevent CHD and what role does primary care play in this?
10.30 – 10.45	Tea break

10.45 – 11.45	Prepare for patient encounters Plan questions and observations Patient encounters Interview a patient with CHD Sit in on a clinic with GP/practice nurse Observe a health promotion intervention e.g. long-term condition check up
11.45 – 12.30	Students feedback to group on their patient encounters Set up afternoon activity; In small groups visit/research local services/facilities that provide support for people with or at risk of CHD and/or meet someone involved with delivering these services
12.30 – 13.30	Lunch
13.30 – 15.15	Small group activities as planned 1:1 formative feedback meeting with GP tutor Includes tea break
15.15 – 16.00	Feedback to group about visit/research/interview Set homework for next session

Suggested Activities

Tutorial on CHD – could include the pathophysiology of CHD; students present on different cardiac conditions; group makes list of risk factors for CHD (modifiable/non-modifiable) and consider health promotion interventions to tackle modifiable risk factors; discuss the impact CHD has on the workload of the practice.

Review of the practice strategy for monitoring and managing patients with known CHD and at risk of CHD.

Observation of health promotion interventions aimed at preventing or reducing the risk of CHD.

Interview a patient with, or at risk of, CHD.

Case studies – e.g. new patient checks, look for risk factors – which are modifiable and what are the next steps in advising and supporting this patient?

In small groups visit/research local services/facilities that provide support for people with or at risk of CHD and/or meet someone involved with delivering these services e.g. interview a community cardiac nurse.

In pairs, students choose a health promotion topic related to CHD and prepare some guidance to give patients.

Individual meeting with GP tutor for formative feedback on progress to date with learning activities, first written assessment and on professional attitude and conduct.

Questions for you to consider

If you met a patient with CHD– how did they describe their life, what did they find most difficult, had they made any lifestyle changes following their diagnosis?

What local services and facilities did you find out about today? How did they try to meet the needs of the local community? What else do you think would be beneficial to support better health promotion in the area?

You may have a meeting today with your tutor. How do you feel you are progressing? Have you set yourself any learning outcomes as a result of your experiences so far? Were you surprised at your tutor's analysis of your progress?

Day 7: Respiratory Medicine

Preparatory work



Watch this 3 minute [video](#) by Asthma and Lung UK outlining the extent of respiratory conditions within the UK. You should note down 1 key statistic and cause for respiratory conditions to discuss further on the day.

Watch [Pam](#) discuss her experience of living with Chronic Obstructive Pulmonary disease (COPD) in this 7-minute video. What had a particular impact on you from this video?

Watch this patient information video where [Debbie](#), a respiratory nurse specialist, indicates some key things to look out for in asthma in children. On the day you might discuss why these features occur in asthma? What did you observe how she communicated the features?

Aims

To introduce you to respiratory illness, its impact on patients, society and the practice workload; and to introduce students to health promotion measures designed to improve respiratory health.

Learning outcomes

By the end of the day you should be able to:

List common respiratory illnesses in children and adults that are seen in primary care

Describe the basic assessment of a child with an upper respiratory tract illness (URTI)

Describe and reflect on the impact of chronic respiratory disease from a patient's perspective, focusing on the issues of loss of function, autonomy, and well-being and its impact on daily life

Outline the health promotion interventions, including smoking cessation interventions, provided by the practice team to prevent or manage respiratory illness

Demonstrate a basic examination of the respiratory system

Demonstrate the measurement and interpretation of peak expiratory flow

Example timetable

9.30 – 10.30	Tutorial on respiratory illnesses. Reflect upon the key features you might see in a child with asthma as outlined by Debbie in the preparatory video. What stood out for you when Pam described her experience of living with COPD?
10.30 – 10.45	Tea break
10.45 – 11.45	Prepare for patient encounters Plan questions and observations Patient encounters Some students can sit in on clinic with GP/practice nurse Other students to interview patient/s with a respiratory condition
11.45 – 12.45	Students feedback to group on what their patient encounters and group discussion
12.45 – 13.45	Lunch
13.45 – 15.00	Teaching session with practice nurse about peak flow and spirometry measurement Followed by breakout tasks; students work in pairs/small groups for case studies using peak flow and spirometry measurements Includes tea break
15.00 – 16.00	Group debrief on cases Set homework for next session

Suggested Activities

Tutorial on respiratory illnesses – could include brainstorm of common respiratory symptoms presenting in primary care, long term respiratory diseases and their impact on patients and the practice team's workload, students presenting pre-agreed topics based around preparatory work, 'hot topics.' e.g. climate change and impact on respiratory health.

Sit in on a routine clinic with a member of the primary care team and observe particularly respiratory presentations, including acute and chronic symptoms, long term condition management e.g. asthma checks, health promotion activities e.g. flu jabs.

Interview a patient with a respiratory condition.

Teaching session with practice nurse to demonstrate spirometry and/or peak flow measurement (NB-there are lots of videos of this if no one can deliver the teaching session) and/or case studies interpreting peak flow and spirometry results. See an example video [here](#)

Introduction to examination of the respiratory system, adults and/or children

Review the [British Thoracic Society](#) website which has lots of useful resources e.g. clinical guidelines for respiratory conditions.

Review the [Asthma UK website](#) which also has useful resources e.g. asthma action plans.

Questions for you to consider

If you met a patient with COPD or asthma– how did they describe their life, what did they find most difficult, did they see themselves as ill?

Did you see or discuss acute respiratory illnesses? How did this impact on the GP's workload? Should patients do more to self-manage minor illness? How can healthcare professionals support them to do this?

Day 8: Nutrition and Gastrointestinal conditions

Preparatory work



Watch [Michael serres](#) , in this 5-minute video, talk about his experience of Crohn's disease and having a bowel transplant. What stood out for you from his experience? You should reflect upon his experience of his interaction with healthcare practitioners and be ready to discuss this on the day.

Look at the resources on the [NHS Live Well](#) website, and specifically focus on [how to eat a balanced diet](#),. For the session, you should think of 3 points that was new information for you to share with the group.

Review guidance information from [The Mental Health Foundation](#) on wellbeing and nutrition. You should be able to discuss 3 key points discussing how what we eat can affect our mental health.

Aims

To increase your awareness of the relationship between food, health and ill health and to introduce students to patient presentations with GI disorders.

Learning outcomes

By the end of the day, you should be able to:

Describe the components of a 'healthy diet'

List the current recommendations for daily exercise

Describe some of the broad spectrum of symptoms that relate to the GI tract

Discuss and explain the impact of a chronic bowel disorder on a patient's life

Discuss how embarrassing symptoms might influence people's decision to visit their doctor

Discuss the role of the primary care team in encouraging people to lead healthier lives

Example timetable

9.30 – 10.30	Tutorial on GI disorders. Reflect upon the key learning points who you took away from the videos in the preparatory work. Discuss the key points in maintaining a balanced diet, regular physical activity and sitting less.
10.30 – 10.45	Tea break
10.45 – 11.45	Prepare for patient encounters Plan questions and observations Patient encounters Interview a patient with a chronic GI condition or symptoms Observe a new patient check and consider how lifestyle assessment and advice is broached Role play scenarios
11.45 – 12.45	Students feedback to group on their patient encounters and group discussion Set up afternoon activity; In small groups visit or research local services/facilities supporting healthy lifestyle choices and/or meet someone involved with delivering these services.
12.45 – 13.45	Lunch

13.45 – 15.00	Small group research/visits/interviews as planned 1:1 formative feedback meeting with GP tutor (for 4-6 students) Includes tea break
15.00 – 16.00	Feedback to group about visit/research/interview; link this information into the community care profile started on day 1 of the placement. Set homework for next session

Suggested Activities

Tutorial on GI disorders – could include students presenting about different GI disorders, discussing common GI symptoms presenting in primary care, considering the role of the primary healthcare team in assessing and advising on diet and exercise.

Introduction to abdominal examination and link this with GI symptoms.

Interview a patient with a chronic GI condition.

Role-play scenarios with a focus on how the doctor can help put a patient at ease and facilitate the discussion of potentially embarrassing symptoms and/or how to empathetically open discussions about diet and exercise with an overweight patient.

Visit or conduct online research into a local organisation relevant to diet and/or exercise e.g. local group providing advice on diet, nutrition and/or cooking. Interview a local provider of these services e.g. meeting with fitness instructor providing 'exercise on prescription' or an adviser from local 'Weight Watchers' group.

Have an individual formative feedback discussion with GP tutor on progress on the module so far, including first written assessment, plan for poster assignment and professional attitude and conduct.

Questions for you to consider

If you met a patient with a bowel disorder – how comfortable did they feel about discussing the problem? How comfortable did you feel? What helped or hindered your discussion? What can you do to help put patients at ease in talking about potentially embarrassing topics?

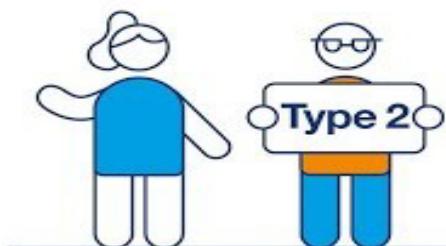
What did you learn about weight management and nutritional advice in primary care? Did the healthcare team see this as an important part of their role? Do you think this should be the responsibility of the healthcare team? What alternative sources of help/support might patients use?

You may have a meeting today with your tutor. How do you feel you are progressing? Have you set yourself any learning outcomes as a result of your experiences so far? Were you surprised at your tutor's analysis of your progress?

Day 9: Diabetes

Preparatory work

WHAT IS TYPE 2 DIABETES?



Watch this 2-minute video outlining [what Type 2 Diabetes](#) is, produced by diabetes UK. Can you recall some of the symptoms of Type 2 Diabetes? Can you think why it might go a long time undiagnosed?

Watch this 5-minute video outlining [a day in the life of Tom](#) who lives with Type 1 Diabetes. For the session, bring 3 key points you took away from Tom's Day that you will remember for the future.

Watch this 2-minute video by Praful who speaks about his experience of [living with Type 2 Diabetes](#). For the session, you should think about Praful's journey. You should bring along your 3 key learning points from his experience.

Aims

To introduce you to the pathophysiology of diabetes; and to the impact diabetes has on the individual and society.

Learning Outcomes

By the end of the day you should be able to:

describe the incidence and prevalence of Type 1 and Type 2 diabetes

discuss some factors that may be contributing to the rise in prevalence of Type 2 diabetes;

recognise and understand the impact of diabetes on an individual, their family and broader network

identify some health promotion interventions to reduce the prevalence of Type 2 diabetes;

practise blood pressure monitoring, blood glucose testing, height and weight measurement.

Example timetable

9.30 – 10.30	Tutorial on diabetes Reflect upon the key points you took away from the preparatory videos you watched
10.30 – 10.45	Tea break

10.45 – 11.45	Prepare for patient encounters Plan questions and observations Patient encounters Some students can sit in on a clinic with GP/practice nurse Other students to interview patient/s with diabetes
11.45 – 12.45	Students feedback to group on their patient encounters and group discussion Set up afternoon activity; Debate - Is Type 2 diabetes a reversible disease of lifestyle?
12.45 – 13.45	Lunch break
13.45 – 14.30	Students research and prepare for debate in 2 groups
14.30 – 15.00	Debate
15.00 – 15.15	Tea break
15.15 – 16.00	Debrief from day Set homework for next session

Suggested Activities

Tutorial on diabetes – could include discussion around types of diabetes, incidence & prevalence statistics (national/local) and factors causing increased prevalence Type 2 diabetes, a quiz (either set by tutor or each student to contribute 1 or 2 questions), student presenting on students presenting pre-agreed topics based around preparatory work, 'hot topics' e.g. lifestyle medicine.

Look at using resources such as www.diabetes.org.uk for presentation and discussion

Session with practice nurse/healthcare assistant to introduce students to the monitoring of patients with diabetes at the practice.

Observe a consultation with a patient with diabetes; this could be a diabetic review.

Interview a patient with diabetes, with the possibility of a home visit.

Interview a health care professional involved with the care of the patients with diabetes.

Group discussion after meeting patient/s and healthcare professionals to compare the patient's and professional's views on the management of diabetes and its impact on the patient's life.

Group debate e.g. Is Type 2 diabetes a reversible disease of lifestyle?

Clinical skills teaching and practice e.g. blood pressure measurement, blood glucose testing, height and weight measurements and BMI calculations and interpretation. Discuss/observe how some diabetes monitoring is being carried out virtually.

Students join practice/MDT meeting.

Student-led research into local services and facilities for people with diabetes. This could include some students visiting local sites or conducting research on foot e.g. to local library/community centre.

Questions for you to consider

If you met a patient with diabetes – what did you learn about the impact the condition has on their day-to-day life? Did anything they told you surprise you? Did you think they could do anything to improve their own situation? How can health care professionals help patients to help themselves?

If type 2 diabetes is increasing because of our sedentary lifestyle and increasing weight (as a population) what is the role of the doctor in diabetes? Should efforts be concentrated on prevention? How far should we go to 'encourage' people to make healthy choices? Or should doctors concentrate on treating the patients that present?

Day 10: Chronic Pain

Preparatory work

Watch this video on [chronic pain](#) in which individuals discuss their experiences. You should note 2 or 3 key points you took away from this.

Read the [NHS inform's](#) resource for patients on chronic pain. What stood out for you as particularly significant? Discuss this on the day.

Consider questions to ask a healthcare professional or a patient about dealing with chronic pain.

Aims

To introduce you to this common multifactorial condition, its effects on individuals, families and societies, and to the management approaches for this condition.

Learning outcomes

By the end of the day, you should be able to:

Identify the factors that are important in development of chronic, disabling back pain or other pain.

Summarise the socio-economic impact of these conditions on individuals, society and the health service.

Identify pharmacological and non-pharmacological treatment options for chronic pain.

Discuss the effect of chronic pain on the doctor patient relationship.

Practise interview skills.

Example timetable

9.30 – 10.30	Tutorial on chronic pain. Discuss the preparation video. How did the doctor define chronic pain? How did the individuals describe the impact of chronic pain and what it meant to them? Has this changed any previous thoughts you had on the topic?
10.30 – 10.45	Tea break

10.45 – 11.45	Prepare for patient/healthcare professional encounters Plan questions and observations Interview patient/s with a chronic pain condition and/or professional providing care for these patients.
11.45 – 12.30	Group debrief of patient encounters. Discuss with group challenges of dealing with/living with chronic pain Set up afternoon activity; Student-led research – 2 groups, research pharmacological and non-pharmacological treatment options for management chronic pain, consider pros/cons of each and local access to these options. Prepare brief presentation.
12.30 – 13.15	Lunch
13.30 – 14.45	Student-led research 1:1 formative feedback meeting with GP tutor (for 4-6 students) Includes tea break
14.45 – 16.00	Student presentations & group discussion Set homework for next session

Suggested activities

Tutorial on chronic pain– could include definition of chronic pain, discuss possible causes, outline various treatment options, challenges faced by patients and health services and local pain services,

Reviewed some of the resources on healthtalk.org about [living with chronic pain](#) and use this to consider the effects of chronic pain on individuals and their families

Student-led research – 2 groups, pharmacological and non-pharmacological treatment options for management chronic pain, pros/cons of each, consider local access to these options. Present back to group and discuss.

In small groups/pairs, plan interview with a GP or a patient about chronic pain (if possible, please arrange for some students to interview a GP and some a patient so they can compare findings when they meet again as a group).

Meeting with GP tutor for formative feedback on progress to date with learning activities and on professional attitude and conduct.

Questions for you to consider

How did dealing with patients with chronic pain affect the health care professional you interviewed? How did they feel about patients with chronic pain? How do you think you would deal with this situation?

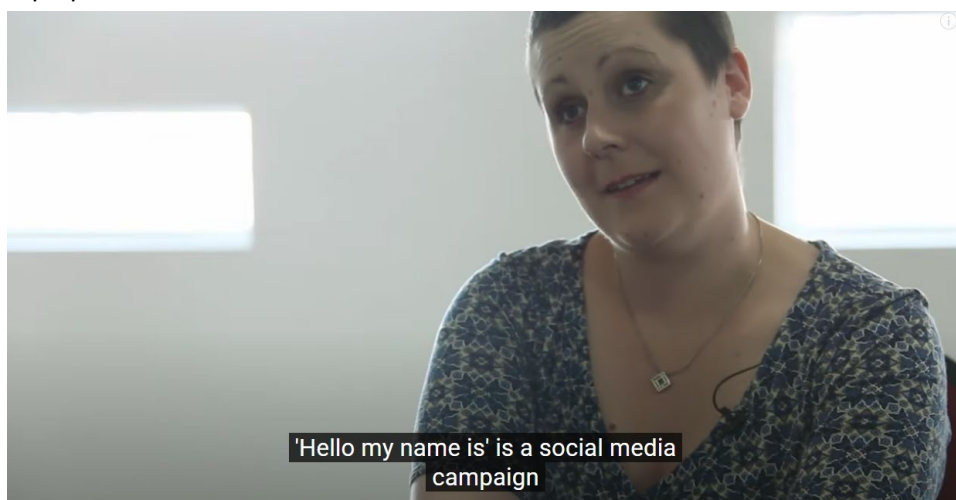
How did you feel meeting a patient with chronic pain? How did you think they were coping with their situation? What sources of support were they drawing on?

You may have a meeting today with your tutor. How are you finding the placement so far? How do you feel you are progressing? Have you noticed any changes in yourself? Do you feel comfortable in the group? Do you feel comfortable meeting patients?

Day 11: Cancer in primary care

Preparatory work

In preparation students should have:



Watch [this video by Dr Kate Grainger](#) talk about her illness, its impact on her health and the 'hello my name is campaign.' Some areas of reflection include: how the diagnosis change her perspective on life, her views on planning for the future, what does a simple introduction mean in a clinical setting and how it can impact the therapeutic relationship with a patient. This may be something you discuss further on the day.

Read about the [NHS Cancer](#) Programme and key ambitions on the NHS long term plan for cancer.

Aims

To introduce you to the topic of cancer and its impact on the patient, their family and carers, the primary healthcare team and the wider health and social care professionals.

Learning outcomes

By the end of the day, you will be able to:

Identify the key National Government strategies that impact on the primary care team

Describe the national campaigns for screening for cervical breast and bowel cancer and the stigma around uptake in primary care

Describe the public health campaigns and the role of the GP, in improving earlier diagnosis of cancer

Identify the wider health and social care team that can be involved with a patient with cancer

Describe the common red flag symptoms that may indicate a cancer diagnosis.

Describe the impact of a cancer diagnosis on the patient (or their carer) and their primary care team.

Example timetable

9.30 – 10.30	Tutorial on cancer in primary care
10.30 – 10.45	Tea break

10.45 – 11.45	Breakout task; Red flags – case studies
11.45 – 12.45	Feedback from case studies Students to look at practice 2WW referrals
12.45 – 13.45	Lunch
13.45 – 14.45	Prepare for patient encounters Plan questions and observations Patient encounters Interview a patient with current or past cancer diagnosis
14.45 – 15.00	Tea break
15.00 – 16.00	Debrief after meeting with patients with a cancer diagnosis and discuss impact on the students and healthcare team Set homework for next session

Suggested activities

Tutorial on cancer in primary care – could include discussion around cancer diagnosis, survival rates and NHS key priorities; students presenting on cancer screening programmes and debates surrounding its efficacy; group discussion about clinical signs and symptoms of different cancers and link to 2 week wait system; reviewing cancer awareness campaigns.

Sit in with GP or nurse looking at possible pathways for referral for cancer investigation (including 2 Week Wait)

Case studies – red flags that might indicate cancer

Group brainstorm MDT involved in caring for cancer patients and their families/carers. Followed by a visit to or research into an allied health/social care professional/cancer charity support/bereavement group and feedback to group

Interview a patient with a current or past cancer diagnosis; group debrief after meeting and discuss impact on the students and healthcare team

Questions for you to consider

If you met a patient with a current or past diagnosis of cancer – what did they remember about receiving their cancer diagnosis? What support did they receive other than medical treatment and did they feel their wider care needs were met? How can healthcare professionals support patients when they are faced with a cancer diagnosis?

What might stop a patient from presenting to their GP with a worrying symptom that could be cancer? How can the primary care team and/or public health teams encourage and support patients to seek help?

Day 12: The older person

Preparatory work



Watch this video from [The GMC- Older Adults](#) about top tips on communicating with the older patient. You should list down some of these and be ready to discuss them further on the day.

Review NHS England's key priorities for [improving care for older people](#).

Aims

To introduce you to the biomedical and social implications of ageing, the demographic changes in the population and the implications of this for health and social services.

Learning Outcomes

By the end of the day, you should be able to:

Recognise ageing as a natural, developmental process

Describe different ways that older people are regarded within different groups and communities

Describe the range of services, people and agencies that are involved in the support of the older patient in the local community

Demonstrate appropriate communication skills with an older patient (with suitable empathy, respect and interest)

Explain some of the implications for health and social services of an ageing population

Example timetable

9.30 – 10.30	Tutorial on ageing and health. Discuss some of the key points from the preparatory work.
10.30 – 10.45	Tea break

10.45 – 11.45	Prepare for patient encounters Plan questions and observations Visit to a local care home Group interview with manager or staff member Involvement in a care home ward round Meet patients and interview in small groups
11.45 – 12.30	Group debrief about visit/patient encounters Set up afternoon activity: In small groups, students to research local facilities, groups and professionals providing services for older people and prepare brief presentation for group
12.30 – 13.30	Lunch
13.30 – 14.45	Student-led research 1:1 formative feedback meeting with GP tutor (for 4-6 students) Includes tea break
14.45 – 16.00	Small group presentations & group discussion Set homework for next session

Suggested Activities

Tutorial on 'ageing' and health - could discuss students' own experiences of ageing in their family/community, review practice population statistics, key health promotion areas for older people or review of recent 'hot topic' e.g. Falls risk reduction amongst older adults.

Patient interviews – either observing healthcare professional or student-led

Visit to local care home or other residential or daycare facility for older people.

Watch this video on [ageing populations and health care services](#) by the WHO. Discuss in your groups what were the barriers and challenges to healthcare services in providing quality care? What were the solutions? Discuss with your tutors how these scenarios might look in general practice. Can you think of any creative or innovative new solutions?

Research local agencies or meet with a professional providing services for older people.

Meeting with GP tutor for formative feedback on progress to date with learning activities and on professional attitude and conduct.

Questions for you to consider

Did the patient you met describe any benefits of being older? Did anything surprise you?

Do you think ageism is an issue on our society and/or healthcare system? Have you seen any example of ageism personally or professionally?

You may have a meeting today with your tutor. How are you finding the placement so far? How do you feel you are progressing? Have you noticed any changes in yourself? Do you feel comfortable in the group? Do you feel comfortable meeting patients?

Day 13: Pregnancy and Childbirth

Preparatory work

Watch this 1 minute video where women discuss some of the changes to their body [during their pregnancy](#) and [Midwife Suzanne](#) discuss some of the symptoms of pregnancy. You should be able to recall these for the day and discuss why these might occur

Prepare some questions to talk to a pregnant woman about her choices for antenatal care and the birth of her child. This NHS website has specific useful information about [antenatal care](#) which can help you prepare.

In this 8-minute video, [Midwife Lynn](#) talks about what to expect during labour. You may need to take some notes again. What checks are undertaken? What things are offered to mum? What are the stages of labour? What do you think about the decisions and information mum has to undertake – do you think this has any impact on the process. Be prepared to discuss this on the day.

The [MBRRACE-UK](#) website, discusses the inequalities in maternal mortality. Read the [infographic](#) overview on page 3 of the 2024 report. You should think about 1 health promotion activity that might help to address this inequality and discuss this on the day.

Aims

To understand the course of an uncomplicated pregnancy; to be aware of the choices women have about their pregnancy and childbirth and to gain an understanding of the importance in facilitating and respecting these choices.

Learning Outcomes

By the end of the day, you should be able to:

- describe an uncomplicated pregnancy and childbirth;
- list some the possible choices that women can make in relation to ante-natal care and place of birth;
- discuss the different factors that influence women's choices about their pregnancy and childbirth;
- describe a health promotion intervention for pregnant women provided by the practice;
- critically consider the health promotion information available within the practice;
- practise blood pressure measurement and urinalysis.

Example timetable

9.30 – 10.30	Tutorial on pregnancy and childbirth. Please review and discuss the key learning points you have taken from the preparatory work.
10.30 – 10.45	Tea break

10.45 – 11.45	Prepare for patient encounters Plan questions and observations Patient encounters Interview a pregnant, or recently pregnant, woman Sit in with a midwife or GP for an antenatal appointment Meet with a professional involved in providing care to pregnant women e.g. midwife, doula, person working for local voluntary organisation
11.45 – 12.45	Students feedback to group on their patient, or other, encounters
12.45 – 13.45	Lunch
13.45– 14.45	Health promotion during pregnancy
14.45 – 15.00	Tea break
15.00 – 16.00	Pregnancy timeline activity Set homework for final session

Suggested Activities

Tutorial on pregnancy and childbirth – could include discussion or debate of the question/s ‘is pregnancy a medical condition?’ and/or ‘what is the role of the medical profession?’; consider that the GP is often the first point of contact for a pregnant woman and what is covered in this initial appointment e.g. early discussion of choice about whether to proceed with the pregnancy, calculating gestation, discussing local antenatal care options; antenatal care schedule and check-ups including why do we check BP, urine, fundal height and fetal movements?

Pregnancy timeline activity –work in pairs/small groups to put key pregnancy milestones at the correct gestation.

Health promotion during pregnancy– could include group discussion of areas/activities this covers e.g. advice around smoking, diet, exercise, alcohol and immunisations; consider what information is available within the practice and what services the practice offers?

Interview a pregnant, or recently pregnant, woman with a view to discussing her choices, and how she (and her partner/family) arrived at them; if possible, look at handheld antenatal notes.

Interview with a healthcare professional, or other person, involved in providing services for pregnant women.

Discuss informed consent and choices in the context of pregnancy and childbirth, the importance of communication skills, and the role of the GP, and other healthcare professionals, in facilitating and respecting women’s choices; could include role-play scenarios, case discussions, patient stories. The NIHR [‘Care and decision-making in pregnancy’](#) overview is a good starting point for some of these questions.

Practice blood pressure measurement and urinalysis.

Questions for you to consider

How did you view pregnancy and childbirth before today? Have your views changed at all because of today's meetings and discussions?

How important do you think it is that women should have choices, and adequate information and support to make these choices, in pregnancy and childbirth? Do you think this could pose difficulties for the healthcare professionals caring for pregnant women? How might you deal with patients making choices that you did not agree with?

Day 14: Mother and Baby

Preparatory work

Watch this [short 2-minute video](#) on NHS support a parent should expect to receive after birth. You should be able to recall and discuss this for the session.

Visit this [NHS website on baby basics](#). You should be able to recall and discuss 3 practical pieces of advice a health practitioner might give to an expectant parent.

Review 3 articles from the NHS [services and support available for new parents](#) and consider what are common challenges that new parents may face.

Aims

To give you an opportunity to meet with and talk to a mother and her baby. To gain an understanding of the health monitoring and health promotion provided for babies and young children by the primary health care team.

Learning Outcomes

By the end of the day, you should be able to:

Describe the daily routine for one mother and baby or young child that they have met

List some of the health promotion services provided by the practice for mothers and their babies

Describe in detail one health promotion intervention provided for babies or young children

Describe some of their experiences communicating and engaging with the children

Discuss the most significant changes parents have to deal with after the birth of a child

Practise interview skills, and communication through play

Example timetable

9.30 – 10.30	Tutorial on mother and baby. Please discuss the key learning points from the preparatory work.
10.30 – 10.45	Tea break

10.45 – 11.45	Prepare for patient encounters Plan questions and observations Patient encounters Interview a mother (or other parent/caregiver) and their baby/child Sit in with a GP for the 6-8 week mother and baby check and/or with the practice nurse for infant/child immunisations. Meet with someone involved in providing care to parent/s and their babies e.g. health visitor, family support worker, person working for local voluntary organisation
11.45 – 12.30	Students feedback to group on their patient, or other, encounters
12.30 – 13.30	Lunch
13.30 – 15.30	1:1 student feedback with GP tutor These student-led activities running alongside 1:1 feedback meetings: Vaccination controversies: Breakout task -role play scenarios Student-led research, followed by group discussion focussing on these questions Why is uptake of routine child vaccination dropping? What could we do, both locally and nationally, to increase child vaccination rates? Are mandates, legislation or sanctions a good idea? (or this could be a debate) Tea break Brief student feedback (individual & anonymous) What were your favourite GP1 experiences and why? What learning need/s have you identified to take forward and develop in next year's primary care placement? (GP2)
15.30 – 16.00	Final group debrief

Suggested Activities

Tutorial on mother and baby – could include health promotion services for mothers and babies; discuss 6-8 week postnatal and baby check-up (look at red book); role of other healthcare professionals e.g. health visitors;

Roleplay scenarios tackling parental concerns about immunisations and misinformation e.g. about MMR. There has been decline childhood vaccination uptake. See this recent [RCPCH report on access, uptake and equity of vaccination](#). You can think about and research factors that are contributing towards this. [Watch Midwife Debbie](#) talk about breast feeding in this 4-minute video. You should be able to recall and discuss the benefits of breastfeeding. You might also research and discuss some of the barriers to breastfeeding that a mother might face. This will help you focus how this topic can tie into health promotion.

Debate e.g. Is breastfeeding the best way of feeding an infant? Are mandates, legislation or sanctions a good way to increase uptake of routine childhood immunisations?

Prepare for meeting a mother and her baby; plan questions for parent/s e.g. daily routine, changes parents deal with after the birth of a child, what questions/concerns they have for GP or other healthcare professionals e.g. feeding. Interview a mother/family and their baby.

Sit in with a GP for the 6-8 week mother and baby check and/or with the practice nurse for infant/child immunisations.

Meet with practice nurse/health visitor to discuss their role in caring for mothers and their babies and young children.

Research into and/or visit to a local voluntary agency providing support to parents and their babies/children e.g. local NCT group, feeding café, children's centre; meet with a person who delivers this support.

Final feedback meeting with GP tutor.

Questions for you to consider

Did anything surprise you about your meeting with a mother or parent/s and their baby/young child? What sort of support do you think new parents might need from health care professionals?

There have been some well-documented controversies around vaccination of children. What do you think the role of the GP/Health visitor is in this area? How would you deal with patients whose views conflicted with the advice you were giving to them?

Assessment

There are three assessments for GEP GP1:

Reflective piece on professional identity

Reflective piece on a patient encounter

Student attendance and professionalism

Tutors will be asked to submit each student's attendance record after each placement day on a Microsoft Form sent in the introductory email (the same form can be used throughout the module). The marks for reflective pieces, marks for the poster, and comments on professionalism can be added to the same Microsoft Form.

Attendance

Your attendance is recorded on each placement day by the tutor on the Microsoft Form sent to them in the introductory email.

You should consider a placement day to be a work day and attendance is expected every day. If you are unable to attend you must inform your tutor in advance with an explanation.

Tutors must inform the central faculty team at the time of any non-attendance, whether they were informed of the absence, and if the absence was explained. If tutors have any concerns about a student's attendance, behaviour, health etc. they should contact the module lead as soon as possible.

There may be occasions during the year when students have a progress test on the Friday after a GP1 day; these tests are formative and students must attend their placement as usual.

You need to have attended the placement, completed both reflective pieces, presented the health promotion poster and passed the professionalism assessment to successfully complete GP1 and progress.

Repeated and/or unexplained absences will be dealt with on a case-by-case basis.

Reflective/Creative Pieces

Reflection is a key skill for all healthcare professionals and learning how to develop reflective practice is an essential part of medical education. The GMC, in collaboration with the Academy of Medical Royal Colleges, the UK Conference of Postgraduate Medical Deans (COPMeD), and the Medical Schools Council (MSC), published a [guide for medical students](#) on how to reflect as part of their practice. The key idea of reflective work is to promote self-awareness. It enables students to explore their understanding of themselves as medical professionals and how they relate to patients. It also provides a space where students can consider and challenge their own attitudes and perceptions, including highlighting learning points for themselves and others. There are many formats that can be used for reflection, including verbal, written and art. During the placement days, the GP tutor may suggest some topics for the group to reflect on and facilitate this. There are also some suggested questions that students might want to consider and reflect upon following each placement day.

Additional reflective writing resources are available in Appendix 5.

Creative enquiry is part of an educational approach that invites student engagement with their lived experience through the arts. Using multiple languages of expression – arts-based and prose reflective writing has been found to extend reflection and understanding and engage the student voice and perspective.

These websites, [Human Flourishing](#) and [Out of Our Heads](#), have more information about creative enquiry and lots of examples. Students will be asked to confirm whether they give consent for their reflective pieces to be shared, to either include their details or anonymously, for a QMUL creative enquiry website that showcases creative enquiry work by QMUL students from all year groups.

Tasks

For the reflective pieces, there is the option to complete **either** a 750-1000 word written reflection **or** a creative enquiry piece supported by 500 words to help convey your message, explain your chosen medium and offer your interpretations of any images and metaphors used. Leniency is +/- 10% of the word count.

Reflective piece 1: Changing identity? Becoming a medical student

This task is for you to consider how becoming a medical student may have changed how you, or others, perceive your identity – do you feel different since becoming a medical student and does this match your expectations? What experiences so far have prompted you to consider this, and how will this help you going forwards as you develop your professional identity?

You need to submit your work for assessment on QM+ and email it to your GP tutor by the deadline for your group as outlined in the assessment timetable.

Group K Submission Deadline: Day 7 8/1/26

Group A Submission Deadline: Day 7 15/1/26

Reflective piece 2: Professional development: A patient who has had an impact on me

In this task you should reflect on an encounter that they have had with a patient during their placement and how this supported their professional development. You should choose an encounter that made an impact on them and explore why this was such an important meeting for themselves and their learning.

You need to submit your work for assessment on QM+ and email it to your GP tutor by the deadline for your group as outlined in the assessment timetable.

Group K Submission Deadline: Day 13 16/4/2026

Group A Submission Deadline: Day 13 23/4/2026

If you require an extension for your assessment, please make an extenuating circumstances application on MySIS no later than 12pm of the deadline date above. Any request for an extension received after this time will need to provide good reason as to why the claim could not have been submitted earlier. Self-certification claims will only allow a maximum of 7 days extension. If you need 14 days, then you must submit a standard claim with evidence. Students who do not pass the assessment will be required to complete a remediation task in order to progress through the module.

Assessment of the reflective pieces

The reflective writing pieces should be assessed and graded by the GP tutor.

GP tutors will be asked to submit these marks to the QMUL CBME team and provide both the marks and feedback, written and/or verbal, directly to the students as well.

Students should receive their mark by the next placement day after the submission date.

Guidance for grading the reflective pieces

	Merit	Pass	Referred
Impact	The work moves/engages you. It stays with you/ opens new doors & new perspectives	There were some interesting insights and perspectives that made you think but could have been explored further.	Themes/ideas addressed superficially.

Reflection	Insightful reflection - focussed on 'key issues/ideas,' related to their personal context, with emotional insight, explored from different perspectives, and considered how the impact of the experience may change things for the future.	Mix of descriptive account with some reflection e.g., the student considers their emotions, looks at the perspective of others, identifies 'key issues/ideas,' or considers how it is relevant for their future but this could be expanded.	Descriptive account – narrative account of what happened, with little or no reflection.
Aesthetics (If creative enquiry piece included)	Excellent use of chosen medium powerfully conveying the content, assisting the audience in engaging with the message.	Some originality. Reasonable effort and use of chosen medium.	Little original thought, little effort, not effective use of medium chosen, not conveying the content well.

Feedback to students could include

Points of excellence

Points for improvement - could include questions/prompts to encourage continued reflection

General comments

Please can tutors upload the marks for both assignments on to the Microsoft Form that has been sent to you. This will be the same place where weekly attendance is recorded by the tutors.

Professionalism Assessment

As part of the final assessment tutors must complete a Professionalism Assessment on each student using the Microsoft form. Tutors are asked to give students formative feedback on their professionalism when they review progress during the year so students have opportunities to modify their behaviour before their end of module assessment.

GP tutors to inform the administrative lead if there are concerns regarding professionalism.

Feedback should be given to every student about their professionalism during their placement and upon completion of this form. Each category can be marked as satisfactory, cause for concern, unsatisfactory, or unable to observe.

If there are three or more categories marked as 'cause for concern' or 'unsatisfactory', then the overall assessment is 'unsatisfactory'. Students with an overall 'unsatisfactory' mark are referred to the Academic Year Tutor. It is important that full reasons are provided for any 'cause for concern' or 'Unsatisfactory' assessments. The student should make any responses in the comments box below.

Categories:

1. Honesty and Integrity

SATISFACTORY CRITERIA: Always honest with patients, peers, staff and in professional work (presentations, documentation, communication)

2. Reliability and Responsibility

SATISFACTORY CRITERIA: Reliable and conscientious. Punctual. Completes assigned tasks.
Accepts responsibility for errors.

3. Respect for Patients

SATISFACTORY CRITERIA: Consistently demonstrates respect for patients' autonomy and dignity.
Maintains confidentiality at all times. Always appropriately dressed for clinical setting.

4. Respect for Others

SATISFACTORY CRITERIA: Shows respect for patients' relatives, other healthcare team professionals and members of staff.

5. Attendance and Approach to Learning

SATISFACTORY CRITERIA: Full attendance, participation at seminars and other learning opportunities.

6. Compassion and Empathy

SATISFACTORY CRITERIA: Listens attentively and responds humanely to patients' and relatives' concerns.

7. Communication and Collaboration

SATISFACTORY CRITERIA: Works cooperatively and communicates effectively with patients and healthcare team members.

8. Self-Awareness and Knowledge of Limits

SATISFACTORY CRITERIA: Recognises need for guidance and supervision, aware of appropriate professional boundaries. Personal beliefs do not prejudice approach to patients.

9. Altruism and Advocacy

SATISFACTORY CRITERIA: Adheres to the best interests of patients.

10. Health

SATISFACTORY CRITERIA: Does not allow his/her health or condition to put patients and others at risk.

11. Overall Professional Assessment

Feedback – Tutor and Student

Engaging with the feedback process is a key part of students' learning and professional development. This involves learning about both the giving and receiving of constructive feedback and understanding how these feedback processes can support their own, and their tutors', professional development as well as guiding the ongoing development of the placement.

Student feedback

Students will receive feedback on their submitted assessments and their professionalism from their GP tutor/s both during the placement and at its completion.

Students will be asked to submit their feedback about their placement experience at the end of the placement. This consists of both individual and group feedback. They will be sent links to these feedback forms and instructions on how to complete these.

Students encouraged to approach their GP tutor and/or the unit convenors if they have any queries or concerns during the placement. Important issues e.g., lack of patient contact, should be raised as early as possible so that it can be addressed and remedied as soon as possible.

Tutor feedback

Tutors are to record weekly attendance on the Microsoft form. Tutors should also record marks for all the assessments on the same form.

Tutors are also required to provide formative feedback to each student to support the develop of their reflective practice and overall professional development. This also serves to model the constructive giving and

receiving of feedback to their students. This formative feedback can be delivered verbally and/or in a written format.

Tutors will be asked to submit their feedback about their placement experience at the end of the placement. They will be sent links to these feedback forms and instructions on how to complete these.

The use of informal feedback, to review learning experiences and ensure students' learning needs and the placements learning outcomes are being met, during the placement can be collected as the placement progresses. For example, using Mentimeter to set up anonymous polls or Q&As at the end of each placement day or using post-it notes on Jamboard (or a real whiteboard if onsite).

Appendices

Appendix 1 Student learning agreement

Year 1 GP1 Student Learning Agreement 2025

To be signed by each student and emailed to their GP tutor

Purpose:

The Learning Agreement 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.

The **Supervising GP Tutor** will have overall responsibility for the quality and organisation of the placement ensuring the student (s), have:

- An **induction**
- A named supervising GP Tutor for each day
- A way to contact the practice in case of problems
- An initial learning needs assessment and a final meeting where we will discuss performance and feedback from others and plan for further development
- A safe, active, open learning environment with opportunity to discuss any problems

As a Medical Student my responsibilities are to:

- Complete any **assessments** and upload them in good time.
- Adhere to all student professionalism guidance, codes of conduct & Good Medical Practice
- Prioritise patient safety by assessing and minimising any risk to patients and staff
- Be honest and open with my supervisors about my prior performance, strengths and areas to improve and any special requirements.
- Seek and respond to my feedback to hone capabilities in clinical supervision
- Cease clinical work if I find myself in a situation where I do not have a qualified healthcare professional to supervise me until the situation is remedied
- Always identify myself to patients, and, relatives and staff and in medical records as a Medical Student
- Advise my GP Tutor of any absences as soon as possible and agree how my duties will be carried out in my absence.
- Complete feedback and Student Evaluation Questions (EvaSys) at the end of the placement

I confirm that I:

- understand that if I fail to comply with any of the above or act unprofessionally this may result in referral to a Senior Tutor or the Professional Capability Committee

If I have **concerns** over my placement or supervision I will try to discuss with my GP Tutor, or the CBME academic lead Dr Shabana Bharmal.

The Medical School undertakes to monitor the implementation of this Agreement and remedy evidence of non-compliance through its quality assurance procedures.

Student Name :

Date

GP Tutor Name:

Practice:

Date

To be signed by each student and emailed to their GP tutor

Please contact Ms Francesca Langridge cbme-earlyyears@qmul.ac.uk if you need your GP Tutor's email

Appendix 2 Home visit policy

Home Visit Policy

Visiting patients in their home environment offers an invaluable learning experience for students. Before these visits, the responsible GP supervisor must obtain consent from the patient to have students present.

We recommend a risk assessment of the activity and patient chosen. We suggest the patient chosen is clinically stable and not acutely unwell.

Please be advised of potential risks to health professionals during home visits, including:

- Visiting in dim lighting conditions
- Patients residing in high-rise apartment buildings
- Single-person visits
- Patients with a history of alcohol or drug abuse
- Patients who have previously engaged in violent behaviour in particular towards health and social care staff
- Patients experiencing acute psychiatric distress.

We suggest students in Year 1 visit in groups of 3. There should be a designated emergency contact in case of any issues, and the administrative team should maintain a clear record of the students' locations and travel arrangements.

The responsible GP supervisor must be available for debriefing after the visit and to address any immediate concerns.

Appendix 3 GP1 Quiz on Day 1

1. How would you define these terms in the learning outcomes?
 - a. Health promotion
 - b. Reflective practice
 - c. Creative enquiry
2. What is Borton's developmental framework?
 - a. Can you share an example using it to reflect on a non-academic experience that happened today?
3. What are the marking criteria for the reflective pieces?
4. When do you need to submit your first reflective assignment by?
5. What are the different assessments for Medsoc?
6. Who do you send your assignments to?
7. What are the components of the professionalism assessment?
8. How do you select your topic for the Health Promotion Poster task?
9. What do you do if you cannot attend MedSoc?
10. What do you need to check before going on a home visit?
11. How can you consolidate your learning at the end of each MedSoc day?
12. How does the GMC define the term 'social media' and what might be the associated risk of its usage?
13. How would you report a concern?
14. How might you find further information on using generative AI at QMUL?

Appendix 4 Community area profile

Introduction

On Day One of your placement you may be invited to walk around the local area, making observations about the place, the facilities, and the local community. The aim of this activity is for you to gather knowledge of the neighbourhood by applying and developing your skills of observation. You should make observations and note them down. Although only one session is allocated for this task, you may discover additional information about the neighbourhood on subsequent days, and you should use this to supplement your initial observations. After your walkabout you should get together with your group and try to develop some hypotheses about the local area, and what they might mean in terms of problems and opportunities for your practice.

The checklist of categories listed below are applicable to a wide variety of neighbourhoods, but not all will necessarily relate to the area you will be in. However, as you consider each section, please note that it is not only the presence of certain elements that are significant, but also their absence. You may not have time to comment on every category, but make brief notes on what you discover, as you will be able to discuss these issues further with your tutor.

Guidelines

Within your local area, record your observations on the following:

Housing:

- Type e.g. houses, terraces, flats
- Ownership e.g. owner-occupied, private rented, council-owned
- State of repair
- Empty, multi-occupied
- Access for residents e.g. is there a lift? Does it work?

Industrial and commercial property:

- Type e.g. factories, workshops, offices
- Is there evidence to suggest whether the business employs people living locally or from outside the area?

Shops:

- What do they sell? / What services do they offer?
- Do the products cater for a particular religious or ethnic group?
- Do they serve the immediate neighbourhood or a wider area?
- Are they chain stores or small businesses?
- Who owns the shops? Do the names of the shops indicate the presence of particular nationalities?
- Are there any gambling outlets?

Places to eat and drink:

- Type e.g. pubs, cafes, restaurants, take-aways
- Which ethnic groups provide the food and who are their customers?

Local offices serving the area:

- Which offices serve the local area? e.g. housing, social services, social security, job centre, post office, police station, advice centre

Educational facilities:

- Which schools (nursery, primary and secondary) and colleges serve the local area?

Leisure and recreation facilities:

- Are there any sports facilities, places of entertainment or libraries?
- What are their opening hours? How much do they cost?
- Are there any open spaces, parks or playgrounds?

- Are these safe, supervised and well maintained?

Health services:

- e.g. health centres/clinics/General Practitioners
- Where are the nearest dentists, chiropodists, chemists and hospitals?
- Are there any centres for alternative medicine/therapies?
- Places of worship and cultural centres:
 - e.g. churches, mosques, synagogues

Community facilities:

- e.g. community centres, tenant halls, meeting places, social clubs
- What kinds of groups meet at these places? e.g. playgroups, tenants associations, youth clubs

Transport:

- What major roads, railway lines, canals exist in the area?
- Do they service the local community or are they for commuters?
- Do they appear to be boundaries or barriers?
- What is the volume and nature of road traffic?
- Are there pedestrian crossings, subways and bridges?
- What type of public or private transport is there?
- Are there bus stops, tube and BR stations, mini-cab offices?
- What routes do they take and how frequent are they?
- Is the transport accessible for the elderly and parents with buggies?

Derelict land:

- What is the condition of such sites?

Historic features:

- e.g. places of worship, cemeteries, monuments, plaques
- Is there evidence of communities with a long presence and/or communities with little or no current link with the area?

Additional environmental facilities:

- Street lighting – does this seem adequate to provide a well lit safe area?
- Condition of paving – could this cause problems for people with walking difficulties?
- Accumulation of rubbish – e.g. domestic, furniture, commercial
- Availability of public telephones
- Evidence of who appears to be investing resources in the area (e.g. new developments) – who will they benefit?

In addition, you may want to use the following questions to guide you as you walk around the area:

- What do you consider are the most significant characteristics of the area?
- What do you think are the positive and negative features of living in the area?
- Can you identify any major issues facing the local community?
- Are the local services appropriate and accessible? If they are not present in the area, how far away are they and how might local residents get to them?
- How could health and other statutory services in the area be improved to cater for the needs of a particular group in the area? (e.g. the elderly, lone parents, people with disabilities, the Bengali community)
- Is there anything you consider unusual, that you have never seen before or would expect to see but have not?

- Have you observed evidence of collective action taken by local people to address a community issue? (e.g. a poster advertising a public meeting or a local campaign group meeting at the community centre)
- Have you seen any food you have not eaten before? Find out what it is.

Appendix 5 Reflective writing resources

'Medical education has traditionally focussed on the assimilation of vast amounts of knowledge and on clinical apprenticeship as the 'hallmark' of good training, and has undervalued reflection in learning. Today, however, medical and dental education needs to prepare students for lifelong learning. It must foster professionals who take a deep approach to learning and equip students to determine their own learning needs, set their own learning goals and monitor the occurrence of continuing progress. To achieve this, a more reflective approach is called for' (Pee et al, 2000).

It is important that students develop a habit of assessing their own learning needs, developing strategies to meet them and reflecting on their own learning and personal development.

'Reflection - the conscious weighing and integrating of views from different perspectives – is a necessary prerequisite for the development of a balanced professional identity ... acquiring knowledge and practical skills alone are not enough to become a medical professional. Reflecting on education and clinical experiences in medical practice, including one's own behaviour, becomes crucial' (Boenink et al, 2004).

Reflective Practice

Introduced as a concept for many professions in the 1980s

Means that we learn by thinking about things that have happened to us and seeing them in a different way.

There are three components

Experiences – that happen to a person

Reflective process – that enables a person to learn from their experience

Action – resulting from the new perspective taken as a result of the reflection

Reflection as a learning activity comes from educational theory, Kolb (1984) describes a cycle of stages that are gone through in learning from experience:

OBSERVATION

ACTION

REFLECTION

CONCEPT DEVELOPMENT and THEORISING

Levels of Reflection

Goodman (1984) describes three levels of reflection:

Level 1: Reflection to reach given objectives – criteria for reflection are limited to technocratic issues of efficiency, effectiveness and accountability i.e. students give an account of an incident and demonstrate some learning

Level 2: Reflection on the relationship between principles and practice – there is an assessment of the implications and consequences of actions and beliefs as well as the underlying rationale for practice i.e. students begin to link theory to practice and to extrapolate their experiences to other similar situations

Level 3: Reflection which besides the above incorporates ethical and political concerns – issues of justice and emancipation enter the deliberations over the value of professional goals and practice and the practitioner

makes links between the setting of everyday practice and broader social structure and forces e.g. health economics and resources.

Frameworks for Reflection

There are many frameworks that can be used to encourage and support reflection; the choice of framework depends on the student's skills and experience and may change as students become more expert in their reflections. A range of frameworks and tools follow:

Helping you to reflect:

Consider what you did on your placement visit today...did anything that happened during the day surprise you? Has anything that happened during the day contradicted or challenged your ideas or expectations? Have your views changed? For example:

If you met a patient:

How did the patient's life experiences differ from your own?

Did you feel able to empathise with the patient?

If you were shadowing a healthcare professional:

Did anything about the person's role surprise you? Do you think the roles of all members of the MDT are valued? How do you feel about team working with other professionals?

Your knowledge:

Have you identified gaps in your knowledge or skills? How might you go about addressing these?

Or you might like to use one of the following frameworks to reflect on your experience:

A Learning Experience (Pee et al, 2002)

Briefly describe what happened.

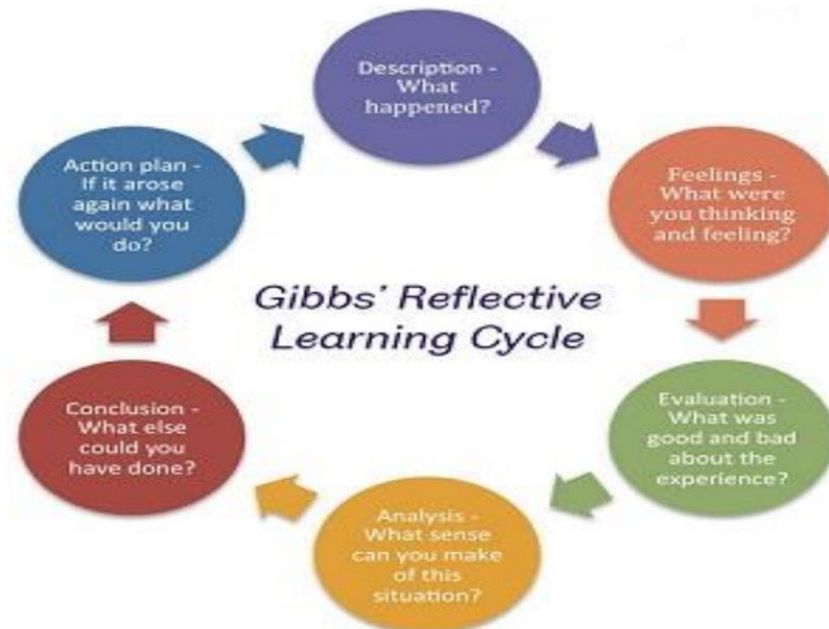
Describe your feelings at the time this happened.

Why do you consider this experience to be worthy of reflection?

What strengths in your clinical practice did this experience demonstrate?

What learning needs did this experience reveal to you?

Gibbs Reflective cycle (1988)



Borton's Developmental Framework (1970)

This is a simple model that is suitable for novice practitioners, at its simplest it's three steps can be summarised as:

What?

So what?

Now what?

i.e. the What questions such as: What happened?, What was I doing? Serve to identify the experience and describe it in detail.

The So what? Questions include questions like: So what do I need to know in order to understand this situation? So what does this tell me about me? About my relationship with the patient? With the other members of the team? I.e. the student breaks down the situation and tries to make sense of it by analysing and evaluating in order to draw conclusions.

The Now what? Questions e.g. Now what do I need to do to make things better? Now what might be the consequences of this action? At this stage the student plans intervention and action according to personal theory devised.

Johns Model of Structured reflection (1994)

Core questions – What information do I need to access in order to learn through this experience?

Cue questions:

Description of the experience

Phenomenon - -describe the here and now experience

Causal - what essential factors contributed to this experience?

Context – what are the significant background factors to this experience?

Clarifying – what are the key processes (for reflection) in this experience?

Reflection

What was I trying to achieve?

Why did I intervene as I did?

What were the consequences of my actions for:

Myself?

The patient/family

The people I work with?

How did I feel about this experience when it was happening?

How did the patient feel about it?

How do I know how the patient felt about it?

Influencing factors

What internal factors influenced my decision making?

What external factors influenced my decision making?

What sources of knowledge did/should have influenced my decision making?

Could I have dealt with the situation better?

What choices did I have?

What would be the consequences of these choices?

Learning

How do I feel now about this experience?

How have I made sense of this experience in light of past experiences and future practice?

How has this experience changed my ways of knowing

Empirics

Aesthetics

Ethics

Personal

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