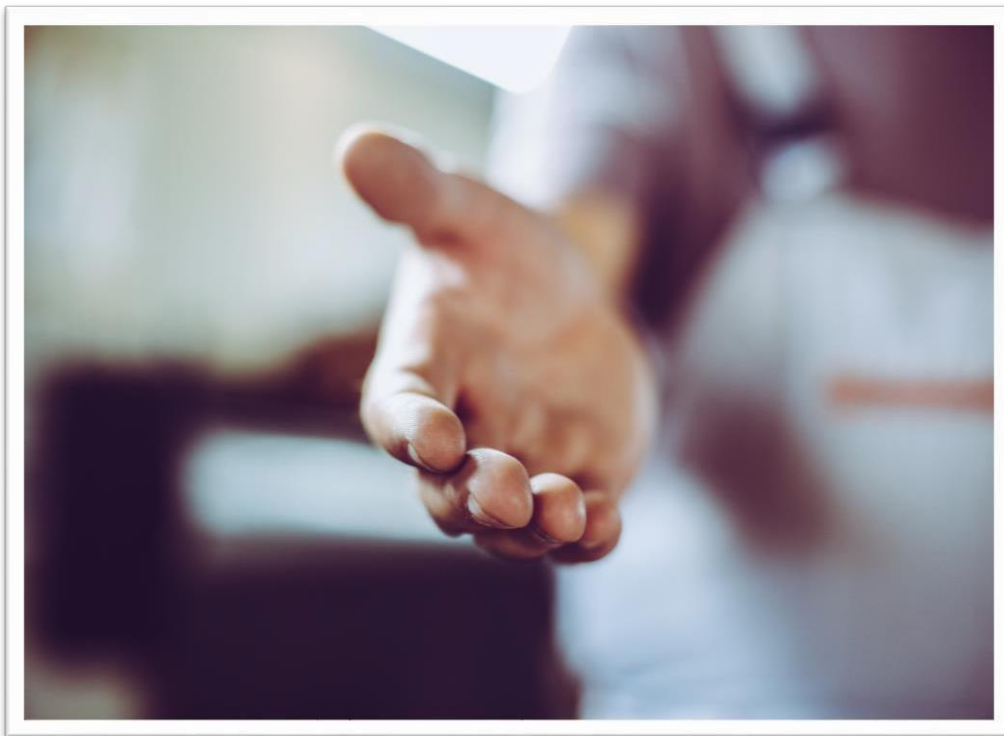


PA7: Care in the Community

Years 1 and 2

Module Handbook



MSc Physician Associate Studies

2018-19

PA7 Module Lead Year 1: TBC

PA7 Module Lead Year 2: Dr Mo Doshi

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Lecturers and staff

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Module Overview

The overarching aim of this module is to establish a core understanding of the structure and functions of the primary health care team and the critical role it plays within the NHS. Through their two-year longitudinal placement PA students are expected to incorporate themselves in their general practice team and to develop intellectual skills such as analysis and reflection, problem solving and clinical reasoning.

During the two years specific emphasis will be placed on: common clinical problems seen in general practice; chronic disease management; the assessment of acutely unwell patients including children; and developing effective strategies to safely manage cases where elements of clinical uncertainty exist.

Students should discuss cases they have observed or seen personally with the supervising clinician such that they learn to identify gaps in their knowledge and self-direct their own learning. Teaching will occur through case discussions and observed consultations; these activities will occur in a more structured manner in Year 2 where tutors will offer specific and descriptive feedback to the student as part of a formative assessment programme.

PA7 Care in the Community Block

In addition to the longitudinal one-day-a-week placement there is a Care in the Community block lasting five weeks in the Third Term of the First Year. This block covers the primary care aspects of dermatology, ENT, ophthalmology and musculoskeletal medicine. Teaching centrally during this block is delivered through a combination of relevant clinical attachments in secondary care, lectures, practicals and self-directed and problem based learning (PBL).

Information about the Intended Learning Outcomes for the entire programme can be found on the website: <https://QMPlus.qmul.ac.uk/>

It is strongly recommended that students refer frequently to the Competence and Curriculum Framework and the Matrix Specification of Core Clinical Conditions, as stipulated by the Department of Health and the Faculty of Physician Associates at the Royal College of Physicians (FPARCP).

These are both available on the FPARCP website:

<http://www.fparcp.co.uk/pa-students>

Learning objectives

Core Learning Objectives for PA7

By the **end of the two years** a PA student should be able to:

- Take a comprehensive medical history for relevant clinical problems.
- Perform a full examination for the relevant clinical systems.
- Use clinical reasoning skills to formulate a differential diagnosis.
- Develop a preliminary management plan for common conditions.
- Present findings, diagnosis and proposed management to senior colleagues.
- Apply the principles of audit and quality improvement.
- Practice using SBAR (Situation, Background, Assessment, Recommendation), a communication technique.

Specific Learning Outcomes

Introduction to Primary Care Learning Objectives

- Be able to describe the concepts of primary health care, primary care, general practice and family medicine.
- Describe the roles of non-clinical staff in the delivery of efficient, safe primary care.
- Understand the roles of the different clinical professionals in primary care.
- Recognise the interface between the host practice and other primary care organisations and secondary care.
- Become conversant with the clinical system used at the practice and be able to document appropriately on the electronic medical record with an understanding of the use of READ coding.
- Learn how to construct and run a search on the clinical system.
- Understand how disease registers are constructed and maintained.
- Explain how their practice maintains a recall system for chronic disease patients.

End of life care in the community

- Describe capacity and consent in end of life decision making.
- Explain the goals of palliative care.
- Discuss advance directives and engaging patients and families in planning for end of life.
- Describe the role of the multidisciplinary team in palliative care.

Health promotion in primary care

- Discuss health promotion in primary care including smoking cessation, weight loss, nutrition and immunization.
- List sources for guidelines and schedules for immunization in adults and children.
- Take a smoking history.
- List the options in smoking cessation therapy.
- Discuss cultural barriers to smoking cessation.
- Practice motivational interviewing.
- Explain social prescribing.
- Theorise how social determinants of health affect wellbeing
- Reflect on the impact of social issues on wellbeing and ill health in General Practice

Chronic Disease Management Learning Objectives

By the end of the two year programme, PAs must be able to diagnose the following conditions and provide basic, safe management. For each listed condition they must be able to:

1. Describe the typical patient history and clinical presentation.
2. Approach the patient and perform a focused physical examination directed at the presenting complaint.
3. Devise a differential diagnosis and consider alternative diagnoses before arriving at the final diagnosis.
4. List appropriate laboratory investigations and imaging studies that are indicated for each condition.
5. Create orders for investigations and interpret results.
6. Describe the management of the condition, including first-line drug therapy.
7. Practice writing prescriptions for the supervising doctor.
8. Describe ongoing management of chronic conditions, including adjustment and augmentation of drug therapies.
9. For chronic conditions, list recommended ancillary studies or referrals.
10. List “red flags” that would signal a more serious underlying condition requiring intervention or referral.
11. Engage with the patient to communicate the diagnosis, elicit concerns and provide education regarding the condition and follow up.
12. Cite NICE guidelines in support of your recommendations, where available.

Back/Neck Sprain	Muscular sprains of the major joints	Gout	Osteoarthritis
Conjunctivitis	Otitis externa	Otitis media	Allergic rhinitis
Acute tonsillitis	Eczema	Skin infections – viral, fungal and bacterial	Urticaria
Type 2 diabetes	Essential hypertension	Asthma	Chronic obstructive pulmonary disease

PAs must be able to identify the following conditions as possible diagnoses in a patient and provide immediate management to prevent deterioration and refer appropriately. For each listed condition:

1. Describe the typical patient history and clinical presentation.
2. Approach the patient and perform a focused physical examination directed at the presenting complaint.
3. Devise a differential diagnosis and consult with the supervising doctor, clearly alerting her/him to the concern for the listed condition.
4. Practice using SBAR, a communication technique. Engage the supervising doctor by describing:

5. Situation: The patient presents with [complaint]
6. Background: Brief, cogent history of presenting complaint as provided by the patient
7. Assessment: I'm concerned it could be [diagnosis]
8. Recommendation: I think the patient may need [intervention]
9. List appropriate laboratory investigations and imaging studies that are indicated for each condition.
10. Create orders for investigations and review results with the supervising doctor when available.
11. Describe the management of the condition, including first-line drug therapy.
12. List "red flags" that would signal an urgent or life threatening situation.
13. Cite NICE guidelines in support of your recommendations, where available.

Basal cell carcinoma	Melanoma	Squamous cell carcinoma	Strabismus
Cataract	Glaucoma	Mastoiditis	Meniere's disease
Tympanic membrane perforation	Quinsy	Diabetic peripheral neuropathy	Common Fractures: Colle's, Humeral, Hip, Scaphoid, and Metatarsal
Adhesive capsulitis	Carpal tunnel syndrome	Tenosynovitis: de Quervain's & Elbow tenosynovitis	Herniated disc pulposis
Slipped upper femoral epiphysis	Meniscal injuries	Septic arthritis	

Specific Learning Outcomes for 5 Week PA 7 Block Year 1

Dermatology in Primary Care Learning Objectives

- Describe the epidemiology of skin disease in the community
- Describe the psychosocial impact of skin disease on patients, their families and friends
- Describe the role of dermatology nurses in the community and hospital
- Describe the clinical presentation of atopic dermatitis.
- Describe the clinical presentation of psoriasis.
- List first line therapies for atopic dermatitis.
- List indications for referral of a patient with atopic dermatitis or psoriasis to a dermatologist.
- Advise patients how to apply topical medicaments.

Musculoskeletal Medicine in Primary Care Learning Objectives

- Describe the clinical presentation of osteoarthritis of the knee.
- Discuss the medical management of osteoarthritis of the knee.
- List indications for surgical intervention in osteoarthritis of the knee.
- Create a differential diagnosis for acute onset back pain.
- List red and yellow flags in acute onset back pain.
- Discuss appropriate investigations in back pain and when MRI is indicated.
- Describe management options in acute onset back pain.
- Discuss issues that may arise regarding illness and taking time away from work.
- Create a differential diagnosis for acute erythematous, painful joint.
- Differentiate among septic arthritis, rheumatoid arthritis flare and gout.
- List the precipitants of gout.
- List indicated investigations in acute presentation of gout.
- Discuss the management of gout, including acute flares.
- Discuss indications for the use of allopurinol.

Ophthalmology in Primary Care Learning Objectives

- Describe common presentations and causes for red eyes.
- Distinguish between conjunctival injection and ciliary flush.
- List causes of red eye that should trigger referral to an ophthalmologist.
- Develop a differential diagnosis for eyelid lumps.
- List red flags for eyelid lesions suggestive of malignancy.

ENT in Primary Care Learning Objectives

- Explain the approach to a patient with a complaint of “dizziness.”
- Differentiate between dizziness and vertigo.
- List potential causes of dizziness or vertigo.
- Demonstrate the Dix-Hall-Pike manoeuvre.
- List signs and symptoms of tonsillitis.
- List Centor criteria and indications for antibiotics.
- List the indications for tonsillectomy.
- Perform a competent examination of the ears, nose and throat.
- Demonstrate proficiency in using an otoscope.

Teaching structure

Teaching Organisation: Joint Tutorials

Year 1

We recognise the importance of peer group tutoring and ensuring that PA students have opportunities to learn together. Therefore, PA students will be allocated to groups that will meet on Wednesday mornings and have a joint tutorial. It is anticipated that each group will consist of 7-8 students and will be loosely based on geographical proximity. The location of tutorial will be rotated around the hosting practices. Each practice will host at least one joint tutorial for their group of PA students during each term.

Tutors will be given contact details of the other GP tutors in their locality group in order to negotiate tutorial topics. Joint tutorial subjects should be specific to Primary Care contexts and tutors should negotiate which subject areas they wish to teach among their locality group.

At least some of the morning tutorial should be focused on taking the opportunity to allow the PA students to share and reflect on their primary care experiences within their clinical placements and at the University. After the morning at the joint tutorial, students will then attend their host practice.

Year 2

Teaching from GP tutors will focus on cases seen in General Practice. Formal classroom teaching will be held by the PA/CBME faculty for the whole group held in the Senior Common Room (SCR) in the Garrod Building once a month.

Teaching Organisation: Student Surgeries

Supervision within Primary Care

Students will need direct clinical supervision. All patients that they see should be discussed with and often seen by the tutor. The Lead GP tutors will be responsible for ensuring that students see patients initially within the bounds of their competence; however, students should remain proactive in increasing the challenge of the cases that are booked into their surgery such that they feel growing confidence in seeing patients in increasing complexity across the breadth of general practice as they progress through the two years.

Student Surgeries Year 1

The first term will largely consist of active sitting in with professionals, observing consultations and taking part by performing basic measurements such as blood pressure and weight. During Term 1 the students will be taught useful practical skills on their university days, which can then be put into practice while at their surgery placement.

By Term 2 the students should be developing an understanding of chronic disease management and common primary care problems; they can start to see patients in parallel to their supervisor, taking an initial history and examination and starting to formulate a differential diagnosis. Additionally, they will have been trained to perform phlebotomy and have been taught examination skills for all the major body systems.

By Term 3 the students will be able to see and assess appropriately selected patients independently and then discuss the diagnosis and management needs with the supervising GP tutor.

During Term 3 they should have some part of every clinical session to see 'their own' patients. The supervising GP should always make his/her own assessment of the patient and will need to prescribe. This represents independent practice in a safe setting.

Student Surgeries Year 2

In Year 2, students should be deepening their understanding of chronic disease management and common primary care problems. They should ideally see patients in parallel to their supervisor. Their tasks will include: taking a full history and examination, formulating a differential diagnosis, and generating a management plan including appropriate medications.

Though the student should be formulating a plan for patient care, the supervisor must remain aware that the student is still in training and the supervising GP maintains responsibility for the patient, hence all patients require review. Students should practice considering appropriate medications and principles of prescribing, but all prescriptions must be issued by the supervising GP.

Student surgeries form an integral part of learning within the Community Care Module and should ideally occur on most of the Wednesdays during time spent in the practice. For this reason, Year 2 half day tutorials will be given approximately monthly (in year one they occurred every week).

A suggested model could be students seeing patients for 20 minute appointments, presenting their assessment, and then seeing the patient with the supervising clinician. Tutors will need to consider “blocked slots” during the supervising clinicians’ own surgery to allow time for supervision. This should be aligned with the student surgery timings (see appendix 4b for sample schedule).

Reception staff should be guided by the GP tutor on booking suitable patients into student surgeries depending on the competence of the student PA thus far, and selecting patients to represent the demographic range of the practice. Patients should be advised that they will be seen by a student PA but will still have a consultation with a GP.

Assessment in Primary Care

Year 1

Log Books

Students will have a logbook with the activities and skills that they need to get signed off by their tutor during their PA 7 placement. Students will complete end of placement sign off forms in their log books evaluating the skills they have developed and their professionalism in addition to their attendance record at the **end of each term**. They will return copies of these forms to the administration team.

Reflective case write up

During Term 3 students must submit a reflective case write up. This is marked centrally by the faculty at QMUL, but GP tutors can support students by suggesting suitably complex patients that will allow the student to reflect and research key issues in some depth.

The instructions given to the students are included in this handbook as an appendix.

The suggested word count is 1500-2000 words.

Submission & Marking

This work is submitted to the University and marked by the module convenors. As stated above, GP tutors are **not** expected to mark this work, but can offer students informal formative feedback and can suggest suitable patients.

The deadline for submission via QM Plus for Year 1 is Friday 19th October 2018 at 1700hrs.

Year 2

Students will be spending the majority of their time in primary care seeing patients in student surgeries and their modes of assessment reflect this. Case discussions, observed consultations and multi-source feedback are the formative assessment tools used.

An additional break in student surgery and more blocked appointments in the GP tutor's surgery is likely to be required when planning to perform a case discussion or observed consultation of student surgeries.

Case Discussions

Students should complete a logbook outlining the activities and skills that they need to get signed off by their tutor during their PA 7 placement. Year 2 students will need to have three case discussions with their supervising GP. The purpose of these assessments is to help the PA student identify learning needs through discussion of cases that they have seen in primary care with their supervising GP. The GP tutor should complete the Case Discussion sign off in the student's log book. Ideally, this should occur at the time of the discussion and be clear in terms of feedback on specific areas of improvement for students to reflect on, and to guide subsequent self-directed learning as a result of the discussion.

These assessments are formative, but should be used in making judgements for the end of year assessments, which are summative. The Case Discussions should be performed throughout the year, as this enables students to make progress and allows time for any learning needs to be addressed. Case Discussions should ideally occur once a term at minimum. It is likely that students will derive significant benefit from these discussions and may wish to do more.

At the end of each term tutors will be required to complete an end of term evaluation of the student's overall competence.

Training and support on student assessment will be provided for tutors. Additional support will be provided for any students not meeting the expected standard.

Observed Consultations

Students will be observed during a usual student surgery by the GP tutor. The tutor will observe the whole student consultation and the student will offer a suggested management plan. The tutor should make a clinical

assessment of the patient as needed, and allow the patient to leave before giving the student specific and descriptive feedback on the consultation.

The purpose of these assessments is to assess communication skills, clinical acumen and professionalism. These assessments are also formative and provide opportunity for valuable feedback to the student and areas to address for the student's own action plan.

At the time of the Observed Consultation, the GP tutor should complete the appropriate sign off in the student's Log Book.

These assessments should occur twice over the year, ideally once each in Terms 1 and 2.

Multi Source Feedback

Students in the second term should complete a Multi-Source Feedback assessment using the breadth of the primary care team. Five different members of the team should give feedback, the student should choose who gives feedback but should be guided by the GP tutor to ensure distribution across the team, particularly with those team members who have most closely worked with the student. Feedback again should be specific and descriptive to help the student reflect effectively.

As stated previously, at the end of each term tutors will be required to complete an end of term evaluation of the student's overall competence.

The student's overall assessment will be based on the following:

1. Attendance and level of participation and engagement during the placement.
2. Assessment of professional attitude and conduct.
3. A short written project, the reflective case write up, which they will be expected to undertake during their time in general practice (see section below).

Assessment of attendance and participation

At the end of each term tutors should assess students on their progress and achievement according to the grading criteria set down by the University.

Please complete the form for each student on the last day of the placement, with the student present. The forms are in the student's personal logbook.

The benefit of the logbook is that both the GP and hospital tutors can monitor students' progress so that gaps in their experience can be addressed.

Assessment of professional attitude and conduct

We want to ensure that our students develop appropriate professional attitudes and behaviour from the very beginning of their training; we recognise that some students may need more help and guidance in their professional development than others and we want to be able to identify them as early as possible so this support can be provided.

GP tutors will be asked to assess students Professionalism, Attendance and Competence at the **end of each term**.

Completing the Assessment

If as a tutor you feel the student is satisfactory you simply need to tick as many of the domains as you feel happy to assess. If you cannot assess a domain, simply tick the 'cannot assess' box.

We also want tutors to make a global assessment on each student; again if you feel the student is satisfactory, simply circle satisfactory and sign and date the form.

We do not require you to make any comments about a student unless there are problems.

If you feel a student is unsatisfactory in a given domain please give them some feedback and monitor to see if the situation improves.

What to do if a tutor has concerns

Any GP tutor who has concerns regarding a PA student should usually try to discuss these concerns with the student in the first instance. Local resolution is an important skill to learn and should be role modelled for students if possible.

In the event that the concerns continue or are not resolved the GP tutors should contact the module administrator (Laura Debrincat) in the first instance, who will be able to direct this to the appropriate member of faculty to advise on any further action.

What to do if a student has concerns

Any PA student who has concerns regarding their placement should again in the first instance raise this with their GP tutor. Should these concerns not be resolved then they should be brought to the attention of the module administrator (Laura Debrincat) who will inform the student's mentor on the faculty and the module leads.

Appendix 1 - Resource Recommendations

Listed below are some recommended materials which can be used to inform tutorials and as resources as starting points for PBL learning.

Introduction to Primary Care:

<http://www.euro.who.int/en/health-topics/Health-systems/primary-health-care/main-terminology>

Assessing the learning needs of the students:

<http://www.faculty.londondeanery.ac.uk/e-learning/assessing-educational-needs/>

Chronic Disease Management:

Hypertension

<https://www.nice.org.uk/guidance/cg127/chapter/1-Guidance#assessing-cardiovascular-risk-and-target-organ-damage>

Asthma

https://pcrs-uk.org/sites/pcrs-uk.org/files/AsthmaGuide_FINAL_2015.pdf

COPD

<https://pcrs-uk.org/sites/pcrs-uk.org/files/COPDQuickGuide2016Academy.pdf>

Smoking cessation

<https://pcrs-uk.org/tobacco-dependency-0>

Overview of inhaled medications

https://pcrs-uk.org/sites/pcrs-uk.org/files/RespInhalerTable_FINAL_0.pdf

Musculoskeletal:

Clinical Assessment Skills – History taking and examination

<http://www.arthritisresearchuk.org/health-professionals-and-students/student-handbook.aspx>

Self-management

<http://www.arthritisresearchuk.org/health-professionals-and-students/information-for-your-patients/exercise-sheets-and-videos.aspx>

Ophthalmology:

http://data.axmag.com/data/201512/20151209/U142357_F363426/FLASH/index.html

Dermatology:

<http://www.pcds.org.uk/>

<https://www.dermnetnz.org/>

<http://www.bad.org.uk/healthcare-professionals/education/medical-students>

ENT:

<https://www.entnet.org/sites/default/files/Oto-Primary-Care-WEB.pdf>

Appendix 2 – Student Deadlines

Year 1

Submission of logbook Assessments of Professional Attitude, Attendance Record and Participation

Term 1 – 30.03.18

Term 2 – 27.07.18

Term 3 – 26.10.18

Submission via QM Plus of Term 3 reflective case write up – 1700 hrs 19.10.2018

Year 2

Submission of logbook Assessments of Professional Attitude, Attendance Record and Participation

Term 1 – 30.03.18

Term 2 – 27.07.18

Term 3 – 31.10.18

Appendix 3a - Module Dates Year 1

Dates for the Year 1 Term 1

During Term 1 the PA students will spend **six** Wednesdays in General Practice in their first eight weeks.

DATE
Weds 17/01/18
Weds 24/01/18
Weds 31/01/18
Weds 07/02/18
Weds 14/02/18

Dates for the Year 1 Term 2

During Term 2 the PA students will spend **seven** Wednesdays in General Practice.

DATE
Weds 06/06/18
Weds 13/06/18
Weds 20/06/18
Weds 27/06/18
Weds 04/07/18
Weds 11/07/18
Weds 18/07/18

Dates for the Year 1 Term 3

During Term 3 the PA students will spend **ten** Wednesdays in General Practice.

DATE
Weds 10/1/18
Weds 17/1/18
Weds 24/1/18
Weds 21/2/18
Weds 28/2/18
Weds 7/3/18
Weds 14/3/18
Weds 21/3/18

****However, changes to the schedule can occur, therefore please check your google calendar daily for the most up to date and accurate information on the timetable.**

Appendix 3b - Module Dates Year 2

Dates for Year 2 Term1

Most of these days will be full days in general practice with approximately one Wednesday afternoon per month for centrally lead tutorials. The dates of these tutorials will be finalised and sent in a separate document.

During Term 1 the PA students will spend **eight** Wednesdays in General Practice.

DATE
Weds 10/1/18
Weds 17/1/18
Weds 24/1/18
Weds 21/2/18
Weds 28/2/18
Weds 7/3/18
Weds 14/3/18
Weds 21/3/18

Dates for Year 2 Term2

During Term 2 the PA students will spend **eleven** Wednesdays in General Practice.

DATE
Weds 18/4/18
Weds 2/5/18
Weds 9/5/18
Weds 16/5/18
Weds 23/5/18
Weds 6/6/18
Weds 20/6/18
Weds 4/7/18
Weds 11/7/18
Weds 18/7/18
Weds 25/7/18

Dates for Year 2 Term3

During Term 3 the PA students will spend **four** Wednesdays in General Practice.

DATE
Weds 5/9/18
Weds 12/9/18
Weds 10/10/18
Weds 17/10/18

****However, changes to the schedule can occur, therefore please check your google calendar daily for the most up to date and accurate information on the timetable.**

Appendix 4a – Sample Timetables Year 1

In order to help with the planning students' placements in each practice we have provided sample timetables to give an idea of the structure of the day.

Sample Timetable for Term 1

The first term focuses on orientation within the wider practice team and an emphasis on **active sitting in**, observing consultations, and putting into practice some of the practical skills already learned.

Time	Teaching	Suggested Activities
0900 – 1000	Active sitting in with health professional	e.g. Practice Nurse
1000 – 1200	Active sitting in with health professional	e.g. GP – home visit or morning clinic
1200 – 1215	Catch up with Lead Tutor	Debrief of day, goal setting for the following week, discussion about possible topics/cases for reflective writing
1215 - 1315	Travel to main host practice	
1315 – 1400	Catch up with lead tutor in host practice	Discussion about the patients that the student is going to see, discussion about any work the student has been asked to prepare, review of learning needs etc.
1400 – 1530	Peer Support	Review of the week, learning needs for the day ahead, review of reflective writing.
1530 – 1645	Joint Tutorial	Interviewing a health care professional about their role within the practice Group Work, prepared work that has been set in advance Utilisation of internet resources, teaching activities Meeting patients with relevant clinical history or signs

Sample Timetable for Term 2

During the second term students will have more experience in history taking, developing communication skills and conducting examinations. They can be directly observed by a supervising clinician in performing these skills.

Time	Teaching	Suggested Activities
0900 – 1000	Catch up with lead tutor in host practice	Discussion about the patients that the student is going to see, discussion about any work the student has been asked to prepare, review of learning needs etc.
1000 – 1200	Observed consultations	Students can consult with appropriate patients under the direct observation of the responsible clinician, putting into practice their developing history taking and examination skills
1200- 1215	Catch up with Lead Tutor	Debrief of day, goal setting for the following week, discussion about possible topics/cases for reflective writing
1215 – 1315	Travel to main host practice	
1315 – 1400		
1400 – 1530	Peer Support	Review of the week, learning needs for the afternoon ahead, review of reflective writing.
1530 – 1645	Joint Tutorial	Interviewing a health care professional about their role within the practice Group Work, prepared work that has been set in advance Utilisation of internet resources, teaching activities Meeting patients with relevant clinical history or signs
	Active sitting in with health professional	e.g. Practice Nurse/GP – home visit or afternoon clinic

Sample Timetable for Term 3

During this term students should be able to see their own patients in supervised surgeries. Patients should be specifically selected from the afternoon surgery caseload and allocated to them.

Time	Teaching	Suggested Activities
0900 – 1000	Peer Support	Review of the week, learning needs for the day ahead, review of reflective writing.
1000 – 1200		
1200- 1215	Catch up with Lead Tutor	Debrief of day, goal setting for the following week, discussion about possible topics/cases for reflective writing
1215 - 1315	Travel to main host practice	
1315 – 1400	Catch up with lead tutor in host practice	Discussion about the patients that the student is going to see, discussion about any work the student has been asked to prepare, review of learning needs etc.
1400 – 1645	Supervised surgery	GP tutor to select appropriate patients from list for student to see independently in own room
1645 – 1700	Joint Tutorial	Group Work, prepared work that has been set in advance Utilisation of internet resources, teaching activities Meeting patients with relevant clinical history or signs

Appendix 4b – Sample Timetables Year 2

Sample schedule for full Wednesday in GP practice

Below is a suggested guide for student surgeries. However, this should be adapted where necessary to fit into the working week of each practice.

Time	Activity		
9.00	Patient 1	20 mins consultation	10 mins tutor reviews patient
9.30	Patient 2	20 mins consultation	10 mins tutor reviews patient
10.00	Patient 3	20 mins consultation	10 mins tutor reviews patient
10.30	BREAK		
10.45	Patient 4	20 mins consultation	10 mins tutor reviews patient
11.15	Patient 5	20 mins consultation	10 mins tutor reviews patient
11.45	Patient 6	20 mins consultation	10 mins tutor reviews patient
12.15	LUNCH	Accompany home visit	Admin*
14.00	Patient 7	20 mins consultation	10 mins tutor reviews patient
14.30	Patient 8	20 mins consultation	10 mins tutor reviews patient
15.00	BREAK		
15.15	Patient 9	20 mins consultation	10 mins tutor reviews patient
15.45	Patient 10	20 mins consultation	10 mins tutor reviews patient
16.15	DEBRIEF **	Admin*	
17.00	END OF DAY		

Sample schedule for half Wednesday in GP practice

Time		Activity	
9.00	Patient 1	20 mins consultation	10 mins tutor reviews patient
9.30	Patient 2	20 mins consultation	10 mins tutor reviews patient
10.00	Patient 3	20 mins consultation	10 mins tutor reviews patient
10.30	BREAK		
10.45	Patient 4	20 mins consultation	10 mins tutor reviews patient
11.15	Patient 5	20 mins consultation	10 mins tutor reviews patient
11.45	Patient 6	20 mins consultation	10 mins tutor reviews patient
12.15	LUNCH	Admin*	Travel to Group tutorial
14.00	Group tutorial		
17.00	END		

*Admin to facilitate longitudinal learning, students should review results from the previous week/weeks and discuss any actions required with GP tutor.

**Debrief - overall debrief of day with GP tutor

Appendix 7 – Reflective Case Write Up – Instructions Given to Students

The reflective case write up should include:

A full history	Demographic information (no patient identifiable details!)
	Presenting Complaint
	History of Presenting Complaint
	Past Medical History
	Drug History
	Allergies
	Family History
	Social History
Examination findings (Brief)	All systems including neuro
Differential diagnosis	Students should think this through themselves and justify their reasoning. What features in the history or examination support this differential?
Investigation	Through reference to the notes students should describe what investigations were performed? Explain why and how these helped to refine the diagnosis either by exclusion or supporting one of the differentials
Management	What treatments/ medications were started? Explain the rationale for these therapies Consider what services/treatments are in place to keep the patient out of hospital if relevant

Lastly, **reflect**...

The purpose of reflective practice in clinical medicine is to encourage practitioners to talk and write about their clinical experiences in ways that help them to think critically about what it means to be a healthcare professional and how they would like to develop their individual professional practice.

Student's reflections should exceed the clinical aspects of the case. This is an opportunity for students to speak about details of the practitioner-patient interaction. This may help students to think more widely about the clinical practice and improve their preparation for future clinical encounters. These are some of the issues that constitute professionalism and learning to be a professional.

Here are some questions to help students write successful case reflections:

1. What is the overall impression of the clinical encounter?
2. Consider the patient's experience of being unwell, what emotions were evoked in them?
3. What emotions did the patient's story evoke?
4. What was the impact of the patient's illness on their family?
5. What could have done better in this clinical case?
6. What did students do well in this clinical case?
7. What would students do differently in future cases?

Appendix 8 - Professional Attitudes - Guidance For Students

The practice of medicine constitutes more than the acquisition of theoretical knowledge and practical skills. It also entails the accomplishment of conduct befitting a health care professional. Students will be expected to demonstrate professional attitudes and behaviours at all times when attending lectures, PBL groups or practical sessions. This includes showing respect and consideration for colleagues and teachers, demonstrating excellent time-keeping with punctual attendance at all teaching sessions, and keeping up with studies so that knowledge and skills are appropriate to the role of a future health professional.

It is the students' responsibility to ensure that attendance is recorded. This is achieved by checking in to all teaching sessions using card readers where available or signing the relevant register. Any student unable to attend a teaching session must contact the programme administrator, Laura Debrincat, to explain his/her absence. Students may be required to complete a form to this effect. Unexplained absence will be followed up by the PA administration team and may result in being summoned to meet with the programme faculty to discuss future engagement with the course.

A blank example form is included on the next two pages.

END OF TERM - PROFESSIONALISM ASSESSMENT FORM (PAC FORM)

Feedback should be given to every student about their professionalism during their placement and upon completion of this form.

- 1 If you are unconcerned about a student's professionalism, an overall assessment of "satisfactory" may be given without marking "satisfactory" on every criterion.
- 2 If you are concerned about a student's professionalism, then three or more "cause for concern" or "unsatisfactory" in any category results in an overall assessment of "Unsatisfactory".
- 3 Always decide and mark an overall "Satisfactory" or "Unsatisfactory" at the bottom of the form
- 4 Overall "Unsatisfactory" students are to be referred to their Academic Year Tutor
- 5 Please give full reasons for any "cause for concern" or "unsatisfactory" assessments on the reverse of this form
- 6 The student should make any responses on the reverse of this form

Student Name:		Satisfactory	Cause for Concern	Unsatisfactory	Unable to Observe
Placement:					
1	Honesty and Integrity Always honest with patients, peers, staff and in professional work (presentations, documentation, communication)				
2	Reliability and Responsibility: Reliable and conscientious. Punctual. Completes assigned tasks. Accepts responsibility for errors.				
3	Respect for Patients: Consistently demonstrates respect for patients' autonomy and dignity. Maintains confidentiality at all times. Always appropriately dressed for clinical setting.				
4	Respect for Others: Shows respect for patients' relatives, other healthcare team professionals and members of staff				
5	Attendance and Approach to Learning: Full attendance, participation at seminars and other learning opportunities				
6	Compassion and Empathy: Listens attentively and responds humanely to patients' and relatives concerns				
7	Communication and Collaboration: Works co-operatively and communicates effectively with patients and healthcare team members				
8	Self-Awareness and Knowledge of Limits: Recognises need for guidance and supervision, aware of appropriate professional boundaries. Personal beliefs do not prejudice approach to patients				
9	Altruism and Advocacy: Adheres to the best interests of patients				
10	Health: Does not allow his/her health or condition to put patients and others at risk				
OVERALL ASSESSMENT					

PLEASE INDICATE IF THIS ASSESSMENT HAS BEEN DISCUSSED WITH THE STUDENT

YES

NO

TUTOR NAME

TUTOR SIGNATURE

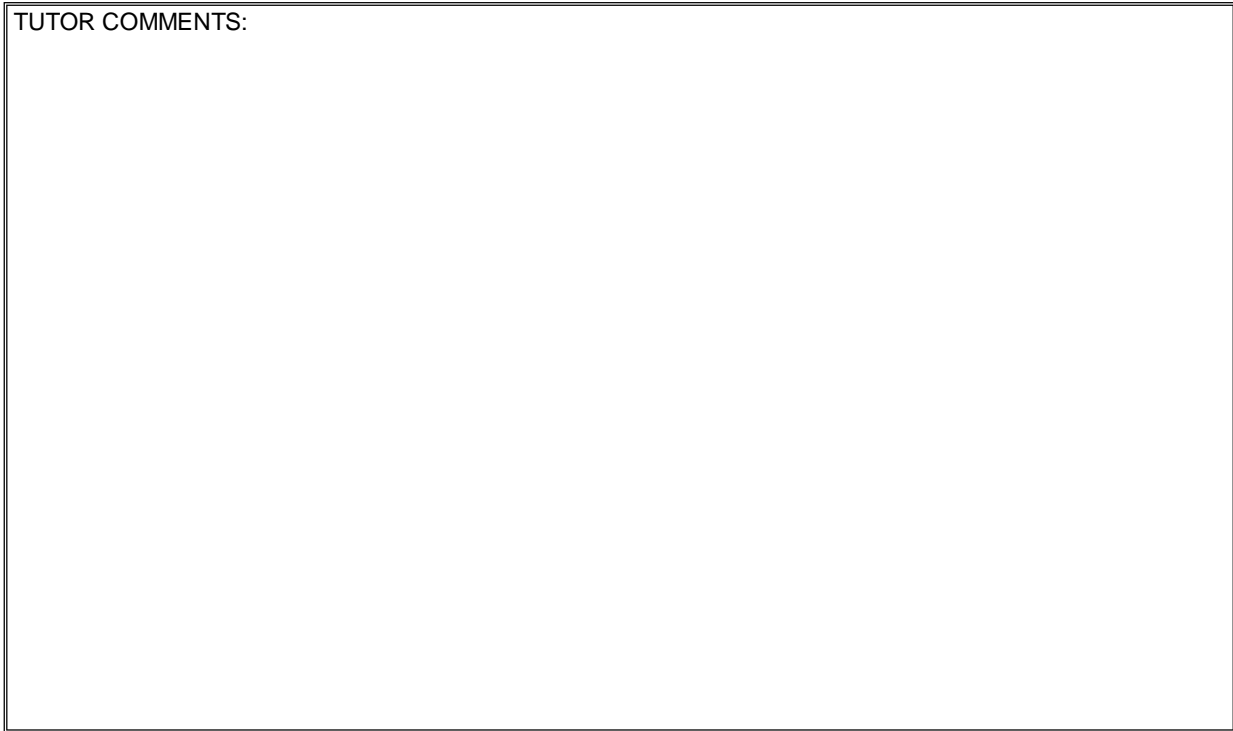
DATE

PLEASE CONTINUE OVERLEAF IF NECESSARY

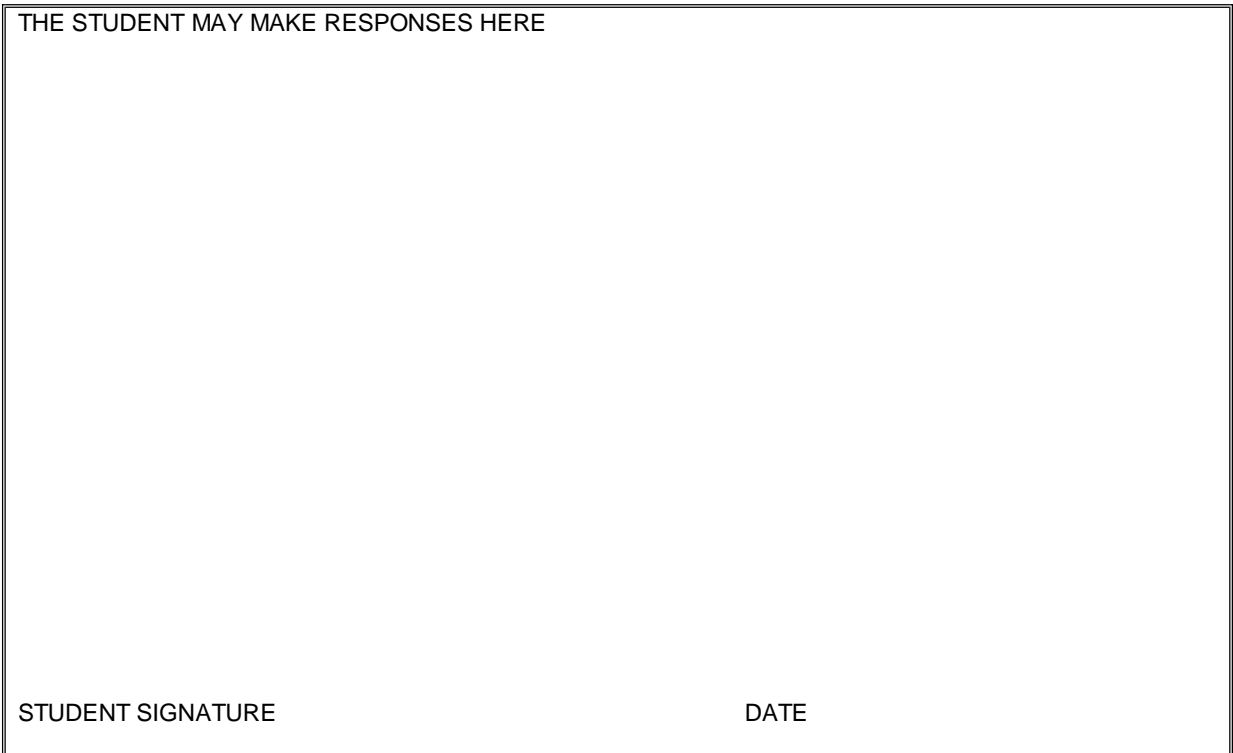
PROFESSIONALISM ASSESSMENT FORM (CONTINUED)

Please give FULL reasons for any "Cause for Concern" or "Unsatisfactory" assessments here, you may also make any other comments.

TUTOR COMMENTS:



THE STUDENT MAY MAKE RESPONSES HERE



STUDENT SIGNATURE

DATE

NOTE: If the student's Professional Attitude / Conduct was unsatisfactory please inform the PA Programme Administrator and complete the PAC Assessment Form.

Appendix 9 - Clinical Skills Checklist Organised By Term

We have listed below a guide to when the students will be specifically taught certain skills at the University which they will be able to put into practice during their placements.

Term	Skill
Year 1 Term 1	Measure body temperature (PA1)
	Measure pulse rate (PA1)
	Measure respiratory rate (PA1)
	Measure and record blood pressure (PA1)
	Perform and interpret a 12 lead ECG (PA1)
	Perform a urine dipstick test (PA1)
	Undertake respiratory function tests including the performance of peak flow measurement (PA1)
Year 1 Term 2	To take a venous blood sample, using appropriate tubes for required tests (PA3a)
	Communication skills: (PA1) Introduction to Communication in healthcare
	History taking skills: (PA1) Introducing yourself, gaining consent, exploring ICE, exploring HPC, Drug History, Family & Social History
	Cardiovascular examination (PA3a)
	Respiratory examination (PA3a)
	Abdominal examination including PR (PA3a)
	Neurological examination: Cranial nerve examination (PA3a); Peripheral nerve examination (PA3a)
	Musculoskeletal examination (PA3a)
	Peripheral vascular examination (PA3a)
	Ophthalmic examination including assessment of visual acuity, visual fields and fundoscopy (PA7)
	To perform fluorescein dye examination of the cornea (PA7)
	To remove loose foreign bodies from under eyelids (PA7)
	Oropharyngeal examination (PA7)
	Otoscopy (PA7)
Year 1 Term 3	How to perform a mental state examination (PA6.1)
	Dermatological examination (PA7): students should be able to describe lesions/rashes with correct terminology
	Examination of the spine and GALS assessment (PA7)
	Lower limb joints: Ankle, foot, knee and hip examination (PA7)
	Upper limb joints: Wrist, hand, elbow and shoulder examination (PA7)
	Smoking cessation advice and give appropriate dietary and exercise advice to patients with chronic diseases.