Community Medicine

Module Handbook

MSc Physician Associate Studies

2019-21

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MODULE OVERVIEW

The aim of this module is to establish a core understanding of the structure and functions of the primary health care team. The PA student, through this two-year longitudinal placement, will incorporate themselves in their Primary Care team and develop a sense of their potential for future roles in the General Practice setting. Specific focus in the first year will be placed on common chronic disease management, progressing over the two years to the assessment of acutely unwell patients including children and importantly developing strategies to safely manage cases in which there exists some clinical uncertainty.

Students should focus on the skills of a generalist, rather than focussing on the speciality they are studying in the secondary care modules. Students will frequently encounter similar clinical problems and diseases in their secondary care placements; the module aims to build on how this existing knowledge applies in the primary care context, and to deepen their understanding in order to gain confidence in managing the various clinical conditions.

Students are allocated to one host practice for the whole PA programme. They will have regular contact with this practice throughout the two years. The tutor at the host practice should try to ensure that PA students have a variety of clinical exposure and get as much opportunity to see and learn about the primary care team and the clinical problems seen in general practice as possible. It is likely that some informal preparation for reception staff is required, so that students are allocated patients of increasing complexity and to reflect the diversity of the practice population.

Students should discuss cases they have observed or seen personally with the supervising clinician so that they learn to identify gaps in their knowledge and self-direct their own learning. Teaching will occur through case discussions and observing consultations delivered by their supervisors and primary care team in which they are based. This will occur in a structured manner where tutors will offer specific and descriptive feedback to the student as a formative assessment.

HOW TO USE THE HANDBOOK

The module is broad in its scope. Set out in this handbook are learning objectives and learning outcomes.

i) the learning objectives of the module: simply put, what the student should be able to achieve at the end of the learning period. For example, at the conclusion of the Community Medicine module, you should be able to ‘define diabetes and how it is diagnosed.’

ii) the learning outcomes of the module: describes how the student, should be able to demonstrate what you have learnt in a way that can be measured by the tutor or the teaching staff. For example, at the conclusion of this module, you should be able to:

• List the steps involved in diagnosing diabetes and interpret HbA1C and serum glucose results.
• Briefly outline the management of diabetes in a primary care setting.

It is important that within this module, you become familiar with ALL the objectives and outcomes set out in the handbook. In some cases tutorials will cover these, often however the outcomes are expected to be learned through clinical encounters and self-directed learning.
Students are expected to develop a strong foundation in basic principles, deep understanding of diseases that commonly present and safe strategies when the diagnosis and presentation of illnesses are less clearly defined. It may be helpful to consider the many years of supervision of reflective practice a medical trainee has post qualification, conversely, PA students leave their courses as emerging clinicians with much less in the way of formal post graduate supervision. It is therefore key to have sufficient exposure to patients to develop the competencies required on qualification.

It is strongly recommended that students refer frequently to the matrix specification of core clinical conditions stipulated by the Department of Health and the Faculty of Physician Associates at the Royal College of Physician [https://www.fparcp.co.uk/pa-students](https://www.fparcp.co.uk/pa-students)

**KEY CONTACTS**
For all initial enquiries or issues about the GP community placements please contact Kate Scurr.

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**GUIDANCE FOR STUDENTS**
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 your colleagues and teachers, demonstrating excellent time-keeping with punctual attendance at all teaching sessions and keeping up with your studies so that your knowledge and skills are appropriate for a future health professional.

It is your responsibility to ensure that your attendance is recorded by checking in to all teaching sessions using card readers where available or signing the relevant register. In the event that you are unable to attend, you must contact the programme administrator, Laura Debrincat, to explain your absence. You may be required to complete a form to this effect. Unexplained absence will be followed up by the PA administration team and you can expect to be called in to meet with the programme faculty to discuss your conduct.

**ASSESSMENT**
A student’s ability to demonstrate the clinical skills and apply the knowledge gained through this module and placement will be assessed as part of the end of year OSCE and end of year SBA paper in both year 1 and year 2.

In preparation for the assessment, students are advised to cover all the learning objectives and learning outcomes for the module contained in this handbook, as well as ensuring that pertinent topic areas from the matrix (FPARCP) are also covered.
TEACHING STRUCTURE

Supervision within Primary Care

Students will need direct clinical supervision. All patients that are seen should be discussed and seen by the GP tutor. Your Lead GP tutors will need to be responsible for ensuring that you see patients initially within the bounds of your competence but you should remain proactive in increasing the challenge of the cases that are booked into your surgery such that you feel growing confidence in seeing patients in increasing complexity across the breadth of general practice.

Student Surgeries

Student Surgeries Year 1

By the time the students start their GP placements in Term 2 they will have had training in how to take a history and how to do the respiratory, cardiovascular, abdominal and neurological examination. Additionally, they will have been trained to perform phlebotomy, perform urinalysis and assess vital signs.

Term 2 in their community medicine placement will largely consist of active sitting in with professionals, observing consultations and taking part by performing basic measurements such as blood pressure and weight.

By Term 3 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.

By the end of 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.

Student surgeries 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, taking an initial history and examination and starting to formulate a differential diagnosis, 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’s surgeries form an integral part of their learning in this Community Care Module and should ideally occur on most of the Wednesdays that you are in your practice.

A suggested model could be students seeing patients for 20 minute appointments and then presenting and seeing the patient with the supervising clinician. Tutors will need to consider “blocked slots” in the supervising clinicians own surgery to allow time for supervision, this should be aligned with the student surgery timings (see 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, selecting patients across the demographic range of the practice. Reception staff should advise patients that they will be seen by a student PA but will still have a consultation with a GP.
**SAMPLE TIMETABLES**

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

**Year 2 Sample schedule for full Wednesday in GP practice**

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Patient</th>
<th>Activity Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00</td>
<td>patient 1</td>
<td>20 mins consultation</td>
</tr>
<tr>
<td>9.30</td>
<td>patient 2</td>
<td>20 mins consultation</td>
</tr>
<tr>
<td>10.00</td>
<td>patient 3</td>
<td>20 mins consultation</td>
</tr>
<tr>
<td>10.30</td>
<td>BREAK</td>
<td></td>
</tr>
<tr>
<td>10.45</td>
<td>patient 4</td>
<td>20 mins consultation</td>
</tr>
<tr>
<td>11.15</td>
<td>patient 5</td>
<td>20 mins consultation</td>
</tr>
<tr>
<td>11.45</td>
<td>patient 6</td>
<td>20 mins consultation</td>
</tr>
<tr>
<td>12.15</td>
<td>LUNCH</td>
<td>Accompany home visit</td>
</tr>
<tr>
<td>14.00</td>
<td>patient 7</td>
<td>20 mins consultation</td>
</tr>
<tr>
<td>14.30</td>
<td>patient 8</td>
<td>20 mins consultation</td>
</tr>
<tr>
<td>15.00</td>
<td>BREAK</td>
<td></td>
</tr>
<tr>
<td>15.15</td>
<td>patient 9</td>
<td>20 mins consultation</td>
</tr>
<tr>
<td>15.45</td>
<td>patient 10</td>
<td>20 mins consultation</td>
</tr>
<tr>
<td>16.15</td>
<td>DEBRIEF **</td>
<td>Admin</td>
</tr>
<tr>
<td>17.00</td>
<td>END OF DAY</td>
<td></td>
</tr>
</tbody>
</table>
LEARNING OBJECTIVES FOR COMMUNITY MEDICINE

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

1. Take a comprehensive medical history for relevant clinical problems.
2. Perform a full examination for the relevant clinical systems.
3. Use clinical reasoning skills to formulate a differential diagnosis.
4. Develop a preliminary management plan for common conditions.
5. Present findings, diagnosis and proposed management to senior colleagues.
6. Apply the principles of audit and quality improvement.
7. Practice using SBAR, a communication technique.

PAs must be able to diagnose the following conditions and provide basic, safe management:

1. Back/Neck Sprain
2. Muscular sprains of the major joints
3. Gout
4. Osteoarthritis
5. Conjunctivitis
6. Otitis externa
7. Otitis media
8. Allergic rhinitis
9. Acute tonsillitis
10. Eczema
11. Skin infections – viral, fungal and bacterial
12. Urticaria
13. Type 2 diabetes
14. Essential hypertension
15. Asthma
16. 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:
   a) Situation: The patient presents with [complaint]
   b) Background: Brief, cogent history of presenting complaint as provided by the patient
   c) Assessment: I’m concerned it could be [diagnosis]
   d) Recommendation: I think the patient may need [intervention]
5. List appropriate laboratory investigations and imaging studies that are indicated for each condition.
6. Create orders for investigations and review results with the supervising doctor when available.
7. Describe the management of the condition, including first-line drug therapy.
8. List “red flags” that would signal an urgent or life threatening situation.
9. Cite NICE guidelines in support of your recommendations, where available.

- a) Basal cell carcinoma
- b) Melanoma
- c) Squamous cell carcinoma
- d) Strabismus
- e) Cataract
- f) Glaucoma
- g) Mastoiditis
- h) Meniere’s disease
- i) Tympanic membrane perforation
- j) Quinsy
- k) Diabetic peripheral neuropathy
- l) Common Fractures: Colle’s, Humeral, Hip, Scaphoid, and Metatarsal
- m) Adhesive capsulitis
- n) Carpal tunnel syndrome
- o) Tenosynovitis: de Quervain’s & Elbow tenosynovitis
- p) Herniated disc pulposis
- q) Slipped upper femoral epiphysis
- r) Meniscal injuries
- s) Septic arthritis

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.

CHRONIC DISEASE MANAGEMENT LEARNING OBJECTIVES

Type 2 diabetes in primary care
• Discuss criteria for a new diagnosis of type 2 diabetes.
• Discuss guidelines for step-wise treatment of type 2 diabetes.
• Cite target HBA1c goal in type 2 diabetes.
• List screening tests for secondary prevention and their frequency.
• List complications of poorly controlled type 2 diabetes.
• Describe patient and family self-management of type 2 diabetes and prevention of complications.
• Explain strategies for patient recognition and care seeking for complications.

Essential hypertension
• Understand and describe the pathophysiological difference between benign and malignant hypertension.
• Outline the long-term consequences of untreated benign essential hypertension & demonstrate an awareness of the importance of blood pressure control as preventive approach to cardiovascular disease.
• Describe the indications for treatment of hypertension.
• Management of the patient with benign essential hypertension.
• History: assess baseline blood pressure profile, family history of hypertension, potential exposures to agents which may cause hypertension (e.g., lead, cocaine, amphetamines), for co-morbid conditions which may be a secondary cause of hypertension.
• Perform blood pressure measurement
• Perform fundoscopic examination
• Examine for the presence of vascular disease and hypertensive cardiac disease.
• Differentiate benign from malignant hypertension and primary from secondary causes of hypertension.
• Interpret lipid profile, urinalysis, 24-hour BP recording and electrocardiogram.
• Provide patient education taking into consideration each patient’s psychosocial status.
• Develop effective clinician-patient communication skills.
• Understand the difficulty, for the patient, of lifestyle modifications that play a key role in management of hypertension.
• Be sensitive to barriers that may prevent successful long-term compliance with drug therapy in an asymptomatic condition.

Ischaemic heart disease in primary care
• Describe and define the initiation of atherosclerosis.
• Describe the underlying pathophysiology for angina and the difference between stable and unstable clinical patterns.
Define and describe the terms prevalence, detection and risk in regards to atherosclerosis.

Assign a coronary risk percentage (10 year risk level for event %) using the Qrisk2 tool and describe the basic principles underlying risk stratification.

List at least two drugs with their mechanism of action, usual dose, side effects and contraindications that are used in the treatment of Angina Pectoris.

Take an accurate and complete history in order to identify a patient’s risk profile for atherosclerosis.

Detect on physical exam findings that may represent risk for the presence of atherosclerosis:
- Xanthomas
- Xanthelasma
- Diabetic skin lesions
- Carotid bruits
- Cardiomegaly
- Left ventricular 4th Heart Sound
- Levine’s sign
- Peripheral vascular exam

Recognize the ECG changes indicative of coronary ischemia both on the resting 12 lead ECG and stress test.

Be able to treat active chest pain with sublingual nitroglycerin and aspirin.

Describe the principles of primary and secondary prevention in ischaemic heart disease.

Demonstrate the ability to discuss lifestyle modification to reduce the risk of ischaemic heart disease.

Respiratory disease in primary care

Describe the common clinical presentations and diagnostic criteria for asthma, COPD, and chronic bronchitis.

Describe the aetiology, pathophysiology, and pathology of each of these disorders.

Describe the basic principles of bronchodilator, corticosteroid, oxygen and antibiotic therapy.

Describe the role of influenza and pneumococcal vaccine in the care of patients with obstructive airways disease.

Obtain, document, and present an age-appropriate medical history, including duration and severity of shortness of breath, sputum production, cough, wheezing, haemoptysis, fever, abnormal nocturnal/diurnal sleep patterns, patient’s occupational history, including current and past exposures, environmental, smoking (active and passive).

Perform a physical examination to establish the diagnosis and severity of disease, including accurate assessment of the use of accessory muscles for breathing, accurate determination of pulsus paradox, and accurate recognition of abnormal breath sounds.

Generate a differential diagnosis recognizing specific history and physical exam findings that confirm or refute a diagnosis of asthma, chronic bronchitis or COPD.

Understand when to arrange and how to interpret a chest x-ray, spirometry, arterial blood gases, sputum culture, and pulse oximetry in the evaluation of patients suffering from obstructive airways disease.
• Communicate the diagnosis, prognosis, and treatment plan of the disease to patients and their families.
• Develop an appropriate management and treatment plan of patients with obstructive airways disease.
• Appraise the latest guidelines for chronic respiratory diseases and understand how they are implemented in clinical practice.
• Discuss how poor working, living, and environmental conditions can contribute to respiratory tract disease.

Chronic kidney disease in primary care
• Describe laboratory and clinical findings in early renal impairment.
• Discuss primary care management of renal impairment and chronic kidney disease.
• List indications for referral to a renal consultant.
• Describe strategies for co-managing patients with CKD with renal consultants.

Chronic neurological disease and disability in the community
• List resources for rehabilitative care in the community.
• Explain the role of physiotherapy in the management of chronic neurological conditions.
• Describe assessment of the home environment in the setting of chronic neurological conditions and disability.

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

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.
CLINICAL SKILLS IN COMMUNITY MEDICINE

As PAs are a newer member of the clinical workforce GP tutors may not be aware of the structure of their training and which knowledge, skills and behaviours will they be able to put into practice during their placements in primary care. For this reason we have listed below a guide to when the students will be specifically taught certain skills at the University and what we would expect them to be proficient in at the end of each term.

Year 1

Term 1
Communication skills:
Introduction to Communication in healthcare
History taking skills: Introducing yourself, gaining consent, exploring ICE, exploring HPC, drug history, family & social history

Clinical examinations:
Cardiovascular examination
Respiratory examination
Abdominal examination including PR
Neurological examination
  - Cranial nerve examination
  - Peripheral nerve examination
Basic Life support

Clinical Procedures
Measure body temperature
Measure pulse rate
Measure respiratory rate
Measure and record blood pressure
Perform and interpret a 12 lead ECG
Perform a urine dipstick test
Undertake respiratory function tests
To take a venous blood sample, using appropriate tubes for required tests
Spirometry

Term 3
Ophthalmic examination including assessment of visual acuity, visual fields and fundoscopy
Oropharyngeal examination
Otoscopy
How to perform a mental state examination and take a psychiatric history
Dermatological examination: students should be able to describe lesions/rashes with correct terminology
Draw up and give intramuscular and subcutaneous injections
They will also revise examination of the musculoskeletal system:
Examination of the spine
Lower limb joints: Ankle, knee and hip examination
Upper limb joints: Hand wrist and shoulder examination

By the end of Term 3 the students should be able to give smoking cessation advice and give appropriate dietary and exercise advice to patients with chronic diseases.
Year 2
In year 2 students should become more fluent in all examinations and practical procedures and integrate them with their history taking, investigations and management of patients.

 Term 1
Obstetric history taking and examination of the pregnant woman
Sexual health history taking, examination and swabs
Gynaecological history taking and examination including bimanual and speculum examination and obtaining a cervical smear
Paediatric history and examination

 Term 2
Falls history and assessment
ABG
Female and male catheterisation
Blood cultures
Commence and manage a blood transfusion

 Term 3
Inserting a naso-gastric tube
Undertaking simple skin suturing
Assessment in Primary Care

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 GP tutor’s surgery is likely to be required when planning to perform a case discussion or observed consultation on some of the student surgeries.

The students will have a logbook with the activities and skills that they need to get signed off by their tutor during their placement. At the end of each term tutors will be required to complete an end of term evaluation of the students overall competence.

The students’ 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 or student has concerns about progression

Any GP tutor or PA student who has concerns should usually try to discuss these concerns within the placement 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 GP tutors or the PA student should contact the module administrator (Kate Scurr), who will be able to direct this to the appropriate member of faculty to advise on any further action.

Case Discussions

Students should complete a logbook with the activities and skills that they need to get signed off by their tutor during their placement. For each year, the students will need to have 3 case discussions with the 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 students log book, ideally at the time of the discussion and be clear in the feedback on specific areas of improvement the student should focus and reflect on, to guide their 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 allows for students to make progress and allows time for any learning needs to be addressed. Case Discussions should ideally occur at a minimum of once per term. It is likely that students will derive much 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 students own action plan.

At the time of the Observed Consultation, the GP tutor should complete the appropriate sign off in the students Log Book. These assessments should occur twice over the year, ideally once each in Term 2 and 3.
**Multi Source Feedback**

Students in the third 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.

**Reflective Write Up**

During Term 3 the 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 in some depth.

The instructions given to the students are as follows:

This should include a full history:

- Demographic *(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 neurological exam

Differential diagnosis

- Construct a differential diagnosis, think this through yourself and justify your reasoning. What features in the history or examination support your differential?

Through reference to the notes, describe what investigations were performed. Explain why and how these helped to refine the diagnosis either by exclusion or supporting one of the differentials.

What treatments/ medications were started - explain the rationale for these therapies.

If relevant you should consider what services/treatments are in place to keep the patient out of hospital.

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.

Your reflections should exceed the clinical aspects of the case. This is an opportunity for you to speak about details of the practitioner-patient interaction which may help you to think more widely about the clinical practice and improve your 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 you write reflections:

1. What is your 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 in you?
4. What was the impact of the patient's illness on their family?
5. What could you have done better in this clinical case?
6. What did you do well in this clinical case?
7. What would you do differently in future cases?

The suggested word count is 1500-2000 words.

**Students must select different cases for the reflective write ups in each of year 1 and 2.**

**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.

Submission deadline.

Year 1 7/10/19

Year 2 TBC
RESOURCE RECOMMENDATIONS

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:


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


Self-management  

Ophthalmology:  

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