YEAR 3 GP HANDBOOK
(GP3 and Met3A)

YEAR 3: 2019 - 2020

STUDENT and GP TUTOR HANDBOOK
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**KEY INFORMATION FOR YEAR 3 GP BLOCKS**

<table>
<thead>
<tr>
<th>Module:</th>
<th><strong>GP3</strong> (primarily incorporates Met3B, CR3 and to a lesser extent Met3A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term:</td>
<td>During Met 3B</td>
</tr>
<tr>
<td>Length:</td>
<td>1 day a week at a designated GP practice.</td>
</tr>
<tr>
<td>Learning activities:</td>
<td>Directly observed consultations/clinical skills with a GP Tutor/peers in routine clinics or specific student clinics. Tutorials and case presentations Nurse- led clinics or chronic disease management clinics Home visits guided by the GP, or with other members of the MDT Opportunity to get involved in practice audits</td>
</tr>
<tr>
<td>Assessment:</td>
<td><strong>Observed Short history taking</strong> – 5 to be completed in the GP component <strong>Observed Case Presentation</strong> – 5 to be completed during attachment (Hospital &amp; GP) <strong>Marked Written cases</strong> - 5 to be completed during attachment (Hospital &amp; GP) <strong>PBL attendance and reflection</strong> – 2 cases in GP. Logbook signed by GP Tutor. <strong>Practical skills</strong> – as outlined in the logbook (blood pressures, urine dips, ECGs) <strong>Observed examinations</strong> - Cardiovascular, Respiratory, Abdominal, Nervous &amp; Other- 5 to be completed during whole attachment (Hospital &amp; GP). <strong>Continuity Exercise</strong> – Identify a patient with an acute exacerbation of a condition and follow them up on two further occasions during the placement <strong>End of placement online professional attitudes, attendance and overall conduct form</strong> – GP to complete</td>
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<table>
<thead>
<tr>
<th>Module:</th>
<th><strong>Met3A</strong></th>
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<tbody>
<tr>
<td>Term:</td>
<td>During Met3A</td>
</tr>
<tr>
<td>Length:</td>
<td>4 days in GP/Community placements over 1 week</td>
</tr>
<tr>
<td>Learning activities:</td>
<td><strong>Greater London medical students</strong>: 2 consecutive days in General Practice and 2 days with community MDT teams. Nutrition online learning module. <strong>Medical students outside London</strong>: 4 days in General Practice. Nutrition online learning module.</td>
</tr>
<tr>
<td>Assessment:</td>
<td><strong>Observed history takings</strong> (5 to complete in total-Hospital and GP) <strong>Short case presentations</strong> (5 to complete in total-Hospital and GP) <strong>Observed examinations</strong>: cardiovascular, respiratory, abdominal, nervous, other <strong>Observed clinical skills</strong> (as per log book e.g. BMs, BP, wound swabs) <strong>Online nutritional teaching</strong> - Certificate of completion <strong>Online professional attitudes and overall conduct form</strong> – GP to complete</td>
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INTRODUCTION TO GP

Welcome to your GP blocks! We hope you enjoy your time with us.

Primary care is exciting, complex and with endless variety. GPs encounter patients at the start of their healthcare journey and work collaboratively with them through their whole lives. As expert medical generalists, they diagnose a wide range of conditions and combine their medical knowledge with a broader view of the patient and their role in society to treat everyone individually and compassionately. Doctors cannot meet all the needs of all patients alone and GPs work closely with members of the multidisciplinary community team to deliver comprehensive patient care. As a huge and intensively used resource, primary care uses creative and innovative models of working to provide patient care and respond to changes in community demand.

Your GP blocks take place during Met 3A (1-week GP/community placements) and as GP3 (1 day a week at a designated GP practice during the Met 3B term). Although your term themes are structured around certain key topics, in general practice and community placements we want you to embrace the range and diversity of different patient presentations you will see. All patients are relevant - this is the opportunity to start integrating clinical knowledge across systems which reflects how patients present in Primary Care.

The GP placements are also a great opportunity to develop your skills in taking a comprehensive medical history, performing a clinical examination, making sense of your findings (clinical reasoning) which are your key learning objectives for year 3. You will see how the conditions seen in hospital settings first present to Primary Care, their follow up, how to manage patients that may have several conditions simultaneously and how they impact upon each other.

The care of patients is increasingly shifting into community settings. We hope many of you feel inspired to pursue a career in primary care, and that all of you develop a deeper understanding of the complexities of Primary Care even if they choose not to follow a community care career pathway.

Contacts
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Esi Amankwe Year 3 GP Administrator e.amankwe@qmul.ac.uk

Please contact the Year 3 GP Module Lead and/or Administrator directly if there are any problems with the GP aspect of the attachment. Early contact enables identified concerns to be dealt with promptly. Contact details are also found in the Year 3 CBME area of QMPlus.

YEAR 3 TIMETABLE
This is an overview of the Year 3 timetable. Students are at no disadvantage or advantage regarding the order of the different GP blocks.

<table>
<thead>
<tr>
<th></th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grp A</td>
<td>CR3</td>
<td>Met 3A (1-week GP)</td>
<td>Met 3B/GP3</td>
</tr>
<tr>
<td>Grp B</td>
<td>Met 3B/GP3</td>
<td>CR3</td>
<td>Met 3A (1-week GP)</td>
</tr>
<tr>
<td>Grp C</td>
<td>Met 3A (1-week GP)</td>
<td>Met 3B/GP3</td>
<td>CR3</td>
</tr>
</tbody>
</table>

- Met 3A - Surgery, Gastroenterology, Cancer and Palliative Care (1 week in GP)
- CR3 - Cardiovascular, Respiratory, Haematology (no GP placements).
- Met 3B - Endocrine, Renal, Infection, Breast, Urology and Introduction to ENT (GP3 placements 1 day a week)
- GP3 - incorporates Met 3B and CR3 (and to a lesser extent, Met 3A) conditions. (1 day a week at a designated GP practice during the Met 3B term, except for RLH/Barts students who will spend two days less).

All year 3 students also complete a week’s teaching in Public Health, as well as several central teaching weeks in clinical and communications skills over the academic year.

By the end of the 3rd year students should be able to:
- Obtain an accurate and comprehensive history – both for diagnosing disease and understanding the patients experience of an illness
- Perform a full physical examination in a competent manner.

**REVIEW OF GP PLACEMENTS FOR MEDICAL STUDENTS IN YEAR 1 AND 2**

**Year 1:**
- 12 full days in general practice in MedSoc (Medicine in Society).
  This aims to introduce students to patients and patients’ experience of health and ill-health over the course of their lives.

**Year 2:**
- 12 half days in general practice in EPC (Extending Patient Contact).
  This is an opportunity for students to build on the PBL scenarios they have covered by encountering patients in an authentic clinical environment.
- 12 days in the community in MedSoc
  This includes 6 days in a mental health setting and 6 days in a specialist setting such as palliative care, care of elderly medicine or diabetes)
**YEAR 3 INDEX CONDITIONS**
The list below reflects conditions that we commonly see and manage in Primary Care.

**CR3:**

<table>
<thead>
<tr>
<th>Cardiovascular</th>
<th>Respiratory</th>
<th>Haematology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension (1° and 2°)</td>
<td>Asthma</td>
<td>Anaemia (microcytic, macrocytic, normocytic, CKD)</td>
</tr>
<tr>
<td>Ischaemic Heart Disease including Lipid Management</td>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>Haemoglobinopathies</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>Presentations of Lung Cancer in Primary Care</td>
<td>Primary care presentations of Haematological cancer in</td>
</tr>
<tr>
<td>Atrial Fibrillation, arrhythmias</td>
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</tbody>
</table>

**Met 3B:**

<table>
<thead>
<tr>
<th>Renal</th>
<th>Endocrine</th>
<th>Infection</th>
<th>Urology</th>
<th>Breast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Kidney Disease</td>
<td>Diabetes</td>
<td>Respiratory / ENT</td>
<td>Overactive Bladder</td>
<td>Breast Lumps</td>
</tr>
<tr>
<td>Acute Kidney Injury</td>
<td>Pre-Diabetes</td>
<td>Urinary</td>
<td>Prostate</td>
<td></td>
</tr>
<tr>
<td>Renal Stones</td>
<td>Thyroid disease</td>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentations of Renal Cancer in Primary Care</td>
<td>Presentations of Endocrine Cancer (eg neck lumps) in Primary Care</td>
<td>Recognition of Sepsis in Primary Care</td>
<td>Presentations of Urological Cancers in Primary Care</td>
<td>Presentations of Breast cancer in Primary Care</td>
</tr>
</tbody>
</table>

**Met 3A:**

<table>
<thead>
<tr>
<th>Surgery</th>
<th>Pre-op &amp; post-op management including recognition of complications. How to address co-morbidities such as cardiovascular, respiratory, endocrine conditions) in primary care in the context of surgery.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenterology</td>
<td>Common presentations in primary care - GORD, IBS, Liver disease</td>
</tr>
<tr>
<td>Cancer</td>
<td>Recognition of cancer in Primary Care and referral under the 2 week wait pathway. After-care for patients with cancer</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>Patients discharged to community services for Palliative Care (for cancer, heart failure or end-stage COPD).</td>
</tr>
</tbody>
</table>

**YEAR 3 GP IN MALTA**
Students will be attending one continuous once weekly placement in community settings and as such will be expected to cover all the above index conditions during that time.
Compas General Outcomes for General Practice and Community Care:

- **Medical knowledge: CLINICAL FEATURES of DISEASE: Cancer**
  1) **Compare the presentation of malignancy in primary care and secondary care and palliative care in the community and hospice.**

- **Clinical skills: Taking the history**
  1) **Be able to take and record a patient's medical history, and recognize the role of taking a focused history**
  2) **Be able to present a coherent summary of a patient's medical history**

- **Clinical skills: Examining the Patient**
  1) **Attain competence in the general examination and key systems examinations, namely cardiovascular, respiratory, abdominal and basic neurological examinations**
  2) **Be introduced to ENT in primary care and begin to carry out ENT examinations**

- **Clinical skills: Formulating a treatment plan**
  1) **Learn to apply theoretical knowledge to clinical practice in cardio-respiratory, gastrointestinal, metabolic and some neurology areas**
  2) **Recognize the importance of a holistic approach, with particular reference to chronic disease management and palliative care**
  3) **Examine the interface between primary and secondary care and the integration of community and hospital services**

- **Clinical skills: Supporting patients and identifying abuse and neglect**

- **Preventative care and Screening**
  1) **Begin to demonstrate skills in promoting behaviour and lifestyle change**

- **Professional issues: Working in Teams**
  2) **Demonstrate effective communication skills (verbal, non-verbal and written) with patients and with professionals within the primary care multidisciplinary team**

- **Professional issues: Ethico-Legal Responsibilities of Patient Care**
  1) **Debate ethical issues pertinent to primary care**
GP 3: Suggested Activities on Primary Care attachment

The content of the teaching sessions will vary from practice to practice, and with the availability of different types of patients. However, we recommend you include a balance of the activities listed below:

- Directly observed consultations/clinical skills with a GP Tutor. This can be in student clinics where specialist patients are brought in for teaching purposes, or in routine clinics where students have a chance to take histories, examine patients and present back to the GP tutor. They may practice communication skills by giving explanations to patients regarding their condition or its management.

- Tutorials and case presentations with GP Tutors and/or other Primary Care colleagues. This can include tutorial students have pre-prepared on key topics, presenting cases they have seen, role plays (such as breaking bad news), or mock OSCE stations.

- Visit a housebound patient and report back to the GP Tutor after to discuss the pre-arranged learning objectives (such as exploring coping mechanisms or difficulties in activities of daily living when long-term conditions exist).

- Nurse-led general clinic – looking at specific objectives (i.e. common presentations or complications, medication, lifestyle and dietary advice etc.) with suitable supervision/discussion opportunities.

- Specialist Nurse-led clinics e.g. Diabetes and CKD clinics - students can either assist or run these clinics (with remote support) with an opportunity to take histories from patients, review their medications, check blood pressures and urine dip and record these on a template.

- Home visits with the practice nurse, physiotherapist, occupational therapist or social worker

- Attendance at Unplanned Admissions /Integrated Care Management (ICM)/Palliative Care meetings to discuss MDT management of patients and identify key roles of MDT in patient’s care.

- Accompany patient to an outpatient appointment and explore their thoughts before, during and after the consultation (note students to take ID and contact hospital prior to attending any outpatient appointments)

- Opportunity to get involved and present audits being undertaken within the practice.

Example timetable:

<table>
<thead>
<tr>
<th>Morning activities</th>
<th>Afternoon activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900-1030: Students present cases and themed tutorial</td>
<td>Spending time with another MDT member</td>
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<tr>
<td></td>
<td>Specialist/ general nurse clinic</td>
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<tr>
<td></td>
<td>Sitting in with GP</td>
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<tr>
<td></td>
<td>Home visit with feedback to GP</td>
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<tr>
<td></td>
<td>Audit</td>
</tr>
<tr>
<td>1030-1130: Meet patients</td>
<td>Preparing for tutorial week after</td>
</tr>
<tr>
<td>1130-1230: Presenting patients, feedback and</td>
<td></td>
</tr>
<tr>
<td>filling knowledge gaps</td>
<td></td>
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</tbody>
</table>
**GP3 Assessment:**

Students are assessed on their attendance, attitude and professionalism displayed on placement. The GP tutor will be emailed a link to complete this **online form** on the last day of the placement.

Students are required to complete the following activities and get them signed off in the **logbook** during their time on their primary care attachments:

- **Observed Short history taking** – 5 to be completed in the GP placement
- **Observed Case Presentation** – 5 to be completed during whole attachment, at least one must be completed on GP placement
- **Marked Written cases** - 5 to be completed during whole attachment (Hospital & GP)
- **PBL attendance and reflection** – 2 cases to be completed within the Met3B/GP3 attachment (to be advised which by Met 3B Module lead - tutor notes will be sent separately by email). Logbook must be signed by GP Tutor for PBL.
- **Practical skills** – as outlined in the logbook (blood pressure, blood glucose, and peak flow measurement, urinalysis, use of Metered Dose Inhaler and Spacer)
- **Observed examinations** - Cardiovascular, Respiratory, Abdominal, Nervous & Other systems - 5 each to be completed during whole attachment (Hospital & GP).
- **Continuity Exercise** – Identify a patient with an acute exacerbation of a condition early in your GP block and follow them up on two further occasions during the placement (face to face, telephone or a review of their notes) in regard to ongoing management. Document notes on patient contact in log book.

**Introductory tutorial checklist**

You may find the following check-list helpful during your Induction session with your Tutor:

- **House Keeping** - practical details about working in the Practice and how to contact your Practice and Tutor if you are delayed or ill (such as mobile numbers or bypass phone lines). If students are unable to attend for 2 consecutive days GP tutors should contact the unit administrator.
- **Timetable** - an outline of your schedule during the placement.
- **Assessments** – go through log book to identify what you are expected to complete, and when this should be done.
- **Learning opportunities at the Practice** - this may include clinics or community visits with MDT members, practice meetings or teaching sessions.
- **Specific Learning Needs and Outcomes** - discuss your learning needs with your tutor and consider the learning outcomes specific to this placement. This will help inform your tutorials and self-directed learning time.

**Met 3A GP placement**
Students will spend one week with the GP and community teams during the Met3A term. Learning objectives include exposure to how MDTs work and the importance of nutrition and how it impacts upon patients’ health in a primary care setting.

Structure of the week:

All Greater London based medical students will spend two consecutive full days (either Mon/Tue OR Thu/Fri) attached to a GP practice. The other two days will be spent with District Nurses.

All Met 3A students based in hospitals outside Greater London will spend 4 days in General Practice with a focus on both Met 3A themes and MDT working.

All Met 3A students are expected to complete the nutrition online learning (half day allocated).

Students will also have a half-day hospice attachment during the Met 3A term-dates tba.

Suggested timetable for GP placement:

<table>
<thead>
<tr>
<th>Morning activities</th>
<th>Afternoon activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>0900-1030: Introduction to practice and sitting in with GP or nurse</td>
<td>1400-1500: Tutorial with GP to prepare to meet patients in the afternoon</td>
</tr>
<tr>
<td>1030-1130: Opportunity to see patients (in pairs or with GP observing)</td>
<td>1500-1700: Home visit to see relevant patient or seeing a patient at the practice, followed by debrief at the practice with GP tutor</td>
</tr>
<tr>
<td>1130-1300: Prepare and present history and examination on one patient they have seen with feedback from GP tutors and peers</td>
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</table>

All GP tutors can access the central MDT case studies which they may choose to use in their tutorials.

**Met 3A: Assessment**

To complete and sign-off in log-book during GP/community and hospital placements:

- Observed short history takings
- 5 short case presentations (at least one should take place in GP)
- 5 marked written cases (to complete on hospital or GP placements)
- Observed cardiovascular, respiratory, abdominal, nervous and other systems
- Observed Clinical skills (e.g. blood glucose measurement, urinalysis, blood pressure measurement, taking wound swabs)

To complete on GP/community placements:

- Completion of online nutrition activity (half day allocated).
- Attendance at all GP and District nurse activities with GP to sign off professionalism and attendance forms
**SSC IN PRIMARY CARE (Student Selected Component)**

Students in Year 3 have the opportunity to carry out their SSC3a or SSC3b in their GP placements. GP tutors will be offered the opportunity to mark their own students’ SSCs and supported in the process. Arrangements for SSCs in Malta still to be finalised.

Please refer to the SSC handbook on QMULPlus for guidance for supervisors and students on how to complete this SSC and key dates.

**SSC3a**: Occurs in Semester 1 between September and November. A Case-Based Study: Clinical Science and Good Medical Practice.

For SSC3a, the student and firm lead or GP Tutor, should carry out a case-based project where the student has a choice of a patient and a piece of scientific research in which to apply their understanding of clinical methods and sciences. The student will have the ability to improve and work upon eliciting a good medical history. The key point of this SSC is to draw upon and integrate a range of previously learned skills and knowledge and apply them to a patient case.

The report will include the following sections:

- Section 1: a) The Medical History (Content), b) Reflections on Feedback
- Section 2: The Examination Findings, Investigations & Tests, and Initial Assessment
- Section 3: The Inter-Professional Care
- Section 4: The Research (Critical Appraisal & Lay Summary of Published Article)

**SSC3b**: Occurs in Semester 3 between March and May. A Case-Based Study: The Patient and Professional Relationships in Good Medical Practice.

The main learning objectives for this SSC are (i) to demonstrate your ability to self-appraise and reflect upon your history taking and communication skills, and (ii) to explore and research a psychological, social or ethical element of a patient’s history.

Students will need to take a full medical history from a patient, being observed by a medical student colleague who will assess your communication skills using a set feedback form and get feedback from the patient on their communication skills.

The assignment will include the following sections:

- Section 1: Background: The medical history of the patient you have taken
- Section 2: Self-appraisal and reflection on the feedback about your history taking skills
- Section 3: An essay on a psychological, social or ethical element of the patient’s case, with research of the relevant literature.

PLEASE NOTE THAT THE INFORMATION REGARDING SSCs WAS CORRECT AT GOING TO PRESS AND BASED UPON SSC INFORMATION FROM THE ACADEMIC YEAR 2018/9. PLEASE SEE THE SSC AREA ON QMPLUS FOR FURTHER FOR ANY UPDATED INFORMATION.
Common Presentations

One of the challenges of general practice is taking patient symptoms and trying to make medical sense of them. This is where the skill of history taking lies – asking the right questions to guide you towards a diagnosis. In general practice it is not possible to ask every question of every patient and so the key is to allow the patient to talk as much as possible and ask questions that aim to draw out their story so that you can begin to construct a narrative of their health, whether that is the physical, mental or social aspects.

With that being said, it is helpful to have an idea of some of the possible underlying diagnoses for common presentations in primary care as this can help you to focus your consultation. Listed below are some of the common presenting symptoms in primary care – you might find it helpful to go through each of these symptoms and consider underlying diagnoses from the different systems: cardiac, respiratory, haematological, renal, endocrine, etc.

- Shortness of breath (SOB)
- Chest pain
- Tired all the time (TATT)
- Feeling faint
- Swollen legs
- Neck Lumps

*History Taking Dilemma #1 in Primary Care: “The Patient doesn’t have a presenting complaint!”*

Patients can present to their GP with acute problems as in a hospital setting, but equally present for a review of their blood pressure or their medications, or a review of their ongoing chronic condition (including mental health), or a review of a resolving acute episode.

*History Taking Dilemma #2 in Primary Care: “The Patient has LOTS of presenting complaints!”*

Patients often come to see their GP with a list of issues to discuss and you will see clinicians use various strategies to manage this. In GP3, often patients are brought in specifically to speak to you, so in your clerking you may want to explicitly focus upon one of their conditions (presenting complaint being “diabetes review” for example) and collect information about their other issues as part of your review of symptoms in order to generate a comprehensive problem list for when you present the case to your peers and your GP Tutor.
**Continuity, Multimorbidity, Complexity, Uncertainty**

These terms describe four key concepts that underpin Primary Care work. You may wish to consider these concepts during your GP attachments and complete the suggested activities.

**Continuity**
Continuity encompasses several aspects, including the consistency of care with a healthcare professional over time, quality of the interpersonal relationships between healthcare professionals and patients, and availability of information about the patient. General practitioners value continuity of care, often considering it to be a core value of their profession, while many patients value a personal doctor to coordinate and integrate their care. Continuity of care is associated with reduced hospital admissions and reduced outpatient services (BJGP, 2013), but is under threat from new models of care.

*Please complete the continuity exercise in the Met 3B/GP3 logbook. How did continuity help here?*

**Multimorbidity**
This is defined by NICE as the presence of two or more long-term conditions (LTCs). It is associated with decreased quality of life, fragmented and poorly coordinated increased usage of healthcare, polypharmacy and psychological distress. In UK General Practice, 1 in 6 of all patients have two or more LTCs, including 65% of patients over 65 years and 80% of those over 85%. The most common pair of conditions are osteoarthritis and a cardiometabolic condition (e.g. hypertension or diabetes). A common triad is a cardiometabolic condition, a painful condition (e.g. arthritis) and a mental health condition (e.g. anxiety or depression).

*On your GP3 module keep a record of the patients you meet and how many of them have multimorbidity. What is the impact of multimorbidity on their physical and mental health?*

**Complexity**
You will hear patients being described as ‘complex’ in Primary Care although no one clear definition exists—are they medically complex (e.g. multimorbidity with polypharmacy and multiple providers) or are they either psychologically and/or socially complex? Often if patient complexity is not explicitly recognised and articulated, these patients can be challenging to manage.

*Aim to define what is making these patients complex when you meet them.*

**Uncertainty**
There are many consultations where there are no straight answers, no clear diagnosis and no obvious treatment, where guidelines and decision-making protocols do not lead to a satisfactory outcome. Without strategies to address uncertainty (such as safety-netting and discussing with peers) it can become a source of stress to GPs. The concept of uncertainty links closely with the Medically Unexplained Symptoms lectures as discussed in Year 3 Term 3 central teaching.

*On your GP3 module, observe patients that present with a problem that does not have an immediate answer, and how the GP manages it.*
MDT in the Community: Who does What?

GPs work with a wide range of professionals from other disciplines and often directly refer to colleagues in the multidisciplinary team (MDT) both within their practice and localities. You will look at this more deeply in your Met 3A week in GP, but it is also helpful here to understand the range of professionals in Primary Care and their roles. If you have a chance to attend your practice meeting, then try to get an understanding of which professionals are in attendance and their roles – this may help you to enhance your understanding of how a community team works together to benefit patients.

Care Navigator
Their aim is to ensure that patients are able to participate fully in their daily life and their community. They help patients to identify and access systems and support available within their local health and social care sector. Roles may include: assistance with filling out forms, referral to social groups, help arranging transport to attend social groups/appointments, helping to identify available support from housing, benefits or debt management services. They are generally funded through third party organisations, e.g. charities, and therefore their availability is more vulnerable to being cut.

Dietician
Dieticians aim to promote good health and prevent disease through food. They advise people to help them make informed and practical choices about their food and nutrition. They also assess, diagnose and treat dietary and nutritional problems. Some have a role in teaching and informing the public and health professionals about diet and nutrition. They work in both community and inpatient settings, but their roles differ somewhat. Hospital dieticians tend to focus primarily on short-term malnutrition and sudden changes in dietary intake, e.g. post-surgery. Community dieticians also assess and treat malnutrition but may also help patients with longer-term nutritional problems, e.g. obesity-related diabetes, or anorexia, to address their diet over time.

Health Care Assistant (HCA)
HCAs work under the guidance of a qualified health care professional (usually a nurse). They deliver more routine health care such as health checks, phlebotomy and health promotion work.

Health visitor
They work with children under 5 and their families to ensure that all children receive the best possible start in life. They provide postnatal (and occasionally antenatal) support to families by offering advice on feeding and parenting skills such as behaviour management, preventing accidents etc. They assess children’s growth and development at regular stages (usually first few weeks, 1 year, 2.5 years, and preschool as a minimum)

Midwife
Community midwives look after women both antenatally and immediately postnatally (first 14 days after birth). Teams commonly come to practices to see women and specialist midwife teams exist for complex pregnancies, e.g. teenage mothers, mothers with addiction and/or mental health problems.
**Occupational therapist (OT)**
The primary goal of the OT is to enable the patient to participate in activities of daily living. They often carry out home visits to gain a more accurate understanding of the patient’s life. This may involve: advising on how to approach a task differently, using specialist equipment to facilitate daily tasks, adapting the living/working environment.

**Palliative care nurses**
These specialist nurses work with patients at the end of their lives. They help with medications, physical and emotional support of patients and their families to ensure that the end of their life is peaceful. Macmillan nurses are a particular type of nurse who work with oncology patients and also have a lot of experience in end of life care.

**Pharmacist**
Pharmacists have a strong scientific background in pharmacology and the use of medications. They are able to rationalise medications with a patient, monitor their concordance, discuss side effects and suggest safe ways to take medications, e.g. particular time of day, dosset box, observed dosing for controlled drugs.

**Physiotherapist**
Physiotherapists focus on building strength and health through physical activity. They are experts in musculoskeletal health and a subset of physiotherapists have undergone further training to become extended scope practitioners. Extended scope practitioners have more experience and expertise and are able to work with more complex musculoskeletal problems, diagnose patients and sometimes request appropriate scans.

**Podiatrist**
They work with people’s feet and legs. They diagnose and treat abnormalities and offer professional advice on care of feet and legs to prevent foot problems. In the NHS, they see many patients at high risk of amputations, such as those suffering from arthritis or diabetes, and can give advice on both toenail and foot conditions.

**Practice nurse**
Nurses see patients in the practice to promote health and prevent disease. They may have a number of roles including wound management, travel health advice and vaccinations, family planning and women’s health including cervical smears, smoking cessation.

**Psychologist**
Psychologists work with patients in the community who are suffering with depression, anxiety or other mental health difficulties. They offer psychological therapy but are not responsible for the diagnosis or medical management of mental health conditions.
**Social Prescribers**
Many people in the UK are in situations that have a detrimental effect on their health. Factors contributing to health inequalities can include financial, educational, poor housing, low self-esteem, isolation, relationship difficulties, and physical and mental health problems. A GP can quickly work out that the traditional options might have only a limited impact if, for example, poor housing is a factor in a person’s emotions; finance and employment concerns also have an adverse impact. It has been estimated that around 20% of patients consult their GP for what is primarily a social problem.

Social prescribing supports the individual, families, local and national government, and the private, voluntary and community sectors to work in collaboration. Social prescribing can offer many people a personalised and flexible offer of support back to health at a pace that is appropriate to the person. Social Prescribers can signpost patients to non-medical activities with the aim of improving their wellbeing. These could include joining an exercise, healthy cooking or art class; joining a walking group, a cycling group; volunteering at a community garden or community café; visiting an isolated person or walking a dog for a neighbour.

**Social worker**
Social workers work with individuals and families to help them live more successfully. Meet with individuals and/or their families to discuss their specific needs and try to implement support to help with this. This may involve putting in a care package, advising the patient of available support groups or financial support, meeting regularly with the patient/their family to monitor and review progress. Social Workers also perform capacity assessments and take lead in safeguarding of adults and children.

**Speech and Language Therapist (SLT)**
They provide treatment, support and care for patients with communication and/or swallowing difficulties.

*Do not forget the range of administrative staff that are based at the practice and in the community also! On your GP3 attachment, aim to spend some of your time with the administrative support to more deeply understand the complexity of how Primary Care is organised.*
**Recommended Reading**

Year 3 GP Module handbook

QMPlus Year 3 Integrated Clinical Studies page: year handbooks, List of commonly used guidelines and documents.

CBME GP tutor site: www.gptutorbartsandthelondon.org

**Further Reading**

Some sites to stimulate reflection, thought and discussion:

- **Out of Our Heads** - a range of medical student and clinician artwork
- **My daft life** - a blog by Sara Ryan who is a mother and learning disabilities researcher about many things but including her perspective on her son Connor who died in an NHS care institution from a seizure
- **Kate Granger** - an elderly care registrar who died from sarcoma in July 2016 who started the campaign Hello, my name is
- **Betabetic** - a complex endocrine patient writes a blog on her healthcare experiences
- **Which Me Am I Today** - Wendy Mitchell's experience of living with dementia. She has also written a book called **Somebody I Used to Know**
- **A Better NHS** - a blog focusing on the political changes that affect the NHS from a general practice perspective

Some books to stimulate reflection, thought and discussion.

- **Being Mortal** by Atul Gawande
- **This is Going to Hurt** by Adam Kay
- **The Immortal Life of Henrietta Lacks** by Rebecca Skloot
- **Also human: the inner lives of doctors** by Caroline Elton
- **The State of Medicine: Keeping the Promise of the NHS** by Margaret McCartney
- **The Digital Doctor: hope, hype and harm at the dawn of medicine's computer age** by Robert Wachter
- **It's all in your head: stories from the frontline of psychosomatic illness** by Suzanne O'Sullivan
This handbook should be used together with the Academic Regulations and the Student Guide. It provides information specific to Barts and The London School of Medicine and Dentistry (SMD), while the Student Guide gives information common to all students of the College.

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

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

The School’s handbooks are available on QMPlus.

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

www.arcs.qmul.ac.uk

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

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

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