

GP3 PLACEMENT – TUTORIAL SESSION PLANNING FACTSHEET

This sheet outlines the structure and topics for the GP3 Placement in Malta in 2019-20. Each student will attend GP3 on 12 Fridays between October and June. The students will be divided into groups as shown below. Students will be divided into two groups of 14 or 15 and attend in three 4-week blocks (i, ii, and iii). The GP3 placements run in parallel with the three hospital modules; MET3A, MET3B and CR (see below for details*). Please also refer to the **GP3 Malta Handbook** and the Assessment Factsheet.

	Oct	Dec	Jan	Mar	April	Jun
A	Met 3 A		CR		Met3B	
A GP3	A1i x 4 Fridays	A2i	A1ii	A2ii	A1iii	A2iii
B	Met3B		Met 3A		CR	
B GP3	B1i x 4 Fridays	B2i	B1ii	B2ii	B1iii	B2iii

Structure of the days

We have planned that the students will spend :

- Friday morning of their attachment with you at **Mellieha Community Clinic** for pre-prepared activities (The 3 rooms of Mellieha have been booked.) All students together with all tutors
- Friday afternoon in participating in GP walk-in clinics in your GP practice. In pairs or trios.

Learning outcomes for the year

The overall aim **OVER WHOLE YEAR** is for students to gain knowledge, skills and reasoning abilities that are best learned in primary care. Students should develop and demonstrate abilities in applying integrated clinical methods: taking a focussed history, physical examination skills, and clinical reasoning. Please prompt revision of science and anatomy and stress epidemiology and ethics .

Students should acquire knowledge of any primary care presentations especially:

- Surgery, gastroenterology, cancer (& palliative care) [**Met 3 A***]
- Endocrine, Renal, Infection, Breast, Urology, ENT [**Met 3 B***]
- Cardiovascular, Respiratory, Haematology [**CR***]
- Managing long term conditions, multi-morbidity,
- Any other presentation including nonspecific problems, distress and suffering

Procedures

Where possible students should be given supervised opportunities to undertake task listed in their logbooks.

Friday morning topics and activities –planning full contact GP3 Tutorial sessions

Friday morning are an opportunity to plan ahead and for the GP3 Tutors to work together as a team. Please use a range of different activities each morning. **Do not give lectures or long talks.** Keep the students active. They need opportunities to practise examination and history taking as well as case presentation, discussions and data interpretation. **Students thrive on being observed and feedback** from peers and tutors.

The following is a **SUGGESTED plan only**. You could develop paper cases with real test data; role plays; mock OSCEs (see topic list on page 3). You can ask students to prepare Case Presentations based on patients they have seen in your general practice. You may be able to arrange for a real patient for them to talk to or examine (perhaps in discussion with the Mellieha Residential Care Home.)

	Block (i) (Oct-Dec)	Block (ii) (Jan-Mar)	Block (iii) (Apr-June)
Day 1	<p>Welcome Introductions & ice breakers Needs assessment & Ground rules . Take register Preparing for afternoon clinics. Introduce Continuity Exercise *</p> <p>Cardio 1 & Resp 1 Examination skills Tutor demo then practice</p> <p>History taking : cough, breathless, chest pain etc</p>	<p>Welcome back Review of prior learning and needs assessment Take register</p> <p>Surgical issues in primary care : Pre-op assessment Post op complications Assessment of Lumps and bumps</p>	<p>Welcome back Review of prior learning and needs assessment Take register.</p> <p>Student case presentation Resp 2 Asthma COPD</p> <p>Use of Peak flow meter, inhalers etc</p>
Day 2	<p>PBL 1i (Diabetes check) – 1 hour to develop learning objectives (students should elect a chair and a scribe)</p> <p>‘Tiredness / Dizziness’ Haematology history Endocrine history (with data interpretation – bring patient lab reports) & thyroid exam</p>	<p>PBL 2i (Haematuria)</p> <p>Urology History and data interpretation Dysuria UTI LUTS / / BPH</p>	<p>Infections in primary care</p> <p>Student case presentation: Fevers URTI LRTI – viral or bacterial? ENT examination</p> <p>Mock OSCE stations</p>
Day 3	<p>PBL 1ii – 1.5 hours to present their work (<i>see separate document</i>)</p> <p>Role play Diabetes – new presentation & review/compliance</p>	<p>PBL 2ii (Haematuria) (<i>see separate document</i>)</p> <p>Cancer 1 Breast lumps (medical school may be able to lend a manikin) raised PSA (role play Explain test result)</p>	<p>Cardiology 2</p> <p>Student case presentation Palpitations (including AF & panic attacks) Heart failure/cardiomyopathy</p> <p>Mock OSCE stations</p>
Day 4	<p>Gastro presentation and assessment :</p> <p>Histories</p> <p>Acute abdominal pain Chronic/episodic upper abdo pain Bowels- IBD /IBS Abdo examination</p>	<p>Cancer 2</p> <p>Red flag presentations</p> <p>PR bleeding Haemoptysis Painless jaundice</p> <p>Smoking cessation role play</p>	<p>Palliative care When cure becomes care? Ethical issues (managing family and patient expectation) Symptoms control</p> <p>REVIEW OF LEARNING OUTCOMES Evaluation of GP3 – student opinion and feedback</p>

TOPICS to be covered should include, from a primary care perspective, those covered in the hospital blocks.

- **Met 3 A** - Surgery, Gastroenterology, Cancer (& Palliative care)
- **Met 3 B** - Endocrine, Renal, Infection, Breast, Urology, ENT
- **CR** - Cardiovascular, Respiratory, Haematology

Year 3 **does not** include paediatrics, gynaecology, obstetrics, neurology, rheumatology or mental health. Do not plan tutorial sessions in these area. However all these presentation, patient groups or problems are included as differential diagnoses and may be seen by student in afternoon GP clinics.

i) Physical examination stations

- Cardiovascular, Respiratory
- Abdominal, Renal , pre & post surgical ; urology and breast disease
- Endocrine-thyroid exam, visual field (pituitary adenoma)
- Intro to infection and ENT
- Cancer and palliative care

ii) History taking stations E.g.

- History about a symptom e.g. breathlessness, indigestion, tired all the time, dizziness
- History about a specific condition e.g. review of asthma/diabetes
- A social history from a patient with social factors that limit access to care/adherence to advice

iii) Information giving/ethics stations E.g.

- Explaining a new medication eg inhaler technique, blood pressure medication
- Explaining a procedure/referral
- Advising on lifestyle advice- smoking cessation; weight or alcohol reduction

iv) Practical procedures station

Aligns with GMC Outcomes for Graduates Practical Procedures (2018) list. List found in logbooks.

Procedures to consider completing in Primary Care include

- Blood pressure
- Urine dipstick
- Subcutaneous or intramuscular injections
- Applying nebulisers and oxygen

MOCK OSCEs

Students love mock OSCE stations around any of the topics covers above.

These are either 7.5 or 10 minutes long. For examination and history taking stations, the last minute of the station is usually spent summarising the case to the examiner and/or answering a question related to the station. **Example stations** can be accessed on websites such as www.geekymedics.com that also have marking checklists.

CONTINUITY EXERCISE

Please ensure students identify a patient they meet early in their GP clinic placement who has an **exacerbation of a chronic disease**. They need to follow the patient up (with consent) , either face to face, by telephone, or by review of their notes, on two further occasions during the module. They should write summary in their logbooks. **Discussion of these cases could form the basis of a tutorial and improvised role play or OSCE stations.**