

COMMUNITY LOCOMOTOR PLACEMENT
YEAR 4 MBBS



BARTS AND THE LONDON MEDICINE AND DENTISTRY
COMMUNITY BASED MEDICAL EDUCATION (CBME)

CONTENTS

1. INTRODUCTION	3
2. CHANGES TO CLINICAL PLACEMENTS - DUE TO COVID-19.....	3
3. KEEPING YOU SAFE - COVID - 19	4
4. WHO'S WHO	4
5. LEARNING OUTCOMES - DERMATOLOGY.....	5
LEARNING OUTCOMES - MUSCULOSKELETAL.....	5
LEARNING OUTCOMES - HEALTH CARE OF THE ELDERLY	6
6. COMMUNITY LOGBOOK/ASSESSMENTS.....	7
7. SELF - DIRECTED LEARNING.....	8

1. Introduction

Welcome to Community Locomotor. This two-week block is a chance to develop consultation skills and to consolidate your experiences in hospital placements in General Practice. The block is split into two weeks with the first week involving centrally based teaching and the second week in General Practice. The second week has been reduced due to COVID -19. Please see below for details.

The Central (now virtual for at least Term 1 and TBC Term 2 and 3) Locomotor teaching consists of morning lectures and afternoon small group teaching. Giving you a chance to practise your consultation skills with simulated patients. **Please see separate Student Guide for details of role-plays with lots of helpful resources to aid you meeting your learning objectives for this placement.**

Firstly, we need to acknowledge COVID-19 and what this has meant for your education and how it will impact the coming year. We appreciate the apprehension you may be feeling coming into Y4 without being on placements for 7 months. We know you may want to hit the ground running but may feel like there are more barriers in place than every before. We also are aware that your worries about “risk” to yourself and perhaps your family; may also be on your mind. We understand, and as a GP Tutor myself I can tell you, you are not alone. Having worked through out the pandemic, you learn to adjust day by day and you learn how best to keep yourself safe. Take it slowly, and explore this with your supervisor.

We are hear to support you through this and have been working very hard to put measures in place to help ensure your Community Medicine Placements are as close to previous years as possible. Saying this, there are changes, please see below..

2. Changes to Clinical Placements – due to COVID-19

Please be aware of the changes for this coming year, for Term 1 and TBC for Term 2 and 3. For many reasons we have felt the need to reduce the number of students in placement at one time and have thus halved the number attending.

Normally you would go for 3 days of the week with 1.5days SSC. Now say in a group of 4 students allocated to a practice, **2 will do for Monday and Tues and the other 2 Thursday and Friday.** With Wed AM SSC and PM sports as usual.

During your time not in placement that week, you will be provided with lots of helpful cases to work through, resources etc to aid you to meet your individual learning objectives. This “Self-Directed Learning” details are in a separate section at the end of this document.

Learning may not be the same; you may be involved in virtual learning, virtual consultations using video calls or telephone with patients. This is a new and unique opportunity to learn, as we learn this new way of consulting and managing patients. It may seem daunting and unfamiliar

but it is here to stay and important for you to move with the times. Not also forgetting that this can keep you safe.

3. Keeping you Safe – COVID - 19

1. The **Learning Agreement** (separate document) lays out the responsibilities that you as students, your supervisors, your host GP practices and the medical school have to each other. It emphasizes the mutual roles of learners and teachers for a successful clinical placement; that maintains safety for all. We have included specific reference to added requirements arising for the COVID-19 pandemic. You will be asked to read through and sign. **This will need to be signed by yourselves and the Tutor at the induction / start of the placement.**

We ask you to also be mindful that as an “Essential Worker” (which you are now deemed); you have a level of responsibility to the general public that others friends will not have. Adhering to Social Distancing measures in your personal life is especially required to protect the patients you come into contact with; as well as the staff members looking after you.

2. A **Risk Reduction Checklist** has been created, ensuring they are aware of their responsibility to keep you safe, having supervision, providing PPE etc . . **This will need to be signed by yourselves and the Tutor at the induction / start of the placement.**

3. **Please also ensure you have completed your “Return to Placements”** module found under Core Information for Students on QM plus.

4. WHO'S WHO

Dr Dev H. Gadhvi	Co-Lead Year 4, CBME Clinical Lecturer	d.h.gadhvi@qmul.ac.uk Tel: +44(0)20 7882 2506
Dr Rohini Sabherwal	Co-Lead Year 4, CBME Clinical Lecturer	r.sabherwal@qmul.ac.uk Tel: +44(0)20 7882 5758
Mr Jim Manzano	Year 4 Administrator, CBME	j.manzano@qmul.ac.uk Tel: +44(0)20 882 6421

For all **initial enquiries** or issues about the GP community placements please contact Jim Manzano.

5. LEARNING OUTCOMES – DERMATOLOGY

AIMS

- To develop an understanding of common dermatological conditions presenting in General Practice, considering how these illnesses affect patients in the community
- To be able to take a focused history and examination and develop a differential diagnosis
- To be able to develop a management plan, including investigations, for patients with a dermatological condition

OBJECTIVES

- To introduce students to patients with common dermatological conditions
- To consider patient centred care and its application in the consultation and how to negotiate shared management plans
- To receive GP tutor feedback on some aspect of their observed clinical skills

Knowledge Students will be expected to acquire clinical knowledge in areas of medicine relevant to community based practice. The following list is illustrative of diseases we would expect students to learn about during Locomotor (including the GP placement). This list is neither exhaustive and nor exclusive.

Common skin conditions

- Inflammatory skin disease particularly eczema, psoriasis and lichen planus
- Skin Infections including cellulitis, impetigo, fungal skin infections, herpes simplex, herpes zoster, human papilloma virus and viral exanthems such as measles
- Acne
- Skin lumps and bumps including, benign lesions, e.g. naevi; dermatofibroma; seborrhoeic keratosis
- Blistering skin conditions.
- Hair Loss and Gain
- Skin signs of systemic disease e.g. excoriation in liver disease.
- Pre-malignant and malignant skin tumours (e.g. Bowen's disease, actinic keratosis, SCC, BCC, malignant melanoma) and other skin lesions that are not obviously benign
- Dermatological Emergencies

LEARNING OUTCOMES – MUSCULOSKELETAL

AIMS

- To develop an understanding of common musculoskeletal conditions presenting in General Practice, considering how these illnesses affect patients in the community
- To be able to take a focused history and examination and develop a differential diagnosis
- To be able to develop a management plan, including investigations, for patients with musculoskeletal conditions

OBJECTIVES

- To introduce students to patients with common musculoskeletal conditions
- To consider patient centred care and its application in the consultation and how to negotiate shared management plans
- To receive GP tutor feedback on some aspect of their observed clinical skills
- To understand the use of a Fit Note (Med3) in General Practice

Knowledge Students will be expected to acquire clinical knowledge in areas of medicine relevant to community based practice. The following list is illustrative of what we would expect students to learn about during Locomotor (including the GP placement). This list is neither exhaustive nor exclusive.

The role of physiotherapists and occupational therapists in the management of musculoskeletal conditions

Common conditions in General Practice

- Gout
- Osteoarthritis
- Back pain
- Frozen Shoulder
- Knee pain
- Polymyalgia rheumatica
- Fibromyalgia
- Osteoporosis
- Soft tissue injuries
- Paediatric joint disease

Important Diagnoses in General Practice

- Rheumatoid Arthritis and the differential diagnosis of polyarthritis
- Septic Arthritis and the differential diagnosis of the hot swollen joint

LEARNING OUTCOMES - HEALTH CARE OF THE ELDERLY

AIMS

- To develop an understanding of the common problems elderly patients present with in General Practice, considering how these illnesses affect patients in the community
- To be able to take a focused history and examination and develop a differential diagnosis
- To be able to develop a management plan, including investigations, for elderly patients

OBJECTIVES

- To introduce students to elderly patients in the community
- To consider patient centred care and its application in the consultation and how to negotiate shared management plans
- To receive GP tutor feedback on some aspect of their observed clinical skills

Knowledge Students will be expected to acquire clinical knowledge in areas of medicine relevant to community based practice. The following concepts are illustrative of what we would expect students to learn about during Health Care of the Elderly (including the GP placement). This list is neither exhaustive nor exclusive. An understanding of the problems elderly patients face; immobility, instability, incontinence, impaired intellect/memory, impaired vision and hearing loss (the so-called five Geriatric Giants)

- An understanding of the principles of the Mental Capacity Act and how capacity is assessed and what is meant by lasting power of attorney and the patient's "best interests"
- Exploration of the issues surrounding poly-pharmacy and compliance in the elderly including ways in which medications can be safely dispensed to patients with cognitive decline
- The role of the Community Matron and extended multidisciplinary team in ensuring health and wellbeing in the community
- An awareness of factors which may lead to elderly patients moving into warden controlled flats/nursing or residential care homes
- Stroke and TIA's in the Elderly
- Tremor in the Elderly
- Falls in the Elderly
- Fragile Bones and Fractures in the Elderly
- Disability, Rehabilitation and Discharge Planning
- End of Life Decisions, Death and Dying
- Incontinence in the elderly
- Elder abuse

6. Community LOGBOOK/Assessments

With your sign off at the end of your placement, you will be assessed as always on your attendance, enthusiasm to learn and professionalism. Your GP Tutor Supervisors will observe and sign off your "Community Logbook". Please see details below. These are to aid your understanding of these topics from a community point of view.

If you cannot attend for any reason you must inform the practice and School Office as soon as possible, failure to do this raises concerns about professionalism.

We do appreciate there are also sign offs in your Hospital Based logbooks and that some skills could be signed off in the community. Your GP Tutor is aware of both and should help to facilitate this.

There is **one requirement** for your sign off of this placement. Details of which are below.

Please complete **1 DIRECTLY OBSERVED CONSULTATION** (can be virtual). On QM plus please see the WORD document where you will fill out details of this including your feedback. This will then need to be shown to you Tutor to allow for sign off. Please then keep this document as evidence of your engagement and upload into your portfolio.

7. Self – Directed learning

We have spent time creating materials and collecting resources for you, to help meet your learning objectives in a way that best substitutes what you are missing. Trying to base learning around a patients' narrative.

1. Firstly, Dr Siobhan Cooke has created a **Case Study for Health Care of the Elderly** (found on QM Plus). This is an interactive resource that tells a patients medical journey. Poses various questions to you and provides useful resources for you obtain the “answers”. This depending on how many gaps in your knowledge there are, could take approximately a day to work through. I suggest you start with this.

2. Below are some **Learning Resources** to help you learn. We **DO NOT** expect you to do all of these, just what you think will help you.

Learning Resources

BMA/BMJ E learning modules – will need to access through QM library as not all modules accessible through BMA log in.

“Speaking Clinically” resource – please email Malgo Miranowicz (m.miranowicz@qmul.ac.uk) for student log in details.

Please consult usual methods of learning like NICE guidance, CEG Guidance, GP notebook, Dermnet, British Association of Dermatologists, Primary Care Society of Dermatologists, Arthritis UK (versusarthritis.org – very good aid for learning through their patient leaflets) and advice to patients is always useful from patient.co.uk

Dermatology

- BMJ – Melanomas - https://learning.bmj.com/learning/module-intro/clinical-pointers-melanoma.html?locale=en_GB&moduleId=10058008
- BMJ Benign conditions - https://learning.bmj.com/learning/module-intro/common-benign-skin-lesions.html?locale=en_GB&moduleId=10027216

- BMJ Nail Conditions - https://learning.bmj.com/learning/module-intro/nail-abnormalities-diagnostic-picture-tests.html?locale=en_GB&moduleId=10009401
- BMJ Acute Itchy Rash - https://learning.bmj.com/learning/module-intro/quick-quiz-acute-itchy-rash.html?locale=en_GB&moduleId=10061510
- BMJ Eczema Management - https://learning.bmj.com/learning/module-intro/eczema-management.html?locale=en_GB&moduleId=5003349
- BMJ rashes in Children - https://learning.bmj.com/learning/module-intro/quick-quiz-rash-children.html?locale=en_GB&moduleId=10062910
- BMJ Measles - https://learning.bmj.com/learning/module-intro/measles-diagnosis-management.html?locale=en_GB&moduleId=10011206
- BMJ Acne Rosacea – https://learning.bmj.com/learning/module-intro/rosacea-diagnosis-treatment.html?locale=en_GB&moduleId=5004480
- BMJ – Dermatology emergencies - https://learning.bmj.com/learning/module-intro/dermatological-emergencies-diagnosis-management.html?moduleId=10014380&locale=en_GB
- BMJ Topical Management - https://learning.bmj.com/learning/module-intro/emollients-topical-corticosteroids.html?locale=en_GB&moduleId=10060399

Musculoskeletal

- Living with Rheumatoid Arthritis - <https://speakingclinically.co.uk/videos/rheumatoid-arthritis-2/>
- Arthritis Lecture 15 mins - https://www.youtube.com/watch?v=MTRQPN_x5fc&list=PLxWbtwQyZq_uuw1EcuTYirV_NGLxQhksK
- BMJ Back pain inc examination and red flags - https://learning.bmj.com/learning/module-intro/low-back-pain-sciatica.html?locale=en_GB&moduleId=10060322
- BMJ Back pain management - https://learning.bmj.com/learning/module-intro/nice-back-pain-sciatica.html?locale=en_GB&moduleId=10058447
- BMJ OA - https://learning.bmj.com/learning/module-intro/clinical-pointers-osteoarthritis-primary-care.html?locale=en_GB&moduleId=10056233
- BMJ Osteoporosis - https://learning.bmj.com/learning/module-intro/new-developments-osteoporosis.html?moduleId=10056539&searchTerm=“depression%20primary%20care”&page=2&locale=en_GB
- BMJ Fibromyalgia - https://learning.bmj.com/learning/module-intro/aae-fibromyalgia.html?locale=en_GB&moduleId=10058357
- BMJ – Polymyalgia Rheumatica - https://learning.bmj.com/learning/module-intro/ask-an-expert-polymyalgia-rheumatica.html?locale=en_GB&moduleId=10060972
- BMJ Gout - https://learning.bmj.com/learning/module-intro/ask-an-expert-gout.html?locale=en_GB&moduleId=10055705
- BMJ Septic Arthritis – https://learning.bmj.com/learning/module-intro/septic-arthritis-diagnosis-management.html?locale=en_GB&moduleId=10009773

Health Care of the Elderly

- BMJ E learning – management of dementia in primary care - https://learning.bmj.com/learning/module-intro/dementia-primary-care.html?moduleId=10032231&searchTerm=“depression%20primary%20care”&page=1&locale=en_GB
- Living with dementia – Patient voices - <https://www.patientvoices.org.uk/flv/0866pv384.htm>

- BMJ Delirium - https://learning.bmj.com/learning/module-intro/cmt-delirium.html?locale=en_GB&moduleId=10060024
- Complex Pain – Patient voices - <https://www.patientvoices.org.uk/flv/1087pv384.htm>
- UTI in Elderly patient – <https://www.patientsafetyoxford.org/wp-content/uploads/2018/02/Good-Practice-Guidance-for-GPs-management-of-utis.pdf>
- BMJ Falls assessment and prevention - https://learning.bmj.com/learning/module-intro/clinical-pointers-falls-assessment.html?locale=en_GB&moduleId=10063853
- Multi- morbidity - <https://www.bmj.com/content/350/bmj.h176>
- Safeguarding Adults - https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs78_safeguarding_older_people_from_abuse_fcs.pdf

Other – ENT – Please note that ENT is not formally included in this placement however historically students find this placement a chance to develop these skills.

- ENT Handbook - ENT UK recently shared a medical student electronic handbook for free. The e-book is a practical guide to the day-to-day management of common ENT conditions and will be helpful to medical students and junior doctors as well as other clinicians that have exposure to ENT as part of their practice - <https://www.entuk.org/sfo-e-book>
- BMJ – Allergens - https://learning.bmj.com/learning/module-intro/ask-an-expert-hay-fever.html?locale=en_GB&moduleId=10056477
- BMJ Ear discharge – https://learning.bmj.com/learning/module-intro/ear-discharge-diagnosis-treatment.html?locale=en_GB&moduleId=10007563
- BMJ – Sore Throat - Photos – https://learning.bmj.com/learning/module-intro/sore-throat-diagnostic-picture-tests.html?locale=en_GB&moduleId=6058292
- BMJ E learning – ENT - [https://learning.bmj.com/learning/module-intro/tympenic-membrane-diagnostic-picture-tests.html?moduleId=6058134&searchTerm="Respiratory%20and%20ENT"&page=1&locale=en_GB](https://learning.bmj.com/learning/module-intro/tympenic-membrane-diagnostic-picture-tests.html?moduleId=6058134&searchTerm=)
- BMJ – E learning – Vertigo - [https://learning.bmj.com/learning/module-intro/vertigo.html?moduleId=10016740&searchTerm="Respiratory%20and%20ENT"&page=1&locale=en_GB](https://learning.bmj.com/learning/module-intro/vertigo.html?moduleId=10016740&searchTerm=)

3. CAPSULE quizzes – log in sent to you Spring 2020. If lost please contact Rugina Monnan or Malgo Miranowicz.