

HINTS AND TIPS FOR THE COMBINED GP/ONCOLOGY ATTACHMENT

KEY POINTS

- The core elements of the course are unchanged
- Every Tutor and practice has their own style and approach which are tailored to their individual requirements.

What follows in the attached document are merely suggestions and guidelines, there is considerable scope for adaptation.

1. General information regarding the GP/Oncology 5 week attachment
2. Patient project
3. Referral and discharge summary
4. Tips for teaching during a surgery
5. If you are taking a pair of students for 5 weeks

1 General information regarding the GP/oncology 5 week attachment

- The new 5 week GP/oncology attachment will begin with a 3 hour introductory lecture given jointly by a general practitioner, oncologist and palliative care physician.
- Students will then sign up for oncology clinics at St Mary's, Charing Cross, Hammersmith and Chelsea and Westminster hospitals.
- Students will travel to their base general practice on Monday afternoon for orientation and to meet their lead GP
- Students will follow either timetable 1 or 2 depending on which timetable has been agreed by the base general practice. (timetables are attached to the availability sheet)
- Attendance at oncology clinics and completion of the oncology sections of the log book will be supervised by the students oncology tutor.
- Attendance at general practice departmental teaching sessions will be supervised by the general practice course leads
- Attendance at the base general practice and completion of general practice sections of the log book will be supervised by the lead GP
- **If** practices are taking a pair of students please see the section "taking a pair of students for 5 weeks".

- Students on timetable 1 will have a 1 week peer teaching block in week 3 and finish the attachment in week 6. Students on timetable 2 will have a 1 week peer teaching block in week 6 and finish the attachment in week 5.
- We are hoping that wherever possible students will be able to organise a significant proportion of their own timetable. 5th year students having recently completed a GP attachment were recruited into a focus group in April 2011 and confirmed that they value having some control over their timetable.

2 The patient project

One of the key roles of a GP is to deal with patients who have complex healthcare needs. The patient project currently asks the student to identify those needs but then leads the student to only discuss one of them.

The new patient project will aim to increase students understanding of patient centred care in the context of chronic and complex illness. The patient project is a formative process and therefore we are hoping to encourage the students to analyse the patients care and make suggestions for change.

Below is **one possible format** for the patient project which is being evaluated.

- a) A patient is selected for a student and interviewed at the patient's home. The student should focus on each of the patient's symptoms and try to relate them to their list of medical problems and treatments.
- b) The student will try to determine which symptoms or clusters of symptoms are related to a specific disease process and which are side effects of medications or other treatments.
- c) The student should try to understand the effects of psychosocial factors and relate them to the symptoms and treatments.
- d) The patient's needs will then be listed and an attempt made to identify which members of the primary and secondary care teams are responsible for addressing those needs
- e) The coordination of care and communication between different members of the team should also be assessed
- f) There should be some estimate of what is possible to achieve with the resources available and what further treatments would be appropriate or not given the patient's wishes.

The students should pick an area of this patients care which they feel could be improved and then expand it to look at the current base practice protocol (e.g. Rheumatoid patient - blood monitoring of medication, referral to community physio, palliative care patient - access to

urgent appointments/home visits, dissemination of information to OOH, availability of syringe driver OOH, home rescue packs etc)

The information should be presented to the practice, preferably at one of the practice meetings and evaluated in a formative manner by the lead GP.

3 Referral letter and discharge summary

The current referral letter and discharge summary serve to highlight good practice but do not allow the student to experience the responsibility of information transfer. In the new combined GP/oncology workbook the student will generate an anonymous referral letter in primary care which will be reviewed and graded by their oncology tutor. In addition they will generate a discharge summary whilst on their oncology attachment which will be graded by their lead GP.

4 Tips for teaching during a surgery

21 sessions in total –below is an example timetable

- 8 sessions as a “consulting student” (aim for 4 patients seen per session)*see below
- 3 sessions observing a doctor - active observation*see below
- 8 sessions with other members of the primary healthcare team* see below
- 2 sessions to interview their complex patient and then produce a presentation for the practice

“A consulting student”

One of the most important aspects of the GP attachment and the most frequent positive area of feedback for students is their opportunity to perform independent consultations under the supervision of their GP teacher.

During the first week students often only want to observe, particularly if they are at the beginning of the academic year. As the attachment progresses and certainly when nearing their PACES exams, students will want to be consulting as soon as possible. After week one, students should begin to consult more frequently.

A student consultation would usually include a 5 minute focused history and 2-3 minute examination with a further 3-5 minute discussion around differential diagnoses and immediate management. If the opportunity presented itself discussions around ethics, law and public health would be useful.

During a 3 to 4 hour clinic Imperial College would usually expect a student to consult on an average of 3 occasions. Each general practice offers unique learning opportunities but below are two example clinics which aim to facilitate student learning in the context of delivering patient care.

- a) A busy practice with 10 minute consultations and no spare consulting rooms:

Block out 2-3 appointments at 1 hour intervals during the clinic. These will allow time for the student to consult and a shared management plan to be agreed. Consider leaving the room for the student to take the history and examination then have them present their findings to you on your return.

b) A practice with spare consulting rooms:

Consider running “parallel” clinics. Patients who are happy to see students are seen first by the student for 5-10 minutes in a separate consulting room and then reviewed by the consulting doctor. The student clinic can have 20 or 30 minute time slots depending on the usual appointment length with 5 or 10 minutes blocked out of the doctor clinic to allow for teaching. This will enable the doctor clinic to run in parallel with the student clinic without impacting on patient waiting times.

Active observation

If you have one student or two observing a clinic then it is important for them to be active during the 3 or 4 hour clinic. There will be variation in teaching styles but below are some example tasks the students can carry out during an observed session.

- a) Observe the consultation and try to map it onto a consultation model (e.g. neighbour).
- b) Look up prescribed drugs in the BNF and check for interactions and contraindications
- c) Take BP, dipstick urine, measure peak flow
- d) Record words or phrases used by doctors and patients which lead to deeper understanding of the problem.
- e) Observe and record recognition of non-verbal cues which lead to improved communication
- f) Compare and contrast different consulting styles

Sitting in with other members of the primary healthcare team

When sitting in students may not immediately see the relevance of time spent with receptionists, nurses, practice managers and other healthcare providers who are not doctors. To enhance their experience we are hoping to provide template assessment form for the students to complete during their sitting in period.

5 If you are taking a pair of students for 5 weeks

There are two options available for practices that **choose** to take 2 students for the 5 week attachment.

- a) **1** student from timetable A **and** **1** student from timetable B. The timetables overlap on 3 days of the 5 week attachment.
- b) **2** students from **either** timetable A **or** timetable B

There are several advantages of paired students within a combined GP/oncology attachment.

For students

1. Peer support and companionship during the attachment.
2. Increased flexibility for students within the timetable.

For the practice

3. reduced total session requirements - for 3 sessions a pair of students will be sitting in
4. Students can be timetabled every 6 weeks rather than every 3 reducing calls to district nurses, pharmacists and other community healthcare providers
5. Students will rotate whilst at the practice, 8 sessions with doctors and 8 with other members of the primary care team therefore a total of 16 + 3 doctor clinics required over 6 weeks for 2 students