Year 5 — 2013/14

General Practice
Primary Health Care
Course Guide

General Practice
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General Practice and Primary Health Care,

Year 5 – Course Guide

Introduction to the course.................................................................2
Course structure................................................................................3
Learning outcomes.............................................................................5
Useful websites and bibliography.....................................................6
Contact details...................................................................................7
GPPHC
  Introduction.......................................................................................8
  Coursework and Assessment............................................................9
  Personal Learning Objectives..........................................................15
  Self-rating of knowledge at start of attachment...............................16
  Clinical Log Sheet...........................................................................17
  Consultations: competency assessment form....................................21
  Consultations: feedback from patient..............................................23
  Directly Observed Procedural Skills (DOPS).....................................24
Appendix 1: The Multidisciplinary Team..........................................25
Appendix 2: Departmental Teaching Sessions.................................29
General Practice and Primary Health Care

Introduction to the course

As part of the ongoing move towards increasingly patient-centred care it is important that healthcare is designed to care for individual patients rather than just the symptoms related to a single disease process. Whilst a doctor or nurse may meet an individual patient for a only few minutes or hours of their particular journey through the system, that patient will experience many different healthcare professionals.

An ideal integrated healthcare system would see a patient move seamlessly through lifestyle advice, screening, disease detection and treatment through to chronic disease management. Often we fall short of these ideals, usually due to poor communication, lack of relevant information, inadequate training, and ill-defined roles within the care pathway.

As part of this attachment it is hoped that you begin to understand that patients do not exist in silos and we, as health care professionals, need to be smarter at working across boundaries. We can strive to be better at communication, working with patient pathways and systematic medicine, listening, and understanding the wider effects of illness and chronic disease on patients, family and society.

We hope you enjoy this attachment and will find it valuable whatever specialty you finally choose.
Course structure

You will by now have received your GP allocation and details of this can be found on Blackboard.

The electronic timetable on blackboard will provide details of all your departmental GP sessions and dates on which you will be expected at your GP attachment. Once at your placement you will be provided with a plan of your activities in the practice.

We expect you to attend all sessions. In the event of illness or unavoidable absence please inform us immediately. If you are due in your general practice you must inform your GP teacher by telephone as soon as possible.

Please email or telephone your GP tutor the week before your attachment to alert them of your arrival.

You will attend your GP practice on the first Monday morning of your attachment. You will finalise your activities over the 3 weeks with your GP teacher.

There will be an introductory video for you to watch prior to your attachment and all your course material will be on blackboard. Please look at this before you attend on the Monday morning.
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Learning outcomes

General Practice

By the end of this attachment the students should be able to:

- Practise your communication and consultation skills with real and simulated patients to develop experience in patient-centred care.
- Practise your skills in taking a focused history, making a working diagnosis and agreeing an appropriate shared management plan with the patient.
- Describe the presentation, assessment and basic management of common acute and chronic diseases in primary care.
- Apply a patient-centred (‘bio-psycho-social’) approach to illness, integrating the physical, psychological and social factors contributing to presentation, disease and management.
- Explain some of the ways in which family/personal relationships affect the presentation, course and management of illness.
- Identify and critically reflect on the impact of ethical issues and personal experience on patient care, including shared decision making and confidentiality.
- Demonstrate awareness of the role of the general practitioner’s continuing relationship with the patient in managing current and on-going problems
- Identify and discuss the role of health promotion and screening interventions in general practice and communicating risk
- Explain the roles and responsibilities of members of the primary health care team and demonstrate an understanding of the importance of the multi-disciplinary team in the delivery of effective health care.
- Experience the difference between primary and secondary care settings in presentation and management of illness. Describe the interface between them, including referral pathways and communication issues.
- Identify a personally significant event. Develop skills in reflecting, analysing and critically appraising them in discussion with a tutor and your student colleagues.

Primary and Secondary Care Multidisciplinary Working

Attitudes

- Understand holistic assessment and care, multidisciplinary team working

Skills

- Formulate and analyse a referral letter from primary care to secondary care
- Formulate and analyse a discharge summary from secondary care to primary care
- Explain the principles of sharing difficult news and practise sharing difficult news
- Demonstrate ability to analyse effective and ineffective communication: face to face, written, between patient and healthcare professional and inter-healthcare professional
- Discuss the role of charitable and non-governmental organisations involved in cancer care research.
Useful websites and bibliography

General practice

www.gpnotebook.co.uk
www.nhs.uk
www.NICE.org.uk
www.patient.co.uk
www.cks.nice.org.uk

Clinical skills section on Blackboard

Cancer Care in the Community
Macmillan Cancer Care and Support – includes a wealth of patient information sheets about specific cancers and its treatment
www.macmillan.org.uk

National Institute of Health website
http://health.nih.gov/category/Cancers

National Cancer Survivorship Initiative www.ncsi.org.uk
Contact details

**GP Course leads**
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Dr Wing May Kong  
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General Practice and Primary Health Care

Introduction

As you may be aware more clinical teaching is happening in general practice. Many patients traditionally managed in hospital are now managed in the community. This attachment is a good opportunity to meet patients both in the surgery and in their homes and to see aspects of illness or disease that you may not have seen before. You will find that you see a wide range of diseases covering most specialties. You will also get the chance to witness the unique relationship your GP has with their patients and the continuity of care they offer to them.

You will have the benefit of working with an experienced GP tutor on a one to one basis which gives you the opportunity to fill any knowledge gaps you may have, identify your own particular learning needs, strengths and weaknesses which you can then plan to address jointly with your tutor.

Coursework to be handed in on the final day

- GP Teacher’s assessment
- Patient project marksheet
- Patient project slides
- Clinical log sheet
- Ethics e-module self-assessment
- Written SEA
- Referral letter
- DOPS logbook

Other tasks to be completed in the practice

- Prescription
- Discharge summary review
Coursework and Assessment

**Formative assessment** is feedback, guidance and advice to help you improve in whatever you are doing. It also includes self-assessment when you reflect on your learning and experiences to help you fill in gaps or plan learning for the future.

To help you plan your learning on the attachment you will be asked to complete:

- **Personal learning objectives**
  A simple list to fill in whenever you find something that you need to know more about. It is worth taking some time to think about what you hope to gain from the attachment and write it down here.

- **Clinical log sheet**
  Defines the essential activities you need to undertake in the practice. Discuss this with your GP tutor at your introductory session and look at it frequently to ensure you are doing what is expected.

- **Consultations competency assessment**
  Breaks down the different components of a consultation and allows your GP tutor to assess your competence in each and to give you feedback.

**Summative assessment** You will be assessed on the various aspects of the course which together will indicate how you have performed and whether you have passed the attachment.

- **GP tutor overall assessment**
- **Patient Project presentation**
- **Discussion of your written significant event analysis**
- **Referral letter (discussed in final debrief session)**
- **Review of a hospital discharge summary (assessed by GP tutor)**
- **Participation in the consultation skills sessions**
- **Confidentiality e-module in Medical Ethics and Law on Blackboard**
- **Satisfactory attendance**
- **DOPS (Directly Observed Practical Skills)**
  You need to ensure that you have observed and signed off for as many skills as possible.

You should complete ALL your DOPS by the end of your GP attachment. This is a GMC requirement. The completed booklet should be handed in at the debrief session. If there is a reason why you cannot do this then you must ensure that this is handed into the Dept. of Primary Care within the following week. Students that have not completed and handed in their DOPS booklet cannot pass their attachment and will be referred to the FEO and if necessary the Head of Year 5.

**PART 5 FINALS EXAMINATION**
At the end of the year there will be a Practical Assessment of Clinical Examination Skills (PACES) of six stations. These will include scenarios in a General Practice setting covering Paediatrics, Psychiatry and Obstetrics & Gynaecology.
The Patient Project

Aims
The Patient Project aims to increase your understanding of patient-centred care in the context of chronic and complex illness. We are also asking you to analyse the patient’s care and make constructive suggestions for change. Your GP tutor will identify a suitable patient for you to interview at the patient’s home.

The patient project will also be an opportunity to practise your presentation skills and to gain valuable feedback from the practice team. It will hopefully enhance the care of the patient by exploring unmet needs and the wider issues surrounding care pathways and the primary/secondary care interface.

Content
You are expected to cover:

Patient’s Narrative and journey
- Take a detailed history from the patient and gain an understanding of how the patient lives with their condition and how they have adapted to a life with chronic illness.
- Describe the patient’s journey from symptoms to diagnosis and ongoing care.

Management
- Look at the current management and compare this with established protocols/guidelines.
- Focus on each of the patient’s symptoms and try to relate them to their medical problems, treatments, and/or psychosocial factors.

Needs Assessment
- Carry out a needs assessment and describe which members of the primary and secondary healthcare team, and which family members and lay professionals meet the patient’s needs.
- Describe how these people communicate to ensure optimal patient care.
- Identify any unmet patient needs or an area of care which you feel could be improved.
- Discuss and evaluate possible improvements in patient care, given the available resources. You could look at current practice or local protocols. Some examples of this could be:
  - blood monitoring of cytotoxic medication
  - referral to community physio/OT
  - access to urgent appointments
  - home visits for palliative care patients
  - dissemination of information to out of hours services (OOH)
  - availability of syringe driver OOH
  - home rescue packs etc.

Ethics and Personal Reflection
- Consider whether the patient’s care raises any ethical issues (for example confidentiality, autonomy, resource allocation or professional ethics). Provide a balanced discussion of the key dilemmas, and consider your own standpoint.
- Reflect on what you have learned from the patient project and how you might use what you have learned in your future career.

Presentation skills
- You will be assessed on your presentation style and use of IT.
- All references should be correctly cited.

Presentation and assessment
Begin thinking about the project in the first week of the attachment. You will be allocated sessions for visiting the patient and preparing your presentation.
Arrange a date to present your project during the final week of your attachment. You should do this at your first meeting in the practice.

The patient project will be assessed as a formative exercise as a Power point presentation to your GP practice, ideally within a regular practice meeting. It should be 10 minutes long, with 10 minutes for discussion. You are free to use any other aids or props that you think will make your talk more engaging. Your GP tutor will give you written and verbal feedback.

If it is not possible to present your project at a practice meeting you should arrange a meeting with your GP tutor and present it to them.

Please bring a printed copy of your power point presentation (six slides a page) and the feedback sheet to the department on the final day of your attachment.

**Project Prize**
The Project judged by the departmental tutor to be best in the year will be put forward for the annual North-West Thames Provost Prize (£100) awarded by the Royal College of General Practitioners.

**Significant Event Analysis**
You are asked to write a description of one significant event that occurred in the practice. On the final Friday you will be asked to speak about your SEA in a small group with a GP tutor and this will be assessed by the tutor. No visual aids needed.

**What is an SEA?**

We are asking you to identify a ‘Significant Event’. This could be any situation which you identify as being important or has a lasting impact on you. This might be an event which:

- causes you distress or anxiety
- demonstrates an example of good practice
- hasn’t gone well
- makes you question the situation
- exposes a gap in your understanding
- arouses other important thoughts or feelings

Incidents may arise out of your own consultations with patients, others out of an interaction with your GP tutor or another member of the primary healthcare team. Choose any event significant to you personally. You may ask your GP tutor for help in identifying a suitable SEA.

The purpose of an SEA is to reflect on a particular event and learn from it. This is a critical analysis of an event.

This means that you will need to demonstrate in your verbal presentation and the write up:

- Why you chose this particular event and describe the scenario
- How the experience impacted you: thoughts, feelings, behaviours
- What you identified as learning needs
- Alternative ways of managing the situation
- How you would handle a similar situation in the future
Examples of some themes which come out in an SEA might include:
- Questioning your own preconceptions / moral values
- The doctor – patient relationship in General Practice
- Issues around confidentiality
- Professionalism
- Ethical issues using the ‘ethical framework’

Why do SEAs?

Educational research has shown that SEAs are a valuable learning tool for both students and doctors.
- SEAs help develop a reflective approach in preparation for graduate practice. SEAs are an excellent way of identifying learning needs and acting on them.
- In the context of the busy working lives of doctors, reflection and analysis are commonly neglected, yet they are essential to our further education and development. All doctors are expected to keep records of their experiences for their annual appraisal.
- The SEAs provide an opportunity to develop your ethical viewpoint in the light of your experiences
- Self-evaluation and reflection can be a safety-valve for releasing stress. Writing down SEAs is important as it forces you to think and express yourself.

Reference
Embracing Reflective Practice: Samantha Davies, Education for Primary Care (2012) 23: 9-12

A referral letter of a patient

This should be based on a patient whom you have seen either in the surgery or on a home visit who is to be referred to a hospital. The aim is for a concise letter, stating the question to be answered and providing background details. As with the patient project it should be anonymous.

The letter should include the following:
- Details of your GP teacher, name, address, telephone number (usually on headed paper)
- Patient details; initials, age, sex, ethnic background, NHS number, hospital number (if patient has one)
- Reason for referral, what question is being asked of the specialist
- Degree of urgency
- Description of clinical problem
- Summary of presenting complaint and examination findings
- Relevant past, psychological, family and social history
- Relevant investigations (including negatives)
- Medication, drug sensitivities
- Accurate reflection of what took place
- What patient has been told and patient’s understanding of the problem
- Language and terms the patient can understand,
- Whether an interpreter is required

You should bring a copy of the referral letter to your final debrief session as you will be analyzing each other’s referrals.
Review a discharge summary

The aim of this review is to appreciate the importance of communication of information necessary for high-quality multi-disciplinary discharge management and medicines management.

- Compare the discharge summary of a patient on 4 or more medications with the guidelines set out in Section 3 of the Scottish Intercollegiate Guidelines Document No. 128 (http://www.sign.ac.uk/pdf/sign128.pdf). Then carry out a medication review.
- Interview the patient, if possible, to ascertain their understanding of the medication.
- Compare the medication in the discharge summary, in the patient records and in the patient’s mind. Consider the reasons for any difference.
- If there has been a change in medication, discover what the patient has done with medication previously prescribed and no longer necessary. (This medication should normally be returned to the local pharmacy.)
- Please discuss your learning points from this exercise with your GP. How will this help you as an F1 doctor?

Further reading

http://www.saferhealthcare.org.uk/NR/rdonlyres/0FEA9B5F-0D4C-42EE-B5C4-5522473A0C15/0/shcdischargingpatients.pdf

Write a prescription

Writing a prescription has always been one of the numerous activities which help you to gain experience in your general practice attachments. We want to ensure that you take the opportunity to develop your prescription writing skills. This is to ensure that you:

- develop this essential skill
- reflect on what makes for safe and effective prescribing
- understand the key principles that allow you to give safe, clear and legible instructions to the dispensing pharmacist (a prescription is an instruction to a pharmacist)

It will feature in some of the other attachments of Year 5. It is one of the skills you may be asked to demonstrate in the end of year examinations.

Why write a GP prescription?

This is a good question as you are not allowed to write a prescription on a GP or outpatient prescription form until you are a fully registered doctor. However, the opportunity to develop this skill whilst in a one-to-one situation with your GP tutor will help ensure you get it right. A GP script is a blank sheet so you need to think about all the different components necessary for safe prescribing.
You also need to think about prescribing in the wider context of patient management – something you will see from day to day as part of your attachment, but something it is valuable to focus on specifically.

How to go about it

1. Discuss with your GP how you will go about this:
   - Write your first prescription as a practice exercise
   - Write your second for a real patient

2. Look at what you have written together and compare it to the advice given in the BNF. See the section “Prescription writing” in the first chapter Guidance on Prescribing. (this is also available on the BNF website at http://www.bnf.org/bnf/bnf/current/29420.htm)

Remember: although you may write a real prescription it can only be signed by your GP tutor as it is his/her legal responsibility to prescribe. They will of course also have to agree with what you want to prescribe.

Medical Ethics and Law

The primary care rotation is part of the vertical integration programme for medical ethics and law. The aim of this programme is to help you apply and integrate your teaching in ethics and law into clinical practice.

During your GP attachment you will be expected to identify and critically reflect on ethical issues raised by individual cases and to incorporate this analysis into your clinical decision making. This will be assessed as part of your patient project. Your ability to discuss ethical issues in your significant event analysis will also be assessed (see next page).

We have created a series of e-modules to help you refresh yourself on the key areas in ethics and law. The e-modules are in the year 5 Ethics and Law area on Blackboard. They are based on teaching material in Year 2 and 3, so that the content should be familiar to you. There are 6 e-modules:

1. Consent, Capacity and Refusals in Adults
2. Confidentiality
3. Resource allocation
4. Children and the law
5. Abortion and disability
6. The Mental Capacity Act

The e-modules are designed to be used flexibly. Each module has a self-assessment section for you to review your learning and understanding. By the end of Year 5 you should have completed all six modules. During this attachment the self-assessment section of the confidentiality e-module is part of your assessment. Please print off your e-module self assessment report and submit it with the rest of your coursework.
## Personal Learning Objectives (to be looked at with GP tutor on first day)

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## Self-rating of knowledge at start of attachment

1 = no knowledge  
5 = good knowledge  
6 = unable to grade

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<td>Macmillan nurse</td>
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<tr>
<td>Admiral nurse</td>
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<tr>
<td>CPN/ care co-ordinator</td>
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<tr>
<td>Psychologist</td>
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<tr>
<td>Counsellor</td>
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<tr>
<td>Pharmacist</td>
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<tr>
<td>Social workers</td>
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<tr>
<td>Community matron</td>
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<tr>
<td>Home carer</td>
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</tbody>
</table>
Clinical Log Sheet

It may help to show your GP Teacher this on the first day and during your placement, so that you and your GP teacher can monitor your progress by completing the tick boxes below. Please bring to the Department on the final day.

**Essential practice experience:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary meeting to set learning objectives/ goals</td>
<td></td>
</tr>
<tr>
<td>Patient identified for project by day 1/2. Arrange one 1/2 visits to the patient</td>
<td></td>
</tr>
<tr>
<td>Presentation of the patient project and final debrief (fix the date at the start of the attachment)</td>
<td></td>
</tr>
<tr>
<td>Deciding on an SEA</td>
<td></td>
</tr>
<tr>
<td>Draft a referral letter</td>
<td></td>
</tr>
<tr>
<td>Discussion of discharge summary review</td>
<td></td>
</tr>
</tbody>
</table>

**Recommended practice experience:** A range of activities that we hope you will have. What is possible will vary much depending on your needs, your teacher’s personal teaching style and practice arrangements

- 3 surgeries as an observer
- 8 surgeries involving you consulting:
  - 1–2 student consultations per surgery (observed by teacher). Minimum of 6 during the five weeks
    | 1 | 2 | 3 | 4 | 5 | 6+ |
    |   |   |   |   |   |    |
  - 1–2 physical examinations per surgery (observed by teacher). Minimum of 6 during the five weeks
    | 1 | 2 | 3 | 4 | 5 | 6+ |
    |   |   |   |   |   |    |
- Home visits (Minimum of 2)
  | 1 | 2 | 3 | 4 | 5 | 6+ |
  |   |   |   |   |   |    |

- One session with practice nurse
- One session with health visitor
- One session with district nurse
- Student writing-up time (1-2 sessions)

**Use:**
- Auroscope
- Ophthalmoscope
- Blood pressures
- Urinalysis

**Additional activities:** These could be used to fill less busy periods

- Participate in clinics e.g. antenatal, baby, chronic disease (record which below)
- Spend time behind reception and in the waiting room (maximum 1 hour)
- Spend time with computer (with a particular task to complete)
- Visit a pharmacy
- Visit a nursing/residential home
- Attend practice meeting
- Specialist visits e.g. drug dependency

- Attend a CCG meeting
- Attend a postgraduate meeting
- Nurse practitioner
- Smoking cessation clinic
- Skills:
  - Venepuncture
  - Using a BM meter to check glucose
Consultations: competency assessment form

Your GP teacher may find this form useful for giving feedback.

### Taking a patient-centred history

<table>
<thead>
<tr>
<th>Activity</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attempts to elicit the patient’s ideas and concerns about the presenting symptoms or illness</td>
<td>Y/N</td>
</tr>
<tr>
<td>Explores the patient’s presenting problem</td>
<td>Y/N</td>
</tr>
<tr>
<td>Determines the patient’s expectations of the consultation</td>
<td>Y/N</td>
</tr>
<tr>
<td>Evaluates the effect of the illness on the patient’s functioning and within the context of their environment (e.g. work, home family and carers)</td>
<td>Y/N</td>
</tr>
<tr>
<td>Summarises</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

Comment

### Examination

An examination appropriate for the clinical condition

<table>
<thead>
<tr>
<th>Y/N</th>
</tr>
</thead>
</table>

Comment

### Defining the clinical problem(s) (to be assessed by questioning afterwards)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes a credible diagnosis using the information elicited</td>
<td>Y/N</td>
</tr>
<tr>
<td>Formulates a three-dimensional diagnosis:</td>
<td>Y/N</td>
</tr>
<tr>
<td>Physical diagnosis</td>
<td>Y/N</td>
</tr>
<tr>
<td>Psychological</td>
<td>Y/N</td>
</tr>
<tr>
<td>Social</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

Comment
Management plan

<table>
<thead>
<tr>
<th>Student attempts to draw up a shared management plan (according to their stage of learning)</th>
<th>Y / N</th>
</tr>
</thead>
</table>

Comment

What feedback can be given to the student that was good about the consultation?

Overall, how could the consultation be improved?
Consultations: feedback from patient

Please give this to a patient whom you have seen to gain feedback on your consulting. You may wish to discuss it with your GP teacher.

What did the student do or say that you liked?

Why was that good?

Anything else that worked well?

What else would you have liked from the student?

Why would that have made it better?

Is there anything else you would like to say to the student?
Directly Observed Procedural Skills (DOPS)

Skills to be acquired during GPPHC

The following are skills that can best be assessed during your GP attachment. Please ensure that you make time to demonstrate yourself competent in each skill to your GP tutor or a healthcare worker in the practice. Please ask them to use the forms in your DOPS book.

<table>
<thead>
<tr>
<th>Clinical procedures</th>
<th>1. Throat or skin swabs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. IM injections</td>
</tr>
<tr>
<td>Therapeutic procedures</td>
<td>3. Teach use of MDI</td>
</tr>
<tr>
<td></td>
<td>4. Wound care and dressings</td>
</tr>
<tr>
<td>Near patient testing</td>
<td>5. Explain how to produce MSU</td>
</tr>
<tr>
<td></td>
<td>6. Test blood glucose using a glucometer</td>
</tr>
</tbody>
</table>

Guidance for Students and Assessors

*What are DOPS?*
DOPS are designed to provide assessment and feedback of procedural skills essential to the provision of good clinical care. The skills in this attachment are important for any new doctor and are a formal assessment requirement of the General Medical Council.

*Who assesses?*
Your assessor can be any member of the health care team who practises the skill as part of their normal work. This will often be your GP, but can be any member of the health care team and in particular the practice and district nurses.

*How to get assessed?*
It is your responsibility as a student to identify opportunities to practise each skill and when competent arrange to be assessed. At the beginning of the attachment you should discuss with your GP where the opportunities are likely to occur. Try to complete your assessments early in the attachment, to allow you time to repeat any unsatisfactory ones. Your GP is under no obligation to attempt to complete your assessments at the last minute.

*Completing the form – using the scale*
The criteria for each skill and their accompanying sign off form are in your book. Your assessor will complete the form using the full range of the rating scale. Comparison will be made with a safe and competent doctor at the start of the Foundation Year 1. Both student and assessor can use the checklist provided with each skill to aid learning and assessment. Each assessment is an opportunity to discuss your strengths and weaknesses with your tutor and to make a plan to remedy any weaknesses.

*How to pass the DOPS*
Your assessor must sign you off as being competent. You will have time to practice the task before being signed off as competent. There is no limit to the number of attempts you can make, but you must have successfully completed all DOPS for General Practice by the end of your attachment.

*Recording your results*
At the end of your attachment your GP teacher should sign the DOPS summary form showing that you have successfully completed all tasks. You should keep the DOPS forms carefully as part of your portfolio. You are strongly recommended to keep copies of your DOPS forms (or keep good care of your book) as you must complete all the DOPS in the
booklet by the end of your attachment and must be handed in with the rest of your coursework

Appendix 1: The Multidisciplinary Team

THE ROLE OF THE GENERAL PRACTITIONER IN PRIMARY HEALTH CARE

The GP is a doctor who provides personal, primary and continuing care to individuals, families and communities in their homes or the surgery, irrespective of age, sex or illness, sometimes over years or decades. He or she will make the initial decision on every problem presented – medical or otherwise

- Around 98% of the population are registered with a GP and there are currently approximately 35,000 GPs in the UK.
- Each GP has an average list of 1,900 patients. There are variations in size due to uneven geographical distribution of doctors, with the largest lists in London. Doctors can also exercise choice over list size.
- There is considerable variation between practices in terms of the way they organise themselves, levels of workload, services offered and the nature of the patients who consult them.

Around 700,000 people consult GPs every day, each GP seeing between 25–35 patients.

This means that the GP’s work is based on a large number of short consultations. Many of these will be with patients they have seen before, so in some ways it is more accurate to think of consultations in general practice, not so much as isolated episodes, but as single episodes in a continuing relationship.

Although in some areas the population is very mobile around 50% of people have been registered with the same GP for at least 10 years.

CORE MEMBERS OF THE PHCT – EMPLOYED STAFF

Practice Manager
Most practices employ a practice manager to oversee the practice administration including the management of staff, staff recruitment, contracts and appraisal. Managers are usually responsible for the pay and tax and superannuation of all the practice team including the GPs. They oversee the systems in place for the GP Contract & the QOF and liaise with the Primary Care Trust (PCT) and are the first contact for any complaints. They are also responsible for rotas, appointments systems and the care of the premises.

Receptionist, secretary and clerk
The receptionists have a challenging task which requires excellent interpersonal skills; they are in the front-line, dealing with a range of queries including; requests for appointments, prescriptions and test results, either face to face or on the phone, with people who may be anxious or unwell. Along with clerks and secretaries they are responsible for looking after the medical records, scanning and filing the enormous amount of correspondence received and keeping paper and computer registers up to date.

Practice Nurse
Practice nurses are usually Registered General Nurses who work from the practice treatment room. In larger practices, there may be several Practice Nurses sharing duties and responsibilities. The employing GP is responsible for the nurses’ work and training.
The work of the practice nurse includes: new patient health checks, blood and urine tests, injections, immunisations, dressings, monitoring blood pressure, assisting with minor surgery, syringing ears and sterilising all practice equipment.

With the shift of chronic disease management from secondary to primary care practice nurses are increasingly developing as nurse specialists across a range of chronic diseases and depending on their additional training assist in delivery of care to patients with cardiovascular disease, diabetes and asthma also smoking cessation. Many also undertake family planning and cervical screening clinics.

An increasing number of practices are employing nurse practitioners with training to undertake a broader range of clinical duties which may include diagnosis and management of minor illness. Some nurses are now able to prescribe a small range of medicines from the nurse’s formulary.

Health care assistants
Many surgeries employ health care assistants (HCAs). They are not trained nurses, but have received some formal training and perform tasks such as venepuncture, dressings, and blood pressure checks, measurement of height & weight and urine testing.

Elderly care link workers
Some practices employ “link workers” with responsibility for over 75s screening, they also link old people with services necessary to enable them maintain independent living

Psychological therapy
Many practices employ a counsellor to provide psychological support for depressed, anxious and bereaved patients. Although formal qualifications are not required to practise as a counsellor most are trained and all should have regular supervision. The British Association of Counselling has recently set up a register for practice counsellors.

Some practices employ clinical psychologists.

Complementary practitioners
Other clinical staff may include osteopaths, acupuncturists or chiropractors. These are less likely to be employed by the GP and may sometimes charge.

ATTACHED STAFF – COMMUNITY NURSES

District nurse
District nurses are Registered General Nurses with an additional one year’s training. There is approximately one district nurse per 4,000 registered patients. They work predominantly in patients’ homes where their tasks include dressing operation sites and ulcers, giving injections and eye drops to the housebound, looking after catheters, pressure sores and syringe drivers etc.

As hospital stays get shorter and chronic serious conditions such as cancer and AIDS are cared for at home the role of the district nurse is expanding, although at least 20% of her time is still spent helping to keep people with leg ulcers comfortable and mobile. District nurses also provide support for carers and may advise other family members on the care an individual needs.

Health Visitor
Health Visitors are Registered General Nurses with a one-year specialist training in health education and child development. They have a statutory obligation for visiting all
babies on the tenth day after the birth and are responsible for ensuring that s/he receives regular health supervision and full immunisation as well as undertaking developmental screening. They also offer health education for parents. They see children at home, in the GP surgery or in a Community Child Health Clinic. The health visitor continues to have responsibility for the well being of children until the age of five especially those children considered to be ‘at risk’.

Community midwife
Midwives are usually General Nurses with least one year’s special training. They are involved in ante-natal and post-natal care in patients’ homes, community based clinics or the GPs surgery. They have a statutory responsibility to attend all home births (around 1% of all births) and monitor all mothers and babies up till ten days post-partum whether at home or in hospital.

Some areas now have ‘domino’ schemes for low risk births in special hospital units where Community Midwives provide all the care before, during and after the birth.

Community Psychiatric Nurse (CPN)
CPNs are Registered Mental Health Nurses who visit, support and supervise the care of people with mental health problems in the community. These are often patients with psychoses who have been discharged from hospital but they will also take direct referral from GPs to assess patients and provide special support including counselling and behavioural therapy.

They are usually employed by the local psychiatric hospital, Mental Health Trust or Primary Care Trust.

OTHER ATTACHED MEMBERS OF THE PRIMARY HEALTH CARE TEAM

Physiotherapist, dieticians, specialist nurses e.g. diabetic, respiratory, specialist palliative care nurses, Admiral nurses (dementia care) and chiropodists are available to patients in the Community Clinics, the GP surgery or in patient’s own home. Access is generally by referral by one of the core members of the PHCT.

Pharmacist
The community pharmacist who runs the local dispensing chemist is not strictly speaking a member of the PHCT but s/he provides an enormous amount of primary advice and over-the-counter (OTC) medication as well dispensing the huge quantities of drugs prescribed by doctors.

They will fill dossette boxes for patients to assist with compliance especially helpful for elderly patients. GPs and pharmacists are increasingly seeing the advantages of working closer together for clinical and economic reasons. Some pharmacists perform medication reviews with patients.

Social Care and Primary Health Care
Health problems usually impinge on a person’s social world – sometimes necessitating specialist advice, support or protection through Social Services.

With increasing numbers of severely mentally ill and elderly people in the community as well as earlier discharges from hospital the demands on social services are high.

Social Workers can provide advice, support and counselling for vulnerable people such as the disabled, those with mental health problems and their carers. They also have statutory responsibilities under the Mental Health Act (if a patient requires sectioning) and under the Children Act (if a child is at risk or requires protection).
Occasionally social workers are attached to a GP practice and can make a valuable contribution to the team.

**Community Care**: local authority Social Services departments are responsible for assessing the needs of an individual who requires practical support to survive in the community. An assessment for community care can be requested by the patient, the **GP, community nurse or carer**. The assessment must take into account both health and social factors and Social Services must then decide what support is required and whether to provide it directly or invite others in the voluntary, charity or private sector to do so.

**Home Carers** take on domestic responsibilities such as personal care, washing and dressing when for example an elderly person becomes housebound. They can also provide domestic support when a single parent becomes ill. The client is usually required to pay a small contribution.

**Meals-on-wheels and laundry services** are amongst the other support services available to the very needy.

**Voluntary agencies**
A variety of organisations provide help for individuals with specific conditions. For example the British Diabetic Association organises holidays for diabetic children and the Eczema Society awards grants for special clothing. Others, such as Alcoholics Anonymous, Body Positive and the MS Society, focus on self-help groups and mutual support for sufferers and carers. Age Concern volunteers support the elderly and in some areas provide a bathing service. The overall contribution of these bodies to health and social care is considerable and growing.
Appendix 2: Departmental Teaching Sessions

Consultation skills

Learning to take a focused history
You have learnt the skill of clerking a patient by going through a “shopping list” of standard questions.

During this attachment you will gain experience of taking a focused history where you focus on areas and certain questions most likely to be of importance in the history. In this approach you use information gained early on to plan further questions. Having obtained a focused history it will allow you to carry out a focused examination of the relevant system.

When you watch senior doctors taking a history they will almost always use this approach as it is both more economical and more effective than the shopping list method you necessarily learn at the beginning of your career. The skill of doing so grows with practice so you should start early. To work it requires good communications skills, clinical judgement and clinical knowledge. It is therefore something that you continue to develop for some years after qualifying.

The ethical foundation of good communication
Good consultation skills can be seen as ethics in action. Our respect for individual autonomy, a duty to protect vulnerable individuals and a concern for welfare are reflected in the way we communicate with patients during a consultation. Slides 15–19 of the autonomy and paternalism e-module discuss how respect for autonomy translates into a patient-centred approach and shared decision making.

There are two consultations skills sessions in which you will each play the role of a foundation year doctor. The scenarios are based on real patients seen in general practice and played by actors experienced in working with medical students.

You will role play a complete consultation of ten minutes or less, as if in the general practice setting. You will be able to prescribe, refer and follow-up as you think appropriate. You should have encountered many of the problems presented, so apply and integrate your clinical knowledge to the best of your ability.

It is important that you begin to identify skills and attitudes which will facilitate your consulting process, and to gain awareness of the emotional and ethical issues in the consultation and to achieve greater confidence in dealing with them.

Aim to: Develop a patient-centred approach to the consultation.

- Use an open question and allow the patient to talk at the beginning: a minute uninterrupted can often save time and allow you to discover what the patient is actually concerned about (the patient’s agenda): it also gives a picture of that person and his or her life. Keep watching so that you do not miss any clues, verbal or visual. The ‘presenting complaint’ may not be the most important to the patient. If you find this out at the beginning it will save time and misunderstanding.

- Explore the patient’s health understanding. Ascertain their ideas, concerns and expectations of their state of health.

Remember that each patient is unique. It is important to adopt a flexible approach to your patients such that the advice and management plan is tailored to his or her own health beliefs, values and concerns as well as his/her social and cultural context.
Aim to: Prioritise
- If the patient has several items (a ‘shopping list’) ask the patient what is the most important, urgent matters she/he wishes to discuss, you may feel that other problems are more important – negotiate!

Aim to: Close with all relevant information
- Use closed questions. Enquire about other parts of the history.
- Examine the patient if necessary. When you wish to do this, tell the patient – s/he (actor) will hand you a slip of paper with the findings. Whilst this is not ideal, you should still think about the timing and focus of the examination, the skills you would need, and how you will discuss your findings with the patient.
- Formulate a working diagnosis
  Explain the problem to the patient: aim for a shared understanding of the problem and with the patient agree a shared management plan. Be sensitive to how much he/she wishes to be involved. This improves compliance and enhances patients’ responsibility for their health. The ‘take home message’ can then be reinforced by asking the patient to summarise the agreed plan.

You will have to use your judgment here. Is this something which can 'be sat on" and reviewed or is urgent referral/action required? Remember that the opportunity to review the patient

Aim to: Summarise and clarify at the end of the consultation
- Time management: make effective use of the consultation: You will be given approximately 10 minutes. Not everything can be achieved in one consultation.

The cases are chosen to stretch you and give you an opportunity to practise your consultations skills in a ‘safe space’. Remember that mistakes in these situations are learning opportunities without harmful consequences. The patient, GP tutor and your peers will give you feedback – feedback from the actors is particularly useful.
Figure 1 Patient-Centred Clinical Method: Integrating the medical and patient-specific aspects of the consultation (after Stewart & Roter 1988)

| Explanation and planning: shared understanding and decision-making |
Giving and receiving feedback

When you return to the room the tutor will ask you to spend a minute reflecting on the consultation in preparation for feedback.

The student who undertook the consultation will have the opportunity to speak first initially concentrating on the positive aspects and then stating any areas of difficulty with which s/he would like specific help.

During the feedback you will have an opportunity to hear the voice of the patient from the actor who will also give constructive suggestions as to how the consultation might have been developed to the benefit of the patient.

The following rules of feedback can help maximise your learning and reduce possible anxiety. Learning to give and receive feedback is important in many other contexts.

Guidelines for giving feedback
1. Start positive there are always good elements!
2. There is no criticism without recommendation: suggest alternative.
3. Be considerate: laughter or other noise can disturb. Remember that you will be having a go too!
4. Be specific and give examples where possible.
5. Keep notes – use the sheets provided (see end of section)
6. Use ‘I’ and give your experience of what happened’ (i.e. when you said..., I felt that you were ...’, etc.).
7. Ask yourself ‘Why am I giving this feedback?’ (Is it for you or for the person concerned?)
8. Remember that feedback says a lot about you as well as about the person to whom if is directed.
9. Try to confine negative feedback to things that can be changed, rather than personal attributes.

Guidelines for receiving constructive feedback
1. Listen to it (rather than prepare your response/defence).
2. Ask for it to be repeated if you didn't hear it clearly.
3. Assume it is constructive until proven otherwise; Pause and think before responding.
4. Ask for clarification and examples if statements are unclear or unsupported.
5. Accept it positively (for consideration) rather than dismissively (for self-protection).
6. Ask for suggestions of ways you might modify or change – take opportunities to rehearse.

Clinical reasoning in general practice
This is on the first Friday afternoon of the attachment. It will be both an informative and stimulating session and focuses on real patient cases. You will deconstruct the diagnostic process and rehearse different techniques.

Debrief and discussion of significant event analysis
You will be asked to speak about your SEA in a small group with a GP tutor and this will be assessed by the tutor. You do not need to produce any visual aids for this presentation.