#

School of Medicine, Dentistry and Biomedical Sciences

Year 5

General Practice Placement



Tutors Guide

2020-21

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# ONTENTS

 Page

1. Introduction 3

2. Student Feedback 5

3. Staff Contacts 7

4. Learning Outcomes 8

5. Essential Learning Activities 9

6. Assessment 10

7. Feedback Opportunities 10

8. Course evaluation & Feedback (for students) 11

9. Attendance 12

10. Professionalism 12

11. Students in difficulty 12

## Introduction

Dear Doctor,

Thank you for taking final year medical students for this 2 week placement in General Practice. This is the second year **every final year student will get 5 weeks in General practice** in two 2 week placements and 1 week in their assistantship later in the year.

The world has changed immensely since last year! Team #GP at QUB are extremely grateful that you are continuing to take our medical students in such difficult conditions.

We don’t expect that students get the same experience as they did in the past and we welcome your comments on what you have learned during this year. We will learn together a new model for delivery of safe and effective workplace-based learning for our students and we encourage that you share your experiences with us throughout the year.

All students have had a 4 week compulsory GP attachment in their 4th year. However, the last group of students (approx. 45 students) in 19-20 had a different, on- line GP module, due to Covid.

In their 4th year course, they have already had some exposure to General Practice; they will be aware of the practice team and will have spent some time with the nurses, receptionists, practice manager, pharmacist etc.  **It is not recommended for students to spend more time with the other team members unless they specifically request to.**

**The main focus of this attachment has always been consolidation of clinical practice, by consulting with patients. This focus hasn’t changed, but obviously delivery will change, and likely contain a greater mix of remote consulting than in the past.**

The student usually ‘sits in’ (in person with appropriate PPE or virtually) with the GP initially, but **very quickly will expect to get consulting with patients on their own before presenting each patient to the GP** (again, practices are welcome to use a mixture of face to face, telephone and video consultations as they have access to).

Although we acknowledge that remote learning, as mentioned above, will be required during the pandemic, we can’t be prescriptive to practices about how many face to face sessions verses telephone vs video consultations sessions to arrange; practices have different resources and access.

We would be hopeful that where safe and appropriate students still get to experience as much face to face time in the surgeries and with patients as possible.

We are planning to host some remoting teaching sessions directly from QUB and it is likely to amount to 1 or 2 sessions per student per 2 week block. More information will be given to you on this as it develops.

It was pointed out by several GP tutors in recent meetings that the way we delivered General Practice in the past has changed and will likely remain different in the long term.

I have given the students a ‘Study Guide’ in which they have been asked to complete an icebreaker and Learning Needs Self- assessment. These should help direct areas for discussion/tutorials. (Also included in this pack is information for them on how to book accommodation if required and an attendance record).

The students have no formal contact with QUB during these attachments, but still have access to the GP website on the medical portal as resources from their 4th year attachment are still relevant.

Previous student feedback is glowing regarding this attachment: especially when the student gets to focus on having lots of one to one patient contact on their own. They are preparing for clinical finals and general practice is a great place for them to gain experience.

They will ask you to sign an attendance sheet (this year this will be via an electronic google form) and 100% attendance is expected (attendance may be face to face, or remotely and may include self-directed study). There will be no other formal assessment of this attachment other than their final examinations.

I have also include our ‘Stages document’ which outlines our suggestions for what to do with students depending on how the levels of social restriction change during the pandemic.

I am very grateful for your continued support teaching and training our students especially under these difficult conditions.

Thank you,



Dr Finbar McGrady MPhil, MRCGP

Clinical Teaching Fellow.

Module Coordinator

## Past Student Feedback

The student feedback below should help you get a flavour of what these final year students value from their attachment:

**The positive:**

*Great experience, lovely GPs, lovely staff, really supported - 1 GP completely devoted to two students for a day.*

*I had the opportunity to conduct my own consultations with patients and then consult with a supervisor r.e diagnosis and management plan. This was extremely beneficial and improved my confidence and skills*

*One of the best placements I have had in the past five years of medicine, excellently organised. Given extensive opportunities to hold patient consultations, encouraged to think independently but very well supported by all of the staff. Very much made to feel part of the team by all GPs and also the fantastic clerical team. A very useful and valuable placement.*

*Excellent placement- organised 8 patients per day for each student to see on their own, with GP protected time during each half hour consultation for discussion and formulation of management plan. Having GP protected time meant we didn't feel like we were disturbing them or holding back their surgeries. Excellent learning opportunities allowing us to see patients on our own, and the half hour appointment time was perfect to allow us adequate time with the patient, to take a history and examine, and formulate a plan.*

*This is the most intense clinical experience I have had in a very supported and safe learning envirnoment. It allowed me to gain a lot of confidence in my clincal history taking skills, as in the ward setting it is rare for me to be the patients first point of contact.*

*very good attachment, perfect for 5th year. was given a room and did our own consultations and then presented our findings. Wish that our 4th year Gp attachment was cancelled and that we spent the 5 weeks all together doing this in the 5th year as the only issue with the attachment was that if it was longer we would learn more as every day we were there was more amazing learning.*

*Allowing students to see their own patients, take histories, exam and make management plans. best way to learn. the more patients and exposure on your own instead of looking over a Drs shoulder, the better*

*A longer GP placement will be more beneficial.*

*This was a valuable placement. We received very good clinical teaching and had the opportunity to examine and take histories from patients, both independently and with the doctor who then gave us constructive feedback. All staff in the practice were very approachable and welcoming.*

*I really enjoyed this placement, in particular the focus on improving clinical skills that I have had little opportunity to practice so far.*

*This was an excellent placement. The two doctors were engaging, welcoming and encouraging. The opportunity to see patients independently and present them was extremely useful, and very good for building confidence. The ad hoc teaching sessions were also excellent.*

*being able to see patients on our own in a designated room and then present the patient to the GP. Good feedback and opportunity to see many patients. Made feel like a part of the team. Friendly and approachable staff*

*Student run clinics every day all sessions. Every doctor was very welcoming and accommodating. Thoroughly enjoyed placement. Allowing us to take history, examine, present, counsel and formulate a management plan. Exceptional placement would love to get back before finals.*

**A few comments where we could improve:**

*Sessions with the GP were extremely useful but a lot of time was spent at the treatment room and with practice nurse which was related more to fourth year GP objectives rather than fifth year final preparation. Felt this time could have been better spent preparing for exams than practicing skills covered in the assistantship module.*

*A few more opportunities to see patients alone would be good practice for the future.*

*It is very remote and it is difficult to reach*

*time for private study as the day is quite long doesn't allow much time for studying.*

*More opportunities to hold independent consultations - the lack of available rooms limited this.*

*We did not see any patients alone and had minimal opportunity to take histories or examine. I feel the absence of independent learning opportunities on this placement was notable. We were very much in an observational role and the GP would often get carried away talking to us for long periods of time with minimal learning points and without seeing any patients.*

## Staff Contacts

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| **Module co-ordinator** | Dr Finbar McGrady | 🖰 f.mcgrady@qub.ac.uk 🕿 028 9097 2100  |
| **Administrative support** | Eveline Burns | 🖰 e.burns@qub.ac.uk 🕿 028 9097 6404  |
| **Associate Director for Student and Academic Affairs** | Dr Mark Harbinson | 🖰 m.harbinson@qub.ac.uk  |
| **Administrator for student support**  | Mrs Perpetua Lewis | 🖰 p.lewis@qub.ac.uk  |
| **Disability Officer** | Dr Paul Hamilton | paul.hamilton@qub.ac.uk  |
| **Deputy Disability Officer** | Dr David Bell | 🖰 d.bell@qub.ac.uk  |
| **The Web** | Student Guidance Centre | <http://www.qub.ac.uk/directorates/sgc/>  |
| **Progress & Assessment Enquiries** | Mrs Carolanne Smith | 🖰 c.smith@qub.ac.uk 🕿 028 9097 2452 |
| **Curricular Enquiries:** | Mrs Linda McGuinness | 🖰 l.mcguinness@qub.ac.uk🕿 028 9027 2239 |
| **Exam Enquiries:** | Ms Marie Brooks | 🖰 m.brooks@qub.ac.uk🕿 028 9027 2439 |

## Learning Outcomes

On completion of this course the successful student will be expected to:

1. Identify individual learning outcomes for the attachment
2. Take a focused clinical history
3. Perform relevant physical examination
4. Develop skills in clinical reasoning:
	1. Formulate a management plan and present to the GP
	2. Understand the basics of the range of treatments offered in general practice, when to refer, how to follow up
5. Communicate effectively with patients and the practice team
	1. As demonstrated by showing ability to hold a fitness to work conversation with patients
6. Participate effectively as a member of the primary care team

Students will be expected to undertake the following:

* 1. Attend multi-disciplinary meetings (if applicable)
	2. Write up cases/ patient notes, assisting the practice team
	3. Participation in clinical meetings
	4. Attendance to be signed off by GP (via google form electronically)
	5. Students are responsible for returning attendance forms.
	6. Assessment is formative and will be by attendance, engagement and professionalism which will be satisfactory or unsatisfactory, students must attend 100% unless there are extenuating circumstances.

***Host unit to please provide***

1. Lead GP tutor and deputy
2. Programme of clinical activity for student to attend.
3. Venue and time to meet on 1st day (this may be done remotely)
4. Feedback to student during and at end of attachment.

**ESSENTIAL STUDENT LEARNING ACTIVITIES:**

* Observing GP tutors consultations
* Observing other GPs consultations (if available in practice)
* **Hot seating:** Taking consultations with GP supervision (as many as possible)
* **Unsupervised consultations:** Each case then presented to the GP with patient present; face to face or remotely
* Discussion of cases describe the principles of **holding a fitness for work conversation** with patients, including assessing social, physical, psychological and biological factors supporting the functional capacity of the patient, and how to make referrals to colleagues and other agencies.

**DESIRABLE (BUT NOT ESSENTIAL) STUDENT LEARNING ACTIVITIES:**

* Write up a case report on a patient with Multimorbidity (500 words) (*students could spend an afternoon with a patient; different guidelines relating to individual conditions may conflict- how is this managed.*)
* ‘Out of Practice’ activities e.g. Case conference, Palliative care meeting, educational meeting
* Accompany GP to visit a patient with a terminal illness
* Review of selection of practices significant event analysis reports
* More types of activity at the GP tutor’s discretion……….
* Spending an evening ‘on-call’
* Plus many more types of activity at your GP tutor’s discretion……….

## Assessment

Assessment is formative and will be by attendance which will be satisfactory or unsatisfactory, students must attend 100% unless there are extenuating circumstances.

Students will be preparing for their written and their clinical finals. They will benefit from seeing lots of patients to improve their clinical and communication skills.

## Feedback

Feedback provided by GP tutors is greatly valued by our students - particularly given the fact that GPs observe students on a much more intense basis than most other clinical tutors in their undergraduate training. Such feedback provides students with useful information that reinforces good aspects of their learning, but also identifies areas of teaching and learning that could be improved. You should provide verbal feedback to the student as they progress through the attachment. There is some space for written feedback on the attendance sheet and I would encourage you to complete it please.

## Course Evaluation and Feedback

On completion of the clinical attachment you will be asked to complete an evaluation form to give feedback on the course of study. Your comments will be treated in strict confidence. Positive and negative comments will be noted in an effort to disseminate good practice throughout all the teaching units and address any deficiencies that have been highlighted.

**Course Details**

The undergraduate course in general internal medicine is the first stage of training, essential for foundation year F1 and future careers in hospital medicine, medical specialties and general practice (primary care).

All undergraduates are expected to conform to the principles of professional practice as set out in the General Medical Council’s publication ‘Good medical Practice’ namely:-

* Good clinical care – practice good standards of clinical care within the limits of your competence and ensure that patients are not put at risk.
* Maintaining good medical practice – keep up to date with developments and maintain your skills.
* Relationship with patients – always put the interest of the patient first and develop and maintain a good professional relationship with patients under your care.
* Working with colleagues – work effectively with other medical colleagues and healthcare professionals. Ensure good teamwork to provide the best care for your patients.
* Teaching and training – develop skills, attitudes and practices to impart your knowledge to others.
* Probity – be honest and open in your dealing with patients and your colleagues.
* Health – never allow your own health problems to put patients at risk.

## Sample Assessment Paper(s)

Available on the Year 5 QUB Portal [www.med.qub.ac.uk/portal](http://www.med.qub.ac.uk/portal)

## Attendance

100% attendance is normally required at all classes. A minimum of 75% attendance is acceptable for absences with a valid reason e.g. illness. In cases of occasional absence, students must consult with the module co-ordinator and/or their adviser of studies prior to the absence for advice on remedial action. It is important that if students are absent from a compulsory session on medical grounds, a certificate is filed with Perpetua Lewis in the Centre for Medical Education, Whitla Medical Building within 3 days of return to studies.

## Professionalism

The student should be able to demonstrate the generic attitudes essential to the practice of medicine as embodied in the GMC document **“Outcomes for Graduates”** (<http://www.gmc-uk.org/education/undergraduate/undergrad_outcomes.asp> ). The student should display an appropriate professional attitude towards the patient, their relatives and members of the multidisciplinary team caring for the patient. In addition, it is expected that the student should become aware of the potential impact of chronic kidney disease on the survival, employment and lifestyle of the patient and his/her family. It is expected that students would be familiar with GMC guidance for medical students: professional values and fitness to practice <http://www.gmc-uk.org/education/undergraduate/26602.asp>

The student should also begin to appreciate the benefits of continuity of care by a physician for an individual patient with chronic disease.

## Students in difficulty

The Course in Primary Health Care is quite demanding. Students are asked to apply the knowledge and skills they have learnt when dealing with patients, relations and staff in the General Practice setting. Evaluations tell us that students generally enjoy and value their time in General Practice.However, we are aware that some students, for a variety of reasons, may experience difficulty. They may have personal or health problems. If so, they should consider speaking to their faculty tutor or a doctor in Student Health.Alternatively they may contact Dr Finbar McGrady or any of the other teaching staff (details for student support on staff contact list above). Health related issues are best managed by their own Doctor but we would be happy to give some initial advice. If students have had a recent life event such as a death in the family we encourage them to let you also know and the staff in the department of General Practice. If have any concerns about a students welfare or performance please feel free to contact Dr Finbar McGrady in the Department of General Practice. In practice certain cases may be upsetting for the student. If such an occasion arises we encourage the student to talk to someone about the event. In the first instance we would recommend students to speak to their GP tutor for a debrief. They may also consider contacting staff in the Department of General Practice.