

GP Assistantship Information for Final Years

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Dear Colleagues

You will notice that as part of the Assistantship you have been allocated to an attachment in General Practice. Some of you may be wondering what an attachment in General Practice has to do with 'Preparing' you for your Foundation job. Hopefully all will be revealed.

Here are some quotes from your colleagues from previous years:

"It helped me make the transition from student to doctor, being independent when seeing a patient, making a management plan, following up investigations and reporting results to the patient – these are opportunities not available on wards"

"I will never forget my case. The patient stated that their discharge from hospital was their 'worst nightmare'. There was a communication error and the patient is now reluctant to ever go back to hospital. It showed me the importance of communication skills in circumventing many patient safety issues and strengthening doctor-patient relations."

"I wanted to improve my prescribing and clinical skills – which my tutor helped me to. I had a room of my own and patients booked to see me, so that these skills could be practised independently – but with supervision. I feel I really came on"

"I now have a better understanding of what happens when a patient returns home, and this has now influenced me for the better as a FY1 doctor"

You should have already received information about where you are being placed.

Where required and approved, B&B accommodation is refundable.

We will be very grateful to receive your feedback during and after the attachment so that we may refine it for future groups of students.

Many thanks.

Prof Nigel Hart

2. The Background: FY1 doctors play a key team role in the admission, investigation, management and discharge of patients. They are particularly active in the preparation and completion of discharge letters which form the main method by which primary care and General Practitioners in particular are informed about new diagnoses, changes in medication and the need for on-going follow-up by the patient's GP. This interface between secondary and primary care is of utmost importance in the *experience* of the patient on their healthcare journey and for patient safety, and FY1 doctors play a key role.

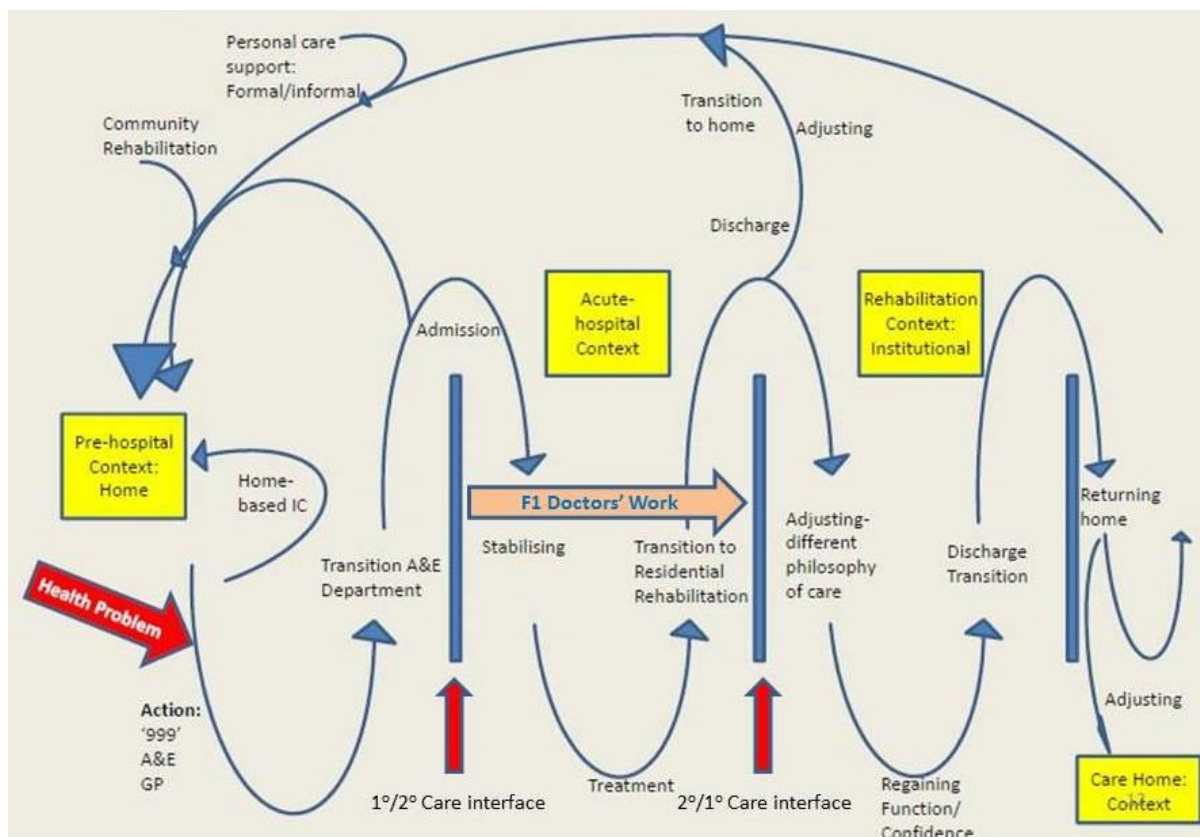


Figure 1: The Patient Healthcare Journey

Aim: The overall aim of the attachment is to provide final year medical students with a deeper understanding of issues of patient safety and communication and their role as F1 doctors in relation to the management of patients as they transit from hospital back home to their Primary Care team across the secondary/primary care interface.

Themes for the attachment:

- Patient Safety
- Patient Experience
- Medicines Management
- Primary Care-Secondary Care Interfaces

Duration for the attachment: 1 week

Mode of teaching: Blended teaching approach using clinical placement, small group work and eLearning.

3. The Cluster: A cluster topology has been developed for the attachment bringing together a group of students at the end of the week to form a 'cluster' in which one of the GP tutors acts as the 'cluster lead'. Each cluster will include up to 8-9 students for each GP cluster lead. You will get together on the Friday of your GP Assistantship with your GP cluster lead (in 2021 this will be via Zoom or Teams). Getting together in the cluster allows you to share experiences with and learn from one another and to discuss your reflections on the material covered during the week.

Outline weekly timetable (This is only an example – you will generate your own timetable with your GP Tutor):

	Monday	Tuesday	Wednesday	Thursday	Friday
Am	Induction to practice observation of consultations	Review of practices methods of processing patient related correspondence	New Medications Medication reviews Diagnosis Recording	Red Flag Referrals Diagnosis Recording The Patient Journey	Cluster group meeting <ul style="list-style-type: none"> • Sharing experiences • Student led teaching • Small group work • Reflections
Pm	Microsurgery with miniCEX	Microsurgery with miniCEX	Case analysis of chronic disease management and interaction with secondary care	Microsurgery with mini CEX	

Benefits: In participating you will gain useful insights that will help you to optimise part of your role as an FY1 doctor to ensure that patients continuing their journey out of hospital to home will do so in a safe and efficient manner. We will also ask you for feedback to help us to develop and refine this important innovation unique to Queen’s medical school.

4. Learning Outcomes:

The learning outcomes for the attachment are:

Providing good clinical care

- Understand approaches to provide safe care during the Covid-19 Pandemic
- Safely manage health related correspondence about patient care
- Demonstrate a knowledge of prescribing guidelines and manage acute and repeat prescription requests
- Understand the importance of careful management of initiation and monitoring of anticoagulation (including warfarin and the novel oral anticoagulants [NOACs]) in community
- Medication initiation and reconciliation for discharged patient
- Understand the patient journey: into and out of hospital
- Arrange follow-up for a discharged patient e.g. blood tests following disease-modifying anti-rheumatic drugs (DMARDs) or anti-hypertensive change
- Demonstrate an understanding of the evolution of unscheduled care

Maintaining good medical practice

- Knowledge of available resources and tools to maintain evidence-based clinical management
- Understand the value of clinical audit
- Understand the value of Significant Event Audits
- Understand mechanisms for Quality Improvement

Relationships with patients

- Discuss a recent diagnosis with a patient

- ☑ Manage and communicate results of patient investigations
 - ☑ Communicate effectively a change in medication regime with patient
 - ☑ Prescribe new medication for a patient and arrange for collection
 - ☑ Review discharge medication with a person recently discharged from hospital (e.g. The Patient Journey)
 - ☑ Demonstrate an understanding of the role of involving the patient in their management plan
 - ☑ Demonstrate an understanding of the importance of medical discharge information in The Patient Journey
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Working with colleagues

- ☑ Understand and demonstrate the importance of excellent communication skills with colleagues
 - ☑ Understand the importance and the process of the primary / secondary care interface
 - ☑ Understand the value of close interdisciplinary working
 - ☑ Understand some of the organisational approaches to the management of chronic disease
 - ☑ Understand the role and challenges of using the telephone when coordinating a discharge
 - ☑ Understand the important relationship between the GP and the community pharmacist
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5. Top TiPs (Tasks in Practice)

As Foundation Doctors you will find that you are often called to the ward to manage minor ailments/ write patients up for medications for symptom control. We are calling these 'Tasks in Practice' and feedback from previous groups in the Assistantship informs us that the time in GP is often a good time to find out how you might manage these on the ward. So before going to your GP Attachment we will give you notification of what we would like you to prepare. It will work as follows:

1. Each student will be allocated one 'Task' and asked to prepare an oral presentation....no paper, no PowerPoint
2. You will be asked to present your Top TiPs at the Cluster Meeting
3. We will use this as an opportunity to direct you toward useful sources of information

The TiPs we will ask you to prepare will include some of the following:

1. Sore Throat / Cough
2. Ear Pain & Epistaxis
3. Rashes – Eczema & Intertrigo
4. Nausea & Reflux
5. Eye Symptoms – The Red Eye, The Sticky Eye & The Dry Eye
6. Constipation, Diarrhoea & Haemorrhoids
7. Night Sedation / Pain Relief
8. UTIs

6. Immediate Discharge Document (IDDs) (discharge letters) audit

We have been completing a regional audit of IDDs for the last 6 years. This is a unique collaborative opportunity to contribute to safe patient care. The report for the last audit will be published in the next few weeks and we will share it with you. It makes very interesting reading and we have no doubt that it will be the catalyst for Quality Improvement work around safe discharges.

Every student completes an audit of 5 IDDs in the Practice in which they were based. This is a highly educational task. You will hear some of the results at the GP Assistantship Introductory session and you will get information ahead of your GP Assistantship for how to go about making your contribution to the audit.