Child Health in Primary Care

Tutors’ Guide 2018-2019

UCL Medical School
Community-Based Teaching
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1. Departmental Contacts

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<th>Role</th>
<th>Name</th>
<th>Address</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Course Administrator</td>
<td>Hallie Cook</td>
<td>UCL Research Department of Primary Care and</td>
<td>Tel: 0207-7940-500 (ext 31004), Email: <a href="mailto:h.cook@ucl.ac.uk">h.cook@ucl.ac.uk</a></td>
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<tr>
<td>Year 5 Lead</td>
<td>Dr Joe Rosenthal</td>
<td>UCL Research Department of Primary Care and</td>
<td>Tel: 020 7472 6116 (ext 34759), Email: <a href="mailto:j.rosenthal@ucl.ac.uk">j.rosenthal@ucl.ac.uk</a></td>
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<td>Course Lead</td>
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<td>Email: <a href="mailto:k.pal@ucl.ac.uk">k.pal@ucl.ac.uk</a></td>
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2. Welcome and Introduction

As part of their 4 week, Core General Practice placement, all students spend one full day of practice-based teaching with a GP tutor learning about Child Health in Primary Care. Teaching is in protected time (i.e. outside normal surgery sessions), and usually with groups of four students.

These GP placements are part of the Medical School’s community-based teaching programme, which is also incorporated in firms such as medicine, dermatology, women’s health and psychiatry. Students also attend a one-day Child Health Community-Based teaching workshop taught by GPs on campus to complement this practice-based teaching.

We are very grateful to you for agreeing to teach on the Child Health in Primary Care Course. We hope you will find this guide useful in making this teaching a rewarding experience for you and your students.

This guide will give you information about:

- the practical arrangements and structure of the placement
- resources to develop your teaching
2.1. Overall structure of Year 5

Students at UCL all study for an iBSc in year 3 (unless they already have a degree entry to the MBBS course), making this a 6 year course. In year 5 students rotate through 3 x 14 week modules. Students are divided into three rotations. One third will start their fifth year with Child and Family Health with Dermatology.

**Module 5A CFHD** (Child and Family Health with Dermatology)
= Paediatrics* + General practice* + Dermatology* + Child and Adolescent Mental Health

**Module 5B WHMH** (Women’s Health and Men’s Health)
= Obstetrics & Gynaecology* + GU Medicine/HIV + Breast Diseases + Urology

**Module 5C HOPE**
= Health care of the older person + Ophthalmology + Oncology/Palliative care + Psychiatry + ENT

* includes community based component

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<th>Sept – Dec</th>
<th>Jan – March</th>
<th>April – July</th>
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<tr>
<td>1 WHMH</td>
<td>HOPE</td>
<td>CFHD</td>
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<td>2 HOPE</td>
<td>CFHD</td>
<td>WHMH</td>
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<tr>
<td>3 CFHD</td>
<td>WHMH</td>
<td>HOPE</td>
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All modules include input from pathology, public health, pharmacology and PDS

An important point is that students’ ability will depend on how far the year has progressed and how much of their hospital-based attachment they have completed. Students’ ability, clinical experience and knowledge-base, will depend upon how far the year has progressed and how much of their hospital-based placement they have completed. In September, students will have little experience except that of general medicine and general surgery, but as the year progresses they will have completed other blocks many of which have a general practice component. Within the 14 week CFHD block, students will spend 4 weeks attached to a general practitioner as part of their core GP course. The Child Health in Primary Care placements are interspersed within this core GP course so they will be becoming more familiar with the general practice environment and may already have some experience of talking to children.

There are a number of workplace-based learning assessments which students are asked to complete during their curriculum. During their general practice placements, students might ask the tutor to support their completion of an SLE or MSF. This is at the GP’s discretion. If the GP has time to do this, then we are most grateful. If however there is not enough time that day, students will need to complete their requirements elsewhere.

GP tutors are required to sign off students’ procedure cards for CH to confirm their attendance.

Key Tip: It is always worthwhile discussing where the students are in the year and what firms they have done. It is not safe to assume that having done a firm they are competent in specific tasks, ask them and check in your sessions.

Spiral learning is checking and then building on students’ knowledge and skills. We would encourage tutors to explore students’ prior knowledge and discuss how your teaching relates to their previous experience and knowledge. You might, for example, explore how competent and confident a student is at taking a history and examination, before extending their knowledge about management.
### STRUCTURE OF YEAR FIVE, 14-WEEK INTEGRATED BLOCK IN CHILD AND FAMILY HEALTH WITH DERMATOLOGY

Approx 120 students across three sites, each site group divided for clinical attachments into three rotations (A, B, C) of about 40 students.

(Whole block occurs three times per year)

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<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3*</th>
<th>Week 4*</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7*</th>
<th>Week 8*</th>
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<th>Week 12*</th>
<th>Week 13</th>
<th>Week 14</th>
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<tr>
<td><strong>Introductory Week</strong></td>
<td><strong>CLINICAL ATTACHMENT 1</strong></td>
<td><strong>CLINICAL ATTACHMENT 2</strong></td>
<td><strong>CLINICAL ATTACHMENT 3</strong></td>
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<td>Rotation A: Core General Practice</td>
<td>Rotation A: Gen Paediatrics i.e. (Away Paediatrics) (DGH based)</td>
<td>Rotation A: Core Paediatrics i.e. (Home Paediatrics) (Teaching Hospital based)</td>
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<td><strong>Seminars for all students on Child and Family Health plus Dermatology</strong></td>
<td>Rotation B: Core Paediatrics i.e. (Home Paediatrics) (Teaching Hospital based)</td>
<td>Rotation B: Core General Practice</td>
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<td>Rotation C: Gen Paediatrics i.e. (Away Paediatrics) (DGH based)</td>
<td>Rotation C: Core Paediatrics i.e. (Home Paediatrics) (Teaching Hospital based)</td>
<td>Rotation C: Core General practice</td>
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<td>Rotation C: Core Paediatrics i.e. (Home Paediatrics) (Teaching Hospital based)</td>
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<td><em>includes one day practice-based placement and one day campus-based workshop of Child Health in Primary Care</em></td>
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2.2. Overall Child Health course content

UCL Core curriculum in Paediatrics

1. Knowledge and understanding

The normal child
Knowledge of the normal child and child rearing is an essential prerequisite to the study of disease. This encompasses
- Changes at birth and the normal newborn infant
- Principles of infant feeding and nutrition
- Growth and development — physical and emotional
- Parenting and family dynamics.

Health promotion and disease prevention
In childhood this includes
- Screening and surveillance
- Immunisation
- Health education and promotion
- Accident prevention
- Child protection.

Common and important childhood diseases
The depth of knowledge expected for the many thousand diseases affecting infants and children clearly varies. Diseases have been grouped into three categories: A, B and C.

Category A
Includes diseases and disorders which you must know about in detail because they are:
- Very common, regardless of severity (eg otitis media, napkin dermatitis)
- Common, treatable and potentially life threatening (eg asthma, gastroenteritis)
- Uncommon, but dangerous to miss (eg meningococcal septicaemia, anaphylaxis)

Category B
Includes many conditions which are less common, but not rare, and for which effective treatment is often available. You must know the basic facts about these.

Category C
Includes conditions that are mostly very rare. Although important for those affected, and often of great interest in biological terms, their diagnosis and management is usually the province of the specialist working in a tertiary referral centre.

The diseases in each category are classified according to the curriculum framework and listed in Appendix 1. A list of the most important conditions in Category A is included here as the absolute core of conditions that you MUST know all about.
- Asthma
- Birth asphyxia
- Cerebral palsy
- Child abuse
- Down syndrome
- Eczema
• Epilepsy
• Febrile seizures
• Gastro-enteritis
• Iron-deficiency anaemia
• Meningococcal septicaemia
• Otitis media - acute
• Pre-term infant
• Respiratory tract infections
• Urinary tract infections

**Ethics and the law in paediatrics**

Knowledge of:
• The Children Act
• Ethical and legal aspects of
• Child protection
• Adoption and fostering
• Consent to treatment
• Gillick competence
• Research involving children
• Intensive care - withdrawal of life support

1. **Skills**

**Diagnosis by history taking and physical examination**

Ability to make a differential diagnosis in children presenting with the following symptoms, signs or problems:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Signs</th>
<th>Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td>Fever</td>
<td>Failure to thrive</td>
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<tr>
<td>Ear ache</td>
<td>Rash</td>
<td>Short stature</td>
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<td>Sore throat</td>
<td>Pallor</td>
<td>Developmental delay</td>
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<td>Abdominal pain</td>
<td>Cyanosis</td>
<td>‘Fits, faints or funny turns’</td>
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<td>Vomiting</td>
<td>Jaundice</td>
<td>Deafness</td>
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<td>Diarrhoea</td>
<td>Stridor</td>
<td>Haematuria</td>
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<tr>
<td>Constipation</td>
<td>Wheeze</td>
<td>Proteinuria</td>
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<tr>
<td>Headache</td>
<td>Tachypnoea</td>
<td>Heart murmur</td>
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<tr>
<td>Limb/joint pain</td>
<td>Lymphadenopathy</td>
<td>Abnormal head size or shape</td>
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</tbody>
</table>

**Simple practical procedures**

You should be able to undertake the following:
• Test urine using dipstix
• Change and feed a baby
• Measure occipito-frontal head circumference (OFC)
• Plot height, weight and OFC on a growth chart
• Measure peak expiratory flow rate, blood pressure
• Administer inhaled medication by metered dose inhaler with spacer, dry powder inhaler or nebuliser
Management by initiation of investigation and treatment

Investigations

The indications for and interpretation of the following investigations

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<tr>
<th>Blood tests</th>
<th>Haematology</th>
<th>Full blood count</th>
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<tr>
<td></td>
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<td>Blood film</td>
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<td>Biochemistry</td>
<td>Urea and electrolytes</td>
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<td>Blood glucose</td>
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<td>Bilirubin</td>
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<td>Alkaline phosphatase</td>
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<td>Immunology</td>
<td>Viral serology</td>
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<td>Immunoglobulins</td>
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<td></td>
<td>Microbiology</td>
<td>Blood culture</td>
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<tr>
<th>Urine tests</th>
<th>Dipstick test</th>
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<td>Microbiology</td>
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<th>CSF analysis</th>
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<th>Protein and glucose</th>
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<td>Microbiology</td>
<td>Microscopy and culture</td>
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<td></td>
<td>Immunology</td>
<td>Rapid antigen tests</td>
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<th>Imaging</th>
<th>Radiology</th>
<th>Chest X-Ray</th>
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<td>Ultrasound</td>
<td>Renal tract</td>
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<td>MRI</td>
<td>Cranial (newborn)</td>
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<td>Cranial</td>
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Treatment

You should know about the management and treatment of all conditions in the A and B categories. In addition it is particularly important to know the immediate management of the following A category emergencies

- Cardiorespiratory arrest (basic life support)
- Shock (circulatory failure) due to
  - Meningococcal septicaemia
  - Anaphylaxis
  - Diabetic keto-acidosis
- Acute asthma
- Upper airways obstruction
- Birth asphyxia

In addition, you are expected to understand the principles of managing an infant or child's

- Nutrition
- Fluid and electrolyte balance
- Drug therapy - i.e. principles of paediatric prescribing including the use of
- Antibiotics
- Antipyretics
- Analgesics
- Asthma medication
- Steroids
- Anti-epilepsy drugs (AEDs)
- Laxatives
• Nutritional supplements eg vitamins, iron

**Communication skills**

Verbal and written communication skills including

• Talking to children of different ages
• Talking to anxious parents and providing reassurance
• Explaining common childhood illnesses and discussing treatment
• Breaking bad news and responding to emotional distress
• Case-presentations
• Satisfactory written medical record keeping
• Safe paediatric prescribing

2. **Attitudes**

The development of satisfactory attitudes towards children, families and colleagues

• **Children:** taking account of their special needs and vulnerability minimising pain and discomfort accepting unco-operative behaviour
• **Parents:** inspiring confidence and demonstrating friendliness, whilst showing respect for parental opinion
• **Colleagues:** ability to give and take instructions professionally work efficiently in a team supports colleagues and seeks help when appropriate

**Childhood diseases and disorders – A B C categories**

<table>
<thead>
<tr>
<th>The newborn</th>
<th>A</th>
<th>B</th>
<th>C</th>
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<tbody>
<tr>
<td>Birth asphyxia</td>
<td>Congenital malformations</td>
<td>Meconium aspiration</td>
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<td>The preterm infant</td>
<td>Congenital infections</td>
<td>Haemorrhagic disease of the newborn</td>
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<td>Neonatal jaundice</td>
<td>Neonatal hypoglycaemia</td>
<td>Haemolytic disease of the newborn</td>
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<td>Breast feeding</td>
<td>Streptococcal infection</td>
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<td>Neonatal screening</td>
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<tr>
<td>The Child A</td>
<td>B</td>
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<td><strong>Cardiovascular disorders</strong></td>
<td>Innocent murmurs</td>
<td>Ventricular septal defect</td>
<td>Cyanotic congenital heart disease</td>
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<td>Patent ductus arteriosus</td>
<td>Rheumatic fever</td>
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<td>Supraventricular tachycardia</td>
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<td>Coarctation of the aorta</td>
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<td><strong>Respiratory disorders</strong></td>
<td>Asthma</td>
<td>Inhaled foreign objects</td>
<td>Pertussis</td>
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<td>URTIs</td>
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<td>Diphtheria</td>
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<td>Tonsillitis</td>
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<td>Otitis media</td>
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<td>Croup</td>
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<td>Epiglottitis</td>
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<td>LRTIs</td>
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<td>Bronchiolitis</td>
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<td>Pneumonia</td>
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<td>Cystic fibrosis</td>
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<td><strong>Neurological disorders</strong></td>
<td>Cerebral palsy</td>
<td>Duchenne muscular dystrophy</td>
<td>Neural tube defects</td>
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<td></td>
<td>Epilepsy</td>
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<td>Neurocutaneous syndromes</td>
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<td>Febrile seizures</td>
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<td>Meningitis</td>
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<td>Autism</td>
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<td>Hydrocephalus</td>
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<td><strong>Child and adolescent Psychiatry</strong></td>
<td>Sleep-related problems</td>
<td>Attention-deficit hyperactivity disorder</td>
<td>Anorexia nervosa</td>
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<td>Tantrums</td>
<td>Nocturnal enuresis</td>
<td>Chronic fatigue syndrome</td>
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<td>Self-harm</td>
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<td>Enteroviral infections</td>
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<td>Herpes infections</td>
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<td>HIV infection</td>
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<td>Staphylococcal infections</td>
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<td>Primary immunodeficiency</td>
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<td>Streptococcal infections</td>
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<td>Glandular Fever</td>
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<td>Viral hepatitis</td>
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<td>Tuberculosis</td>
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<td>Chicken Pox</td>
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<td>Kawasaki disease</td>
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<td>Giardiasis</td>
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<td>Worms</td>
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<td>Secondary immunodeficiency</td>
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<td>Measles</td>
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<td><strong>Musculoskeletal disorders</strong></td>
<td>Transient synovitis</td>
<td>Developmental dysplasia of the hip</td>
<td>Perthes disease</td>
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<td>Juvenile chronic arthritis</td>
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<td>Septic arthritis</td>
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<td>Osteomyelitis</td>
<td>Achondroplasia</td>
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<td>Osteogenesis imperfecta</td>
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<td><strong>Endocrine and Metabolic disorders</strong></td>
<td>Type 1 Diabetes mellitus</td>
<td>Inborn errors of metabolism eg PKU</td>
<td>Congenital adrenal hyperplasia Hypothyroidism</td>
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<td>Gastrointestinal disorders</td>
<td>Gastroenteritis</td>
<td>Gastroesophageal reflux</td>
<td>Meckel's diverticulum Inflammatory bowel disease</td>
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<td>Infantile colic</td>
<td>Pyloric stenosis</td>
<td>Hirschsprung's disease Biliary atresia</td>
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<td>Constipation</td>
<td>Intussusception</td>
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<td>Acute appendicitis</td>
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<td>Mesenteric adenitis</td>
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<td>Coeliac disease</td>
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<td>Food intolerance</td>
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<td>Renal and Genitourinary disorders</td>
<td>Urinary tract infection</td>
<td>Urinary tract anomalies</td>
<td>Potter's syndrome</td>
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<td>Vesicoureteric reflux</td>
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<td>Undescended testes</td>
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<td>Inguinal hernia and hydrocoele</td>
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<td>Nephrotic syndrome</td>
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<td>Genetic disorders</td>
<td>Down syndrome</td>
<td>Cystic fibrosis</td>
<td>Dysmorphic syndromes</td>
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<td>Thalassaemia</td>
<td>Marfan syndrome</td>
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<td>Sickle cell disease</td>
<td>Neurofibromatosis Type 1</td>
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<td>Duchenne muscular dystrophy</td>
<td>Tuberous sclerosis</td>
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<td>Fragile X syndrome</td>
<td>Achondroplasia</td>
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<td>Haemophilia</td>
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<td>G6PD deficiency</td>
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<td>Turner syndrome</td>
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<td>Haematological disorders</td>
<td>Iron deficiency Anaemia</td>
<td>Thalassaemia</td>
<td>Haemolytic anaemias</td>
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<td></td>
<td>Sickle cell disease</td>
<td>Disseminated intravascular coagulation</td>
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<td>Haemophilia</td>
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<td>Idiopathic thrombocytopenic purpura</td>
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<td>Henoch-Schonlein purpura</td>
<td></td>
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<td>Malignant disease</td>
<td>Acute leukaemia</td>
<td>Wilms tumour</td>
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<td></td>
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<td>Bone tumours</td>
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<td></td>
<td></td>
<td>Brain tumours</td>
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<td></td>
<td></td>
<td>Neuroblastoma</td>
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<tr>
<td></td>
<td></td>
<td>Lymphomas</td>
<td></td>
</tr>
</tbody>
</table>
| **Skin disorders** | Eczema  
(Dermatitis)  
Napkin dermatitis | Impetigo  
Urticaria  
Viral warts  
Dermatophytoses  
(Ringworm)  
Candidiasis  
Scabies  
Head lice (nits)  
Strawberry naevi  
Port-wine stains | Acne vulgaris |
|-------------------|-----------------|-----------------|----------------|
| **Ear, nose and Throat disorders** | Otitis media, acute  
Tonsillitis, acute | Otitis media, chronic with effusion (Glue ear)  
Tonsillitis, recurrent  
Rhinitis  
Hearing loss (deafness) | Obstructive sleep apnoea |
| **Eye disorders** | Strabismus (squint) | Preseptal cellulitis  
(peri-orbital)  
‘Sticky eye’ in infancy  
Cataracts  
Visual impairment | Retinopathy of prematurity  
Retinoblastoma |
| **Paediatric surgery** | Acute appendicitis | Undescended testes  
Inguinal hernia and hydrocele  
Torsion of testis  
Intussusception  
Balanitis/phimosis  
Cervical lymphadenitis | Volvulus/malrotation  
Meckel’s diverticulum |
| **Accidents and Emergencies** | Shock (circulatory failure) due to: Meningococcal septicaemia  
Anaphylaxis  
Diabetic ketoacidosis  
Acute asthma  
Upper airways obstruction  
Head injury  
Birth asphyxia  
Child protection | Burns and scalds  
Poisoning  
Cardiorespiratory arrest  
Coma  
Convulsions | Near drowning |

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**KEY TIP:** Complement and contrast their hospital experience. Do not attempt to cover everything, it’s not possible.
2.3. Aims of the Child Health in Primary Care placement

Aims

- To provide opportunities to learn about common paediatric problems in primary care
- To practise core clinical skills in paediatrics and to understand the role of the community in children’s health care.

Objectives

- To see common childhood illnesses at an early stage of presentation and to follow up their progress
- To gain confidence in making initial assessments of sick children
- To understand the impact of childhood illness on the family
- To meet children with chronic illness/special needs and their families
- To see the work of other professionals who work with children in the community e.g. health visitors, child social worker
- To participate in child health promotion activity.

Community placements have been very positively evaluated by students.

THINK POINT: What do you think a community placement in Child health has to offer a medical student?

In one word - Perspective

In Primary Care, students are likely to encounter children who have a range of signs and symptoms of more minor illness than they would encounter in the hospital setting. Only by talking to many parents and examining many children can one begin to reliably detect normality and abnormality as well as severity of illness. One of advantages students cite about seeing children in general practice is that they are often able to be the first to see the child.

More advanced students

Clinical medicine requires patient-based learning. Just as one would not expect to become a ‘tennis pro’ without practice, one cannot expect to become expert at taking a history and examining patients in this way either. It requires repetition but, unable to recognise small improvements that occur after taking each history, some students may feel they are not learning anything new and can sometimes find this rather boring and unchallenging. If you have more experienced students (i.e. later in the block or year), try to give them a challenge, e.g., ask them to give you a differential diagnosis and management plan. If you feel confident in the student’s ability, ask them to explain things to the patient/parent. Students are usually challenged by explaining management plans to patients as it is something they get little practice at.
Areas to aim to cover over the 2 days of Child Health in Primary Care.

<table>
<thead>
<tr>
<th>Area</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical skills:</td>
<td>History taking and examination of children of babies, infants, toddlers, older children</td>
</tr>
<tr>
<td>2. Acute childhood illness:</td>
<td>Fever, URTI, OM, D&amp;V, rashes</td>
</tr>
<tr>
<td>3. Chronic childhood illness:</td>
<td>Asthma, eczema, other problems depending on patient availability (e.g. sensory problems, epilepsy, cerebral palsy)</td>
</tr>
<tr>
<td>4. The normal child:</td>
<td>Development, feeding, immunisation</td>
</tr>
<tr>
<td>5. Behavioural/social aspects of child health:</td>
<td>e.g. enuresis, school refusal, adolescent problems</td>
</tr>
<tr>
<td>6. The multi-professional team:</td>
<td>Professional roles e.g. in child protection matters</td>
</tr>
</tbody>
</table>
2.4. Your role in student assessment

As GP tutors you have an essential role in student assessment. Working with the students in a small group allows you to develop a valuable opinion about their skills, knowledge and attitude and enables you to give them useful information about their performance.

There are two aspects:

- Verbal feedback
- Written feedback – completing the students electronic portfolio

**Verbal feedback** – During feedback conversations, you should try to identify specific things that the student could do to improve. Remember to talk about the behaviour not the person. You should try to be as specific and detailed as possible and avoid generalisations.

As an extreme example: e.g. Shouting, “I don’t like your attitude” is not very helpful.

But, “It doesn’t look professional when you look out of the window when I’m speaking to you. It makes me feel you are not listening. Would you be able to look at me when I am talking?” is specific about the behaviour with guidance for change.

Remember, feedback is much more powerful if you can **facilitate student insight** (i.e. get them to identify the problem themselves) by reflecting on their experience or performance, rather than you telling them. Asking the patient to give feedback to the student (with your facilitation), can also be a very useful learning experience.

You should discuss your overall grade and comments with the student. They rarely get this opportunity from someone who has been able to observe them so closely and receiving constructive feedback is a really valuable aspect of the placement.


**ePortfolio - written feedback** – The grading and assessments you make in the student portfolio are designed to be **formative** – i.e. to help the student improve. Discuss your entries with them. Students themselves are often insightful and involving them in their assessment can be a fun and informative process. Your grading of their placement is used only if a student is borderline in which case comments and the grade given by the GP in the ePortfolio may be taken into account at the examiners meeting.

All of us learn differently, so it is useful to remember the “activist” may be more actively involved than the “reflector” and your skills in observation and testing will clarify the actual learning that occurs.

**Educational opportunity:** Remind yourselves on the rules of good feedback by referring to the companion guide “Teaching tips for tutors”
2.6 Student assessments

End of placement assessment, signoff for GP placements and Supervised Learning Events - ePortfolio

Placements in Child Health in GP do not require a specific end of placement assessment- the Core GP will complete this on their ePortfolio. The students sign themselves off for their attendance for the whole module. However see section on Attendance below.

Workplace-based Assessments (optional)

There are two written feedback tasks that the student might ask you to help with. Firstly, students are asked to complete seven Multi-Supervisor reports (MSF), during the module. They are meant to be completed by any teacher who spends more than one session with a student. The first 3 are mandated to be in hospital, but the other 4 are up to the student to collect, and you may be asked to complete one of these for a student or two. An example from the procedure card is shown below:

Multi-Supervisor Report (MSF)

<table>
<thead>
<tr>
<th>Feedback on strengths</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Specific areas to develop &amp;/or improve</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Comments re Professionalism, Attendance &amp; Engagement, Organizational skills, Attitude</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade : At level expected of Y5 student?</th>
<th>Well above</th>
<th>Above</th>
<th>At level</th>
<th>Border line</th>
<th>Below</th>
<th>Unable to assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>WA</td>
<td>A</td>
<td>@</td>
<td>BL</td>
<td>B</td>
<td>U</td>
</tr>
<tr>
<td>Clinical skills</td>
<td>WA</td>
<td>A</td>
<td>@</td>
<td>BL</td>
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<tr>
<td>Knowledge</td>
<td>WA</td>
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<td>BL</td>
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<td>OVERALL</td>
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<td>@</td>
<td>BL</td>
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</table>

Signature: Date:
The other formative assessment activity you might be asked to help with is a Supervised Learning Event (SLE). An SLE which involves completing feedback about a student on their ePortfolio. This will involve doing a Clinic Evaluation Exercise (CEX) or Case-based Discussion (CBD) with the student, who will then generate a ticket which will be sent to you by email, and allow you to complete the assessment online.

**Student examinations and final grades**

Assessment in Year 5 comprises in-course assessments in the form of portfolio requirements, module assessments, and a summative examination at the end of the year. This usually covers the following subject headings: Child and Family Health with Dermatology, Women’s Health and Men’s Health, HOPE. Questions appear in approximate proportion to the curriculum time dedicated to each subject.

There are two written papers, each lasting 3 hours and consisting of 150 Single best answer questions, each with 5 items. Written questions are all standard set by a panel of examiners, and overseen by external examiners from each module, to obtain an overall pass mark.

The Medical School cannot release real questions from our exam bank, but sample questions are available on the school website, and books of questions are available commercially.

**GP tutors and OSCE examinations**

We encourage GP tutors to take part as OSCE examiners. This helps you to see how the exam works and demonstrates to students that GP teachers are an integral part of the medical school.

The OSCE exams usually take place in July. Morning sessions run from 08:15 to 12:25 and afternoon sessions from 12:25 to 16:40, at Clinical Skills Centres in each of our central sites at Bloomsbury, the Royal Free Hospital, Whittington Hospital and Barnet General Hospital. There will a substantial requirement for examiners on these two days, so please do try and keep one of these days free to examine.

If you would like more information about being an OSCE examiner, please our administration team at pcpmeded@ucl.ac.uk. You will be sent a survey link, in due course, for you to indicate your availability, and which subject you would like to examine in. We hope that as GPs you will feel able to examine across a range of subjects. The approach for the year’s exam will be communicated in due course. **GPs must be actively contributing to current teaching, in order to be considered for this role.**

Payment for GP Tutors examining in the OSCE is £330 (i.e. 2 sessions) for the day.

If you have any specific questions regarding the Year 5 assessment or the ePortfolio, please contact Dr Kingshuk Pal k.pal@ucl.ac.uk.

2.7. Student absences and general student concerns

**Attendance**

Attendance at the general practices is compulsory. Students are told that should exceptional circumstances arise and they are unable to attend a placement they should immediately inform Medical Student Administration and the practice which is expecting them.

If a student fails to attend without prior warning, please inform the Course Administrator at pcpmeded@ucl.ac.uk as soon possible.
We do not usually consider it appropriate for students who are suddenly unwell, or unfit to attend, to inform you of this via another student. If this happens, please let us know.

**Concerns about students**
If you have any concerns of a pastoral or educational nature about any students, please contact Dr Rosenthal, j.rosenthal@ucl.ac.uk to discuss.

### 2.8 Evaluation of the community placements

We ask students to evaluate their placements via a web page at the end of each block of teaching. There are specific questions about numbers of patients seen and a free text section asking them to comment on the aspects of the attachment that most helped them learn; that hindered their learning; suggestions on how to improve the placement; and any other comments.

**Please remind students to complete their feedback questionnaires at the end of your placement, and name your practice** (otherwise the feedback they enter will not be identifiable to your teaching).

We will forward information from your students on to you. We hope that you find this information useful in developing your own teaching and welcome any suggestions and comments you have.

### 2.9 Student safety

Students are provided with the following advice by the medical school:

Whilst out on placements in the community you may visit areas you do not know and experience new situations. It is important that you apply common sense during your placements to minimise any risk of attack so:

- Make sure you are absolutely clear where you are going before you set out and plan your journey to try and avoid any ‘risky’ areas.
- Always ensure that someone knows where you are going and when to expect you back – especially if you are visiting a patient in their home.
- If you have any concerns try to speak to someone who has been to the place you are visiting to clarify the instructions.
- Do not take shortcuts, stick to main roads and the directions you have been given.
- If travelling on public transport don’t wait at deserted stations or stops, and know the times of your trains or buses to avoid waiting. Sit in a compartment with other people or near the driver.
- Be alert. Look confident without appearing arrogant.
- Don’t carry valuables or any more money than you need to.
- It is not advisable to wear a personal stereo in an unfamiliar area.
- If you have a mobile phone keep it out of sight as much as possible
- Remember to carry some form of identity — other people are entitled to know you are a genuine medical student, especially if you are visiting a patient at home.

If you experience any form of attack — verbal or physical — or feel threatened at any point during your placement make sure you **inform the practice and the department of PCPH**. This will protect students in the future and alert the department to possible dangers.
2.9. Medico-legal issues relating to teaching in general practice

The context in which students see patients has been changing in recent years. Expectations on all sides have changed: students expect to be more actively engaged and patients expect more information and exert their right to decline to see students more often. Students have had more tests of competence than their predecessors and have greater experience of primary care. All these factors influence activities such as consent, supervision and delegation. Any advice has to be seen within this changing context and does not replace your own judgements about good practice.

Your Cover
1. You should advise your defence organisation that you teach medical students in the practice as a matter of courtesy at no extra cost to you.
2. Make sure your general insurance is in order

Students
1. Remind students that patient autonomy and expectations in general practice may be different to those observed in hospital
2. Students should wear their medical school name badges at all times in the practice
3. Must be a member of a defence organisation* (cover advice and negligence)
4. Must have Criminal Records Bureau clearance*

We will be asking all students to bring evidence of these to the practice
(*Medical school requirements but data protection precludes us from sharing this information).

Patients
- Advise patients that you are a teaching practice and that students visit the practice. Use a variety of sources including posters, practice leaflets, practice website, repeat prescribing letters etc.
- Inform patients that a student is currently in the practice ideally with a sign with their name and gender (Miss/Ms/Mr). Always inform patients BEFORE they enter the consultation room.

Consent
1. You must ensure consent is informed (see attached advice from MPS to students)
2. Written consent is required for videoing (pre and post) and should be retained (see Tutor Guides) in the patient record
3. Specific advice on recording the presence of students in the consultation notes is not available. It is certainly advisable if an intimate examination was performed.
4. If initial consent was freely given and informed implied consent for appropriate examinations can be assumed i.e. chest exam for a cough, abdominal exam for vomiting. It is often useful to signpost to the patient what is likely to happen at different points in the teaching encounter.

Supervision
1. There should be a period of direct supervision in the initial stages of a placement to gauge student competence and confidence
2. Clear ground rules should be provided when students are seeing patients alone (and supervision is therefore indirect) e.g.
   - Do not go beyond your level of competence
   - Do not give diagnostic information without prior discussion with tutor
   - Do not undertake any intimate examination alone
   - Never let a patient leave the practice without seeing a registered practitioner
Delegation
After assessment and, where appropriate, supervised training clinical tasks can be delegated to students as deemed appropriate (e.g. venepuncture, urinalysis, chasing results etc)

<table>
<thead>
<tr>
<th>Medical Protection Society 2003</th>
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<tbody>
<tr>
<td>Consent</td>
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<tr>
<td>A Complete Guide For Students</td>
</tr>
</tbody>
</table>

**What do you need consent for?**
It’s often assumed the need for consent is limited to the treatment of patients. In fact, consent extends to all aspects of the relationship between doctor and patient. So the following area also require consent:

**Studying and teaching**
Patients need to consent to their involvement in any part of the teaching process. This might include, for example, if you are sitting in on a GP’s consultation or using the case study of a particular patient for a dissertation. Consent should be taken at the outset. Ideally, if you are sitting in on a discussion, the patient should be asked before you enter the room. If you are already there it makes it more difficult for the patient to say ‘no’, since they may feel under pressure. Patients should also expect honesty from the relationship – so describe yourself as a ‘medical student’ or ‘student doctor’ and not, for example, as a ‘young doctor’, ‘colleague’ or ‘assistant’.

**Who can get consent?**
**It is the responsibility of the doctor** giving the treatment or doing the investigation to ensure that consent is valid. They can delegate the process of taking consent, but it is still their responsibility to ensure it was taken properly. If you are asked to take consent you must be certain that you understand the procedure thoroughly enough to do so. For example, you should respond to any questions fully and, of course, they must be answered honestly. If you are unsure of the answers, you should admit this, and find out, rather than try and bluff your way through it.

[https://www.medicalprotection.org/uk/articles/eng-consent-the-basics](https://www.medicalprotection.org/uk/articles/eng-consent-the-basics)
3. Planning for Teaching

3.1. Organisation

Teaching is usually with groups of 2-6 students. Over the course of the academic year, there are a total of nine one-day placements. We hope that most tutors will opt to teach for **all** nine placements, but recognise that not everyone can make this full commitment. Some practices offer two days (i.e. 2 x one day placements) teaching per placement. We hope that you can commit to at least 5 placements a year, if at all possible.

The system of payments we make to you for teaching is on the understanding that the students are **taught in protected time** i.e. that you are able to devote time to your students rather than to your usual service commitment. It is this teaching in protected time that is one of the hallmarks of teaching in general practice in the fifth year, and one aspect that helps to make the teaching of such generally high quality.

3.2. Patients as partners

**Recruiting patients for teaching – Information for GP Tutors**

There are two groups of patients that you might wish to use to help students learn about child health in the community, acutely unwell children and chronic care cases.

**Acutely unwell children** and their carers should be made aware that you are running a teaching clinic and have the opportunity to decline to see a student if they wish. Clearly, they must all see a fully qualified doctor. You may also be able to combine teaching about an acute condition with other topics, such as developmental assessments or health promotion (e.g. vaccination checks, social care, etc.).

Children who are for **chronic care cases** can be invited into the practice especially to assist with student teaching or arrangements can be made for two students to go to their home if the patient prefers. The patients may have specific signs or classical histories that will be helpful to students learning. If there is no clinical need they may not need to see a doctor that day.

**Recruiting patients for teaching**

One of the main features of placements in general practice, is that students are learning in collaboration with patients. You are being paid to provide protected teaching time, so appointments can be longer (to include time for teaching) and often include specifically invited or selected patients, relevant to the teaching topic. This means that patients may have specific signs or classical histories that will be helpful to students learning.

**Tips for recruiting patients**

You may wish to:

- Develop a database of your patients who are willing to assist with teaching. Some practices insert an alert to read-code patients within the practice. Others use a more informal excel-sheet which they maintain themselves, noting patient’s contact details, diagnoses and relevant aspects of history or physical findings.
- Involve all your clinical and reception staff: ask your partners if they know of any suitable patients who would be likely to agree to help; and ask your reception staff to be on the look-out.
• Use the materials in the accompanying ‘Practice Patient-Recruitment Pack’ (which you should adapt to suit your own circumstances) to help with recruitment, for example, the patient information leaflet: give copies of these to your doctors, nurses and receptionists to hand out.
• Put up a poster in the waiting room.

Remember that you are teaching with your patients, and that they may have much to offer your students as a result of their experience of illness. They can also offer powerful feedback to students, with your facilitation.

Finally, remember also that it is important for students to gain experience of what is normal, so if you cannot find a patient with “good signs” for a given system examination, a normal examination is still worth undertaking.

Think about the needs of your teaching patients
• Plan ahead: contact willing patients a few days before the teaching session to arrange when they should come into the practice for the teaching. Do this yourself, or ask a trusted member of your team to be responsible for this. Make use of the confirmation letter in the ‘Practice Patient-Recruitment Pack’.
• Where possible recheck with the patient on the day of the teaching. Information in the ‘Practice Patient-Recruitment Pack’ should be used to forewarn the patient about what to expect, but it is a good idea to outline this to the patient with respect to the system to be examined.
• Don’t forget to thank the patient afterwards. It is not usual to pay the patient for attending, although you should reimburse travel costs (this should come out of the administration payment you receive from us).

3.3. Patient recruitment pack

The following pages contain an information letter, a recruitment letter, a confirmation letter, a thank you letter and a poster that you can adapt to the needs of your particular practice and courses you are teaching.
Dear

Teaching tomorrow’s doctors

As you may know, the doctors at (PRACTICE NAME) are involved in teaching medical students. To do this successfully we rely on the help and support of our patients.

We wonder if you would be willing to take part in helping the students, either at the surgery or in your own home.

Please find enclosed an information sheet that gives more details of what is involved, and if you have any questions please do not hesitate to contact the practice. Please be assured that your medical details will be treated with the same confidentiality as they are by the practice staff.

If you would like to join our list of patients who are available to help with teaching then please complete the enclosed questionnaire and return it to the practice.

Participation is entirely voluntary and your treatment at the practice will continue as normal, whether or not you wish to join the teaching list.

We look forward to hearing from you.

Yours sincerely

(XXXXXXX)
MEDICAL STUDENT TEACHING INFORMATION

As you may be aware (PRACTICE NAME) has links with the Royal Free & University College Medical School, UCL.

WHAT IS INVOLVED?
Medical students come to the practice for a number of weeks, during which they spend time with patients learning:

1. **How to listen to and talk with patients about their illnesses**: this is called ‘taking a history’ and means understanding your medical story. It includes details of any medical problems, medicines, diseases in the family and other matters such as where you live. This can take up to an hour, but with experience students become much quicker.

2. **How to examine people**: individual sessions are spent focusing on how to examine different parts of the body e.g. the heart or the lungs. This does not involve internal examinations and you will not have to remove underwear.

Students will always be supervised by a GP. Sometimes the GP will be present in the room while the students the doing these activities and sometimes they will do them on their own.

The most important thing for the students and doctors is to have people who are prepared to spend time helping the students to practise these skills. There isn’t any other way of doing it!

WHERE WILL THIS HAPPEN?
Sessions with students can take place either in the surgery, at your own home, or both - it is up to you. Sessions are arranged with you each time, so you will not find students turning up unexpectedly.

HOW LONG WILL IT TAKE?
Usually sessions take about half an hour but sometimes may be longer. In the practice there will normally be up to four students present, but you would normally see only one or two.

HOW DO I STOP BEING INVOLVED?
If, at any time, you want to take a break from this teaching, or you want to stop all together, all you need to do is call (CONTACT PERSON) at the practice and let them know. You should also let us know if you experience any difficulties with the teaching.
WHAT HAPPENS NEXT?

If you are interested
If you would like to join the list of patients who are happy to help in the teaching of medical students then **please let our receptionists know.** We will then contact you to arrange a convenient time for you to see some students.

If you are not interested
If you do not want to be involved at this stage, then please do nothing further.

PLEASE NOTE
We are always grateful to those who volunteer, but we understand that not everyone wants to be involved. Participation is always on a voluntary basis and will not affect your care at the surgery. We welcome your contributions throughout the process.
MEDICAL STUDENT TEACHING FORM

If you are able to help with medical student teaching at (PRACTICE NAME) please complete the following and return it to us.

TODAY’S DATE.................................

NAME................................................... AGE........
ADDRESS............................................. TELEPHONE .................
..................................................................................................

Please tick as appropriate:
1. I am happy to have a history taken (this involves only talking) □

2. I am happy to be examined □

3. I would prefer to see students: in the practice □ OR in my own home □ OR either in the practice or at home □

4. I would be happy to see students:
   once or twice a year □
   three to five times a year □
   more than five times a year □

5. Teaching takes place on the following days: (DAYS)

   Are there any times either that you would prefer, or that you cannot make?
   ..................................................................................................
   ..............................................................................................
   ..................................................................................................

Any other comments:
..................................................................................................
..............................................................................................
..................................................................................................

Please now return this form to the surgery.

Thank you.
Dear

Teaching tomorrow’s doctors

Thank you for agreeing to help our medical students.

As discussed they will see you: On ........................................

At ...........................................

The doctor taking the session will be Dr ..................................

Please tell the receptionist you are here to help with teaching when you arrive at the surgery.

If this time is inconvenient please telephone and leave a message with (NAMED CONTACT PERSON).

We look forward to seeing you

Yours sincerely

(XXXXXXX)
Dear

Teaching tomorrow’s doctors

Thank you very much for your help with teaching the medical students recently.

Not only do the students greatly enjoy their time at the practice, but they also felt they had learnt a great deal. Many thanks for your role in this.

With best wishes

Yours sincerely

(XXXXXXXX)
Can you help us to train the doctors of the future?

We are a teaching practice for UCL Medical School. Medical students join us at various stages of their training in order to learn about the everyday health problems which they see little of in their teaching hospital wards and clinics.

We are looking for patients who would be willing to help us from time to time by talking to students about their medical problems. Teaching is always supervised by one of the doctors in the practice.

Teaching clinics are run in the following areas (delete as applicable):

- Women’s Health
- Child Health
- Mental Health
- Dermatology
- General Medicine
- Care of the Older Person

If you think you might be interested in taking part please let the receptionists know and we will contact you with further details.
3.4. Back up resources

Even with organisation down to fine detail, there may be times when patients are not available. In these circumstances it might be helpful; to have some back up plans.

Here are some examples:

1. Test the students on the immunisation schedule. (You could do this a few times if they are not word perfect)

2. Have some results to hand (for confidentiality black out the name) e.g. use the results of a child with a UTI and use it to discuss management.

3. Role plays: Develop a few scenarios for the students to play. You can download these from the web or make them up yourself based on real cases. These need to be planned in advance but once you have done them you can use them again and again.

   If you are planning a teaching session for the next week you could ask the students to develop a role on a topic about which they know little. Time the students, giving them only 5 minutes as in the OSCE.

4. MCQ practice – we cannot release real questions from the medical school bank but there are MCQs books available at both undergraduate and DRCOG level.

5. Internet resources – see list of websites in Section 4 below.
4. Reference material

4.1. Suggested reading

Students recommended texts are currently as follows:

<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Publisher</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crash Course Paediatrics</td>
<td>Budd &amp; Gardiner</td>
<td>Mosby</td>
<td>2000</td>
</tr>
<tr>
<td>Core Paediatrics and Child Health</td>
<td>Haddad, Greene &amp; Olver</td>
<td>Churchill Livingstone</td>
<td>2000</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Waterston, Helms &amp; Ward Platt</td>
<td>Oxford University Press</td>
<td>1997</td>
</tr>
<tr>
<td>A Career Companion to Becoming a GP</td>
<td>Hutt &amp; Park</td>
<td>Radcliffe</td>
<td>2011</td>
</tr>
</tbody>
</table>

4.2. Useful websites

**Websites** related to paediatrics and child health:

**Department of Primary Care & Population Health Website**

[http://www.ucl.ac.uk/pcph/](http://www.ucl.ac.uk/pcph/)

and then select ‘Education’ - ‘Community Based Teaching’ - Year 4 Homepage’ – here you will find separate student and tutor pages for all year four subjects

**UCL Moodle website – Child Health and Dermatology Module**

[http://moodle.ucl.ac.uk/course/view.php?id=2785](http://moodle.ucl.ac.uk/course/view.php?id=2785)

**Royal College of Paediatrics and Child Health**

[http://www.rcpch.ac.uk/](http://www.rcpch.ac.uk/)

**British Paediatric Surveillance Unit**

[http://bpsu.inopsu.com](http://bpsu.inopsu.com)

**Department of Health**


**Immunisation**

[http://www.immunisation.org.uk](http://www.immunisation.org.uk)

**NHS Direct**

Paediatric Emergencies
http://www.emedicine.com/emerg/PEDIATRIC.htm

General information site with inks to various paediatric sites
http://www.lib.uiowa.edu/hardin/md/ped.html

Great Ormond Street Hospital for Sick Children
http://www.gosh.nhs.uk/index.html

Electronic Medical Text Books
RCGP Clinical Toolkit Safeguarding for Children

Health Promotion
http://beezeebodies.com

Child Protection
https://www.england.nhs.uk/ourwork/safeguarding/

Journals

Pub Med

UCL Electronic Databases
http://www.ucl.ac.uk/Library/database/

Health Information for London On Line (HILO)
http://www.hilo.nhs.uk/

Paediatrics Journals: Alphabetical list of on-line journals available from UCL machines
http://www.ucl.ac.uk/Library/ejournal/ejpaed.php

Archives of Disease in Childhood
http://adc.bmjjourrnals.com/

British Medical Journal
http://bmj.bmjjourrnals.com/

Student BMJ
http://www.studentbmj.com/

Pediatrics (Journal of the American Academy of Pediatrics)
http://intl.pediatrics.org/
4.3. Planning a teaching session

Planning is an essential ingredient for successful teaching. This sheet is intended as a working document to help you think about and structure any teaching or presentation.

Date of session: ……………… Start/finish time: ……………… Place: ………………

CONTEXT: Very general, describes the nature and level of the session
(eg departmental seminar, clinical teaching)

TITLE: …………………………………………………………………………………………………………………………………………………………………………

AIM: To help participants to explore: (the following ideas)

OBJECTIVES: By the end of this session participants should be able to:
1 …………………………………………………………………………………………………………………………………………………
2 …………………………………………………………………………………………………………………………………………………
3 …………………………………………………………………………………………………………………………………………………

METHOD:

<table>
<thead>
<tr>
<th>Activity</th>
<th>How? Whole group, individuals, pairs, threes</th>
<th>With what? Flip chart, OHP, handout, video</th>
<th>How long? Fix times for each activity</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>6 Summary</td>
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<td>7 Evaluation</td>
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<tr>
<td>8 Next session</td>
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