



UCL

UCL Medical School

**Guidelines for GP and
Community Pharmacy Tutors
Years 1 and 2 placements**

**Patient Pathway in Integrated
and Community Care (PPICC)**

2020-21

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Introduction

In recent decades there has been a welcome move towards community orientated medical education, in part arising from the recommendations of the General Medical Council (GMC). In “Tomorrow’s Doctors” the GMC highlights the following as important components of medical education: patient and public involvement; opportunities for students to interact with people from diverse backgrounds and with a range of disabilities, illnesses or conditions; awareness of social and environmental determinants of health; the impact of inequalities on health and health care; developing effective communication skills; and the importance of attitudes appropriate to individuals and society in general.

At UCL Medical School we have taken up this opportunity in various ways. One aspect is the Patient Pathway in Integrated and Community Care (PPICC) module. The PPICC involves all students during years 1 and 2 and includes half day placements with primary care services such as General Practices and Community Pharmacies and to a range of other community services such as sheltered housing and Age UK centres.

Thank you!

We know from experience that GP and Community Pharmacy Tutors play an absolutely vital part in community placements. To put it simply – when the Tutors and their colleagues are well informed, well prepared and actively engage with students in meeting the objectives of the placements, this maximises students’ enjoyment of and benefit from their community experiences.

Due to the ongoing situation with Covid-19 and maintaining physical distancing, all placements will take place online until further notice from UCL Medical School.

These guidelines aim to help you to play your part in placements effectively by providing you with explicit guidance plus useful background and ideas on how best to manage your time with students. They have been prepared in collaboration with GP and Community Tutors who have attended workshops in the Medical School in the past.

The Patient Pathway in Integrated and Community Care (PPICC)

During Years 1 and 2 of the curriculum our medical students are mainly involved in study at UCL, building the foundations of scientific knowledge they need to become effective doctors.

During these two years they are also attached to Clinical and Professional Practice (CPP) groups (approximately 14 students) that meet for one morning per week. The students work interactively in these groups with their tutors, supplemented by lectures and clinical skills teaching. They learn about communication, medical ethics and law, mental health, professional practice and social determinants of health. They also have regular PPICC activities.

The PPICC component gives students opportunities to:

- Learn from people’s stories (personal and professional)
- Learn about health and social care/support services
- Consider how services integrate with others (or not!)

- Explore social and economic context of health and wellbeing / ill health and vulnerability
- Develop confidence and communication skills
- Embrace diversity
- Make sense of wider UCL learning

We achieve these aims by regularly giving students direct contact with members of the public and people working in health and social care/support services:

- Community placements in general practices and other community based health and social support services
- Inviting visitors to talk with them in their CPP groups
- Organising interactive disability workshops in the medical school and community.

The students' learning in Year 2 builds on their knowledge and experiences in Year 1.

- **Year 1 PPICC Community Placements**

Each student has two half-day placements, one in a general practice/community pharmacy and the other in a community service. They find out about the services provided and meet with one or more patients/service users to hear their personal stories and find out about their experiences of ill-health and of using health and social care services.

- **Year 2 PPICC Community Placements**

Each student participates in one disability confidence workshop and one community placement. In the workshops they find out about different disability models and explore a range of disability-related issues. When talking to patients/service users they aim to understand more about individual life stories and experiences of living with long term conditions and/or impairment and disability.

Intended Learning Outcomes:

By the end of these sessions students should have:

1. Found out about the services provided by your organisation and be able to outline how it contributes to health and wellbeing.
2. Explored how your service collaborates with other health and social care services.
3. Where possible, observed staff in their work with patients or service users.
4. Met one or more individuals to explore their experiences of health, illness and receiving health/social support ***please note the students should not be taking a medical history.***
5. Considered how social and economic circumstances affect the health and well-being of the individuals they've met, in both positive and negative ways.
6. Practised communication skills appropriate to discussing these issues with a patient/client.
7. Developed their understanding of how to have discussions of this nature.
8. Identified the key learning points they have taken from this placement experience.
9. ***For their 2nd placement only:*** Compared and contrasted the ways that different services contribute to health and well-being.

The organisational challenge

In the PPICC we organise community placements for up to 360 students at a time and aim is to provide similar learning experiences for all these students in a range of environments. For this complex organisation to work well it is essential that everyone concerned should understand their roles, and be well resourced in order to carry them out as planned.

Who provides community placements and community visitors?

Our community placement providers are from a variety of NHS, public and third sector services. Quite intentionally many of the placements are in non-medical settings, because we want these future doctors to recognise the wide range of factors that impact on health and wellbeing and to learn about the diversity of services that contribute to care and support.

Placement activities: meeting the public, meeting professionals

During each of the community placements students should ask questions to find out about the services you provide and the population you serve. In all PPICC placements they must also have the opportunity to meet (in small groups of 2 to 4) a patient/client/volunteer for approximately 30-45 minutes

Key contacts at UCL Medical School

Dr Sadie Lawes-Wickwar Senior Teaching Fellow sadie.lawes-wickwar@ucl.ac.uk	Lead academic responsible for PPICC and SSC teaching.
Miss Angela Gichane Teaching Administrator Tel: 020 8016 8276 a.gichane@ucl.ac.uk	The lead administrative role for PPICC placements, visitor sessions and for SSC placements.
Dr Madeleine Foster GP and Clinical Teaching Fellow madeleine.foster.16@ucl.ac.uk	GP Lead for PPICC.
Miss Angelika Zikiy Teaching Administrator a.zikiy@ucl.ac.uk Tel: 020 8016 8276	Administrative lead for GP placements.

Suggested structure and timetable of online GP placements

The year 1 and 2 PPICC placements will all be run online for the academic year 2020/21. It is a half day placement consisting of

- Student self-directed online learning (asynchronous) – the students will have access to online material in the form of a short video about a typical GP practice and different roles of the primary care team.
- Live placement meeting with GP tutor – this would ideally start in the second part of the morning (11-12:30) via online platform – Blackboard Collaborate, Zoom, Microsoft Teams.

This is a suggested timetable only and can be flexible to fit in with your GP clinic timetable.

Time	Activity	Notes
09:00	Student self-directed online learning (asynchronous)	Short videos and information on primary care via Moodle
11:00	Live placement meeting with GP tutor online	<ul style="list-style-type: none"> - Introductions and welcome to the practice - Explanation of your practice - Discuss service you provide and population you serve - Virtual walk around and introduction to members of staff - Discuss about patient meeting – questions they might ask
11:30	Patient Meeting	<p>In groups of 2-4 students meet a pre-consented patient.</p> <p>Asking about:</p> <ul style="list-style-type: none"> - Their general background and life story - Their experience of health/social support - Their experiences of long term conditions or disability
12:00	Reflective Debrief	<p>GP tutor discusses with students what they have learned.</p> <p>Reflections on communication, meeting with patient and what they have learned about the service.</p>
12:30	Finish	

Role and responsibilities as a GP or Community Pharmacy Tutor:

The good news is:

- We are not asking you to carry out in-depth clinical teaching. By all means discuss relevant issues, ask questions that will stimulate students' interest and increase their knowledge and understanding – but please take account of their level of experience and amend the complexity accordingly.
- You don't need to chaperone students while they are talking with patients, unless you judge that there is a special need for you to be present. You will therefore be able to continue with your usual work while they are doing this.

What we ask you to do:

I. Prepare in advance – yourself, other staff, patients/clients as appropriate:

- Ensure that colleagues in your service are fully aware of and in agreement with your placement commitments, including dates/times of each placement. Agree what involvement (if any) they will have.
- Ideally arrange for a colleague to act as your substitute should you be unexpectedly absent on the placement day. This could be any (clinical or non-clinical) member of your team.
- Familiarise yourself with the objectives for sessions and note what year of study the students are in – adapt your plans accordingly.
- Devise a written outline for the session that any staff member can pick up and use (along with this guide) if you are unexpectedly absent.
- Organise and obtain consent to talk with students from a suitable patient.
- Undertake relevant risk assessment

II. Introduce students to your service and help them to make best use of their time with you:

- Make students feel welcome – bear in mind they may be quite nervous, even if they don't appear to be!
- Be clear about any 'ground rules' – what they can and can't do.
- Give a general introduction to community/GP services if they have not visited one before, and specific introduction to your service.

III. Offer students relevant experiences as agreed with the Medical School in order to meet the specific objectives for sessions.

- Check that you and the students have the same objectives for the session!
- Discuss with students how they are going to achieve the objectives, what kinds of questions they will ask patients and so on.
- Students will often have assessment work or portfolio notes to complete after the session. Remind them about this as this will help them to be focused during their placement.
- Students should almost always meet patients in pairs – especially in Year 1. Usually they will have prepared in specific pairs for their patient interview so if you have several students on placement please let them stay together in those pairs.
- In the past a minority of students have not used their time with patients fully i.e. they have simply asked them about specific health topics in quite a narrow way and finished their meetings too quickly. Please encourage them to spend the full allocated time with patients. If there is time left over they can discuss more general topics....follow up on things the person has said....it's okay to 'have a chat' and this is a rare opportunity that they may not have when they are busy doctors!

IV. To provide set up meetings with suitable clients/patients to talk with students and ensure confidentiality is maintained at all times:

- Please identify in advance and obtain consent from clients/patients who are willing to meet the students (See Appendix I for client recruitment).
- Following the recent 'Black Lives Matter' events, we are keen to reflect on what this means for our organisation of teaching, and student learning. We are encouraging all our teachers to think about the nature of client diversity (both live and within case resources) when approaching clients to speak with students.
- Please make plans for one client per small group of two to four students.
- Clients/ patients should be informed they have a right to refuse to take part in education without prejudice to their care and they can object to the involvement of medical students in their meetings with your service.
- Please explain to clients/patients that the students are learners and won't be able to give them health advice.
- Explain what rules of confidentiality apply i.e. students may discuss their meeting in teaching sessions and written assessments, but will do so in a way that does not reveal their identity.
- Introduce everyone on the call clearly and keep track of time.
- Please **do not record** the placement meeting at any point.
- Clients/ patients do not need to turn on their camera during the meeting if they do not feel comfortable doing so.

V. Debrief and support students as appropriate (and patients)

- Allow time at the end of the session to debrief and discuss students' experiences, answer questions etc. They have been briefed that it's fine for them to discuss their patient/client meetings with you but some may be worried that this is breaching confidentiality. You can reassure them that this won't be the case as you are part of the care/support team in your service. They shouldn't have promised to keep any secrets but confidentiality may be an interesting topic to discuss with them as it forms part of their ethics and law teaching in Year 1.
- Please see Appendix II for tips on student support.
- Reinforce the confidentiality message.
- Thank patients/clients on behalf of the medical school, check that they are okay, debrief as necessary.

VI. Provide feedback to the medical school about these sessions

- You will routinely be asked for registers and feedback about students' attendance and engagement with placements. It's very important to let us know about non-attendance as this may be a sign of a struggling student and if we know about it we can make sure they get the support they need. Please complete and return forms to the Medical School as soon as possible after each placement. You are also welcome to contact us in person should you wish to discuss particular placements or students in more detail. Contact details are on page 3.
- We also very much welcome comments from patients, should you be able to pass them on. We are keen to increase this kind of direct feedback as a way of increasing patient and public involvement in medical education.

The Medical School's responsibilities:

- To identify and organise relevant, appropriate experiences for the students.
- To provide students, UCL Tutors and Community Tutors with clear information and guidance about these sessions.
- To help students prepare for, reflect on and learn from their community experiences.
- To take note of constructive feedback about placements from students, UCL Tutors and Community Tutors.
- Quality assurance.

Students' responsibilities:

- **To attend.** Attendance at placements is expected. Non-attendance without permission or notification is taken very seriously and may be recorded in students' medical school files. Should students be unable to attend due to illness or emergency they must inform the placement and medical school as directed.
- **To be professional.** Aspects of professionalism that we ask students to consider are:
 - Punctuality
 - Showing respect. This includes service users, staff and student colleagues.
 - Maintaining confidentiality. We tell students never to discuss their visits or visitors in public places, and to protect people's identities in written notes or assignments by using initials only.
 - Personal presentation. We advise students to dress appropriately and comfortably, and to think about the ways that they present themselves non-verbally as well as verbally.
 - Use of mobile phones. We encourage students to carry mobiles for use in emergencies or whilst travelling, but direct them to turn their phones off during placements.
- **To complete assignments.** Students are often given portfolio questions or other assignments that relate to their community placements, to aid their reflective practice.
- **To give constructive feedback.** Students are regularly asked for feedback about their placements.

What to do if there are problems connecting remotely:

We have all been learning how to adapt to new remote ways of working during the Covid-19 pandemic. Different internet connection speeds and home working situations can bring challenges when we try to meet with one another.

One way to try to mitigate problems on the day is to make sure everything is well planned and tested before the meeting. This includes ensuring you have the meeting link and have shared this with any clients joining the call, a password to connect to the call has been shared with everyone expected to join, and you have tested the technology and your internet connection before the placement day.

We suggest also familiarising yourself with the platform's functions before the placement, including checking how to put students into 'breakout rooms' and sharing your screen. If you aren't sure, we can provide guidance from our technical teams at UCL. You have

also been invited to a meeting with the PPICC teaching team before placements begin to run through the plan. We suggest the service lead/s who will be hosting the meetings with students attend this briefing session.

Please join the placement meeting at least 5 minutes before it is due to start to check you can connect and that you are able to use all the platform's functions as the 'host' (e.g. enable 'breakout rooms').

If you find you have difficulty connecting to the meeting on the day, you can contact us and we will try to help resolve the issue. You can reach us on +44 (0)7771 746 919 or by email (a.gichane@ucl.ac.uk or madeleine.foster.16@ucl.ac.uk). We will do our best to resolve the issue and can contact students to keep them informed about any expected delays. If there is a poor connection during the call, it might help to turn your camera off.

We suggest sharing your phone number with your client joining the meeting so they can call you if they are having any trouble connecting to the call.

APPENDIX I

Recruitment of patients/clients

During each meeting with your general practice or community service the students will (in small groups) meet and talk with individual patients/clients. Therefore it is important that you recruit patients or clients who are able and willing to discuss the topics outlined in the objectives for the session.

Some of our GP and Community Tutors have come up with useful tips for patient/client recruitment:

- **Long term planning:** compile a list of patients or clients that are happy to participate in such teaching.
- **Recruit patients/clients who are able to communicate reasonably well** – but they do not have to be perfectly articulate as it is important for the students to practise their communication skills.
- **Ask Practice Nurses to suggest patients**, especially where long term illnesses would be appropriate, as nurses often run the clinics.
- **Make sure that patients/clients are fully prepared;** this may help to prevent them pulling out because of feeling unsure. This includes sharing the link or phone number for the meeting well in advance, with any passwords or other instructions they would need to join the call.
- **Phone the patient/client the day before** to remind them and help them test their connection to the technology, making sure they understand how to connect with the call.
- **Have a back-up plan** to allow for non-attendance on the day, such as another client who would be willing to speak to students online.
- **Please identify a private space for these meetings** and ensure your (or your client's) background does not contain any confidential or personal client information.
- **It may be appropriate to reimburse patient expenses** if the call incurs a personal cost to them.
- **Follow up with a thank you** – in person, letter or phone call.
- **You may find it useful to make notes** about what worked well or didn't work so well, to remind you next time.

APPENDIX II

Student support services

Students may find some of their placement experiences challenging or upsetting, or you may simply notice that a student is experiencing difficulties. This could be because they are affected by hearing individual stories, or because it relates to their own experiences (e.g. of bereavement), or because they are struggling to keep up with their studies. You may find it useful to know what support services are available to students within the university:

1. **Student Support Services:** confidential counselling and advice services are provided by the university and by the Student Union. Students will find details of these on the university Web site or in their student handbooks. You can see more details here <https://www.ucl.ac.uk/medical-school/current-mbbs-students/mbbs-student-support>
2. **CPP Tutor (Years 1 and 2) or Personal Tutor:** The student can access pastoral support from or via their CPP Tutor, who they see regularly during term time, or from their Personal Tutor.
3. **Academic Surgeries:** These are regular 'drop-in' surgeries that students can visit if they are having difficulties with their academic work. Students should know how to access these sessions.

Please encourage students to avail themselves of this support when needed. You may also be able to offer direct support and guidance yourself.

Participants in our community workshops identified the following tips for offering students support:

On the day

- Spend time with students before they meet patients/clients and prepare them fully with background and what to expect.
- Ensure that you arrange protected time to supportively debrief the students after patient/client contact
- If a student has become upset, see the student alone, listen to her/him and identify any need for further support. Agree the next step with the student.
- Give students information about support services.
- Ensure that patient is ok if they too have become distressed.

Follow up

- If appropriate, please contact the medical school to let us know the student needs further support.
- If the student is adamant that he/she does not want the medical school to be informed of the details, you could simply let us know that the student is experiencing some difficulties. Appropriate further action can then be taken in a sensitive way.

APPENDIX III

GUIDELINES FOR THE SAFETY OF MEDICAL STUDENTS DURING COMMUNITY PLACEMENTS

Community placements are an integral part of community orientated medicine. It is the intention of these guidelines to maximise the safety of students during these visits.

It is recognised that, as adults, students can generally be expected to take responsibility for their own safety. These guidelines are intended to identify aspects for which placement providers should take responsibility.

Ordinarily we would ask providers to be aware of potential risks to students of travelling to and from placements, and meeting services users in their homes ('home visits'). However, we do not plan for these activities while we are maintaining physical distance during the Covid-19 pandemic. **We will provide further guidance if there are any changes to our arrangements for placements this academic year.** Please do not arrange any face to face meetings without further notice from the medical school.

During each placement students will meet at least one member of the public to discuss their life experiences and aspects of health and health or social care or support online. At this early point in the MBBS course it is expected that students will undertake their interviews in small groups. This is so that:

- They can mutually support each other.
- They can jointly plan for and reflect on their learning.
- We can guard against individual students and/or members of the public being exposed to uncomfortable or unsafe situations.

During most visits, students are under the direct supervision of community based personnel, who are in a position to assess risk and will minimise this when planning the students' programme. Should placement staff feel that students are at risk of harassment or assault during placement meetings they should discuss this with the UCLMS representative when arranging placements.

APPENDIX IV

Student feedback about placements

In general students love getting out of the classroom into the community and their feedback reflects this. It is predominantly very positive indeed and they give an enthusiastic and appreciative response to these learning opportunities. Not surprisingly they give less positive feedback about rare administrative hitches, lack of organisation/preparation and about experiences that do not quite match what they are expecting.

The following representative comments reflect student feedback about their placement visits to general practices and community pharmacies in the past.

What was valuable about the placement?

"The GP registrar with whom we spent the morning, was very well organised, made a timetable and invited patients who we could talk to."

"The staff at the GP were welcoming and organised a really good day for us."

"Being able to practice communicating with actual patients, building a rapport with them and learning about their conditions and how their health has impacted their lives."

"Learning how many different services pharmacies offer was amazing! They're a resource that deserve much more attention."

"It was a really fab day...the highlight of the course so far. I wish we could spend more time on placements and meeting patients!"

"Talking to pharmacists and learning about a pharmacy's role within the NHS and the services it provides other than just dispensing drugs."

"I was made to feel very welcome at this placement. It seemed as though they had put a great deal of effort into preparing for our visit. They gave us plenty of information and discussed all the relevant topics in connection with the learning objectives. The patient chosen for us to speak to was very suitable for the topics we had to find out about."

"I got to observe the consultations at the GP surgery and the doctor also took time to explain a lot of different things about drug and alcohol misuse to me. I admired the way she treated her patients as she was very friendly and was able to put them at ease very quickly."

"I was able to talk a diverse range of patients about their experiences with healthcare, both by the NHS and by other organisations (both domestic and abroad). I was also able to gain information about how I need to be in order to be an excellent future doctor."

"It is enlightening to get a better perspective on the different healthcare beliefs of patients compared with doctors. I was also able to develop my communication skills."

"He helped me understand the profession and helped me re-consider what I thought being a GP involved."

"The chance to meet a patient from a completely different walk of life to myself, as this helped me relate to people from different backgrounds. Otherwise I would never have had the opportunity to learn about a person in this position in life."

"The GP was really inspirational - she truly cared about her patients and always went the extra mile to ensure her patients received the best possible care."

What could be improved?

“Placements are my favourite part of the course and therefore it was a shame it didn't occur as they weren't expecting us.”

“The patients we spoke to did not have any conditions relevant to this module - so although it was good experience to talk to them... it didn't help with the learning in this module.”

“The person who was supposed to be organising our visit was not there but they managed to cater for us regardless.”

“It could be related more to how we will interact with pharmacists etc. in our future careers as opposed to seeing the jobs people undertake in a pharmacy e.g. stocking shelves.”

“The person who was prepared for our arrival was not present on the day and so it felt as if the person left to oversee the visit didn't really know what to do with us.”

“There was no debriefing before or after regarding objectives and interviews.”

“There wasn't a real structure that was adhered to and I was never able to meet and talk to patients.”

“Unfortunately, we were unable to sit in during a consultation and I think it might have been a valuable experience to observe the doctors communication skills and put our observations into context with the skills we learned during CPP.”