GP Assistantship
“Think like a doctor, act like a doctor”

STUDENT GUIDE
2019-20

An electronic version of this Student Guide is available on Moodle
Contents

COURSE CONTACT DETAILS ........................................................................................................... 3
INTRODUCTION ............................................................................................................................ 4
  LEARNING OBJECTIVES .............................................................................................................. 4
  WHAT TO EXPECT FROM YOUR GP TUTOR ............................................................................. 6
  WHAT YOUR GP TUTOR WILL EXPECT FROM YOU ............................................................... 6
  WHAT THE DEPARTMENT EXPECTS FROM YOU ..................................................................... 7
OVERVIEW OF COURSE STRUCTURE ....................................................................................... 7
  SAMPLE GP ASSISTANTSHIP TIMETABLE ............................................................................. 8
  SUMMARY OF ASSESSMENTS IN THE GPA PLACEMENT ..................................................... 9
  FINAL MBBS REQUIREMENTS ................................................................................................ 10
  ATTENDANCE ............................................................................................................................ 10
THE CONSULTATION AND STUDENT SURGERIES .................................................................. 10
  AN INTEGRATED APPROACH TO THE CONSULTATION ..................................................... 11
    Disease versus Illness ............................................................................................................ 12
    Explanatory Models – Key questions ................................................................................... 12
  PROBITY, PLAGIARISM AND COUNTERSIGNATURE ......................................................... 14
  CONSCIENTIOUS OBJECTION .................................................................................................. 14
  CONSENT (MEDICAL PROTECTION SOCIETY 2003) ......................................................... 14

LEARNING PORTFOLIO (ACTIVITIES AND TASKS) .................................................................. 15
  TASK 1 - PATIENT QUESTIONNAIRES .................................................................................. 15
  TASK 2 - SUPERVISED LEARNING EVENTS ......................................................................... 15
  TASK 3 - QUALITY IMPROVEMENT ACTIVITIES ................................................................ 16
    HCNA Guidance .................................................................................................................... 17
    Audit Guidance ..................................................................................................................... 18
  TASK 4 - SIGNIFICANT EVENT ANALYSIS (SEA) ............................................................... 20
  STUDENT SELF-ASSESSMENT ................................................................................................. 23
  STUDENT CHECKLIST FOR THE FINAL DAY AT PRACTICE ............................................. 26
  GP PRIZES ............................................................................................................................... 26
  USEFUL LINKS AND FURTHER READING .......................................................................... 27
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Introduction

Welcome to this 4-week course. We hope you find it good preparation for MBBS finals and future practice.

Learning Objectives

- Clinical method
- Clinical communication skills
- Communication with colleagues
- Professional development and reflective learning
- Preparation for Foundation Year practice
- Practical skills

By the end of this course, we hope that you will have achieved the following objectives:

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Tips or ideas for achieving these objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINICAL METHOD</td>
<td></td>
</tr>
</tbody>
</table>
| 1. Information gathering: Consolidate and revise focused, efficient, patient-centred consultations | • See “An integrated approach to the consultation” (p12-15).  
• Video consultations with either self-reflection or feedback from a tutor  
• Tutor observed consultations, inviting the tutor to give feedback on your consultation skills  
• Feedback from patients (Patient questionnaires) |
| 2. Differential diagnosis of presenting symptoms: Using problem solving techniques, time management and thinking about the probability in diagnosis | • Discussion regarding differential diagnoses with your tutor after the consultation (CBD)  
• To use different presenting complaints as cases for your own private study, concentrating on how you could further investigate or question the patient to then arrive at the actual diagnosis |
| 3. Cope with uncertainty:  
  a. Using problem solving techniques, time management and thinking about the probability in diagnosis  
  b. Weighing up the benefits of investigations or initial treatment when uncertain | • Seeing and managing patients  
• Reflecting and discussing those patients who pose a degree of uncertainty  
• You could use a case like this for your SEA (p23-25) |
| 4. Exposure to different conditions: | • Sitting in with the duty doctor  
• Seeing booked ‘on-the-day’ patients  
• Sitting in with a ‘minor illness’ nurse  
• Sitting in on ‘chronic disease’ clinics  
• Follow a patient up from clinic who was seen with a chronic disease  
• Ask your tutor if they have a complex patient you can visit or see in a booked appointment to practice a long history  
• Routine surgeries  
• Speak to GPs & palliative care nurses about terminal care patients they are looking after. Often these patients have multi-system problems |
|-----------------------------------|------------------------------------------------------------------------------|
| a. Common acute problems          | • Mini-surgeries and seeing patients  
• Ask to be observed demonstrating these skills |
| b. Chronic conditions             | • ‘Chronic disease’ clinics  
• Seeing patients  
• Observing GPs: how and when they discuss health promotion with patients |
| c. Complex multi-system problems  | • Practise documentation on a computer after you have seen a patient. Make sure this is checked by the GP  
• Ask to see how “templates” are used in the documentation of patient information  
• Assess other GP’s medical records: What do you feel is constructive and why?  
• If a patient you have seen needs referring you could do the referral letter. Ask your tutor to discuss the elements of a referral letter (SLE)  
• Assess other GP’s referral letters: What do you feel is constructive and why? |
|                                  | • Review these principles using the GMC website  
• Understand the responsibilities you have re: confidentiality of patients and making sure you have the informed consent of patients to see, refer and examine them (p16) |
<table>
<thead>
<tr>
<th>Reflect on cases when GPs have to speak to a patient’s relatives, how is this handled?</th>
<th>Reflect on cases, eg when GPs see a patient under 16 on their own, how is this handled?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Evaluate your own performance</td>
<td>How do you respond to feedback after seeing patients or at your mid-point meeting?</td>
</tr>
<tr>
<td></td>
<td>Reflect on whether feedback you received is changing your practise</td>
</tr>
<tr>
<td></td>
<td>This can be done through SEA. (p23-25)</td>
</tr>
</tbody>
</table>

### PREPARATION FOR FY1 & 2 PRACTICE

Understand and show competence in:

1. Clinical governance
2. Audit
3. Population needs assessment and relevance to service delivery
4. Methods of admission/discharge and follow-up

- CEX (p17)
- Audit task (p18-22)
- HCNA task (p18-22)

### PRACTICAL SKILLS

See your procedure passport

- Seek appropriate opportunity with your tutor or the practice nurse.

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### What to expect from your GP tutor

- Timetable organised according to practice & student needs
- Student induction, including a needs assessment & ground rules
- Mid-point, progress meetings & further needs assessments during the attachment
- Ample contact with patients including observation of GPs/nurses & supervised student-led surgeries
- Sustained 1:1 contact with an experienced clinician & the primary health care team
- Plenty of specific feedback & discussions tailored to student needs
- Time & opportunity for independent learning tasks – including a space to work & access to a PC
- Opportunity to discuss your consultations, your SEA & present your audit or HCNA
- Completed GP Report & Grade Form

### What your GP tutor will expect from you

- Willingness to identify and work on your learning needs (rather than wants)
- Give early warning of any particular interests or predicted problems/absences
- Be honest if you feel uncomfortable, unhappy or out-of-your-depth
- Show insight – don’t over estimate your abilities (remember you are not a doctor - yet!)
- Punctuality, courtesy and respect for all staff - try to be flexible too when necessary
- Treat patients with respect and sensitivity – particularly mindful of confidentiality and consent
- Don’t shy away from clinical opportunities that may arise – take them
- Seek and accept feedback
- Provide specific & constructive feedback to your tutor when asked to do so
- Show independence and motivation in completing your learning tasks
- No need for a white coat – use this Student Guide, your stethoscope & your brain!
- Comply with the UCL dress & behaviour code (see ‘Dress and Behaviour’ section on UCL Medical School’s A-Z Guide)

What the department expects from you

- Participate in the ‘Introduction Monday’
- Act as a good ambassador for your medical school
- Give early warning of any predicted problems/absences
- Alert us if you have problems or are unhappy
- Be punctual, courteous and respectful to all staff
- Provide specific & constructive feedback for your GP tutor and the Department when asked to do so
- Ensure the GP Report & Audit or HCNA Grade Form are on your ePortfolio before the final day of placement. (Checklist p29)

Overview of course structure
All students appreciate a timetable. Below is one possible suggested timetable – please adapt it to fit you, your GP Tutor and the practice. Just under four weeks are spent in the GP practice (involving three weekends). Please note that this schedule may be affected by the Medical School or Bank Holidays.

<table>
<thead>
<tr>
<th>Type of session</th>
<th>No of sessions per week</th>
<th>Types of activity</th>
</tr>
</thead>
</table>
| Clinical        | 7                       | Student/doctor/nurse-led consultations
|                 |                         | Active observation with agreed focus
|                 |                         | Practise practical skills
|                 |                         | Minor illness/chronic disease clinic
|                 |                         | Patient follow-up at home/in hospital
|                 |                         | Interviewing/examining pre-selected patients with interesting histories/signs
| Self-directed learning | 2             | Complete learning portfolio tasks
|                 |                         | Tutorials/small group teaching
| Free session    | 1                       | Timing needs to be negotiated e.g. occasionally students play sports on Wednesday afternoons
Sample GP Assistantship timetable

<table>
<thead>
<tr>
<th>WEEK 1</th>
<th>MON (RFH)</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>GPa INTRO DAY</td>
<td>Travel to placement Induction</td>
<td>Free session</td>
<td>Free session</td>
<td>Free session</td>
</tr>
<tr>
<td>PM</td>
<td>GPa INTRO DAY</td>
<td>Free session</td>
<td>Free session</td>
<td>Free session</td>
<td>Free session</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>WEEK 2</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
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<tr>
<td>AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td></td>
<td></td>
<td>Free session</td>
<td>Midpoint meeting:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEEK 3</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
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<tr>
<td>AM</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td></td>
<td></td>
<td>Free session</td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>WEEK 4</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
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<tbody>
<tr>
<td>AM</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td></td>
<td></td>
<td>Free session</td>
<td>GP Report Submit tasks e-Portfolio</td>
<td></td>
</tr>
</tbody>
</table>
### Summary of assessments in the GPA placement

<table>
<thead>
<tr>
<th><strong>Formative assessment</strong></th>
<th><strong>Summative assessment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Checklist &amp; Feedback</strong></td>
<td><strong>End-of-rotation grades</strong></td>
</tr>
<tr>
<td>During the attachment</td>
<td>Look carefully at the detailed descriptors (or “anchor statements”) on the GPa Report. These are largely based on the descriptors used in LSO/SSO Finals marking schedules. They should give a good idea of what is expected of you</td>
</tr>
<tr>
<td><strong>Formative assessment</strong> is based on regular review of goals and progress and the use of feedback. It is intended to help focus your learning and to focus your tutor’s teaching</td>
<td>Core conditions Common presentations Patient assessments Practical procedures checklist Clinical notes &amp; clerical procedures Data interpretation Safe prescribing *Y6 Student Guide</td>
</tr>
<tr>
<td><strong>Self-assessment</strong></td>
<td><strong>Self-assessment checklist</strong></td>
</tr>
<tr>
<td>In which areas are you strongest/ weakest? How can your tutor address these areas?</td>
<td>Review own progress prior to and at the beginning, middle and end of the attachment</td>
</tr>
<tr>
<td><strong>Tutor assessment</strong></td>
<td><strong>Student-led consultations</strong></td>
</tr>
<tr>
<td>Observed (or videoed) student-led consultations</td>
<td>Constructive feedback</td>
</tr>
<tr>
<td>Multisource assessment</td>
<td>Tailored GP Tutor teaching</td>
</tr>
<tr>
<td>Confer with other members of the primary care team</td>
<td>Review your progress at the mid-point and end of your attachment</td>
</tr>
<tr>
<td><strong>Peer assessment</strong></td>
<td><strong>Learning in groups</strong></td>
</tr>
<tr>
<td>Pairs of students/collectives</td>
<td>in addition to individually</td>
</tr>
<tr>
<td><strong>Learning Portfolio</strong></td>
<td><strong>Patient questionnaire</strong></td>
</tr>
<tr>
<td>Tutor provides advice, support &amp; feedback</td>
<td>Audit + presentation OR HCNA + presentation</td>
</tr>
<tr>
<td><strong>CBD</strong></td>
<td><strong>Verified by GP tutor on GP report form (ePortfolio)</strong></td>
</tr>
<tr>
<td><strong>CEX</strong></td>
<td><strong>Moodle (if prize-worthy)</strong></td>
</tr>
<tr>
<td><strong>Significant event analysis (SEA)</strong></td>
<td><strong>Submitted on ePortfolio</strong></td>
</tr>
<tr>
<td><strong>Case of the Month</strong></td>
<td><strong>Submitted on ePortfolio</strong></td>
</tr>
<tr>
<td><strong>Satisfactorily completed: Not graded</strong></td>
<td><strong>Satisfactorily completed: Submitted on Moodle</strong></td>
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</table>
Final MBBS requirements

You must pass this course (i.e. receive a pass grade including completion of the learning portfolio) in order to sit your Final MBBS exams in March. General practice is represented in your Final MB BS exam. GPs are actively involved in all aspects of Finals. In your Final MBBS OSCEs, examining GPs will expect you to have a good understanding of the topics covered in both Core Courses.

Attendance

Teaching practices put time and effort into ensuring that you have a productive attachment. It is frustrating and embarrassing for the doctors if you do not attend sessions they have arranged.
This is a full-time course, and therefore all absences must be accounted for to your GP Tutor and the Department. Expected attendance is 100%, and if you attend less than 80% you may need to repeat part of the course or you may not be allowed to sit your Final exams.

Any planned absences must be approved by your Personal GP Tutor, the Department and the Divisional Tutor prior to the attachment, further information is available in the Attendance and Engagement section of the Medical School’s Policies and Regulations.

The consultation and student surgeries

Objectives

- Consolidate and revise clinical method
- Ensure competence in formulating management plans based on good clinical judgement (including self-care, investigations, treatment and/or referral)
- Ensure competence in explaining skills and negotiating management plans – based on exploration of patients’ ideas, concerns and expectations
- Demonstrate ability to evaluate your own performance and respond to feedback

Introduction – learning in the consultation

1. Observation: Do not underestimate the educational value of observing experienced clinicians at work – the difficulty can be concentrating and making sense of what you see and hear. The trick is to have a focus or a set of goals to achieve while watching. More senior students tend to be able to gain more from observing, as they are clearer about what is going on and where their own gaps are. In addition they are more likely to be asked to apply what they have seen! We recommend you concentrate on clinical problem solving (What do you think is going on? Would you ask the same questions? etc), information giving and management planning. Make notes – it helps your concentration - but do warn the GP and the patient.

2. Active participation: All students will be expected to conduct more than 10 student-led consultations, in addition to opportunistic experience during other surgeries and home visits as they arise. Student-led consultations will provide special opportunities for you to build on your clinical knowledge and experience by carrying out complete consultations under supervision.
Experiences from examining at Finals and a recent study of Foundation doctors showed that difficulties can arise when students try to integrate their clinical knowledge with the patient’s perspective: Students tended to stick doggedly to the doctor-centred “disease framework”.

The student mini surgery sessions can be organised in a number of ways – a mixture is best:

**Joint student mini surgeries (sitting in)**
Some tutors prefer to “sit in” whilst their students consult. A reduced number of patients are booked so that the student can conduct the consultation under direct observation, this mimics OSCEs. This allows the teacher to provide some instant feedback about the consultation process itself. This is particularly valuable at the beginning of the attachment. However, as we all know, patients will often try to talk to the doctor they know if he or she is in the room, no matter how quietly they sit! If at all possible, the teacher should sit behind the patient, avoiding eye contact!

**Parallel student mini surgeries**
Many tutors like to book a short surgery for the students (with perhaps 6 patients to see in a session) once they are confident of the student’s abilities. At the same time they book themselves in parallel an equally small number of patients in an adjacent room. Some teachers prefer not to book themselves any patients, but get on with paperwork. The student spends approximately 20-25 minutes with each patient, and when they have finished, presents them to their GP Supervisor for discussion.

**Recording methods – video & audiotapes**
Some practices have video cameras, which can be useful for a more detailed look at consultation skills (although the consultations still need to be supervised at the time). Written consent is required for video recording patients. You may of course choose to try out a number of different methods during the attachment.

**IMPORTANT:**
- Remember, your GP supervisor is responsible for supervising you. The patients should never see only a student! Students cannot sign prescriptions (FP10s, so use the Procedures passport instead) or certificates – but can write in notes if they are checked
- Your GP supervisor is responsible for gaining information and obtaining freely given patient consent
- Agree the “rules of engagement” with your GP supervisor beforehand, e.g. for interruptions, safety netting and getting feedback

**An Integrated Approach to the Consultation**

Consulting with patients is the core activity of medicine and general practice. Because of the lack of immediate technology and the undifferentiated nature of problems encountered, is a good place to observe a range of consultation types. Experiences, including OSCE results, show that students can have difficulties integrating their clinical knowledge (the disease framework) with the patient’s perspective (the illness framework) when gathering information. The tendency is to stick doggedly to the doctor’s agenda. You may also have little experience of providing useful explanations to patients and making sensible and acceptable management plans. This GP attachment provides the ideal opportunity to develop these advanced skills.

Figure 1 displays the various elements of the consultation, highlighting the importance of going beyond “getting the history” and integrating the medical and patient-specific aspects of the consultation. The shaded boxes are based on the “illness/disease” model proposed by Stewart et al. The red boxes relate to the tasks and skills defined by Silverman et al in the Cambridge/Calgary observation guide – which forms the basis of most Finals OSCEs.
Disease versus Illness

These two words are often used interchangeably in the English language but have assumed subtly different meanings which form the basis of the model of the consultation above.

**Disease** is the medical view of ill-health. It is based mainly on objectively demonstrable changes in the body’s structure or function, and which can be quantified by reference to ‘normal’ physiological measurements. They include, for example, typical symptom clusters (e.g. migraine) abnormal physical findings (eg irregular heart beat), abnormal test results (e.g. raised white cells or TSH in blood tests; an enlarged heart on an echo). Disease ‘entities’ (e.g. tuberculosis) are assumed to be universal in form, content, clinical findings, natural history and treatment.

**Illness** is the subjective response of the patient, and those around him/her, to being unwell. Particularly how s/he, interprets the origin and significance of this event; how it affects his/her behaviour, and relationships with other people and the steps taken to remedy the situation. It includes both his/her experience of ill-health, and the meanings given to that experience. Illness experience is shaped by how s/he answers the questions listed in Helman’s Explanatory Model (overleaf), and is often expressed in the form of a narrative.

In most cases people have a disease and an illness at the same time. For example, they may feel unwell – and also have a chest infection. However, in clinical practice it is also common to encounter ‘disease without illness’ (e.g. asymptomatic diabetes, cancer or HIV infection), and also ‘illness without disease’ (e.g. fearfulness) – but without any discernible physical abnormality. Functional disorders such as irritable bowel syndrome form a sort of hybrid. In all cases, different interpretations may result in communication difficulties between doctor and patient.

Explanatory Models – Key questions

Explanatory models are defined as “the notions … employed by all those engaged in the clinical process” regarding causation, implications and treatment. One way of looking at the lay explanations of the ill-health is to examine the sort of questions people ask themselves and how they weave these into the story or narrative of their ill-health. The following questions, known as Helman’s Folk Model, are important to bear in mind when listening to patients telling their stories. If you do not discover what the patient believes, wants or fears (ie ideas, concerns, expectations) it is very hard to build a relationship with them and to provide a credible explanation and to reach shared decisions with them about what should happen next.
• **What has happened?** This includes organising the symptoms and signs into a recognisable pattern and giving it a name or identity

• **Why has it happened?** This explains the aetiology or cause of the condition

• **Why to me?** This tries to relate the illness to aspects of the patient, such as behaviour, diet, body build, personality or heredity

• **Why now?** This concerns the timing of the illness, and its mode of onset; sudden or slow

• **What would happen to me if nothing were done about it?** This considers its likely course, outcome, prognosis and dangers

• **What are its likely effects on other people (family, friends, employers, workmates) if nothing is done about it?** This includes loss of income or of employment, or a strain on family or work relationships

• **What should I do about it - or to whom should I turn for further help?** This includes strategies for treating the condition, including self-medication, consultation with friends or family, or going to see a doctor

**Explaining and shared decision-making: Essential steps**

By the time you get to your final year we expect you to be developing skills of explaining and shared management planning. These are areas to focus on when you are observing GPs and nurses and in your own consultations. The following steps are a guide to effective communication - what has been described by Elwyn and Edwards as the “neglected second half of the consultation”.

- **Step 1 Information gathering**
  - Always listen for, or actively explore patients’ explanatory models (see above), their ideas, concerns, expectations (I C E). It is difficult to share an understanding or a plan unless you do this

- **Step 2 Information giving - Problem Definition**: *(NB this is the step that is most often omitted)*
  - Agree what the problem is
  - Relate to I C E/ patient’s explanatory model
  - Aim for shared understanding of the problem (Don’t underestimate the patient)

- **Step 3 Summarise Options**
  - Evidence-based summary – be honest (a) where more than one option exists (b) where evidence is grey
  - Indicate your own position (what you think is in patient’s best interest, NOT what you would do)

- **Step 4. Planning – Shared decision-making**
  - Expect participation
  - Share rationale for options
  - Allow patient to opt out of decision making AFTER BEING INFORMED of the options
  - Take lifestyle & social context into account
  - Agree review/safety net
Probity, plagiarism and countersignature

By now you will have developed and be able to demonstrate a strong sense of professional probity (your integrity and honesty). This should include understanding that plagiarism – the unattributed use of other people’s work and ideas - is unacceptable. Please be careful if you have used other people’s work, including websites, textbooks and electronic resources, you must acknowledge this appropriately. Very occasionally, students have been tempted to embellish or fabricate data for audits and patient case studies (such as SEAs). We ask you to have your work countersigned by your tutor to protect you from accusations of plagiarism or fabrication. Investigations are distressing and time consuming. If you are having difficulty with any of the tasks you have been set please discuss this with your GP tutor or a member of the Department, don’t be tempted to take inappropriate short cuts.

Conscientious objection

Personal beliefs and medical practice have been highlighted following the GMC’s guidance on conscientious objection. We agree with the BMA’s view that ‘personal beliefs should never prejudice patient care and that medical students should not be able to opt out of learning about procedures which are part of their core curriculum and to which they have a conscientious objection’. The Medical School is currently drawing up formal guidance on conscientious objection. To discuss these issues further, please contact Dr William Coppola or Dr Neelam Parmar.

Consent (Medical Protection Society 2003)

What do you need consent for?
It is 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 areas 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 <strong>medical student</strong> 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.

**Learning portfolio (activities and tasks)**

The ability to direct your own learning as a doctor is essential. This course includes four brief tasks, detailed later in this guide. Your learning portfolio may be useful in your Foundation Years and for job applications. Please note that you must do either a healthcare needs assessment (HCNA) or an audit – not both!

By completing the activities and tasks outlined in this section of the Course Guide you will be able to add relevant work that builds on your existing Portfolio of course work. Please keep copies of all the work you submit. We are happy to provide copies of your Grade Forms too. Remember – your Portfolio is a unique collection of your achievements over and above exam passes and will form an essential addition of evidence about your academic and clinical abilities. You will need to keep a Portfolio throughout your professional life to demonstrate how you continue to learn on-the-job.

**Task 1 - Patient Questionnaires**

*Guidance sheet is available via Moodle*

**Task 2 - Supervised learning events**

You must complete 1 referral letter (complete as CBD – ticket via ePortfolio). See introductory day presentation for more information.

You also need to complete two additional supervised learning events (any combination of CEX and/or CBD - ticket via ePortfolio).

You should provide evidence of intramuscular injection (procedures passport). General practice can provide opportunities for this eg. Flu vaccines, depot injections.

**Primary/secondary care interface**

Over the past few years, there has been a significant shift of care from hospitals to the community. Political initiatives and technological advances have led to shorter admissions and earlier discharges for patients, with more complex packages of care being delivered in the community. Good communication between Primary and Secondary Care is essential.

As a Foundation doctor you will very soon be an essential link in the chain of primary/secondary communication. By undertaking your communication tasks and audit you will have an opportunity to reflect on the importance of good communication from a General Practice perspective.
Task 3 - Quality improvement activities

You should do either a HCNA or Audit, not both!
The topic should be of interest to you and important. Choose something that you believe
can be improved and measured.

Objectives
- Preparation for Foundation Years and subsequent postgraduate training
- List the steps involved in preparing a healthcare needs assessment (HCNA) or audit
- Identify how a HCNA or audit can improve healthcare through Practice-Based
  Commissioning and clinical governance
- Involvement in continuing professional and practice development
- Analyse the role of primary care within the practice or with respect to its interfaces
- Identify and apply data/information sources
- Demonstrate professional communication through preparation/presentation of work

Previous students have valued doing Task 3 as it is useful for the practice and patients. HCNA
and audits may be carried out both in hospital-based and community settings.

Consider

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCNA</td>
<td>AUDIT</td>
</tr>
</tbody>
</table>

What area(s) interest me?
What data/information sources are available?
Which can I access?
eg practice databases
Decide which to do……..

#### Healthcare needs assessment (HCNA)

| What is it? | It is the systematic and critical review of healthcare needs in a defined population |
| What do it? | To identify areas of unmet need on which the practice can focus To inform the practice development plan |
| Aims | To improve the health of the practice population or defined groups within it |
| Prize | Shaper Prize for Public Health Top-scoring HCNAs are automatically short-listed for this prize The winner will be announced in June |

#### Clinical audit

| What is it? | It is the systematic and critical review of healthcare delivered to individuals |
| Why do it? | To identify strengths and weaknesses in individual/team performance To indicate current performance of a defined activity |
| Aims | To improve clinical standards To promote teamwork and accountability |
| Prize | William & Edith Ryman Prize in General Practice Top-scoring audits are automatically short-listed for this prize The winner will be announced in June |
Getting started with the HCNA or audit

What is expected of you?
We are well aware of your limited time in the practice and therefore you may not have enough time to complete Step 6 – Implement changes, but consider how the practice could proceed.

Preparing your presentation and handout for Task 3
1. Use PowerPoint to prepare your slides
   - Try to use tables and diagrams where possible
   - Be careful not to put too much text:
     - The general rule is no more than 14 lines and font > 18
2. Click on View dropdown menu
3. Click on Notes Pages format
4. Click on Add Text and start writing your notes in the box to explain your slides
5. Upload your presentation onto your ePortfolio
6. If you wish to be considered for the Audit Prize, you must submit a copy of your audit onto Moodle
7. If you have completed a HCNA, you must submit a copy of your HCNA onto Moodle

HCNA Guidance
Healthcare includes:
- Disease prevention and health promotion
- Diagnosis and treatment of diseases/conditions
- Rehabilitation, continuing care and terminal care

A 6-step approach to HCNA:

1. **Select topic and aims**
   Which population (disease/condition, defined patient group or service) are you investigating? Is it a topic that the practice wishes to develop? i.e. part of the practice development plan. What are the practice priorities? Why is it important? How can the health of this population be improved?

2. **Define population/needs**
   Describe the population you have chosen (e.g. age, gender, current health problems of this group-disease/condition, services, risk factors etc)
   Describe the healthcare need
   - Need is defined as the population’s ability to benefit from healthcare
   - Note:- There is a clear distinction between health and healthcare in that everyone needs health, but not all people need healthcare
   - So, be clear about the difference between need (what people could benefit from), demand (what they ask for), and supply (what is provided)
   Describe effective interventions/services, with respect to information sources/evidence
   - eg What is ‘best practice’ for the management of the disease/condition? Is it effective?
   - eg What services are available currently? How are the services distributed? (Are the services reaching those who need them?) What is the quality of these services?
   - Is the service, which is of proven clinical benefit, reaching all of those who need it?
   Ascertain the views of interested parties/stakeholders
   - Consider interviews with doctors, nurses, patients, CCg members, Practice-Based Commissioning groups, local agencies as stakeholders
   - How can I assess unmet need, wishes and alternative perspectives of interested parties?

3. **Collect data**
   Collect relevant data about your chosen population
   Compare, where possible (where data/time allows), with local CCG and national population and describe any problems encountered with this

4. **Compare data with need**
   Identify areas of unmet need. How many people will this affect and in what way? How does this number compare with the total practice population?

5. **Plan changes**
   Can you justify changing the existing services/treatments provided by the practice?

6. **Implement changes**
   This is not feasible in the limited 4 week time period but consider how the practice could proceed

Audit Guidance

Doing an audit means undertaking a process, which is best thought of as being a continuous process. Because of time constraints you are only going to complete steps 1-5 of the audit cycle.
6-Step approach to Audit:

1. Select a topic:
   Having decided to commit time and energy to audit, it is vital that you choose a topic that is of interest to you and as previously stated aims to improve services to patients
   
   Identify specific aims:
   a. Having decided on a topic you now need to narrow this down to a specific audit question, eg “The aim of this audit is to see if patients with CHD have their cholesterol checked every 15 months”
   b. Having a specific audit question will allow you to set specific audit criteria
   c. In writing up your audit you need to state your aim clearly under a heading

2. Target criteria:
   a. The criteria relate to the audit question (Aim)
   b. Wherever possible the criteria should be evidence-based
   c. For example using the question above, one criterion that you could choose which is both measurable and justifiable might be, “Patients with known CHD should have their cholesterol checked and documented on the computer every 15 months”
   d. In writing up your audit you need to state your criteria clearly under a heading, and demonstrate clear understanding of what is meant by a criteria

Standards:
   e. One reason why it is important to have evidence-based criteria is so we can attach a standard to it
   f. A standard can be chosen and justified in a number of ways
      i. What the literature tells us is good practice
      ii. What the practice deems reasonable taking their resources and population into account
   g. For the above example you may choose a standard of 90% as quoted by QoF. However after discussion with the GPs you may choose to lower this standard to 60% due to the fact there have been no phlebotomy services in the area for a year or the practice has only been computerised for 3 months
   h. In writing up your audit you need to state your standard clearly under a heading and demonstrate a clear understanding of what is meant by a standard. For example, “90% of patients with known CHD should have their cholesterol checked and documented on the computer every 15 months”
   i. You will be rewarded if you use sources of evidence to set your audit standards

3. Devise a method for collecting data
   a. Various methods can be used, eg reviewing patient paper or computerised notes, using questionnaires or interviews
   b. Be methodical, use a computerised data recording spreadsheet or table

4. Collect data
   A little time spent planning exactly what data you need to collect and how you will collect it can save a massive amount of time and make your analysis much easier

5. Interpreting data
   a. The object is to keep any analysis as simple as possible
   b. You will be assessed on how you present your data and results. It needs to be easy to understand, ie logical, effective and presented in a relevant way

   Analyse and compare with target criteria and standards
   This is the moment of truth! To see how well performance matches up to standards

6. Agree and implement changes
a. Where performance falls short of the standard, you & the primary health care team need to think of ways it can be improved.
b. Suggested changes need to be relevant to the audit and bring the practice achievements closer to the quoted standard. Thus improving patient care
c. When making suggested changes it is important to think whether these changes are practical and feasible for all concerned

7. **Collect further data to evaluate change**
   This is done after a defined period, to allow change time to occur. The data should be collected in exactly the same way as before. This will allow a comparison to be made with the original data to see if the changes have been effective. Only when this has been done successfully has the audit cycle been completed. This is often referred to a “closing the audit cycle.”

### Task 4 - Significant Event Analysis (SEA)

**Objectives**
- Demonstrate ability to **evaluate your own performance** and identify your own needs
- Preparation for Foundation practice – including clinical governance, continuing professional development & reflective practice
- Consolidate and revise clinical method

**Why do “SEA”?”**
A significant event is anything out of the ordinary that is significant either by its nature or because of its repercussions. Therefore it has the potential to be learned from. Significant events in professional life can often be powerful motivators for change. Mostly, change occurs when negative (or critical) events occur, but there are also lessons to be learnt from positive events. The structured process of learning from significant events is called “significant event analysis”. This process follows the steps in the experiential learning cycle (see diagram overleaf).

**Introduction**
You are required to produce one SEA during your attachment. The event should be significant to you, not necessarily a perceived error or near-miss - it may be a positive, illustrative, surprising or moving event or simply the most memorable event of your attachment that you either observed or directly participated in. You are asked to describe and reflect upon this on two sides of A4 (one side for the description, the other with sections for: thoughts and feelings; analysis; reflections; and a learning plan).

**Your Personal tutor’s role**
Ask your tutor to describe a significant event from their own practice and how they learned from it – this is a good way to get started. You are expected to discuss your analysis with your GP tutor who has been asked to facilitate the reflective process. You will need to ask your tutor to countersign your finished SEA.

**Choosing an SEA**
An SEA is any incident that:
- May have had a significant impact (positive or negative) on a patient’s clinical outcome
  eg consider patient’s social and family context, his/her past medical history, reducing risk factors, dealing with patient’s emotions, eg denial/anger
- Causes you distress or anxiety
  eg unexpected disclosure of bad news, disclosure of domestic violence, discussion of termination of pregnancy
- Makes you feel proud of your achievements OR exposed a gap in your understanding
eg purposive use of specific communication skills, misinterpretation of clinical signs, ‘jumping to conclusions’ with unlikely differential diagnoses

- **Makes you think..... “**this is what medicine is all about”**
  eg professional attitude of GP, the doctor-patient relationship
- **Simply the most memorable event during the attachment**
  eg gaining a patient’s confidence, dealing with ‘emergencies’

**Recording your SEA**

Short (but legible) notes are quite sufficient.

There are no set rules: depending on the nature of the event, headings might include:

- Patient details (age, sex, ethnicity etc) & Patient description - How did the patient appear to you?
- What happened?
- GP, other health professional or your own approach - What was said or done?
- What skills, knowledge and attitudes might be useful with this type of problem?
- Your thoughts and feelings about the event?
- Conclusion and learning plan

Please remember that your conclusion and learning plan are essential, irrespective of the event described.

**Assessment**

An SEA must be completed but it will not be graded due to the personal nature of the task.

**Presenting your SEA**

We have found that students gain most from re-telling their SEAs to their colleagues. This allows you to work through the experiential learning cycle. The discussion can be enhanced by the use of the following questions (see *A model facilitating structured reflection*, in the box below). You can discuss with colleagues or within the practice also.

**The experiential learning cycle**

This cycle is a simplified version of the steps involved in any situation from which you have consciously (or subconsciously) learned. In Significant Event Analysis the reflective step (2) is actively enhanced by the need to write (the step many students find the most difficult!) and also by the discussion with your tutor and your peers (2a). While going through the cycle so deliberately may seem laborious there is evidence that the insight gained from the event or experience (step 3) analysed is more valuable and easier to put into practice later (step 4).
# A model facilitating structured reflection – tips for reviewing and discussing a Significant Event

<table>
<thead>
<tr>
<th></th>
<th>Description:</th>
<th></th>
<th>Emotions:</th>
<th>What were you thinking/feeling at that point?</th>
<th>What were the consequences for a) the patient b) others c) yourself</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Describe in more detail?</td>
<td>What exactly happened?</td>
<td>What did you do?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Emotions:</td>
<td></td>
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<tr>
<td>2.</td>
<td>What were you trying to achieve?</td>
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<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>What was good/bad about it?</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Analysis:</td>
<td>What internal factors were influencing you?</td>
<td></td>
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<tr>
<td>3.</td>
<td>What acknowledgement did or should have informed you?</td>
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<tr>
<td>3.</td>
<td>How did your actions match your beliefs?</td>
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<tr>
<td>3.</td>
<td>What factors made you act in incongruent ways?</td>
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<tr>
<td>3.</td>
<td>Conclusions:</td>
<td>How does this connect with previous experiences?</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
<td>Could you have handled this better in a similar situation?</td>
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<tr>
<td>3.</td>
<td>How do you now feel about this experience?</td>
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<tr>
<td>3.</td>
<td>Can you support yourself or others better as a consequence?</td>
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<tr>
<td>3.</td>
<td>Faced with that experience again, what would you do?</td>
<td></td>
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</tbody>
</table>
Student Self-Assessment

This checklist can be used formatively to help you decide and reflect on your learning needs and development. You may wish to fill this out before your placement and use this to form a discussion with your tutor at the midpoint review during your placement.

Name................................. Rotation date ................................

Please consider the areas listed below and rate your confidence (by putting a figure on a scale of 1 to 4 in the relevant column) for each of the following before, in the middle and at the end of the course. Please use this as a basis for discussion with your Personal GP tutor before the start of the rotation.

Clinical Management

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>Mid-course</th>
<th>End of course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking a history in the general practice setting</td>
<td></td>
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<tr>
<td>Pinpointing the patient’s problems</td>
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<tr>
<td>Recognising the level of diagnosis achievable</td>
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<tr>
<td>Planning and negotiating management with the patient</td>
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<tr>
<td>Management – when a diagnostic label is achieved</td>
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<td></td>
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<tr>
<td>Management – when diagnosis is uncertain</td>
<td></td>
<td></td>
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<tr>
<td>Management of patients with chronic illness</td>
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<td></td>
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<tr>
<td>Management of patients with terminal illness</td>
<td></td>
<td></td>
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<tr>
<td>Therapeutics – Choosing &amp; prescribing drugs</td>
<td></td>
<td></td>
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<tr>
<td>Use of primary health care team/social services resources</td>
<td></td>
<td></td>
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<tr>
<td>Information giving</td>
<td></td>
<td></td>
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<tr>
<td>Shared decision-making</td>
<td></td>
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</tbody>
</table>

Clinical Method

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>Mid-course</th>
<th>End of course</th>
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</thead>
<tbody>
<tr>
<td>CVS</td>
<td></td>
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<tr>
<td>RS</td>
<td></td>
<td></td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Nervous System</td>
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<tr>
<td>Locomotor system</td>
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<tr>
<td>ENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td>Gynaecology</td>
<td>Hands</td>
<td>Legs</td>
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</tbody>
</table>

### Practical Skills

1 = Not confident at all  
2 = Fairly Confident  
3 = Confident  
4 = Very Confident

<table>
<thead>
<tr>
<th>Practical Skills</th>
<th>Before</th>
<th>Mid-course</th>
<th>End of course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking blood</td>
<td></td>
<td></td>
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<tr>
<td>Giving injections (intramuscular subcutaneous)</td>
<td></td>
<td></td>
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<tr>
<td>Assessment &amp; treatment of asthmatics (Peak Flow &amp; MDIs, use of nebuliser)</td>
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<tr>
<td>Urine stick analysis</td>
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<tr>
<td>BM stick and glucometer use</td>
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<tr>
<td>Dressings and removal of sutures</td>
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<tr>
<td>Recording an ECG</td>
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<tr>
<td>Use of sonicaid</td>
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<tr>
<td>Writing a prescription (routine scripts and controlled drugs)</td>
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<tr>
<td>Death certification</td>
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<tr>
<td>Infectious disease notification</td>
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<tr>
<td>Sick certification</td>
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<tr>
<td>Communication and ethics</td>
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<td></td>
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<tr>
<td>Record keeping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpretation of common pathology results</td>
<td></td>
<td></td>
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<tr>
<td>Assessing evidence to solve clinical problems, ie literature/web-based search</td>
<td></td>
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<tr>
<td>Others (specify)</td>
<td></td>
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</tr>
</tbody>
</table>
Attitudes

How important are the following to you?

1 = Not very important  2 = Fairly Important  3 = Important  4 = Very Important

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>Mid Course</th>
<th>End of course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathising with patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working in a multi disciplinary team</td>
<td></td>
<td></td>
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<tr>
<td>Receiving constructive feedback and responding to it</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How do you feel about?

1 = Not at all keen  2 = Fairly keen  3 = Keen  4 = Very keen

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing patients by yourself first</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Visiting patients at home</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

My main learning objectives for this attachment are:

Self assessment at the end of attachment:

Now that you have completed the course, to what extent have you achieved your learning objectives?

Have you identified your new learning objectives? What are they?

How do you plan to address them?
# Student Checklist for the final day at practice

<table>
<thead>
<tr>
<th>Completed</th>
<th>Submit via ePortfolio</th>
<th>Submit via Moodle</th>
<th>Procedures Passport</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of placement Grade Report form including tutor to confirm complete: Patient questionnaires Supervised learning events (1 x CBD referral letter and 2 x mini-CEX/CBD) Significant Event Analysis</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of IM injection – procedures passport</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Grade Form for Audit or HCNA</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Audit or HCNA*</td>
<td></td>
<td>✓ Prize-worthy HCNA* ✓ Prize-worthy Audits*</td>
<td></td>
</tr>
<tr>
<td>Case of the Month</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

*4-6 annotated Notes Page format PowerPoint slides and Audit grade from to be uploaded

## GP PRIZES

The Department of Primary Care & Population Health are delighted to announce two prizes:

### The Shaper Prize for Public Health
Awarded to the student who submits the best Healthcare Needs Assessment, as a GP Assistant
The Prize winner will be announced in June each year

### The Edith & William Ryman Prize for General Practice
Awarded to the student who submits the best Clinical Audit as a GP Assistant
The Prize winner will be announced in June each year
Useful links and further reading

All resources can be accessed by using your own UCL login to access UCL explore. Books are either available online or in UCL libraries.

General
- www.patient.co.uk
- www.gpnotebook.co.uk
- cks.nice.org.uk

Communication skills
- http://www.skillscascade.com/

Audit

Healthcare needs assessment

Ethics

Illness behaviour