GP Assistantship (GPa) Course
“Think like a doctor, act like a doctor”

TUTORS’ GUIDE
2019-20
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Key messages for 2019-20

Changes in staff, recent experience, and student feedback have resulted in some changes for the coming year:

Year 6 curriculum
UCL will continue its revised final year curriculum, with 6 GP Assistantship rotations throughout the year. Finals will be held in March.

We will also be continuing with the Introductory Day on the first Monday. This will allow students to have an overview of the key objectives of module, practice simulated consultations, and feel overall better prepared for their placement. These sessions will take place at the Royal Free Campus on the first Monday of the rotation.

Student-led consultations
These remain popular amongst students, as students have increased opportunities to ‘think like a doctor, act like a doctor’: 67% conducted more than 25 consultations during their GP attachment. Again, the GP Assistantship is the most highly-rated course in the final year, which is an amazing achievement, considering current challenging NHS conditions.

ePortfolio
The GPA assessments: Grade Form, Patient questionnaires, Case-Based Discussions and mini-Clinical Evaluation Exercises (CBDs/CEXs), need to be completed via the e-Portfolio. Each student will email you an ‘e-ticket’ to complete or sign off each of these.

The Grade Form should still be completed with the student.

The students will still be required to undertake the Significant Event Analysis (SEAs)
The Audit/Healthcare Needs Assessment (HCNA) grade forms need to be uploaded onto ePortfolio, and submissions which are prize-worthy should be uploaded onto Moodle

Referral letter, Case-Based Discussions & mini-Clinical Evaluation Exercises (CBDs/CEXs) and i.m. injections provide an opportunity for the student to formalise and log discussions they almost certainly have already had with you, either about a case they have been involved in, or having performed a clinical task under observation. Again, they will send you an e-ticket, which will enable you to read the student’s recording of the event and her/his reflections. You will need only to read and sign the form. The student is required to undertake 3 of these (referral letter must be one of the 3 SLEs) during their GPA placement.

Absences
It would be helpful if you could inform us as early as possible if you have concerns about the attendance record of your student (email address: pcphmeded@ucl.ac.uk). That way we can attempt to address the situation, correspond with the student and/or medical school, and deal with any welfare issues as they arise. If we can intervene early enough a student’s initial poor attendance need not affect their record.
Structure of GP Assistantship

The GPA programme is a 4-week course occurring in the student’s final year. The course starts with a briefing in the Medical School followed by a residential 20-day attachment in a contrasting, mostly out of London practice. There are 6 rotations across the academic year, each involving some 65 students.

<table>
<thead>
<tr>
<th>Prior experience in general practice/community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1 &amp; 2:</strong> Community orientated activities</td>
</tr>
<tr>
<td>Introduction to experience of illness and the primary healthcare team</td>
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<tr>
<td><strong>Year 4:</strong> Clinical teaching in general practice (in protected teaching time) during:</td>
</tr>
<tr>
<td>Medicine in the Community 10-15 days</td>
</tr>
<tr>
<td><strong>Year 5:</strong> Core GP 1 - 4 week course in London</td>
</tr>
<tr>
<td>Focus on the nature and role of general practice</td>
</tr>
<tr>
<td>Care of the older person 3 days</td>
</tr>
<tr>
<td>Paediatrics 2 days</td>
</tr>
<tr>
<td>Psychiatry 2 half-days</td>
</tr>
<tr>
<td>Dermatology 2 half-days</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynaecology 2 days</td>
</tr>
</tbody>
</table>

Implications for GPA Course
Aspects of the curriculum have a special impact on final year teaching: All students have:
1. Spent time with all core members of the primary healthcare team—no need to timetable this again

Role of the GPA Personal Tutor
- Organise timetable according to practice & student needs (see overleaf)
- Student induction, including a needs assessment and ground rules
- Mid-point, progress meeting and further needs assessments during the attachment
- Opportunity to discuss the GP Report & Grade Form
- Provide ample contact with patients including observation of GPs/nurses/chronic disease clinics
- Provide supervised student-led surgeries (minimum of 10 student-led consultations, usually around 20)
- Provide sustained 1:1 contact with an experienced clinician – as a role model
- Provide plenty of specific feedback & discussions tailored to student needs.
- Provide opportunities & support for independent learning – space and a PC
- Provide opportunities for students to discuss consultations, SEAs and present their audit or HCNA to the practice
- Assessment of students

Specialties covered in Year 6

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Duration</th>
<th>Specialty</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>4 weeks</td>
<td>SSC</td>
<td>4 weeks</td>
</tr>
<tr>
<td>DGH Medicine</td>
<td>4 + 4 weeks</td>
<td>Elective</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Surgery</td>
<td>4 weeks</td>
<td>Preparation for Practice</td>
<td>4 weeks</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>4 weeks</td>
<td>Case of the Month</td>
<td>6 to complete</td>
</tr>
</tbody>
</table>
Overview of course structure

All students appreciate a timetable. Below is one possible suggested timetable – please adapt it to fit you, your student and the practice. Just under four weeks are spent in the GP practice (involving three weekends). 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</td>
<td>Travel to placement Induction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>GPA INTRO</td>
<td>Free session</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>WEEK 4</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>Free session</td>
<td>GP Report Submit tasks e-Portfolio</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Course objectives and Learning Portfolio**

Learning agreement - sent by Department
Learning needs assessment - sent by your student/Department

The specific learning objectives for this course are set out under the following themes. We have suggested a list of tips and ideas to help the students to achieve them. The learning portfolio enables students to actively practise these themes.

*Essential activities and tasks during the attachment*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Learning Objective</th>
<th>Learning Portfolio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Method</td>
<td>Consolidate reasoning and practical skills</td>
<td>Plenty of active involvement in consultations, with <em>constructive feedback</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Examination and practical procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A session shadowing the GP Tutor’s ‘on-call’, if possible</td>
</tr>
<tr>
<td>Clinical Communication</td>
<td>Information giving &amp; management planning</td>
<td>Consultations: usually 25 <em>student-led consultations</em></td>
</tr>
<tr>
<td>Communication with Colleagues</td>
<td>Primary/secondary care interface &amp; student presentations</td>
<td>Multidisciplinary learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Write a <em>referral letter</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Admit an emergency or bring forward an appointment</td>
</tr>
<tr>
<td>Professional Development &amp; Reflective Learning</td>
<td>Identify and address student learning needs, provide feedback for students</td>
<td><em>Patient questionnaire</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reflective practice: significant event analysis task (SEA)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Case of the month</em> (professional development)</td>
</tr>
<tr>
<td>Preparation for Foundation Year Practice</td>
<td>Prepare an audit* or healthcare needs assessment*</td>
<td>Specific activities as they arise opportunistically</td>
</tr>
<tr>
<td></td>
<td>Practical skills*</td>
<td><em>Im injections</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Core Syllabus &amp; Student Guide: Practical procedures checklist</td>
</tr>
</tbody>
</table>

**Prizes**

- **William & Edith Ryman GP Prize** for the best submitted Clinical Audit (with prize money)
- **Shaper Public Health Prize** for the best submitted Healthcare Needs Assessment (with prize money)

**Learning ePortfolio: guidance for tutors (see Student Guide p14-26)**

Some of the learning events and assessments will be sited on the student’s electronic portfolio (ePortfolio) and not in paper copy. Your student will need to send you an ‘e-ticket’ to enable you to complete or sign-off these forms.
Assessment in GP Assistantship

**Tutor’s role**
- Provide feedback to student throughout the attachment
- Complete GP Report & Grade Form and Grade Form for Student Audit or HCNA:
- Sign off patient questionnaires, SLEs (referral letter, CBDs/CEXs, im injections)
- Alert the department if you have any concerns

As well as the grade form, the e-Portfolio will host the following tasks:

**Task 1 – Patient questionnaire**

**Tutor’s role (see Student Guide p17)**
- Encourage patients, who have participated in student-led consultations to complete questionnaires for student feedback
- Discuss the feedback gathered at the mid-point meeting

**Task 2 – Referral letter, Case Based Discussion & Mini Clinical Evaluation Exercises**

**Tutor’s role (see Student Guide p15-17)**
Your student needs to complete a referral letter and 2 case-based discussions and/or mini-CEXs (in any combination) whilst on their GPA. They will complete a form after discussions about a case or observed clinical exercise with you, and then send you an e-ticket for your sign-off for each one – see ‘Key Messages’ for more detail.

**Task 3a – Healthcare needs assessment (HCNA) OR Task 3b – Clinical audit** See Appendix 1 for guidance on marking

**Tutor’s role (see Student Guide p17-22)**
- Encourage your student to identify a topic of interest to him/her which is relevant to your practice
- Get them started early
- Timetable a session for presentation of this audit or HCNA (ideally to the practice team)
- Provide access to necessary data and means of analysis/writing up
- Please mark the student’s work on the relevant Grade Form on ePortfolio:

If the audit or healthcare needs assessment is prize-worthy, please encourage students to upload on to Moodle for consideration for the prize.

**NOTE:** students must do either an audit OR HCNA – **NOT BOTH**

**Task 4 - Significant event analysis (SEA)**

**Tutor’s role (see Student Guide p23-26)**
- Ask the student to describe a significant event from their own practice and how they learned from it
- Acknowledge that this may be a new experience for the student & set aside time for discussion
- Discuss the student’s analysis with them and help facilitate the reflective process
- Countersign the finished SEA - not graded but is an extremely task for students to complete
**Final MBBS Requirement**

Students must **pass** this course (i.e. attend a minimum of 80% of the attachment and complete the learning tasks and receive a pass grade) in order to sit Final MBBS exams in March. Their attendance is expected to be 100%.

General practice is represented in all aspects in Final MBBS exam - written papers and OSCEs. As well as general medical knowledge and skills, clinical governance, ethics, health promotion and public health are all included in the new MBBS exam.

**Attendance**

We understand that teaching practices put time and effort into ensuring that students have a productive attachment, and ask you to report all absences to the department via pcphmeded@ucl.ac.uk.

If students attend less than 80%, they may need to repeat part of the course. Attendance is considered an important marker of student attitude and maturity. Poor attendance often indicates deeper problems – please **contact us EARLY if you have concerns**, students may require some help and this can be achieved by referring a student to the Medical School Faculty Tutor. Any planned absences must be approved by you, the Department and the Faculty Tutor prior to the attachment.

**Concerns:** The department will notify you if your allocated student is on the close supervision list.

Very occasionally tutors have particular concerns about a student. These concerns may relate to the student’s ability, personality, attitudes, or personal/physical/mental welfare. In our experience, GP tutors are very good at picking up problems. If referred and remedied promptly, a downward spiral can often be averted. We strongly encourage you to **share these concerns with us EARLY**. Your first contact should be Dr Will Coppola (w.coppola@ucl.ac.uk). If you need to respect student’s confidentiality, we can discuss your concerns “in principle”.

**Student health**

Be extremely circumspect about providing anything other than immediately necessary medical care to students – they **have their own GP and personal academic advisor** and should be encouraged to see them if necessary. Student welfare is highly valued at UCL Medical School and there are systems in place to support students, e.g. Divisional Tutor, Dr William Coppola.

**GP Report & Grade Form**

It is important that students have confidence in their allocated grades and on what criteria these grades are based. Therefore, please confer with other members of your practice team, especially if you have GP supervisors. Please arrange to complete the assessment forms at the end of the attachment with the student present. The student will upload this onto the ePortfolio. The Medical School will arrange to interview any student who is given a borderline or fail grades for any aspect of their work. On occasion, students have been asked to repeat parts (or indeed the whole) of the course.

**Assessing & countersigning learning portfolio tasks**

It is the student’s responsibility to ensure their work is completed according to the Student Guide. The only task we wish you to mark is the audit or part of the HCNA (see Audit and Healthcare Needs Assessment). We ask you to verify all work that is uploaded onto the ePortfolio. Very occasionally students have been tempted to embellish or fabricate data for audits and patient case studies (such as SEAs). Accusations of plagiarism or falsification are increasing due the use of electronic media and are time consuming and stressful to investigate. Proven cases will result in expulsion. Your verification/countersignature guarantees the authenticity of the student’s work and protects them from false accusation.
# Checklist for the last day of student’s placement

<table>
<thead>
<tr>
<th>Completed</th>
<th>GP Tutor to verify completed</th>
<th>Submit via Moodle</th>
<th>Submit via e-Portfolio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade Report &amp; Grade Form</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>Referral letter CBDs/CEXs i.m. injections</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Patient questionnaires</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant Event Analysis</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Audit or HCNA*</td>
<td>✓</td>
<td>✓</td>
<td>Prize-worthy audits or HCNAs</td>
</tr>
<tr>
<td>Case of the Month</td>
<td>✓</td>
<td></td>
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</tbody>
</table>

*6 slides per page format in Powerpoint

## Summary of assessments in the GPA placement

<table>
<thead>
<tr>
<th>Formative assessment</th>
<th>Summative assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Checklist &amp; Feedback</strong></td>
<td>During the attachment</td>
</tr>
<tr>
<td><strong>Patient assessment checklist</strong></td>
<td>Look carefully at the detailed descriptors (or “anchor statements”) on the GPA GP Report &amp; Grade Form. 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 students</td>
</tr>
<tr>
<td>Core presentations checklist</td>
<td></td>
</tr>
<tr>
<td>Core conditions checklist</td>
<td></td>
</tr>
<tr>
<td>Practical procedures checklist</td>
<td></td>
</tr>
<tr>
<td>Clinical &amp; clerical notes checklist</td>
<td></td>
</tr>
<tr>
<td>Data interpretation checklist</td>
<td></td>
</tr>
<tr>
<td>Safe prescribing checklist</td>
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</tbody>
</table>

**Self-assessment**
- In which areas are students strongest/weakest? How can tutors address these areas?

**Student-led consultations**
- Confer with other members of the primary care team

**Confer with other members of the primary care team**
- Review student progress prior to and at the beginning, middle and end of the attachment

**Tutor assessment**
- Observed (or videoed) student-led consultations

**Multisource assessment**
- Confer with other members of the primary care team
### Successful teaching: a few tips

Your student should phone or email you 2 weeks before the start date to discuss the attachment. We are encouraging them to let you know if they have any particular requests or interests that might need to be timetabled. They should send you a copy of their Student Self-Assessment Checklist. If this does not happen, you should contact the Department via pcphmeded@ucl.ac.uk.

**Preparing yourself**

- **Your feedback** is valued and appreciated by students. Plenty of useful feedback makes the difference between an "OK" attachment and an "excellent" one (See Guidelines for giving and receiving constructive feedback, p16)
- Also encourage students to self-reflect (See Significant event analysis or Task 4 SEA, p10)
- **Plan in time** for supervision and feedback. Allow time between consultations to discuss interesting patients
- It is hoped you will timetable at least 3 supervised student surgeries in advance – or organise parallel surgeries (see p15-16) for students alongside your own. **Please reduce number of appointments by at least 40%**
- Encourage students to give YOU feedback – it hones their observation skills (and may help you)

**The students’ perspective**

- Students appreciate being involved in the negotiation of the detailed structure of the attachment and can be disappointed if the timetable has been completely set before they arrive
- Students, like anyone, find it difficult to observe after a maximum of 90 minutes in one go, so it might be a good idea to vary the stimulus. Find ways of getting students involved (writing prescriptions, request forms, notes, examining patients, practical skills (e.g. im injections: See Practical skills), preparing feedback for you OR send them out to do something else)
- The students will require sessions allocated for their learning portfolio tasks (p 9). This can be in the “fallow” time in the middle part of the day
- Student evaluations have continually shown how the students value the feedback you give them - it forms both a very effective and positive learning experience for the students (p18-19)

**Preparing the practice**

- Involve the other doctors in the practice. Students will generally want to sit in and observe other doctors in your surgery, these can be timetabled in advance (p7)
- When a student is sitting in on consultations, please reduce your surgeries by 25% (40% for student mini-surgeries)
- Students rate chronic disease clinics highly
• You may choose to select specific patients for the students to see, possibly those with interesting histories or physical signs

• **Do not routinely** allocate the students time with the District Nurses or Health Visitors, reception, pharmacy etc.: They have done this in Core GP 1. Also remember that these students have done their O&G & Paediatric finals (p5)

• Your practice may offer special services that students may like to experience, eg cottage hospital, school medical service, clinical assistant sessions etc. Discuss this with them

• If you would like to purchase books and teaching equipment (including video cameras) - we can provide partial financial remunerations – PLEASE contact us for further details (p3)

**Preparing the patients**

• Put posters up in the practice informing patients of your involvement in teaching (See Posters)

• Always obtain consent from patients preferably in the absence of students so it is not felt to be coerced consent. Patients have the right to decline seeing a student (p15)

• Obtain written consent for video consultations (See Patient video consent form)

**Teaching in the consultation and student surgeries**

<table>
<thead>
<tr>
<th>Tutor’s role</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ensure plenty of patient contact – including parallel/mini surgeries and doctor ‘sitting-in’ on student/student ‘sitting-in’ on doctor surgeries</td>
</tr>
<tr>
<td>• Organise at least 3 student mini surgeries or equivalent</td>
</tr>
<tr>
<td>• Help students develop skills, focussing on integrating good communication with good clinical care</td>
</tr>
<tr>
<td>• Focus on information giving and management planning with patients</td>
</tr>
</tbody>
</table>

**Introduction**

The consultation has been described as the “basic unit” of medical practice, nowhere better illustrated than in general practice. All students will be expected to undertake at least 3 “student surgeries” (6 patients per surgery) in addition to opportunistic experience during other surgeries (in which they are observing) and home visits, as they arise.

**Student surgeries** will provide a special opportunity for students to build on their clinical knowledge and experience by carrying out complete consultations under supervision. Mini-surgeries should also be seen as an opportunity for apprenticeship; where students are challenged to ‘think like a doctor’ and consider management or therapeutic options, as well as take a history and examination.

**Prior experience**

By the time students get into their final year of medical school they should have a good understanding of the importance of doctor-patient communication and a high level of clinical knowledge. They will have had opportunities to develop skills in communicating, in particular taking a “medical history”. Most of their experience will have been in outpatient settings and at the bedside. In addition they have had at least 9 weeks & in the 3rd & 4th years learning basic clinical method in general practice with a number of simulated consultations with actors and feedback.

**Rationale**

Experience-to-date, including exam results and a recent study of foundation doctors, showed that difficulties can arise when students try to integrate their clinical knowledge (the ‘disease’ framework) with the patient’s perspective (the ‘illness’ framework) and the tendency is to stick doggedly to the ‘disease’ framework (p10).

In addition, students have little experience of making sensible and acceptable management plans before qualifying as doctors, which they recognise and wish to remedy. To this end we expect each final year GP placement to organise a minimum of one student mini surgery or parallel surgery per week.
These can be organised in a number of ways. You may of course choose to try out a mixture of different methods during the attachment!

**Joint student mini surgeries (sitting-in)**

Some teachers prefer to “sit in” whilst their students consult. Again a reduced number of patients are booked so that the student can conduct the consultation under direct observation. This mimics OSCEs and 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 teachers like to book a short surgery for the students (with 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 some paperwork). The student spends some 20-25 minutes with each patient, and when they have finished, presents them to their GP supervisor for discussion. (Given the teachers have only a few patients to see, they can be readily available). (See *Wave scheduling* for an outline of how parallel surgeries can be timetabled)

**Recording methods – video & audiotapes**

Some practices have ready access to video-cameras which can be useful for more detailed look at consultation skills at a later date, although the consultations still need to be supervised at the time (Please contact us for a template of a suitable Patient Consent Form)

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### Getting the most out of the student mini surgeries

Some of the factors that may help to facilitate student learning:

- Establish **student’s agenda & previous experience**
- Consider “**unconscious incompetence**” – student not aware of own limitations/gaps
- **Set the scene** - define roles, ground rules, safety netting, patient consent
- **Record events** - directly observe, take notes, video, student written record
- Ensure student has time to **reflect**
- Provide **feedback** - constructive, specific, timely (p17,20-21)
- Get student to observe **you** and provide feedback
- Discuss **broader issues** – feelings (SEA, p10), ethics, evidence, cost etc

### Student’s agenda & previous experience

A brief discussion prior to the student surgery regarding the student’s expectations will help you focus your feedback and agree the purpose of the session. Some of their previous experience is described earlier (p5).

**“Unconscious incompetence”**

While most students tend to be modest and anxious regarding their abilities and need encouragement some tend to overestimate their competence. Such claims need to be explored carefully and present a particular challenge when giving feedback – young doctors who do not know their limits are known to take unnecessary risks. *Insight* is an important skill that needs to be cultivated.

### Set the scene

It is helpful to have defined what you want the student to do and what your role will be, for example do you want them to stop after taking the history for your input or to carry straight on. Establish rules for when
and how you will interrupt (don't just jump in) or help to move things on. Also agree with the student how s/he can get your help if stuck.

**Record events**
In most cases you should directly observe – deciding where to sit (out of the patient’s line of vision if possible) is important. Remember the quality of your feedback depends on its specificity – to be specific you need a contemporary record of what took place. Take notes or use video, if available.

**Reflection**
Ensure student has a little time to critically reflect after a consultation so they have organised their own thoughts on what went well and where they need help. Encouraging the student to make his/her own written record soon after the consultation will aid this. These notes may form the basis of one of their significant event analysis (Task 4 **Significant event analysis**, p10).

**Feedback**
Your **feedback** is a vital part of the learning. Giving specific examples of events during the consultation with a constructive exploration of the alternatives is crucial. In general it is good to start by encouraging the student to identify aspects they feel they handled well, followed by areas for improvement. Students can easily be discouraged but at the same time they complain if feedback is bland or cautious. Developing the students’ own insight into their strengths and gaps is important. The **Guidelines for giving and receiving feedback** are on p16.

**What to look for**
The focus of your feedback will depend on the students’ own objectives and the consultation that took place - at times you may wish discuss the process of communication, at others the clinical content and management. How the student puts these two aspects together is often a major issue (see Overleaf and Student Guide). You may find the full **Cambridge-Calgary checklist** provides a useful guide to browse through.

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**Figure 1 - Integrated Patient Centred Consultation**

- **Initial student skills**
- **Intermediate student skills**
- **Advanced student skills**

**Illness framework**
- Patient’s agenda: narrative, ideas, concerns, expectations, effects
- Patient’s unique experience of illness

**Disease framework**
- Doctor’s agenda: symptoms (“history”), signs (examination), investigations, underlying pathology

**Building a relationship**
- Establishing rapport
- Gathering information

**Providing structure**
- Information giving

**Problem definition**
- Differential Diagnosis

**Explanation and planning**
- Shared understanding & decision-making

**Broader issues**
Our feelings and ethical and moral values can cause us difficulties and create internal (and occasionally external) conflict. Note that students have very varied life experience and may hold strong religious beliefs. Over 20% of students belong to ethnic minorities with a wide range of cultural and religious views. It is important to encourage students to acknowledge when patient issues provoke strong feelings or conflict with their own values. The framework in the box below may help you work through these issues with a student if they arise.

### The basic framework for analysing of ethico-legal factors in medicine includes:

- The law
- Professional obligations – for example the requirements of the GMC
- Ethical principles – ie beneficence, non-maleficence, respect for autonomy, equity
- Core professional values – the values underlying all medical practice (see GMC guidance)
- Personal values – for example, religious or cultural values, and personal priorities

The individual needs to balance the factors listed in order to choose a course of action.

Choice requires knowledge, interpretation and evaluation.

Some cases will provide an opportunity to explore the evidence-base underpinning a clinical decision. Others may raise social, financial and political aspects of health disease and health care. Students are prompted to critique the practice of medicine in these broader contexts.

**Role modelling**

Mind your own limitations: be prepared to discuss your own prejudices and hobby-horses! Remember how powerful role models can be.

### Teaching in general practice - medico-legal guidance

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 decisions 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.

### Medico-legal issues

- Students should work and see patients under appropriate supervision – observe students initially - they expect you to gauge their level and competence (remember no 2 students are the same)
- Senior students are capable of a high level of involvement, but remember, they are NOT doctors yet and as with GP FY1 doctors, students cannot sign FP10s or Fit notes (see Procedures card)
- Patients can see students alone but they should never leave your surgery after seeing a student without seeing a qualified medical practitioner
- Nothing should be delegated to a student unless you feel satisfied that the student is capable of safely carrying out the task
- Patients have to consent to seeing a student and have the right to decline

### Your indemnity cover

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

### Students
1. Students should be reminded that patient autonomy and expectations in general practice may be different to those observed in hospital.
2. Should wear their medical school name badges at all times in the practice.
3. Must be a member of a defence organisation (a medical school requirement).
4. Will have DBS clearance (a medical school requirement).

**Patients**
1. Advise patients that students visit the practice, using posters, in your practice leaflet etc.
2. Inform patients that a student is currently in the practice ideally with a sign with their name and gender (Miss/Ms/Mr ………) (See Posters)

**Consent**
1. See advice (from MPS to students) regarding gaining consent (See Student Guide, p15).
2. Written consent is required for videoing (pre and post) and should be retained in the patient record (See Patient video consent form).
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 then informed implied consent for appropriate examinations can be assumed, eg chest exam for a cough, abdominal exam for vomiting.

**Supervision**
1. There should be a period of direct supervision in the initial stages of an attachment to gauge student competence and confidence.
2. Clear ground rules should be provided when students are seeing patients alone and supervision is therefore indirect.

Students should not:

- go beyond their level of competence
- give diagnostic information without prior discussion with GP supervisor
- undertake any intimate examination alone
- never let a patient leave the practice without seeing a registered practitioner

**Delegation**

After an assessment, and where appropriate, supervised training clinical tasks can be delegated to students as deemed appropriate (eg venepuncture, urinalysis, chasing results, etc.)

**Giving and receiving constructive feedback**

These guidelines are prepared to help GP teachers give constructive feedback to students during teaching sessions in general practice – both 1:1 and in small groups. They are also helpful for students.

**Setting the scene**

- Create an appropriate environment
- Clarify your ground rules with the students – e.g. what part of the history or examination the student is to concentrate upon, when you will interrupt, what other students are to do, how the student can seek help during the consultation etc.
- Agree a teaching focus with the student
- Gain the patient’s consent and co-operation
- Make notes of specific points

**Giving feedback – “Do’s”**

- Establish the student’s agenda
- Get the student to start positively
- Start positively yourself – however difficult it may seem!
- Move to areas to be improved – follow the student’s agenda first
- Ask other students (if present) to comment – but remind them “No criticism without recommendation”
- Ask your own observations & constructive criticisms
- Be specific
- Always offer alternatives
- Begin with “…..I wonder if you had tried”
- “…..perhaps you could have…..”
- “….sometimes I find….helpful….”
- Distinguish between the intention and the effect of a comment or behaviour

Giving feedback – “Don’ts”
- Don’t criticise without recommending
- Don’t comment on personal attributes which can’t be altered
- Don’t generalise
- Don’t be dishonestly kind – if there was room for improvement be specific and explore alternative approaches

Receiving feedback
- Listen to it (rather than prepare your response/defense)
- Ask for it to be repeated if you didn’t hear it clearly
- Assume it is constructive until proven otherwise; then consider and use it those elements that are constructive
- Pause and think before responding
- Ask for clarification and examples if statements are unclear or unsupported
- Accept it positively (for consideration) rather than dismissively (for self protection)
- Ask for suggestions of ways you might modify or change your behaviour – opportunity to rehearse
- Thank the person giving feedback!

Development and training opportunities

Training opportunities at UCL for Final Year GPA Tutors in the next academic year include:

- **Annual GP tutors’ conference 2020 (27th March 2020)** Please visit the webpage about our conference

- **Examiner for Finals March 2020**
  This would be relevant to your Personal GP Tutor role and give you an opportunity to be directly involved with this crucial assessment process – it may even improve the way you help students to learn
  If you wish to be an Examiner for Finals, contact pcphmeded@ucl.ac.uk

- **Course evaluation**
  We ask students to evaluate both the course itself and their experience in your practice. We will send a copy of your student's evaluation of their experiences to you as soon as possible after the attachment.
  We will ensure that you are kept up-to-date with any changes, as and when they are introduced.
  We are also very keen to continue to receive Tutors’ comments and suggestions, which have been very helpful in developing the course and course materials.
  Please contact pcphmeded@ucl.ac.uk
### Useful web links and further reading

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<tr>
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<td>Students always tell us that involvement in student consultations is the activity that most helped their learning. On average, the number of student consultations has increased. This correlates well with their overall impression of the placement</td>
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