SECTION 2
Structure of GP Assistantship

The GP[A] programme is a 4 week course occurring in the student's final year. The course starts with a one day briefing in the Medical School followed by a residential 20 day attachment in a contrasting, mostly out of London practice. There are 8 rotations across the academic year, each involving some 50 students.

Prior experience in general practice/community

Year 1 & 2: **Community orientated activities**
Introduction to experience of illness and the primary healthcare team

Year 3 & 4: **Clinical teaching in general practice (in protected teaching time) during:**

Medicine in the Community	10-15 days
Care of the older person	2-4 days
Paediatrics	4 days
Psychiatry	4 half days
Dermatology	3 half days
Obstetrics & Gynae	2 days

Year 4: **CGP1 - 3 week course in London**
Focus on the nature and role of general practice

Implications for GP[A] Course

Two 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
2. Passed their O & G and Paediatric Finals (during Year 4) – it is neither realistic nor desirable to avoid women and children but you may need to help some students to draw clinical relevance from contact with them

Role of the GP[A] 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 5

Specialty		Duration		Specialty	Duration
GP		4 weeks		**Elective**	8 weeks
DGH	**Medicine**	4 weeks		**SSC**	4 weeks
	Surgery	4 weeks		**SSC**	4 weeks
	A&E	4 weeks		**Case of the Month**	6 to complete

Overview of course structure - Sample GP[A] Timetable

All students appreciate a timetable. Below is one *possible* suggested timetable – please adapt it to fit you, the practice and the student. Note: Students attend a Briefing and Debriefing session in the Department at the beginning and end of each rotation. Therefore, just under four weeks are spent in the practice involving three weekends. This schedule may be affected by Medical School or Bank Holidays.

	Type of session	**No of sessions per week**	**Types of activity**
	Clinical	**7**	Student/doctor/nurse 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 interesting histories/signs
	Self-directed learning	**2**	Complete learning portfolio tasks Tutorials/small group teaching, eg collectives
	Free session	**1**	Timing needs to be negotiated, eg occasionally students play sports on Wednesday afternoons

Sample GP[A] Timetable

WEEK 1	MON (RFH)	TUE	WED	THU	FRI
AM	GP[A] overview SBA practice	Travel Induction Student needs			
PM	Consultation Clinical reasoning Explaining		Free session		

WEEK 2	MON	TUE	WED	THU	FRI
AM					
PM			Free session		Midpoint meeting Procedure card Multisource assess

WEEK 3	MON	TUE	WED	THU	FRI
AM					
PM			Free session		

WEEK 4	MON	TUE	WED	THU	FRI (RFH)
AM					SEA discussions SJT practice OSCE practice
PM			Free session	GP Report & Grade Form	Palliative care

SECTION 3
Course objectives & learning portfolio (activities and tasks)

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

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

Theme	Learning objective	Learning portfolio
Clinical method	Consolidate reasoning and practical skills	Plenty of active involvement in consultations, with *constructive feedback** Examination and practical procedures A session shadowing the GP Tutor's 'on-call', if possible
Clinical communication	Information giving & management planning	Consultations: usually 20 *student-led consultations**
Communication with colleagues	Primary/secondary care interface & student presentations	Multidisciplinary learning Palliative care in the community Write a *referral letter** Admit an emergency or bring forward an appointment
Professional development and reflective learning	Identify and address student learning needs, provide feedback for students	*Multisource assessment** Reflective practice: s*ignificant event analysis task (SEA)** *Case of the month** (professional development)
Preparation for Foundation Year practice	Prepare an *audit** or *healthcare needs assessment** *Practical skills**	Specific activities as they arise opportunistically *Procedures card** Core Syllabus & Student Guide: Practical procedures checklist, p21

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)

Teaching in the consultation and student surgeries

Tutor's role

Ensure plenty of patient contact – including parallel/mini surgeries and doctor 'sitting-in' on student/student 'sitting-in' on doctor surgeries
Organise at least 3 student mini surgeries or equivalent
Help students develop skills, focussing on integrating good communication with good clinical care
Focus on information giving and management planning with patients

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)

High tech 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 (See **Patient video consent form**)

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 (p16)
- Get student to observe **you** and provide feedback
- Discuss ***broader issues*** –feelings (SEA, p11), 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 (p4).

"Unconscious incompetence"

While most students tend to be modest and anxious regarding their abilities and need encouragement some tend to over estimate 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 him/her 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**, p11).

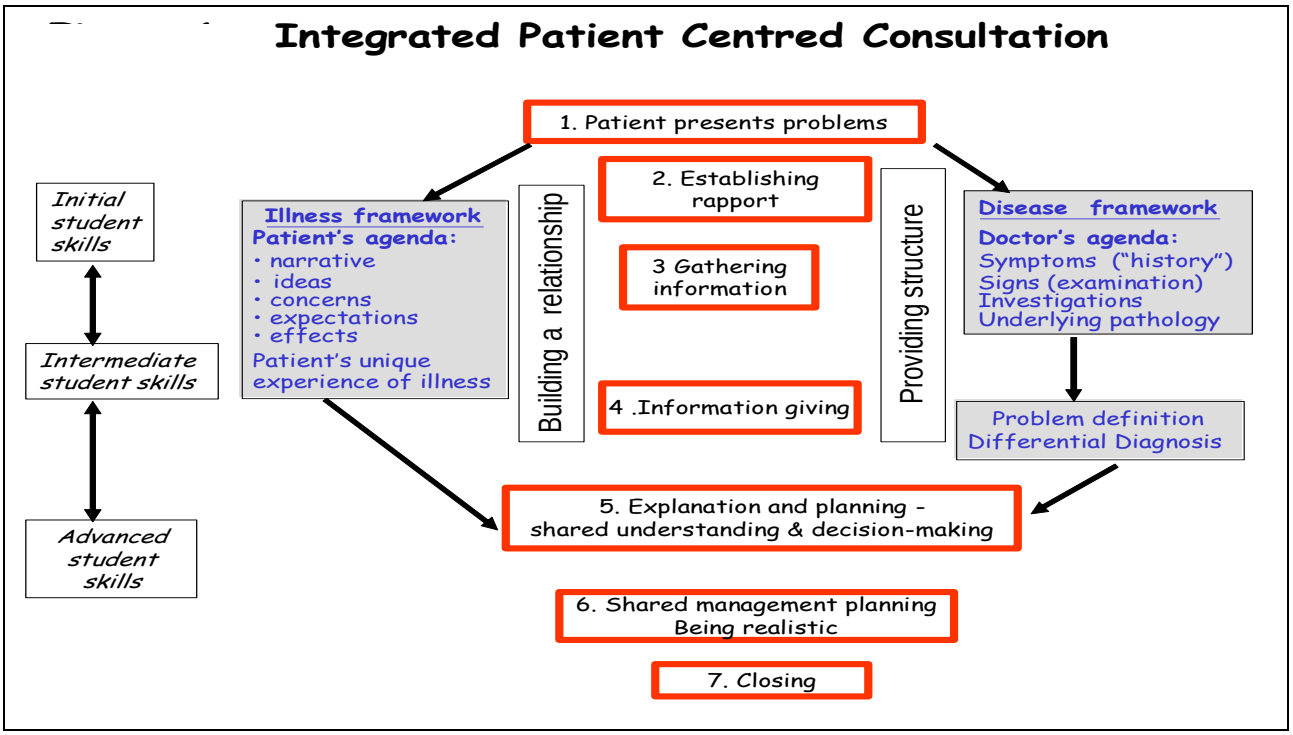
Feedback

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: **http://www.skillscascade.com/handouts/CalgaryCambridgeGuide.pdf**



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

- 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.