Tutors' Guide for Community-Based Teaching

Care of the Older Person (COOP) 2020 – 2021

Contents

1. Useful information
1.1. Contact details
1.2. Teaching dates for the Year

2. Placement outline
2.1. Welcome and introduction
2.2. How to use the guide
2.3. Overall structure of Year 5
2.4. Learning objectives for whole COOP placement
2.5. General aims of the community course
2.6. Learning objectives for community COOP placement
2.7. Course content
2.8. Your role in student assessment
2.9. Student examinations and final grades
2.10. Student absences and general student concerns
2.11. Evaluation of the community based placements

3. Planning for teaching
3.1. Organisation
3.2. Patients as partners in teaching
3.3. Student safety

4. Resources
4.1. Practice patient recruitment pack
4.2. Reading and reference material

1. Placement administration

1.1 Departmental contact details

COOP community course administrator

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Year 4 and COOP Course Lead

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Please note it is best to contact the academic lead through Sandra.

1.2 Teaching Dates for the Year

Care of the Older Person (COOP)

Please contact Sandra Soria Medina s.medina@ucl.ac.uk for teaching dates.

2. Placement Outline

2.1 Welcome & Introduction

Many thanks for agreeing to teach on the Care of the Older Person Community Placement. We are sure you will find this an enriching and fun experience.

By the end of reading this brief guide we hope you will:

- Understand the practical arrangements and structure of the placement.
- Be aware of other resources to develop your teaching.

2.2 How to use this guide

This guide was primarily developed for the new tutor. However, we hope that experienced tutors will also be able to use it as a reference and contribute any resources they find valuable.

The first part of the guide addresses the practicalities of the placement and where it fits in within the Medical School curriculum. The next section provides some guidance on planning teaching sessions. The last part of the guide lists some resources that you may find useful.

We hope the guide is laid out clearly so that you can access the information you require easily. We have added some key tips and comments about points we consider very important: they will be highlighted by the use of a symbol before the comment.

In addition to this guide there exists a very basic guide on teaching skills. Please ask the course administrator if you would like a copy of this.

We would welcome any suggestions you might have about this guide.

2.3 Overall structure of Year 5 – Life Cycle

Year 5 begins with a 1 week attachment, “Introduction & Orientation Module including Introduction to Foundation School Applications & Electives”.

The year is then divided into three 13 week modules, each with a core teaching week and a focus on integrated clinical care in the following areas:

Module 5A	Module 5B	Module 5C
Child health (4 weeks home and 4 weeks DGH) Core GP (4 weeks)	Women’s health (4 weeks home and 4 weeks DGH) Men’s health (4 weeks)	**Care of the older person (6 weeks)** Ophthalmology (1 week) ENT (1 week) Cancer & palliative care (2 weeks) Psychiatry (4 weeks)

All students spend time learning about medicine for older people in a local general practice, as part of their hospital-based firm in COOP in Module 5C. There are nine firms per year.

An important point is that students' abilities may vary depending on which stage of the year they are at. However all of the students will have already completed one year of clinical attachments in the preceding year (year 4 – Integrated clinical care)

KEY TIP*: It is often worthwhile to discuss where the students are in the year and what firms they have completed. It is not safe to assume that having done a particular firm that they are competent in specific tasks; ask them and check in your sessions.*

Spiral learning: This is checking and then building on students' knowledge and skills. We encourage tutors to think about this. For example, if on checking, the student is indeed competent in history and examination you can now build on this background knowledge and start to develop other aspects of the topic they may be less clear about. This could include management, lifestyle and drug advice to patients, follow-up intervals etc.

2.4 Learning objectives for the whole COOP placement

Aims of COOP Programme

- To practise core clinical skills as applied to the assessment of older people (with emphasis on integrated examination, and CNS and functional assessment) (in other firms)
- To introduce students to appropriate professional behaviors
- To learn about common health problems experienced by older people living in the community
- To develop further the clinical skills of history taking and examination
- To develop the skills of clinical reasoning in reaching appropriate diagnosis
- To develop sound management plans which include a holistic patient approach i.e. considers physical, psychological and social interventions.
- To develop a positive attitude to health issues in older people, ensuring equality in health provision
- To have knowledge of the carer's role either informally or in terms of community resources and services
- To promote reflection, discussion and develop the personal and professional attributes of a life-long learner

By the end of the firm the student should appreciate:

- That certain diseases become more prevalent in later life
- That older patients commonly have multiple chronic medical conditions upon which acute illnesses may be superimposed
- That specific pharmacological problems are associated with ageing, including a predisposition to drug interactions, overmedication and polypharmacy
- That socioeconomic factors may lead to the presentation of older people with seemingly trivial acute conditions
- Those communication skills appropriate for dealing with the older person, their families, and their carers
- That safe and timely discharge relies on good communication within the multi-disciplinary team

By the end of the placement the student should be able to:

- Communicate effectively and courteously with older people
- Demonstrate the ability to take a full history including social and functional history (past and present) and third party history from an older person, and present it in a clear manner both verbally and in writing
- Demonstrate the ability to examine and elicit physical signs in an older person
- Demonstrate an understanding of the functional assessment of an older person
- Demonstrate an understanding of assessment within the home environment
- Recognise the patterns of presentation of illness in the older person
- Understand the common problems of old age seen in the community
- Understand that a precise diagnosis is not possible in all older patients and learn to tolerate such diagnostic uncertainty
- Keep appropriate records
- Have a basic understanding of the principles of rehabilitation
- Demonstrate an understanding of the law and of basic ethical concepts relevant to older patients
- Demonstrate an understanding of impairment, disability and handicap
- Differentiate between acute medical, rehabilitation and discharge or placement agendas
- Formulate a problem list and management plan for individual patients
- Respect and understand the professional contribution of other health care workers
- Outline the different care settings in the community
- Describe insights / reflections into an aspect of the consultation or clinical event.

2.5 General aims of the community course

Community placements have been running for several years and have been positively evaluated by students.

THINK POINT: What do you think a community placement in Care of the Older Person has to offer the medical student?

In one word – "*Perspective."*
In hospital, about 20% of in-patients die and their illnesses are likely to be more severe, possibly influencing students' experiences of the older person in an unrepresentative way.

In the community, we hope they gain a wider view, from the older person living a normal healthy life, to those managing with chronic conditions and those requiring more intensive help either at home or in alternative residential accommodation.

2.6 Learning objectives for community COOP placement

Knowledge

- To learn about common health problems experienced by older people living in the community
- To develop an understanding of the role of informal carers and formal community resources and services

Skills

- To practice and develop further core clinical skills as applied to the assessment of people with neurological problems (with emphasis on history taking and integrated examination, and CNS and functional assessment)
- To develop the skills of clinical reasoning in reaching appropriate diagnosis
- To develop sound management plans which include a holistic patient approach, i.e. consider physical, psychological and social interventions.

Attitudes

- To introduce students to appropriate professional behaviors
- To defuse the anxiety students often feel on initial encounters with patients.
- To develop a positive attitude to older people ensuring equality in health provision
- To challenge ageist conceptions of old age equaling ill health.
- To encourage students to develop a programme of reading and self-directed learning to maximise the educational benefit of clinical encounters
- To promote reflection, discussion and develop the personal and professional attributes of a life-long learner

2.7 Course content

The scope of these sessions is potentially enormous. It would be a good idea to clarify with the students what topics they have covered and if they are aware of the community angle to these.

We have purposely not been prescriptive with the content of these four sessions so that the sessions can be tailored to the individual student group. However, we are planning on building up a portfolio of suggested lesson plans that can be used if needed. **If you would like to share any of your lesson plans with other community teachers then please email them to** s.medina@ucl.ac.uk**.**

Below is a list of specific topics that the students will need to know about because they are common and important. They may well also come up in their formal assessments (see 2.8).

By the end of the whole firm, they should be able to discuss the underlying pathology, physiology, differential diagnosis, and treatment of:

- Acute cardio-respiratory problems in late life – heart failure, ischemic heart disease and chronic obstructive pulmonary disease.
- Urinary and fecal incontinence
- Constipation and common gastroenterological disease in older people
- Stroke, including rehabilitation and primary/secondary prevention
- Falls and immobility: the assessment of risk in the community, reduction in independence in self care
- Dementia and delirium and the assessment of the mental state
- Communication difficulties and the assessment of speech
- Drug related problems including polypharmacy and alcohol related problems
- Urinary tract infection
- Movement disorders in older people e.g.Parkinson's disease, parkinsonism, akinetic-rigid movement disorders
- Polymyalgia rheumatic
- Frailty as a concept and how to assess for it
- Sarcopaenia

It is also very valuable for them to have a brief knowledge of community care of the older person, services, sheltered accommodation, nursing homes, day hospitals and respite care.

KEY TIP: Complement and contrast their hospital experience.
Do not attempt to cover everything, it's not possible

2.8 Your role in student assessment

There is no role for GPs in assessing students in practice this year. We hope you will consider participating in OSCEs if we can deliver them. If you have concerns (professionalism, pastoral or other) about a student from the webinar do let us know.

2.9 Evaluation of the community based placement

We ask the students to evaluate their community-based placements. We will then forward this information on to you. We hope that you find this feedback useful in developing your own teaching and welcome any suggestions and comments you have.

We have set up web-based evaluations and hope you can encourage students to complete these. Below are the questions we ask the students:

How would you rate this attachment overall	Poor Excellent 1 2 3 4 5
To what extent do you agree with the following statements? • On the whole, the feedback I got was constructive • I was actively encouraged to participate in activities • On the whole, the tutors demonstrated respect for students • The patients appeared to be fully aware of what the teaching sessions involved • I saw high standards of professional behavior that I would like to emulate • I feel I'm being well-prepared for my profession • I felt able to ask the questions I wanted • The teaching is well focused	Strongly disagree Strongly agree 1 2 3 4 5
How many of the planned teaching sessions actually took place?	A few More than a few Most All
How much protected teaching did you receive per week?	< 1 hour 1-2 hours 2-3 hours >3 hours
Are patients with relevant conditions being made available to you to practise history taking and examination skills?	Never Rarely Some weeks Most weeks Always
If there have been timetable clashes, were you able to prioritise your GP session? Please provide comments if you wish.	Yes No
What have been the most useful aspects of this placement and why?	
Do you have any suggestions for improving this placement?	

3. Planning teaching sessions

3.1 Organisation

We are very grateful to you for agreeing to teach COOP, and you have been selected because we believe that the students will get high quality teaching during their time with you.

The system of payments we make to you for teaching is on the understanding that the students are **taught in protected time** i.e. that you are able to devote time to your students rather than to your service commitment.

It is this teaching in protected time that is one of the hallmarks of teaching in general practice in the fifth year, and one aspect that helps to make the teaching of such high quality.

3.2 Teaching online

Online teaching.

All teaching that is not directly related to that gained with patients should be online. Teaching online is not that different to face to face but there are a few key messages to remember.

If some students are not attending online teaching they may be catching up later (time zones, poor wi-fi, lack of IT are common issues with our students) so try to think how you can keep those students involved.

Attention span is probably worse for online teaching. Chunks of 20-30 minutes are most effective. Any teaching beyond an hour is probably not making much impact.

Keep it really clinical – students love real cases (but do anonymise them).
Make it as interactive as possible – use the chat room to ask questions, use quizzes or polls to check their understanding.

Vary the stimulus - watching your face for an hour may not work. Get them to break out and discuss, use videos, show results (ECGs, bloods, hospital letters- all anonymized).

UCL provides some useful guidance on remote teaching eg: https://www.ucl.ac.uk/teaching-learning/teaching-online-where-start and we can provide further advice via pcphmeded@ucl.ac.uk

4. Resources

4.1 Recommended resources for students

Suggested reading

Students' recommended texts are:

Clinical Medicine	Kumar and Clark
Clinical Examination	Epstein, Perkin, de Bono & Cookson
Textbook of Medicine	Souhami and Moxham
The Essentials of Health Care in Old Age	Bennett G Ebrahim.
Essentials Facts in Geriatric Medicine	Bracewell, Gray and Rai
Hutchison's Clinical Methods	Hutchinson

Other books with a primary care emphasis which you and/or your students may find useful:

Shared care for Older People	Rai, Rosenthal, Morris & Iliffe
Primary care for older people	Iliffe & Drennan
Practical geriatric problems in primary care	Gosney & Harris

Chapter on exercise and rehabilitation for older people by S Iliffe

Useful websites

Alzheimer's Society	www.alzheimers.org.uk
Age Concern	www.ageconcern.org.uk/
Statistics on Falls	http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html