

# **Tutors' Guide for Community-Based Teaching**



**Care of the Older Person  
(COOP)  
2022 – 2023**

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# 1. Placement administration

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## 1.1 Departmental contact details

### COOP GP placement administrator

Mrs Hema Patel

[pcphmeded@ucl.ac.uk](mailto:pcphmeded@ucl.ac.uk)

Department of Primary Care and Population Health  
University College London  
Upper 3rd Floor, Royal Free Campus  
Rowland Hill Street, London NW3 2PF

### COOP Course Lead

Dr Melvyn Jones (GP & Assoc Professor)

[melvyn.jones@ucl.ac.uk](mailto:melvyn.jones@ucl.ac.uk)

*Please note it is best to contact the academic lead through the administrators' email.*

## 1.2 Teaching dates for the year

### Care of the Older Person (COOP)

Term 1

13/9/22- 1/12/22

Term 2

13/12/22- 16/3/23

Term 3

28/3/23- 22/6/23

Please contact [pcphmeded@ucl.ac.uk](mailto:pcphmeded@ucl.ac.uk) for teaching dates.

## 2. Placement outline

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### 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)	<b>Care of the older person (6 weeks)</b> 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 in person 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 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 the students 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 equating 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 [pcphmeded@ucl.ac.uk](mailto:pcphmeded@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, the students 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

Your role in student assessment is very important. Working with the students in a small group allows you to develop an accurate opinion on their skills, knowledge and attitude. All of us learn differently, so it is useful to remember the “activist” may be more actively involved than the “reflector” and your skills in observation and testing will clarify the actual learning that occurs. The students themselves are often very insightful and involving them in their assessment is a fun and informative process.



**Educational opportunity:** Remind yourselves on the rules of good feedback by referring to the companion guide “Teaching Tips for Tutors”

There are three aspects to your role in student assessment:

### 1. Oral feedback to students

Observing students’ interactions with patients and giving them oral feedback on what you feel their strengths are and on what aspects they could improve. This is always one of the most appreciated and popular aspects of GP teaching.

### 2. Structure learning event (optional)

If possible filling in an SLE for each student (not essential as hospital doctors will also fill these in). Details are on the website: <https://www.ucl.ac.uk/medical-school/current-mbbs-students/year-information/mbbs-portfolio>. This website is password protected but if you contact [pcphmeded@ucl.ac.uk](mailto:pcphmeded@ucl.ac.uk) we will provide you with an updated password.

### 3. End of placement reports (compulsory)

You will be asked to complete the following questions in the end of placement report:

- |   |     |    |
|---|-----|----|
| ▪ Satisfactory attendance (>80%):                         | Yes | No |
| ▪ Satisfactory feedback from clinical team:               | Yes | No |
| ▪ Supporting material (clerkings/presentations/projects): | Yes | No |

#### Grade for professional development:

- Communication skills
- Clinical method
- Clinical knowledge and management
- Professional attitudes and teamwork
- Approach to learning and punctuality
- Organisation and resilience under stress
- Overall grade for this placement

#### **Grading criteria**

- Well above expected level
- Above expected level
- At expected level
- Borderline performance
- Below expected level
- Unable to comment

Students who receive borderline or below expected level grades will be highlighted to the administration and module lead

#### Free text comments

- Has any assessment or aspect of performance highlighted any notable achievements or areas of excellence? Please give details.
- Has any assessment or aspect of performance (including attendance) highlighted any areas for development and/or concern during this placement? If so please indicate how these have been addressed.

Your free text comments are really important and especially so when dealing with the very good or not so good student. Please discuss your comments with the student. They rarely get this opportunity from someone who has been able to observe them so closely and receiving constructive feedback is a really valuable aspect of the placement.

## 2.9 Student assessments and final grades

At the end of the module students will receive feedback from their hospital consultant who will complete an overall end of module report form. This will take into account feedback received from teachings and staff, Structured Learning Events and end of placement forms from General Practice and other attachments.

Their progression to Year 6 depends on obtaining satisfactory marks in the end of year assessments (written paper, end of year OSCE) and satisfactory end of module reports. CEX and CBD marks do NOT affect their ranking for foundation school jobs.

## 2.10 Student absences and general student concerns

### Attendance

Attendance at the general practices is compulsory. If a student is repeatedly late, or fails to attend without prior warning, please inform the Medical School immediately [pcphmeded@ucl.ac.uk](mailto:pcphmeded@ucl.ac.uk).

We do not usually consider it appropriate for students who are suddenly unwell, or unfit to attend, to inform you of this via another student. If this happens, please let us know.

### Concerns about students

If you have any concerns of a pastoral or educational nature about any students, please contact us to discuss these [pcphmeded@ucl.ac.uk](mailto:pcphmeded@ucl.ac.uk).

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 do let us know [pcphmeded@ucl.ac.uk](mailto:pcphmeded@ucl.ac.uk).

## 2.11 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 1 2 3 4 5 Excellent
To what extent do you agree with the following statements? <ul style="list-style-type: none"> <li>On the whole, the feedback I got was constructive.</li> <li>I was actively encouraged to participate in activities.</li> <li>On the whole, the tutors demonstrated respect for students.</li> <li>The patients appeared to be fully aware of what the teaching sessions involved.</li> <li>I saw high standards of professional behavior that I would like to emulate.</li> <li>I feel I'm being well-prepared for my profession.</li> <li>I felt able to ask the questions I wanted.</li> <li>The teaching is well focused.</li> </ul>	Strongly disagree 1 2 3 4 5 Strongly agree
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

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### 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

We anticipate a mixture of face-to-face teaching in practice and some online seminars.

#### 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, e.g.: <https://www.ucl.ac.uk/teaching-learning/teaching-online-where-start> and we can provide further advice via [pcphmeded@ucl.ac.uk](mailto:pcphmeded@ucl.ac.uk).

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## Patients as partners in teaching

One of the main advantages for students who attend a general practice for their COOP teaching is that patients are invited into the practice especially to assist with student teaching. This means that patients may have specific signs or classical histories that will be helpful to their learning.

### Tips on recruiting patients

- Develop a database of your patients who are willing to assist with teaching, noting their contact details, diagnoses and relevant aspects of history or physical findings.
- Involve all your clinical and reception staff: ask your partners if they know of any suitable patients who would be likely to agree to help; and ask your reception staff to be on the look-out.
- Use the materials in the accompanying 'Practice Patient Recruitment Pack' (which you should adapt to suit your own circumstances) to help with recruitment, for example, give copies of the patient information leaflet to your doctors, nurses and receptionists to hand out.
- Put up a poster in the waiting room.

Remember that you are teaching *with* your patients, and that they may have much to offer your students as a result of their experience of illness.

Finally, remember also that it is important for students to gain experience of what is normal, so if you cannot find a patient with "good signs" for a given system examination, a normal examination is still worth undertaking.

## Think about the needs of your teaching patients

- Plan ahead: contact willing patients a few days before the teaching session to arrange when they should come into the practice for the teaching. Do this yourself, or ask a trusted member of your team to be responsible for this. Make use of the confirmation letter in the 'Practice Patient Recruitment Pack'.
- Recheck with the patient on the day of the teaching. Information in the 'Practice Patient-Recruitment Pack' should be used to forewarn the patient about what to expect, but it is a good idea to outline this to the patient with respect to the system to be examined.
- Look after the patient when they arrive, particularly with regard to drinks, biscuits and knowing where the toilets are! Where can they wait?
- Don't forget to thank the patient afterwards. It is not usual to pay the patient for attending, although you should reimburse travel costs (this should come out of the payment you receive from us).



### See Section : Practice Patient Recruitment Pack

This includes: An information leaflet; a recruitment letter; a confirmation letter; and a thank you letter. This is available electronically - please contact the course administrator (Diana Kwan).

## Think about the needs of your students

- If the students are going to the patient's home, you must accompany them in order to make introduction and check that everything is all right. Usually students should see housebound patients in pairs, rather than larger numbers; **never on their own**.
- Ensure that students have an emergency contact number for you while they are out of the practice visiting patients.
- Please refer any student concerns on to Dr. Melvyn Jones

## Student safety

We give the following advice to students.

Whilst out on placements in the community you may visit areas you do not know and experience new situations. It is important that you apply common sense during your placements to minimise any risk of attack so:

- Make sure you are absolutely clear where you are going before you set out and plan your journey to try and avoid any 'risky' areas.
- Always ensure that someone knows where you are going and when to expect you back, especially if you are visiting a patient in their home.
- If you have any concerns try to speak to someone who has been to the place you are visiting to clarify the instructions.
- Do not take shortcuts, stick to main roads and the directions you have been given.
- If travelling on public transport don't wait at deserted stations or stops, and know the times of your trains or buses to avoid waiting. Sit in a compartment with other people or near the driver.
- Be alert. Look confident without appearing arrogant.
- Don't carry valuables or any more money than you need to.
- It is not advisable to wear a personal stereo in an unfamiliar area.
- If you have a mobile phone keep it out of sight as much as possible
- Remember to carry some form of identity — other people are entitled to know you are a genuine medical student, especially if you are visiting a patient at home.

If you experience any form of attack, verbal or physical, or feel threatened at any point during your placement make sure you **inform the practice and the PCPH department**. This will protect students in the future and alert the department to possible dangers.

### Student indemnity insurance

All students have cover with an insurance agency, this is a mandatory requirement of the medical school. However they need to be adequately supervised whilst with you and you should ensure your own indemnity covers this.



## 4. Resources

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### 4.1 Recommended resources for students

#### Suggested reading

Students' recommended texts are:

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

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

<i>Shared care for Older People</i>	Rai, Rosenthal, Morris & Iliffe
<i>Primary care for older people</i>	Iliffe & Drennan
<i>Practical geriatric problems in primary care</i> Chapter on exercise and rehabilitation for older people by S Iliffe	Gosney & Harris

#### Useful websites

Alzheimer's Society	<a href="http://www.alzheimers.org.uk">www.alzheimers.org.uk</a>
Age Concern	<a href="http://www.ageconcern.org.uk/">www.ageconcern.org.uk/</a>
Statistics on Falls	<a href="http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html">http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html</a>