



UCL

GP Assistantship (GPA) Course

“Think like a doctor, act like a doctor”



TUTORS' GUIDE 2020-21

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Course contact details

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Key messages for 2020-21

Clinical Teaching during COVID-19

In line with guidance from [Medical Schools Council and Health Education England](#) all medical students will be returning to clinical placements at the beginning of September 2020. Medical students have now been designated as essential workers and their return to studies is being planned with patient and student safety as priorities. This means we would like you still to host students in your practice, though inevitably some things will be different.

Just like other clinical staff, where patients have been triaged as low Covid risk, students can interact with them (e.g. take histories, physically examine (except ENT or any aerosol risk) with appropriate provision of PPE. Since students are regarded as front line clinical workers you should be able to request the small amount of extra PPE required from your usual NHS supplier for students. Students should not currently be seeing any patients at high risk of Covid (even in Hot hubs etc).

Students may be an extra risk to your patients and so you should consider this. Our students will be screened by occupational health for their own risk and they will be expected to follow professional guidance about isolation if they have been exposed or put at risk of Covid. Their risk to patients should therefore not be any different to any other staff member. However, students should not be seeing patients who are shielding, nor accompanying colleagues on home visits to frail patients or those in nursing homes. Any small group teaching that is not clinical (tutorials, assessments etc) is recommended to be delivered remotely, so you may wish to conduct some of your discussions using on-line platforms.

Clinical teaching opportunities will change in response to Covid. It is understood that most practices are seeing a lot less patients face-to-face. It is however, still essential for students to be learning in clinical settings, to see other members of the team and understand the new ways of consulting by video and by phone. We hope that students will be encouraged to take histories and to undertake any clinical observations/examinations which can be gained remotely e.g. pulse rates, respiratory rates, photographs of rashes etc.

The other risk is travel. Travelling for clinical teaching is regarded as an acceptable risk but some flexibility may be allowed for example around timing to allow travel at less busy times on public transport. The medical school has introduced the concept of "student bubbles" which means students will be kept together in pre-designated work groups throughout the year so we be doing our best when we allocate students to practices to minimise mixing across these "bubbles".

Students will inevitably get less face-to-face patient experience in all settings as a result of Covid, but much of what students learn is from spending time with clinicians picking up the clinical process and being in the clinical environment. We know that general practice is an ideal setting for students to gain this valuable learning. Clinical medicine will inevitably be different even once Covid has gone away and there is a really valuable learning opportunity here to think how we may be learning and practising medicine in the future.

Please do take a look at the extensive list of online resources that are available to the students (especially those on remote consulting) as these may support them in building their consultation skills as they progress through the assistantship.

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, albeit remotely. 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. If/when the Royal Free Campus opens up again (realistically in 2021), these sessions will take place 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) and send an ‘e-ticket’ for this to be reviewed.

The Quality Improvement Project (QUIP) 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 IM 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 (where possible). 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.

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

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
<ul style="list-style-type: none"> 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 QUIP to the practice Assessment of students

Specialties covered in Year 6

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

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.

	Type of session	No of sessions per week	Types of activity
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Self-directed learning	2	Complete learning portfolio tasks Tutorials/small group teaching
<input type="checkbox"/>	Free session	1	Timing needs to be negotiated e.g. occasionally students play sports on Wednesday afternoons

Sample GP Assistantship timetable

WEEK 1	MON (RFH)	TUE	WED	THU	FRI
AM	GPa INTRO DAY	Placement Induction			
PM	GPa INTRO DAY		Free session		
WEEK 2	MON	TUE	WED	THU	FRI
AM					
PM			Free session		Midpoint meeting:
WEEK 3	MON	TUE	WED	THU	FRI
AM					
PM			Free session		
WEEK 4	MON	TUE	WED	THU	FRI
AM					
PM			Free session		GP Report Submit tasks e-Portfolio

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. Please be aware that due to COVID-19, ENT/psychiatry/ophthalmology/sexual health may be less well covered in DGH placements and so some focus on those topics would be appreciated. The students may also highlight particular components that they have missed in their Y5 placements due to COVID-19. Please do try and accommodate these where possible

*Essential activities and tasks during the attachment

Theme	Learning Objective	Learning Portfolio
Clinical Method	Consolidate reasoning and practical skills	<ul style="list-style-type: none"> - Plenty of active involvement in consultations, with <i>constructive feedback</i>* - Examination and practical procedures (where possible during COVID19) - A session shadowing the GP Tutor's 'duty-shift', if possible
Clinical Communication	Information giving & management planning	<ul style="list-style-type: none"> - Consultations: usually <i>25 student-led consultations (minimum 10)</i>*
Communication with Colleagues	Primary/secondary care interface & student presentations	<ul style="list-style-type: none"> - Multidisciplinary learning - Write a <i>referral letter</i>* - Admit an emergency or bring forward an appointment
Professional Development & Reflective Learning	Identify and address student learning needs, provide feedback for students	<ul style="list-style-type: none"> - <i>Patient questionnaire</i>* - Reflective practice: <i>significant event analysis task (SEA)</i>* - <i>Case of the month</i>* (professional development)
Preparation for Foundation Year Practice	Prepare a QUIP* <i>Practical skills</i> *	<ul style="list-style-type: none"> - Specific activities as they arise opportunistically - <i>IM injections</i>* (if possible during COVID19) - Core Syllabus & Student Guide: Practical procedures checklist (if possible during COVID19)

Prizes

William & Edith Ryman GP Prize and Shaper Public Health Prize
for the 2 best submitted QUIP projects (with prize money)

Learning ePortfolio: guidance for tutors (see Student Guide p15-26)

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 QUIP:
- 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 p15)

- Encourage patients, who have participated in student-led consultations to complete questionnaires for student feedback.
- The questionnaires should be sent out and received through the practice email **address (NOT the student's university personal email)**. Please help direct the student to an admin worker/receptionist who can help with them
- Ideally, the students should aim to gain 3 completed questionnaires however this is not mandatory given the potential technical difficulties in organising this remotely.
- 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)

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 3 – Quality Improvement Activity

Tutor's role (see Student Guide p16-22)

- 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 QUIP (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 e-Portfolio:

If the QUIP is prize-worthy, please encourage students to upload on to Moodle for consideration for the prize.

➔ *See Appendix 1 for guidance on marking*

➔ *See Appendix 2 for an example timeline*

Task 4 - Significant event analysis (SEA)

Tutor's role (see Student Guide p23-24)

- 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 (this is an e-portfolio ticket)- not graded but is an important 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 close supervision.

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 Safety

Regularly updated advice on coronavirus for all UCL students and teachers is available at: <https://www.ucl.ac.uk/coronavirus/>

Students are provided with the following advice by the medical school:

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 Department of PCPH. This will protect students in the future and alert the department to possible dangers.

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 (in person or remotely)**. 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 **QUIP**. 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 QUIPs 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.

Summary of assessments in the GPA placement

Formative assessment		Summative assessment
<i>Checklist</i>	<i>Feedback</i>	<i>End-of-rotation grades</i>
Patient assessment checklist Core presentations checklist Core conditions checklist Practical procedures checklist Clinical & clerical notes checklist Data interpretation checklist Safe prescribing checklist	Regular review of goals and progress and the use of feedback. It is intended to help focus student learning and to focus tutors’ teaching during the attachment	Look carefully at the detailed descriptors (or “anchor statements”) on the GPA GP Report & 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
Self-assessment checklist Review student progress prior to and at the start, middle and end of the attachment	Self-assessment In which areas are students strongest/weakest? How can tutors address these areas?	
Student-led consultations Tailored GP Tutor teaching Review student progress at the mid-point and end of the attachment	Tutor assessment Observed (or videoed) student-led consultations with constructive feedback Multisource assessment Confer with other members of the primary care team	GP Report & Grade Form Communication skills Clinical method Knowledge & management Professional development & attitudes Patient questionnaires

Learning in groups in addition to individually	Peer assessment Pairs of students	
IM injections Patient questionnaires Referral letter CBD/CEXs QUIP + presentation	Learning Portfolio Tutor provides advice, support & feedback	Grade Form for QUIP
Significant event analysis		Satisfactorily completed: Not graded
Case of the Month		Satisfactorily completed: Submitted on Moodle

Checklist for the last day of student's placement

	Completed	GP Tutor to verify completed	Submit via Moodle	Submit via e-Portfolio
Grade Report & Grade Form		✓		✓
Grade Form for QUIP		✓		✓
Referral letter CBDs/CEXs IM injections		✓		✓
Patient questionnaires		✓		
Significant Event Analysis		✓		✓
QUIP *		✓	✓ Prize-worthy QUIPs	
Case of the Month			✓	

*6 slides per page format in Powerpoint

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.

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** such as writing prescriptions, request forms, notes, examining patients (**where possible**), practical skills (e.g. IM injections: See **Practical skills**), preparing feedback for you, etc
- 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 (p17-18)

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, p17)
- Also encourage students to self-reflect (See **Significant event analysis** or Task 4 SEA, p9)
- **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)

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 (f2f or remotely), 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 Appendix 3)
- Add a message to your **practice website** (see Appendix 4)
- When doing a video consultation with the student a third location send a confirmatory text message to the patient via AccuRx (see Appendix 4)
- 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
- Obtain written consent for video consultations (See [Patient video consent form](#))

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 (only if appropriate during COVID).

***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 (see student guide p12).

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. This can be done physically in the practice or remotely using remote consultation software (eg AccuRx Is able to support multiple players in one consultation). 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 (for f2f review), outside the frame of the camera (for sit-in video consults) or switch their camera off (for remote video consults)

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.

Getting the most out of the student mini surgeries - factors that may help 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

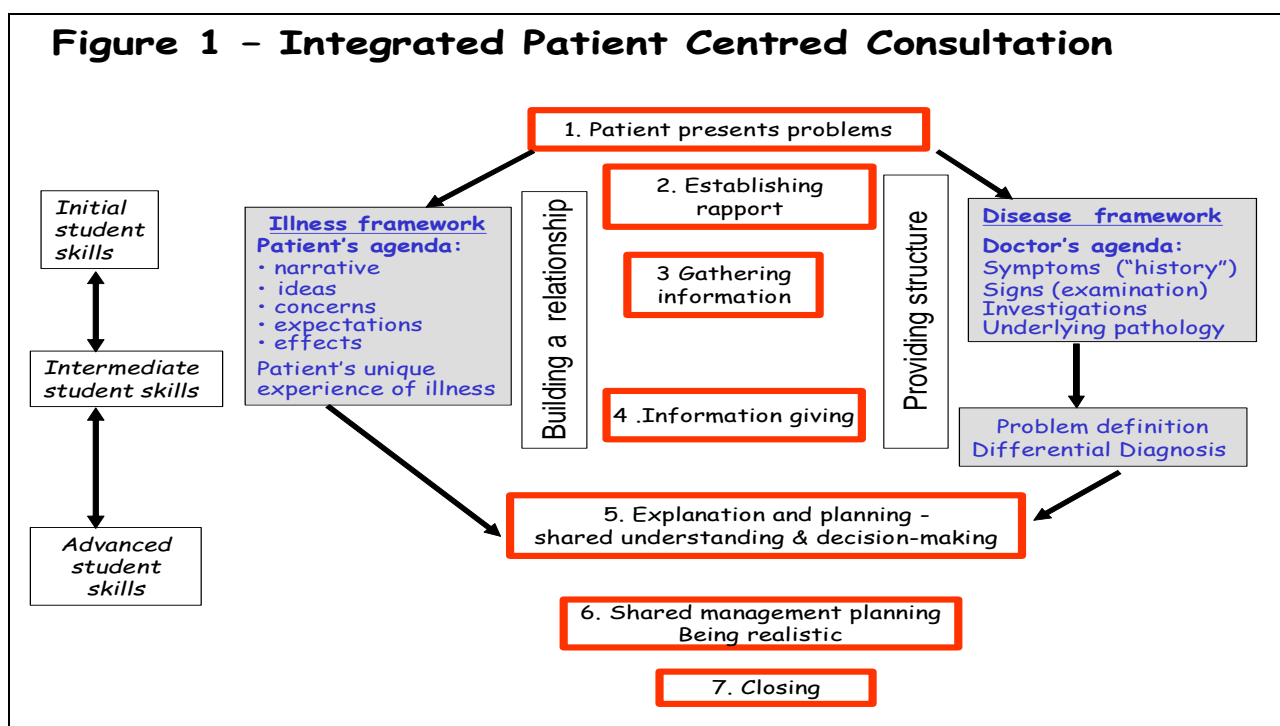
Ensure student has a little time to critically reflect after a consultation so they have organised their own thoughts on what went well and where they need help. Encouraging the student to make his/her own written record soon after the consultation will aid this. These notes may form the basis of one 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 p17.

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.



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.*

Ethical Principles applied to medical student teaching

Non-maleficence	Ensure adequate support for students following 'difficult conversations'
Beneficence	Adapt training, so students are well-prepared for remote consultations
Justice	No issues identified
Autonomy	Prepare patients beforehand. Patients should be able to decline (as in face-to-face clinical practice). Consider additional standard information for patients when booking appointments so they are aware students may join, and can refuse if they wish. Students need to ensure consultation is private. Patients need to be aware who is in the consultation, so introductions are important. Recommend students sign up to commitment to confidentiality. Recording consultations (with consent) is acceptable, and could form useful future learning resource.

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 (or the remote consultation) 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. Please be reassured that as of April 2019 medical student teaching in NHS general practice is covered by the Clinical Negligence Scheme for General Practitioners (CNSGP). SAPC and RCGP have also received further clarification from CNSGP that the term trainees includes undergraduate students, and also confirmation in writing that “as long as a practice is covered by CNSGP all staff at the practice will be covered including practice nurses, healthcare assistants and medical students and GPs will be covered for any supervision they provide.”
2. Please note that you must however also ensure that your general insurance including public liability is in order.
3. 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.

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 (see Appendix 3), 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)

Consent

1. See advice regarding gaining consent (See Student Guide, p14)
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 to do so at all times, especially if an intimate examination was performed.
4. If initial consent was freely given then informed implied consent for appropriate examinations can be assumed should the patient require one, 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. In a remote consultation, the patient will have to be called back by a registered practitioner if the consultation was not observed directly.

Delegation

After an assessment, and where appropriate, supervised training clinical tasks can be delegated to students as deemed appropriate (e.g. 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 2021 (12th March 2021)**
 Please [visit the webpage](#) about our conference
- Examiner for Finals March 2021**
 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. Please remind students to complete their feedback questionnaire at the end of your attachment. 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

Final Year Core Syllabus & Student Guide	https://www.ucl.ac.uk/medical-school/current-mbbs-students/year-information/mbbs-year-6-course-information
GPA Student Guide 2019-2020	Available by email from the department
Final MBBS Examination	Information about Finals: https://www.ucl.ac.uk/medical-school/current-mbbs-students/assessment-and-prizes
	Recruitment of GP Tutors as Examiners for long and short station OSCEs, by personal invitation
Consultations	<ul style="list-style-type: none"> • Skills for Communicating with Patients. Kurtz S, Silverman J & Draper J. 2013. 3rd Ed. London. Radcliffe • Teaching & Learning Communications Skills in Medicine Silverman J. Kurtz S, Draper J. 2005. 2nd Ed. Oxford. Radcliffe • Patient-centered Medicine: Transforming the Clinical Method. Stewart M et al . 2014. 3rd ed. London. Radcliffe • Evidence-based Patient Choice. Edwards G & Elwyn G. 2001. Oxford. Oxford University Press • http://www.skillscascade.com/handouts/CalgaryCambridgeGuide.pdf
Clinical Skills in General Practice	<ul style="list-style-type: none"> • GP Behind Closed Doors provides the opportunity to observe real life consultations. Although the consultations have been edited for television, they give an opportunity to reflect on consulting skills being used. • Many of you will have used the Geeky Medics Clinical Examination resources before. https://geekymedics.com/category/osce/clinical-examination/ • GPs need to be able to perform targeted and efficient clinical examination in the context of GP consultation. This is a useful resource for focused clinical examination: https://www.pennine-gp-training.co.uk/Physical_Examination_YouTube_clips.html

	<ul style="list-style-type: none"> • Pennine GP training - this postgraduate GP training resource has some example consultations of varying quality. https://www.pennine-gp-training.co.uk/Common_Medical_Conditions_Explained.html • Bradford VTS - Although this site is geared up for GP trainees, it has a whole range of resources that might be useful for students including 25 short videos on explanation-giving and 50+ full 10minute consultations. https://www.bradfordvts.co.uk/clinical-knowledge/common-problems-gp/ • GP Notebook: A useful website for accessing quick up to date information on common primary care presentations for free https://gpnotebook.com/homepage.cfm
Remote Consultation training	<ul style="list-style-type: none"> - Both NB medical (https://www.nbmedical.com/) and Red Whale (https://www.gp-update.co.uk/webinars) have free webinars on remote (video and telephone) consulting) - There is also a recent guide on video consulting by Trish Greenhalgh (https://bjjplife.com/2020/03/18/video-consultations-guide-for-practice/) - And a short video on undertaking video consultations by Roger Neighbour: https://www.youtube.com/watch?v=W5zsEpk2HE - Also Bradford VTS youtube has a series of telephone consultations including feedback and comments.
COVID-related resources	<p>Health Education England e-Learning for Healthcare (HEE e-LfH) provides free access to e-learning content for the health and care workforce. All medical students have access to the full e-learning catalogue on the e-LfH Hub by using their university email address to register. Visit www.e-lfh.org.uk for more details.</p> <p>In light of the recent pandemic HEE e-LfH has developed a COVID-19 e-learning programme that is free to access, for the entire UK health and care workforce, including the NHS, independent sector and social care.</p> <p>The COVID-19 programme now includes:</p> <ul style="list-style-type: none"> • Essential Guidance from the NHS, UK Government, WHO and BMJ • Public Health England - Personal Protective Equipment (PPE) • Infection Prevention and Control • Resources for Staff Working in Critical Care Setting • Resources for Staff Working in Acute Setting • Resources for Staff Working in Primary Care and Community Setting • Resources for Return to Work Healthcare Staff • Resources for Pharmacy Staff • End of Life Care COVID-19 <p>New content will continue to be added.</p>
ENT	<p>ENT UK have made their e-book on the day-to-day management of common ENT available for free. They also have a virtual platform that may be of use to MBBS students and junior doctors. Free e-book for students: https://www.entuk.org/sfo-e-book</p> <p>Virtual ENT platform: https://elefent.matrixlms.eu/visitor_class_catalog/category/8083</p>
Sexual and Reproductive Health	<p>FSRH have notified MSC of e-learning materials that may be of use to medical students:</p>

	<ul style="list-style-type: none"> • Contraceptive Counselling – a free online MOOC which takes about 2 hours to complete and covers effective contraceptive care. To access the learning, students would need to click the register button and set themselves up with an account to gain access. • eSRH – a range of modules covering various aspects of sexual and reproductive health. Medical students have free access through Open Athens. This learning is on the e-Integrity/eLH platform so should be accessible.
Psychiatry	The Psychiatry Portal: https://www.med.soton.ac.uk/mentalhealth/bmyr3yr5/
Paediatrics	<p>Bronchiolitis https://med-lamp-prd.soton.ac.uk/public/childhealth1/ Vomiting https://med-lamp-prd.soton.ac.uk/public/childhealth2/ Cystic fibrosis https://med-lamp-prd.soton.ac.uk/public/childhealth3/ IBD https://med-lamp-prd.soton.ac.uk/public/childhealth4/ Leukaemia https://med-lamp-prd.soton.ac.uk/public/childhealth5/ Spina Bifida https://med-lamp-prd.soton.ac.uk/public/childhealth6/ Lymphadenopathy https://med-lamp-prd.soton.ac.uk/public/childhealth7/ Heart Murmur https://med-lamp-prd.soton.ac.uk/public/childhealth8/ Swollen Eyes https://med-lamp-prd.soton.ac.uk/public/childhealth9/ Sleep Disturbance https://med-lamp-prd.soton.ac.uk/public/childhealth10/ Fits, faints and funny turns https://med-lamp-prd.soton.ac.uk/public/fitsfaints/index.html Diabetes workbook https://med-lamp-prd.soton.ac.uk/public/paediatricdiabetes/index.html Paediatric growth workbook https://med-lamp-prd.soton.ac.uk/public/paediatricgrowth/index.html Immunisation eLearning https://med-lamp-prd.soton.ac.uk/public/immunisation/index.htm</p>
British Pharmacological Society	<p>BPS has released new e-Learning resources in prescribing containing:</p> <ul style="list-style-type: none"> • 27 eLearning sessions in Prescribing • 1 x 'Case Studies in Prescribing' 15 item knowledge check • 1 x 'Return to Hospital Practice' 15 item prescribing knowledge check <p>Link: https://www.bpsassessment.com/free-learning-materials-during-covid-19/</p>
Generic online resource website	<ul style="list-style-type: none"> • Healthtalk.org - Thousands of people have shared their experiences on film covering a wide variety of conditions from a patient's perspective. Patient-centred and varied and would work well with written cases/vignettes. • Geekymedics.com – wide range of resources for medicals students including quizzes, exam questions, flashcards, etc. • Patient.info – thousands of expert health Articles, tips and information on conditions and medications for patients and health professionals. • Medisense.org.uk - has lots of cases for role plays and practising clinical encounters and a podcast called 'MOSLERcast' which goes through a clinical scenario in 20 minutes using the mosler structure. • Zero to finals- concise summaries for core conditions (presentation, investigations and management), also in written, video and podcast format for which you prefer, focus on MCQ finals knowledge. • Speciality websites: Teachmesurgery.com, Teachmeobgyn.com, Teachmepaediatrics.com • Chunkncheck.com – a new collection of online resources including videos, documents and blogs designed by medical students for medical students.

	<ul style="list-style-type: none"> • Video resources: Armando Hasudungan (YouTube videos), Osmosis videos (on YouTube) - core presentations and conditions
Question Banks	https://geekyquiz.com/ https://passmedicine.com/ https://www.onexamination.com/
GP websites and suggested reading	www.gpnotebook.co.uk www.patient.co.uk https://www.nhs.uk/ https://patient.info/ https://www.gov.uk/government/organisations/department-of-health-and-social-care https://cks.nice.org.uk/clinicalspeciality http://www.nice.org.uk https://www.bnf.org/ https://www.rcgp.org.uk/

We are very grateful to Dr Hugh Alberti at Newcastle Medical School, Lindsey Pope at Glasgow University and colleagues from Southampton University for some of the above list of on-line resources.

Appendix 1

GP Assistantship - Quality Improvement Project Marking Guidelines		
Section	Description	Percentage weightage
Introduction		
Problem Description	<i>Nature and significance of the local problem</i>	1
Available Knowledge	<i>Summary of what is currently known about the problem, including relevant previous studies</i>	1
Rationale	<i>Frameworks and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention, and reasons why the intervention is expected to work</i>	2
Specific aims	<i>Purpose of the project</i>	1
Methods		
Context	<i>Contextual elements considered important at the outset of introducing the intervention</i>	1
Interventions	<i>a. Description of the intervention in sufficient detail that others could reproduce it b. Specifics of the team involved in the work</i>	1
Study of interventions and measures	<i>a. Approach chosen for assessing the impact of the intervention b. Measures chosen for studying processes and outcomes of the intervention, including rationale for choosing them, their validity and reliability, c. Methods planned/employed for assessing completeness and accuracy of data</i>	2
Analysis	<i>a. Qualitative and quantitative methods used to draw inferences from the data b. Methods for understanding variation within the data</i>	2
Ethical Considerations	<i>Ethical aspects of implementing and studying the intervention and how they were addressed, including, but not limited to, formal ethics review and potential conflict of interest</i>	1

Results		
	<i>a. Initial steps of the intervention and their evolution over time (e.g. time-line diagram, flow chart, or table), including any modifications made to the intervention during the project</i>	1
	<i>b. Details of the process measures and outcome</i>	2
	<i>c. Observed associations between outcomes, interventions, and relevant contextual elements</i>	2
	<i>d. Unintended consequences such as unexpected benefits, problems, failures, or costs associated with the intervention.</i>	1
Discussion		
Summary	<i>a. Key findings, including relevance to the rationale and specific aims b. Particular strengths of the project</i>	1
Interpretation	<i>a. Nature of the association between the intervention and the outcomes b. Comparison of results with findings from other publications c. Impact of the project on people and systems d. Reasons for any differences between observed and anticipated outcomes, including the influence of context</i>	3
Limitations	<i>a. Limits to the generalizability of the work mentioning factors that might have limited internal validity such as confounding, bias, or imprecision in the design. b. Efforts made to minimize and adjust for limitations</i>	1
Conclusions	<i>a. Usefulness of the work and implications for practice b. Sustainability and potential for spread to other contexts c. Suggested next steps</i>	1

Ref: Adapted from Ogrinc G, Mooney SE, Estrada C, *et al.* The SQUIRE (Standards for QUality Improvement Reporting Excellence) guidelines for quality improvement reporting: explanation and elaboration *BMJ Quality & Safety* 2008; **17**:i13

Total mark out of 25:

13-15 - Minimum Pass: **16-18** - Satisfactory: **19-20** Good: **21-24** - Excellent: **25** - Prize standard

Appendix 2

Suggested Timeline for QUIP

Week 1	<ol style="list-style-type: none">1. Students to observe processes at practice and formulate topic suggestions2. Tutor and students to discuss and consider both student and tutor suggestions3. Agree on a topic, a realistic intervention and implementation plan
Week 2	Commence implementation plan
Week 3	<ol style="list-style-type: none">1. Continue and review (if needed) implementation plan2. Make a start on presentation
Week 4	<ol style="list-style-type: none">1. Data collection and interpretation2. Present your findings and grading by the end of the week

(Name of Practice)

Training Tomorrow's Doctors

This practice from time to time provides training for medical students from UCL Medical School. We believe general practice has much to offer doctors in training. During their placements with us students may be working with the doctors and nurses during clinics. We may on occasion ask if you would be happy to talk to a student before consulting with your doctor or nurse.

Students are bound by the same rules of confidentiality as all other practice staff. You will always be told if the student will be present prior to your consultation and given the opportunity to decline.

Many thanks for your help

Appendix 4

Suggested message to add to your practice website

We are teaching students at the practice. This may involve group video calls to our patients. These calls will be confidential and used only for teaching purposes. We will always ask you first and get your consent to use video calls for teaching.

Suggested AccuRx text message template to send to patients

Thank you for agreeing to a group video call with the students and the GP.

The GP will use the video call for teaching students and they will not be recording the call. The call will remain private and confidential and will only be used for teaching purposes. Here is a link with more detailed information -

<https://sites.google.com/view/teachingstudentswithvideocalls/home>

Please reply to this text message so we know you are happy to proceed and we will setup the video call.

Developed in 'in collaboration with QMUL'